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.

If you have other insurance, these plans can 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.

### IMPORTANT PROTECTION FACTS

<table>
<thead>
<tr>
<th>24-HOUR</th>
<th>SCHOOL TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

- **24-HOUR-A-DAY ACCIDENT COVERAGE**
  - 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.

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.
**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

### Coverage and Benefits

**Benefits are payable up to the dollar amounts specified below**

<table>
<thead>
<tr>
<th>Benefits Per Injury</th>
<th>Low Option</th>
<th>High Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Room and Board and General Nursing Care</td>
<td>$150</td>
<td>$300</td>
</tr>
<tr>
<td>Hospital Miscellaneous Expense</td>
<td>$1,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Hospital Emergency Care</td>
<td>$150</td>
<td>$300</td>
</tr>
<tr>
<td>Doctor's Fees for Surgery</td>
<td>$80</td>
<td>$160</td>
</tr>
<tr>
<td>Anesthesia Services</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>Ambulance Expense</td>
<td>$100</td>
<td>$200</td>
</tr>
<tr>
<td>Doctors' Visits Non-surgical Including Physical Therapy</td>
<td>$25</td>
<td>$50</td>
</tr>
</tbody>
</table>

**Benefits Per Injury**

<table>
<thead>
<tr>
<th>Benefits Per Injury</th>
<th>Low Option</th>
<th>High Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Expense</td>
<td>$1,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Doctor's Visits</td>
<td>$150</td>
<td>$300</td>
</tr>
<tr>
<td>Anesthesiologist Services</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>$100</td>
<td>$200</td>
</tr>
<tr>
<td>Doctors' Visits Non-surgical Including Physical Therapy</td>
<td>$25</td>
<td>$50</td>
</tr>
</tbody>
</table>

**Imaging Procedures**

- Including X-rays and interpretation: $100 - $200
- MRI/CT Scan: $125 - $250
- Orthopedic Appliances: Furnished by the Hospital: $100 - $200
- Dental Treatment: Treatment for injury to sound natural teeth, per tooth: $200 - $400
- Up to a maximum of: $600 - $1,200

**Accidental Death and Dismemberment**

- Caused by an injury and occurring within 365 days of the covered accident: $2,000
- Loss of one hand or one foot: $1,000
- Loss of entire sight of both eyes: $1,000
- Loss of both hands or feet: $10,000

**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 Workers' Compensation or the Occupational Disease Law.
7. Treatment of illness, disease or infections, except infections which result from accidental, involuntary or unintentional ingestion of a contaminated substance.
8. Hernia of any type.
9. Injury sustained fighting or brawling, except in self-defense.
10. Suicide or attempted suicide.
11. Loss resulting from the use of any drug or agent classified as narcotic, psycholytic, psychodelic, hallucinogenic, or having a similar classification or effect, unless prescribed by a Doctor.
12. 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).
13. 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.
14. Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body.
15. Treatment in any Veteran’s Administration or federal Hospital, except if there is a legal obligation to pay.
16. 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.
17. Dental treatment, except as specifically stated.
18. Services of an assistant surgeon or Doctor when surgery is performed.
19. Eyeglasses, contact lenses, routine eye exams or prescriptions therefore.
20. Prescription Drugs, crutches, braces, artificial limbs, etc., except as specifically stated.
# 2019-20 School Year Enrollment Form

**PLEASE PRINT CLEARLY**

<table>
<thead>
<tr>
<th><strong>Student's Name</strong></th>
<th><strong>Date of Birth</strong></th>
<th><strong>Male</strong></th>
<th><strong>Female</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Name</strong></td>
<td><strong>Middle Initial</strong></td>
<td><strong>Last Name</strong></td>
<td></td>
</tr>
</tbody>
</table>

**School District**

**School**

**Grade**

**Student's Address**

**City**

**State**

**Zip**

**Telephone #**

**Date of Enrollment**

**Parent or Guardian’s Email Address**

**Name of Parent or Guardian (Please Print)**

**Signature of Parent or Guardian**

---

**PLEASE REMEMBER TO:**

1. **Complete the enrollment form and check the plan and options you want.**

2. **Make your check or money order (Please do NOT send cash) for the total enclosed payable as indicated.**

**Mail the enrollment form with your check or money order to:**

**Rinehart, Walters, Danners & Assoc.**

446 Park Ave West

Mansfield, OH 44906

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

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**Options**

<table>
<thead>
<tr>
<th><strong>Plan</strong></th>
<th><strong>Low Option</strong></th>
<th><strong>High Option</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>24-Hour-A-Day Plan</strong></td>
<td>$79</td>
<td>$158</td>
</tr>
<tr>
<td><strong>Students Grades K-6</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Students Grades 7-12</strong></td>
<td>$91</td>
<td>$182</td>
</tr>
<tr>
<td><strong>School-Time Plan</strong></td>
<td>$23</td>
<td>$46</td>
</tr>
<tr>
<td><strong>Students Grades K-6</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Students Grades 7-12</strong></td>
<td>$37</td>
<td>$74</td>
</tr>
<tr>
<td><strong>Optional Football Coverage</strong> (Grades 10-12, including Grade 9 if playing with 10-12) 2019 Season Only)</td>
<td>$129</td>
<td>$258</td>
</tr>
</tbody>
</table>

**Total $**

(please do not send cash)

Make check payable to your local agency

No refunds are available.