



INDIANA EXTENSION HOMEMAKERS ASSOCIATION®
INSURANCE ELECTION FORM
8-1-2022 – 7-31-2023

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 \$2.50 cost per member
Total cost (multiply # of members by \$2.50).....\$_____

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 8/1/22-7/31/23 year. (Add Liability & Bond Cost).....\$_____

Make check payable to IEHA
MUST BE POSTMARKED NO LATER THAN JUNE 15, 2022
(Coverage elected after 8/1/2022 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
vince.larabee@epicbrokers.com
765-420-1337

KEEP A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS

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