

- 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.

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 IHSAA 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 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 the Plan Administrator 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 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 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 products are issued on Form Series, GP-2030, 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.

2023-2024 STUDENT ACCIDENT 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 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

BENEFITS PER INJURY		LOW OPTION	HIGH OPTION	BENEFITS PER INJURY		LOW OPTION	HIGH OPTION
HOSPITAL CHARGES <small>(Hospital Confinement must begin within 120 days after the Accident)</small>	Room and board and general nursing care, per day	\$300	\$600	OUTPATIENT IMAGING PROCEDURES & INTERPRETATION	For MRI/CAT Scan, up to a maximum benefit of	\$100	\$200
	Intensive Care, per day	\$300	\$600		OUTPATIENT X-RAY SERVICES	Limited to a maximum of	\$100
MISCELLANEOUS HOSPITAL CHARGES	Limited to a maximum of	\$300	\$600	DENTAL TREATMENT		For Injury to Sound, Natural Teeth, per tooth	\$100
DOCTOR'S CHARGES FOR SURGERY	In accordance with the Surgical Schedule using:	\$70 Per Unit Value	\$140 Per Unit Value	MOTOR VEHICLE ACCIDENT INJURIES	Limited to a maximum of	\$5,000	\$5,000
ADMINISTRATION OF ANESTHESIA	Percent of the Surgical Schedule allowance	25%	25%	OTHER BENEFITS Caused by an Injury & occurring within 365 days of the covered Accident. Only one of these benefits, the largest, will be payable in addition to other benefits listed.	ACCIDENTAL DEATH DISMEMBERMENT 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.	\$1,000	
HOSPITAL EMERGENCY CARE	Excluding professional charges Limited to a maximum of	\$100	\$200			\$2,500	
DOCTORS' VISITS Non-surgical Including Physical Therapy	Per visit Physical Therapy is limited to 5 visits	\$25	\$50			\$5,000	
AMBULANCE CHARGES	Limited to a maximum of	\$350	\$700				

EXTENDED DENTAL EXPENSE: Extended Dental Expense increases the maximum benefit for Injury to Sound Natural Teeth up to \$5,000 per tooth. (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; or 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 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 or mandatory no-fault automobile insurance; (7) Suicide or attempted suicide; (8) 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; (9) Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures; (10) Re-injury or complications of an Injury which occurred prior to the Policy's Effective Date; (11) Hernia, any type, regardless of cause; (12) Injury sustained fighting or brawling, except as an innocent victim; (13) Injury sustained while committing or attempting to commit a felony; (14) Injury sustained while voluntarily participating in a riot or civil commotion or insurrection or disturbance of any kind; (15) Treatment of sickness or disease in any form; (16) Treatment of temporomandibular joint dysfunction and associated myofascial pain; (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) Loss resulting from the use of any drug or agent classified as narcotic, psycholytic, psychedelic, hallucinogenic, or having a similar classification or effect, unless prescribed by a Doctor; (19) 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); (20) Injury sustained participating in a rodeo; (21) Injury sustained while participating in or practicing for tackle football in grades 9 through 12, including travel, unless optional coverage has been purchased; (22) Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay; (23) Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body; (24) 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; (25) Charges for treatments, services or supplies which exceed reasonable and customary charges; (26) Losses directly or indirectly arising out any chemical or biological release and/or contamination which results from Terrorist Activity; (27) Any loss as the result of Terrorist Activity and/or non-detonating weapons of mass destruction; (28) 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.

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 (GTL)**, 1275 Milwaukee Avenue, Glenview, Illinois 60025

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

2023-2024 PREMIUM RATES AND ENROLLMENT INSTRUCTIONS

ONE-TIME PREMIUM PAYMENT		
OPTIONS	LOW OPTION	HIGH OPTION
24-HOUR-A-DAY PLAN Grades Pre K-12	\$105	\$215
SCHOOL-TIME PLAN Grades Pre K-12	\$28	\$54
OPTIONAL FOOTBALL ONLY COVERAGE (2023 Season only) Grades 9-12 Per Player	\$275	\$550
EXTENDED DENTAL GRADES PRE K-12	\$5	\$5
NO REFUNDS ARE AVAILABLE		

To purchase coverage please visit us online at:
www.1stagency.com/voluntaryaccidentcoverage
Follow directions by choosing STATE and SCHOOL DISTRICT.
Visa and MasterCard credit cards are accepted.

INDIANA 2023-2024

Benefits and Premiums

All Maximum amounts are per Injury except as specifically stated.

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	LOW PLAN	HIGH PLAN
Maximum Benefit Amount Per Injury	\$25,000.00	\$25,000.00
Deductible	\$0.00	\$0.00
Hospital Room and Board and general nursing care limited to a maximum of (Hospital Confinement must begin within 120 days after the Accident)	\$300.00/day	\$600.00/day
Intensive Care, limited to a maximum of	\$300.00/day	\$600.00/day
Miscellaneous Hospital Charges, limited to a maximum of	\$300.00	\$600.00
Doctor's Charges for Surgery, in accordance with the Surgical Schedule using	\$70.00 per unit value	\$140.00 per unit value
Administration of Anesthesia, limited to	25% of the Surgical Schedule allowance	25% of the Surgical Schedule allowance
Non-Surgical Doctors' Visits, including Physical Therapy up to Physical Therapy is limited to a maximum benefit of 5 visits.	\$25.00	\$50.00
Hospital Emergency Care, excluding professional charges, limited to a maximum of	\$100.00	\$200.00
Outpatient Imaging Procedures and Interpretation for MRI/CAT Scan, up to a maximum benefit of	\$100.00	\$200.00
Outpatient X-ray Services, limited to a maximum amount of	\$100.00	\$200.00
Ambulance Charges, limited to a maximum of	\$350.00	\$700.00
Dental Treatment, per tooth (for Injury to Sound, Natural Teeth) limited to	\$100.00	\$200.00
Motor Vehicle Accident injuries, limited to	\$5,000.00	\$5,000.00
Loss of Life	\$1,000.00	\$1,000.00
Single Dismemberment – (Loss of One Hand, One Foot, Entire Sight of One Eye or Hearing One Ear)	\$2,500.00	\$2,500.00
Double Dismemberment – (Loss of both Hands, Both Feet, Entire Sight of Both Eyes, Hearing both Ears or Loss of Speech)	\$5,000.00	\$5,000.00
PREMIUMS (ONE-TIME ANNUAL PAYMENT)	LOW PLAN	HIGH PLAN
SCHOOL-TIME STUDENT ACCIDENT COVERAGE		
Students — Grades Pre-K - 12	\$28.00	\$54.00
24-HOUR-A-DAY ACCIDENT COVERAGE		
Students — Grades Pre-K - 12	\$105.00	\$215.00
OPTIONAL FOOTBALL ONLY ACCIDENT COVERAGE		
Per Player — Grades 9 - 12	\$275.00	\$550.00
EXTENDED DENTAL		
Grades Pre-K - 12	\$5.00	\$5.00