



**LAKEWOOD
LOCAL
SCHOOL
DISTRICT**

525 E. Main Street, PO Box 70, Hebron, OH 43025
P: 740.928.5878 / F: 740.928.3152
www.lakewoodlocal.k12.oh.us

July 3, 2023

Dear Parents:

Our school district has made arrangements with Student Protective Agency to provide student accident insurance for those wishing to purchase coverage this year. Please note the coverage shown on the application. Covered losses less than \$250 are paid without regard to other insurance.

Senior High football coverage requires an additional premium. All other school supervised sports are covered under the plan. On claims over \$250 this is an excess coverage policy for which benefits are payable only for that part of the loss not covered by other collectible insurance. If a person has no other insurance, the Company will pay the covered medical expenses incurred within one year, up to the specified limits of the policy.

Please note that the student applications are available on our website—www.lakewoodlocal.k12.oh.us (click on Parent Resources icon, then Student Insurance Form.) Complete the application and check the boxes for coverage desired. Tear off and keep the rest of the application, as it shows not only the coverage but the exclusions and limitations of the policy.

Mail the applications directly to Student Protective Agency, 300 Coshocton Avenue, Mount Vernon, OH 43050 along with a money order or check payable to Student Protective Agency. The school will be notified as to who takes out coverage. You can call Student Protective Agency at 800-278-2544 for more information.

In case of an accident the student or parent should immediately go to the building principal who will sign and provide the claim form if only school time coverage is taken out. Twenty-four (24) hour coverage needs no signature. The policy number shall be provided by the school for the claim or you can call 800-278-2544. You may give that policy number to the doctor or hospital but the bills should be sent to the parent or guardian who attach them to the claim form. Once completed, mail to the claims office at Guarantee Trust Life Insurance, PO Box 1148, Glenview, IL 60025. If you have any further questions regarding a claim, please call 1-800-622-1993. It is the responsibility of the parent or guardian to file the claim.

Sincerely,

Dr. Mark Gleichauf, Ed.D.
Superintendent

Our Mission:

We are a community of learners inspiring each student to explore, grow, and achieve.

- Accidents happen! When they happen to your child, someone must pay the bills.
- Here are Accident only insurance plans to help cover your child either 24 hours a day (24-Hour Plan) or while in school (School-Time Plan).
- These plans provide benefits to help meet the cost of medical and Hospital expense.
- If you have other insurance, these plans can help offset the deductibles and coinsurance for those plans.
- If you have no other insurance, these plans will provide basic coverage.
- Any benefits payable by the Policy as a result of medical, surgical, dental, Hospital or nursing service will be paid directly to the Hospital or person rendering such service unless proof of payment in full is provided.

24-HOUR	SCHOOL TIME	IMPORTANT PROTECTION FACTS
✓	✓	Becomes effective the date premium payment is received by Guarantee Trust Life Insurance Company (GTL), its representatives or school officials (but not prior to the opening day of school). Students participating in preschool practice or play for interscholastic sports sanctioned by the Ohio High School Athletic Association will be covered as of the date of actual premium payment but only while engaged in actual practice or game sessions. Other aspects of coverage will not start sooner than the first date of regular school session.
✓	✓	Provides coverage during the hours that school is in regular session.
✓		Provides 24-Hour-A-Day protection.
✓	✓	Provides coverage during the time necessary for travel between the insured's home and the beginning or end of regular school sessions.
✓	✓	Provides coverage while participating in (or attending) activities organized, sponsored and supervised by the school. Coverage is also provided for travel directly to and from such activities in a Designated Vehicle furnished by the school.
	✓	Coverage expires at the close of the regular school term. (Coverage will be extended while attending academic classes for credit in the summer, when classroom sessions are exclusively sponsored and solely supervised by the school; however, no coverage will be provided for travel to and from classes).
✓		Coverage continues without interruption all summer until school re-opens for the following term.

Optional Football Only Accident Coverage begins on the date of premium receipt by GTL, its representatives or school officials, but not prior to the first official date of practice; and continues through the date of the last official game of the current season including playoffs.
Football premium covers football only.

To file a claim: Report accidents to the school. Forms will be furnished through the principal's office (during vacation time contact the administrators of the plan). Complete proof of loss and accumulated bills must be received by Guarantee Trust Life Insurance Company within 90 days.

24-HOUR-A-DAY ACCIDENT COVERAGE

24-Hour-A-Day Protection for each Covered Accident

Helps protect your child for the entire school year and extends **throughout the summer** - right up to the day school opens.

Your child's coverage is good **WORLDWIDE, 24-HOURS-A-DAY**. This includes covered accidents:

- ☞ At home ☞ At play ☞ At school ☞ On vacation ☞ Scouting, camping etc. ☞ During covered travel
- ☞ While engaged in sports, except those specifically excluded or for which optional coverage is required*

***See OPTIONS for available optional sports coverage, if any.**

SCHOOL-TIME ACCIDENT COVERAGE

Helps protect your child while attending regular school sessions. Includes coverage for travel directly to and from your residence to attend regular school sessions for travel time required, but not more than one hour before or after regular classes. Travel time on the school bus is extended for any additional time needed. In addition, coverage is provided while participating in (or attending) covered activities exclusively organized, sponsored and solely supervised by the school and school employees, including travel directly to and from the activity in a Designated Vehicle furnished by the school and supervised solely by school employees. Optional coverage may be required for interscholastic sports. See **OPTIONS** for available optional sports coverage, if any.

Blanket Accident insurance products are issued on Form Series GP-2030, GP-2020 or GP-1200 by Guarantee Trust Life Insurance Company, Glenview, IL. These products and their features are subject to state availability and may vary by state. Certain exclusions and limitations may apply. The exact provisions governing the insurance are contained in the Policy issued to the Policyholder and certain provisions may be administered to conform to state requirements. The Policy shall control in the event of any conflict between the Policy and this brochure. For complete details of coverage please contact the agent administering the program.

What's Covered? Up to \$25,000.00 as described under Coverage and Benefits for:

- ACCIDENTS OCCURRING WHILE COVERAGE IS IN FORCE
- LOSS FROM ACCIDENTAL BODILY INJURY RESULTING DIRECTLY AND INDEPENDENTLY OF ALL OTHER CAUSES
- COVERED MEDICAL EXPENSE WHICH BEGINS WITHIN 30 DAYS OF THE ACCIDENT AND IS INCURRED WITHIN 52 WEEKS OF THE ACCIDENT

COVERAGE AND BENEFITS

BENEFITS ARE PAYABLE UP TO THE DOLLAR AMOUNTS SPECIFIED BELOW

BENEFITS PER INJURY		LOW OPTION	HIGH OPTION	BENEFITS PER INJURY		LOW OPTION	HIGH OPTION
HOSPITAL ROOM AND BOARD AND GENERAL NURSING CARE	Per day	\$150	\$300	IMAGING PROCEDURES	Including X-rays and interpretation	\$100	\$200
HOSPITAL MISCELLANEOUS EXPENSE		\$1,000	\$2,000	MRI/CAT Scan		\$125	\$250
HOSPITAL EMERGENCY CARE		\$150	\$300	ORTHOPEDIC APPLIANCES	Furnished by the Hospital	\$100	\$200
DOCTOR'S FEES FOR SURGERY	Per Unit Unit Value determined by the Surgical Schedule	\$80	\$160	DENTAL TREATMENT	For Injury to Sound, Natural Teeth, per tooth Up to a maximum of	\$200 \$600	\$400 \$1,200
ANESTHESIA SERVICES	Percent of Surgical Schedule Allowance	25%	25%	ACCIDENTAL DEATH AND DISMEMBERMENT	Caused by an Injury and occurring within 365 days of the covered Accident	<div>Only one of these benefits, the largest, will be payable in addition to other benefits shown</div> <div> ACCIDENTAL DEATH DISMEMBERMENT Loss of One Hand or One foot Loss of the Entire Sight of Both Eyes Loss of Both Hands or Feet </div>	
AMBULANCE EXPENSE		\$100	\$200				
DOCTORS' VISITS Non-surgical Including Physical Therapy	Per visit	\$25	\$50				
	Physical Therapy, per visit	\$25	\$50				
	Maximum number of visits per Injury	3	3			<div>\$2,000</div> <div>\$1,000</div> <div>\$1,000</div> <div>\$10,000</div>	

Injury means bodily Injury due to an Accident which results directly and independently of disease, bodily infirmity, or any other causes; solely, directly and independently of all other causes, results in medical expense; occurs after the effective date of the Insured's coverage under the Policy; and occurs while the Policy is in force. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

EXCLUSIONS

THE POLICY DOES NOT COVER: (1) Treatment, services or supplies which are not Medically Necessary; are not prescribed by a Doctor as necessary to treat an Injury; are Experimental/Investigational in nature; are received without charge or legal obligation to pay; are received from persons employed or retained by the Policyholder or any Family Member, unless otherwise specified; or are not specifically listed as Covered Charges in the Policy; (2) Intentionally self-inflicted Injury; (3) Injury sustained while violating or attempting to violate any duly enacted law; (4) Injury by acts of war, whether declared or not; (5) Injury received while traveling or flying by air, except as a fare paying passenger on a regularly scheduled commercial airline; (6) Injury covered by Worker's Compensation or the Occupational Disease Law; (7) Treatment of illness, disease or infections, except infections which result from an accidental Injury or infections which result from accidental, involuntary or an unintentional ingestion of a contaminated substance; (8) Hernia, any type; (9) Injury sustained fighting or brawling, except in self-defense; (10) Suicide or attempted suicide; (11) Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures; (12) Loss resulting from the use of any drug or agent classified as a narcotic, psycholytic, psychedelic, hallucinogenic, or having a similar classification or effect, unless prescribed by a Doctor; (13) Injury sustained while operating, riding in or upon, mounting or alighting from, any two, three or four- wheeled recreational motor/engine driven vehicle, snowmobile or all-terrain vehicle (ATV); (14) Injury sustained while participating in or practicing for senior high inter-scholastic tackle football including grade 9 if playing with grade 10 or above, including travel, unless optional coverage has been purchased; (15) Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body; (16) Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay; (17) Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs; (18) Dental treatment, except as specifically stated; (19) Services of an assistant surgeon or Doctor when surgery is performed; (20) Eyeglasses, contact lenses, routine eye exams or prescriptions therefore; (21) Prescription Drugs, crutches, braces, artificial limbs, etc., except as specifically stated.

Administered by: **STUDENT PROTECTIVE AGENCY**, 300 Coshocton Ave., Mount Vernon, OH 43050 • (800) 278-2544

Underwritten and claims paid by: **GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)**, 1275 Milwaukee Ave., Glenview, IL 60025 • (800) 622-1993

2023-2024 SCHOOL YEAR ENROLLMENT FORM

GTL

GUARANTEE
TRUST
LIFE

PLEASE PRINT CLEARLY

ONE TIME ANNUAL PAYMENT		
OPTIONS	Low OPTION	High OPTION
24-HOUR-A-DAY PLAN STUDENTS GRADES K-6 STUDENTS GRADES 7-12	<input type="checkbox"/> \$79 <input type="checkbox"/> \$91	<input type="checkbox"/> \$158 <input type="checkbox"/> \$182
SCHOOL-TIME PLAN STUDENTS GRADES K-6 STUDENTS GRADES 7-12	<input type="checkbox"/> \$23 <input type="checkbox"/> \$37	<input type="checkbox"/> \$46 <input type="checkbox"/> \$74
OPTIONAL FOOTBALL COVERAGE (GRADES 10-12, INCLUDING GRADE 9 IF PLAYING WITH 10-12) 2023 SEASON ONLY PER PLAYER	<input type="checkbox"/> \$129	<input type="checkbox"/> \$258
TOTAL \$ _____ (PLEASE DO NOT SEND CASH)		
MAKE CHECK PAYABLE TO YOUR LOCAL AGENCY		
NO REFUNDS ARE AVAILABLE		

STUDENT'S NAME _____		
FIRST NAME	MIDDLE INITIAL	LAST NAME
DATE OF BIRTH _____		
MONTH	DAY	YEAR
MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		
SCHOOL DISTRICT _____		SCHOOL _____
GRADE _____ STUDENT'S ADDRESS _____		
CITY _____ STATE _____ ZIP _____		
TELEPHONE # _____ DATE OF ENROLLMENT _____		
PARENT OR GUARDIAN'S EMAIL ADDRESS _____		
NAME OF PARENT OR GUARDIAN (PLEASE PRINT) _____		
SIGNATURE OF PARENT OR GUARDIAN _____		

GA-15-KEF

PLEASE REMEMBER TO:



COMPLETE THE ENROLLMENT FORM AND CHECK THE PLAN AND OPTIONS YOU WANT.



MAKE YOUR CHECK OR MONEY ORDER (PLEASE DO **NOT** SEND CASH) FOR THE TOTAL ENCLOSED PAYABLE AS INDICATED.

MAIL THE ENROLLMENT FORM WITH YOUR CHECK OR MONEY ORDER TO:



STUDENT PROTECTIVE AGENCY
300 Coshocton Avenue
Mount Vernon, OH 43050



PLEASE NOTE: YOUR CANCELED CHECK IS YOUR RECEIPT. IF CANCELED CHECK IS NOT RECEIVED WITHIN 60 DAYS, PLEASE CONTACT YOUR PLAN ADMINISTRATOR.



SPECIAL EVENTS

ACCIDENT INSURANCE

Including:

Adult/Bible School, Theater, Dance, Picnics, Marathons, Boating,
White Water Rafting, Hunting, Air Travel, Land Travel, and many more

Underwritten and Claims Paid by:

Guarantee Trust Life Insurance Company (GTL)
1275 Milwaukee Avenue, Glenview, IL 60025
1-800-622-1993
www.gtlic.com

Plan Administered by:

**Student
Protective
Agency**

300 Coshocton Ave. | Mount Vernon, OH 43050
1-800-278-2544

WHAT IS IT? Guarantee Trust Life Insurance Company (GTL) offers Accident Insurance for the specific needs of individuals and groups participating in a variety of Special Events. Since all eligible persons are required to be protected by the plan, no individual names are necessary. The group, along with each individual is protected because all of the eligible persons are covered. There are no voluntary enrollment plans available.

WHAT IS COVERED? Each of the activities noted in the enrollment form which is sponsored and directly supervised by the Policyholder; provided the dates of such activities and anticipated number of eligible persons are shown on the premium report.

WHO IS COVERED? Eligible persons are either the participants only *or* participants and staff.

WHAT ARE THE BENEFITS? ACCIDENT MEDICAL EXPENSE - For expense incurred due to a covered Accident. The Plan will pay, up to the Maximum Benefit Amount indicated on the enrollment form, for Medically Necessary, Reasonable and Customary charges for: 1) Hospital room and board and general nursing care. 2) Intensive care. 3) Urgent care center expense. 4) Hospital miscellaneous expense during Hospital confinement or for outpatient surgery under general anesthetic, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services and supplies. 5) Anesthesia services. 6) Hospital Emergency care. 7) Doctor's fees for surgery. 8) Doctor's visits, including Physical Therapy. 9) X-ray and laboratory services. 10) Ambulance expense. 11) Dental treatment for Injury to Sound, Natural Teeth. 12) Registered nurse expense. 13) Prescription Drugs. 14) Outpatient services. 15) Casts, non-surgical.

Treatment of Injury must begin within 30 days of the covered Accident and medical expense must be incurred within 52 weeks from the date of covered Accident.

ACCIDENTAL DEATH & DISMEMBERMENT - GTL will pay up to the maximum benefit amount as shown on the enrollment form. If more than one such loss is sustained as the result of one covered Accident, GTL will pay only one amount, the largest to which the Insured person is entitled.

HOW ARE MEDICAL EXPENSE BENEFITS DETERMINED? Except where prohibited by law, all Covered Charges will be considered for payment on an excess basis if Other Valid and Collectible Insurance or Plan covers the Insured person.

HOW DO YOU APPLY FOR COVERAGE? Complete the enrollment form (front and back). Send the completed enrollment form along with your check made payable to Guarantee Trust Life Insurance Company to the Plan Administrator prior to the requested effective date. After the completed enrollment form and premium are received by the Plan Administrator, you will receive your Policy, claim forms and instructions.

WHAT ARE THE EXCLUSIONS OF THE POLICY? Except where prohibited by law, benefits are not provided for:

1) Treatment, services or supplies which are not Medically Necessary; are not prescribed by a Doctor as necessary to treat an Injury; are determined to be Experimental/Investigational in nature by the Company; are received without charge or legal obligation to pay; are received from any persons retained or employed by the Policyholder or any Family Member; are not specifically listed as Covered Charges in the Policy. 2) Eyeglasses, contact lenses, routine eye exams or prescriptions. 3) Suicide or attempted suicide while sane or insane. 4) Intentionally self-inflicted Injury, violating or attempting to violate any duly enacted law. Injury by acts of war, whether declared or not. 5) Dental treatment, except as specifically stated. 6) Injury covered by Worker's Compensation or the Occupational Disease Law. 7) Hernia of any kind. 8) Injury contributed to by the use of alcohol or drugs not prescribed by a Doctor. 9) Injury incurred as the result of aggravation or reinjury of a Pre-existing Condition. 10) Injury received while traveling or flying by air, except as a fare paying passenger on a regularly scheduled commercial airline. 11) Treatment of illness, disease or infections, except infections which result from an accidental Injury or infections which result from accidental, involuntary or an unintentional ingestion of a contaminated substance. 12) Injury sustained while participating in or practicing for interscholastic athletics, including travel.

Group Blanket Accident insurance is issued on Form Series GP-1200 by Guarantee Trust Life Insurance Company, Glenview, IL. This product and its features are subject to state availability and may vary by state. Certain exclusions and limitations may apply. This brochure is a brief description of the coverage. The exact provisions governing the insurance are contained in the Policy issued to the Policyholder and certain provisions may be administered to conform to state requirements. The Policy shall control in the event of any conflict between the Policy and this brochure. For complete details of coverage please contact the agent administering the program.

GUARANTEE TRUST LIFE INSURANCE COMPANY, Glenview, Illinois

Enrollment for: Accident Insurance

Please print or type - Complete both sides

Name of Policyholder _____

Policy Number (company use only) _____

Mailing Address _____

Policy Term: Effective Date: _____ Termination Date: _____

Covered Activities: The Special Event activity(ies) noted below which are sponsored and directly supervised by the Policyholder.

DEDUCTIBLE PER INJURY - \$0	Maximum Benefit Amounts (select ONLY one option)	
	OPTIONS	
BENEFITS	STANDARD <input type="checkbox"/>	DELUXE <input type="checkbox"/>
Accidental Death	\$5,000	\$12,500
Accidental Dismemberment, <i>Up To</i>	\$10,000	\$25,000
Accident Medical Expense	\$25,000	\$25,000
Premium Rates Per Eligible Person, Per Day		
EVENT TYPES	STANDARD	DELUXE
1. Adult/Bible School	\$0.11	\$0.13
2. Theater, Dance, Parade, Picnic, Reunion	\$0.15	\$0.17
3. Boating, Bowling, Fishing, Hunting	\$0.30	\$0.32
4. Martial Arts, Whitewater Rafting	\$1.90	\$2.00
5. Air Travel, Backpacking, Bicycle Tour	\$0.27	\$0.33
6. Other Land Trip or Tours	\$0.16	\$0.17
7. Spectators at above events	N/A	\$0.20
NO REFUNDS ARE AVAILABLE		

Policy to Cover all Eligible Persons, including: ☐ Participants Only ☐ Participants and Staff

The Policy will become effective on the date requested if the appropriate premium has been received prior to the requested effective date. It is agreed that the premium will be paid entirely by the Policyholder with no contribution made by the eligible persons toward the cost of the insurance.

Authorized Signature _____ Date _____

Printed Name _____ Title _____

Agent Signature _____

Printed Name _____

PREMIUM REPORT

Must be completed for enrollment to be processed - Complete both sides

DATES OF ACTIVITIES		NUMBERS OF ELIGIBLE PERSONS ANTICIPATED TO BE INSURED			Total	DAILY PREMIUM RATE	PREMIUM PER DAY	NUMBER OF DAYS	PREMIUM DUE
		Participants	Staff						
_____	THRU _____	_____	+	_____	= _____	X \$ _____	= \$ _____	X _____	= \$ _____
_____	THRU _____	_____	+	_____	= _____	X \$ _____	= \$ _____	X _____	= \$ _____
_____	THRU _____	_____	+	_____	= _____	X \$ _____	= \$ _____	X _____	= \$ _____

Group Activities: _____

TOTAL PREMIUM: \$ _____

NOTE: Minimum Premium is \$100.00

I certify to the best of my knowledge and belief: 1) the information above is true and correct; 2) the premium is being paid for the total number of eligible persons who are anticipated to be insured during the Policy Term; and 3) the premium is being paid entirely by the Policyholder with no contribution made by the eligible person toward the cost of the insurance.

Authorized Signature: _____ Date: _____

Phone Number: _____ Title: _____

Eligible Events

1. Adult Study School, Bible School.
2. Amateur Theater, Amusement Park Outing, Baton Twirling, Beauty Contest, Dance, Fashion Show, Festival, Fund-Raising Drive, Haunted House, Hay Ride, Museum Outing, Pageant, Parade, Picnic, Prom, Recital, Reunion, Zoo Outing.
3. Biathlon, Bicycling (except BMX), Boating (except Whitewater) Bowling, Exercise, Fishing, Golf, Gymnastics, Hiking, Horseback Riding, Hunting, Jogging, Marathon, Shooting Match, Skating, Soap Box Derby, Swimming, Triathlon, Volunteer Construction/Repair, Weightlifting.
4. Martial Arts, Paintball, Whitewater Rafting.
5. Air Travel, Bicycle Trip, Backpacking, Water Trip/Tour.
6. Other Land Trips or Tours.