

FORRESTVILLE VALLEY SCHOOL DISTRICT #221



SUPERINTENDENT
Mrs. Sheri Smith

Student Accident Insurance Coverage

Dear Parents:

The school district does not provide any type of health or accident insurance for injuries incurred by your child at school.

As a service to students and their families, our school is making available a student accident insurance plan for you child at a very nominal cost. The district offers this program because of trends in rising family health and dental insurance costs, increased deductibles, co-payments, or lack of health or dental insurance coverage.

REASONS TO PURCHASE THIS COVERAGE:

1. Deductible and co-pays in your health plan. Many health plans have increased the amount of out-of-pocket expenses.
2. No insurance.

This plan 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 ON-LINE (with *Visa* or *MasterCard*) at www.1stAgency.com and then follow directions at "Find Your School."

OR

PRINT BROCHURE PDF FROM SCHOOL DISTRICT PAGE at www.1stAgency.com and pay with check or money order.

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

Thank you,
Mrs. Sheri Smith
Superintendent

GUARANTEE TRUST LIFE INSURANCE COMPANY

Glensview, Illinois

Application For Student Accident Insurance

Name of

Policyholder: Forrestville Valley CUSD #221

Address: 601 E Main St PO Box 665 Forreston IL 61030
Street City State Zip County

Junior/Middle High Schools consist of grades _____ Senior High Schools consist of grades _____

Total District enrollment: _____ Please attach a list of all schools in the District.

Policy Number: 124-125-168-B

STUDENT ACCIDENT COVERAGE

Coverage shall become effective on the date that premium is received by the Company or its representative, but in no event prior to the first day of school, which is _____. The termination date shall be _____, which is the opening day of the following fall term of the Policyholder. Termination of each individual's insurance will be as outlined in the Master Policy.

For interscholastic sports which begin prior to the first day of school, coverage begins on the first day of the earliest practice, which is _____. Coverage for each individual sport terminates at the end of its season, as determined by the State High School Athletic Association.

FOOTBALL ONLY ACCIDENT COVERAGE

IN EFFECT

NOT IN EFFECT

Interscholastic Football Only Accident Coverage becomes effective at 12:01 a.m. on _____ and expires at 11:59 p.m. on December 31st of the same year. Spring Practice begins on _____. Each individual's football coverage shall become effective on the date the premium is paid, provided the Company receives the name and premium in an envelope postmarked not later than three days after coverage is to be effective. In the event that the name and premium are received at a later date, coverage shall be effective on the day after the date of postmark.

It is understood and agreed that Interscholastic Football Only Accident Coverage will be null and void unless Student Accident Coverage is offered by the school authorities to all students in all schools of the Policyholder.

The Student Accident Insurance Policy will cover those students who pay the required premium as shown below:					
COVERAGE	GRADES	PREMIUMS	COVERAGE	GRADES	PREMIUMS
24-Hour	PK-12	\$125.00/\$275.00	Football	9-12	\$162.00/\$369.00
School-Time	PK-8	\$23.00/\$52.00			
School-Time	9-12	\$46.00/\$105.00			

It is agreed that any claim form presented by the Policyholder will certify that the claimant was actually injured while attending, playing, or practicing, or attending school as a student of the Policyholder.

All documents that form our insurance relationship will be provided to you in electronic format, unless otherwise requested.

The following notices are applicable where stated:

ALL OTHER STATES, except NEW HAMPSHIRE: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information may be guilty of insurance fraud and subject to criminal and civil penalties.

Authorized Signature: _____ Date: _____

Agent Signature: _____ Date: _____

Ship supplies to address below:

Street Address: N/A Phone: N/A

City: N/A State: N/A Zip: N/A

Attention: N/A Requested Date of Shipment: N/A

Please provide an email address to receive roster forms electronically: _____

2018-19 ILLINOIS STUDENT ACCIDENT INSURANCE PROGRAM Multi-Benefit Protection

Administered by:



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



ACCIDENT INSURANCE PROTECTION HELPING PROVIDE:

For the Student - Sound coverage with a selection of plan options

For the Parent - Additional financial security to help in times of increasing medical costs

For You - The fulfillment of an administrative service and responsibility

Underwritten by:



Guarantee Trust Life Insurance Company (GTL)
1275 Milwaukee Ave., Glenview, IL 60025
www.gtlic.com



ACCIDENT INSURANCE PLANS

for all students and athletes



SCHOOL-TIME STUDENT ACCIDENT COVERAGE: Helps protect your students the entire school year, during regular school sessions, as well as when participating in other school-sponsored activities requiring the attendance of the student. Also provides protection for 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: Provides protection for 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 GTL, 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 GTL, 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 2018 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. GTL will pay the first \$100 in Covered Charges regardless of other insurance.

ILLINOIS 2018/2019

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	\$100.00	\$200.00
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 ANNUAL PAYMENT)	STANDARD PLAN	DELUXE PLAN
SCHOOL-TIME ACCIDENT COVERAGE		
Students — Grades Pre-K - 8	\$23.00	\$52.00
Grades 9 - 12	\$46.00	\$105.00
24-HOUR-A-DAY ACCIDENT COVERAGE		
Students — Grades Pre-K - 12	\$125.00	\$275.00
OPTIONAL FOOTBALL ONLY ACCIDENT COVERAGE		
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 myofacial 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.

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.