



Plan 2 Enrollment Form for Girl Scout Councils



- **Plan 2 insurance** may be purchased to cover non-members for a Girl Scout activity that does not include an overnight. Girls & adults attending an overnight activity should be registered Girl Scout members and cannot be covered by Plan 2 insurance according to GSNNJ guidelines.
- Make check payable to **GSNNJ** for the total amount (see below). **MINIMUM PREMIUM is \$5.00.** Several activities can be combined to meet the minimum, please submit on one form.
- GSNNJ will submit the completed Plan 2 form and check to Mutual of Omaha. GSNNJ approval is required. Forms without the appropriate Council signature cannot be processed by Mutual of Omaha.
- Each form and check **must be received by GSNNJ at least 10 days in advance** of the Girl Scout event. Please do not submit directly to Mutual of Omaha companies.
- **Submit all forms and payment** to one of the following service centers below:

Paramus Service Center Attn: Front Desk Associate 300 Forest Avenue Paramus, NJ 07652 973-248-8200	Randolph Service Center Attn: Front Desk Associate 1579 Sussex Turnpike Randolph, NJ 07869 973-248-8200	Riverdale Service Center Attn: Front Desk Associate 95 Newark Pompton Tpk. Riverdale, NJ 07457 973-248-8200
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Name of person in charge of event: _____ Troop No: _____
 Address: _____ Service Unit _____
 Email: _____ Cell #: _____

Please check if this a Service Unit Event or Troop Event Is this a Family Event? Yes No
 Please provide accident insurance to cover all enrolled participants in the following approved, supervised Girl Scout activities (except statutory employees covered under worker's compensation):

Schedule of Each Event

Girl Scouts of Northern New Jersey Council Code: 140

Name of Event	Location of Event	Date	Number of Non-Registered Girl Scout Participants	Premium @ 11¢ each	Total \$
Sample: Square Dance, Main Street School	123 Main Street Town Name, NJ 00000	5/1/19	75	\$.11	\$8.25
1.				.11	
2.				.11	
3.				.11	
4.				.11	
Total		N/A		.11	

GSNNJ USE ONLY

Council Signature: _____ **Title:** _____ **Date:** _____

Underwritten by United Life Insurance Company

Rev. 3/2019