

**4-H INSURANCE APPLICATION FORM**

**\*\*You will not be covered by 4-H insurance until we receive your completed enrollment form, with fees paid in full\*\***

**CLUB NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**LEADER:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**NOTE:**

1. Coverage does not apply until completed application & fee is received by the plan administrator.
2. Coverage does not apply for summer camp.
3. For a summary of coverage & exclusions read form AH3/84.

As authorized leader of the above 4-H club, I request coverage for our group as per the terms & conditions of the Master Policy for the Accident Insurance Plan.

**Leader Signature:** \_\_\_\_\_

**COMPLETE FOR APPLICATION FEE**

**LEADERS ARE NOT CHARGED AN INSURANCE FEE 😊**

**NEW MEMBER ENROLLMENT FEES – Please list names on reverse side**

**October 1<sup>st</sup> – March 31<sup>st</sup>**

**NUMBER OF MEMBERS** \_\_\_\_\_ **X \$15.00 EACH = \$** \_\_\_\_\_

**NUMBER OF FAMILIES (3 OR MORE SIBLINGS)** \_\_\_\_\_ **X \$40.00** \$ \_\_\_\_\_

**RE-ENROLLMENT FEE FOR EXISTING MEMBERS – Please list names on reverse side**

**October 1<sup>st</sup> – December 1<sup>st</sup>**

**NUMBER OF MEMBERS** \_\_\_\_\_ **X \$15.00 EACH = \$** \_\_\_\_\_

**NUMBER OF FAMILIES (3 OR MORE SIBLINGS)** \_\_\_\_\_ **X \$40.00** \$ \_\_\_\_\_

**December 2<sup>nd</sup> – January 1<sup>st</sup>**

**NUMBER OF MEMBERS** \_\_\_\_\_ **X \$25.00 EACH = \$** \_\_\_\_\_

**NUMBER OF FAMILIES (3 OR MORE SIBLINGS)** \_\_\_\_\_ **X \$50.00** \$ \_\_\_\_\_

**JANUARY 1<sup>st</sup> - MARCH 31<sup>st</sup> ONLY WITH EDUCATOR'S APPROVAL**

**AFTER MARCH 31<sup>ST</sup>: INELIGIBLE FOR CURRENT YEAR**

**Please make your check out to: CCE Livingston County**  
**Send completed application & fees to: CCE Livingston County, 158 Main Street,**  
**Mt. Morris, NY 14510**

