

# 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 will 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.
- The enrollment period will remain open all year for all students. No reduction in premium will be given to late enrollees.

## **24-Hour-A-Day Coverage (INCLUDING SUMMER VACATION)**

Protects your child for the entire school year and extends throughout the summer - right up to the day school re-opens. Your child's coverage is good **WORLDWIDE**, 24-HOURS-A-DAY. This includes covered accidents:

- At home
- At school
- While engaged in sports, except those specifically excluded or for which optional coverage is required\*
- At play
- On vacation
- Scouting, camping, etc.
- During covered travel

**\*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 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.

24-HR-A-DAY	SCHOOL TIME	IMPORTANT PROTECTION FACTS
✓	✓	<b>PROVIDES COVERAGE FOR ALL INTERSCHOLASTIC SPORTS EXCEPT GRADES 10-12 FOOTBALL.</b> All interscholastic sports are covered effective immediately upon payment of premium even though official practice begins before the start of the regular school term.
✓	✓	<b>BECOMES EFFECTIVE THE DATE PREMIUM PAYMENT IS RECEIVED BY THE COMPANY OR ITS REPRESENTATIVE (BUT NOT PRIOR TO THE OPENING DAY OF SCHOOL).</b> For students who purchased coverage the previous school year, the effective date will be retroactive to the first day of school provided the new premium is paid within 7 days of the opening day of the school term.
✓	✓	<b>PROVIDES COVERAGE DURING THE HOURS THAT SCHOOL IS IN REGULAR SESSION.</b>
✓		<b>PROVIDES 24-HOUR-A-DAY PROTECTION.</b>
✓	✓	<b>PROVIDES COVERAGE DURING THE TIME NECESSARY FOR TRAVEL BETWEEN THE INSURED'S HOME AND THE BEGINNING OR END OF REGULAR SCHOOL SESSIONS.</b>
✓	✓	<b>PROVIDES COVERAGE WHILE PARTICIPATING IN (OR ATTENDING) ACTIVITIES ORGANIZED, SPONSORED AND SUPERVISED BY THE SCHOOL.</b> Coverage is also provided for travel directly to and from such activities in a vehicle furnished by the school.
	✓	<b>COVERAGE EXPIRES AT THE CLOSE OF THE REGULAR SCHOOL TERM.</b> (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).
✓		<b>COVERAGE CONTINUES WITHOUT INTERRUPTION ALL SUMMER</b> 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. FOOTBALL PREMIUM COVERS FOOTBALL ONLY**

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**TO FILE A CLAIM:** Report accidents to the school. 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 GUARANTEE TRUST LIFE INSURANCE COMPANY WITHIN 90 DAYS.**



**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 30 DAYS OF THE ACCIDENT AND IS INCURRED WITHIN 52 WEEKS OF THE ACCIDENT



BENEFITS ARE PAYABLE UP TO THE DOLLAR AMOUNTS SHOWN

COVERAGE and BENEFITS			
BENEFITS PER INJURY		LOW OPTION	HIGH OPTION
<b>HOSPITAL ROOM &amp; BOARD EXPENSE</b>	Per day	\$150.00	\$300.00
<b>HOSPITAL MISCELLANEOUS EXPENSE</b>	Includes expense incurred while Hospital Confined or for outpatient surgery	\$1,000.00	\$2,000.00
<b>HOSPITAL EMERGENCY CARE</b>		\$150.00	\$300.00
<b>DOCTOR'S FEES FOR SURGERY</b> (Includes suturing, cutting and reduction of fractures)	Per Unit Unit Value determined by the Surgical Schedule	\$80.00	\$160.00
<b>ANESTHESIA SERVICES</b>	Percent of Surgical fee	25%	25%
<b>DOCTOR'S VISITS</b> Non-surgical	Per visit	\$25.00	\$50.00
	Physical Therapy, per visit Maximum number of visits per Injury	\$25.00 3 visits	\$50.00 3 visits
<b>OUTPATIENT IMAGING PROCEDURES</b>	Including X-rays and Interpretation	\$100.00	\$200.00
	Imaging Procedures other than X-rays	\$125.00	\$250.00
<b>AMBULANCE EXPENSE</b>		\$100.00	\$200.00

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.

EFFECTS OF OTHER COVERAGE: No deductible applies to the Policy. The Policy will provide benefits regardless of Other Valid and Collectible Insurance for the first \$250 of eligible charges per Injury. Thereafter, benefits will be paid on an excess basis if the student has other coverages or plans that would provide benefits for the same Injury.

**PROTECT YOUR CHILD, PROTECT YOURSELF.**  
Here are your 2016-2017 Student Insurance Plans:

**COVERAGE and BENEFITS (continued)**

BENEFITS PER INJURY		LOW OPTION	HIGH OPTION
<b>DENTAL EXPENSE</b> These benefits are available ONLY for accidental bodily Injury	Treatment for Injury to Sound, Natural Teeth, <b>PER TOOTH</b> Up to a maximum of	\$200.00 \$600.00	\$400.00 \$1,200.00
	Future dental treatment payable only if the preceding per tooth maximum has not been used within the Benefit Period, and then only upon approval of a Certificate of Future Dental Care which must be filed within the Benefit Period, up to a maximum benefit of	\$100.00	\$200.00
<b>OTHER BENEFITS</b> Only one of these benefits, the largest, will be payable in addition to the benefits shown	If Injury causes <b>DEATH</b> or <b>DISMEMBERMENT</b> within 365 days of the Accident, the plan pays as follows:  Loss of Life Loss of One Hand or One Foot Loss of the Entire Sight of Both Eyes Loss of Both Hands or Feet	\$2,000.00 \$1,000.00 \$1,000.00 \$10,000.00	

**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 School or any Family Member, unless otherwise specified; 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 Workers' Compensation or the Occupational Disease Law.
4. 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).
5. Suicide or attempted suicide while sane or insane.
6. Injury received while traveling or flying by air, except as a fare paying passenger on a regularly scheduled commercial airline.
7. Dental treatment, except as specifically stated.
8. Injury sustained fighting or brawling, except in self-defense.
9. Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay.
10. Re-injury or complications of an Injury which occurred prior to the Policy's Effective Date.
11. Injury caused by or contributed to by aggravation of a Pre-existing Condition.
12. Hernia of any type.
13. Treatment of sickness or disease in any form, blisters, insect bites, frostbite, heat exhaustion or sunstroke.
14. Treatment of vegetation or ptomaine poisoning or bacterial infections, except pyogenic infections due to accidental open cuts.
15. Services of an assistant surgeon or Doctor when surgery is performed.
16. Eyeglasses, contact lenses, routine eye exams or prescriptions therefor.
17. Injury contributed to by the use of alcohol or drugs not prescribed by a Doctor.
18. Cosmetic surgery, except for reconstructive surgery on an injured part of the body.

**THIS IS AN ILLUSTRATION. PLEASE KEEP FOR YOUR RECORDS. THE POLICY IS ON FILE WITH YOUR SCHOOL**

Blanket Accident insurance is issued on Form Series GP-1200 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.

Administered by: **N. CAROL INSURANCE AGENCY**, 1989 W. Fifth Ave. #6, Columbus, OH 43212, (614) 486-1666  
Underwritten and claims paid by: **GUARANTEE TRUST LIFE INSURANCE COMPANY**,  
1275 Milwaukee Ave., Glenview, IL 60025 - For Claim Service Please Call: **GUARANTEE TRUST** at (800) 622-1993

**2016-17 SCHOOL YEAR APPLICATION**

ONE TIME ANNUAL PAYMENT		
OPTIONS	LOW OPTION	HIGH OPTION
<b>24-Hour-A-Day Plan</b> Students Grades K-6 Students Grades 7-12 Faculty & Admin.	<input type="checkbox"/> \$83.00 <input type="checkbox"/> \$96.00 <input type="checkbox"/> \$96.00	<input type="checkbox"/> \$166.00 <input type="checkbox"/> \$192.00 <input type="checkbox"/> \$192.00
<b>School-Time Plan</b> Students Grades K-6 Students Grades 7-12 Faculty & Admin.	<input type="checkbox"/> \$24.00 <input type="checkbox"/> \$39.00 <input type="checkbox"/> \$39.00	<input type="checkbox"/> \$48.00 <input type="checkbox"/> \$78.00 <input type="checkbox"/> \$78.00
<b>OPTIONAL FOOTBALL COVERAGE</b> (Grades 10-12, including grade 9 if playing with 10-12) 2016 Season Only PER PLAYER	<input type="checkbox"/> \$136.00	<input type="checkbox"/> \$272.00
<b>TOTAL \$</b> _____ (Please do not send cash) NO REFUNDS ARE AVAILABLE		



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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** \_\_\_\_\_

**MAKE CHECK PAYABLE TO YOUR LOCAL AGENCY**

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**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:



**N. CAROL INSURANCE AGENCY, INC.**  
**1989 W. FIFTH AVE. Ste. #6**  
**COLUMBUS, OHIO 43212-1912**



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