

# GTL

GUARANTEE  
TRUST  
LIFE



## 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-20

ADMINISTERED BY:  
First Agency  
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, student coaches, 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, heart attack, and brain circulatory malfunctions.

### **CATASTROPHIC CASH BENEFIT**

Coverage can be expanded to cover paralysis, coma or brain death as a result of an injury.



## 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.
- Heat exhaustion and heat stroke.
- 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 not caused by Injury.
- Injury caused by or contributed to by aggravation or reinjury of a Pre-existing Condition.
- 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.
- Suicide or attempted suicide; or self-destruction or an attempt to self-destroy while insane.
- Expense incurred for the use of orthotics unless used exclusively to promote healing.
- Heart and/or circulatory malfunction resulting from participation in a Covered Activity, such as stroke, heart attack, and brain circulatory malfunctions **(unless additional coverage is purchased)**.
- Repetitive motion Injuries, strains, hernia, tendinitis, bursitis, spondylolysis and osteochondritis dissecans.
- Dental treatment, except as specifically stated.
- Routine eye exams.
- Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures.
- Injury sustained fighting, except as an innocent victim.
- Injury sustained while committing or attempting to commit a felony.
- 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.
- Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body.
- Injury resulting from participation in or practice for any activity not supervised and sponsored by the Policyholder or school.
- 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.
- Charges for treatments, services or supplies which exceed reasonable and customary charges.
- Losses directly or indirectly arising out of any chemical or biological release and/or contamination which results from Terrorist Activity.
- Any loss as the result of Terrorist Activity and/or non-detonating weapons of mass destruction.
- 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.



## 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.

## SEND TO:

First Agency  
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.

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.

## FIRST AGENCY

First Agency 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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