2026-27 Multi-State

STUDENT ACCIDENT INSURANCE PROGRAM

Multi-Benefit Protection

Gallagher | Special Risk

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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 by:

GTL | GUARANTEE TRUST LIFE

Guarantee Trust Life Insurance Company (GTL)
1275 Milwaukee Ave., Glenview, IL 60025
www.gtlic.com

GB-K12-Multi-26-27-TT

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 when participating in other school-sponsored activities requiring the attendance of the student. Also provides protection for your students while traveling in a Designated Vehicle 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 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 practicing or playing with grades 10-12) 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.

EXTENDED DENTAL: For an additional premium, Extended Dental Expense increases the maximum benefit for Injury to Sound, Natural teeth up to $1,000 per tooth.

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. 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 sanctioned by the State High School 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 over $100 will be considered for payment on an Excess basis if any Other Valid and Collectible Insurance or Plan covers the Insured person. GTL will pay the first $100 in Covered Charges regardless of other insurance.

2026-27 POLICY BENEFITS

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.

Benefits are payable *up to* the dollar amounts specified below.	**STANDARD PLAN**	**DELUXE PLAN**
MAXIMUM BENEFIT AMOUNTS, PER INJURY, UP TO	**$25,000.00**	**$50,000.00**
Hospital room and board and general nursing care, limited to a maximum of	$400.00/day	Semi-private room rate
Intensive Care, limited to a maximum of	$400.00/day	$1,000.00/day
Inpatient miscellaneous Hospital charges, limited to a maximum of	$1,500.00	$2,000.00
Miscellaneous outpatient Hospital charges, limited to a maximum of	$150.00	$300.00
Doctor's charges for surgery, limited to a maximum of	$2,000.00	$4,000.00
Administration of anesthesia	100% of R&C*	100% of R&C*
Assistant surgeon charge		
Non-surgical Doctors' visits, excluding Physical Therapy, limited to	$50.00 per visit	100% of R&C*
Hospital Emergency care, excluding professional charges, limited to a maximum of	$150.00	$300.00
Outpatient imaging procedures and interpretation for MRI/CAT Scan, up to a maximum benefit of	$400.00	$800.00
Outpatient X-ray services, limited to a maximum of	$180.00	$250.00
Ambulance charges, limited to a maximum of	$250.00	$500.00
Hospital Emergency non-surgical Doctor charges, limited to a maximum of	$150.00	$300.00
Durable Medical Equipment including orthopedic appliances, limited to a maximum of	$150.00	$250.00
Dental treatment (for Injury to Sound, Natural Teeth) per tooth, limited to	$350.00	$400.00
Replacement expense for broken eyeglasses, lenses, contact lenses, hearing aids resulting from an Injury requiring medical treatment, limited to a maximum of	$150.00	$200.00
Outpatient Physical Therapy rendered by a Hospital or Doctor, each visit limited to a maximum of **5** visits.	$40.00	$50.00
Ambulatory Surgical Facility, limited to a maximum of	N/A	$900.00
Registered nurse expense, limited to a maximum of	100% of R&C*	100% of R&C*
Loss of life	$5,000.00	$5,000.00
Loss of both hands or both feet or entire sight of both eyes	$10,000.00	$10,000.00
Loss of one hand or one foot	$2,000.00	$2,000.00
Loss of one hand or one foot and entire sight of one eye	$4,000.00	$4,000.00
Loss of speech or hearing (both ears)	$10,000.00	$10,000.00
Loss of hearing one ear or entire sight of one eye or loss of thumb and index finger of the same hand	$1,500.00	$1,500.00

*R&C means Reasonable and Customary

EXCLUSIONS:

THE POLICY DOES NOT PROVIDE BENEFITS FOR: (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) Injury by acts of war, whether declared or not; (3) Injury received while traveling or flying by air, except as a fare paying passenger on a regularly scheduled commercial airline; (4) Injury covered by Worker's Compensation or the Occupational Disease Law; (5) Suicide or attempted suicide; (6) Heart and/or circulatory malfunction resulting from participation in a Covered Activity; (7) Repetitive Motion Injuries, strains, hernia, tendinitis, bursitis, spondylolysis, osteochondritis dissecans; (8) Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures; (9) Re-injury or complications of an Injury which occurred prior to the Policy's Effective Date; (10) Dental treatment, except as specifically stated; (11) Injury sustained fighting or brawling; (12) Injury sustained while voluntarily participating in a riot or civil commotion or insurrection; (13) Prescription Drugs; (14) 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); (15) Any charge for which benefits are payable under a Catastrophic Accident Insurance Program of the State Interscholastic Activities Association; (16) 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; (17) Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body; (18) Charges for treatments, services or supplies which exceed reasonable and customary charges; (19) Losses directly or indirectly arising out any chemical or biological release and/or contamination which results from Terrorist Activity; (20) Any loss as the result of Terrorist Activity and/or non-detonating weapons of mass destruction; (21) Any loss directly or indirectly arising out of any nuclear explosion, detonation, release and/or contamination whether in time of peace or war, and regardless of any other causes or events contributing concurrently or in any other sequence thereto.

FOR RESIDENTS OF GEORGIA, MAINE, MISSISSIPPI AND NEBRASKA THESE ADDITIONAL EXCLUSIONS APPLY:

(22) Intentionally self-inflicted Injury; (23) Injury received while violating or attempting to violate any duly enacted law; (24) Injury caused by or contributed to by aggravation or re-injury of a Pre-existing Condition; (25) Hernia, any type; (26) 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; (27) 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; (28) Treatment of illness, disease or infections, except infections which result from an accidental Injury or infections which result from accidental, involuntary or unintentional ingestion of a contaminated substance.

FOR RESIDENTS OF VERMONT THESE ADDITIONAL EXCLUSIONS APPLY:

(22) Intentionally self-inflicted Injury while sane; (23) Injury received while violating or attempting to violate any duly enacted law; (24) Treatment of illness, disease, or infections, except pyogenic infections or bacterial infections which result from an accidental open cut or the accidental ingestion of contaminated substances; (25) Injury caused by or contributed to by aggravation or re-injury of a Pre-existing Condition; (26) Hernia, any type, except for medically necessary treatment.

FOR RESIDENTS OF ILLINOIS THESE ADDITIONAL EXCLUSIONS APPLY:

(22) Intentionally self-inflicted Injury; (23) Injury caused by aggravation or re-injury of a Pre-existing Condition; (24) Hernia, any type, except if directly resulting from accidental injury while covered under the Policy; (25) 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; (26) 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; (27) Treatment of illness, disease or infections, except infections which result from an accidental Injury or infections which result from accidental, involuntary or unintentional ingestion of a contaminated substance.

PREMIUM RATES
One-Time Annual Payment

SCHOOL-TIME ACCIDENT COVERAGE	STANDARD PLAN	DELUXE PLAN
Grades K-12	$39.00	$68.00

24-HOUR ACCIDENT COVERAGE		
Grades K-12	$139.00	$200.00

OPTIONAL FOOTBALL ONLY ACCIDENT COVERAGE — Including grade 9 if playing with grades 10-12

Grades 10-12	$206.00	$348.00

EXTENDED DENTAL OPTION PREMIUM

Can only be purchased in conjunction with School-Time, 24-Hour or Football Only Accident Plans

Grades K-12	$12.00	$12.00

IMPORTANT INFORMATION

1. Treatment must begin within 30 days of Accident (365 days in VT).
2. Charges must be incurred within 52 weeks of Accident.
3. Written proof of loss must be furnished within 90 days of Accident.
4. No premium refunds are available.

AVAILABILITY

This product is available in Georgia, Illinois, Maine, Mississippi, Nebraska and Vermont.

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.