



INDIANA EXTENSION HOMEMAKERS ASSOCIATION®
INSURANCE ELECTION FORM
8-1-2020 – 7-31-2021

_____()_____
Treasurer's name Treasurer phone # Email Address

Treasurer's Address City State Zip

SUBMITTING FORM FOR: (Choose One)

_____ Local Club Name _____
_____ County Name _____
_____ District Name _____

LIABILITY & ACCIDENT INSURANCE FOR COUNTIES

Total # of members in county _____ X \$2.30 cost per member
Total cost (multiply # of members by \$2.30).....\$ _____

TREASURER DISHONESTY/FIDELITY BOND (Choose One)

Local Club Treasurer – Cost \$50 (Co-Treasurers, \$50 each).....\$ _____
County Treasurer – Cost \$50 (Co-Treasurers, \$50 each)\$ _____
District Treasurer – Cost \$50.....\$ _____

Total Cost for the 8/1/20-7/31/21 year. (Add Liability & Bond Cost).....\$ _____

Make check payable to IEHA
MUST BE POSTMARKED NO LATER THAN JUNE 15, 2020
(Coverage elected after 8/1/2020 will not be accepted)

Send original form and payment to:
Ellen King
9995 S. State Rd 25
Rochester, IN 46975

Send only request for Proof of Insurance to:
Vince Larrabee
vlarrabee@mbah.com
765-420-1337

KEEP A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS

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