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 expense.

This is a primary plan. Covered Expense will be eligible for payment regardless of other insurance.

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.

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.

### IMPORTANT PROTECTION FACTS

<table>
<thead>
<tr>
<th>24-HOUR</th>
<th>SCHOOL TIME</th>
<th>IMPORTANT PROTECTION FACTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>✓</td>
<td>Becomes effective the date premium payment is received by Guarantee Trust Life Insurance Company (GTL), its representative or school officials (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.</td>
</tr>
<tr>
<td>✓</td>
<td>✓</td>
<td>Provides coverage during the hours that school is in regular session.</td>
</tr>
<tr>
<td>✓</td>
<td></td>
<td>Provides 24-Hour-A-Day protection.</td>
</tr>
<tr>
<td>✓</td>
<td>✓</td>
<td>Provides coverage during the time necessary for travel between the insured's home and the beginning or end of regular school sessions.</td>
</tr>
<tr>
<td>✓</td>
<td>✓</td>
<td>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.</td>
</tr>
<tr>
<td>✓</td>
<td></td>
<td>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).</td>
</tr>
<tr>
<td>✓</td>
<td></td>
<td>Coverage continues without interruption all summer until school re-opens for the following term.</td>
</tr>
</tbody>
</table>

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. Football premium covers football only.

### 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 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.

Group Blanket Accident insurance products are issued on Form Series GP-2020 or GP-1200 by Guarantee Trust Life Insurance Company, Glenview, IL. These products and their features are subject to state availability and may vary by state. Certain exclusions and limitations may apply. The exact provisions governing the insurance are contained in the Policy issued to the Policyholder and certain provisions may be administered to conform to state requirements. 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.
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; 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) Injury covered by Worker's Compensation or the Occupational Disease Law. 7) Injury sustained while participating in or practicing for senior high interscholastic tackle football, including grade 9 if playing with grade 10 or above, including travel, unless optional coverage has been purchased. 8) 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). 9) Injury sustained flying in an ultra light, hang gliding, parachuting or bungee-cord jumping. 10) Suicide or attempted suicide. 11) Dental treatment, except as specifically stated. 12) Injury sustained fighting or brawling. 13) Eyeglasses, contact lenses, routine eye exams or prescriptions therefore. 14) Hernia, any type. 15) Injury sustained during on-the-job training. 16) Loss resulting from a pathological fracture or fracture through the site of a bone cyst. 17) Treatment of sickness or disease in any form, blisters, insect bites, frostbite, heat exhaustion or sunstroke. 18) 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. 19) 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. 20) Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body. 21) Injury caused by or contributed to by aggravation of a Pre-existing Condition. 22) 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.

Administrated by: PARKER WALLER INSURANCE, 401 Cedar Street, P.O. Box 249, Greenville, AL 36037 • (334) 382-1234 • Toll-Free 1-877-272-4532

Underwritten and claims paid by: GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL), 1275 Milwaukee Ave., Glenview, IL 60025 • (800) 622-1993

K-12-AL-19-20-PDF
Please remember to:

Complete the enrollment 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 and return the payment and application to school.

Please note: Your canceled check is your receipt. If canceled check is not received within 60 days, please contact your plan administrator.