

Guarantee Trust Life

Accident-Sickness Medical Coverage

WHAT IS IT? Guarantee Trust Life offers valuable yet affordable Accident Medical Coverage for all registered participants and staff (if desired) of eligible Camps and Conferences of all ages.

WHAT IS COVERED? Supervised activities at the Policyholder's facility as well as day trips sponsored and supervised by the Policyholder. Travel directly to and from day trips in transportation provided by the Policyholder.

WHO IS COVERED? All registered participants of the Policyholder. Enrollment is made easy as no individual names are necessary. Policyholder may elect to cover all staff members as well.

WHAT ARE THE BENEFITS?

MEDICAL EXPENSE BENEFIT – Medically necessary, reasonable and customary charges for: 1) Local professional ambulance service to or from a hospital and/or surgical center; 2) Treatment, services, and supplies provided or supplied by a doctor; 3) Hospital or surgical care center; 4) Physical therapy provided by a licensed professional; 5) Nursing care provided by a licensed nurse; 6) X-ray and lab examinations; 7) Prescription drugs and therapeutic services and supplies; 8) Dental treatment as a result of injury to sound, natural teeth; and 9) Specific licensed home health care agency services and supplies provided instead of an otherwise required hospital or skilled nursing home confinement.

G·T·L

Guarantee Trust Life

*Accident Medical Coverage for
Camps & Conferences for all ages,
including: Sports, Private Organizational,
Church Sponsored and More...*



Accident-Sickness
Insurance

*Underwritten and Claims
Administered by:*

Guarantee Trust Life Insurance Company
1275 Milwaukee Avenue
PO Box 1148
Glenview, Illinois 60025

For claims questions please call:
(800) 622-1993

For all other inquiries:
(800) 592-7933 - Phone
(847) 803-1835 - Fax

studentquotes@gtlc.com - E-Mail

ACCIDENTAL DEATH, DISMEMBERMENT and LOSS OF SIGHT OR HEARING BENEFIT -

We will pay up to the maximum benefit amount as shown on the application. If more than one such loss is sustained as the result of one covered accident, we will pay only one amount, the largest to which the Insured Person is entitled.

Treatment of injury must begin within 30 days of the covered accident and medical expense must be incurred within 52 weeks from the date of covered accident or first treatment of sickness.

HOW ARE BENEFITS DETERMINED?

This plan is considered to be excess to other insurance (except where prohibited by law). Excess coverage essentially fills in other insurance deductibles and co-pays. If there is no other insurance coverage, we will pay as if we were primary coverage.

HOW DO YOU APPLY FOR A QUOTE?

Complete the appropriate attached Questionnaire according to your specific group needs. Return the questionnaire to Guarantee Trust Life via fax, email or mail. You will receive a quote shortly thereafter.

NEXT, HOW DO YOU APPLY FOR COVERAGE?

Upon acceptance of the quote, an application for policy will follow. Simply sign the application and return it to GTL along with a premium check or money order made payable to Guarantee Trust Life Insurance Co. Upon receipt of the application and premium, the policy will be issued.

This is a one year term policy. No renewal notices will be sent. Please contact GTL or your representative to maintain continuity of coverage. No refunds are available.

WHAT ARE THE LIMITATIONS AND EXCLUSIONS OF THE POLICY?

Except where prohibited by law, benefits are not provided for: 1) 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 the company; are received without charge or legal obligation to pay; are received from any persons retained or employed by the policyholder or any family member; 2) The examination, prescription, purchase or fitting of eyeglasses, contact lenses or hearing aids; 3) Expenses incurred as a result of suicide or intentionally self-inflicted injury while sane or insane; 4) War or an act of war, declared or undeclared; 5) Expenses incurred as a result of dental treatment, except as specifically stated; 6) Any loss covered by Worker's Compensation or the Occupational Disease Law; 7) Hernia of any kind; 8) Loss incurred as the result of the use of alcohol or drugs not prescribed by a Doctor; 9) Pre-existing conditions including re-injury or complications of an injury which occurred prior to the Policy's effective date; 10) Loss incurred while traveling or flying by air, except as a fare paying passenger on a regularly scheduled commercial airline; 11) Infections except pyogenic or bacterial infections caused by a covered injury or sickness; 12) Travel directly to and from the Policyholder's facility, except as specifically stated.

This is an illustration of coverage only, if any discrepancies exist between this and the policy, the policy on file with the Policyholder will govern the payment of the claim.



Guarantee Trust Life

NON SPORTS CAMP/CONFERENCE QUESTIONNAIRE

800-592-7933 - Phone
847-803-1835 - FAX
studentquotes@gtlic.com - E-Mail

Please Return via FAX, E-Mail or Mail

Camp Name: _____
Complete Address*: _____
Contact Name and Number: _____
Agent Name: _____

MINIMUM PREMIUM is \$100.00

First Day of Camp Month/Day/Year	Last Day of Camp Month/Day/Year

Type(s) of Camp? _____
 Day Camp or Overnight? _____
 How many days per week is Camp held? _____

Are you electing to cover all staff? Yes No Number? _____

Is there a pool or lake to be used by the Campers and Staff? Yes No How Often? _____

Are there any trips planned? If so, where? _____
 How many? _____

Any overnight trips? How many? Please explain. _____

For Each Age Range:	12 yrs and Under	13 yrs and Older
Number of Campers per week?		
Number of weeks Camp will be held?		

Activities: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Roller Skating/Blading/Skateboarding |
| <input type="checkbox"/> ATV | <input type="checkbox"/> Sailing/Sailboarding |
| <input type="checkbox"/> Bungee Trampoline | <input type="checkbox"/> Skiing - Alpine, CrossCountry |
| <input type="checkbox"/> Go Karts | <input type="checkbox"/> Snow Boarding/Tubing |
| <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Trampolines |
| <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Water Skiing/Tubing |
| <input type="checkbox"/> Kayaking/Canoeing | <input type="checkbox"/> Waterslides |
| <input type="checkbox"/> Paintball | <input type="checkbox"/> Whitewater Rafting |
| <input type="checkbox"/> Rock Climbing/Climbing Wall | <input type="checkbox"/> Other _____ |

Please explain: _____

Do you have current coverage? Yes No Carrier: _____

If so, please provide premium and claims for current year as well as the past 3 years:

Year	Premium	Claims

Plan Design - All coverage is Excess unless otherwise prohibited by the State

Accidental Death: \$10,000
Accidental Dismemberment: \$5,000

Elections - Participants and Staff must have the same coverage -

All benefits and deductible per occurrence unless otherwise stated

Accident Medical Maximum (Check One): \$15,000 \$25,000

Deductible (Check One): \$0 \$100

Sickness (Available for Weekly Overnight Camp Only) \$2,500 maximum per occurrence

\$100 deductible will apply to each sickness: Yes No

100% participation is required for all campers and staff (if elected) - Individual Voluntary plans are not available.

* If multiple locations, please list each separately - use separate paper if necessary.



Guarantee Trust Life

SPORTS CAMP/LEAGUES QUESTIONNAIRE

800-592-7933 - Phone
847-803-1835 - FAX
studentquotes@gtlic.com- E-Mail
Please Return via FAX, E-Mail or Mail

Camp/League Name: _____
Complete Address*: _____
Contact Name and Number: _____
Agent Name: _____

MINIMUM PREMIUM is \$100.00

First Day of Camp/League Month/Day/Year	Last Day of Camp/League Month/Day/Year

Type(s) of Sport? _____
 Day Camp/League or Overnight? _____
 How many days per week is Camp/League held? _____
 Are you electing to cover all staff? Yes No Number? _____
 Are there any trips planned? If so, how many? Yes No Number? _____
 Where? _____
 Any overnight trips? How many? Yes No Number? _____
 Please explain. _____

For Each Age Range:	12 yrs and Under	13 - 15 yrs	16 - 18 yrs	19 yrs & Up
Number of Participants per week?				
Number of weeks Camp/League will be held?				

Do you have current coverage? Yes No Carrier: _____
 If current coverage, please provide premium and claims for current year as well as the past 3 years:

Year	Premium	Claims

Plan Design - All coverage is Excess unless otherwise prohibited by the State

Accidental Death: \$10,000
Accidental Dismemberment: \$5,000

Elections - Participants and Staff must have the same coverage - All benefits and deductible per occurrence unless otherwise stated

Accident Medical Maximum (Check One): \$15,000 \$25,000
 Deductible (Check One): \$0 \$100
 Sickness (Available for Weekly Overnight Camp Only) \$2,500 maximum
 \$100 deductible will apply to each sickness: Yes No

100% participation is required for all participants and staff (if elected) - Individual Voluntary plans are not available

* If multiple locations, please list each separately - use separate paper if necessary.

Exclusions include: Contact Football, Boxing, Amateur Sports League, Association Groups