

**MICHIGAN
POLICY BENEFITS AND PREMIUMS 2017/2018**

Covered Charges must be incurred within 52 weeks from the date of Injury provided the first treatment occurs within 60 days from the date of Injury. Coverage is for Injury due to Accidents only.

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.

MAXIMUM BENEFIT	
School-Time Accident Coverage	\$25,000 per Injury
24-Hour-A-Day Accident Coverage	\$25,000 per Injury
Football Only Accident Coverage	\$25,000 per Injury
COVERED CHARGES	
Hospital/Facility Services:	
Inpatient:	
Hospital Room and Board and general nursing care	80% of Reasonable & Customary up to \$500 per day maximum
Hospital Intensive Care	80% of Reasonable & Customary up to \$500 per day maximum
Hospital Miscellaneous Expense	80% of Reasonable & Customary up to \$1,500 maximum
Outpatient:	
Hospital Miscellaneous	80% of Reasonable & Customary up to \$1,000 maximum
Hospital Emergency Care	80% of Reasonable & Customary up to \$500 maximum
Doctor's Services:	
Surgical Fee – One Procedure Limit	80% of Reasonable & Customary up to \$2,500 maximum
Assistant Surgeon Expense	80% of Reasonable & Customary
Anesthesia Services	80% of Reasonable & Customary
Physical Therapy and or treatment of the spine by manual or mechanical means	80% of Reasonable & Customary up to \$1,000 maximum
Doctor's Visits	80% of Reasonable & Customary
Other Services:	
Registered Nurse Expense	80% of Reasonable & Customary
Prescription Drug	80% of Reasonable & Customary
Laboratory Services	80% of Reasonable & Customary
X-rays – includes interpretation – outpatient	80% of Reasonable & Customary up to \$500 maximum
MRI/CAT Scan – includes interpretation	80% of Reasonable & Customary up to \$750 maximum
Ambulance Expense	80% of Reasonable & Customary up to \$500 maximum
Durable Medical Equipment	80% of Reasonable & Customary up to \$500 maximum
Orthopedic Appliances	80% of Reasonable & Customary up to \$500 maximum
Dental Treatment (For Injury to Sound & Natural Teeth)	80% of Reasonable & Customary up to \$2,500 maximum
Replacement of Eyeglasses, lenses, contact lenses and hearing aids, resulting from an Injury requiring medical treatment	80% of Reasonable & Customary
Motor Vehicle Accident injuries	80% of Reasonable & Customary limited to a maximum of \$2,500 per Injury
Loss of Life	\$2,500
Single Dismemberment (Loss of One Hand, One Foot, Entire Sight of One Eye, or Hearing One Ear)	\$5,000
Double Dismemberment (Loss of Both Hands, Both Feet, Entire Sight of Both Eyes, Hearing Both Ears or Loss of Speech)	\$10,000
ONE-TIME PREMIUM PAYMENT	
School-Time Accident Coverage:	
Grades PreK-12 includes all activities and interscholastic sports, except 9-12 football	\$105.00
Grades PreK-12 includes all activities except interscholastic sports	\$62.00
24-Hour-A-Day Accident Coverage:	
Grades PreK-12 includes all activities and interscholastic sports, except 9-12 football	\$290.00
Grades PreK-12 includes all activities except interscholastic sports	\$220.00
Football Only Accident Coverage:	
Grades 9-12 (2017 season only)	\$375.00
Extended Dental (Can only be purchased in conjunction with School-Time, 24-Hour-A-Day or Football Only plans)	
Grades PreK-12	\$15.00

- Accidents happen! When they happen to your child, someone must pay the bills.
- Here are Accident only insurance plans to 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	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 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.

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.

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 GTL within 90 days.

BLANKET ACCIDENT INSURANCE

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

Your child is protected while attending regular school sessions. Also covered is 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.

Blanket Accident Insurance is issued on Form Series GP-2020 by Guarantee Trust Life Insurance Company. This product and its features are subject to state availability and may vary by state. Certain exclusions and limitations may apply. This brochure is a brief description of the coverage. The exact provisions governing the insurance are contained in the Policy issued to the School and certain provisions may be administered to conform to state requirements. For complete details of coverage or questions regarding the cost, please contact the agent administering this program for you.

2017-2018 STUDENT INSURANCE PLANS

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.

BENEFITS ARE PAYABLE UP TO THE DOLLAR AMOUNTS SPECIFIED BELOW

BENEFITS PER INJURY		
Inpatient Hospital Expense	<ul style="list-style-type: none"> ● Hospital Room and Board & General Nursing Care ● Intensive Care 	80% of charges* up to \$500 per day
	<ul style="list-style-type: none"> ● Inpatient Hospital Miscellaneous Expense 	80% of charges* up to \$1,500
Outpatient Hospital Expense	<ul style="list-style-type: none"> ● Outpatient Hospital Miscellaneous Expense 	80% of charges* up to \$1,000
	<ul style="list-style-type: none"> ● Hospital Emergency Care 	80% of charges* up to \$500
Doctor's Services Expense	<ul style="list-style-type: none"> ● Surgical Expense (one procedure limit) 	80% of charges* up to \$2,500
	<ul style="list-style-type: none"> ● Assistant Surgeon Expense ● Anesthesia Services 	80% of charges*
	<ul style="list-style-type: none"> ● Physical Therapy 	80% of charges* up to \$1,000
	<ul style="list-style-type: none"> ● Doctor's Visits Inpatient and Outpatient 	80% of charges*
Other Services	<ul style="list-style-type: none"> ● Registered Nurse expense ● Prescriptions Drugs ● Laboratory Tests ● Replacement Expense of Eyeglasses or Lenses & Hearing Aids if resulting from a covered Injury which requires medical treatment 	80% of charges* for each service shown to the left

BENEFITS PER INJURY		
Other Services (continued)	<ul style="list-style-type: none"> ● Ambulance Expense ● Durable Medical Equipment ● Orthopedic Appliances 	80% of charges* up to \$500
	<ul style="list-style-type: none"> ● Outpatient Imaging Procedures <ul style="list-style-type: none"> - X-Rays, including interpretation - MRI/CAT Scan, including interpretation 	80% of charges* up to \$500 80% of charges* up to \$750
	<ul style="list-style-type: none"> ● Dental Treatment (Injury to Sound, Natural Teeth Only) 	80% of charges* up to \$2,500
Motor Vehicle Accident Injuries		Limited to a Maximum of \$2,500 per Injury
Other Benefits	Caused by an Injury and occurring within 365 days of covered Accident: <ul style="list-style-type: none"> ● Accidental Death ● Dismemberment <ul style="list-style-type: none"> - Single: Loss of one hand, one foot, entire sight of one eye or hearing in one ear - Double: Loss of both hands, both feet, sight of both eyes, hearing in both ears or loss of speech 	\$2,500 \$5,000 \$10,000

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

EXTENDED DENTAL EXPENSE: Extended dental expenses increase 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) 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 automobile 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 myofascial 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.

Underwritten by: **GUARANTEE TRUST LIFE INSURANCE COMPANY**, 1275 Milwaukee Avenue, Glenview, Illinois 60025

Administered by: **FIRST AGENCY**, 5071 West H Avenue, Kalamazoo, Michigan 49009-8501 (269) 381-6630

2017-18 SCHOOL YEAR ENROLLMENT FORM

GTL | GUARANTEE
TRUST
LIFE

PLEASE PRINT CLEARLY

ONE-TIME PREMIUM PAYMENT	
OPTIONS	ANNUAL RATES
24-HOUR-A-DAY COVERAGE Grades Pre K-12- Includes all activities and interscholastic sports, except 9-12 football.....	<input type="checkbox"/> \$290
Grades Pre K-12- Includes all activities <u>except</u> all interscholastic sports.....	<input type="checkbox"/> \$220
SCHOOL-TIME COVERAGE Grades Pre K-12- Includes all activities and interscholastic sports, except 9-12 football.....	<input type="checkbox"/> \$105
Grades Pre K-12- Includes all activities <u>except</u> all interscholastic sports.....	<input type="checkbox"/> \$62
OPTIONAL FOOTBALL ONLY COVERAGE (2017 Season only) Grades 9-12	<input type="checkbox"/> \$375
EXTENDED DENTAL - Grades PreK-12	<input type="checkbox"/> \$15
TOTAL ENCLOSED \$ (Please do not send cash)	
NO REFUNDS ARE AVAILABLE	

STUDENT'S
NAME _____
FIRST NAME MIDDLE INITIAL LAST NAME

DATE OF BIRTH _____ MALE FEMALE
MONTH DAY YEAR

SCHOOL DISTRICT _____ SCHOOL _____

GRADE _____ STUDENT'S ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # _____ DATE OF APPLICATION _____

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