

**What's Covered?**  
**Up to \$25,000.00** as described under Coverage and Benefits for:

- ACCIDENTS OCCURRING WHILE COVERAGE IS IN FORCE
- LOSS RESULTING DIRECTLY AND INDEPENDENTLY OF ALL OTHER CAUSES FROM ACCIDENTAL BODILY INJURY
- COVERED MEDICAL EXPENSE WHICH BEGINS WITHIN 60 DAYS OF THE ACCIDENT AND IS INCURRED WITHIN 52 WEEKS OF THE ACCIDENT



BENEFITS ARE PAYABLE UP TO THE DOLLAR AMOUNTS SPECIFIED BELOW.

COVERAGE and BENEFITS		
BENEFITS EACH ACCIDENT		
INPATIENT HOSPITAL EXPENSE	● ROOM AND BOARD ● INTENSIVE CARE	80% OF *R & C CHARGES Up To \$500 PER DAY
	● INPATIENT MISCELLANEOUS	80% OF *R & C CHARGES Up To \$1,500
OUTPATIENT HOSPITAL EXPENSE	● OUTPATIENT MISCELLANEOUS ● FREE-STANDING AMBULATORY SURGICAL FACILITY	80% OF *R & C CHARGES Up To \$1,000
	● EMERGENCY ROOM	80% OF *R & C CHARGES Up To \$500
DOCTOR'S SERVICES EXPENSE	● SURGICAL EXPENSE- ONE PROCEDURE LIMIT	80% OF *R & C CHARGES Up To \$2,500
	● ASSISTANT SURGEON ● ANESTHESIOLOGIST	25% OF SURGICAL BENEFIT
	● DOCTOR'S OUTPATIENT TREATMENT IN CONNECTION WITH PHYSICAL THERAPY AND/OR SPINAL MANIPULATION	80% OF *R & C CHARGES Up To \$1,000
	● DOCTOR'S NON-SURGICAL OUTPATIENT TREATMENT	80% OF *R & C CHARGES
OTHER SERVICES	● REGISTERED NURSES' SERVICES ● PRESCRIPTIONS - OUTPATIENT ● LABORATORY TESTS- OUTPATIENT ● REPLACEMENT OF EYEGLASSES, HEARING AIDS OR CONTACT LENSES, IF RESULTING FROM A TRAUMA COVERED INJURY WHICH REQUIRES MEDICAL TREATMENT	80% OF *R & C CHARGES
	● GROUND AMBULANCE ● AIR AMBULANCE ● DURABLE MEDICAL EQUIPMENT- INCLUDES ORTHOPEDIC BRACES AND APPLIANCES ● X-RAYS -OUTPATIENT - INCLUDES INTERPRETATION	80% OF *R & C CHARGES Up To \$500
	● DIAGNOSTIC IMAGING (MRI, CAT SCAN, ETC.) INCLUDES INTERPRETATION	80% OF *R & C CHARGES Up To \$750
	● DENTAL TREATMENT	80% OF *R & C CHARGES Up To \$2,500

\*The policy provides benefits for Reasonable and Customary (R & C) expenses for necessary medical services determined by geographic area.

**PROTECT YOUR CHILD, PROTECT YOURSELF.**  
**Here are your 2008-2009 Student Insurance Plans:**

COVERAGE and BENEFITS (continued)		
BENEFITS EACH ACCIDENT		
SPECIFIC LOSSES Only one of these benefits, the largest, will be payable in addition to the benefits shown above	ACCIDENTAL DEATH, caused by an injury and occurring within 180 days of the covered accident	\$2,500.00
	DISEMEMBERMENT, caused by an injury and occurring within 180 days of the covered accident	
	Loss of one hand, one foot or sight of one eye	\$5,000.00
	Loss of both hands, both feet, or sight of both eyes	\$10,000.00

**EXTENDED DENTAL COVERAGE - \$5,000 MAXIMUM.** (Can only be purchased in conjunction with At-School, 24-Hour or Football Only plans). Covers accidents occurring anytime, anywhere in the world, including all athletics and all forms of transportation.

**DENTAL BENEFITS:** If within 60 days from the date of injury the insured is treated by a legally qualified dentist (other than a family member) for injury to teeth, the Company will pay the benefits for Reasonable and Customary Expense for necessary dental treatment. Coverage is not limited to treatment of natural teeth.

**DENTAL EXCLUSIONS:** Conditions which are not caused by accidental injury; re-injury or complications of a condition which existed prior to the accident; orthodontics and damage to or loss of dentures or bridges.

**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. Injury by acts of war, whether declared or not.
3. Injury covered by Worker's Compensation or the Occupational Disease Law or mandatory no-fault automobile insurance.
4. Treatment of Osgood-Schlatter's disease, osteochondritis dissecans or hernia, any type, regardless of cause.
5. Injury sustained fighting or brawling, except in self-defense or while committing or attempting to commit a felony.
6. Injury caused by or contributed to by aggravation or reinjury of a condition for which medical care, treatment, diagnosis or advice was received or recommended within the 6 months prior to the insured's effective date of coverage under the Policy.
7. Suicide or attempted suicide while sane or insane.
8. Treatment of temporomandibular joint dysfunction and associated myofascial pain.
9. 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 or under the influence of any drugs or narcotic unless administered on the advice of a doctor.
10. Injury sustained while operating, riding in or upon, mounting or alighting from, any two- or three- or four-wheeled motor engine driven recreational vehicle (ATV) or snowmobile.
11. Any expense for which benefits are payable under a Catastrophic Accident Insurance Program of the State Interscholastic Activities Association.
12. Injury sustained while participating in or practicing for school sponsored interscholastic sports or tackle football in grades 9 through 12, including travel, unless optional coverage has been purchased.

**LIMITATIONS**

1. All claims will be paid on AN EXCESS BASIS if expenses exceed \$100.00 and other insurance or plan is involved. (The 1st \$100.00 of covered expense will be paid regardless of any other insurance).
2. Medical expenses for injuries sustained involving a covered motor vehicle accident are limited to \$2,500.00. This does not apply to motor vehicles which are excluded from coverage.

The Master Policy is on file with your School.

This is an illustration. This is not a contract. Please keep for your records.

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

# PROTECT YOUR CHILD PROTECT YOURSELF For Just Pennies A Day

- Low Cost
- Pays The First \$100 Of Covered Expense—Regardless Of Other Insurance
- Helps Fill The Gaps Your Other Insurance Does Not Cover



**High Maximum 24-Hour  
 a Day and At-School  
 Coverage!**

# We Recommend 24-Hour-A-Day Coverage...

- Accidents happen! When they happen to your child, someone must pay the bills.
- Here are affordable accident insurance plans to cover your child either 24 hours a day (24 hour plan) or while in school (at school plan).
- These plans provide cash benefits to help meet the cost of medical and hospital expense.
- If you have other insurance, these plans will help meet the deductibles and coinsurance gaps in those plans.
- If you have no other insurance, these plans will provide low cost, 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 Protection (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\*
- At play
- On vacation
- Scouting, camping, etc.
- During travel (see Exclusions and Limitations)

\*See OPTIONS for available optional sports coverage, if any.

## At School Protection

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 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.

24-HR-A-DAY	AT SCHOOL	IMPORTANT PROTECTION FACTS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BECOMES EFFECTIVE THE DATE PREMIUM PAYMENT IS RECEIVED BY THE COMPANY OR ITS REPRESENTATIVE (but not prior to the opening day of school). NOTE: For students enrolling within 7 days of the opening day of school, At School coverage will be retroactive to the opening day of school.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PROVIDES COVERAGE DURING THE HOURS THAT SCHOOL IS IN REGULAR SESSION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	PROVIDES 24-HOUR-A-DAY PROTECTION.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PROVIDES COVERAGE DURING THE TIME NECESSARY FOR TRAVEL BETWEEN THE INSURED'S HOME AND THE BEGINNING OR END OF REGULAR SCHOOL SESSIONS.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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 vehicle furnished by the school.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	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).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	COVERAGE CONTINUES WITHOUT INTERRUPTION ALL SUMMER until school re-opens for the following term.

OPTIONAL FOOTBALL COVERAGE BEGINS ON THE DATE OF PREMIUM RECEIPT BY THE COMPANY, 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.

SA-2

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 THE COMPANY WITHIN 90 DAYS.

## HIGH MAXIMUM 24-HOUR A DAY & AT SCHOOL COVERAGE!

Low Cost

Helps Fill The Gaps Your Other Insurance Does Not Cover

TEAR OFF ON PERFORATION

1. Complete the application form and check the plan and options you want.

2. Make out your check or money order for the TOTAL ENCLOSED payable as indicated below.

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

TEAR OFF ON PERFORATION

<b>OPTIONS</b>	<b>ANNUAL RATES</b>
<b>24-HOUR-A-DAY PROTECTION</b> Grades Pre-K-12, includes all activities and interscholastic sports, except 9-12 football	<input type="checkbox"/> \$205.00 <input type="checkbox"/> \$115.00
<b>AT-SCHOOL PROTECTION</b> Grades Pre-K-12, includes all activities and interscholastic sports, except 9-12 football	<input type="checkbox"/> \$94.00 <input type="checkbox"/> \$25.00
<b>OPTIONAL FOOTBALL</b> COVERAGE - 2008 season only Grades 9 - 12	<input type="checkbox"/> \$290.00 <input type="checkbox"/> \$10.00
<b>TOTAL ENCLOSED \$</b>	

**PLEASE PRINT CLEARLY**

**G.T.I.L.** Guarantee Trust Life Insurance Company A Mutual Company 0173

NAME: \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

SCHOOL DISTRICT: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

GRADE: \_\_\_\_\_ STUDENT'S ADDRESS: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

**MAKE CHECK PAYABLE TO: FIRST AGENCY (Please do not send cash) NO REFUNDS ARE AVAILABLE**

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_