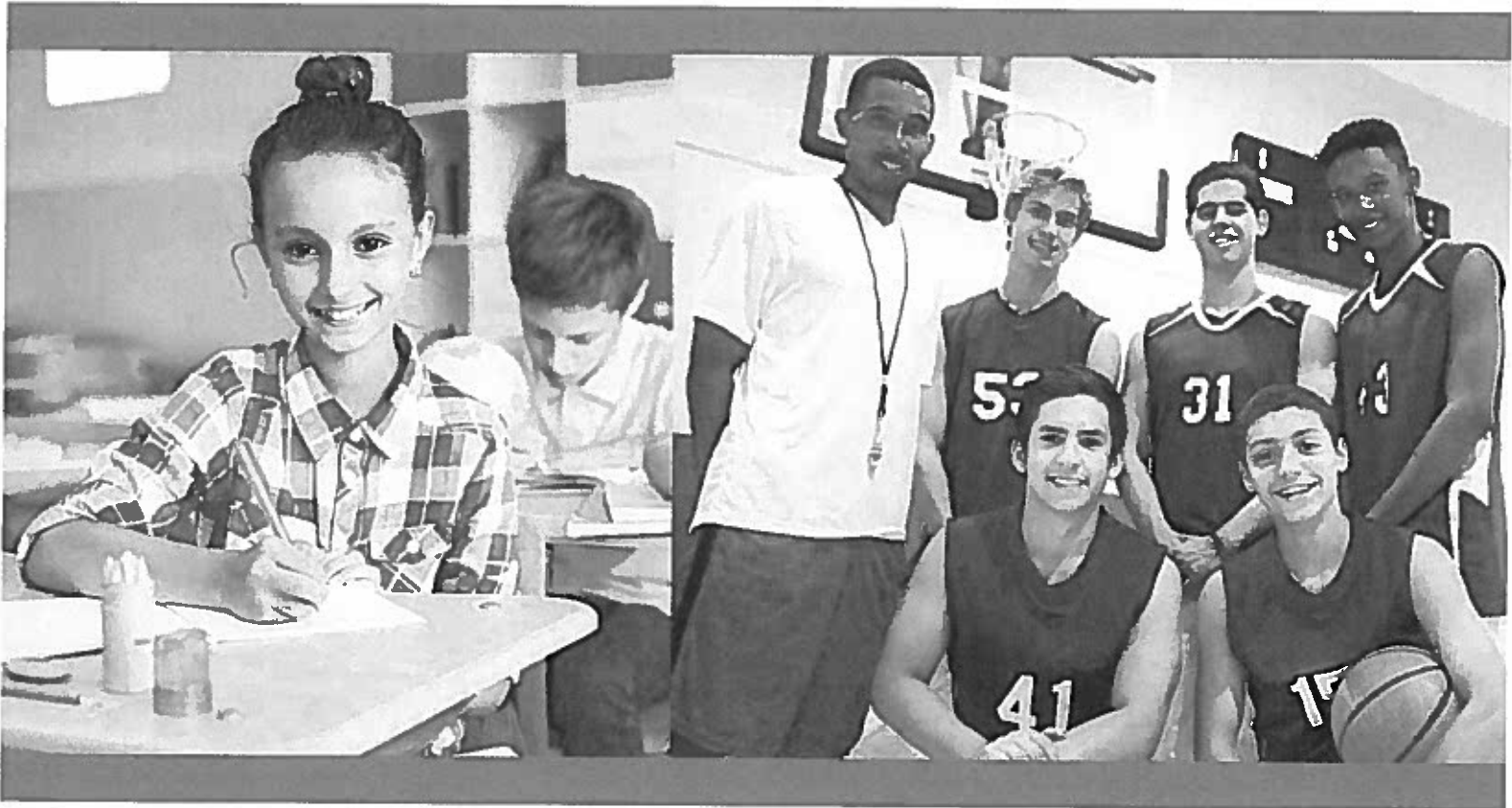


2017-18 OHIO STUDENT ACCIDENT INSURANCE PROGRAM Multi-Benefit Protection

Plan Administered by:

**Student
Protective
Agency**

300 Coshocton Ave.
Mount Vernon, OH 43050
1-800-278-2544



ACCIDENT INSURANCE PROTECTION PROVIDING:

For the Student - Sound coverage with a selection of plan options

For the Parent - Additional financial security in times of increasing medical costs

For You - The fulfillment of an administrative service and responsibility

Underwritten & Claims Administered by:

GTL | GUARANTEE
TRUST
LIFE

Guarantee Trust Life Insurance Company
PO Box 1148
Glenview, Illinois 60025
1-800-622-1993



ACCIDENT MEDICAL INSURANCE PLANS

for all students and athletes



SCHOOL-TIME STUDENT ACCIDENT COVERAGE: Protects your students the entire school year, during regular school sessions, as well as participating in other school-sponsored activities requiring the attendance of the student. Protects your students while traveling directly to or from the student's Residence and school to attend or participate in school activities. The expiration date of coverage shall be the close of the regular nine month school term, except while the Insured is attending academic classroom sessions exclusively sponsored and solely supervised by the school during the summer.

24-HOUR-A-DAY ACCIDENT COVERAGE: Protects your students 24-hours-a-day, year-round and continues until the end of the Policy Year. The student is protected AT HOME, AT SCHOOL, AT CAMP, ON VACATION. . . ANYWHERE ACCIDENTS CAN HAPPEN.

SPORTS ACCIDENT COVERAGE: Interscholastic sports (including practice) are covered by the School-Time and 24-Hour-A-Day Accident Coverage. Travel is also covered when going directly and uninterruptedly to and from practice or competition when traveling as a group in a Designated Vehicle. High school tackle football for grades 10 through 12 (including grade 9 if playing or practicing with grades 10 through 12) is only covered by the optional Football Only Accident Coverage, which requires an additional premium.

FOOTBALL ONLY ACCIDENT COVERAGE: Players in Grades 10 through 12 (including grade 9 if playing or practicing with grades 10 through 12) are covered for accidents occurring while participating in high school interscholastic tackle football practice or competition. Travel is also covered when going directly and uninterruptedly to and from such practice or competition when traveling as a group in a Designated Vehicle.

EFFECTIVE COVERAGE DATES: Coverage will be effective on the date of premium receipt by Guarantee Trust Life Insurance Company (GTL), its representatives or school officials, or the official first day of school, whichever is later.

For interscholastic sports, coverage can pre-date the official first day of school for students who are participating in pre-school practice sessions, competition or covered travel sanctioned by the Ohio High School Athletic Association. In such cases coverage will be effective as of the date of premium receipt but only while participating in actual practice sessions, competitions or covered travel. Other aspects of coverage will not commence until the official first day of school.

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 no earlier than August 1st as sanctioned by the Ohio High School Athletic Association and continues through the date of the last official game of the 2017 season, including playoffs. Other aspects of coverage will not commence until the official first day of school.

EXCESS PROVISION: All Covered Charges over \$250 will be considered for payment on an Excess basis if any Other Valid and Collectible Insurance covers the Insured person. GTL will pay the first \$250 in Covered Charges regardless of other insurance.

POLICY 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 Covered Person'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 OPTION	HIGH OPTION
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	\$150.00/day	\$300.00/day
Hospital Miscellaneous Expense limited to a maximum of	\$1,000.00	\$2,000.00
Hospital Emergency Care limited to a maximum of	\$150.00	\$300.00
Orthopedic Appliances furnished by the Hospital limited to a maximum of	\$100.00	\$200.00
Doctor's fees for surgery, in accordance with the Surgical Schedule using	\$80.00 per unit value	\$160.00 per unit value
Anesthesia Services, limited to	25% of the Surgical Schedule allowance	25% of the Surgical Schedule allowance
Non-Surgical Doctors' Visits, including Physical Therapy Physical Therapy is limited to a maximum benefit of 3 visits.	\$25.00	\$50.00
Dental Treatment, per tooth (for Injury to Sound, Natural Teeth) limited to Up to a maximum of	\$200.00 \$600.00	\$400.00 \$1,200.00
Imaging procedures, including X-rays and interpretation, limited to a maximum of amount of	\$100.00	\$200.00
MRI/CAT Scan, up to a maximum benefit of	\$125.00	\$250.00
Ambulance Expense, limited to a maximum of	\$100.00	\$200.00
Loss of Life	\$2,000.00	\$2,000.00
Loss of One Hand or One Foot or Entire Sight of Both Eyes	\$1,000.00	\$1,000.00
Loss of both Hands or Feet	\$10,000.00	\$10,000.00
PREMIUMS (ONE-TIME PAYMENT)	LOW OPTION	HIGH OPTION
SCHOOL-TIME ACCIDENT COVERAGE		
Students — Grades K - 6	\$24.00	\$48.00
Grades 7 - 12	\$39.00	\$78.00
24-HOUR-A-DAY ACCIDENT COVERAGE		
Students — Grades K - 6	\$83.00	\$166.00
Grades 7 - 12	\$96.00	\$192.00
OPTIONAL FOOTBALL ONLY ACCIDENT COVERAGE		
Per Player — Grades 10 - 12 (including grade 9 if playing or practicing with grades 10 through 12)	\$136.00	\$272.00

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) 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; (12) 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); (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.

IMPORTANT INFORMATION

1. Treatment must begin within thirty (30) days of Accident.
2. Expense must be incurred within fifty-two (52) weeks of Accident.
3. Written proof of loss must be furnished within ninety (90) days of Accident.
4. No refunds are available.

Blanket Accident insurance is issued on Form Series GP-2020 by Guarantee Trust Life Insurance Company, Glenview, IL. 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. 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

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 Expenses		\$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	\$50 \$50
Imaging Procedures	Including X-Rays & Interpretation	\$100	\$200
MRI/CT 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 treatment symptoms of these injuries, are considered a single injury.

PROTECT YOUR CHILD, PROTECT YOURSELF.

Here are your 2017-18 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: 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	\$4,000 \$2,000 \$2,000 \$20,000

EXCLUSIONS - This 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 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) Heroin or 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, psychotropic, 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/engine 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 therefor. 20) Prescription Drugs, crutches, braces, artificial limbs, etc., except as specifically stated.

GTL

GUARANTEE TRUST LIFE

2017-2018 STUDENT INSURANCE PLANS

TEAR OFF ON
1. Complete the enrollment form and check the plan and options you want.

TEAR OFF ON
2. Make out your check or money order for the TOTAL ENCLOSED. You pay as indicated below.

TEAR OFF ON
3. Enclose your check or money order and return today!

- 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 expenses.
- If you have other insurance, these plans will 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 person rendering such service unless proof of payment in full is provided.

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

Protects 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
- On vacation
- Scouting, camping, etc.
- During covered travel

*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.

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-12-0H-17-18

IMPORTANT PROTECTION FACTS

24-HR-ADAY	SCHOOL TIME	IMPORTANT PROTECTION FACTS
✓	✓	Becomes effective the date premium payment is received by the Guarantee Trust Life Insurance Company (GTL), its representatives or school officials (but not prior to the opening day of school). Students participating in practical 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 ceases 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.

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.

Administered by: **STUDENT PROTECTIVE AGENCY**
 300 Cashoben Ave., Mount Vernon, OH 43959 • (800) 278-2544
 Underwritten and claims paid by: **GUARANTEE TRUST LIFE INSURANCE COMPANY**
 1715 Milwaukee Ave., Glenview, IL 60025 • (800) 622-1993

ONE TIME ANNUAL PAYMENT		
OPTIONS	LOW OPTION	HIGH OPTION
24-HOUR-A-DAY PLAN		
STUDENTS GRADES K-6	<input type="checkbox"/> \$83	<input type="checkbox"/> \$166
STUDENTS GRADES 7-12	<input type="checkbox"/> \$96	<input type="checkbox"/> \$192
SCHOOL-TIME PLAN		
STUDENTS GRADES K-6	<input type="checkbox"/> \$24	<input type="checkbox"/> \$48
STUDENTS GRADES 7-12	<input type="checkbox"/> \$39	<input type="checkbox"/> \$78
OPTIONAL FOOTBALL COVERAGE (GRADES 10-12, INCLUDING GRADE 9 IF PLAYING WITH 10-12) 2017 SEASON ONLY PER PLAYER	<input type="checkbox"/> \$136	<input type="checkbox"/> \$272
TOTAL \$ _____ (PLEASE DO NOT SEND CASH)		
MAKE CHECK PAYABLE TO YOUR LOCAL AGENCY		
NO REFUNDS ARE AVAILABLE		

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

STUDENT'S NAME		
FIRST NAME _____	MIDDLE INITIAL _____	LAST NAME _____
DATE OF BIRTH _____		
MONTH _____	DAY _____	YEAR _____
MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		
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