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*

*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.

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.

24-HOUR-A-DAY  SCHOOL TIME  IMPORTANT PROTECTION FACTS

✓✓ PROVIDES COVERAGE FOR ALL INTERSCHOLASTIC SPORTS EXCEPT GRADES 10-12 FOOTBALL. All interscholastic sports are covered effective immediately upon payment of premium even though official practice begins before the start of the regular school term.
✓✓ BECOMES EFFECTIVE THE DATE PREMIUM PAYMENT IS RECEIVED BY THE COMPANY OR ITS REPRESENTATIVE but not prior to the opening day of school. 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.
✓✓ 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 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.

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 play-offs. FOOTBALL PREMIUM COVERS FOOTBALL ONLY.

SA-15
### 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 in the table.

### Coverage and Benefits

#### Benefits Each Accident

<table>
<thead>
<tr>
<th>Description</th>
<th>Low Option</th>
<th>High Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Room &amp; Board Expense</td>
<td>Per day</td>
<td>$150.00</td>
</tr>
<tr>
<td>Hospital Miscellaneous Expense</td>
<td>Per unit</td>
<td>$80.00</td>
</tr>
<tr>
<td>Doctor's Fees for Surgery</td>
<td>Per visit</td>
<td>$25.00</td>
</tr>
<tr>
<td>Doctor's Visits</td>
<td>Maximum number of visits per injury</td>
<td>$25.00</td>
</tr>
<tr>
<td>Outpatient Imaging Procedures</td>
<td>Maximum number of visits per injury</td>
<td>$100.00</td>
</tr>
<tr>
<td>Ambulance Expense</td>
<td>$100.00</td>
<td></td>
</tr>
</tbody>
</table>

#### Dental Expense

- **Treatment for injury to sound, natural teeth, per tooth** up to a maximum of:
  - **Low Option**: $200.00
  - **High Option**: $400.00

**Deferred Dental Expense**

- The need for future dental treatment must be certified by a dentist within 52 weeks of the accident. The company will pay the difference between the amount already paid and the estimated future cost, up to:
  - **Low Option**: $100.00
  - **High Option**: $200.00

#### Other Benefits

- Only one of these benefits, the largest, will be payable in addition to the benefits shown:
  - Loss of Life
  - Loss of one hand or one foot
  - Loss of the entire sight of both eyes
  - Loss of both hands or feet
  - Only one of these benefits, the largest, will be payable in addition to the benefits shown:
  - Loss of Life
  - Loss of one hand or one foot
  - Loss of the entire sight of both eyes
  - Loss of both hands or feet

#### Exclusions:

The policy does not provide benefits for:
- Treatment, services or supplies which are not medically necessary; are not prescribed by a doctor; are determined to be experimental/investigational in nature by us; are received without charge or legal obligation to pay; are received from persons employed by or retained by the school or any family member; or are not specifically listed as covered charges in the policy.
- Intentionally self-inflicted injury, violating or attempting to violate any duly enacted law. Injury by acts of war, whether declared or not.
- Injury covered by workers’ compensation or occupational disease law.
- 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).
- Suicide or attempted suicide while sane or insane.
- Injury received while traveling or flying by air, except as a fare paying passenger on a regularly scheduled commercial airline.
- Dental treatment, except as specifically stated.
- Injury sustained fighting or brawling, except in self-defense.
- Treatment in any veterans administration or federal hospital, except if there is a legal obligation to pay.
- Re-injury or complications of an injury which occurred prior to the policy’s effective date.
- Injury caused by or contributed to by aggravation of a pre-existing condition.
- Hernia of any type.
- Treatment of sickness or disease in any form, blisters, insect bites, frostbite, heat exhaustion or sunstroke.
- Treatment of vegetation or ptomaine poisoning or bacterial infections, except pyogenic infections due to accidental open cuts.
- Services of an assistant surgeon or doctor when surgery is performed.
- Eyeglasses, contact lenses, routine eye exams or prescriptions therefor.
- Injury contributed to by the use of alcohol or drugs not prescribed by a doctor.
- Cosmetic surgery, except for reconstructive surgery on an injured part of the body.

#### This is an illustration. This is not a contract. Please keep for your records.

The policy is on file with your school.

Administered by: N. Carol Insurance, Nancy C. Rundels, 1989 W. Fifth Ave, #6, Columbus, OH 43212, (614) 486-1666

Local Agent: Griffin Agencies, Ltd., 1-800-278-2544, c/o Michael Percy

Underwritten and claims paid by: Guarantee Trust Life Insurance Company, Glenview, IL 60025

For Claim Service Please Call: Guarantee Trust at (800) 622-1993
PLEASE REMEMBER TO:

ครอบคลุมเอกสารการสมัครในปีการศึกษา 2015-16 ว่า:

กรุณาเลือกแผนและตัวเลือกที่ต้องการ.

ทำเช็ควางเงินหรือเงินถัดไป (ไม่ควรส่งเงินสด) ให้ครบมูลค่าที่ระบุ.

จงแน่ใจว่าเช็คยอดเงินถูกลงลับ.

หลังจาก 60 วัน หรือไม่จะต้องติดต่อกับผู้จัดการแผน.

เมื่อบันทึกการสมัครเข้าสู่การชำระเงิน อย่างทันท่วงที.

ในกรณีที่ยอดเงินถูกลงลับไม่ถูกส่งภายใน 60 วัน ต้องติดต่อกับผู้จัดการแผน.

กรุณาแนบเอกสารพื้นฐาน

ชื่อที่อยู่getParent or guardian's email address

ลงชื่อของ parent or guardian

และหมายเหตุการ์์ดของเกิดของท่านที่อยู่ที่วันที่.

กรุณาแนบเอกสารแบบฟอร์มตามที่ระบุ.

ในกรณีที่มีการคืนเงิน คืนเงินไม่ให้ได้.

GTL Guarantty Trust Life

PLEASE PRINT CLEARLY

Student's Name ____________________________

First Name __________ Middle Initial _______ Last Name ____________

Date of Birth ____________________________ MALE [ ] FEMALE [ ]

School Distric _______________ School _______________

Grade ________ Student's Address ____________________________

City __________________ State __________ Zip _____________

Telephone # _______________ Date of Application ____________

Parent or Guardian's Email Address __________________________

Signature of parent or guardian ____________________________

ONE TIME ANNUAL PAYMENT

<table>
<thead>
<tr>
<th>OPTIONS</th>
<th>Low Option</th>
<th>High Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>24-Hour-A-Day Plan</td>
<td>$83.00</td>
<td>$166.00</td>
</tr>
<tr>
<td>Students Grades K-6</td>
<td>$96.00</td>
<td>$192.00</td>
</tr>
<tr>
<td>Students Grades 7-12</td>
<td>$96.00</td>
<td>$192.00</td>
</tr>
<tr>
<td>Faculty &amp; Admin.</td>
<td>$96.00</td>
<td>$192.00</td>
</tr>
<tr>
<td>School-Time Plan</td>
<td>$24.00</td>
<td>$48.00</td>
</tr>
<tr>
<td>Students Grades K-6</td>
<td>$39.00</td>
<td>$78.00</td>
</tr>
<tr>
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</tr>
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</table>

Optional Football Coverage

(Grades 10-12, including grade 9 if playing with 10-12)

2015 Season Only

PER PLAYER

$136.00

$272.00

TOTAL

(Please do not send cash)

No refunds are available.

MAKE CHECK PAYABLE TO YOUR LOCAL AGENT

L-88-DB

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