

- 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.

| 24-HOUR | SCHOOL TIME | IMPORTANT PROTECTION FACTS  |
|---------|-------------|---|
| ✓       | ✓           | Becomes effective the date premium payment is received by Guarantee Trust Life Insurance Company (GTL), its representatives or school officials (but not prior to the opening day of school). Students participating in preschool practice or play for interscholastic sports sanctioned by the Ohio 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.

**Football premium covers football only.**

**To file a claim:** Report accidents to the school. 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 Guarantee Trust Life Insurance Company within 90 days.

## 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 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.

**TERMINATION OF POLICY/CERTIFICATE OF COVERAGE:** The Policy is issued for the agreed upon term of coverage and is non-renewable. Coverage will terminate at the earlier of: (1) the date the Policy terminates; or (2) the date the Insured ceases to be a member of the Policyholder's sports teams; or (3) the last day of regularly scheduled sports activity; or (4) the date the Insured ceases to be an Eligible Person; or (5) the end of the period for which any applicable premium has been paid. We have the right to terminate the coverage of any Insured who submits a fraudulent claim under the Policy.

## 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

## COVERAGE AND BENEFITS

BENEFITS ARE PAYABLE UP TO THE DOLLAR AMOUNTS SPECIFIED BELOW

| BENEFITS PER INJURY  |  | Low<br>Option                     | High<br>Option |
|--|--|-----------------------------------|----------------|
| HOSPITAL ROOM<br>AND BOARD AND<br>GENERAL NURSING<br>CARE        | Per day                                | \$150                             | \$300          |
| HOSPITAL<br>MISCELLANEOUS<br>EXPENSE                             |  | \$1,000                           | \$2,000        |
| HOSPITAL<br>EMERGENCY CARE                                       |  | \$150                             | \$300          |
| DOCTOR'S FEES<br>FOR SURGERY                                     | Limited to a maximum of                | \$1,500                           | \$3,000        |
| ANESTHESIA<br>SERVICES   |  | 100% of Reasonable<br>& Customary |                |
| AMBULANCE<br>EXPENSE   |  | \$100                             | \$200          |
| DOCTORS' VISITS<br>Non-surgical<br>Including<br>Physical Therapy | Per visit                              | \$25                              | \$50           |
|  | Physical Therapy, per visit            | \$25                              | \$50           |
|  | Maximum number of visits<br>per Injury | 3                                 | 3              |

| BENEFITS PER INJURY                      |   | Low<br>Option   | High<br>Option |          |
|--|---|---|----------------|----------|
| IMAGING<br>PROCEDURES                    | Including X-rays and<br>interpretation  | \$100   | \$200          |          |
| MRI/CAT Scan                             |   | \$125   | \$250          |          |
| ORTHOPEDIC<br>APPLIANCES                 | Furnished by the Hospital   | \$100   | \$200          |          |
| DENTAL<br>TREATMENT                      | For Injury to Sound,<br>Natural Teeth, per tooth                                | \$200   | \$400          |          |
|  | Up to a maximum of  | \$600   | \$1,200        |          |
| ACCIDENTAL<br>DEATH AND<br>DISMEMBERMENT | Caused by an Injury and<br>occurring within 365 days of<br>the covered Accident | Only one of these<br>benefits, the<br>largest, will be<br>payable in<br>addition to other<br>benefits shown |                |          |
|  | ACCIDENTAL DEATH<br>DISMEMBERMENT   |   |                | \$2,000  |
|  | Loss of One Hand or One<br>foot   |   |                | \$1,000  |
|  | Loss of the Entire Sight of<br>Both Eyes  |   |                | \$1,000  |
|  | Loss of Both Hands or Feet  |   |                | \$10,000 |

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 COVER:** (1) Treatment, services or supplies which are not Medically Necessary; are not prescribed by a Doctor as necessary to treat an Injury; are 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; or are not specifically listed as Covered Charges in the Policy; (2) Intentionally self-inflicted Injury; (3) Injury sustained 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; (7) Treatment of illness, disease or infections, except infections which result from an accidental Injury or infections which result from accidental, involuntary or an unintentional ingestion of a contaminated substance; (8) Hernia, any type; (9) Injury sustained fighting or brawling, except in self-defense; (10) Suicide or attempted suicide; (11) Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures; (12) 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; (13) 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); (14) Injury sustained while participating in or practicing for senior high interscholastic tackle football including grade 9 if playing with grade 10 or above, including travel, unless optional coverage has been purchased; (15) Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body; (16) Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay; (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) Dental treatment, except as specifically stated; (19) Services of an assistant surgeon or Doctor when surgery is performed; (20) Eyeglasses, contact lenses, routine eye exams or prescriptions therefore; (21) Prescription Drugs, crutches, braces, artificial limbs, etc., except as specifically stated.

Blanket Accident insurance is issued under Policy Form Series GP-2030, GP-2020 or GP-1200 by Guarantee Trust Life Insurance Company, Glenview, IL. The policy has exclusions, limitations, reductions of benefits, and conditions of eligibility and termination. Subject to state availability and variability. 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.

Administered by: **STUDENT PROTECTIVE AGENCY**, 300 Coshocton Ave., Mount Vernon, OH 43050 • (800) 278-2544

Underwritten and claims paid by: **GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)**, 1275 Milwaukee Ave., Glenview, IL 60025 • (800) 622-1993

# 2024-2025 SCHOOL YEAR ENROLLMENT FORM

**GTL** | GUARANTEE  
TRUST  
LIFE

PLEASE PRINT CLEARLY

| ONE TIME ANNUAL PAYMENT  |  |  |
|--|--|--|
| OPTIONS  | LOW<br>OPTION  | HIGH<br>OPTION   |
| <b>24-HOUR-A-DAY PLAN</b><br>STUDENTS GRADES K-6<br>STUDENTS GRADES 7-12   | <input type="checkbox"/> \$79<br><input type="checkbox"/> \$91 | <input type="checkbox"/> \$158<br><input type="checkbox"/> \$182 |
| <b>SCHOOL-TIME PLAN</b><br>STUDENTS GRADES K-6<br>STUDENTS GRADES 7-12   | <input type="checkbox"/> \$23<br><input type="checkbox"/> \$37 | <input type="checkbox"/> \$46<br><input type="checkbox"/> \$74   |
| <b>OPTIONAL FOOTBALL<br/>COVERAGE</b><br>(GRADES 10-12,<br>INCLUDING GRADE 9 IF<br>PLAYING WITH 10-12)<br>2024 SEASON ONLY<br>PER PLAYER | <input type="checkbox"/> \$129                                 | <input type="checkbox"/> \$258                                   |
| <b>TOTAL \$</b> _____ (PLEASE DO NOT SEND CASH)  |  |  |
| <b>MAKE CHECK PAYABLE TO YOUR LOCAL AGENCY</b>   |  |  |
| <b>NO REFUNDS ARE AVAILABLE</b>  |  |  |

|  |  |   |
|--|--|---|
| <b>STUDENT'S<br/>NAME</b> _____<br>FIRST NAME MIDDLE INITIAL LAST NAME |  |   |
| <b>DATE OF BIRTH</b> _____<br>MONTH DAY YEAR                           |  | <b>MALE</b> <input type="checkbox"/> <b>FEMALE</b> <input type="checkbox"/> |
| <b>SCHOOL DISTRICT</b> _____   |  | <b>SCHOOL</b> _____   |
| <b>GRADE</b> _____ <b>STUDENT'S ADDRESS</b> _____                      |  |   |
| <b>CITY</b> _____  |  | <b>STATE</b> _____ <b>Zip</b> _____   |
| <b>TELEPHONE #</b> _____   |  | <b>DATE OF ENROLLMENT</b> _____   |
| <b>PARENT OR GUARDIAN'S EMAIL ADDRESS</b> _____                        |  |   |
| <b>NAME OF PARENT OR GUARDIAN (PLEASE PRINT)</b> _____                 |  |   |
| <b>SIGNATURE OF PARENT OR GUARDIAN</b> _____                           |  |   |

GA-15-KEF

## 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:



**STUDENT PROTECTIVE AGENCY**  
300 Coshocton Avenue  
Mount Vernon, OH 43050



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

**Kentucky** - A person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine** - It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**Maryland** - Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Minnesota** - A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire** - Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**New Jersey** - Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New Mexico** - ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FILES AND CRIMINAL PENALTIES.

**Ohio and Oregon** - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma** - WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania** - Any person who knowingly and with intent to defraud any insurance company or other person files statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Tennessee, Virginia and Washington State** - It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**Texas** - Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

