

# FORRESTVILLE VALLEY SCHOOL DISTRICT #221



**SUPERINTENDENT  
Mrs. Sheri Smith**

## Student Accident Insurance Coverage

Dear Parents:

The school district does not provide any type of health or accident insurance for injuries incurred by your child at school.

As a service to students and their families, our school is making available a student accident insurance plan for you child at a very nominal cost. The district offers this program because of trends in rising family health and dental insurance costs, increased deductibles, co-payments, or lack of health or dental insurance coverage.

### **REASONS TO PURCHASE THIS COVERAGE:**

1. Deductible and co-pays in your health plan. Many health plans have increased the amount of out-of-pocket expenses.
2. No insurance.

This plan will provide benefits for medical expenses incurred because of an accident. If you have other insurance, benefits can be applied to your deductible or co-pays.

If you have no other insurance, this will become your primary accident plan.

**PURCHASE COVERAGE ON-LINE** (with *Visa* or *MasterCard*) at [www.1stAgency.com](http://www.1stAgency.com) and then follow directions at "Find Your School."

OR

**PRINT BROCHURE PDF FROM SCHOOL DISTRICT PAGE** at [www.1stAgency.com](http://www.1stAgency.com) and pay with check or money order.

All questions regarding this coverage should be directed to First Agency, Inc. at (269) 381-6630, or toll free at (800) 243-6298.

Thank you,  
Mrs. Sheri Smith  
Superintendent

# 2020-21 ILLINOIS 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



## ***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



# ACCIDENT INSURANCE PLANS

for all students and athletes

---



**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 in a Designated Vehicle 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. 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.

**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 2020 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.

# ILLINOIS 2020/2021

## Benefits and Premiums

All Maximum amounts are per Injury except as specifically stated.

Injury means bodily injury, independent of disease or bodily infirmity, which directly results in loss covered by the Policy. The Injury must occur and the loss must begin while the coverage for the Insured is in force under the Policy.

COVERAGE AND BENEFITS	STANDARD PLAN	DELUXE PLAN
Maximum Benefit Amount Per Injury	\$25,000.00	\$25,000.00
Deductible	\$0.00	\$0.00
Hospital Room and Board and general nursing care, limited to a maximum of	\$200.00/day	\$600.00/day
Intensive Care, limited to a maximum of	\$200.00/day	\$600.00/day
Miscellaneous Hospital Charges, limited to a maximum of	\$1,500.00	\$3,000.00
Doctor's Charges for Surgery, in accordance with the Surgical Schedule using	\$75.00 per unit value	\$200.00 per unit value
Administration of Anesthesia, limited to	20% of the Surgical Schedule allowance	20% of the Surgical Schedule allowance
Assistant Surgeon Charge, limited to		
Non-Surgical Doctors' Visits, including Physical Therapy: 1st Visit up to Thereafter up to Physical Therapy is limited to a maximum benefit of 5 visits.	\$25.00 \$15.00	\$60.00 \$50.00
Hospital Emergency Care, excluding professional charges, limited to a maximum of	\$200.00	\$400.00
Outpatient Imaging Procedures and Interpretation for MRI/CAT Scan, up to a maximum benefit of	\$200.00	\$500.00
Outpatient X-ray Services, limited to a maximum of	\$200.00	\$500.00
Ambulance Charges, limited to a maximum of	\$100.00	\$400.00
Durable Medical Equipment including orthopedic appliances, limited to a maximum of	\$100.00	\$200.00
Dental Treatment, per tooth (for Injury to Sound, Natural Teeth), limited to	\$200.00	\$600.00
Motor Vehicle Accident injuries, limited to	\$5,000.00	\$5,000.00
Loss of Life	\$5,000.00	\$5,000.00
Single Dismemberment – (Loss of One Hand, One Foot, Entire Sight of One Eye or Hearing One Ear)	\$1,000.00	\$1,000.00
Double Dismemberment – (Loss of both Hands, Both Feet, Entire Sight of Both Eyes, Hearing both Ears or Loss of Speech)	\$10,000.00	\$10,000.00
<b>PREMIUMS (ONE-TIME ANNUAL PAYMENT)</b>	<b>STANDARD PLAN</b>	<b>DELUXE PLAN</b>
<b>SCHOOL-TIME STUDENT ACCIDENT COVERAGE</b>		
Students — Grades Pre-K - 8	\$23.00	\$52.00
Grades 9 - 12	\$46.00	\$105.00
<b>24-HOUR-A-DAY ACCIDENT COVERAGE</b>		
Students — Grades Pre-K - 12	\$125.00	\$275.00
<b>OPTIONAL FOOTBALL ONLY ACCIDENT COVERAGE</b>		
Per Player — Grades 9 - 12	\$162.00	\$369.00

## **EXCLUSIONS**

**THE POLICY DOES NOT PROVIDE BENEFITS FOR:** (1) Treatment, services or supplies which are not Medically Necessary; are not prescribed by a Doctor as necessary to treat an Injury; are Experimental/Investigational in nature; are received without charge or legal obligation to pay; are received from persons employed or retained by the Policyholder or any Family Member, unless otherwise specified; or are not specifically listed as Covered Charges in the Policy; (2) Intentionally self-inflicted Injury; (3) Injury by acts of war, whether declared or not; (4) Injury received while traveling or flying by air, except as a fare paying passenger on a regularly scheduled commercial airline; (5) Injury covered by Worker's Compensation or the Occupational Disease Law or mandatory no-fault automobile insurance; (6) Suicide or attempted suicide; (7) 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; (8) Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures; (9) Re-injury or complications of an Injury which occurred prior to the Policy's Effective Date; (10) Hernia, any type, except if directly resulting from accidental Injury while covered under the Policy; (11) Injury sustained fighting or brawling, except as an innocent victim; (12) Injury sustained while committing or attempting to commit a felony, or while being engaged in an illegal occupation; (13) Injury sustained while voluntarily participating in a riot or civil commotion or insurrection or disturbance of any kind; (14) Treatment of sickness or disease in any form; (15) Treatment of temporomandibular joint dysfunction and associated myofacial pain; (16) Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs; (17) 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; (18) Injury sustained while operating, riding in or upon, mounting or alighting from, any two, three or four-wheeled recreational motor/engine driven vehicle, snowmobile or all terrain vehicle (ATV); (19) Injury sustained skiing or participating in a rodeo; (20) Injury sustained while participating in or practicing for tackle football in grades 9 through 12, including travel, unless optional coverage has been purchased; (21) Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay; (22) Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body; (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; (24) Charges for treatments, services or supplies which exceed reasonable and customary charges; (25) Losses directly or indirectly arising out any chemical or biological release and/or contamination which results from Terrorist Activity; (26) Any loss as the result of Terrorist Activity and/or non-detonating weapons of mass destruction; (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.

## **IMPORTANT INFORMATION**

1. Treatment must begin within thirty (30) days of Accident.
2. Charges 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.

Blanket Accident insurance products are issued on Form Series GP-2030, 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.

- Accidents happen! When they happen to your child, someone must pay the bills.
- Here are Accident only insurance plans to help cover your child either 24 hours a day (24-Hour Plan) or while in school (School-Time Plan).
- These plans provide benefits to help meet the cost of medical and Hospital charges.
- If you have other insurance, these plans can help offset the deductibles and coinsurance for those plans.
- If you have no other insurance, these plans will provide basic coverage.
- Any benefits payable by the Policy as a result of medical, surgical, dental, Hospital or nursing service will be paid directly to the Hospital or person rendering such service unless proof of payment in full is provided.

24-HOUR	SCHOOL TIME	IMPORTANT PROTECTION FACTS
✓	✓	Becomes effective the date premium payment is received by Guarantee Trust Life Insurance Company (GTL) or its representative (but not prior to the opening day of school). Students participating in preschool practice or play for interscholastic sports sanctioned by the High School Athletic Association will be covered as of the date of actual premium payment but only while engaged in actual practice or game sessions. Other aspects of coverage will not start sooner than the first date of regular school session.
✓	✓	Provides coverage during the hours that school is in regular session.
✓		Provides 24-Hour-A-Day protection.
✓	✓	Provides coverage while participating in (or attending) activities organized, sponsored and supervised by the school. Coverage is also provided for travel directly to and from such activities in a Designated Vehicle furnished by the school.
	✓	Coverage expires at the close of the regular school term. (Coverage will be extended while attending academic classes for credit in the summer, when classroom sessions are exclusively sponsored and solely supervised by the school; however, no coverage will be provided for travel to and from classes).
✓		Coverage continues without interruption all summer until school re-opens for the following term.

Optional Football Only Accident Coverage begins on the date of premium receipt by GTL, its representatives or school officials, but not prior to the first official date of practice; and continues through the date of the last official game of the current season including playoffs.

**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 Plan Administrator within 90 days.

## 24-HOUR-A-DAY ACCIDENT COVERAGE

### *24-Hour-A-Day Protection for each Covered Accident*

Helps protect your child for the entire school year and extends **throughout the summer** - right up to the day school opens.

Your child's coverage is good **WORLDWIDE, 24-HOURS-A-DAY**. This includes covered accidents:

- ☞ At home
- ☞ At play
- ☞ At school
- ☞ On vacation
- ☞ Scouting, camping etc.
- ☞ During covered travel
- ☞ While engaged in sports, except those specifically excluded or for which optional coverage is required\*

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

## SCHOOL-TIME ACCIDENT COVERAGE

Helps protect your child while attending regular school sessions. Includes coverage for travel directly to and from your residence in a Designated Vehicle to attend regular school sessions. In addition, coverage is provided while participating in (or attending) covered activities exclusively organized, sponsored and solely supervised by the school and school employees, including travel directly to and from the activity in a Designated Vehicle furnished by the school and supervised solely by school employees. Optional coverage may be required for interscholastic sports. See OPTIONS for available optional sports coverage, if any.

Blanket Accident insurance products are issued on Form Series, GP-2030, 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.

## 2020-2021 STUDENT ACCIDENT 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 FROM ACCIDENTAL BODILY INJURY RESULTING DIRECTLY AND INDEPENDENTLY OF ALL OTHER CAUSES
- COVERED MEDICAL CHARGES WHICH BEGIN WITHIN 30 DAYS OF THE ACCIDENT AND ARE INCURRED WITHIN 52 WEEKS OF THE ACCIDENT

Injury means bodily injury, independent of disease or bodily infirmity, which directly results in loss covered by the Policy. The Injury must occur and the loss must begin while the coverage for the Insured is in force under the Policy.

### COVERAGE AND BENEFITS

BENEFITS ARE PAYABLE UP TO THE DOLLAR AMOUNTS SPECIFIED BELOW

BENEFITS PER INJURY		STANDARD PLAN	DELUXE PLAN	BENEFITS PER INJURY		STANDARD PLAN	DELUXE PLAN
<b>HOSPITAL CHARGES</b>	Room and board and general nursing care, per day	<b>\$200</b>	<b>\$600</b>	<b>AMBULANCE CHARGES</b>	Limited to a maximum of	<b>\$100</b>	<b>\$400</b>
	Intensive Care, per day	<b>\$200</b>	<b>\$600</b>		<b>OUTPATIENT IMAGING PROCEDURES &amp; INTERPRETATION</b>	For MRI/CAT Scan, up to a maximum benefit of	<b>\$200</b>
<b>MISCELLANEOUS HOSPITAL CHARGES</b>	Limited to a maximum of	<b>\$1,500</b>	<b>\$3,000</b>	<b>OUTPATIENT X-RAY SERVICES</b>		Limited to a maximum of	<b>\$200</b>
<b>HOSPITAL EMERGENCY CARE</b>	Excluding professional charges Limited to a maximum of	<b>\$200</b>	<b>\$400</b>		<b>DENTAL TREATMENT</b>	For Injury to Sound, Natural Teeth, per tooth	<b>\$200</b>
<b>DOCTOR'S CHARGES FOR SURGERY</b>	In accordance with the Surgical Schedule using:	<b>\$75 Per Unit Value</b>	<b>\$200 Per Unit Value</b>	<b>MOTOR VEHICLE ACCIDENT INJURIES</b>		Limited to a maximum of	<b>\$5,000</b>
<b>ASSISTANT SURGEON CHARGE</b>	Percent of the Surgical Schedule allowance	<b>20%</b>	<b>20%</b>		<b>OTHER BENEFITS</b> Caused by an Injury & occurring within 365 days of the covered Accident. Only one of these benefits, the largest, will be payable in addition to other benefits listed.	<b>ACCIDENTAL DEATH</b> <b>DISMEMBERMENT</b> Single: Loss of one hand, one foot, entire sight of one eye or hearing in one ear. Double: Loss of both hands, both feet, sight of both eyes, hearing in both ears or loss of speech.	<b>\$5,000</b>
<b>ADMINISTRATION OF ANESTHESIA</b>	Percent of the Surgical Schedule allowance	<b>20%</b>	<b>20%</b>	<b>\$1,000</b>			
<b>DOCTORS' VISITS</b> Non-surgical Including Physical Therapy	First visit Subsequent visits Physical Therapy is limited to	<b>\$25</b> <b>\$15</b> <b>5 visits</b>	<b>\$60</b> <b>\$50</b> <b>5 visits</b>	<b>\$10,000</b>			
<b>DURABLE MEDICAL EQUIPMENT</b>	Including orthopedic appliances Limited to a maximum of	<b>\$100</b>	<b>\$200</b>				

**EXCLUSIONS** - The Policy does not provide benefits for: (1) Treatment, services or supplies which are not Medically Necessary; are not prescribed by a Doctor as necessary to treat an Injury; are Experimental/Investigational in nature; are received without charge or legal obligation to pay; are received from persons employed or retained by the Policyholder or any Family Member, unless otherwise specified; or are not specifically listed as Covered Charges in the Policy; (2) Intentionally self-inflicted Injury; (3) Injury by acts of war, whether declared or not; (4) Injury received while traveling or flying by air, except as a fare paying passenger on a regularly scheduled commercial airline; (5) Injury covered by Worker's Compensation or the Occupational Disease Law or mandatory no-fault automobile insurance; (6) Suicide or attempted suicide; (7) 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; (8) Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures; (9) Re-injury or complications of an Injury which occurred prior to the Policy's Effective Date; (10) Hernia, any type, except if directly resulting from accidental Injury while covered under the Policy; (11) Injury sustained fighting or brawling, except as an innocent victim; (12) Injury sustained while committing or attempting to commit a felony, or while being engaged in an illegal occupation; (13) Injury sustained while voluntarily participating in a riot or civil commotion or insurrection or disturbance of any kind; (14) Treatment of sickness or disease in any form; (15) Treatment of temporomandibular joint dysfunction and associated myofascial pain; (16) Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs; (17) 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; (18) Injury sustained while operating, riding in or upon, mounting or alighting from, any two, three or four-wheeled recreational motor/engine driven vehicle, snowmobile or all terrain vehicle (ATV); (19) Injury sustained skiing or participating in a rodeo; (20) Injury sustained while participating in or practicing for tackle football in grades 9 through 12, including travel, unless optional coverage has been purchased; (21) Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay; (22) Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body; (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; (24) Charges for treatments, services or supplies which exceed reasonable and customary charges; (25) Losses directly or indirectly arising out any chemical or biological release and/or contamination which results from Terrorist Activity; (26) Any loss as the result of Terrorist Activity and/or non-detonating weapons of mass destruction; (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.

**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.

Underwritten by: **GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)**, 1275 Milwaukee Avenue, Glenview, Illinois 60025  
Administered by: **FIRST AGENCY**, 5071 West H Avenue, Kalamazoo, Michigan 49009-8501 (269) 381-6630

# 2020-2021 SCHOOL YEAR ENROLLMENT FORM



PLEASE PRINT CLEARLY

ONE-TIME PREMIUM PAYMENT		
OPTIONS	STANDARD PLAN	DELUXE PLAN
<b>24-HOUR-A-DAY PLAN</b> Grades Pre K-12	<input type="checkbox"/> \$125	<input type="checkbox"/> \$275
<b>SCHOOL-TIME PLAN</b> Grades Pre K-8 Grades 9-12	<input type="checkbox"/> \$23 <input type="checkbox"/> \$46	<input type="checkbox"/> \$52 <input type="checkbox"/> \$105
<b>OPTIONAL FOOTBALL ONLY COVERAGE</b> (2020 Season only) Grades 9-12 Per Player	<input type="checkbox"/> \$162	<input type="checkbox"/> \$369
<b>NO REFUNDS ARE AVAILABLE</b>		

STUDENT'S NAME _____		
FIRST NAME _____	MIDDLE INITIAL _____	LAST NAME _____
DATE OF BIRTH _____	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
MONTH      DAY      YEAR		
SCHOOL DISTRICT _____	SCHOOL _____	
GRADE _____	STUDENT'S ADDRESS _____	
CITY _____	STATE _____	ZIP _____
TELEPHONE # _____	DATE OF ENROLLMENT _____	
PARENT OR GUARDIAN'S EMAIL ADDRESS _____		
NAME OF PARENT OR GUARDIAN (PLEASE PRINT) _____		
SIGNATURE OF PARENT OR GUARDIAN _____		

GA-15-KEF

## PLEASE REMEMBER TO:



COMPLETE THE ENROLLMENT FORM AND CHECK THE PLAN AND OPTIONS YOU WANT.



MAKE YOUR CHECK OR MONEY ORDER (PLEASE DO **NOT** SEND CASH) FOR THE TOTAL ENCLOSED PAYABLE AS INDICATED.

MAIL THE ENROLLMENT FORM WITH YOUR CHECK OR MONEY ORDER TO:



**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](http://www.1stagency.com/voluntaryaccidentcoverage.htm)**

**Follow directions by choosing STATE and SCHOOL DISTRICT**

**Visa and MasterCard are accepted**