

- 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-A-Day Accident Coverage
(Including Summer Vacation)

Helps protect your child for the entire school year and extends **throughout the summer** - right up to the day school re-opens. Your child's coverage is good **WORLDWIDE, 24-HOURS-A-DAY**. This includes covered accidents:

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

*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.

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.**

| 24-HR-A-DAY | 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. |

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.

Group Blanket Accident insurance products are issued on Form Series 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.

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

OHIO-20

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

Benefits are payable up to the dollar amounts shown

| COVERAGE and BENEFITS | | | |
|--|--|-------------------|--------------------|
| 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 | Per Unit Unit Value determined by the Surgical Schedule | \$80 | \$160 |
| Anesthesia Services | Percent of Surgical Schedule Allowance | 25% | 25% |
| Doctor's Visits Non-Surgical Including Physical Therapy | Per visit | \$25 | \$50 |
| | Physical Therapy, per visit Maximum number of visits per Injury | \$25 3 visits | \$50 3 visits |
| Imaging Procedures | Including X-Rays & Interpretation | \$100 | \$200 |
| MRI/CAT scan | | \$125 | \$250 |
| Ambulance Expense | | \$100 | \$200 |

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.

**HELP PROTECT YOUR CHILD, HELP PROTECT YOURSELF
Here are your 2018-19 Student Insurance Plans**

COVERAGE and BENEFITS (continued)

| BENEFITS PER INJURY | | Low Option | High Option |
|---|--|-------------------|--|
| Orthopedic Appliances | Furnished by the Hospital | \$100 | \$200 |
| Dental Treatment | Treatment For Injury To Sound, Natural Teeth, per tooth Up to a maximum of | \$200 \$600 | \$400 \$1,200 |
| Accidental Death and Dismemberment | If Injury causes death or dismemberment within 365 days of the Accident, the plan pays as follows: Only one of these benefits, the largest, will be payable in addition to the benefits shown | | Loss of Life \$2,000 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 |

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 determined to be 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 received 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 Workers' 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 unintentional ingestion of a contaminated substance. 8) Hernia of any type. 9) Injury sustained fighting or brawling, except in self-defense. 10) Suicide or attempted suicide. 11) 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. 12) 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). 13) 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. 14) Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body. 15) Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay. 16) 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. 17) Dental treatment, except as specifically stated. 18) Services of an assistant surgeon or Doctor when surgery is performed. 19) Eyeglasses, contact lenses, routine eye exams or prescriptions therefore. 20) Prescription Drugs, crutches, braces, artificial limbs, etc., except as specifically stated.

2018-19 SCHOOL YEAR ENROLLMENT FORM

| 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) 2018 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 | | |

PLEASE PRINT CLEARLY | GUARANTEE TRUST LIFE INSURANCE COMPANY, GLENVIEW, IL

| | | |
|---|--------------------------------------|--|
| STUDENT'S NAME _____ <small>FIRST NAME MIDDLE INITIAL LAST NAME</small> | | |
| DATE OF BIRTH _____ <small>MONTH DAY YEAR</small> | 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:



RINEHART, WALTERS, DANNERS & ASSOC.
 446 PARK AVE WEST
 MANSFIELD, OH 44906



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