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.

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### 24-HOUR ACCIDENT COVERAGE

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.

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### 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.

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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.
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

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 or any Family Member, 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 covered by Worker’s Compensation or the Occupational Disease Law or mandatory no-fault auto-mobile insurance. 6) Hernia, any type, regardless of cause. 7) Injury sustained fighting or brawling, except as an innocent victim, or while committing or attempting to commit a felony. 8) Suicide or attempted suicide. 9) Treatment of temporomandibular joint dysfunction and associated myofacial pain. 10) Re-injury or complications of an Injury which occurred prior to the Policy’s Effective Date. 11) 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). 12) Injury sustained while participating in or practicing for interscholastic sports, or grades 9 through 12 tackle football, unless optional coverage has been purchased. 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 during the commission of or attempt to commit a felony, or while engaged in an illegal occupation. 14) 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. 15) 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. 16) Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body. 17) Treatment in any Veteran’s Administration or federal Hospital, except if there is a legal obligation to pay. 18) Injury sustained skiing or participating in a rodeo. 19) Treatment of sickness or disease in any form. 20) Injury sustained while voluntarily participating in a riot or civil commotion or disturbance of any kind. 21) Injury received while traveling or flying by air, except as a fare-paying passenger on a regularly scheduled commercial airline.

**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.

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

**BEHIND THE SCENES:**

- 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

FA-MI-2019-20
2019-2020 SCHOOL YEAR ENROLLMENT FORM

ONE-TIME PREMIUM PAYMENT

<table>
<thead>
<tr>
<th>OPTIONS</th>
<th>ANNUAL RATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>24-HOUR-A-DAY COVERAGE</td>
<td>$290</td>
</tr>
<tr>
<td>Grades Pre K-12: Includes all activities and interscholastic sports, except 9-12 football.</td>
<td>$220</td>
</tr>
<tr>
<td>Grades Pre K-12: Includes all activities except all interscholastic sports.</td>
<td>$205</td>
</tr>
<tr>
<td>SCHOOL-TIME COVERAGE</td>
<td>$105</td>
</tr>
<tr>
<td>Grades Pre K-12: Includes all activities and interscholastic sports, except 9-12 football.</td>
<td>$62</td>
</tr>
<tr>
<td>Grades Pre K-12: Includes all activities except all interscholastic sports.</td>
<td>$375</td>
</tr>
<tr>
<td>OPTIONAL FOOTBALL ONLY COVERAGE</td>
<td>$375</td>
</tr>
<tr>
<td>(2019 Season only)</td>
<td></td>
</tr>
<tr>
<td>Grades 9-12</td>
<td></td>
</tr>
<tr>
<td>EXTENDED DENTAL - Grades PreK-12</td>
<td>$15</td>
</tr>
</tbody>
</table>

TOTAL ENCLOSED $ (Please do not send cash)  

NO REFUNDS ARE AVAILABLE

PLEASE PRINT CLEARLY

STUDENT'S NAME
FIRST NAME   MIDDLE INITIAL   LAST NAME

DATE OF BIRTH          MONTH      DAY      YEAR

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

TO PAY BY CREDIT/DEBIT CARD PLEASE VISIT:  
www.1stagency.com/voluntaryaccidentcoverage.htm

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:

FIRST AGENCY
5071 West H Avenue
Kalamazoo, Michigan 49009-8501

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

For faster service you can pay by credit or debit card. Please visit us online at:  
www.1stagency.com/voluntaryaccidentcoverage.htm

Follow directions by choosing STATE and SCHOOL DISTRICT

Visa and MasterCard are accepted

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