

- 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 charges.
- 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) or its representative (but not prior to the opening day of school). Students participating in preschool practice or play for interscholastic sports sanctioned by the 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 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.

## 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 in a Designated Vehicle to attend regular school sessions. 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.

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*Underwritten by: **GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)**, 1275 Milwaukee Avenue, Glenview, Illinois 60025*  
*Administered by: **FIRST AGENCY**, 5071 West H Avenue, Kalamazoo, Michigan 49009-8501 (269) 381-6630*

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**What's Covered? Up to \$25,000 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 CHARGES WHICH BEGIN WITHIN 90 DAYS OF THE ACCIDENT AND ARE INCURRED WITHIN 52 WEEKS OF THE ACCIDENT

<b>COVERAGE AND BENEFITS</b>			
BENEFITS ARE PAYABLE UP TO THE DOLLAR AMOUNTS SPECIFIED BELOW		HIGH OPTION	LOW OPTION
<b>MAXIMUM BENEFIT AMOUNT, PER INJURY</b>		<b>\$25,000</b>	<b>\$25,000</b>
<b>HOSPITAL ROOM &amp; BOARD AND GENERAL NURSING CARE</b>		Up to the semi-private room rate	Up to \$300/day
<b>INTENSIVE CARE</b>		Up to \$1,200/day	Up to \$600/day
<b>INPATIENT HOSPITAL MISCELLANEOUS CHARGES</b>		Up to \$3,000	Up to \$1,500
<b>OUTPATIENT HOSPITAL MISCELLANEOUS CHARGES</b>		Up to \$3,000	Up to \$1,500
<b>HOSPITAL EMERGENCY CARE, excluding professional charges</b>		Up to \$300	Up to \$150
<b>DOCTOR'S CHARGES FOR SURGERY</b>	In accordance with the surgical schedule	\$270 unit value	\$175 unit value
<b>ADMINISTRATION OF ANESTHESIA</b>	Percent of surgical schedule allowance	25%	25%
<b>ASSISTANT SURGEON CHARGE</b>	Percent of surgical schedule allowance	25%	25%
<b>OUTPATIENT NON-SURGICAL DOCTOR'S VISITS</b>	Including Physical Therapy, limited to one visit per day; Physical Therapy is limited to 9 visits: <b>First Visit</b> <b>Each Visit Thereafter</b>	Up to \$120 Up to \$60	Up to \$60 Up to \$30
<b>OUTPATIENT LABORATORY SERVICES</b>		Up to \$100	Up to \$50
<b>OUTPATIENT X-RAY SERVICES</b>		Up to \$500	Up to \$250
<b>OUTPATIENT IMAGING PROCEDURES</b>	Including interpretation for MRI/CAT Scan	Up to \$900	Up to \$500
<b>DURABLE MEDICAL EQUIPMENT</b>	Including orthopedic appliances	Up to \$100	Up to \$50
<b>AMBULANCE CHARGES</b>		100% of R&C**	Up to \$250
<b>PRESCRIPTION DRUGS</b>		100% of R&C**	Up to \$50
<b>EYEGLOSS REPLACEMENT EXPENSE</b>	For broken eyeglasses, lenses or contact lenses resulting from an Injury requiring medical treatment	Up to \$150	Up to \$100
<b>DENTAL TREATMENT</b>	For Injury to Sound Natural Teeth, per tooth	Up to \$300	Up to \$150
<b>TREATMENT OF HEAT EXHAUSTION AND HEAT STROKE</b>		100% of R&C**	100% of R&C**
<b>TREATMENT OF A CONCUSSION AND POST-INJURY CONCUSSION TESTING</b>		Up to \$5,000	Up to \$5,000
<b>ACCIDENTAL DEATH*</b>	Caused by an Injury and occurring within 365 days of covered Accident	\$5,000.00	\$5,000.00
<b>DISMEMBERMENT*</b>	Caused by an Injury and occurring within 365 days of covered Accident: One hand, foot or eye Both hands, feet or eyes	\$5,000.00 \$10,000.00	\$5,000.00 \$10,000.00

\*Only one of the amounts named above, the largest, will be paid for loss resulting from any one Accident.

\*\*R&C means Reasonable and Customary

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 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, unless otherwise specified; 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 Worker's Compensation or the Occupational Disease Law or mandatory no-fault automobile insurance; (7) Suicide or attempted suicide; (8) Off-Season Physical Conditioning for interscholastic sports. The "official season" for each specific covered sport is the period within the dates determined by the appropriate athletic/activities association for the practice and play of that sport; (9) Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures; (10) Re-injury or complications of an Injury which occurred prior to the Policy's Effective Date; (11) Hernia, any type, regardless of cause; (12) Injury sustained fighting or brawling, except as an innocent victim; (13) Injury sustained while voluntarily participating in a riot or civil commotion, or insurrection or disturbance of any kind; (14) Injury sustained while committing or attempting to commit a felony; (15) Treatment of sickness or disease in any form; (16) Treatment of temporomandibular joint dysfunction and associated myofascial pain; (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) 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; (19) 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); (20) Injury sustained participating in a rodeo; (21) Injury sustained while participating in or practicing for Interscholastic tackle football, in grades 9-12, unless optional coverage has been purchased; (22) Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay; (23) cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body; (24) 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; (25) Charges for treatments, services or supplies which exceed reasonable and customary charges; (26) Losses directly or indirectly arising out of any chemical or biological release and/or contamination which results from Terrorist Activity; (27) Any loss as the result of Terrorist Activity and/or non-detonating weapons of mass destruction; (28) 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.

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**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.

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**To file a claim:** Report accidents to the school official. Simplified 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 the Plan Administrator within 90 days.

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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.

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**2023-2024 PREMIUM RATES AND ENROLLMENT INSTRUCTIONS**

<b>ONE-TIME PREMIUM PAYMENT</b>		
<b>OPTIONS</b>	<b>LOW OPTION</b>	<b>HIGH OPTION</b>
<b>24-Hour-A-Day Coverage</b>		
Grades Pre-K-8	\$77	\$163
Grades 9-12	\$94	\$194
<b>School-Time Coverage</b>		
Grades Pre-K-8	\$13	\$27
Grades 9-12	\$26	\$56
<b>Optional Football Only Coverage</b> (2023 Season Only) Per Player		
Grade 9	\$38	\$82
Grades 10-12	\$86	\$178
<b>NO REFUNDS ARE AVAILABLE</b>		

To purchase coverage please visit us online at:  
[www.1stagency.com/voluntaryaccidentcoverage](http://www.1stagency.com/voluntaryaccidentcoverage)  
 Follow directions by choosing STATE and SCHOOL DISTRICT.  
 Visa and MasterCard credit cards are accepted.