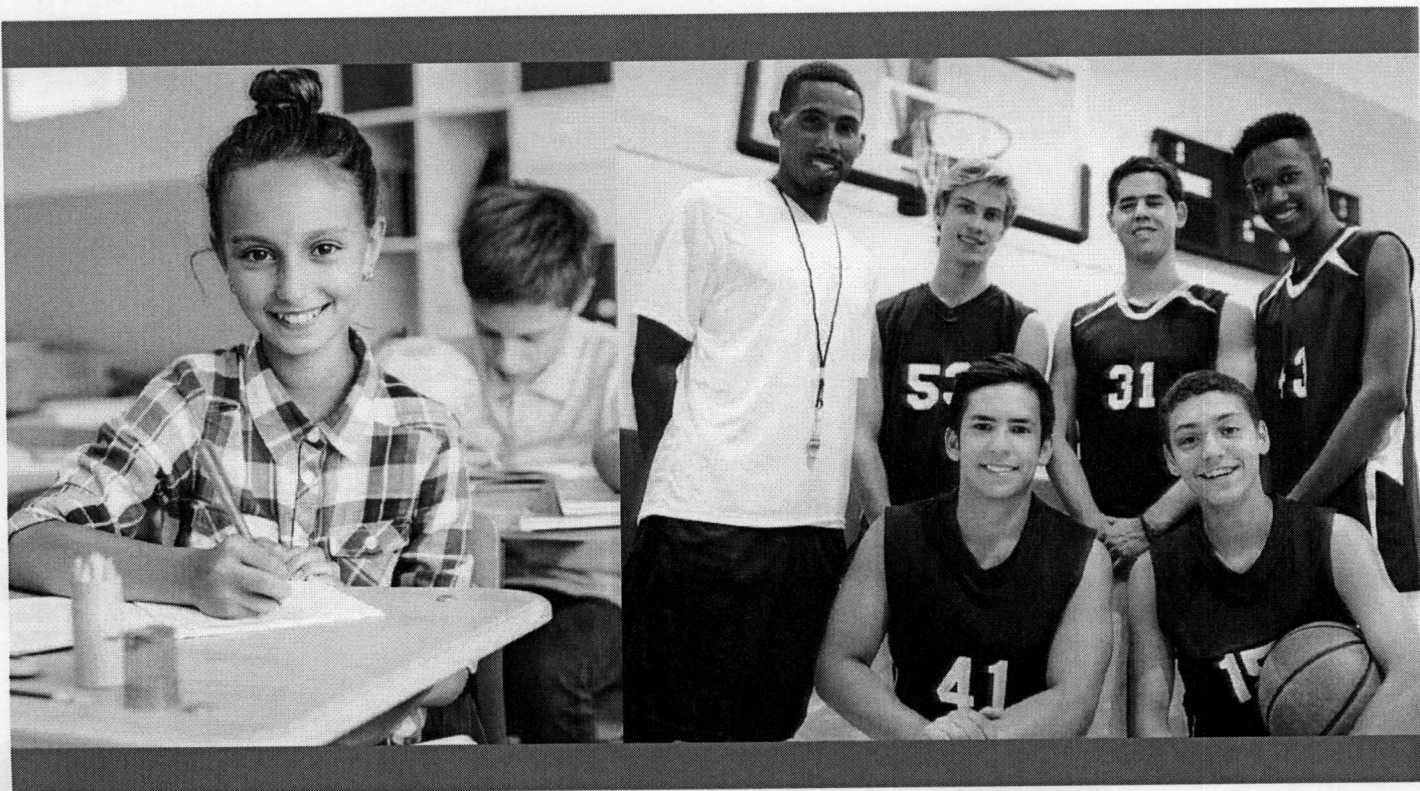


# 2018-19 MICHIGAN STUDENT ACCIDENT INSURANCE PROGRAM Multi-Benefit Protection

*Administered by:*



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



# ACCIDENT INSURANCE PLANS

for all students and athletes

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**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 only if the required additional premium is paid. 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.

**EXTENDED DENTAL:** For an additional premium, Extended Dental Expense increases the maximum benefit for Injury to Sound, Natural teeth up to \$5,000.

**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.



# MICHIGAN 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.

### MAXIMUM BENEFIT AMOUNT PER INJURY - \$25,000

#### COVERAGE AND BENEFITS

##### HOSPITAL/FACILITY SERVICES:

###### Inpatient:

Hospital Room and Board and general nursing care	80% of Reasonable & Customary up to \$500 per day maximum
Hospital Intensive Care	80% of Reasonable & Customary up to \$500 per day maximum
Hospital Miscellaneous Expense	80% of Reasonable & Customary up to \$1,500 maximum

###### Outpatient:

Hospital Miscellaneous	80% of Reasonable & Customary up to \$1,000 maximum
Hospital Emergency Care	80% of Reasonable & Customary up to \$500 maximum

###### Doctor's Services:

Surgical Fee – One Procedure Limit	80% of Reasonable & Customary up to \$2,500 maximum
Assistant Surgeon Expense	80% of Reasonable & Customary
Anesthesia Services	80% of Reasonable & Customary
Physical Therapy and/or treatment of the spine by manual or mechanical means	80% of Reasonable & Customary up to \$1,000 maximum
Doctor's Visits	80% of Reasonable & Customary

##### OTHER SERVICES:

Registered Nurse Expense	80% of Reasonable & Customary
Prescription Drug	80% of Reasonable & Customary
Laboratory Services	80% of Reasonable & Customary
X-rays – includes interpretation – outpatient	80% of Reasonable & Customary up to \$500 maximum
MRI/CAT Scan – includes interpretation	80% of Reasonable & Customary up to \$750 maximum
Ambulance Expense	80% of Reasonable & Customary up to \$500 maximum
Durable Medical Equipment	80% of Reasonable & Customary up to \$500 maximum
Orthopedic Appliances	80% of Reasonable & Customary up to \$500 maximum
Dental Treatment (For Injury to Sound & Natural Teeth)	80% of Reasonable & Customary up to \$2,500 maximum
Replacement of Eyeglasses, lenses, contact lenses and hearing aids, resulting from an Injury requiring medical treatment	80% of Reasonable & Customary
Motor Vehicle Accident injuries	80% of Reasonable & Customary limited to a maximum of \$2,500 per Injury
Loss of Life	\$2,500
Single Dismemberment (Loss of One Hand, One Foot, Entire Sight of One Eye, or Hearing One Ear)	\$5,000
Double Dismemberment (Loss of Both Hands, Both Feet, Entire Sight of Both Eyes, or Hearing Both Ears or Loss of Speech)	\$10,000

#### PREMIUMS (ONE-TIME ANNUAL PAYMENT)

##### School-Time Accident Coverage:

Grades PreK-12 includes all activities and interscholastic sports, except 9-12 football	\$105.00
Grades PreK-12 includes all activities except interscholastic sports	\$62.00

##### 24-Hour-A-Day Accident Coverage:

Grades PreK-12 includes all activities and interscholastic sports, except 9-12 football	\$290.00
Grades PreK-12 includes all activities except interscholastic sports	\$220.00

##### Football Only Accident Coverage:

Grades 9-12 (2018 Season Only)	\$375.00
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##### Extended Dental: (Can only be purchased in conjunction with School-Time, 24-Hour-A-Day or Football Only Plans)

Grades PreK-12	\$15.00
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## 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 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; 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 covered by Worker's Compensation or the Occupational Disease Law or mandatory no-fault automobile insurance; (6) Hernia, any type, regardless of cause; (7) Injury sustained fighting or brawling, except as an innocent victim; (8) Injury sustained while committing or attempting to commit a felony; (9) Suicide or attempted suicide; (10) Treatment of temporomandibular joint dysfunction and associated myofacial pain; (11) Re-injury or complications of an Injury which occurred prior to the Policy's Effective Date; (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, snowmobile or all-terrain vehicle (ATV); (13) Injury sustained while participating in or practicing for interscholastic sports, or grades 9 through 12 tackle football, unless optional coverage has been purchased; (14) 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 during the commission of or attempt to commit a felony, or while engaged in an illegal occupation; (15) 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; (16) 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; (17) Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body; (18) Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay; (19) Injury sustained skiing or participating in a rodeo; (20) Treatment of sickness or disease in any form; (21) Injury sustained while voluntarily participating in a riot or civil commotion or disturbance of any kind; (22) Injury received while traveling or flying by air, except as a fare-paying passenger on a regularly scheduled commercial airline.

## IMPORTANT INFORMATION

1. Treatment must begin within sixty (60) 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 premium 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.



# GTL

GUARANTEE  
TRUST  
LIFE

A black and white photograph of four students in a library or classroom setting. Two girls are seated at a table, looking at a laptop. One girl is holding a volleyball. Two boys are standing behind them, smiling. The scene is brightly lit and conveys a positive, academic atmosphere.

## CATASTROPHIC STUDENT ACCIDENT INSURANCE

UNDERWRITTEN BY:  
**GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)**  
1275 Milwaukee Avenue, Glenview, IL 60025  
[www.gtlic.com](http://www.gtlic.com)

GB-CAT-SA

ADMINISTERED BY:  
First Agency, Inc.  
5071 West H Avenue, Kalamazoo, MI 49009  
[www.1stAgency.com](http://www.1stAgency.com) | 269-381-6630



## **+ INTERSCHOLASTIC ATHLETICS**

### **• COVERED PARTICIPANT**

All students who suffer a catastrophic Injury while participating as a team member in a Covered Activity of a participating school. Students include student athletes, student managers, student trainers, cheerleaders or other activity participants, if applicable.

### **• COVERED ACTIVITY**

An interscholastic athletic competition which is officially authorized, sanctioned and scheduled by the Insured person's participating school and governed by the rules and regulations of the state high school athletic activities association. This includes related pre-competition activities, practice sessions, and team travel which are authorized, organized and supervised by the Insured person's participating school.

## **+ COVERAGE TERM**

This coverage becomes effective on the requested Effective Date provided the premium and the application form are received and accepted by Guarantee Trust Life Insurance Company or the designated agent. Coverage will continue until the end of the Policy Term.

## **+ GENERAL DESCRIPTION OF COVERAGE:**

Accident Medical Expense

*(Includes Accidental Death of \$10,000 and Accidental Dismemberment Schedule)*

Coverage is provided for a covered Injury to an Insured:

1. While participating in a Covered Activity or performing directly assigned duties in connection with a Covered Activity.
2. During covered travel to and from the location of a Covered Activity.
3. During a temporary stay at the location of a Covered Activity held away from the location of the participating school or while the Insured is engaged in an activity sponsored, supervised, and travel authorized by the participating school.

## **+ STUDENT COVERAGE (School-sponsored activities)**

A participating school may cover students participating in all school-sponsored activities other than interscholastic athletic competition (i.e., school-sponsored activities not governed by the rules and regulations of the appropriate state high school athletic/activities association). These activities may include the following:

1. Intramural sports
2. Physical education classes
3. Regular school sessions
4. Off-campus group activities that are school-sponsored and supervised
5. On-campus group activities that are school-sponsored and supervised
6. Travel directly to and from the above activities in a Designated Vehicle operated by a licensed driver or as a group in a private vehicle if designated as school transportation by the authority of the school and operated by a valid licensed adult driver.

After the Deductible is satisfied, benefits will be payable for the Reasonable and Customary charges incurred for injuries sustained in a covered Accident. The Insured must be under the care of a duly licensed Doctor. Accident Medical Expense Benefits are payable up to the Maximum Benefit Amount for each Insured per Injury. The first Covered Charge must be incurred within 26 weeks of the covered Accident. The Deductible must be incurred within 2 years after the date of the covered Accident.

All Covered Charges will be considered for payment on an excess basis if any Other Valid and Collectible Insurance or Plan covers the Insured person.

## **+ AVAILABLE OPTIONS**

### **HEART/CIRCULATORY COVERAGE**

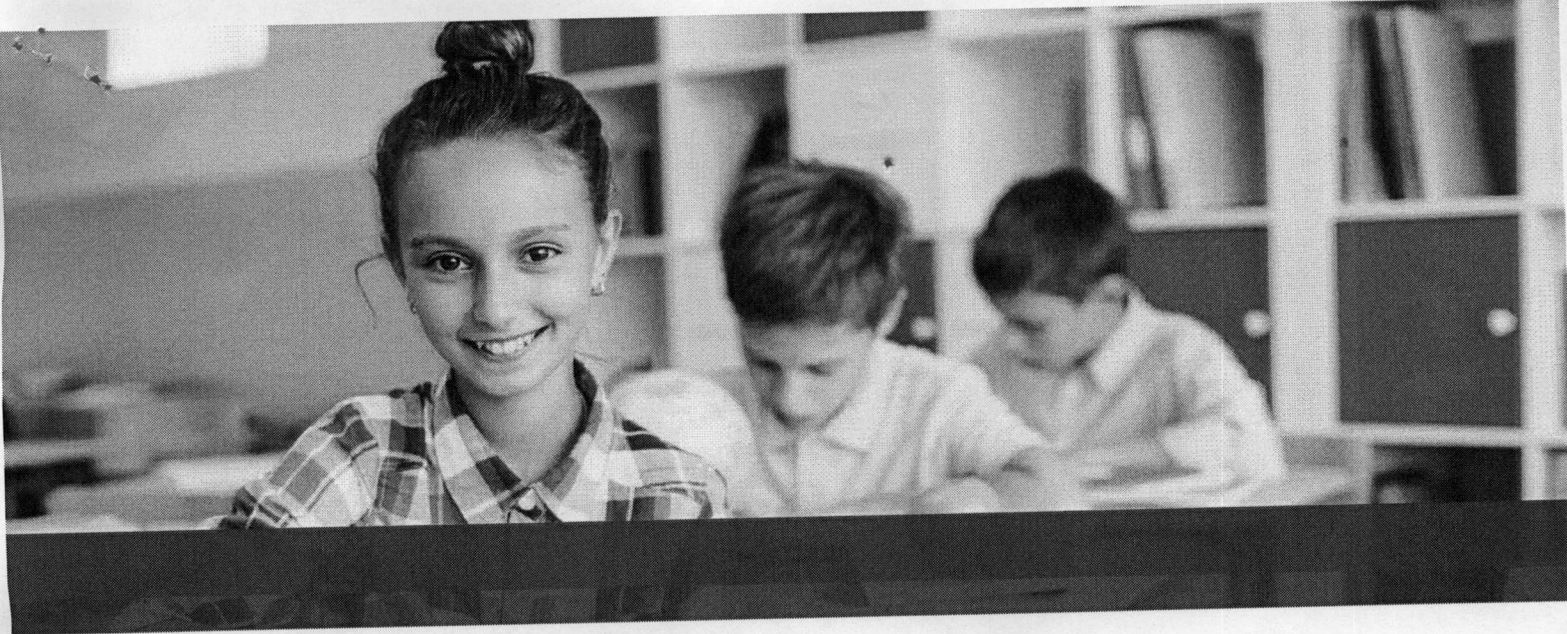
Coverage can be expanded to cover the treatment of heart and/or circulatory malfunction resulting from participation in a Covered Activity such as stroke, heat exhaustion, heart attack, and brain circulatory malfunctions.

## EXCLUSIONS:

### The Policy does not provide benefits for:

- 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;
  - Are not specifically listed as Covered Charges in the Policy.
- Intentionally self-inflicted Injury.
- Injury received while violating or attempting to violate any duly enacted law.
- Injury by acts of war, whether declared or not.
- Injury received while traveling or flying by air, except as a fare-paying passenger on a regularly scheduled commercial airline.
- Injury covered by Worker's Compensation or the Occupational Disease Law.
- Treatment of Osgood-Schlatters disease; appendicitis; osteomyelitis; pathological fractures; congenital weakness; TMJ; fainting; headaches; boils; detached retina unless directly caused by Injury; or Mental or Nervous Disorders whether or not caused by Injury.
- Injury caused by or contributed to by aggravation or reinjury of a Pre-existing Condition.
- Suicide or attempted suicide; or self-destruction or an attempt to self-destroy while insane.
- Injury sustained fighting, except as an innocent victim.
- Expense incurred for the use of orthotics unless used exclusively to promote healing.
- Off season physical conditioning for interscholastic sports. The "official season" for each specific covered sport is the period within the dates determined by the appropriate athletic/activities association for the practice and play of that sport.
- Heart and/or circulatory malfunction resulting from participation in a Covered Activity, such as stroke, heat exhaustion (except as specifically stated), heart attack, and brain circulatory malfunctions (**see available options for enhancement**).
- Repetitive motion Injuries, strains, hernia, tendinitis, bursitis, spondylolysis, osteochondritis dissecans and heat exhaustion not related to a specific Injury.
- Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures.
- 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.
- 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.
- 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.





## ENROLLMENT

The schools or school districts may enroll in the CATASTROPHIC STUDENT ACCIDENT INSURANCE by completing the application form as follows:

1. Select persons to be covered (interscholastic athletes only, students only, or both combined).
2. Enter number of athletes and/or students to be covered.
3. Complete, sign and date the application form.
4. Attach payment for the premium payable to First Agency, Inc.

## SEND TO:

First Agency, Inc.  
5071 West H Avenue  
Kalamazoo, MI 49009-8501  
Phone: (269) 381-6630  
Fax: (269) 492-0084  
[www.1stAgency.com](http://www.1stAgency.com)



**NOTE:** The Policy terminates on **August 1st** following the effective date of enrollment.

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.

## FIRST AGENCY INC.

First Agency, Inc. of Kalamazoo, Michigan specializes in servicing programs of student and athletic Accident coverage at both the interscholastic and intercollegiate levels, as well as special-risk programs such as summer camps and recreational leagues. This has been our only business since 1959. Our office currently serves over 1,000 high schools, colleges, universities, clubs, recreation departments and other athletic organizations in over 20 states.

## CONTACTS:

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