GTL | GUARANTEE TRUST LIFE

STUDENT ACCIDENT INSURANCE

K-12 MANDATORY COVERAGE

Accidents happen. Guarantee Trust Life Insuance Company (GTL) is here to help protect your school district from the burdens that can result when there is an accidental Injury to a student in your school district.

GTL's Blanket Accident coverage helps provide protection for all students enrolled in the school district as well as participating in school-sponsored interscholastic sports and Covered Activities (interscholastic tackle football coverage is not covered unless optional coverage is elected for an additional premium—school must have already purchased the School-Time Student Accident coverage in order to elect tackle football coverage).

AT SCHOOL PROTECTION:

The student is protected while attending regular School-Time sessions. In addition, coverage is provided while participating in (or attending) Covered Activities exclusively organized, sponsored and solely supervised by school employees. This includes travel directly to and from the activity in a Designated Vehicle furnished by the school and supervised solely by school employees. The student is covered while engaged in sports, except for interscholastic tackle football (unless optional coverage is purchased).

Coverage Highlights:

- Up to a $5,000 Maximum Benefit per Injury
- $0 Deductible
- Excess Coverage to any other Valid and Collectible Insurance
- 100% participation
- Includes coverage for sports and Covered Activities exclusively organized and sanctioned by the school
- Includes coverage for Off-Season Physical Conditioning
- Interscholastic tackle football coverage is available for an additional premium per team

The coverage will pay medical expenses for a covered Accident provided the expense begins within 30 days of the Accident and is incurred within 52 weeks from the date of the Accident. Loss must result directly and independently of all other causes.

Benefits provided by this coverage are payable for the Medically Necessary, Reasonable and Customary expenses actually incurred while the Policy is in force for any one covered Accident.

COVERED EXPENSES:

Means the Medically Necessary, Reasonable and Customary charges for:

Hospital room and board and general nursing care

Assistant surgeon expense

Ambulance expense

Physical Therapy rendered by a Hospital or Doctor

Intensive Care

Inpatient and Outpatient Doctors' visits

Urgent Care Center expense

Registered Nurse expense

Inpatient and Outpatient Hospital miscellaneous expense

Hospital Emergency care

Casts, non-surgical.

Replacement expense for broken eyeglasses, lenses, contact lenses, hearing aids resulting from an Injury requiring medical treatment

Doctor's fees for surgery

Outpatient X-ray and laboratory services

Anesthesia services

Home Health Care

Ambulatory Surgical Facility

Dental treatment for Injury to Sound Natural Teeth

School-Time Student Accident coverage must be purchased on each student within the school district. Interscholastic tackle football option may only be purchased if School-Time Student Accident Coverage has been purchased.

PREMIUM PAYMENTS:

Premium is due prior to the requested effective date on the application for coverage. Premium due is based on the total number of students enrolled in the school on the first regularly scheduled school day.

No refunds are available.

COVERAGE TERMINATION:

Coverage will end on the first of the following to occur:

1) The date the Insured ceases to be an Eligible Person;

2) The date to which premium has been paid;

3) The date the Policy terminates.

The Policy will terminate at 12:01 a.m. of the termination date shown on the Policy application. Termination of coverage will not affect a claim for a covered loss that occurred while the Insured's coverage was in force.

CLAIMS:

Claims are processed by Guarantee Trust Life Insurance Company, 1275 Milwaukee Ave, PO Box 1148, Glenview, Illinois 60025.

POLICY EXCLUSIONS:

The Policy does not provide benefits for treatment, services, or supplies which: 1. Are not Medically Necessary; are not prescribed by a Doctor as necessary to treat an Injury; are determined to be Experimental/Investigational in nature; or 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; are not specifically listed as Covered Charges in the Policy; or 2. Intentionally self-inflicted Injury; or 3. Injury received while violating or attempting to violate any duly enacted law; or 4. Injury by acts of war, whether declared or not; or 5. Injury received while traveling or flying by air, except as a fare-paying passenger on a regularly scheduled commercial airline; or 6. Injury covered by Workers' Compensation or the Occupational Disease Law; or 7. Suicide or attempted suicide; or 8. Dental treatment, except as specifically stated; or 9. Eyeglasses, contact lenses, routine eye exams or prescriptions therefore; or 10. Hernia, any type; or 11. Injury sustained fighting or brawling, except in self-defense; or 12. Prescription Drugs, crutches, braces, artificial limbs, etc., except as specifically stated; or 13. 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; or 14. Loss resulting from the use of any drug or agent classified as narcotic, psycholytic, psychedelic, hallucinogenic, or having a similar classification or effect, unless prescribed by a Doctor; or 15. Injury sustained while operating, riding in or upon, mounting or alighting from, any two- or three- or four-wheeled recreational motor/engine driven vehicle, or snowmobile, or all-terrain vehicle (ATV); or 16. Injury sustained while participating in or practicing for interscholastic tackle football in grades 9 through 12, including travel, unless optional coverage has been purchased; or 17. Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay; or 18. Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body; or 19. 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.

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.

Underwritten by:

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