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.

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.

Administrated 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-18-19-PDF
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

<table>
<thead>
<tr>
<th>Benefits</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>$150</td>
<td>$300</td>
</tr>
<tr>
<td><strong>Hospital Miscellaneous Expense</strong></td>
<td>$1,000</td>
<td>$2,000</td>
</tr>
<tr>
<td><strong>Hospital Emergency Care</strong></td>
<td>$150</td>
<td>$300</td>
</tr>
<tr>
<td><strong>Doctor’s Fees For Surgery</strong></td>
<td>$80</td>
<td>$160</td>
</tr>
<tr>
<td><strong>Anesthesia Services</strong></td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Doctor’s Visits Non-Surgical Including Physical Therapy</strong></td>
<td>$25</td>
<td>$50</td>
</tr>
<tr>
<td><strong>Physical Therapy, per visit</strong></td>
<td>$25</td>
<td>$50</td>
</tr>
<tr>
<td><strong>Imaging Procedures</strong></td>
<td>$100</td>
<td>$200</td>
</tr>
<tr>
<td><strong>MRI/CAT scan</strong></td>
<td>$125</td>
<td>$250</td>
</tr>
<tr>
<td><strong>Ambulance Expense</strong></td>
<td>$100</td>
<td>$200</td>
</tr>
</tbody>
</table>

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.

**HELP PROTECT YOUR CHILD, HELP PROTECT YOURSELF**

Here are your 2018-19 Student Insurance Plans
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.