West Muskingum Schools

Home of the Tornadoes

Administration Center, 4880 West Pike, Zanesville, OH 43701
Phone: 740-455-4052/FAX 740-455-4063/westmschools.org

Chad J. Shawger
Superintendent

Kimberly S. Downs
Treasurer

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.

High school 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 will be available on our website. 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 of 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. 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.

Kimberly Downs
Treasurer

2026-27 OHIO

STUDENT ACCIDENT INSURANCE PROGRAM

Multi-Benefit Protection

Plan Administered by:

Student Protective Agency

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

ACCIDENT INSURANCE PROTECTION HELPING PROVIDE:

For the Student - Sound coverage with a selection of plan options

For the Parent - Additional financial security to help in times of increasing medical costs

For You - The fulfillment of an administrative service and responsibility

Underwritten & Claims Administered by:

GTL GUARANTEE TRUST LIFE

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

GB-OH-26

ACCIDENT INSURANCE PLANS

for all students and athletes

SCHOOL-TIME STUDENT ACCIDENT COVERAGE: Helps protect your students the entire school year, during regular school sessions, as well as participating in other school-sponsored activities requiring the attendance of the student. Also provides protection for your students while traveling directly to or from the student's Residence and school to attend or participate in school activities. The expiration date of coverage shall be the close of the regular nine month school term, except while the Insured is attending academic classroom sessions exclusively sponsored and solely supervised by the school during the summer.

24-HOUR-A-DAY ACCIDENT COVERAGE: Provides protection for your students 24-hours-a-day, year-round and continues until the end of the Policy Year. The student is protected AT HOME, AT SCHOOL, AT CAMP, ON VACATION. . . ANYWHERE ACCIDENTS CAN HAPPEN.

SPORTS ACCIDENT COVERAGE: Interscholastic sports (including practice) are covered by the School-Time and 24-Hour-A-Day Accident Coverage. Travel is also covered when going directly and uninterruptedly to and from practice or competition when traveling as a group in a Designated Vehicle. High school tackle football for grades 10 through 12 (including grade 9 if playing or practicing with grades 10 through 12) is only covered by the optional Football Only Accident Coverage, which requires an additional premium.

FOOTBALL ONLY ACCIDENT COVERAGE: Players in Grades 10 through 12 (including grade 9 if playing or practicing with grades 10 through 12) are covered for accidents occurring while participating in high school interscholastic tackle football practice or competition. Travel is also covered when going directly and uninterruptedly to and from such practice or competition when traveling as a group in a Designated Vehicle.

EFFECTIVE COVERAGE DATES: Coverage will be effective on the date of premium receipt by GTL, its representatives or school officials, or the official first day of school, whichever is later.

For interscholastic sports, coverage can pre-date the official first day of school for students who are participating in pre-school practice sessions, competition or covered travel sanctioned by the Ohio High School Athletic Association. In such cases coverage will be effective as of the date of premium receipt but only while participating in actual practice sessions, competitions or covered travel. Other aspects of coverage will not commence until the official first day of school.

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 no earlier than August 1st as sanctioned by the Ohio High School Athletic Association and continues through the date of the last official game of the 2026 season, including playoffs. Other aspects of coverage will not commence until the official first day of school.

TERMINATION OF POLICY/CERTIFICATE OF COVERAGE: Policyholder: The Policy is issued for the agreed upon term of coverage and is non-renewable. Certificateholder: 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.

EXCESS PROVISION: All Covered Charges will be considered for payment on an Excess basis if any Other Valid and Collectible Insurance covers the Insured person.

2026-27

POLICY BENEFITS AND PREMIUMS

All Maximum amounts are per Injury except as specifically stated

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 Covered Person'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.

COVERAGE AND BENEFITS	LOW OPTION	HIGH OPTION
Maximum Benefit Amount Per Injury	$25,000.00	$25,000.00
Deductible	$0.00	$0.00
Hospital Room and Board and general nursing care, limited to a maximum of	$150.00/day	$300.00/day
Hospital Miscellaneous Expense, limited to a maximum of	$1,000.00	$2,000.00
Hospital Emergency Care, limited to a maximum of	$150.00	$300.00
Orthopedic Appliances furnished by the Hospital, limited to a maximum of	$100.00	$200.00
Doctor's fees for surgery, limited to a maximum of	$1,500.00	$3,000.00
Anesthesia Services	100% of Reasonable & Customary	100% of Reasonable & Customary
Non-Surgical Doctors' Visits, including Physical Therapy Physical Therapy is limited to a maximum benefit of 3 visits.	$25.00	$50.00
Dental Treatment, per tooth (for Injury to Sound, Natural Teeth), limited to Up to a maximum of	$200.00 $600.00	$400.00 $1,200.00
Imaging procedures, including X-rays and interpretation, limited to a maximum of amount of	$100.00	$200.00
MRI/CAT Scan, up to a maximum benefit of	$125.00	$250.00
Ambulance Expense, limited to a maximum of	$100.00	$200.00
Loss of Life	$2,000.00	$2,000.00
Loss of One Hand or One Foot or Entire Sight of Both Eyes	$1,000.00	$1,000.00
Loss of both Hands or Feet	$10,000.00	$10,000.00
PREMIUMS (ONE-TIME PAYMENT)	**LOW OPTION**	**HIGH OPTION**
SCHOOL-TIME ACCIDENT COVERAGE Students — Grades K - 6 Grades 7 - 12	 $23.00 $37.00	 $46.00 $74.00
24-HOUR-A-DAY ACCIDENT COVERAGE Students — Grades K - 6 Grades 7 - 12	 $79.00 $91.00	 $158.00 $182.00
OPTIONAL FOOTBALL ONLY ACCIDENT COVERAGE Per Player — Grades 10 - 12 (including grade 9 if playing or practicing with grades 10 through 12)	$129.00	$258.00

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.

IMPORTANT INFORMATION

1. Treatment must begin within thirty (30) days of Accident.
2. Expense must be incurred within fifty-two (52) weeks of Accident.
3. Written proof of loss must be furnished within ninety (90) days of Accident.
4. No refunds are available.

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.

GTL GUARANTEE TRUST LIFE 2026-2027 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
✓	✓	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.

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

BENEFITS ARE PAYABLE *UP TO* THE DOLLAR AMOUNTS SPECIFIED BELOW

BENEFITS PER INJURY		LOW OPTION	HIGH OPTION
HOSPITAL ROOM AND BOARD AND GENERAL NURSING CARE	Per day	**$150**	**$300**
HOSPITAL MISCELLANEOUS EXPENSE		**$1,000**	**$2,000**
HOSPITAL EMERGENCY CARE		**$150**	**$300**
DOCTOR'S FEES FOR SURGERY	Limited to a maximum of	**$1,500**	**$3,000**
ANESTHESIA SERVICES		**100% of Reasonable & Customary**	
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**

BENEFITS PER INJURY		LOW OPTION	HIGH OPTION
IMAGING PROCEDURES	Including X-rays and interpretation	**$100**	**$200**
MRI/CAT Scan		**$125**	**$250**
ORTHOPEDIC APPLIANCES	Furnished by the Hospital	**$100**	**$200**
DENTAL TREATMENT	For Injury to Sound, Natural Teeth, per tooth	**$200**	**$400**
	Up to a maximum of	**$600**	**$1,200**
ACCIDENTAL DEATH AND DISMEMBERMENT Only one of these benefits, the largest, will be payable in addition to other benefits shown	Caused by an Injury and occurring within 365 days of the covered Accident		
	ACCIDENTAL DEATH	**$2,000**	
	DISMEMBERMENT		
	Loss of One Hand or One foot	**$1,000**	
	Loss of the Entire Sight of Both Eyes	**$1,000**	
	Loss of Both Hands or Feet	**$10,000**	

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.

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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

2026-2027 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	❑ $79	❑ $158
Students Grades 7-12	❑ $91	❑ $182
School-Time Plan		
Students Grades K-6	❑ $23	❑ $46
Students Grades 7-12	❑ $37	❑ $74
Optional Football Coverage (Grades 10-12, including grade 9 if playing with 10-12) 2026 Season Only Per Player	❑ $129	❑ $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 _____ **Male** ❑ **Female** ❑
Month Day Year

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