

**INDIANA EXTENSION HOMEMAKERS ASSOCIATION®** 

INSURANCE ELECTION FORM 8-1-2024 – 7-31-2025

	( )		
Treasurer's name	Treasurer phone #		Email Address
Treasurer's Address	City	State	Zip
SUBMITTING FORM FOR: (Choose O	ne)		
Local Club Name County Name District Name			
LIABILITY & ACCIDENT INSURANCE			
Total # of members in county Total cost (multiply # of members by \$2	X \$2.75 cost per mer .75)	nber \$	
TREASURER DISHONESTY/FIDELITY	( BOND (Choose One)		
Local Club Treasurer – Cost \$50 (Co-Tre County Treasurer – Cost \$50 (Co-Treasurer	easurers, \$50 each)	\$ ¢	
District Treasurer – Cost \$50			
Total Cost for the 8/1/24-7/31/25 year.	. (Add Liability & Bond Cos	t)\$	
MUST BE POSTMA	<b>xe check payable to IEH ARKED NO LATER THA</b> ted after 8/1/2024 will no	N JUNE 15, 202	24
Send original form and payment to:		bility Insuranc	e contact:
Ellen King 9995 S. State Rd 25	Vince Larrabee vince.larabee@e	nichrokers com	
Rochester, IN 46975	765-420-1337		
KEEP A COPY OF THIS	6 COMPLETED FORM F	OR YOUR REC	ORDS

CONTACT CURRENT STATE PRESIDENT OR STATE TREASURER FOR CLAIM FORM ALL CLAIMS MUST BE FILED WITHIN 60 DAYS OF INCIDENT

Insurance provided by EPIC, Cincinnati Insurance Company and American Income Life