

## 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 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. 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 Workers Compensation or the Occupational Disease Law; 5. heat exhaustion and heat stroke; 6. treatment of Osgood-Schlatter's disease; appendicitis; osteomyelitis; pathological fractures; congenital weakness; TMJ; fainting; headaches; boils; detached retina unless directly caused by Injury; Mental or Nervous Disorders whether or not caused by Injury; 7. Injury caused by or contributed to by aggravation or re-injury of a Pre-existing Condition; 8. Injury sustained fighting, except as an innocent victim; 9. charges incurred for the use of orthotics, unless used exclusively to promote healing; 10. Off Season Physical Conditioning for intercollegiate 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; 11. heart and/or circulatory malfunction resulting from participation in a Covered Activity; 12. Repetitive Motion Injuries, strains, hernia, tendinitis, bursitis, spondylolysis, osteochondritis dissecans not related to a specific Injury; 13. any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures; 14. no benefits are payable for the treatment of Motor Vehicle Injuries; 15. 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; 16. charges for treatments, services or supplies which exceed reasonable and customary charges; 17. losses directly or indirectly arising out of losses of any chemical or biological release and/or contamination which results from Terrorist Activity; 18. any loss as the result of Terrorist Activity and/or non-detonating weapons of mass destruction; 19. 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.

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.

# STUDENT ACCIDENT INSURANCE

2026-2027

Designed especially for the students of



Scottville, Michigan

Policy Number: 214-120-286-K

*Underwritten by:*



**Guarantee Trust Life Insurance Company (GTL)**

1275 Milwaukee Ave., Glenview, IL 60025

[www.gtlic.com](http://www.gtlic.com)

*Administered by:*



**Gallagher Special Risk**

5071 West H Avenue, Suite A

Kalamazoo, MI 49009-8501

Phone: (269) 381-6630

[www.1stAgency.com](http://www.1stAgency.com)

GB-WSCC-26-27

## **TO WEST SHORE COMMUNITY COLLEGE STUDENTS AND THEIR PARENTS:**

West Shore Community College is pleased to announce that we are providing Student Accident Insurance for all students who have paid a student services fee. It has been our experience that most students have limited or no financial reserve to pay expenses resulting from emergency injuries. This program has been designed to help meet these unexpected costs.

West Shore Community College does not assume any liability for medical expenses incurred as a result of any Injury sustained by any student. However, West Shore Community College has a desire to make certain parents and students not suffer a great financial loss due to such an Injury; therefore, we have purchased this Student Accident Insurance program.

### **DESCRIPTION OF COVERAGE**

This Student Accident Insurance helps provide protection for students while on campus or while participating in a school sponsored Covered Activity.

### **ELIGIBILITY**

All registered students who have paid a student services fee are automatically covered under this insurance plan. Guarantee Trust Life Insurance Company (GTL) maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If GTL discovers that the Policy eligibility requirements have not been met, their only obligation is refund of premium for that person.

### **PERIOD OF COVERAGE**

Coverage is effective August 1, 2026 and terminates on August 1, 2027. Coverage is only valid while on campus or while participating in a school sponsored Covered Activity.

### **DESCRIPTION OF BENEFITS**

When medical treatment is required due to an Accident, the Policy will provide benefits as stated under Covered Charges. Medical treatment must be incurred within a 52 week period following the date of Injury and treatment for an Injury must be within 30 days of the Accident.

### **EXCESS PROVISION**

All Covered Charges will be considered for payment on an Excess basis if Other Valid and Collective Insurance covers the Insured person.

## **COVERED CHARGES**

Treatment services or supplies, up to a Maximum Benefit Amount of \$25,000 per Injury for: 1. Hospital room and board and general nursing care, up to the semi-private room rate; 2. Intensive Care; 3. Miscellaneous Hospital charges; 4. Doctor's charges for surgery; 5. Administration of anesthesia; 6. Assistant surgeon charge; 7. Doctors' visits; 8. Hospital Emergency care, excluding professional charges; 9. Outpatient services; 10. X-ray and laboratory services; 11. Ambulance charges; 12. Urgent Care Center charges; 13. Durable Medical Equipment, including orthopedic appliances; 14. Replacement expense for broken eyeglasses, lenses, contact lenses, hearing aids resulting from an Injury requiring medical treatment; 15. Ambulatory Surgical Facility; 16. Dental treatment; 17. Outpatient Physical Therapy rendered by a Hospital or Doctor.

### **ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT**

For any of the following losses occurring within 365 days of the date of covered Accident, GTL will pay up to the amount shown:

- Loss of Life - \$1,000
- Loss of Hand, Hands, Foot or Feet, Entire Sight of Both Eyes, Hearing both Ears or Loss of Speech - \$5,000
- Loss of Thumb and Index Finger on the same Hand - \$1,000
- Loss of Hearing One Ear or Entire Sight of One Eye - \$1,000

### **DEFINITIONS**

Accident: A sudden, unforeseeable, external event which results in an Injury.

Covered Charge: The Reasonable and Customary charge for a service or supply listed in the Policy which is performed or given under the direction of a Doctor for the Medically Necessary treatment of an Injury. A Covered Charge is considered incurred on the date the treatment or service is rendered or the supply is furnished.

Injury: Bodily injury due to an Accident which results directly and independently of disease, bodily infirmity or any other causes; and solely, directly and independently of all other causes results in medical expense; and 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.

### **CLAIM PROCEDURES**

In the event of an Injury the student should report to the Business Office for claim filing information. (Written notice of claim must be submitted within 60 days after covered loss and written proof of loss (itemized medical bills) must be submitted within 90 days after covered loss, or as soon as reasonably possible).