



Girl Scouts of Southeastern Michigan

Request for Purchase of Insurance from Mutual of Omaha

Submit this completed form, and a check payable to United of Omaha Life Insurance Co., at least two weeks prior to the event to: **Girl Scouts of Southeastern Michigan, Attn. Office Manager**, 1333 Brewery Park Blvd., Ste. 500, Detroit, MI 48207

Please print plainly:

Leader Name or person submitting form		Date:
Address		GS District #
City	State MI	Zip
Email Address		
Home Phone		Cell Phone
Please Purchase:		Amount per day (for column 4)
Plan 3E - Accident and Sickness		\$0.29 per day
Plan 3P - Accident and Sickness		\$0.70 per day
Plan 3PI - Accident and Sickness * Must be accompanied by a roster, including age, of all participants.		\$1.17 per day

*****\$5.00 MINIMUM AMOUNT REQUIRED*****

			1	2	3	4	5
Name & Location of Approved, Supervised Girl Scout Event	Beginning Date	Ending Date	Number of Participants	Number of Days	Number of Participant Days (1x2)	Premium Each Day	Total (3x4)
Example: Somewhere Fun	6/3/21	6/7/21	10	5	50	0.11	5.50
TOTAL							