

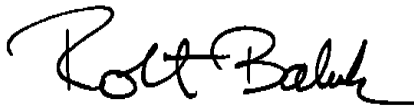
**GUARANTEE TRUST LIFE INSURANCE COMPANY**  
1275 Milwaukee Avenue, Glenview, Illinois, 60025

This Policy is issued to the Policyholder by Guarantee Trust Life Insurance Company (herein referred to as We, Us, Our) on the Policy Effective Date at 12:01 a.m. standard time at Policyholder's address. The Policyholder and Policy Effective Date are shown on the Schedule of Benefits.

This Policy is governed by the laws of the State where it is issued and is a legal contract between Us and Policyholder.

We hereby insure Eligible Persons of the Policyholder for whom premium has been timely paid. Eligible Persons are defined on the Schedule of Benefits. We agree to pay benefits set forth in the Policy. Benefit payment is governed by the terms of this Policy.

**READ YOUR POLICY CAREFULLY.**



Secretary



President

**ONE YEAR NON-RENEWABLE TERM**

**BLANKET ACCIDENT POLICY**

**NON-PARTICIPATING**

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## DEFINITIONS

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**Accident:** A sudden, unforeseeable, external event which results in an Injury.

**Ambulance:** A vehicle which is licensed solely as an ambulance by the local regulatory body to provide:

1. transportation to a Hospital; or
2. transportation from one Hospital to another for those individuals who are unable to travel to receive medical care by any other means.

Air ambulance charges are only eligible for transportation from the site of an Emergency to the nearest appropriate facility or from facility to facility.

**Benefit Period:** The number of days following the date of an Injury during which Covered Charges must be incurred, subject to the Initial Treatment Period. The Benefit Period begins on the date of Injury and ends on the last day of the Benefit Period. The Benefit Period is shown on the Schedule of Benefits.

**Covered Activity:** Any activity which the Policyholder requires the Insured to attend, or any activity of the Policyholder's school which is under the sole control and supervision of the Policyholder, but not including activities which are under the sponsorship or supervision arrangement with any non-Policyholder group.

**Covered Charge:** The Reasonable and Customary charge for a service or supply listed in this Policy which is performed or given under the direction of a Doctor for the Medically Necessary treatment of an Injury. A Covered Charge is considered incurred on the date the treatment or service is rendered or the supply is furnished.

**Covered Person:** A person:

1. who is eligible for coverage as an Insured; and
2. who has been accepted for coverage or has been automatically added; and
3. who has paid the required premium; and
4. whose coverage has become effective and has not terminated.

**Designated Vehicle:** A Motor Vehicle designated by and under the direct supervision of the Policyholder and operated by a properly licensed adult driver which transports Insureds to and from Covered Activities.

**Doctor:** A legally qualified person licensed in the healing arts and practicing within the scope of his or her license and who is not a Family Member.

**Durable Medical Equipment:** A device which:

1. is primarily and customarily used for medical purposes; and
2. is specially equipped with features and functions that are generally not required in the absence of Injury; and
3. is used exclusively by the Insured; and
4. is routinely used in a Hospital, but can be used effectively in a non-medical facility; and
5. can be expected to make a meaningful contribution to the Insured's Injury; and
6. is prescribed by a Doctor and the device is Medically Necessary for the Insured's rehabilitation.

Durable Medical Equipment does not include, and is not limited to the following:

1. comfort and convenience items; and
2. equipment that can be used by Family Members other than the Insured; and
3. health exercise equipment; and
4. equipment that may increase the value of the Insured's Residence.
5. modifications to the Insured's residence, property or automobiles, such as ramps, elevators, spas, air conditioners and vehicle hand controls; or
6. corrective shoes; or
7. exercise and sports equipment.

**Eligible Person:** An Eligible Person, as defined by the Policyholder, is shown on the Schedule.

**Emergency:** An Injury for which the Insured seeks immediate medical treatment at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that, without immediate medical care, the Insured could reasonably expect that:

1. his or her life or health would be in serious jeopardy; or
2. his or her bodily functions would be seriously impaired; or
3. a body organ or part would be seriously damaged.

**Experimental/Investigational:** A drug, device or medical care or treatment will be considered experimental/investigational if:

1. the drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration, and approval for marketing has not been given at the time the drug or device is furnished; or
2. the informed consent document utilized with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase or if such a consent document is required by law; or
3. the drug, device, medical care or treatment or the patient informed consent document utilized with the drug, device or medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, or if federal or state law requires such review and approval; or
4. reliable evidence shows that the drug, device or medical care or treatment:
  - a. is the subject of ongoing Phase I or Phase II clinical trials; or
  - b. is the research, experimental study or investigational arm of on-going Phase III clinical trials; or
  - c. is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis;
  - d. or
5. reliable evidence shows that the prevailing opinion among experts regarding the drug, device or medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis.

Reliable evidence means only:

1. published reports and articles in authoritative medical and scientific literature; or
2. written protocol or protocols by the treating facility studying substantially the same drug, device or medical care or treatment; or
3. the written informed consent used by the treating facility or other facility studying substantially the same drug, device or medical care or treatment.

Covered Charges will be considered in accordance with the drug, device or medical care at the time the charge is incurred.

**Family Member:** A person who is related to the Insured in any of the following ways: spouse, domestic or civil union partner (as defined, and as permitted, by law), brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted, step or foster child).

**Hospital:** An institution licensed, accredited or certified by the State which:

1. is accredited by the Joint Commission on Accreditation of Healthcare Organizations; and
2. provides 24-hour nursing service by registered nurses (R.N.); and
3. mainly provides diagnostic and therapeutic care under the supervision of Doctors on an inpatient basis; and
4. maintains permanent surgical facilities or has an arrangement with another surgical facility supervised by a staff of one or more Doctors.

The term Hospital also includes tax-supported institutions which are not required to maintain surgical facilities.

The term Hospital does not include a place, special ward, floor or other accommodation used for:

1. custodial or educational care; or
2. rest; or
3. the aged; or
4. a nursing home;

or an institution mainly rendering treatment or services for mental illness or substance abuse.

**Hospital Confined/Hospital Confinement:** Confinement in a Hospital for at least 18 consecutive hours by reason of an Injury for which benefits are payable.

**Initial Treatment Period:** The number of days following an Injury during which the Insured must seek initial treatment for an Injury. The Initial Treatment Period is shown on the Schedule of Benefits.

**Injury:** Bodily injury due to an Accident which:

1. results directly and independently of disease, bodily infirmity, or any other causes; and
2. solely, directly and independently of all other causes, results in medical expense; and
3. occurs after the effective date of the Insured's coverage under this Policy; and
4. occurs while this 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.

**Insured:** An Eligible Person who has satisfied all of the following requirements:

1. He or she is eligible for coverage under the Policy.
2. He or she has been accepted for coverage under the Policy, or has been automatically added.
3. Premium has been paid for him or her.
4. His or her coverage has become effective and has not terminated.

**Insured Percent:** The percentage of Covered Charges We pay for each Injury. The Insured Percent is shown on the Schedule of Benefits.

**Interscholastic:** a sport or activity organized between schools or representatives of the schools.

**Maximum Benefit Amount:** The maximum amount of benefits We will pay for any one Injury under the Accident Medical Expense Benefit. The Maximum Benefit Amount is shown on the Schedule of Benefits.

**Medically Necessary:** A treatment, drug, device, procedure, supply, or service that is necessary and appropriate for the diagnosis or treatment of an Injury in accordance with generally accepted standards of medical practice in the United States at the time it is provided. When specifically applied to Hospital confinement, it means that the diagnosis or treatment of symptoms or a condition cannot be safely provided on an outpatient basis.

A treatment, drug, device, procedure, supply, or service shall not be considered as Medically Necessary if it:

1. is Experimental/Investigational or for research purposes; or
2. is provided solely for education purposes or the convenience of the Insured, the Insured's family, Doctor, Hospital or any other provider; or
3. exceeds, in scope, duration, or intensity, that level of care that is needed to provide safe, adequate, and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care; or
4. could have been omitted without adversely affecting the person's condition or the quality of medical care; or
5. involves the use of a medical device, drug, or substance not formally approved by the United States Food and Drug Administration; or
6. involves a service, supply, or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or
7. can be safely provided to the patient on a less cost-effective basis such as outpatient, by a different medical professional, or pursuant to a more conservative form of treatment.

We reserve the right to determine whether a service, supply, or drug is Medically Necessary.

**Mental or Nervous Disorder:** Any condition or disease, regardless of its cause, listed in the most recent edition of the *International Classification of Diseases* as a Mental Disorder on the date the medical care or treatment is rendered to the Insured.

**Motor Vehicle:** Any registered motorized vehicle or conveyance with four or more wheels which is designated for travel on public roads or property and is not otherwise excluded.

**Other Valid and Collectible Insurance or Plan:** Any reimbursement for or recovery of any element of Covered Charges incurred available from any other source whatsoever, except gifts and donations, but including without limitation:

1. any individual, group, blanket, or franchise policy of accident, disability or health insurance; or
2. any arrangement of benefits for members of a group, whether insured or uninsured; or
3. any prepaid service arrangement such as Blue Cross or Blue Shield, individual or group practice plans, or health maintenance organizations; or
4. any amount payable for Hospital, medical, or other health services. Injury arising out of a motor vehicle accident to the extent such benefits are payable under any medical expense payment provision (by whatever terminology used including such benefits mandated by law) of any motor vehicle insurance policy; or
5. any amount payable for; services or injuries or diseases related to the Insured's job to the extent that he actually received benefits under a Workers' Compensation Law; or the settlement a Covered Person enters into to give up his or her rights to recover future medical expenses that would have been payable except for that settlement; or
6. Social Security Disability Benefits, except that Other Valid and Collectible Insurance or Plan shall not include any increase in Social Security Disability Benefits payable to the Insured after he or she becomes disabled while insured hereunder; or
7. any benefits payable under any program provided or sponsored solely or primarily by any governmental agency or subdivision or through operation of law or regulation.

**Physical Therapy:** Non-surgical physical or mechanical therapy, diathermy, ultrasonic therapy, heat treatment in any form, manipulation or massage.

**Policyholder:** The entity to which this Policy is issued.

**Policy Year:** The period of 12 months following the Policy's Effective Date.

**Pre-existing Condition:** A condition for which medical care, treatment, diagnosis or advice was received or recommended within the 12 months prior to the Insured's Effective Date of coverage under this Policy.

**Reasonable and Customary Charges, Fees, or Expenses:** The most common charge for similar professional services, drugs, procedures, devices, supplies, or treatment within the area in which the charge is incurred, so long as those charges are reasonable. The most common charge means the lesser of:

1. the actual amount charged by the provider; or
2. the negotiated rate; or
3. the charge which would have been made by the provider (Doctor, Hospital, etc.) for a comparable service or supply made by other providers in the same Geographic Area as reasonably determined by Us for the same service or supply.

"Geographic Area" means the three-digit zip code prefix in which the service, treatment, procedure, drugs or supplies are provided; or a greater area if necessary to obtain a representative cross-section of charge for a like treatment, service, procedure, device, drug, or supply.

**Residence:** The home and land or property on which the Insured's dwelling or home is located.

**Sound Natural Teeth:** Natural teeth, the major portion of the individual tooth which is present, regardless of fillings and caps; and is not carious, abscessed, or defective.

**Terrorist Activity:** An act or acts of any person or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. It may include, but not be limited to the actual use of force or violence and/or the threat of such use. The perpetrators of Terrorist Activity can either be acting alone or on behalf of, or in connection with any organization(s) or governments.

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## CONDITIONS OF INSURANCE

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### ELIGIBILITY

Eligible Persons are eligible to enroll for coverage under this Policy.

### EFFECTIVE DATE

**Policyholder:** This Policy shall be effective, subject to the receipt of premium, on the later of:

1. the Effective Date shown on the application; or
2. the date We approve the application.

The Effective Date is shown on the Schedule of Benefits.

**Insured:** Subject to receipt of premium, coverage is effective on the Effective Date shown on the Schedule of Benefits.

### TERMINATION

**Policyholder:** This Policy is issued for the term stated on the Schedule of Benefits, on the Effective Date of this Policy.

**Insured: Football Only Accident Coverage.** Coverage will terminate at the earlier of:

1. the date the Policy terminates; or
2. the date the Insured ceases to be a member of the Policyholder's football team; or
3. the last day of regularly scheduled football activity; or
4. the date the Insured ceases to be an Eligible Person; or
5. the end of the period for which any applicable premium has been paid.

**Insured: All Sports Accident Coverage.** Coverage will terminate at the earlier of:

1. the date the Policy terminates; or
2. the date the Insured ceases to be a member of the Policyholder's sports teams; or
3. the last day of regularly scheduled sports activity in which the Insured participates; or
4. the date the Insured ceases to be an Eligible Person; or
5. the end of the period for which any applicable premium has been paid.

**Insured: School-Time Student Accident Coverage.** Coverage will terminate at the earlier of:

1. the date the Policy terminates; or
2. the date the Insured ceases to be an Eligible Person; or
3. the end of the period for which any applicable premium has been paid.

**Insured: 24-Hour-A-Day Accident Coverage.** Coverage will terminate at the earlier of:

1. the date the Policy terminates; or
2. the date the Insured ceases to be an Eligible Person; or
3. the end of the period for which any applicable premium has been paid; or

Termination of coverage will not affect a claim for a covered loss that occurred while the Insured's coverage was in force.

We have the right to terminate the coverage of any Insured who submits a fraudulent claim under the Policy.

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## SCOPE OF COVERAGE

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Subject to the Eligibility, Effective Date, and Termination provisions, an Insured will be covered for Accidental Injury that occurs while insured as elected by the Policyholder and, if applicable, as elected on their enrollment form.

**Football Only Accident Coverage:** If this option is shown on the enrollment form an Insured, including student coaches, student managers and student trainers, will be covered for Injury which is incurred while the Insured is participating in or attending Interscholastic football activities as described in Scope of Coverage on the Schedule of Benefits which are officially authorized, sanctioned and scheduled by the Policyholder, supervised by a coach, referee, or by another adult specifically assigned supervisory duties and authority and governed by the rules and regulations of the appropriate athletic/activities association or organization. This includes related:

1. pre-competition activities; and
2. regularly-scheduled practice or training sessions; and
3. a scheduled tryout, workout session or team meeting; and
4. regularly-scheduled competition or exhibition game; and
5. sponsored team travel authorized, organized, and supervised by the Policyholder.

Coverage is also provided while traveling directly and uninterruptedly to or from the location designated by the Policyholder for football activities in a Designated Vehicle.

**All Sports Accident Coverage:** If this option is shown on the enrollment form, an Insured, including student coaches, student managers and student trainers, will be covered for Injury which is incurred while the Insured is participating in or attending Interscholastic athletic activities as described in Scope of Coverage on the Schedule of Benefits, which are officially authorized, sanctioned and scheduled by the Policyholder, supervised by a coach, referee, or by another adult specifically assigned supervisory duties and authority and governed by the rules and regulations of the appropriate athletic/activities association or organization. This includes related:

1. pre-competition activities; and
2. regularly-scheduled practice or training sessions; and
3. a scheduled tryout, workout session or team meeting; and
4. regularly-scheduled competition or exhibition game; and
5. sponsored team travel authorized, organized, and supervised by the Policyholder.

Coverage is also provided while traveling directly and uninterruptedly to or from the location designated by the Policyholder for athletic activities in a Designated Vehicle.

**School-Time Student Accident Coverage:** If this option is shown on the enrollment form, an Insured, will be covered for Injury which is incurred while the Insured is:

1. on the Policyholder's premises:
  - a. during the hours and on the days when Policyholder is in session, including one hour before and after;
  - b. during supervised and scheduled extracurricular activities;
  - c. during Policyholder sponsored and supervised field trips;
  - d. during the hours and on the days when Policyholder is not in session while the Insured is participating in or attending any Covered Activity.
2. away from the Policyholder's premises while participating in or attending any Covered Activity, or traveling to and from such activity in a Designated Vehicle, whether or not such Policyholder is in session.
3. traveling directly and uninterruptedly to or from the Insured's Residence to attend regular Policyholder sessions.

**24-Hour-A-Day Accident Coverage:** If this option is shown on the enrollment form an Insured will be covered for Injury which is incurred on a 24-hour-per-day basis.



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## **ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT**

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If Injury from an Accident results in a loss covered by this benefit, We will pay the benefit in the amount set opposite such loss, as shown on the Schedule of Benefits. Such loss must occur within 365 days of such Accident. If the Insured sustains more than one such loss as the result of one Accident, We will pay only one amount, the largest to which the Insured is entitled.

Loss of hand or foot means loss by severance at or above the wrist or ankle joint. Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of speech means total, permanent and irrecoverable loss of audible communication. Loss of hearing means total and permanent loss of hearing which cannot be corrected by any means. Severance means the complete separation and dismemberment of the part from the body.

Single Dismemberment means loss of one hand, or loss of one foot, or loss of sight in one eye, or loss of hearing in one ear.

Double Dismemberment means loss of both hands, or loss of both feet, or loss of one hand and one foot, or loss of sight in both eyes, or loss of hearing in both ears, or loss of speech.

Benefit payment is subject to the definitions, limitations, exclusions and other provisions of this Policy.

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## **ACCIDENT MEDICAL EXPENSE BENEFITS**

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Subject to the definitions, limitations, exclusions, and other provisions of the Policy, We will pay benefits, as defined and limited below, for Covered Charges incurred by the Insured due to Injury.

We will pay the Insured Percent of incurred Covered Charges up to the Maximum Benefit Amount, Per Injury.

Covered Charges are payable only for an Injury:

1. for which the first treatment or service is incurred within the Initial Treatment Period; and
2. for which the charge for all treatment or services is incurred within the Benefit Period.

Covered Charges are shown on the Schedule of Benefits.

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## EXCLUSIONS

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This Policy does not provide benefits for:

1. treatment, services, or supplies which:
  - a. are not Medically Necessary; or
  - b. are not prescribed by a Doctor as necessary to treat an Injury; or
  - c. are determined to be Experimental/Investigational in nature; or
  - d. are received without charge or legal obligation to pay; or
  - e. are received from persons employed or retained by the Policyholder or any Family Member, unless otherwise specified; or
  - f. are not specifically listed as Covered Charges in this Policy; or
2. intentionally self-inflicted Injury; or
3. Injury received while violating or attempting to violate any duly enacted law; or
4. Injury by acts of war, whether declared or not; or
5. Injury received while traveling or flying by air, except as a fare-paying passenger on a regularly scheduled commercial airline; or
6. Injury covered by Workers' Compensation or the Occupational Disease Law; or
7. heat exhaustion and heat stroke; or
8. Injury caused by or contributed to by aggravation or re-injury of a Pre-existing Condition; or
9. suicide or attempted suicide; or
10. any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures; or
11. dental treatment, except as specifically stated; or
12. eyeglasses, contact lenses, routine eye exams or prescriptions; or
13. hernia, any type; or
14. Injury sustained during on-the-job training; or
15. Injury sustained fighting or brawling; or
16. loss resulting from a pathological fracture, or fracture through the site of a bone cyst; or
17. 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; or
18. 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; or
19. 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); or
20. 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.
21. Injury sustained flying in an ultra-light, hang gliding, parachuting or bungee-cord jumping; or
22. cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body; or
23. 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; or
24. Charges for treatments, services or supplies which exceed reasonable and customary charges; or
25. Losses directly or indirectly arising out of any chemical or biological release and/or contamination which results from Terrorist Activity; or
26. Any loss as the result of Terrorist Activity and/or non-detonating weapons of mass destruction; or
27. Any loss directly or indirectly arising out of any nuclear explosion, detonation, release and/or contamination whether in time of peace or war, and regardless of any other causes or events contributing concurrently or in any other sequence thereto.

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## PREMIUM

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**Payment of Premium/Due Date:** All premium, charges or fees (hereinafter "Premium") must be paid to Us at Our home office prior to the start of the term for which coverage is selected. In no event will coverage become effective prior to the date of enrollment and receipt of the required premium at Our home office, or by Our agent.

**Returned or Dishonored Payment:** If a check in payment for the Premium is dishonored for insufficient funds, a reasonable service charge may be charged to You which will not exceed the maximum specified under state law. A dishonored check shall be considered a failure to pay Premium and coverage shall not take effect.

**Change to Premium:** We may change the required premium at any time when any change affecting the rates is made to the Policy. Such change in the Policy will not take effect until any additional required premium is received by Us, except as otherwise agreed to in writing by Policyholder and Us.

**Grace Period:** We allow a grace period of 31 days for the payment of premium after the first premium. Coverage is in force during the grace period. If, at least 60 days prior to the premium due date, We send written notice to You of Our intent not to renew this Policy, then the grace period will not apply to any period after the date the non-renewal is to be effective. If You send written notice to Us of Your intent not to renew this coverage, then the grace period will not apply after the date the non-renewal is to be effective.

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## CLAIM PROVISIONS

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**Notice of Claim:** Written notice of claim must be given to Us or Our authorized representative within 60 days after a covered loss starts, or as soon thereafter as is reasonably possible. Notice should include information sufficient to identify the Insured.

**Claim Forms:** Upon receipt of written notice of claim, We will furnish to the claimant such forms as are usually furnished by Us for filing Proofs of Loss. If such forms are not furnished within 15 days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of this Policy as to Proof of Loss upon submitting, within the time fixed in this Policy for filing Proof of Loss, written proof covering the occurrence, the character, and the extent of the loss for which claim is made.

**Proof of Loss:** Written proof of loss for Hospital confinement must be given to Us or Our authorized representative within 60 days after release from the Hospital. Proof of any other covered loss must be given to Us or Our authorized representative not later than 90 days after the covered loss. If proof of loss is not given within the 60- or 90-day timeframe, the claim will not be denied or reduced for that reason if that proof was given as soon as reasonably possible.

**Time of Payment of Claims:** Benefits will be paid as soon as We receive proper proof of loss unless this Policy provides for periodic payment. When this Policy provides for periodic payment, the benefits will accrue and will be paid monthly subject to proper proof of loss.

**Payment of Claims:** Benefits payable under this Policy for loss of life will be paid to the Insured's next of kin and the provisions respecting such payment set out herein and effective at the time of payment. Any other payable benefits remaining unpaid at the time of the Insured's death may, at Our option, be paid to the Insured's next of kin or to the Insured's estate. All other benefits will be payable to the Insured or the medical services provider if We have received a valid assignment by the Insured.

If any indemnity of this Policy shall be payable to the estate of the Insured or to an Insured who is a minor or otherwise not competent to give a valid release, the Company may pay such indemnity to his parent, guardian or other person actually supporting him. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of such payment.

Subject to any written direction of the Insured or of the legal or natural guardian of the Insured, if the Insured is a minor or otherwise incompetent to make such a direction, all or a portion of any indemnities provided by this Policy as a result of medical, surgical, dental, hospital or nursing service may, at the Company option, and unless the Company is requested in writing not later than the time for filing proofs of loss, be paid directly to the hospital or person rendering such services; but it is not requested that the services be rendered by a particular Hospital or person.

**Physical Examination and Autopsy:** At Our own expense, We shall have the right and opportunity to examine the Insured as We may reasonably require while a claim is pending. At Our own expense, We may also have the right to make an autopsy in the case of death, where it is not prohibited by law.

**Legal Actions:** A legal action may not be brought to recover on this Policy within 60 days after written Proof of Loss has been given as required. No such action may be brought after six years from the time written proof was required to be given.

**Subrogation:** When benefits are paid to or for the Insured under the terms of this Policy, We shall be subrogated, unless otherwise prohibited by law, to the rights of recovery of such Insured against any person who might be acknowledged as liable or found legally liable by a Court of competent jurisdiction for the Injury that necessitated the hospitalization or the medical or surgical treatment for which benefits were paid. Such subrogation rights shall extend only to Our recovery of the benefits We have paid for such hospitalization and treatment, and We shall pay the fees and costs associated with such recovery.

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## GENERAL PROVISIONS

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**Entire Contract; Changes:** This Policy, including the application, endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in this Policy shall be valid until approved by one of Our executive officers and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or waive any of its provisions.

Our failure to enforce any Policy provision shall not waive, modify or render such provision unenforceable at any other time; at any given time; or under any given set of circumstances, whether the circumstances are, or are not, the same.

We have full, exclusive, and discretionary authority to determine all questions arising in connection with the Policy, including its interpretation.

**Incontestability:** All statements made in an application by the Policyholder are, in the absence of fraud, representations and not warranties. No statement shall be used to contest this Policy, the validity of coverage or reduce benefits, unless it is in writing, signed by the Policyholder, and a copy of such statement is furnished to the Policyholder.

**Insurance Class:** Policyholder may set forth in its application Insurance Classes of Eligible Persons. The Policyholder shall notify Us when a change of Insurance Class occurs for the Insured.

**Clerical Error:** If a clerical error is made so that an otherwise Eligible Person's coverage does not become effective, coverage may be in effect if:

1. the Policyholder makes a written request for coverage on a form approved by Us; and
2. any premium not paid because of the error is paid in full from the effective date of coverage.

We reserve the right to limit retroactive coverage to two months preceding the date the error was reported.

If a clerical error is made so that the coverage is in effect for a person who is not eligible, an adjustment will be made to correct the error. Any Premium refund will be reduced by any payment made for claims. If claims paid exceed the Premium refund, the Policyholder shall reimburse Us for the overpayment.

**Information and Records:** The Policyholder shall provide Us information necessary to administer coverage under the Policy. Information is required when an Eligible Person becomes covered, when changes in amounts of coverage occur, and when the Insured's coverage terminates.

**Non-Participating:** The Policy is non-participating. It does not share in Our profits or surplus earnings.

**Conformity with State Statutes:** If any provision of this Policy is contrary to any law to which it is subject, such provision is hereby amended to conform to the minimum requirements of such law.

**Certificate of Insurance:** Where required by law, We will send to the Insured an individual certificate. The certificate will outline the insurance coverage under the Policy and to whom benefits are payable.

## SCHEDULE OF BENEFITS

### POLICYHOLDER INFORMATION

<b>Policy Number:</b>	<b>SEE ATTACHED APPLICATION</b>
<b>Policyholder:</b>	<b>SEE ATTACHED APPLICATION</b>
<b>Policy Effective Date:</b>	<b>SEE ATTACHED APPLICATION</b>
<b>Policy Term:</b>	<b>SEE ATTACHED APPLICATION</b>
<b>Eligible Persons:</b>	Students who are enrolled and attending the Policyholder's School.
<b>Scope of Coverage:</b>	<ul style="list-style-type: none"> <li>• Football Only Accident Coverage: High school interscholastic tackle football grades 9-12.</li> <li>• All Sports Accident Coverage: All interscholastic sports, except high school interscholastic tackle football grades 9-12.</li> <li>• School-Time Student Accident Coverage</li> <li>• 24-Hour-A-Day Accident Coverage</li> </ul>
<b>Insured Effective Date:</b>	The date premium is received by Us or Our Representative, but not prior to the opening day of School, except in the case of All Sports Accident Coverage and Football Only Accident Coverage, in which case coverage will begin on the first official day of practice.

### ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

The losses listed below are payable per Insured per Accident, unless specified otherwise in the Policy.

Loss of Life	\$1,500
Single Dismemberment	\$1,000
Double Dismemberment	\$7,500

### ACCIDENT MEDICAL EXPENSE BENEFITS

<b>Maximum Benefit Amount, Per Injury</b>	\$25,000
<b>Insured Percent</b>	100%
<b>Payment System Percentile</b>	90 <sup>th</sup>
<b>Initial Treatment Period</b>	30 days
<b>Benefit Period</b>	52 weeks

**COVERED CHARGES  
LOW PLAN**

Treatment, services, or supplies incurred for:
<ul style="list-style-type: none"> <li>• Hospital room and board and general nursing care, limited to a maximum of \$125 for the first day and \$100 each day thereafter. Hospital Confinement must begin within 120 days after the Accident.</li> </ul>
<ul style="list-style-type: none"> <li>• Inpatient and Outpatient miscellaneous Hospital charges, limited to a maximum of \$600.</li> </ul>
<ul style="list-style-type: none"> <li>• Doctor's charges for surgery, in accordance with the Surgical Schedule, using \$55 per unit value.</li> </ul>
<ul style="list-style-type: none"> <li>• Administration of anesthesia, limited to 25% of the surgical schedule allowance.</li> </ul>
<ul style="list-style-type: none"> <li>• Assistant surgeon charge, limited to 25% of the surgical schedule allowance.</li> </ul>
<ul style="list-style-type: none"> <li>• Non-surgical Doctors' visits, excluding Physical Therapy, limited to 1 visit per day, up to \$30 for the first visit and \$15 for each visit thereafter.</li> </ul>
<ul style="list-style-type: none"> <li>• Hospital Emergency care, excluding professional charges, limited to a maximum of \$100.</li> </ul>
<ul style="list-style-type: none"> <li>• Outpatient imaging procedures and interpretation for MRI/CAT scan, up to a maximum benefit of \$120.</li> </ul>
<ul style="list-style-type: none"> <li>• Outpatient X-ray services, limited to a maximum of \$100.</li> </ul>
<ul style="list-style-type: none"> <li>• Ambulance charges, limited to a maximum of \$75.</li> </ul>
<ul style="list-style-type: none"> <li>• Durable Medical Equipment, including orthopedic appliances, limited to a maximum of \$100.</li> </ul>
<ul style="list-style-type: none"> <li>• Dental treatment for Injury to Sound Natural Teeth, limited to \$150 per tooth.</li> </ul>
<ul style="list-style-type: none"> <li>• Outpatient Physical Therapy rendered by a: <ul style="list-style-type: none"> <li>• Hospital, up to a maximum benefit of \$35; or</li> <li>• Doctor, up to a maximum benefit of \$30 for the first visit and \$15 each visit thereafter, up to a maximum of 3 visits.</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Optional Extended dental expense, up to a maximum benefit of \$2,500 for: (a) examination, (b) diagnoses and x-ray; (c) restorative treatment; (d) endodontics; and (e) oral surgery (not to include periodontics or orthodontics); up to \$250 for dental prostheses toward the cost of a bridge, partial denture, or denture, or for replacement in kind of previous dental repairs. If, during the Benefit Period, the Insured's dentist certifies that treatment must be deferred, We will pay up to a maximum of \$100 in lieu of all other dental benefits.</li> </ul>

**COVERED CHARGES  
HIGH PLAN**

Treatment, services, or supplies incurred for:
<ul style="list-style-type: none"> <li>• Hospital room and board and general nursing care, limited to a maximum of \$250 for the first day and \$200 each day thereafter. Hospital Confinement must begin within 120 days after the Accident.</li> </ul>
<ul style="list-style-type: none"> <li>• Inpatient and Outpatient miscellaneous Hospital charges, limited to a maximum of \$1,200.</li> </ul>
<ul style="list-style-type: none"> <li>• Doctor's charges for surgery, in accordance with the Surgical Schedule, using \$110 per unit value.</li> </ul>
<ul style="list-style-type: none"> <li>• Administration of anesthesia, limited to 25% of the surgical schedule allowance.</li> </ul>
<ul style="list-style-type: none"> <li>• Assistant surgeon charge, limited to 25% of the surgical schedule allowance.</li> </ul>
<ul style="list-style-type: none"> <li>• Non-surgical Doctors' visits, excluding Physical Therapy, limited to 1 visit per day, up to \$60 for the first visit and \$30 for each visit thereafter.</li> </ul>
<ul style="list-style-type: none"> <li>• Hospital Emergency care, excluding professional charges, limited to a maximum of \$200.</li> </ul>
<ul style="list-style-type: none"> <li>• Outpatient imaging procedures and interpretation for MRI/CAT scan, up to a maximum benefit of \$240.</li> </ul>
<ul style="list-style-type: none"> <li>• Outpatient X-ray services, limited to a maximum of \$200.</li> </ul>
<ul style="list-style-type: none"> <li>• Ambulance charges, limited to a maximum of \$150.</li> </ul>
<ul style="list-style-type: none"> <li>• Durable Medical Equipment, including orthopedic appliances, limited to a maximum of \$200.</li> </ul>
<ul style="list-style-type: none"> <li>• Dental treatment for Injury to Sound Natural Teeth, limited to \$300 per tooth.</li> </ul>
<ul style="list-style-type: none"> <li>• Outpatient Physical Therapy rendered by a: <ul style="list-style-type: none"> <li>• Hospital, up to a maximum benefit of \$70; or</li> <li>• Doctor, up to a maximum benefit of \$60 for the first visit and \$30 each visit thereafter, up to a maximum of 3 visits.</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Optional Extended dental expense, up to a maximum benefit of \$2,500 for: (a) examination, (b) diagnoses and x-ray; (c) restorative treatment; (d) endodontics; and (e) oral surgery (not to include periodontics or orthodontics); up to \$250 for dental prostheses toward the cost of a bridge, partial denture, or denture, or for replacement in kind of previous dental repairs. If, during the Benefit Period, the Insured's dentist certifies that treatment must be deferred, We will pay up to a maximum of \$100 in lieu of all other dental benefits.</li> </ul>



## SURGICAL SCHEDULE

For any surgical operation or procedure not specifically named or excluded, We will pay an amount which shall be determined on the basis of the gravity and severity of the unnamed operation as compared to the below named operations, using the 1974 Revision of the May 10, 1969, Relative Value Studies published by the California Medical Association.

<u>Procedure</u>	<u>Unit Value</u>
Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and /or extremities (including hands and feet); 2.6 cm to 7.5 cm (12002) .....	0.65
Open treatment of nasal fracture; uncomplicated (21325) .....	2.7
Closed treatment of clavicular fracture; with manipulation (23505) .....	1.8
Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction (24505) .....	3.3
Closed treatment of distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; with manipulation (25605) .....	2.7
Closed treatment of metacarpal fracture, single; with manipulation, each bone (26605) .....	1.6
Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each (26720) .....	0.75
Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction (27502) .....	4.75
Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction (27752) .....	4.0
Closed treatment of fracture great toe, phalanx or phalanges; with manipulation (28495) .....	0.7
Arthroscopy, knee, surgical, with meniscectomy (medial OR lateral, including any meniscal shaving) (29881) .....	10.0
Arthroscopically aided anterior cruciate ligament repair/ augmentation or reconstruction (29888) .....	17.0
Open treatment of acromioclavicular dislocation, acute or chronic; (23550) .....	8.0
Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa) (61305) .....	23.0
Repair, extensor tendon, finger, primary or secondary: with free graft (includes obtaining graft) each tendon (26420) .....	4.2
Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; lumbar (22325) .....	15.0

## GUARANTEE TRUST LIFE INSURANCE COMPANY PRIVACY NOTICE

At Guarantee Trust Life Insurance Company (GTL) we know the importance of the right to privacy. That's why protecting the information that personally identifies each and every one of our valued insurance customers is high priority, and a matter we take very seriously.

Our primary goal is, and will continue to be, providing competitive, fairly priced, and exceptional quality insurance products to meet the short-term and long-term financial needs of our customers. From life and health insurance to credit life and credit disability insurance, getting people the protection they need is not just a job to us. It is a privilege.

While the personal, financial and medical information shared with us (from applying for coverage, to filing a claim) is the cornerstone to providing the high-quality insurance protection and service our customers have come to know and expect, be assured that information, unique to our insurance customers, is kept secure, confidential and used expressly for the purpose of conducting our insurance relationship with them. Remember, protecting our customer's privacy is not only our priority...it's a promise.

The following is a summary of our privacy policy and practices. It tells you about the kinds of personally identifiable information we collect, disclose or share with others.

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### **INFORMATION WE COLLECT AND SOURCES OF INFORMATION**

In order for GTL to provide and administer the insurance products we offer, we collect personal information about the customer. Some of the information we collect is "nonpublic". The nonpublic personal information we collect is obtained from the following sources:

- Information we receive on the application for insurance or other forms (*such as name, address, telephone number, age, social security number, and beneficiary designation.*)
- Information about our customer's transactions with us and our affiliates (*such as the type of insurance product purchased, the premium paid, the method of purchase, and payment history.*)
- Information we receive from third party reports, (*such as consumer-reporting/credit agencies, motor vehicle records, and medical information. All medical information we receive is subject to the Medical Confidentiality rules described below.*)

### **INFORMATION WE DISCLOSE**

GTL does not disclose any nonpublic personal information about our customers or former customers to anyone without providing notice of the customer's rights to either opt out or opt in the sharing of personal information, except as permitted or required by law.

We may also disclose all of the information we collect, as described above, with the following:

- Affiliates – We may share information with our affiliates. Our affiliates offer products and services that may complement insurance purchases and we believe may be of interest to our customers.
- Service Providers – We may share information with companies engaged to perform services on our behalf, such as third party administrators and vendors hired to effect, administer or enforce a transaction a customer requests or authorizes; to develop or maintain computer software; or to perform market research.
- Joint Marketing – We may share information with companies that perform marketing services on our behalf or to other financial institutions with which we have a joint marketing agreement.

### **MEDICAL CONFIDENTIALITY**

All medical information is kept confidential. We will not use or share, internally or with third-parties, our customer's medical information except for the purposes of:

- Underwriting;
- Administering the policy or claim;
- As permitted or required by law; or
- As authorized by the customer.

### **SECURITY AND CONFIDENTIALITY OF CUSTOMER INFORMATION**

We restrict access to nonpublic personal information about our customers to those employees (or people working on our behalf under confidentiality agreements) who need to know the information in order to provide products and services. We also maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard all nonpublic personal information.

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