

## STUDENT ACCIDENT INSURANCE COVERAGE

All students in grades K-12 are offered the opportunity to enroll in an accident insurance plan. Please refer to the attached 2016/2017 Student Accident Insurance Program brochure for information on the plans available.

These plans will provide benefits for medical expenses incurred because of an accident. If you have other insurance, benefits can be applied to your deductible or co-pays. If you have no other insurance this will become your primary accident plan.

PURCHASE COVERAGE ONLINE (with Visa or Mastercard) at [www.1stAgency.com](http://www.1stAgency.com) and then follow directions at "Find Your School."

PRINT BROCHURE PDF FROM SCHOOL DISTRICT PAGE at [www.1stAgency.com](http://www.1stAgency.com) and pay with check or money order.

All questions regarding coverage should be directed to First Agency, Inc. @ (269) 381-6630, or toll-free @ (800) 243-6298.

If you have adequate insurance to protect your son/daughter in case of an accident, please check the box on the Parent/Student Signature form included in the packet sent home and no further action is necessary.

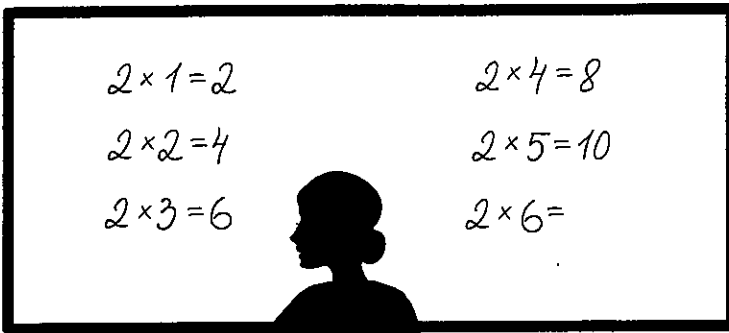
Thank you.

---

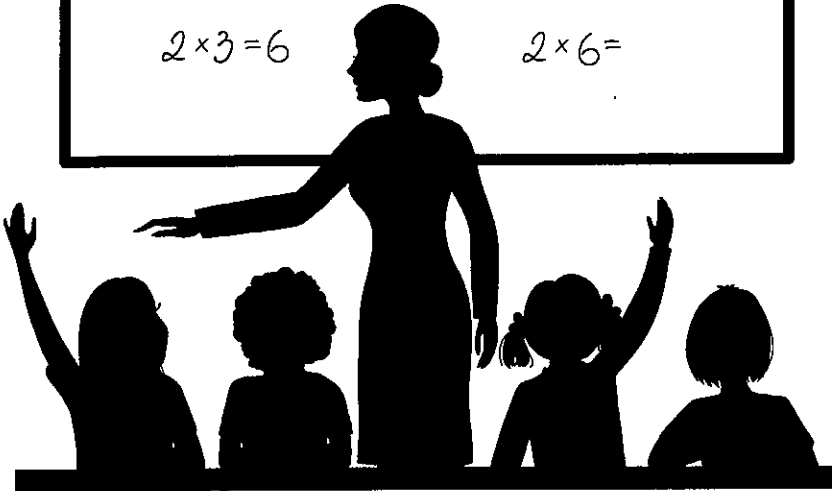
# MULTI-BENEFIT PROTECTION

---

Administered by:



5071 West H Avenue  
Kalamazoo, MI 49009-8501  
Phone: (269) 381-6630  
Fax: (269) 492-0084  
[www.1stAgency.com](http://www.1stAgency.com)



## YOUR 2016/2017 STUDENT ACCIDENT INSURANCE PROGRAM

---

---

### Excellent Accident Insurance Protection Providing:

- FOR THE STUDENT . . . sound, guaranteed coverage with a selection of plans and benefit options
- FOR THE PARENTS . . . additional financial security in times of rising medical costs
- FOR YOU . . . the fulfillment of an administrative service and responsibility

Underwritten by:

**GTL** | GUARANTEE  
TRUST  
LIFE



## ACCIDENT MEDICAL PLANS for all students and athletes

---



**SCHOOL-TIME STUDENT ACCIDENT COVERAGE:** Protects your students the entire school year, during regular school sessions, as well as participating in other school-sponsored activities requiring the attendance of the student. Protects your students while traveling directly to or from the student's Residence and school to attend or participate in school activities. The expiration date of coverage shall be the close of the regular nine month school term, except while the Insured is attending academic classroom sessions exclusively sponsored and solely supervised by the school during the summer.

**24-HOUR-A-DAY ACCIDENT COVERAGE:** Protects your students 24-hours-a-day, year-round and continues until the end of the Policy Year. The student is protected AT HOME, AT SCHOOL, AT CAMP, ON VACATION. . . ANYWHERE ACCIDENTS CAN HAPPEN.

**SPORTS ACCIDENT COVERAGE:** Interscholastic sports (including practice) are covered by the School-Time and 24-Hour-A-Day Accident Coverage. Travel is also covered when going directly and uninterruptedly to and from practice or competition when traveling as a group in a Designated Vehicle. High school tackle football for grades 9 through 12 is only covered by the optional Football Only Accident Coverage, which requires an additional premium.

**FOOTBALL ONLY ACCIDENT COVERAGE:** Players in Grades 9 through 12 are covered for accidents occurring while participating in high school interscholastic tackle football practice or competition. Travel is also covered when going directly and uninterruptedly to and from such practice or competition when traveling as a group in a Designated Vehicle.

**EFFECTIVE COVERAGE DATES:** Coverage will be effective on the date of premium receipt by the Company, its representatives or school officials, or the official first day of school, whichever is later.

For interscholastic sports, coverage can pre-date the official first day of school for students who are participating in pre-school practice sessions, competition or covered travel. In such cases coverage will be effective as of the date of premium receipt but only while participating in actual practice sessions, competitions or covered travel. Other aspects of coverage will not commence until the official first day of school.

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 sanctioned by the State High School Association and continues through the date of the last official game of the 2016 season, including playoffs. Other aspects of coverage will not commence until the official first day of school.

**EXCESS PROVISION:** All Covered Charges over \$100 will be considered for payment on an Excess basis if any Other Valid and Collectible Insurance or Plan covers the Insured person. The Company will pay the first \$100 in Covered Charges regardless of other insurance.

# ILLINOIS 2016/2017

## Policy Benefits and Premiums

**All Maximum amounts are per Injury except as specifically stated.**

**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	STANDARD PLAN	DELUXE PLAN
Maximum Benefit Amount Per Injury	\$25,000.00	\$25,000.00
Deductible	\$0.00	\$0.00
Hospital Room and Board and general nursing care limited to a maximum of	\$200.00/day	\$600.00/day
Hospital Miscellaneous Expense limited to a maximum of	\$1,500.00	\$3,000.00
Hospital Emergency Care limited to a maximum of	\$200.00	\$400.00
Orthopedic Appliances furnished by the Hospital limited to a maximum of	\$25.00	\$50.00
Doctor's fees for surgery, in accordance with the Surgical Schedule using	\$75.00 per unit value	\$200.00 per unit value
Assistant Surgeon Expense, limited to	20% of the Surgical Schedule allowance	20% of the Surgical Schedule allowance
Anesthesia Services, limited to	20% of the Surgical Schedule allowance	20% of the Surgical Schedule allowance
Non-Surgical Doctors' Visits, including Physical Therapy: 1st Visit up to Thereafter up to Physical Therapy is limited to a maximum benefit of 5 visits.	\$25.00 \$15.00	\$60.00 \$50.00
Dental Treatment, per tooth (for Injury to Sound, Natural Teeth) limited to	\$200.00	\$600.00
X-ray: Fracture or dislocation, up to a maximum benefit of No fracture or dislocation, up to a maximum benefit of	\$200.00 \$50.00	\$500.00 \$150.00
MRI/CAT Scan, up to a maximum benefit of	\$200.00	\$500.00
Ambulance Expense, limited to a maximum of	\$100.00	\$400.00
Motor Vehicle Accident injuries, limited to	\$5,000.00	\$5,000.00
Loss of Life	\$5,000.00	\$5,000.00
Single Dismemberment (Loss of One Hand, One Foot, Entire Sight of One Eye or Hearing One Ear)	\$1,000.00	\$1,000.00
Double Dismemberment – (Loss of both Hands, Both Feet, Entire Sight of Both Eyes, Hearing both Ears or Loss of Speech)	\$10,000.00	\$10,000.00
PREMIUMS (ONE-TIME PAYMENT)	STANDARD PLAN	DELUXE PLAN
<b>SCHOOL-TIME ACCIDENT COVERAGE</b>		
Students — Grades Pre-K - 8	\$23.00	\$52.00
Grades 9 - 12	\$46.00	\$105.00
<b>24-HOUR-A-DAY ACCIDENT COVERAGE</b>		
Students — Grades Pre-K - 12	\$125.00	\$275.00
<b>OPTIONAL FOOTBALL ONLY ACCIDENT COVERAGE</b>		
Per Player — Grades 9 - 12	\$162.00	\$369.00

## **EXCLUSIONS**

THE POLICY DOES NOT COVER: (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; or are not specifically listed as Covered Charges in the Policy; (2) Intentionally self-inflicted Injury. 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 Worker's Compensation or the Occupational Disease Law; (5) Treatment of illness, disease or infections, except infections which result from an accidental Injury or infections which result from accidental, involuntary or an unintentional ingestion of a contaminated substance; (6) Re-injury or complications of an Injury which occurred prior to the Policy's Effective Date; (7) Hernia, any type, except if directly resulting from accidental Injury while covered under the Policy; (8) Injury sustained fighting or brawling, except as an innocent victim; (9) Injury sustained while voluntarily participating in a riot or civil commotion or disturbance of any kind; (10) Suicide or attempted suicide; (11) Treatment of sickness or disease in any form; (12) Loss resulting from the use of any drug or agent classified as a narcotic, psycholytic, psychedelic, hallucinogenic, or having a similar classification or effect, unless prescribed by a Doctor; (13) Injury sustained skiing or participating in a rodeo; (14) Injury sustained while operating, riding in or upon, mounting or alighting from, any two, three or four-wheeled recreational motor/engine driven vehicle, snowmobile or all terrain vehicle (ATV); (15) Injury sustained while participating in or practicing for tackle football in grades 9 through 12, including travel, unless optional coverage has been purchased; (16) Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body; (17) Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay; (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) Treatment of temporomandibular joint dysfunction and associated myofascial pain; (20) Injury sustained while committing or attempting to commit a felony, or while being engaged in an illegal occupation.

## **IMPORTANT INFORMATION**

1. Treatment must begin within thirty (30) days of Accident.
2. Expense must be incurred within fifty-two (52) weeks of Accident.
3. Written proof of loss must be furnished within ninety (90) days of Accident.
4. No refunds are available.

## **ADDITIONAL PARENT OPTION BELOW**

### **STUDENT LIFE INSURANCE**

By adding \$1.00 to the regular school premium, parents may apply for Life Insurance protection for their children. The offer is made at the same time as the regular Student Insurance on the brochure that the child takes home. This offer is NOT available to teachers or school employees.

This is an illustrative brochure, not a policy