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**

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 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.

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.
### Coverage and Benefits

<table>
<thead>
<tr>
<th>Benefits Per Injury</th>
<th>Low Option</th>
<th>High Option</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital Room and Board and General Nursing Care</strong></td>
<td>Per day</td>
<td>$150</td>
</tr>
<tr>
<td><strong>Hospital Miscellaneous Expense</strong></td>
<td></td>
<td>$1,000</td>
</tr>
<tr>
<td><strong>Hospital Emergency Care</strong></td>
<td></td>
<td>$150</td>
</tr>
<tr>
<td><strong>Doctor’s Fees for Surgery</strong></td>
<td>Per Unit</td>
<td>$80</td>
</tr>
<tr>
<td></td>
<td>Unit Value determined by the Surgical Schedule</td>
<td></td>
</tr>
<tr>
<td><strong>Anesthesia Services</strong></td>
<td>Percent of Surgical Schedule Allowance</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Ambulance Expense</strong></td>
<td></td>
<td>$100</td>
</tr>
<tr>
<td><strong>Doctors’ Visits Non-surgical Including Physical Therapy</strong></td>
<td>Per visit</td>
<td>$25</td>
</tr>
<tr>
<td></td>
<td>Physical Therapy, per visit</td>
<td>$25</td>
</tr>
<tr>
<td></td>
<td>Maximum number of visits per injury</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefits Per Injury</th>
<th>Low Option</th>
<th>High Option</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Imaging Procedures</strong></td>
<td>Including X-rays and interpretation</td>
<td>$100</td>
</tr>
<tr>
<td><strong>MRI/CAT Scan</strong></td>
<td></td>
<td>$125</td>
</tr>
<tr>
<td><strong>Orthopedic Appliances</strong></td>
<td>Furnished by the Hospital</td>
<td>$100</td>
</tr>
<tr>
<td><strong>Dental Treatment</strong></td>
<td>For Injury to Sound, Natural Teeth, per tooth</td>
<td>$200</td>
</tr>
<tr>
<td></td>
<td>Up to a maximum of</td>
<td>$600</td>
</tr>
</tbody>
</table>

**ACCIDENTAL DEATH AND DISMEMBERMENT**

Only one of these benefits, the largest, will be payable in addition to other benefits shown:
- **Accidental Death**
- **Dismemberment**

- Loss of One Hand or One Foot
- Loss of the Entire Sight of Both Eyes
- Loss of Both Hands or Feet

Accidental Death and occurring within 365 days of the covered Accident

**DISMEMBERMENT**

- $2,000
- $1,000
- $1,000
- $10,000

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.

### 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 sustained fighting or brawling, except in self-defense.
7. Suicide or attempted suicide.
8. Any penalty imposed by Other Valid Collectible Insurance or Plan for failure to follow plan procedures.
9. 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).
10. Injury sustained while practicing in or participating in senior high interscholastic tackle football including grade 9 if playing with grade 10 or above, including travel, unless optional coverage has been purchased.
11. Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body.
12. Treatment in a non-military hospital, except if there is a legal obligation to pay.
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.

Administered by: STUDENT PROTECTIVE AGENCY, 300 Coshocton 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

K-12-OH-23-24
PLEASE PRINT CLEARLY

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 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.