GTL GUARANTEE 2024-2025 STUDENT ACCIDENT INSURANCE PLANS

- 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
1	1	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.
1	1	Provides coverage during the hours that school is in regular session.
1		Provides 24-Hour-A-Day protection.
1	1	Provides coverage during the time necessary for travel between the insured's home and the beginning or end of regular school sessions.
1	1	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.
	1	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).
1		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

So 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 <u>may be</u> required for interscholastic sports. See OPTIONS for available optional sports coverage, if any.

TERMINATION OF POLICY/CERTIFICATE OF COVERAGE: The Policy is issued for the agreed upon term of coverage and is non-renewable. Coverage will terminate at the earlier of: (1) the date the Policy terminates; or (2) the date the Insured ceases to be a member of the Policyholder's sports teams; or (3) the last day of regularly scheduled sports activity; or (4) the date the Insured ceases to be an Eligible Person; or (5) the end of the period for which any applicable premium has been paid. We have the right to terminate the coverage of any Insured who submits a fraudulent claim under the Policy.

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

BENEFI	IS PER INJURY	Low Option	High Option	BENEFI	IS PER INJURY	Low Option	HIGH Option
HOSPITAL ROOM AND BOARD AND GENERAL NURSING	Per day	\$150	\$300	IMAGING PROCEDURES	Including X-rays and interpretation	\$100	\$200
CARE				MRI/CAT Scan		\$125	\$250
HOSPITAL MISCELLANEOUS EXPENSE		\$1,000	\$2,000	ORTHOPEDIC APPLIANCES	Furnished by the Hospital	\$100	\$200
HOSPITAL EMERGENCY CARE		\$150	\$300	DENTAL TREATMENT	For Injury to Sound, Natural Teeth, per tooth	\$200	\$400
DOCTOR'S FEES FOR SURGERY	Limited to a maximum of	\$1,500	\$3,000		Up to a maximum of	\$600	\$1,200
ANESTHESIA SERVICES		100% of F & Cust	l Reasonable comary	ACCIDENTAL DEATH AND DISMEMBERMENT	Caused by an Injury and occurring within 365 days of the covered Accident		
AMBULANCE		\$100	\$200	Only one of these	ACCIDENTAL DEATH	\$2,	,000
EXPENSE		φισσ	<i>\\</i> 200	benefits, the largest, will be	DISMEMBERMENT		
DOCTORS' VISITS	Per visit	\$25	\$50	payable in addition to other	Loss of One Hand or One foot	\$1,000	
Non-surgical Including	Physical Therapy, per visit	\$25	\$50	benefits shown	Loss of the Entire Sight of Both Eyes	\$1,	000
Physical Therapy	Maximum number of visits per Injury	3	3		Loss of Both Hands or Feet	\$10	,000

BENEFITS ARE PAYABLE UP TO THE DOLLAR AMOUNTS SPECIFIED BELOW

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 interscholastic 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.

Blanket Accident insurance is issued under Policy Form Series GP-2030, GP-2020 or GP-1200 by Guarantee Trust Life Insurance Company, Glenview, IL. The policy has exclusions, limitations, reductions of benefits, and conditions of eligibility and termination. Subject to state availability and variability. 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.

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

			PLEASE PRINT CLEAR	LY			
ONE TIME ANNU	JAL PAYMENT						
OPTIONS	Low Option	High Option	STUDENT'S NAME First Name	M		L tot Naur	
24-Hour-A-Day Plan Students Grades K-6 Students Grades 7-12	□\$79 □\$91	□\$158 □\$182					Female
SCHOOL-TIME PLAN STUDENTS GRADES K-6 STUDENTS GRADES 7-12	□\$23 □\$37	□\$46 □\$74	SCHOOL DISTRICT				
Optional Football Coverage (Grades 10-12, including grade 9 if playing with 10-12)			CITY				_
2024 Season Only Per Player	□\$129	□\$258	Parent or Guardian's Em	AIL ADDRESS			
TOTAL \$(P	LEASE DO NOT	SEND CASH)	NAME OF PARENT OR GUARI	DIAN (PLEASE	PRINT)		
MAKE CHECK PAYABLE TO	YOUR LOCA	L AGENCY					
NO REFUNDS AF			SIGNATURE OF PARENT OR O	UARDIAN			



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



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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:

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STUDENT PROTECTIVE AGENCY

300 Coshocton Avenue Mount Vernon, OH 43050

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