

- 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 charges.
- 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 | SCHOOL TIME | IMPORTANT PROTECTION FACTS |
|---------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ | ✓ | Becomes effective the date premium payment is received by Guarantee Trust Life Insurance Company (GTL) or its representative (but not prior to the opening day of school). Students participating in preschool practice or play for interscholastic sports sanctioned by the High School Athletic Association will be covered as of the date of actual premium payment but only while engaged in actual practice or game sessions. Other aspects of coverage will not start sooner than the first date of regular school session. |
| ✓ | ✓ | Provides coverage during the hours that school is in regular session. |
| ✓ | | Provides 24-Hour-A-Day protection. |
| ✓ | ✓ | 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 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.

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 Plan Administrator within 90 days.

24-HOUR-A-DAY ACCIDENT COVERAGE

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

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 in a Designated Vehicle to attend regular school sessions. 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.

TERMINATION OF POLICY/CERTIFICATE OF COVERAGE: The Policy is issued for the agreed upon term of coverage and is non-renewable. Coverage will terminate at the earlier of: (1) the date the Policy terminates; or (2) the date the Insured ceases to be a member of the Policyholder's sports teams; or (3) the last day of regularly scheduled sports activity; or (4) the date the Insured ceases to be an Eligible Person; or (5) the end of the period for which any applicable premium has been paid. We have the right to terminate the coverage of any Insured who submits a fraudulent claim under the Policy.

This product is available in Iowa, Kansas, Kentucky, Minnesota, Missouri, Nebraska, South Dakota and Wyoming.

2024-2025 STUDENT ACCIDENT 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 CHARGES WHICH BEGIN WITHIN 30 DAYS OF THE ACCIDENT AND ARE INCURRED WITHIN 52 WEEKS OF THE ACCIDENT

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.

COVERAGE AND BENEFITS

BENEFITS ARE PAYABLE UP TO THE DOLLAR AMOUNTS SPECIFIED BELOW

| BENEFITS PER INJURY | | STANDARD PLAN | DELUXE PLAN | BENEFITS PER INJURY | | STANDARD PLAN | DELUXE PLAN |
|--------------------------------|------------------------------------------------------------|----------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------|
| HOSPITAL CHARGES | Room and board and general nursing care, per day | \$225 | \$450 | AMBULANCE CHARGES | Limited to a maximum of | \$100 | \$200 |
| | Intensive Care, per day | \$225 | \$450 | OUTPATIENT IMAGING PROCEDURES & INTERPRETATION | For MRI/CAT Scan, up to a maximum benefit of | \$250 | \$500 |
| MISCELLANEOUS HOSPITAL CHARGES | Limited to a maximum of | \$1,500 | \$3,000 | OUTPATIENT X-RAY SERVICES | Limited to a maximum of | \$250 | \$500 |
| HOSPITAL EMERGENCY CARE | Excluding professional charges Limited to a maximum of | \$200 | \$400 | DENTAL TREATMENT | For Injury to Sound, Natural Teeth (Original Teeth in South Dakota), per tooth | \$200 | \$400 |
| DOCTOR'S CHARGES FOR SURGERY | Limited to a maximum of | \$2,000 | \$4,000 | MOTOR VEHICLE ACCIDENT INJURIES | Limited to a maximum of | \$5,000 | \$5,000 |
| ASSISTANT SURGEON CHARGE | | 100% of Reasonable and Customary | | OTHER BENEFITS Caused by an Injury & occurring within 365 days of the covered Accident. Only one of these benefits, the largest, will be payable in addition to other benefits listed. | ACCIDENTAL DEATH DISMEMBERMENT 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. | \$5,000 \$1,000 \$10,000 | |
| ADMINISTRATION OF ANESTHESIA | | | | | | | |
| DOCTORS' VISITS | First visit | \$25 | \$50 | | | | |
| Non-surgical | Subsequent visits | \$20 | \$40 | | | | |
| Including Physical Therapy | Physical Therapy is limited to | 5 visits | 5 visits | | | | |
| DURABLE MEDICAL EQUIPMENT | Including orthopedic appliances Limited to a maximum of | \$100 | \$200 | | | | |

IN MINNESOTA - Surgical and nonsurgical treatment of temporomandibular joint disorder and craniomandibular disorder, payable the same as that for treatment to any other joint in the body, and shall apply if the treatment is administered or prescribed by a Doctor or dentist.

EXCESS PROVISION (IA, KY, MN, MO, NE, SD & WY): All Covered Charges over \$100 will be considered for payment on an Excess basis if any Other Valid and Collectible Insurance or Plan covers the Insured person. GTL will pay the first \$100 in Covered Charges regardless of other insurance.

EXCESS PROVISION (KS): GTL's liability for benefits payable on account of expense incurred, for any hospitalization, medical surgical, and other services resulting from covered Injury of the Covered Person, shall be limited to that part of the expense, if any, which is in excess of the total benefits payable for the same loss, on a provision of service basis or on an expense incurred basis under any medical or service contract, self-funded plan, automobile medical payment coverage, or any plan under federal, state or local law (except Medicaid).

Blanket Accident insurance is issued under Policy Form Series GP-2030, GP-2020 or GP-1200 by Guarantee Trust Life Insurance Company, Glenview, IL. The policy has exclusions, limitations, reductions of benefits, and conditions of eligibility and termination. Subject to state availability and variability. 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.

Underwritten by: **GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)**, 1275 Milwaukee Avenue, Glenview, Illinois 60025

Administered by: **GALLAGHER SPECIAL RISK**, 5071 West H Avenue, Kalamazoo, Michigan 49009-8501 (269) 381-6630

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 without charge or obligation in MN); 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) Off-Season Physical Conditioning for interscholastic sports. The "official season" for each specific covered sport is the period within the dates determined by the appropriate athletic/activities association for the practice and play of that sport; (7) Hernia, any type, regardless of cause; (8) Injury sustained fighting or brawling, except as an innocent victim; (9) Injury sustained while voluntarily participating in a riot or civil commotion, or insurrection or disturbance of any kind; (10) Injury sustained while committing or attempting to commit a felony; (11) Treatment of sickness or disease in any form; (12) Injury sustained participating in a rodeo; (13) 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); (14) Injury sustained while participating in or practicing for tackle football in grades 9 through 12, including travel, unless optional coverage has been purchased; (15) Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body; (16) 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; (17) Charges for treatments, services or supplies which exceed reasonable and customary charges.

FOR RESIDENTS OF KANSAS THESE ADDITIONAL EXCLUSIONS APPLY: (18) Services for injuries or diseases related to Your job to the extent You are covered or are required to be covered by the Workers' Compensation law. If You enter into a settlement giving up Your right to recover future medical benefits under a Workers' Compensation law, the Policy will not pay those medical benefits that would have been payable in absence of that settlement; (19) Suicide or attempted suicide; (20) Any penalty imposed by another insurance or plan for failure to follow such plan's procedures; (21) Re-injury or complications of an Injury which occurred prior to the Policy's Effective Date; (22) Treatment of temporomandibular joint dysfunction and associated myofascial pain; (23) 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; (24) 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; (25) Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay; (26) Losses directly or indirectly arising out of any chemical or biological release and/or contamination which results from Terrorist Activity; (27) Any loss as the result of Terrorist Activity and/or non-detonating weapons of mass destruction and (28) Any loss directly or indirectly arising out of any nuclear explosion, detonation, release and/or contamination whether in time of peace or war, and regardless of any other causes or events contributing concurrently or in any other sequence thereto.

FOR RESIDENTS OF KENTUCKY THESE ADDITIONAL EXCLUSIONS APPLY: (18) Injury covered by Workers' Compensation or the Occupational Disease Law; (19) Suicide or attempted suicide; (20) Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures; (21) Re-injury or complications of an Injury which occurred prior to the Policy's Effective Date; (22) Treatment of temporomandibular joint dysfunction and associated myofascial pain; (23) 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; (24) 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; (25) Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay; (26) Losses directly arising out of any chemical or biological release and/or contamination which results from Terrorist Activity; (27) Any loss as the direct result of Terrorist Activity and/or non-detonating weapons of mass destruction and (28) Any loss directly arising out of any nuclear explosion, detonation, release and/or contamination whether in time of peace or war, and regardless of any other causes or events contributing concurrently or in any other sequence thereto.

FOR RESIDENTS OF MISSOURI THESE ADDITIONAL EXCLUSIONS APPLY: (18) Injury covered by Workers' Compensation or the Occupational Disease Law; (19) Suicide or attempted suicide while sane; (20) Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures; (21) Re-injury or complications of an Injury which occurred prior to the Policy's Effective Date; (22) Treatment of temporomandibular joint dysfunction and associated myofascial pain; (23) 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; (24) 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; (25) Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay; (26) Losses directly or indirectly arising out of any chemical or biological release and/or contamination which results from Terrorist Activity; (27) Any loss as the result of Terrorist Activity and/or non-detonating weapons of mass destruction and (28) Any loss directly or indirectly arising out of any nuclear explosion, detonation, release and/or contamination whether in time of peace or war, and regardless of any other causes or events contributing concurrently or in any other sequence thereto.

FOR RESIDENTS OF MINNESOTA THESE ADDITIONAL EXCLUSIONS APPLY: (18) Injury covered by Workers' Compensation or the Occupational Disease Law; (19) Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures; (20) Re-injury or complications of an Injury which occurred prior to the Policy's Effective Date; (21) Loss resulting from driving or operating a motor vehicle while having a blood alcohol level exceeding the legal limit; (22) 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; (23) Treatment in any Veteran's Administration or federal Hospital, except if there is an obligation to pay; (24) Losses directly or indirectly arising out of any chemical or biological release and/or contamination which results from Terrorist Activity; (25) Any loss as the result of Terrorist Activity and/or non-detonating weapons of mass destruction and (26) Any loss directly or indirectly arising out of any nuclear explosion, detonation, release and/or contamination whether in time of peace or war, and regardless of any other causes or events contributing concurrently or in any other sequence thereto.

FOR RESIDENTS OF SOUTH DAKOTA THESE ADDITIONAL EXCLUSIONS APPLY: (18) Injury paid by Workers' Compensation or the Occupational Disease Law; (19) Suicide or attempted suicide; (20) Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures; (21) Treatment of temporomandibular joint dysfunction and associated myofascial pain; (22) Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay; (23) Losses directly or indirectly arising out of any chemical or biological release and/or contamination which results from Terrorist Activity; (24) Any loss as the result of Terrorist Activity and/or non-detonating weapons of mass destruction and (25) Any loss directly or indirectly arising out of any nuclear explosion, detonation, release and/or contamination whether in time of peace or war, and regardless of any other causes or events contributing concurrently or in any other sequence thereto.

FOR RESIDENTS OF IOWA, NEBRASKA AND WYOMING THESE ADDITIONAL EXCLUSIONS APPLY: (18) Injury covered by Workers' Compensation or the Occupational Disease Law; (19) Suicide or attempted suicide; (20) Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures; (21) Re-injury or complications of an Injury which occurred prior to the Policy's Effective Date; (22) Treatment of temporomandibular joint dysfunction and associated myofascial pain; (23) 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; (24) 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; (25) Treatment in any Veteran's Administration or Federal Hospital, except if there is a legal obligation to pay; (26) Losses directly or indirectly arising out of any chemical or biological release and/or contamination which results from Terrorist Activity; (27) Any loss as the result of Terrorist Activity and/or non-detonating weapons of mass destruction and (28) Any loss directly or indirectly arising out of any nuclear explosion, detonation, release and/or contamination whether in time of peace or war, and regardless of any other causes or events contributing concurrently or in any other sequence thereto.

2025-2026 PREMIUM RATES AND ENROLLMENT INSTRUCTIONS

| ONE-TIME PREMIUM PAYMENT | | |
|-------------------------------------------------------------------------------------------|---------------|----------------|
| OPTIONS | STANDARD PLAN | DELUXE PLAN |
| 24-Hour-A-Day Coverage Grades Pre K-12 | \$180 | \$365 |
| School-Time Coverage Grades Pre K-8 Grades 9-12 | \$50 \$75 | \$100 \$150 |
| Optional Football Only Coverage (2025 Season only) Grades 9-12 Per Player | \$250 | \$500 |
| NO REFUNDS ARE AVAILABLE | | |

To purchase coverage please visit us online at:
www.1stagency.com/voluntaryaccidentcoverage
 Follow directions by choosing STATE and SCHOOL DISTRICT.
 Visa and MasterCard credit cards are accepted.