

GTL

GUARANTEE
TRUST
LIFE

2018-2019 STUDENT ACCIDENT INSURANCE PLANS

- 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-A-Day Accident Coverage (Including Summer Vacation)

Helps protect your child for the entire school year and extends throughout the summer - right up to the day school re-opens. Your child's coverage is good WORLDWIDE, 24-HOURS-A-DAY. This includes covered accidents:

- At home
- At school
- While engaged in sports, except those specifically excluded or for which optional coverage is required*
- At play
- On vacation
- Scouting, camping, etc.
- During covered travel

*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.

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.**

K-12-OH-18-19-PDF

24-HR-A-DAY	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.

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.

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.

Administered by: **STUDENT PROTECTIVE AGENCY**

300 Cashocon 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

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

Benefits are payable up to the dollar amounts shown

COVERAGE and BENEFITS

BENEFITS PER INJURY		Low Option	High Option
Hospital Room and Board and General Nursing Care	Per day	\$150	\$300
Hospital Miscellaneous Expense		\$1,000	\$2,000
Hospital Emergency Care		\$150	\$300
Doctor's Fees For Surgery	Per Unit Unit Value determined by the Surgical Schedule	\$80	\$160
Anesthesia Services	Percent of Surgical Schedule Allowance	25%	25%
Doctor's Visits Non-Surgical Including Physical Therapy	Per visit Physical Therapy, per visit Maximum number of visits per injury	\$25 \$25 3 visits	\$50 \$50 3 visits
Imaging Procedures	Including X-Rays & Interpretation	\$100	\$200
MR/CAT scan		\$125	\$250
Ambulance Expense		\$100	\$200

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.

HELP PROTECT YOUR CHILD, HELP PROTECT YOURSELF Here are your 2018-19 Student Insurance Plans

COVERAGE and BENEFITS (continued)

BENEFITS PER INJURY		Low Option	High Option
Orthopedic Appliances	Furnished by the Hospital	\$100	\$200
Dental Treatment	Treatment For Injury To Sound, Natural Teeth, per tooth Up to a maximum of	\$200 \$600	\$400 \$1,200
Accidental Death and Dismemberment	If injury causes death or dismemberment within 365 days of the Accident, the plan pays as follows: Only one of these benefits, the largest, will be payable in addition to the benefits shown	Loss of Life Loss of One Hand or One Foot Loss of the Entire Sight of Both Eyes Loss of Both Hands or Feet	\$2,000 \$1,000 \$1,000 \$10,000

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 duty 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 Workers' 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 unintentional ingestion of a contaminated substance. 8) Hernia of any type. 9) Injury sustained fighting or brawling, except in self-defense. 10) Suicide or attempted suicide. 11) 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. 12) Injury sustained while operating, riding in or upon, mounting or alighting from, any two- or three- or four- wheeled recreational motor/engined driven vehicle or snowmobile or all terrain vehicle (ATV). 13) 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. 14) Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body. 15) Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay. 16) 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. 17) Dental treatment, except as specifically stated. 18) Services of an assistant surgeon or Doctor when surgery is performed. 19) Eyeglasses, contact lenses, routine eye exams or prescriptions therefore. 20) Prescription Drugs, crutches, braces, artificial limbs, etc., except as specifically stated.

2018-19 SCHOOL YEAR ENROLLMENT FORM

PLEASE PRINT CLEARLY | GUARANTEE TRUST LIFE INSURANCE COMPANY, GLENVIEW, IL

ONE TIME ANNUAL PAYMENT			
OPTIONS	LOW OPTION	HIGH OPTION	
24-HOUR-A-DAY PLAN			
STUDENTS GRADES K-6	<input type="checkbox"/> \$79	<input type="checkbox"/> \$158	
STUDENTS GRADES 7-12	<input type="checkbox"/> \$91	<input type="checkbox"/> \$182	
SCHOOL-TIME PLAN			
STUDENTS GRADES K-6	<input type="checkbox"/> \$23	<input type="checkbox"/> \$46	
STUDENTS GRADES 7-12	<input type="checkbox"/> \$37	<input type="checkbox"/> \$74	
OPTIONAL FOOTBALL COVERAGE (GRADES 10-12, INCLUDING GRADE 9 IF PLAYING WITH 10-12) 2018 SEASON ONLY PER PLAYER	<input type="checkbox"/> \$129	<input type="checkbox"/> \$258	
TOTAL \$ _____ (PLEASE DO NOT SEND CASH)			
MAKE CHECK PAYABLE TO YOUR LOCAL AGENCY			
NO REFUNDS ARE AVAILABLE			

STUDENT'S NAME
 FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____
 DATE OF BIRTH MONTH _____ DAY _____ YEAR _____ GENDER MALE FEMALE
 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

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.

NOTE: PLEASE READ THIS BEFORE SUBMITTING A CLAIM

INSTRUCTIONS FOR FILLING OUT AN ACCIDENT MEDICAL CLAIM FORM

- The claim form must be completed and signed by the Organization and the injured Member (if the member is a minor, then the Member's parents or guardian should complete and sign the claim form). Please indicate your Group or Association name on the claim form. Also, the "Authorization To Permit Use and Disclosure of Health Information" must be signed.
- Your Accident Medical plan requires that treatment must be sought within a specific time frame. Please refer to the Schedule of Benefits in your policy for the "Initial Treatment Period".
- **PROOF OF LOSS (COMPLETED CLAIM FORM AND ITEMIZED BILLS) SHOULD BE SUBMITTED WITHIN 90 DAYS OF THE ACCIDENT. ADDITIONAL BILLS RELATED TO THE ACCIDENT SHOULD BE SUBMITTED WITHIN 90 DAYS OF TREATMENT.**
- Please attach itemized bills to the claim form. A balanced due bill from your provider is **not** sufficient. An itemized bill is a statement that indicates:
 - 1) **The date(s) of treatment,**
 - 2) **The type(s) of service,**
 - 3) **The diagnosis,**
 - 4) **The medical provider's name and address**
 - 5) **The individual charge for each expense.**
- If you have other (primary) insurance coverage, please send us a copy of their payment or denial ("Explanation of Benefits") statement. **Please note:** This is not necessary if you have purchased a "Primary" plan through GTL that pays regardless of other insurance payments.
- Return the completed claim form, itemized bills and other insurance payment or denial ("Explanation of Benefits") statements (if applicable) to:

GUARANTEE TRUST LIFE INSURANCE COMPANY

P.O. Box 1148
Glenview, Illinois 60025

- Please indicate which bills have been paid by you. If you prefer our payment to go directly to the medical provider, please notate this on the bills.
- A claim form needs to be completed only at the beginning of treatment for each accident. Additional bills or follow-up treatment should indicate your name, group or association name and date of accident.
- We suggest you make photocopies of any correspondence sent to our office to keep for your own records.

IMPORTANT:

Please take note that your claim will result in a processing delays as the result of not providing us with the following: the completed claim forms, the itemized bills from your medical provider and a copy of your other insurance payment or denial ("Explanation of Benefits") statement.

If you have any questions, please contact our Customer Service Department at (800) 622-1993.