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.

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.

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 Protection for each Covered Accident

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 employees. Optional coverage may be required for interscholastic sports. See OPTIONS for available optional sports coverage, if any.

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.
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 CHARGES WHICH BEGIN WITHIN 30 DAYS OF THE ACCIDENT AND ARE INCURRED WITHIN 52 WEEKS OF THE ACCIDENT**

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.

### COVERAGE AND BENEFITS

**BENEFITS ARE PAYABLE UP TO THE DOLLAR AMOUNTS SPECIFIED BELOW**

<table>
<thead>
<tr>
<th>BENEFITS PER INJURY</th>
<th>BENEFITS PER INJURY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient Hospital Charges</strong></td>
<td><strong>Other Services (continued)</strong></td>
</tr>
<tr>
<td>- Hospital room and board &amp; general nursing care</td>
<td>- Ambulance charges</td>
</tr>
<tr>
<td>- Intensive Care</td>
<td>- Durable Medical Equipment including orthopedic appliances</td>
</tr>
<tr>
<td>- Miscellaneous Hospital charges</td>
<td>- Outpatient X-ray services</td>
</tr>
<tr>
<td>80% of charges* up to $500 per day</td>
<td>80% of charges* up to $500</td>
</tr>
<tr>
<td><strong>Outpatient Hospital Charges</strong></td>
<td><strong>Outpatient MRI/CT Scan including interpretation</strong></td>
</tr>
<tr>
<td>- Miscellaneous Hospital charges</td>
<td>80% of charges* up to $750</td>
</tr>
<tr>
<td>80% of charges* up to $1,000</td>
<td><strong>Motor Vehicle Accident Injuries</strong></td>
</tr>
<tr>
<td>- Hospital Emergency care excluding professional charges</td>
<td>Limited to a Maximum of $2,500 per Injury</td>
</tr>
<tr>
<td>80% of charges* up to $500</td>
<td><strong>Other Benefits</strong></td>
</tr>
<tr>
<td><strong>Doctor's Services</strong></td>
<td>Only one of these benefits, the largest, will be payable in addition to the benefits listed:</td>
</tr>
<tr>
<td>- Surgical charge (one procedure limit)</td>
<td>- Accidental Death</td>
</tr>
<tr>
<td>80% of charges* up to $2,500</td>
<td>- Dismemberment</td>
</tr>
<tr>
<td>- Assistant surgeon charge</td>
<td>- Single: Loss of one hand, one foot, entire sight of one eye or hearing in one ear</td>
</tr>
<tr>
<td>- Administration of anesthesia</td>
<td>- Double: Loss of both hands, both feet, sight of both eyes, hearing in both ears or loss of speech</td>
</tr>
<tr>
<td>80% of charges*</td>
<td><strong>Other Services</strong></td>
</tr>
<tr>
<td>- Outpatient Physical Therapy, rendered by a Doctor</td>
<td><strong>Prescriptions Drugs</strong></td>
</tr>
<tr>
<td>80% of charges* up to $1,000</td>
<td>80% of charges*</td>
</tr>
<tr>
<td>- Doctor’s visits</td>
<td>up to $750</td>
</tr>
<tr>
<td>80% of charges*</td>
<td><strong>Registered nurse expense</strong></td>
</tr>
<tr>
<td><strong>Other Services</strong></td>
<td>80% of charges* up to $1,000</td>
</tr>
<tr>
<td>- Registered nurse expense</td>
<td><strong>Prescriptions Drugs</strong></td>
</tr>
<tr>
<td>- Prescriptions Drugs</td>
<td>80% of charges* up to $1,000</td>
</tr>
<tr>
<td>- Outpatient laboratory services</td>
<td><strong>Replacement of eyeglasses, lenses, contact lenses and hearing aids resulting from an Injury requiring medical treatment</strong></td>
</tr>
<tr>
<td>- Replacement of eyeglasses, lenses, contact lenses and hearing aids resulting from an Injury requiring medical treatment</td>
<td>80% of charges* for each service shown to the left</td>
</tr>
<tr>
<td><strong>Miscellaneous Hospital charges</strong></td>
<td><strong>Other Services</strong></td>
</tr>
<tr>
<td>80% of charges* up to $1,500</td>
<td><strong>Outpatient Administration of anesthesia</strong></td>
</tr>
<tr>
<td><strong>Miscellaneous Hospital charges</strong></td>
<td>80% of charges* up to $1,000</td>
</tr>
<tr>
<td>80% of charges* up to $1,500</td>
<td><strong>Outpatient MRI/CT Scan including interpretation</strong></td>
</tr>
</tbody>
</table>

*The Policy provides benefits for Reasonable and Customary charges determined by geographic area for Medically Necessary services.

**EXTENDED DENTAL EXPENSE:** Extended dental expense increases the maximum benefit for Injury to Sound Natural Teeth up to $5,000, subject to 80% of the Reasonable and Customary charges. (Can only be purchased in conjunction with School-Time, 24-Hour-A-Day or Optional Football Coverage Plans).

**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; 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 or mandatory no-fault automobile insurance; (5) 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; (6) Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures; (7) Hernia, any type, regardless of cause; (8) Injury sustained fighting or brawl-wing, except as an innocent victim; (9) Any loss to which a contributing cause was the Insured’s commission of or attempt to commit a felony or to which a contributing cause was the Insured’s being injured in an illegal occupation or other Willful Criminal Activity; (10) Treatment of temporomandibular joint dysfunction and associated myofacial pain; (11) Re-injury or complications of an Injury which occurred prior to the Policy’s Effective Date; (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, snowmobile or all-terrain vehicle (ATV); (13) Injury sustained while participating in or practicing for Interscholastic tackle football, in grades 9-12 including travel, unless optional coverage has been purchased; (14) Injury sustained while participating in or practicing for Interscholastic football, in grades 9-12 including travel, unless optional coverage has been purchased; (15) 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 during the commission of or attempt to commit a felony, or while engaged in an illegal occupation; (16) 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; (17) 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; (18) Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body; (19) Treatment in any Veteran’s Administration or federal Hospital, except if there is a legal obligation to pay; (20) Injury sustained skiing or participating in a rodeo; (21) Treatment of sickness or disease in any form; (22) Charges for treatments, services or supplies which exceed reasonable and customary charges; (23) Losses directly or indirectly arising out of any chemical or biological release and/or contamination which results from Terrorist Activity; (24) Any loss as the result of Terrorist Activity and/or non-detonating weapons of mass destruction; (25) 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.

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
### 2020-21 Premium Rates and Enrollment Instructions

#### One-Time Premium Payment

<table>
<thead>
<tr>
<th>Options</th>
<th>Annual Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>24-Hour-A-Day Coverage</strong></td>
<td></td>
</tr>
<tr>
<td>Grades Pre K-12- Includes all activities and interscholastic sports, except 9-12 football.................</td>
<td>$290</td>
</tr>
<tr>
<td>Grades Pre K-12- Includes all activities except all interscholastic sports................................</td>
<td>$220</td>
</tr>
<tr>
<td><strong>School-Time Coverage</strong></td>
<td>$105</td>
</tr>
<tr>
<td>Grades Pre K-12- Includes all activities and interscholastic sports, except 9-12 football.................</td>
<td></td>
</tr>
<tr>
<td>Grades Pre K-12- Includes all activities except all interscholastic sports................................</td>
<td>$62</td>
</tr>
<tr>
<td><strong>Optional Football Only Coverage</strong></td>
<td>$375</td>
</tr>
<tr>
<td>(2020 Season only)</td>
<td></td>
</tr>
<tr>
<td>Grades 9-12</td>
<td></td>
</tr>
<tr>
<td><strong>Extended Dental</strong> - Grades PreK-12</td>
<td>$15</td>
</tr>
<tr>
<td><strong>No Refunds Are Available</strong></td>
<td></td>
</tr>
</tbody>
</table>

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.