

- 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.

24-HOUR	SCHOOL TIME	IMPORTANT PROTECTION FACTS
✓	✓	Becomes effective the date premium payment is received by Guarantee Trust Life Insurance Company (GTL), its representatives or school officials (but not prior to the opening day of school). Students participating in preschool practice or play for interscholastic sports sanctioned by the Ohio 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 coverage will not start sooner than the first date of regular school session.
✓	✓	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 Designated 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 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.**

**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 ACCIDENT COVERAGE

### *24-Hour-A-Day Protection for each Covered Accident*

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.

Blanket Accident insurance products are issued on Form Series GP-2030, 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.



# 2023-2024 SCHOOL YEAR ENROLLMENT FORM



PLEASE PRINT CLEARLY

ONE TIME ANNUAL PAYMENT		
OPTIONS	LOW OPTION	HIGH OPTION
<b>24-HOUR-A-DAY PLAN</b> STUDENTS GRADES K-6 STUDENTS GRADES 7-12	<input type="checkbox"/> \$79 <input type="checkbox"/> \$91	<input type="checkbox"/> \$158 <input type="checkbox"/> \$182
<b>SCHOOL-TIME PLAN</b> STUDENTS GRADES K-6 STUDENTS GRADES 7-12	<input type="checkbox"/> \$23 <input type="checkbox"/> \$37	<input type="checkbox"/> \$46 <input type="checkbox"/> \$74
<b>OPTIONAL FOOTBALL COVERAGE</b> (GRADES 10-12, INCLUDING GRADE 9 IF PLAYING WITH 10-12) 2023 SEASON ONLY PER PLAYER	<input type="checkbox"/> \$129	<input type="checkbox"/> \$258
<b>TOTAL \$ _____</b> (PLEASE DO NOT SEND CASH)		
<b>MAKE CHECK PAYABLE TO YOUR LOCAL AGENCY</b>		
<b>NO REFUNDS ARE AVAILABLE</b>		

<b>STUDENT'S NAME</b> _____ <small style="display: flex; justify-content: space-between; width: 100%;"> <span>FIRST NAME</span> <span>MIDDLE INITIAL</span> <span>LAST NAME</span> </small>		
<b>DATE OF BIRTH</b> _____ <small style="display: flex; justify-content: space-around; width: 100%;"> <span>MONTH</span> <span>DAY</span> <span>YEAR</span> </small>	<b>MALE</b> <input type="checkbox"/>	<b>FEMALE</b> <input type="checkbox"/>
<b>SCHOOL DISTRICT</b> _____		<b>SCHOOL</b> _____
<b>GRADE</b> _____ <b>STUDENT'S ADDRESS</b> _____		
<b>CITY</b> _____		<b>STATE</b> _____ <b>ZIP</b> _____
<b>TELEPHONE #</b> _____		<b>DATE OF ENROLLMENT</b> _____
<b>PARENT OR GUARDIAN'S EMAIL ADDRESS</b> _____		
<b>NAME OF PARENT OR GUARDIAN (PLEASE PRINT)</b> _____		
<b>SIGNATURE OF PARENT OR GUARDIAN</b> _____		

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## PLEASE REMEMBER TO:



COMPLETE THE ENROLLMENT FORM AND CHECK THE PLAN AND OPTIONS YOU WANT.



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:



**STUDENT PROTECTIVE AGENCY**  
 300 Coshocton Avenue  
 Mount Vernon, OH 43050



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