

RETURN TO
FIRST AGENCY, INC.
5071 WEST H AVENUE
KALAMAZOO, MICHIGAN 49009-8501

The Underwriter:

**GUARANTEE TRUST LIFE
INSURANCE COMPANY**

Guarantee Trust Life Insurance Company of Illinois is the underwriting company. The underwriting company has a vested interest in claims administration and has appointed First Agency to process claims for this plan of coverage.

The Administrator:

FIRST AGENCY, INC.

First Agency, Inc. of Kalamazoo, Michigan specializes in servicing programs of student and athletic accident coverage at both the interscholastic and intercollegiate levels, as well as special-risk programs such as summer camps and little leagues. This has been our only business since 1959. First Agency currently serves over 1,000 high schools, colleges, universities, clubs, recreation departments, and other athletic organizations in nearly 20 states.

HOW TO FILE A CLAIM

1. Obtain claim form from the College athletic office or training room and answer all questions in detail (including signatures) on the front of the form.
2. Attach all bills to the completed form and mail to the address indicated on the form within 90 days of the accident.
3. Any additional bills not filed with the claim form should be sent, within 90 days of the date of service, to the claims office identified with student's name, institution, and date of accident.
4. If you have other insurance or plan, file simultaneous claims with your primary insurance carrier or plan to avoid delays in benefit payments.

**Retain this Description of Coverage
for your Records.**

This is not a policy; a master policy is issued to the college or university and is on file for your review. Individual certificates will not be issued or sent to you unless mandated by your state. Keep your cashier's check or money order receipt as evidence of payment. No personal checks accepted.

TO ENROLL: Send the completed enrollment form and proper premium to:

**First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009-8501**

**AFFORDABLE ACCIDENT PROTECTION
FOR INTERCOLLEGIATE ATHLETES**

THE 1ST CARE PLAN

Designed Specifically For...

- * College athletes without primary insurance
and
- * College athletes with inadequate primary insurance

Administered by:



5071 West H Avenue
Kalamazoo, MI 49009-8501
Phone: (269) 381-6630
Fax: (269) 341-4614
www.1stagency.com

Underwritten by:

G·T·L

Guarantee Trust Life Insurance Company
A Mutual Company
1275 Milwaukee Avenue
Glenview, Illinois 60025

THE 1ST CARE PLAN IS DESIGNED TO PAY MEDICAL BENEFITS AT A REASONABLE PREMIUM

MAXIMUM BENEFIT \$12,500 per Injury
ACCIDENT MEDICAL BENEFITS

If an Insured Person requires treatment for Injury due to an Accident covered by this Policy, the Company will pay benefits for incurred expenses. The Company will only consider the first \$25,000 of incurred expenses, without regard to the total amount of incurred expenses and regardless of the order in which such expenses were incurred, to determine payment of the Maximum Benefit. The Company will pay 50% of the first \$25,000 of incurred expenses which are Reasonable and Customary up to the Maximum Benefit which are not paid by any Other Valid and Collectible Insurance or Plan.

Incurred expenses must be:

- medically necessary and provided under the direction of a doctor;
• started within 60 days of the Accident;
• received within 1 year from the date of the Accident.

Expenses which are in excess of the first \$25,000 or paid by Other Valid and Collectible Insurance or Plan are not payable under this Policy.

IT'S THAT SIMPLE!!

DEFINITIONS:

Accident means bodily injury, directly caused by specific accidental contact with another body or object during a Covered Event while the policy is in force.

Covered Events means collegiate athletic competitions which are officially authorized, sanctioned and scheduled by the participating college, and governed by the rules and regulations of the appropriate athletic/activities association. This includes related pre-competition activities, practice sessions, and sponsored team travel authorized, organized, and supervised by the participating college.

Injury means only a wound, lesion, or other change in the physical structure of the body, sustained by the Insured Person while the policy is in effect, causing physical damage thereto, occurring as the result of an unexpected and unforeseen event which is in part external to the body itself and resulting directly and independently of disease, pre-existing conditions, and all other causes. Injury does not include accidental injuries that occur before the Insured Person's effective date of coverage under the policy, sickness, disease or infection, or hernia.

Other Valid and Collectible Insurance or Plan means benefits payable for the same Injury, on a provision of service basis or on an expense incurred basis under any medical or service contract, self-funded plan, automobile

medical payment of coverage, or any plan under federal, state or local law, except Medicaid. If one or more of the policies, plans or service contracts provide benefits on an excess insurance basis, or an excess coverage basis, benefits should be paid first by the company or service plan whose policy or service contract has been in effect for the longer period of time at the date of such loss.

When another plan providing medical expense benefits to an insured person is an HMO, PPO, or similar arrangement and the insured person does not seek treatment from the HMO, PPO, or similar arrangement, or does not obtain prior authorization from such organization to seek treatment from a non-participating provider, benefits otherwise payable under the policy shall be reduced by what would have been paid had the insured used the proper medical vendor. This limitation shall not apply to emergency treatment required within 24 hours after an Accident when the Accident occurs outside the geographic area served by the HMO, PPO, or similar arrangement.

Pre-existing Condition means a condition for which medical treatment or advice was received within the 12 months prior to the Insured Person's effective date of coverage under the Policy.

Reasonable and Customary Charge means a charge which: 1) is made for treatment, supplies or medical services deemed appropriate to treat the Insured Person's condition; and 2) does not exceed the usual level of charges made for similar treatment, supplies or medical services in the locality where the expense is incurred.

INSURED'S EFFECTIVE DATE: Coverage will begin at 12:01 a.m. on the later of the following dates:

- 1. the effective date shown in the Master Policy; or
2. when the required premium is paid.

INSURED'S TERMINATION DATE: coverage for an Insured person will end at 11:59 p.m. on the date the policy terminates.

Here's What's Covered:

- Up to \$12,500 protection, per covered Injury
• Semi-private hospital room rate and all routine services generally provided while confined in a hospital
• Doctor visits
• Miscellaneous hospital expenses
• Surgery
• Anesthesia services
• Intensive care
• Emergency care
• Outpatient services
• X-rays and laboratory services
• Office visits
• Choice of hospitals and doctors
• Ground or air ambulance service
• Freestanding urgent care centers
• Medical equipment and supplies, such as crutches

Here's What's Not Covered:

The policy does not pay benefits for, nor is any premium charged for the following:

- 1. Treatment, services or supplies which:
a. are not medically necessary;
b. are not prescribed by a Doctor as necessary to treat Injury;
c. are experimental/investigation in nature;
d. are received without charge or legal obligation to pay; or
e. are received by persons employed or retained by the school or an insured person's family member.
f. are not specifically listed as a covered benefit by 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 received while traveling or flying by air, except as a fare-paying passenger on a regularly scheduled commercial airline.
4. Injury covered by Worker's Compensation or the Occupational Disease Law.
5. Expenses which are covered by any Other Valid and Collectible Insurance and Plan.
6. Treatment of illness, disease, or infections, except pyogenic infections or bacterial infections which result from the accidental ingestion of contaminated substances, treatment of Osgood-Schlatter's disease, appendicitis, osteomyelitis, cardiac disease or conditions, pathological or stress fractures, congenital weakness, hernia, TMJ, fainting, headaches, boils, blisters, spondylolysis, osteochondritis dissecans, poison ivy, bee stings, detached retina unless directly caused by an injury, or mental disorders whether or not caused by a covered injury.
7. Injury contributed to by the use of alcohol or drugs not prescribed by a doctor.
8. Injury caused by or contributed to aggravation or reinjury of a Pre-existing Condition.

PREMIUMS:

Football Only (covers both fall & spring) \$1,750.00
All Other Sports * \$1,015.00

*One premium covers applicant for the entire school year regardless of the number of sports he/she participates in with the exception of football.

There are no refunds on this plan.

ENROLLMENT FORM

FOR

1ST CARE PLAN

Name of College/University: _____

Athlete Name: _____

Date of Birth: _____

School Address: _____

School Phone: _____

Home Address: _____

Home Phone: _____

CHECK COVERAGE DESIRED:

Football Only (Fall & Spring) \$1,750.00

All Other Sports* \$1,015.00

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These plans are subject to Insurance Department approval.