

Guarantee Trust Life

Accident-Sickness Medical Coverage

WHAT IS IT? Guarantee Trust Life offers valuable yet affordable Accident Medical Coverage for all registered children and staff (if desired) of licensed child care centers, nursery schools, latch key, Montessori schools and private religious schools.

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 children 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

***Non-Resident Child Care Including:
Day Care Centers, Montessori Day
Schools, Pre-Schools, Latch Key,
Religious, Before/After School
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 please call
(800) 592-7933

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 COVERAGE?

Send the completed application (front and back) along with your check made payable to Guarantee Trust Life Insurance Co., to your GTL representative *before* the requested effective date.

When the completed application and premium are received, we will send your policy, claim forms, and instructions.

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) Overnight trips;
- 13) Home day care centers;
- 14) Interscholastic sports;
- 15) 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.

POLICY APPLICATION

Please print or type

Complete both sides

Application to GUARANTEE TRUST LIFE INSURANCE COMPANY, Glenview, Illinois

Name of Policyholder _____

Policy Number (company use only) _____

Mailing Address _____

Policy Term: Effective Date: _____ (at 12:01 a.m.) Termination Date: _____ (at 12:01 a.m.)

Covered Activities: 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.

DEDUCTIBLE PER INJURY - \$0 DEDUCTIBLE PER SICKNESS - \$100	MAXIMUM BENEFIT AMOUNTS (SELECT <u>ONLY</u> ONE OPTION)		
BENEFITS	OPTIONS		
	STANDARD <input type="checkbox"/>	DELUXE <input type="checkbox"/>	DELUXE PLUS <input type="checkbox"/>
Accidental Death	\$5,000	\$10,000	\$10,000
Accidental Dismemberment	\$2,500	\$5,000	\$5,000
Accident Medical Expense	\$15,000	\$25,000	\$25,000
Sickness (Overall Maximum) <small>(First manifesting itself during a covered activity)</small>	NONE	NONE	\$2,500
Premium Rates, Per Eligible Person			
MONTHS COVERED	STANDARD	DELUXE	DELUXE PLUS
9 Month	\$2.50	\$3.50	\$8.50
12 Month	\$3.25	\$4.00	\$10.50
12 Month - Montessori	\$4.50	\$5.25	\$12.50
NO REFUNDS ARE AVAILABLE			

Policy to Cover all Eligible Persons, including: Participants Only Participants and Staff

This Policy will become effective on the date requested if the appropriate premium has been received prior to the requested effective date. It is agreed that the premium will be paid entirely by the Policyholder with no contribution made by the eligible persons toward the cost of the insurance.

Signature of Applicant _____ Date _____

Applicant Printed Name _____ Title _____

Agent Signature _____

Printed Name _____

WARNING: Any person, with intent to defraud or knowingly that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

PREMIUM REPORT

Must be completed for application to be processed

Complete both sides

**Number of Eligible Persons
Anticipated to be Insured
Participants Staff**

**Per Participant
Premium**

TOTAL PREMIUM

_____ + _____ = _____ X \$ _____ = \$ _____

NOTE: Minimum Premium is \$100.00

I certify to the best of my knowledge and belief: 1) the information above is true and correct; 2) the premium is being paid for the total number of eligible persons who are anticipated to be insured during the policy term; and 3) the premium is being paid entirely by the Policyholder with no contribution made by the eligible person toward the cost of the insurance.

Signature of Applicant: _____ Date: _____

Phone Number: _____ Title: _____

ELIGIBLE PROGRAMS

Day Care Center, Nursery, Before/After School Care, Latch Key, Pre-School, Montessori, Religious and Waldorf Day Schools

THE BENEFITS PROVIDED

ACCIDENTAL DEATH, DISMEMBERMENT and LOSS OF SIGHT OR HEARING BENEFIT - If, within 52 weeks from the date of covered accident, an injury results in a loss covered by this 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 accident, we will pay only one amount, the largest to which the Insured Person is entitled.

MEDICAL EXPENSE BENEFIT – The plan will pay medically necessary expenses of a covered accident or sickness provided the expense is incurred within 52 weeks from the date of accident or the first treatment of sickness. Treatment of injury must begin within 30 days of covered accident. The maximum benefit for each sickness or accident is indicated on the application.

Covered Expenses means the 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.

COVERAGE TERMINATION

Coverage will end on the first of these to occur: 1) when he or she is no longer an eligible person; 2) the date to which premium has been paid; 3) the termination date of the policy.

The policy will terminate at 12:01 a.m. on the termination date shown on the policy application. Termination of coverage will not affect a claim which occurs before the coverage ends.