

# 2014-2015 STUDENT INSURANCE PLANS

## We Recommend Accident & Sickness Insurance

- Accidents and Sicknesses happen! When they happen to your child, someone must pay the bills.
- Here are accident and sickness insurance plans to cover your child either 24 hours a day (24-Hour Plans) 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.
- **FOR ACCIDENT ONLY COVERAGE:** The enrollment period will remain open all year for all students. No reduction in premium will be given to late enrollees.

School Time	24-Hour Accident	Accident & Sickness	IMPORTANT PROTECTION FACTS
✓	✓	✓	<b>PROVIDES COVERAGE FOR ALL INTERSCHOLASTIC SPORTS EXCEPT GRADES 10-12 FOOTBALL.</b> <u>ALL INTERSCHOLASTIC SPORTS ARE COVERED EFFECTIVE IMMEDIATELY UPON PAYMENT OF PREMIUM EVEN THOUGH OFFICIAL PRACTICE BEGINS BEFORE THE START OF THE REGULAR SCHOOL YEAR.</u>
✓	✓		<b>BECOMES EFFECTIVE THE DATE PREMIUM PAYMENT IS RECEIVED BY THE COMPANY OR ITS REPRESENTATIVE (but not prior to the opening day of school).</b> For students who purchased coverage the previous school year, the effective date will be retroactive to the first day of school provided the new premium is paid within 7 days of the opening day of the school year.
		✓	<b>BECOMES EFFECTIVE THE DAY AFTER PREMIUM PAYMENT IS RECEIVED BY THE COMPANY OR ITS REPRESENTATIVE (but not prior to the opening day of school).</b> <b>COVERAGE MUST BE PURCHASED WITHIN 75 DAYS OF THE BEGINNING OF EACH SCHOOL YEAR, OR WITHIN 75 DAYS OF INITIAL ENROLLMENT INTO THE DISTRICT AS A NEW STUDENT.</b> <u>EXCEPTIONS WILL ONLY BE MADE FOR THOSE STUDENTS WHO BECOME INELIGIBLE UNDER ANOTHER PLAN OF CREDITABLE COVERAGE. FOR STUDENTS WHO PURCHASED COVERAGE THE PREVIOUS SCHOOL YEAR, THERE WILL BE NO INTERRUPTION IN COVERAGE PROVIDED THE NEW PREMIUM IS PAID WITHIN 7 DAYS OF THE OPENING DAY OF THE SCHOOL YEAR.</u>
✓	✓	✓	<b>PROVIDES COVERAGE DURING THE HOURS THAT SCHOOL IS IN REGULAR SESSION.</b>
	✓	✓	<b>PROVIDES 24-HOUR-A-DAY PROTECTION.</b>
✓	✓	✓	<b>PROVIDES COVERAGE DURING THE TIME NECESSARY FOR TRAVEL BETWEEN THE INSURED'S HOME AND THE BEGINNING OR END OF REGULAR SCHOOL SESSIONS.</b>
✓	✓	✓	<b>PROVIDES COVERAGE WHILE PARTICIPATING IN OR ATTENDING ACTIVITIES ORGANIZED, SPONSORED AND SUPERVISED BY THE SCHOOL.</b> Coverage for travel directly to and from such activities in a vehicle furnished by the School is also provided.
✓			<b>COVERAGE EXPIRES AT THE CLOSE OF THE REGULAR SCHOOL YEAR.</b> (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).
	✓	✓	<b>COVERAGE CONTINUES WITHOUT INTERRUPTION ALL SUMMER</b> until school re-opens for the following year.

**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 25. AT AGE 25, THE POLICY CONTINUES AS CASH VALUE WHOLE LIFE INSURANCE. CHILDREN AGES 3 MONTHS TO 24 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 \$20 A YEAR FOR A \$5,000 POLICY AND \$40 A YEAR FOR A \$10,000 POLICY. AT AGE 25, THE RATES CHANGE TO \$93 PER YEAR FOR A \$5,000 POLICY AND \$186 PER YEAR FOR A \$10,000 POLICY. THESE RATES ARE GUARANTEED TO REMAIN THE SAME FOR LIFE. UNDERWRITTEN BY GUARANTEE TRUST LIFE INSURANCE CO.



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

The Great Start Plan is not a National Guardian Life Insurance Company insured benefit

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. FOOTBALL PREMIUM COVERS FOOTBALL ONLY

## 24-Hour-A-Day Coverage

### ACCIDENT ONLY

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\*

### ACCIDENT & SICKNESS

Protects your child all school year and through the summer, until school re-opens in the fall. This option covers sickness as well as accidents, 24-hours-a-day! Optional coverage may be required for interscholastic sports. See **OPTIONS** for available optional sports coverage, if any.

## School-Time Coverage

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.

# 2014-2015 STUDENT INSURANCE PLANS

**POLICY MAXIMUM \$25,000.00** FOR ANY ONE COVERED ACCIDENT OR SICKNESS FOR EXPENSE INCURRED WITHIN 52 WEEKS OF THE ACCIDENT OR THE DATE OF FIRST TREATMENT OF SICKNESS. TREATMENT MUST BEGIN WITHIN 30 DAYS OF THE DATE OF THE ACCIDENT. THE COMPANY WILL PAY FOR REASONABLE AND CUSTOMARY EXPENSE INCURRED.

## COVERAGE & BENEFITS

BENEFITS ARE PAYABLE FOR EACH COVERED ACCIDENT (OR SICKNESS IF ADDITIONAL PREMIUM IS PAID) UP TO THE DOLLAR AMOUNTS SPECIFIED BELOW.

ACCIDENT & SICKNESS OPTION		LOW OPTION	HIGH OPTION	ACCIDENT ONLY OPTIONS		LOW OPTION	HIGH OPTION	
<b>HOSPITAL EXPENSE</b>	ROOM AND BOARD, per day	\$150	\$300	<b>HOSPITAL EXPENSE</b>	ROOM AND BOARD, per day	\$150	\$300	
	MISCELLANEOUS EXPENSE, for expense incurred while hospital confined or for outpatient/day surgery	\$1,000	\$2,000		<b>HOSPITAL EXPENSE</b>	MISCELLANEOUS EXPENSE, for expense incurred while hospital confined or for outpatient/day surgery	\$1,000	\$2,000
	EMERGENCY ROOM	UP TO POLICY MAXIMUM				<b>HOSPITAL EXPENSE</b>	EMERGENCY ROOM	\$150
<b>SURGERY</b> (includes suturing, cutting and reduction of fractures)	DOCTOR'S FEES, per unit determined by Surgical Schedule	\$80	\$160	<b>SURGERY</b> (includes suturing, cutting and reduction of fractures)	DOCTOR'S FEES, per unit determined by Surgical Schedule		\$80	\$160
	ANESTHETIST, Percent of Surgical Expense	20%	20%		<b>SURGERY</b> (includes suturing, cutting and reduction of fractures)	Fractures not requiring reduction will be paid at	50% of the Surgical Schedule	
	ASSISTANT SURGEON, Percent of Surgical Expense	25%	25%			<b>SURGERY</b> (includes suturing, cutting and reduction of fractures)	ANESTHESIA, Percent of Surgical Expense	20%
<b>DOCTOR VISITS</b> non-surgical	PER VISIT	\$25	\$50	<b>DOCTOR VISITS</b> non-surgical	PER VISIT		\$25	\$50
	PHYSICAL THERAPY/PHYSIOTHERAPY Per visit Maximum per Injury	\$25	\$50		<b>DOCTOR VISITS</b> non-surgical	PHYSICAL THERAPY/PHYSIOTHERAPY Per visit Maximum number of visits per Injury	\$25	\$50
		\$75	\$150				3	3
<b>OUTPATIENT IMAGING PROCEDURES</b>		UP TO POLICY MAXIMUM		<b>OUTPATIENT IMAGING PROCEDURES</b>	INCLUDING X-RAYS & INTERPRETATION	\$100	\$200	
					<b>OUTPATIENT IMAGING PROCEDURES</b>	IMAGING PROCEDURES OTHER THAN X-RAYS	\$125	\$250
<b>AMBULANCE EXPENSE</b>		\$100	\$200	<b>AMBULANCE EXPENSE</b>			\$100	\$200
<b>DENTAL EXPENSE</b>	For injury to Sound, Natural Teeth Per tooth These benefits are available <u>ONLY</u> for accidental bodily injury	\$200	\$400	<b>COVERED MOTOR VEHICLE INJURY EXPENSE</b>	Injuries sustained in a motor vehicle accident are limited to, per Injury	\$750	\$750	
Ohio mandates coverage for the following benefits: Emergency Services expense; Treatment of alcoholism on an inpatient, intermediate and outpatient basis; cytologic screening; and mammograms; serious mental disorders; routine patient care costs for cancer clinical trials. Please see policy on file with the policyholder for complete details.				<b>DENTAL EXPENSE</b>	For injury to Sound, Natural Teeth Per tooth	\$200	\$400	
				<b>DENTAL EXPENSE</b>	These benefits are available <u>ONLY</u> for accidental bodily injury	\$100	\$200	Deferred Dental Expense The need for future dental treatment must be certified by a dentist within 52 weeks of the accident. The company will pay the difference between the amount already paid and the estimated future cost.

### OTHER BENEFITS - Included with Accident Only Options and Accident and Sickness Option

**ACCIDENTAL DEATH AND DISMEMBERMENT** - If Injury causes DEATH or DISMEMBERMENT within 100 days of the accident, the plan pays as follows:

Loss of Life .....	\$2,000
Loss of One Hand or One Foot .....	\$1,000

Loss of the Entire Sight of One Eye .....	\$1,000
Loss of Both Hands or Feet .....	\$10,000

**EFFECTS OF OTHER COVERAGE:** No deductible applies to this policy. The policy will provide benefits regardless of other collectible insurance for the first \$250 of eligible charges per injury or sickness. Thereafter, for Accident Only coverages, benefits will be paid on an excess basis if the student has other coverages or plans that would provide benefits for the same injury; for Accident and Sickness coverage, benefits will coordinate with any other valid and collectible insurance or plan.

**EXCLUSIONS** The policies do not provide benefits for: (a) Treatment, services or supplies which are not medically necessary; are not prescribed by a doctor as necessary to treat a sickness or injury; are determined to be experimental/investigational in nature by Us; 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; (b) Injury or Sickness arising out of or in the course of employment or which is compensable under any Workers' Compensation or Occupational Disease Act or Law (c) 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); (d) Suicide or Intentionally self-inflicted injury while sane or insane; (e) Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial scheduled airline; (f) Expenses incurred as a result of dental treatment, except as specifically stated; (g) Fighting or brawling, except in self-defense; (h) Treatment of mental or nervous disorders (i) Treatment in any Veteran's Administration Hospital, federal or government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.

**THE FOLLOWING EXCLUSIONS ARE FOR ACCIDENT ONLY COVERAGE:** (j) Re-injury or complications of an injury which occurred prior to the Policy's effective date; (k) Injury caused by or contributed to by aggravation of a Pre-existing Condition; (l) Hernia of any type; (m) Treatment of sickness or disease in any form, blisters, insect bites, frostbite, heat exhaustion or sunstroke; (n) Treatment of vegetation or ptomaine poisoning or bacterial infections, except pyogenic infections due to accidental open cuts. (o) Services of an assistant surgeon or doctor when surgery is performed; (p) Eyeglasses, contact lenses, routine eye exams or prescriptions therefor; (q) Loss due to acts of war, whether declared or not; (r) Injury contributed to by the use of alcohol or drugs not prescribed by a Doctor; (s) Cosmetic surgery, except for reconstructive surgery on an injured part of the body.

**THE FOLLOWING EXCLUSIONS ARE FOR ACCIDENT AND SICKNESS COVERAGE ONLY:** (t) Injury caused by, contributed to or resulting from alcoholism and drug addiction; (u) Loss due to voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Doctor; (v) Elective abortions; (w) Normal pregnancy and childbirth. (x) Eye examinations, contact lenses, eyeglasses, replacement of eyeglasses or prescription, therefore, or radial keratotomy or laser surgery; hearing aids or prescriptions or examinations, except as required for repair caused by Injury. (y) Cosmetic surgery other than reconstructive surgery incidental to or following surgery resulting from trauma, infection or other diseases of the involved part (z) Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared; service in the armed forces of any country.

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.

**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.**

Administered by: **N. CAROL INSURANCE**, Nancy C. Rundels, 1989 W. Fifth Ave. #6, Columbus, OH 43212 (614) 486-1666 ■ For Claim Service Please Call: **GUARANTEE TRUST** at (800) 622-1993

Underwritten by: **NATIONAL GUARDIAN LIFE INSURANCE COMPANY**, Madison, Wisconsin.

National Guardian Life Insurance Company is not affiliated with the Guardian Life Insurance Company of America, aka The Guardian or Guardian Life.

# 2014-15 SCHOOL YEAR APPLICATION

NA-OH-K-12-2014-15-10

ONE TIME ANNUAL PAYMENT FOR ACCIDENT OR SICKNESS PLANS		
OPTIONS	LOW OPTION	HIGH OPTION
<b>ACCIDENT &amp; SICKNESS</b>		
<b>24-Hour-A-Day Plan</b>	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$650.00
Students Grades K-12		
<b>ACCIDENT ONLY</b>		
<b>24-Hour-A-Day Plan</b>	<input type="checkbox"/> \$83.00	<input type="checkbox"/> \$166.00
Students Grades K-6	<input type="checkbox"/> \$96.00	<input type="checkbox"/> \$192.00
Students Grades 7-12	<input type="checkbox"/> \$96.00	<input type="checkbox"/> \$192.00
Faculty & Admin.		
<b>ACCIDENT ONLY</b>		
<b>School-Time Plan</b>	<input type="checkbox"/> \$24.00	<input type="checkbox"/> \$48.00
Students Grades K-6	<input type="checkbox"/> \$39.00	<input type="checkbox"/> \$78.00
Students Grades 7-12	<input type="checkbox"/> \$39.00	<input type="checkbox"/> \$78.00
Faculty & Admin.		
<b>OPTIONAL FOOTBALL COVERAGE</b>		
(Grades 10-12, including grade 9 if playing with 10-12) 2014 Season Only		
<b>PER PLAYER</b>		
	<input type="checkbox"/> \$136.00	<input type="checkbox"/> \$272.00
<b>GREAT START* Life Insurance Protection</b>		
<input type="checkbox"/> \$1.00 For first 3-months full coverage. (May be selected with or without other plans)		
<b>Pick an Amount</b>		
<input type="checkbox"/> \$ 5,000.00 <input type="checkbox"/> \$10,000.00		

**TOTAL \$** \_\_\_\_\_ (Please do not send cash)  
**MAKE CHECK PAYABLE TO YOUR LOCAL AGENT**  
 NGP-1200 - NGP-2002    L-58-DB

**STUDENT INSURANCE APPLICATION** 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

The Modified Whole Life Great Start Plan (shown below) is not a National Guardian Life Insurance Company insured benefit

**\*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, 2014, 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.

**IN SOME STATES WE ARE REQUIRED TO ADVISE YOU OF THE FOLLOWING: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE, INCOMPLETE, OR DECEPTIVE STATEMENT OF A MATERIAL FACT MAY BE GUILTY OF INSURANCE FRAUD.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Relationship to Insured:**

Self     Grandparent

Guardian     Parent

APP4-96-B

## 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.



YOUR LOCAL AGENT



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