

- Accidents happen! When they happen to your child, someone must pay the bills.
- Here are Accident only 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.

24-Hour-A-Day Accident 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 Accident 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.

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-HR-A-DAY	SCHOOL TIME	IMPORTANT PROTECTION FACTS
✓	✓	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.
✓	✓	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.

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.

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. The exact provisions governing the insurance are contained in the Policy issued to the School and certain provisions may be administered to conform to state requirements. For complete details of coverage or questions regarding the cost, please contact the agent administering this program for you.

Administered 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**
1275 Milwaukee Ave., Glenview, IL 60025 • (800) 622-1993

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 date of the Accident.

Benefits are payable up to the dollar amounts shown

COVERAGE and BENEFITS			
BENEFITS PER INJURY		LOW OPTION	HIGH OPTION
Hospital Room and Board and General Nursing Care	First day	\$125	\$250
	Thereafter, Per Day (Hospital Confinement must begin within 120 days of the Accident)	\$100	\$200
Hospital Miscellaneous Expense	Inpatient and Outpatient	\$600	\$1,200
Hospital Emergency Care		\$100	\$200
Doctor's Fees For Surgery (Includes suturing, cutting and reduction of fractures)	Per Unit	\$55	\$110
	Unit Value determined by the Surgical Schedule		
Anesthesia Services	Percent of Surgical Schedule Allowance	25%	25%
Assistant Surgeon Expense			
Doctor's Visits Non-surgical, excluding Physical Therapy	First visit	\$30	\$60
	Subsequent visits Limited to one visit per day	\$15	\$30
Physical Therapy	Rendered by a Hospital	\$35	\$70
	Rendered by a Doctor		
	First Visit	\$30	\$60
	Subsequent visits	\$15	\$30
Outpatient Imaging Procedures Including X-Rays & interpretation	Maximum number of visits	3	3
	Fracture or dislocation	\$100	\$200
	No fracture or dislocation	\$50	\$100
	MRI/CAT scan	\$120	\$240

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.

PROTECT YOUR CHILD, PROTECT YOURSELF. Here are your 2017-18 Student Insurance Plans:

COVERAGE and BENEFITS (continued)

BENEFITS PER INJURY		LOW OPTION	HIGH OPTION
Ambulance Expense		\$75	\$150
Orthopedic Appliances	Including artificial limbs, crutches, wheelchairs, shoes or inserts	\$100	\$200
Dental Treatment	Treatment for Injury to Sound, Natural Teeth, Per Tooth	\$150	\$300
Accidental Death and Dismemberment Only one of these benefits, the largest, will be payable in addition to the benefits shown	Caused by an Injury and occurring within 365 days of the covered Accident		
	Accidental Death		\$1,500
	Dismemberment: Single (Loss of one hand, one foot, entire sight of one eye or hearing one ear)		\$1,000
	Double (Loss of both hands, feet, entire sight of both eyes, hearing both ears or loss of speech)		\$7,500

EXTENDED DENTAL EXPENSE - Up to a maximum benefit of \$2,500.00 for:

Examination, diagnoses and x-ray; restorative treatment; endodontics; and oral surgery (not to include periodontics or orthodontics); up to \$250.00 for dental prostheses toward the cost of a bridge, partial denture or denture, or for replacement in kind of previous dental repairs. If during the Benefit Period, the Insured's dentist certifies that treatment must be deferred, GTL will pay up to a maximum of \$100.00 in lieu of all other dental benefits. (Can only be purchased in conjunction with School-Time, 24-Hour-A-Day or Optional Football Accident Plans).

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.

2017-18 SCHOOL YEAR ENROLLMENT FORM

ONE TIME ANNUAL PAYMENT		
OPTIONS	LOW OPTION	HIGH OPTION
24-HOUR-A-DAY PLAN STUDENTS GRADES K-6 STUDENTS GRADES 7-12	<input type="checkbox"/> \$58	<input type="checkbox"/> \$127
	<input type="checkbox"/> \$80	<input type="checkbox"/> \$164
SCHOOL-TIME PLAN STUDENTS GRADES K-6 STUDENTS GRADES 7-12	<input type="checkbox"/> \$15	<input type="checkbox"/> \$37
	<input type="checkbox"/> \$21	<input type="checkbox"/> \$50
OPTIONAL FOOTBALL COVERAGE 2017-18 SCHOOL YEAR REGULAR SEASON (INCLUDES CURRENT SCHOOL YEAR SPRING PRACTICE) SPRING PRACTICE - 2018 SUMMER PRACTICE - 2018	INCLUDING GRADE 9 IF PLAYING OR PRACTICING WITH GRADE 10 OR ABOVE	
	<input type="checkbox"/> \$138	<input type="checkbox"/> \$276
	<input type="checkbox"/> \$39	<input type="checkbox"/> \$80
	<input type="checkbox"/> \$55	<input type="checkbox"/> \$110
EXTENDED DENTAL OPTION Grades K-12 <input type="checkbox"/> \$8.50		
TOTAL \$ _____ (PLEASE DO NOT SEND CASH)		
MAKE CHECK PAYABLE TO: PARKER WALLER INSURANCE		
NO REFUNDS ARE AVAILABLE		

PLEASE PRINT CLEARLY | GUARANTEE TRUST LIFE INSURANCE COMPANY, GLENVIEW, IL

STUDENT'S NAME _____ <small>FIRST NAME MIDDLE INITIAL LAST NAME</small>		
DATE OF BIRTH _____ <small>MONTH DAY YEAR</small>	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
SCHOOL DISTRICT _____ SCHOOL _____		
GRADE _____ STUDENT'S ADDRESS _____		
CITY _____ STATE _____ ZIP _____		
TELEPHONE # _____		DATE OF APPLICATION _____
PARENT OR GUARDIAN'S EMAIL ADDRESS _____		
NAME OF PARENT OR GUARDIAN (PLEASE PRINT) _____		
SIGNATURE OF PARENT OR GUARDIAN _____		

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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 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.