



# Findlay City Schools

2019 Broad Avenue, Findlay, Ohio 45840  
findlaycityschools.org

## STUDENT ACCIDENT INSURANCE AVAILABLE

Dear Parents:

Our school district has made arrangements with Student Protective Agency to provide student accident and health insurance for those wishing to purchase coverage this year. Please note the coverage shown on the application. Covered losses less than \$250 are paid without regard to other insurance

Senior High football coverage requires an additional premium. All other school supervised sports are covered under the plan. On claims over \$250 this is an excess coverage policy for which benefits are payable only for the part of the loss not covered by other collectible insurance. If a person has no other insurance, the Company will pay the covered medical expenses incurred within one year, up to the specified limits of the policy.

Please note that the student applications will be available on our website at:

<https://docs.findlaycityschools.org/FCS/forms/insurance/StudentInsuranceEnrollment.pdf>

Print and complete the application and check the boxes for coverage desired. Tear off and keep the rest of the application, as it shows not only the coverage but the exclusions and limitations of the policy.

Mail the applications directly to Student Protective Agency, 300 Coshocton Avenue, Mount Vernon, OH 43050 along with a money order or check payable to Student Protective Agency. The school will be notified as to who takes out coverage. You can call Student Protective Agency at 1-800-278-2544 for more information.

In case of an accident the student or parent should immediately go to the building principal who will sign and provide the claim form if only school time coverage is taken out. 24 hour coverage needs no signature. The policy number shall be provided by the school for the claim or you can call 1-800-278-2544. You may give that policy number to the doctor or hospital, but the bills should be sent to the parent or guardian who attaches them to the claim form. Once completed, mail to the claims office at Guarantee Trust Life Insurance, P O Box 1148, Glenview, IL 60025. If you have any further questions regarding a claim, please call 1-800-622-1993. It is the responsibility of the parent or guardian to file the claim.

- 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.

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.

**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

BENEFITS PER INJURY		LOW OPTION	HIGH OPTION	BENEFITS PER INJURY		LOW OPTION	HIGH OPTION
<b>HOSPITAL ROOM AND BOARD AND GENERAL NURSING CARE</b>	Per day	<b>\$150</b>	<b>\$300</b>	<b>IMAGING PROCEDURES</b>	Including X-rays and interpretation	<b>\$100</b>	<b>\$200</b>
<b>HOSPITAL MISCELLANEOUS EXPENSE</b>		<b>\$1,000</b>	<b>\$2,000</b>	<b>MRI/CAT Scan</b>		<b>\$125</b>	<b>\$250</b>
<b>HOSPITAL EMERGENCY CARE</b>		<b>\$150</b>	<b>\$300</b>	<b>ORTHOPEDIC APPLIANCES</b>	Furnished by the Hospital	<b>\$100</b>	<b>\$200</b>
<b>DOCTOR'S FEES FOR SURGERY</b>	Per Unit Unit Value determined by the Surgical Schedule	<b>\$80</b>	<b>\$160</b>	<b>DENTAL TREATMENT</b>	Treatment for Injury to Sound, Natural Teeth, per tooth Up to a maximum of	<b>\$200</b> <b>\$600</b>	<b>\$400</b> <b>\$1,200</b>
<b>ANESTHESIA SERVICES</b>	Percent of Surgical Schedule Allowance	<b>25%</b>	<b>25%</b>	<b>ACCIDENTAL DEATH AND DISMEMBERMENT</b>  Only one of these benefits, the largest, will be payable in addition to other benefits shown	Caused by an Injury and occurring within 365 days of the covered Accident	<b>\$2,000</b>  <b>\$1,000</b>  <b>\$1,000</b>  <b>\$10,000</b>	
<b>AMBULANCE EXPENSE</b>		<b>\$100</b>	<b>\$200</b>		<b>ACCIDENTAL DEATH</b>		
<b>DOCTORS' VISITS</b> Non-surgical Including Physical Therapy	Per visit	<b>\$25</b>	<b>\$50</b>	<b>DISMEMBERMENT</b>			
	Physical Therapy, per visit	<b>\$25</b>	<b>\$50</b>	Loss of One Hand or One foot			
	Maximum number of visits per Injury	<b>3</b>	<b>3</b>	Loss of the Entire Sight of Both Eyes			
				Loss of Both Hands or Feet			

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.

**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 an accidental Injury or 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, psychedelic, 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.

Administered by: **STUDENT PROTECTIVE AGENCY**, 300 Coshocton Ave., Mount Vernon, OH 43050 • (800) 278-2544

Underwritten and claims paid by: **GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)**, 1275 Milwaukee Ave., Glenview, IL 60025 • (800) 622-1993

# 2019-20 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	<input type="checkbox"/> \$79	<input type="checkbox"/> \$158
STUDENTS GRADES 7-12	<input type="checkbox"/> \$91	<input type="checkbox"/> \$182
<b>SCHOOL-TIME PLAN</b>		
STUDENTS GRADES K-6	<input type="checkbox"/> \$23	<input type="checkbox"/> \$46
STUDENTS GRADES 7-12	<input type="checkbox"/> \$37	<input type="checkbox"/> \$74
<b>OPTIONAL FOOTBALL COVERAGE</b> (GRADES 10-12, INCLUDING GRADE 9 IF PLAYING WITH 10-12) 2019 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>FIRST NAME                      MIDDLE INITIAL                      LAST NAME</small>		
<b>DATE OF BIRTH</b> _____ <small>MONTH                      DAY                      YEAR</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.