

## COMPLETED ACTIVITY REPORT

Please complete and return to Administrative Services with a copy of the check payable to American Income Life Insurance Company, immediately upon completion of the program.

1. Name of Activity: \_\_\_\_\_
2. Activity Date: \_\_\_\_\_
3. Actual number of participants: \_\_\_\_\_  
Please state if Volunteers are included.
4. Program director/Department/Phone: \_\_\_\_\_
5. Authorizing Department Head/Phone: \_\_\_\_\_
6. Were there any claims filed on behalf of program participants?  
\_\_\_\_\_ Yes    \_\_\_\_\_ No

Attached is signed check payable to American Income Life, Insurance Company, P.O. Box 50158, Indianapolis, IN 46250, in the amount of \_\_\_\_\_.

Premium Calculation:

$\$0.40 \times \text{_____ Campers} \times \text{_____ Days} = \text{_____}$ . (There is a minimum of \$4.00 per event)

*Administrative Services use only*

Serial # _____ Policy #5028
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