

GUARANTEE TRUST LIFE INSURANCE COMPANY

Student-Athlete Enrollment For Intercollegiate Sports Accident Insurance

Name of Policyholder:	Lawrence Technological University		
Athlete Name:			
Date of Birth:			
School Address:			
School Phone:			
Home Address:			
Home Phone:			
PLAN BENEFIT:			
☐ Basic Option	⊠ Ex	panded Option	
Disappearing Deductible:	\$500		<u> </u>
Insured Percentage:	80%		<u> </u>
Maximum Benefit Limit:	\$10,000		<u> </u>
CHECK COVERAGE D	ESIRED:		
☐ Football Only (Fall &	Spring):	\$1,306	<u> </u>
☐ All Other Sports*:		\$758	<u> </u>
* One premium covers app with the exception of foo		the entire school year regardles	s of the number of sports he/she participates in
I understand that insurance First Agency.	e becomes	•	nent form and full premium have been received by Signature

These plans are subject to Insurance Department approval.

Remit check or money order to:
First Agency
5071 West H Avenue
Kalamazoo, MI 49009-8501
Phone: 269-381-6630

Fax: 269-492-0084

No Premium Refunds