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 expense.

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 or 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*
- At play
- 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.

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.
Injury means bodily Injury due to an Accident which results directly and independently of all 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.

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

**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 in the table below.

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### COVERAGE and BENEFITS

<table>
<thead>
<tr>
<th>BENEFITS PER INJURY</th>
<th>Low Option</th>
<th>High Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Room and Board and General Nursing Care</td>
<td>Per day $150</td>
<td>$300</td>
</tr>
<tr>
<td>Hospital Miscellaneous Expense</td>
<td>$1,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Hospital Emergency Care</td>
<td>Per day $150</td>
<td>$300</td>
</tr>
<tr>
<td>Doctor's Fees For Surgery</td>
<td>Per Unit $80</td>
<td>$160</td>
</tr>
<tr>
<td>Anesthesia Services</td>
<td>Percent of Surgical Schedule Allowance 25%</td>
<td>25%</td>
</tr>
<tr>
<td>Doctor's Visits Non-Surgical Including Physical Therapy</td>
<td>Per visit $25</td>
<td>$50</td>
</tr>
<tr>
<td>Physical Therapy, per visit Maximum number of visits per Injury</td>
<td>$25</td>
<td>$50</td>
</tr>
<tr>
<td>Imaging Procedures</td>
<td>Included X-Rays &amp; Interpretation $100</td>
<td>$200</td>
</tr>
<tr>
<td>MRI/CAT scan</td>
<td>$125</td>
<td>$250</td>
</tr>
<tr>
<td>Ambulance Expense</td>
<td>$100</td>
<td>$200</td>
</tr>
</tbody>
</table>

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**BENEFITS PER INJURY**

<table>
<thead>
<tr>
<th>Low Option</th>
<th>High Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthopedic Appliances</td>
<td>Furnished by the Hospital</td>
</tr>
<tr>
<td>Dental Treatment</td>
<td>Treatment For Injury To Sound, Natural Teeth, per tooth Up to a maximum of</td>
</tr>
<tr>
<td>Accidental Death and Dismemberment</td>
<td>Only one of these benefits, the largest, will be payable in addition to the benefits shown If Injury causes death or dismemberment within 365 days of the Accident, the plan pays as follows: Loss of Life</td>
</tr>
<tr>
<td></td>
<td>Loss of One Hand or One Foot</td>
</tr>
<tr>
<td></td>
<td>Loss of the Entire Sight of Both Eyes</td>
</tr>
<tr>
<td></td>
<td>Loss of Both Hands or Feet</td>
</tr>
</tbody>
</table>

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**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 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/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 therefore. 20. Prescription Drugs, crutches, braces, artificial limbs, etc., except as specifically stated.
2017-18 SCHOOL YEAR ENROLLMENT FORM

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 ___________

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

PLEASE REMEMBER TO:

1. COMPLETE THE ENROLLMENT FORM AND CHECK THE PLAN AND OPTIONS YOU WANT.

2. 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:

LOVE INSURANCE AGENCY
P.O. BOX 1008
CHARDON, OH 44024

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