

INDIANA EXTENSION HOMEMAKERS ASSOCIATION®

INSURANCE ELECTION FORM 8-1-2023 – 7-31-2024

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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	FOR COUNTIES		
Total # of members in county Total cost (multiply # of members by \$2	X \$2.75 cost per men 2.75)	nber \$	
TREASURER DISHONESTY/FIDELITY BOND (Choose One)			
Local Club Treasurer – Cost \$50 (Co-Tre County Treasurer – Cost \$50 (Co-Treasu District Treasurer – Cost \$50	rers, \$50 each)	\$	
Total Cost for the 8/1/23-7/31/24 year. (Add Liability & Bond Cost)\$			
Make check payable to IEHA MUST BE POSTMARKED NO LATER THAN JUNE 15, 2023 (Coverage elected after 8/1/2023 will not be accepted)			
Send original form and payment to: Ellen King 9995 S. State Rd 25 Rochester, IN 46975	Vince Larrabee	vince.larabee@epicbrokers.com	

KEEP A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS 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