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.

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Benefits are payable up to the dollar amounts shown

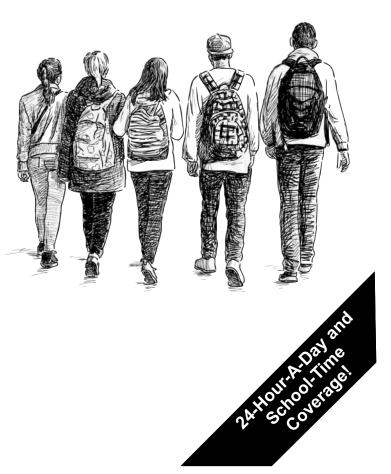
COVERAGE and BENEFITS							
BENEFI	Low Option	High Option					
Hospital Room and Board and General Nursing Care	First day Thereafter, Per Day (Hospital Confinement must begin within 120 days of the Accident)	\$125 \$100	\$250 \$200				
Hospital Miscellaneous Expense	Inpatient and Outpatient	\$600	\$1,200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

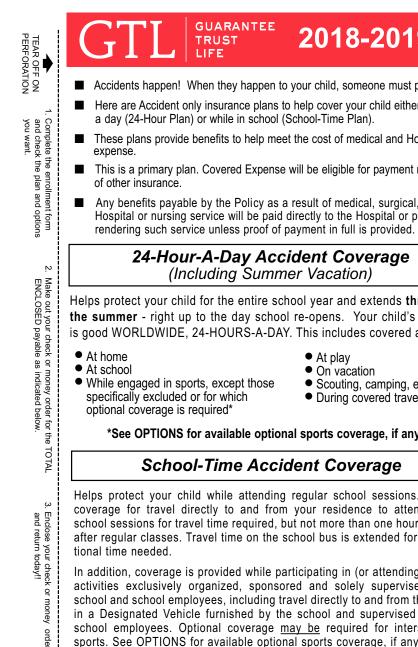
	COVERAGE and BENEFITS (continued)						
	BE	NEFITS PER INJURY	Low Option	High Option			
	Ambulance Expense		\$75	\$150			
(0)	Orthopedic Appliances	Including artificial limbs, crutches, wheelchairs, shoes or inserts	\$100 \$200				
lans	Dental Treatment	Treatment for Injury to Sound, Natural Teeth, <b>Per Tooth</b>	\$150	\$300			
nsurance PI	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 Dismemberment: Single (Loss of one hand, one foot, entire sight of one eye or hearing one ear) Double (Loss of both hands, feet, entire sight of both eyes, hearing both ears or loss of speech)	\$1,500 \$1,000 \$7,500				
Here are your 2018-19 Student Insurance Plans							

## **HELP PROTECT YOUR CHILD HELP PROTECT YOURSELF**

- Student Accident Only And Sports Insurance Plans
- Covered Expense Will Be Eligible For Payment Regardless Of Other Insurance



ONE TIME ANNUAL PAYMENT	YMENT	I LEASE FRINT VLEARLE OUARANTEE TRUST LIFE INSURANCE COMPANY, DEENVIEW, IL
	OPTION OPTION	STUDENT'S
24-HOUR-A-DAY PLAN		FIRST NAME MIDDLE INITIAL LAST NAME
STUDENTS GRADES 7-12	80 🗆 \$164	
SCHOOL-TIME PLAN		
STUDENTS GRADES K-6 315	15 🗆\$37	SCHOOL DISTRICT SCHOOL
STUDENTS GRADES 7-12	21 🗆\$50	
	INCLUDING GRADE 9 IF	GRADE STUDENT'S ADDRESS
HOOL YEAR	WITH GRADE 10 OR ABOVE	CITY STATE ZIP
REGULAR SEASON		
TEAR SPRING PRACTICE)		TELEPHONE # DATE OF ENROLIMENT
SPRING PRACTICE - $2019$ $\square$ \$39	39 🗆 \$80	
SUMMER PRACTICE - 2019 355	55 🗆 \$110	PARENT OR GHARDIAN'S EMAIL ADDRESS
EXTENDED DENTAL OPTION Grades K-12	es K-12 🗖 \$8.50	
TOTAL \$(PLEASE D	(PLEASE DO NOT SEND CASH)	NAME OF PARENT OR GUARDIAN (PLEASE PRINT)
MAKE CHECK PAYABLE TO: PARKER WALLER INSURANCE	E TO: RANCE	
NO REFUNDS ARE AVAILABLE	LABLE	Signature of Parent or Guardian
		GA-15-KEF



**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.

K-12-AL-18-19

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## 2018-2019 STUDENT ACCIDENT INSURANCE PLANS

ist pay the bills. ither 24 hours	24-HR- A-DAY	SCHOOL TIME	IMPORTANT PROTECTION FACTS		
l Hospital	~	1	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).		
ent regardless ical, dental,			Students participating in preschool practice or play for interscholas- tic 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		
or person ed.			coverage will not start sooner than the first date of regular school session.		
e	1	1	Provides coverage during the hours that school is in regular session.		
•	1		Provides 24-hour-a-day protection.		
throughout d's coverage ed accidents:	<i>✓</i>	1	Provides coverage during the time necessary for travel between the insured's home and the beginning or end of regular school sessions.		
g, etc.	1	1	Provides coverage while participating in (or attending) activi- ties 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.		
avel any.		5	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 cov- erage will be provided for travel to and from classes).		
	1		Coverage continues without interruption all summer until school re-opens for the following term.		
ons. Includes ttend regular our before or for any addi-	To file a claim: Report accidents to the school. Forms will be furnished through the prin- cipal'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.				
ding) covered vised by the m the activity sed solely by nterscholastic 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.				
emium receipt	Administered by: PARKER WALLER INSURANCE				

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