2012-2013 STUDENT INSURANCE PLANS

WE RECOMMEND 24-HOUR-A-DAY COVERAGE

- Accidents happen! When they happen to your child, someone must pay the bills.
- Here are affordable accident insurance plans to cover your child either 24 hours a day (24 hour plan) or while in school (at school plan).
- These plans provide cash benefits to help meet the cost of medical and hospital expense.
- If you have other insurance, these plans will help meet the deductibles and coinsurance gaps in those plans.
- If you have no other insurance, these plans will provide low cost, 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-HR-A-DAY	AT SCHOOL	IMPORTANT PROTECTION FACTS
✓	✓	BECOMES EFFECTIVE THE DATE PREMIUM PAYMENT IS RECEIVED BY THE COMPANY OR ITS REPRESENTATIVE (but not prior to the opening day of school).
✓	✓	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 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 PLAYOFFS.

PROTECT YOUR CHILD FOR LIFE

Very affordable life insurance for your Child

FOR NOW AND THROUGHOUT THEIR GROWING YEARS, THE GREAT START PLAN PROVIDES ALL THE BASIC LIFE INSURANCE YOU NEED ON YOUR CHILD...UP TO $10,000. FOR THEIR FUTURE....DEPENDING ON YOUR ORIGINAL POLICY, YOUR ADULT CHILD CAN INCREASE THEIR ORIGINAL $10,000 COVERAGE TO A FULL $40,000. JUST CHECK (✔) THE BOX FOR LIFE INSURANCE AND SELECT THE AMOUNT YOU WANT FOR YOUR CHILD AS YOU SIGN UP FOR ACCIDENT PROTECTION. YOUR CHILD IS FULLY INSURED FROM THE DAY YOUR POLICY IS APPROVED AND ISSUED. THE ONLY EXCLUSION IS SUICIDE IN THE FIRST 2 YEARS (1 YEAR IN CO AND ND, N/A IN MO). THIS POLICY PROVIDES BASIC LIFE INSURANCE UNTIL YOUR CHILD REACHES AGE 26. AT AGE 26, THE POLICY CONTINUES AS CASH VALUE WHOLE LIFE INSURANCE. CHILDREN AGES 3 MONTHS TO 25 YEARS ARE ELIGIBLE TO APPLY. SIMPLY COMPLETE AND SIGN THE APPLICATION FORM. POLICIES ARE AVAILABLE FOR $5,000 AND $10,000 BENEFIT AMOUNTS. THE RATES ARE $30 A YEAR FOR A $5,000 POLICY AND $50 A YEAR FOR A $10,000 POLICY. AT AGE 26, THE RATES CHANGE TO $80 PER YEAR FOR A $5,000 POLICY AND $150 PER YEAR FOR A $10,000 POLICY. THESE RATES ARE GUARANTEED TO REMAIN THE SAME FOR LIFE.

$1 FOR FIRST 3 MONTHS

Why not take a positive step to PROTECT YOUR CHILD FOR LIFE? $1 for the first 3 months. APPLY TODAY!

SA-17 ***To File A Claim:*** Report accidents to the school official. Simplified 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 THE COMPANY WITHIN 90 DAYS.

Accident Insurance

24-Hour-A-Day Protection

Maximum Protection for each Covered Accident Good All Year 'Round!

Protects 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 travel (see Exclusions and Limitations)

✎ While engaged in sports, except those specifically excluded or for which optional coverage is required*

***See OPTIONS for available optional sports coverage, if any.**

At School Protection

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.

2012-2013 STUDENT INSURANCE PLANS

What's Covered? *Up to* $25,000.00 as described under Coverage and Benefits *for:*

- ACCIDENTS OCCURRING WHILE COVERAGE IS IN FORCE
- LOSS RESULTING DIRECTLY AND INDEPENDENTLY OF ALL OTHER CAUSES FROM ACCIDENTAL BODILY INJURY
- COVERED MEDICAL EXPENSE WHICH BEGINS WITHIN 30 DAYS OF THE ACCIDENT AND IS INCURRED WITHIN 52 WEEKS OF THE ACCIDENT

COVERAGE & BENEFITS

BENEFITS ARE PAYABLE *UP TO* THE DOLLAR AMOUNTS SPECIFIED BELOW

BENEFITS PER ACCIDENT		STANDARD PLAN	DELUXE PLAN
INPATIENT HOSPITAL EXPENSE	**ROOM AND BOARD,** Per day	$200.00	$600.00
	ORTHOPEDIC APPLIANCES furnished by the hospital	$25.00	$50.00
OUTPATIENT HOSPITAL EXPENSE	**EMERGENCY ROOM EXPENSE**	$200.00	$400.00
MISCELLANEOUS HOSPITAL EXPENSE (Including x-ray and professional fees)	Includes: 100% of reasonable and customary expenses for inpatient confinement or outpatient surgery under general anesthesia, up to	$1,500.00	$3,000.00
SURGERY (Includes, reduction of fractures, suturing or cutting operations)	**PHYSICIAN'S FEE**, Per Unit Unit Value Determined by a Relative Value Schedule*	$75.00	$200.00
	*Examples: Craniotomy	$1,087.50	$2,900.00
	Fracture, Metatarsal	$112.50	$300.00
	ANESTHETIST, Percent of Surgical Allowance	20%	20%
	ASSISTANT SURGEON	$25.00	$200.00
PHYSICIAN FEES Non-surgical	First Visit	$25.00	$60.00
	Subsequent Visits	$15.00	$50.00
	When treatment primarily involves physiotherapy, there is a maximum of **5 visits**		
AMBULANCE EXPENSE		$100.00	$400.00

BENEFITS PER ACCIDENT		STANDARD PLAN	DELUXE PLAN
OUTPATIENT IMAGING PROCEDURES Including X-rays and Interpretation	**FRACTURE OR DISLOCATION**	$200.00	$500.00
	NO FRACTURE OR DISLOCATION	$50.00	$150.00
	MRI/CAT SCAN	$200.00	$500.00
DENTAL EXPENSE These benefits are available ONLY for Accidental Bodily Injury	Treatment for injury to sound, natural teeth - **PER TOOTH**	$200.00	$600.00
	FUTURE DENTAL TREATMENT, payable only if the preceding per tooth maximums have not been used within 52 weeks of the accident, and then only upon approval of a Certificate of Future Dental Care which must be filed within 52 weeks of the accident	$100.00	$600.00
OTHER BENEFITS Only the largest of these amounts will be paid, in addition to benefits listed above, but not to exceed the aggregate policy maximum.	**ACCIDENTAL DEATH**, caused by an injury and occurring within 100 days of the covered accident	$5,000.00	
	DISMEMBERMENT, caused by an injury and occurring within 100 days of the covered accident		
	Loss of one hand, one foot or one eye	$1,000.00	
GP-1200 (IL)	Any combination of hands, feet or eyes	$10,000.00	

This is an illustration of your child's benefits. Please keep for your records. This is not a contract. The master policy is on file with your school.

ITEMS NOT COVERED

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 school or any family member; 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 Workers' 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 or slipped femoral capital epiphysis or pathological fracture.
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 while sane or insane.
11. Blisters caused by recurrent friction; exposure or vegetation poisoning unless attributable to a specific incident occurring while covered under the policy.
12. Loss resulting from intoxication; or 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.
13. Injury sustained while water or snow skiing or participating in a rodeo.
14. 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).
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. Treatment in any Veteran's Administration or Federal Hospital, except if there is a legal obligation to pay.
17. Cosmetic surgery, except on an injured part of the body.

LIMITATIONS

1. All claims will be paid on **AN EXCESS BASIS** in accordance with State Regulation, if expenses exceed $100 and other insurance or plan is involved. (The 1st $100 of covered expense will be paid regardless of any other insurance).
2. Medical expenses for injuries sustained in an accident involving a motor vehicle are limited as provided under "At School - Important Protection Facts" up to a maximum of $5,000.00. This does not apply to motor vehicles which are excluded from coverage.
3. A second surgical procedure performed through the same incision will be paid at a 50% benefit level.

Administered by **FIRST AGENCY,** 5071 West H Avenue, Kalamazoo, Michigan 49009-8501 (269) 381-6630

2012-13 School Year Application

0254

ONE TIME ANNUAL RATE FOR ACCIDENT PLANS		
OPTIONS	STANDARD PLAN	DELUXE PLAN
24-Hour-A-Day Protection Grades Pre K-12	❑ $116.00	❑ $248.00
At School Protection Grades Pre K-8	❑ $23.00	❑ $52.00
Grades 9-12	❑ $46.00	❑ $105.00
Optional Football Coverage (2012 Season only) Per Player - Grades 9-12	❑ $162.00	❑ $369.00

NO REFUNDS ARE AVAILABLE FOR ACCIDENT PLANS

GREAT START* Life Insurance Protection
❑ $1.00 For first 3-months full coverage
(May be selected with or without other plans)
Pick an Amount
❑ $ 5,000.00 ❑ $10,000.00

TOTAL ENCLOSED $_____
(Please do not send cash)
MAKE CHECK PAYABLE TO: **FIRST AGENCY**
TO PAY BY CREDIT/DEBIT CARD PLEASE VISIT:
www.1stagency.com/voluntaryaccidentcoverage.htm

Student Insurance Application to: Guarantee Trust Life Insurance Company, Glenview, Illinois
PLEASE PRINT CLEARLY

School _____ District _____ Grade _____

Person to be insured _____
First Name M Last Name

Address _____
No. and Street City State Zip Code

Age____ Date of Birth _____ ☐ Male ☐ Female Phone No. ( ) _____
Month Day Year

***COMPLETE THIS SECTION IF A MODIFIED WHOLE LIFE POLICY WITH 3 MONTHS PRELIMINARY TERM IS DESIRED.**
Mail Policy and Premium Notice to: _____
First Name Middle Initial Last Name

Has the person to be insured, within the last 5 years, had or received medical treatment or advice for: high blood pressure, heart trouble, cancer or tumor, kidney trouble, diabetes, epilepsy, birth defects, drug or alcohol abuse or a sexually transmitted disease?..... ☐ No ☐ Yes

Within the past 5 years, has the person to be insured been diagnosed by a medical doctor as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or tested positive for the presence of the Human Immunodeficiency Virus (HIV)?..... ☐ No ☐ Yes

Is this insurance meant to replace any existing insurance or annuities with any company?..... ☐ No ☐ Yes

If answer is yes, list company name and address. _____

To the best of my knowledge and belief, the above answers are true and correct. I understand that I am the Policy's Owner and Beneficiary, unless another Beneficiary is named. I also understand the insurance is not effective until October 15, 2012, or the date the application is received by the company or its representatives, if later. Any life insurance premium will be refunded if the policy is not issued.

Date _____ Signature _____

Relationship to Insured:
☐ Self ☐ Grandparent
☐ Guardian ☐ Parent

APP4-96

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PLEASE REMEMBER TO:

COMPLETE THE APPLICATION 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 APPLICATION WITH YOUR CHECK OR MONEY ORDER TO:

FIRST AGENCY
5071 West H Avenue
Kalamazoo, Michigan 49009-8501

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

For faster service you can pay by credit or debit card. Please visit us online at:
www.1stagency.com/voluntaryaccidentcoverage.htm
Follow directions by choosing STATE and SCHOOL DISTRICT
Visa and MasterCard are accepted