INDIANA EXTENSION HOMEMAKERS ASSOCIATION®

INSURANCE ELECTION FORM
8-1-2021 – 7-31-2022

_____ **( )** _____
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 8/1/21-7/31/22 year. (Add Liability & Bond Cost)……$_____

Make check payable to IEHA
MUST BE POSTMARKED NO LATER THAN JUNE 15, 2021
(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