

SCHEDULE OF BENEFITS AND PREMIUMS

Covered Charges must be incurred within 52 weeks 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.

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.

| MAXIMUM BENEFIT | |
|--|---|
| School-Time Accident Coverage | \$25,000 per Injury |
| 24-Hour-A-Day Accident Coverage | \$25,000 per Injury |
| Football Only Accident Coverage | \$25,000 per Injury |
| COVERED CHARGES | |
| Hospital/Facility Services: | |
| Inpatient: | |
| Hospital Room and Board and general nursing care | 80% of Reasonable & Customary up to \$500 per day maximum |
| Hospital Intensive Care | 80% of Reasonable & Customary up to \$500 per day maximum |
| Hospital Miscellaneous Expense | 80% of Reasonable & Customary up to \$1,500 maximum |
| Outpatient: | |
| Hospital Miscellaneous | 80% of Reasonable & Customary up to \$1,000 maximum |
| Hospital Emergency Care | 80% of Reasonable & Customary up to \$500 maximum |
| Doctor's Services: | |
| Surgical Fee – One Procedure Limit | 80% of Reasonable & Customary up to \$2,500 maximum |
| Assistant Surgeon Expense | 80% of Reasonable & Customary |
| Anesthesia Services | 80% of Reasonable & Customary |
| Physical Therapy | 80% of Reasonable & Customary up to \$1,000 maximum |
| Doctor's Visits | 80% of Reasonable & Customary |
| Other Services: | |
| Registered Nurse Expense | 80% of Reasonable & Customary |
| Prescription Drug | 80% of Reasonable & Customary |
| Laboratory Services | 80% of Reasonable & Customary |
| X-rays – includes interpretation – outpatient | 80% of Reasonable & Customary up to \$500 maximum |
| MRI/CAT Scan – includes interpretation | 80% of Reasonable & Customary up to \$750 maximum |
| Ambulance Expense | 80% of Reasonable & Customary up to \$500 maximum |
| Durable Medical Equipment | 80% of Reasonable & Customary up to \$500 maximum |
| Orthopedic Appliances | 80% of Reasonable & Customary up to \$500 maximum |
| Dental Treatment (For Injury to Sound & Natural Teeth) | 80% of Reasonable & Customary up to \$2,500 maximum |
| Replacement of Eyeglasses, lenses, contact lenses and hearing aids, resulting from an Injury requiring medical treatment | 80% of Reasonable & Customary |
| Motor Vehicle Accident injuries | Limited to a maximum of \$2,500 per Injury |
| Loss of Life | \$2,500 |
| Single Dismemberment (Loss of One Hand, One Foot, Entire Sight of One Eye, or Hearing One Ear) | \$5,000 |
| Double Dismemberment (Loss of Both Hands, Both Feet, Entire Sight of Both Eyes, Hearing Both Ears or Loss of Speech) | \$10,000 |
| ONE-TIME PREMIUM PAYMENT | |
| School-Time Accident Coverage: | |
| Grades PreK-12 includes all activities and interscholastic sports, except 9-12 football | \$105.00 |
| Grades PreK-12 includes all activities except interscholastic sports | \$62.00 |
| 24-Hour-A-Day Accident Coverage: | |
| Grades PreK-12 includes all activities and interscholastic sports, except 9-12 football | \$290.00 |
| Grades PreK-12 includes all activities except interscholastic sports | \$220.00 |
| Football Only Accident Coverage: | |
| Grades 9-12 (2016 season only) | \$375.00 |
| Extended Dental (Can only be purchased in conjunction with School-Time, 24-Hour-A-Day or Football Only plans) | |
| Grades PreK-12 | \$15.00 |

2016-2017 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 Accident 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 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 | SCHOOL TIME | 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 Designated 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 ONLY ACCIDENT 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.

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 Coverage

24-Hour-A-Day Protection for each Covered Accident

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 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 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.

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. For complete details of coverage please contact the agent administering the program.

2016-2017 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 FROM ACCIDENTAL BODILY INJURY RESULTING DIRECTLY AND INDEPENDENTLY OF ALL OTHER CAUSES
- COVERED MEDICAL EXPENSE WHICH BEGINS WITHIN 60 DAYS OF THE ACCIDENT AND IS INCURRED WITHIN 52 WEEKS OF THE ACCIDENT

COVERAGE & BENEFITS

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.

BENEFITS ARE PAYABLE UP TO THE DOLLAR AMOUNTS SPECIFIED BELOW

| BENEFITS PER INJURY | | | BENEFITS PER INJURY | | |
|-----------------------------|---|--|---|--|-------------------------------|
| INPATIENT HOSPITAL EXPENSE | <ul style="list-style-type: none"> ● HOSPITAL ROOM AND BOARD & GENERAL NURSING CARE ● INTENSIVE CARE | 80% OF CHARGES* UP TO \$500 PER DAY | OTHER SERVICES (continued) | <ul style="list-style-type: none"> ● AMBULANCE EXPENSE ● DURABLE MEDICAL EQUIPMENT ● ORTHOPEDIC APPLIANCES | 80% OF CHARGES* UP TO \$500 |
| | <ul style="list-style-type: none"> ● INPATIENT HOSPITAL MISCELLANEOUS EXPENSE | 80% OF CHARGES* UP TO \$1,500 | | <ul style="list-style-type: none"> ● OUTPATIENT IMAGING PROCEDURES ● X-rays, including interpretation | 80% OF CHARGES* UP TO \$500 |
| OUTPATIENT HOSPITAL EXPENSE | <ul style="list-style-type: none"> ● OUTPATIENT HOSPITAL MISCELLANEOUS EXPENSE | 80% OF CHARGES* UP TO \$1,000 | MOTOR VEHICLE ACCIDENT INJURIES | <ul style="list-style-type: none"> ● MRI/CAT scan, including interpretation | 80% OF CHARGES* UP TO \$750 |
| | <ul style="list-style-type: none"> ● HOSPITAL EMERGENCY CARE | 80% OF CHARGES* UP TO \$500 | | <ul style="list-style-type: none"> ● DENTAL TREATMENT (Injury to Sound, Natural Teeth only) | 80% OF CHARGES* UP TO \$2,500 |
| DOCTOR'S SERVICES EXPENSE | <ul style="list-style-type: none"> ● SURGICAL EXPENSE No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession. | 80% OF CHARGES* UP TO \$2,500 | OTHER BENEFITS Only one of these benefits, the largest, will be payable in addition to the benefits listed | Caused by an Injury and occurring within 365 days of the covered Accident: | |
| | <ul style="list-style-type: none"> ● ASSISTANT SURGEON EXPENSE ● ANESTHESIA SERVICES | 80% OF CHARGES* | | <ul style="list-style-type: none"> ● ACCIDENTAL DEATH | \$2,500.00 |
| | <ul style="list-style-type: none"> ● PHYSICAL THERAPY | 80% OF CHARGES* UP TO \$1,000 | | <ul style="list-style-type: none"> ● DISMEMBERMENT | \$5,000.00 |
| | <ul style="list-style-type: none"> ● DOCTOR'S VISITS INPATIENT AND OUTPATIENT | 80% OF CHARGES* | | <ul style="list-style-type: none"> ● Single: Loss of one hand, one foot, entire sight of one eye or hearing in one ear. ● Double: Loss of both hands, both feet, sight of both eyes, hearing in both ears or loss of speech. | \$10,000.00 |
| OTHER SERVICES | <ul style="list-style-type: none"> ● REGISTERED NURSE EXPENSE ● PRESCRIPTIONS DRUGS ● LABORATORY TESTS ● REPLACEMENT EXPENSE OF EYEGLASSES OR LENSES & HEARING AIDS <p>If resulting from a covered Injury which requires medical treatment.</p> | 80% OF CHARGES* FOR EACH SERVICE SHOWN TO THE LEFT | LIMITED TO A MAXIMUM OF \$2,500 PER INJURY | | |

*The Policy provides benefits for Reasonable and Customary charges determined by geographic area for Medically Necessary services.

EXTENDED DENTAL EXPENSE: Extended dental expenses increase the maximum benefit for Injury to Sound Natural Teeth up to \$5,000, subject to 80% of the Reasonable and Customary charges. (Can only be purchased in conjunction with School-Time, 24-Hour-A-Day or Optional Football Coverage Plans).

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, unless otherwise specified; are not specifically listed as Covered Charges in the Policy; 2) Intentionally self-inflicted Injury; Injury received while 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) Hernia, any type, regardless of cause; 5) Injury sustained fighting or brawling, except as an innocent victim, or while committing or attempting to commit a felony; 6) Suicide or attempted suicide; 7) Treatment of temporomandibular joint dysfunction and associated myofascial pain; 8) Re-injury or complications of an Injury which occurred prior to the Policy's Effective Date; 9) Injury sustained while operating, riding in or upon, mounting or alighting from any two or three or four wheeled recreational motor/engine driven vehicle, snowmobile or all terrain vehicle (ATV); 10) Injury sustained while participating in or practicing for interscholastic sports, or grades 9 through 12 tackle football, unless optional coverage has been purchased; 11) 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 during the commission of or attempt to commit a felony, or while engaged in an illegal occupation; 12) Loss resulting from the use of any drug or agent classified as a narcotic, psycholytic, psychedelic, hallucinogenic, or having a similar classification or effect unless prescribed by a Doctor; 13) 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; 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) Injury sustained skiing or participating in a rodeo; 17) Treatment of sickness or disease in any form; 18) Injury sustained while voluntarily participating in a riot or civil commotion or disturbance of any kind; 19) Injury received while traveling or flying by air, except as a fare-paying passenger on a regularly scheduled commercial airline.

EXCESS PROVISION: All Covered Charges over \$100 will be considered for payment on an Excess basis if Other Valid and Collectible Insurance or Plan covers the Insured person. The Company will pay the first \$100 in Covered Charges, regardless of other insurance.

Underwritten by: **GUARANTEE TRUST LIFE INSURANCE COMPANY**, Home Office, Glenview, Illinois 60025
Administered by: **FIRST AGENCY**, 5071 West H Avenue, Kalamazoo, Michigan 49009-8501 (269) 381-6630

2016-17 SCHOOL YEAR APPLICATION

| ONE-TIME PREMIUM PAYMENT | ANNUAL RATES |
|---|-----------------------------------|
| OPTIONS | |
| 24-HOUR-A-DAY COVERAGE Grades Pre K-12- includes all activities and interscholastic sports, except 9-12 football..... | <input type="checkbox"/> \$290.00 |
| Grades Pre K-12- includes all activities except all interscholastic sports..... | <input type="checkbox"/> \$220.00 |
| SCHOOL-TIME COVERAGE Grades Pre K-12- includes all activities and interscholastic sports, except 9-12 football..... | <input type="checkbox"/> \$105.00 |
| Grades Pre K-12- includes all activities except all interscholastic sports..... | <input type="checkbox"/> \$62.00 |
| OPTIONAL FOOTBALL COVERAGE - 2016 SEASON ONLY Grades 9-12 | <input type="checkbox"/> \$375.00 |
| EXTENDED DENTAL - Grades PreK-12 | <input type="checkbox"/> \$15.00 |
| MAKE CHECK PAYABLE TO: FIRST AGENCY | |
| NO REFUNDS ARE AVAILABLE | |



PLEASE PRINT CLEARLY

STUDENT'S NAME _____
FIRST NAME MIDDLE INITIAL LAST NAME

DATE OF BIRTH _____ **MALE** **FEMALE**
MONTH DAY YEAR

SCHOOL DISTRICT _____ **SCHOOL** _____

GRADE _____ **STUDENT'S ADDRESS** _____

CITY _____ **STATE** _____ **ZIP** _____

TELEPHONE # _____ **DATE OF APPLICATION** _____

PARENT OR GUARDIAN'S EMAIL ADDRESS _____

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

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

Follow directions by choosing STATE and SCHOOL DISTRICT

Visa and MasterCard are accepted