

## SCHEDULE OF BENEFITS AND PREMIUMS

**Covered Charges must be incurred within one year from the date of Injury provided the first treatment occurs within 60 days from the date of Injury. Coverage is for injury due to Accidents only.**

<b>MAXIMUM BENEFIT:</b>	
School-Time Option	\$25,000 per Injury
24-Hour Option	\$25,000 per Injury
Football Option	\$25,000 per Injury
Injury Involving Motor Vehicles	\$2,500 per Injury
Death Benefit	\$2,500
Dismemberment Benefit – Single/Double	\$5,000/\$10,000
<b>COVERED CHARGES</b>	
<b>Hospital/Facility Services:</b>	
<b>Inpatient:</b>	
Hospital Room and Board	80% of Reasonable & Customary up to \$500 per day maximum
Hospital Intensive Care	80% of Reasonable & Customary up to \$500 per day maximum
Hospital Inpatient Miscellaneous	80% of Reasonable & Customary up to \$1,500 maximum
<b>Outpatient:</b>	
Outpatient Hospital Miscellaneous	80% of Reasonable & Customary up to \$1,000 maximum
Hospital Emergency Room	80% of Reasonable & Customary up to \$500 maximum
Free-standing Ambulatory Surgical Facility	80% of Reasonable & Customary up to \$1,000 maximum
<b>Doctor's Services:</b>	
Surgical - One Procedure Limit	80% of Reasonable & Customary up to \$2,500 maximum
Assistant Surgeon	25% of surgical benefit
Anesthesiologist	25% of surgical benefit
Doctor's Outpatient Treatment in connection with Physical Therapy and/or Spinal Manipulation	80% of Reasonable & Customary up to \$1,000 maximum
Doctor's Non-surgical Outpatient Treatment	80% of Reasonable & Customary
<b>Other Services:</b>	
Registered Nurses' Services	80% of Reasonable & Customary
Prescriptions – outpatient	80% of Reasonable & Customary
Laboratory Tests – outpatient	80% of Reasonable & Customary
X-rays – includes interpretation – outpatient	80% of Reasonable & Customary up to \$500 maximum
Diagnostic Imaging (MRI, Cat Scan, etc.) includes interpretation	80% of Reasonable & Customary up to \$750 maximum
Ground/Air Ambulance	80% of Reasonable & Customary up to \$500 maximum
Durable Medical Equipment – includes Orthopedic Braces & Appliances	80% of Reasonable & Customary up to \$500 maximum
Dental Treatment (Sound & Natural Teeth Only)	80% of Reasonable & Customary up to \$2,500 maximum
Replacement of Eyeglasses, Hearing Aids, Contact Lenses, if medical treatment is also received for the covered injury	80% of Reasonable & Customary
<b>Premiums: Coverage for grades 9-12 football and interscholastic high school sports are available, provided applicable premium is paid as shown below.</b>	
<b>School-Time: Covers accidents, which occur while participating in school-sponsored and supervised activities only.</b>	
Grades PreK-12 includes all activities and interscholastic sports, except 9-12 football	\$99.00
Grades PreK-12 includes all activities except interscholastic sports	\$58.00
<b>24-Hour: Around-the-clock accident coverage anywhere in the world. Protection during vacations, weekends and school days.</b>	
Grades PreK-12 includes all activities and interscholastic sports, except 9-12 football	\$268.00
Grades PreK-12 includes all activities except interscholastic sports	\$203.00
<b>Football: Covers accidents occurring while participating in high school interscholastic football practice or competition. Travel is also covered when going directly and uninterrupted to and from such practice or competition when traveling as a group in school-sponsored and supervised transportation. 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.</b>	
Grades 9-12 (2011 season only)	\$347.00
<b>Extended Dental</b> (Can only be purchased in conjunction with At School, 24-Hour a Day Protection or Football Only plans)	
Grades PreK-12	\$12.00

# 2011-2012 STUDENT INSURANCE PLANS

## 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-HR-A-DAY	AT SCHOOL	IMPORTANT PROTECTION FACTS
✓	✓	BECOMES EFFECTIVE THE DATE PREMIUM PAYMENT IS RECEIVED BY THE COMPANY OR ITS REPRESENTATIVE (but not prior to the opening day of school).
✓	✓	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 vehicle furnished by the school.
	✓	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).
✓		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.

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

 **Low Cost**

 **Helps Fill The Gaps Your Other Insurance Does Not Cover**







SA-9 **To File A Claim:** Report accidents to the school official. Simplified 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.

## Accident Insurance

### 24-Hour-A-Day Protection

#### ***Maximum Protection for each Covered Accident Good All Year 'Round!***

Protects 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 travel (see Exclusions and Limitations)

 While engaged in sports, except those specifically excluded or for which optional coverage is required\*

**\*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.

# 2011-2012 STUDENT INSURANCE PLANS

## 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

### COVERAGE & BENEFITS

BENEFITS ARE PAYABLE UP TO THE DOLLAR AMOUNTS SPECIFIED BELOW

BENEFITS PER ACCIDENT			BENEFITS PER ACCIDENT		
<b>INPATIENT HOSPITAL EXPENSE</b>	<ul style="list-style-type: none"> <li>● ROOM AND BOARD - PER DAY</li> <li>● INTENSIVE CARE - PER DAY</li> </ul>	80% OF *R & C CHARGES UP TO \$500 FOR EACH SERVICE SHOWN TO THE LEFT	<b>OTHER SERVICES (continued)</b>	<ul style="list-style-type: none"> <li>● GROUND AMBULANCE</li> <li>● AIR AMBULANCE</li> <li>● DURABLE MEDICAL EQUIPMENT INCLUDES ORTHOPEDIC BRACES AND APPLIANCES</li> <li>● X-RAYS - OUTPATIENT INCLUDES INTERPRETATION</li> </ul>	80% OF *R & C CHARGES UP TO \$500 FOR EACH SERVICE SHOWN TO THE LEFT
	<ul style="list-style-type: none"> <li>● INPATIENT MISCELLANEOUS</li> </ul>	80% OF *R & C CHARGES UP TO \$1,500			
<b>OUTPATIENT HOSPITAL EXPENSE</b>	<ul style="list-style-type: none"> <li>● OUTPATIENT MISCELLANEOUS</li> <li>● FREE-STANDING AMBULATORY SURGICAL FACILITY</li> </ul>	80% OF *R & C CHARGES UP TO \$1,000 FOR EACH SERVICE SHOWN TO THE LEFT			
	<ul style="list-style-type: none"> <li>● EMERGENCY ROOM</li> </ul>	80% OF *R & C CHARGES UP TO \$500			
<b>DOCTOR'S SERVICES EXPENSE</b>	<ul style="list-style-type: none"> <li>● SURGICAL EXPENSE- One Procedure Limit</li> </ul>	80% OF *R & C CHARGES UP TO \$2,500	<b>SPECIFIC LOSSES</b> Only one of these benefits, the largest, will be payable in addition to the benefits shown above	<ul style="list-style-type: none"> <li>● DIAGNOSTIC IMAGING (MRI, CAT SCAN, ETC.) INCLUDES INTERPRETATION</li> </ul>	80% OF *R & C CHARGES UP TO \$750
	<ul style="list-style-type: none"> <li>● ASSISTANT SURGEON.....</li> <li>● ANESTHESIOLOGIST.....</li> </ul>	25% OF SURGICAL BENEFIT		<ul style="list-style-type: none"> <li>● DENTAL TREATMENT</li> </ul>	80% OF *R & C CHARGES UP TO \$2,500
	<ul style="list-style-type: none"> <li>● DOCTOR'S OUTPATIENT TREATMENT IN CONNECTION WITH PHYSICAL THERAPY AND/OR SPINAL MANIPULATION</li> </ul>	80% OF *R & C CHARGES UP TO \$1,000		<b>ACCIDENTAL DEATH</b> , caused by an injury and occurring within 180 days of the covered accident	<b>\$2,500.00</b>
	<ul style="list-style-type: none"> <li>● DOCTOR'S NON-SURGICAL OUTPATIENT TREATMENT</li> </ul>	80% OF *R & C CHARGES		<b>DISMEMBERMENT</b> , caused by an injury and occurring within 180 days of the covered accident	
<b>OTHER SERVICES</b>	<ul style="list-style-type: none"> <li>● REGISTERED NURSES' SERVICES</li> <li>● PRESCRIPTIONS - OUTPATIENT</li> <li>● LABORATORY TESTS - OUTPATIENT</li> <li>● REPLACEMENT OF EYEGLASSES, HEARING AIDS OR CONTACT LENSES, IF RESULTING FROM A COVERED INJURY WHICH REQUIRES MEDICAL TREATMENT</li> </ul>	80% OF *R & C CHARGES FOR EACH SERVICE SHOWN TO THE LEFT	Loss of one hand, one foot or sight of one eye	<b>\$5,000.00</b>	
			Loss of both hands, both feet, or sight of both eyes	<b>\$10,000.00</b>	

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

**EXTENDED DENTAL COVERAGE - ADDITIONAL \$5,000 MAXIMUM** - Payable at 80% of Reasonable & Customary (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.

**This is an illustration of your child's benefits. Please keep for your records. This is not a contract. The master policy is on file with your school.**

**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, or are not specifically listed as covered charges in the Policy.
2. Intentionally self-inflicted Injury, violating or attempting to violate any duly enacted law. 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 or osteochondritis dissecans.
5. Hernia, any type, regardless of cause.
6. Injury sustained fighting or brawling, except in self-defense, or sustained while committing or attempting to commit a felony.
7. Suicide or attempted suicide while sane or insane.
8. Treatment of temporomandibular joint dysfunction and associated myofascial pain.
9. 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.
10. 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 from being under the influence of any drugs or narcotic unless administered on the advice of a Doctor.
11. 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).
12. Any expense for which benefits are payable under a Catastrophic Accident Insurance Program of the State Interscholastic Activities Association.
13. Injury sustained while participating in or practicing for grades 9 through 12 tackle football, unless football 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.

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

# 2011-12 SCHOOL YEAR APPLICATION

0238

OPTIONS	ANNUAL RATES
<b>24-HOUR-A-DAY PROTECTION</b> Grades Pre K-12- includes all activities and interscholastic sports, except 9-12 football..... Grades Pre K-12- includes all activities except all interscholastic sports.....	<input type="checkbox"/> \$268.00 <input type="checkbox"/> \$203.00
<b>AT- SCHOOL PROTECTION</b> Grades Pre K-12- includes all activities and interscholastic sports, except 9-12 football..... Grades Pre K-12- includes all activities except all interscholastic sports.....	<input type="checkbox"/> \$99.00 <input type="checkbox"/> \$58.00
<b>OPTIONAL FOOTBALL COVERAGE - 2011 SEASON ONLY</b> Grades 9-12	<input type="checkbox"/> \$347.00
<b>EXTENDED DENTAL- Grades Pre K-12</b>	<input type="checkbox"/> \$12.00
<b>MAKE CHECK PAYABLE TO: FIRST AGENCY</b> NO REFUNDS ARE AVAILABLE	



**Guarantee Trust Life Insurance Company A Mutual Company**

PLEASE PRINT CLEARLY

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
First Name Middle Initial Last Name Month Day Year

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

GRADE \_\_\_\_\_ STUDENT'S ADDRESS \_\_\_\_\_

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

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

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

TOTAL ENCLOSED \$ \_\_\_\_\_

(Please do not send cash)

TO PAY BY CREDIT/DEBIT CARD PLEASE VISIT:

[www.1stagency.com/voluntaryaccidentcoverage.htm](http://www.1stagency.com/voluntaryaccidentcoverage.htm)

GP-1200 (MI Premier)

## PLEASE REMEMBER TO:



COMPLETE THE APPLICATION 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 APPLICATION WITH YOUR CHECK OR MONEY ORDER TO:



**FIRST AGENCY**  
**5071 West H Avenue**  
**Kalamazoo, Michigan 49009-8501**



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

**For faster service you can pay by credit or debit card. Please visit us online at:**

**[www.1stagency.com/voluntaryaccidentcoverage.htm](http://www.1stagency.com/voluntaryaccidentcoverage.htm)**

**Follow directions by choosing STATE and SCHOOL DISTRICT**

**Visa and MasterCard are accepted**