

We Recommend Accident & Sickness Insurance

- Accidents and Sicknesses happen! When they happen to your child, someone must pay the bills.
- Here are affordable accident and sickness insurance plans to cover your child either 24 hours a day (24 hour plans) or while in school (at school plan).
- These plans provide benefits to help meet the cost of medical and hospital expense.
- If you have other insurance, these plans will help meet the deductibles and coinsurance gaps in those plans.
- If you have no other insurance, these plans will provide low cost, 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.

ACCIDENT INSURANCE

24-Hour-A-Day Protection (INCLUDING SUMMER VACATION)

Protects your child for the entire school year and extends throughout the summer - right up to the day school re-opens. Your child's coverage is good **WORLDWIDE, 24-HOURS-A-DAY**. This includes covered accidents:

- At home
- At school
- While engaged in sports, except those specifically excluded or for which optional coverage is required*
- At play
- On vacation
- Scouting, camping, etc.
- During travel (see Exclusions and Limitations)

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

At School Protection

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.

ACCIDENT & SICKNESS INSURANCE

BEST PROTECTION

Protects your child all school year and through the summer, until school re-opens in the fall. This option is your "**Best Protection**" because it 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.

At School Accident	24-Hour Accident	Accident & Sickness	IMPORTANT PROTECTION FACTS
✓	✓	✓	PROVIDES COVERAGE FOR ALL INTERSCHOLASTIC SPORTS EXCEPT GRADES 10-12 FOOTBALL. ALL INTERSCHOLASTIC SPORTS ARE COVERED EFFECTIVE IMMEDIATELY UPON PAYMENT OF PREMIUM EVEN THOUGH OFFICIAL PRACTICE BEGINS BEFORE THE START OF THE REGULAR SCHOOL YEAR.
✓	✓		BECOMES EFFECTIVE THE DATE PREMIUM PAYMENT IS RECEIVED BY THE COMPANY OR ITS REPRESENTATIVE (but not prior to the opening day of school). 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.
		✓	BECOMES EFFECTIVE THE DAY AFTER PREMIUM PAYMENT IS RECEIVED BY THE COMPANY OR ITS REPRESENTATIVE (but not prior to the opening day of school). 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. 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 14 DAYS OF THE OPENING DAY OF THE SCHOOL YEAR.
✓	✓	✓	PROVIDES COVERAGE DURING THE HOURS THAT SCHOOL IS IN REGULAR SESSION.
	✓	✓	PROVIDES 24-HOUR-A-DAY PROTECTION.
✓	✓	✓	PROVIDES COVERAGE DURING THE TIME NECESSARY FOR TRAVEL BETWEEN THE INSURED'S HOME AND THE BEGINNING OR END OF REGULAR SCHOOL SESSIONS.
✓	✓	✓	PROVIDES COVERAGE WHILE PARTICIPATING IN OR ATTENDING ACTIVITIES ORGANIZED, SPONSORED AND SUPERVISED BY THE SCHOOL. Coverage for travel directly to and from such activities in a vehicle furnished by the School is also provided.
✓			COVERAGE EXPIRES AT THE CLOSE OF THE REGULAR SCHOOL YEAR. (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 year.

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** SA-3

No Refunds Are Available For Accident or Accident and Sickness Plans

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 THE COMPANY WITHIN 90 DAYS.

PROTECT YOUR CHILD FOR LIFE!

Very affordable life insurance for your child

\$1

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 26. AT AGE 26, THE POLICY CONTINUES AS CASH VALUE WHOLE LIFE INSURANCE. CHILDREN AGES 3 MONTHS TO 25 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 26, THE RATES CHANGE TO \$70 PER YEAR FOR A \$5,000 POLICY AND \$140 PER YEAR FOR A \$10,000 POLICY. THESE RATES ARE GUARANTEED TO REMAIN THE SAME FOR LIFE.

Why not take a positive step to PROTECT YOUR CHILD FOR LIFE?

\$1 for the first 3 month's coverage. Very affordable life protection. APPLY TODAY!

FOR FIRST 3 MONTHS

CHOOSE ACCIDENT ONLY (AT SCHOOL, 24 HOUR OR FOOTBALL ONLY) OR ACCIDENT AND SICKNESS

ACCIDENT ONLY

Covers injuries resulting directly and independently of all other causes from **accidental bodily injury**. Covered medical expense must begin within **30 days** of the accident and be incurred within **52 weeks** of the accident. Accidents must occur while coverage is in force.



ACCIDENT & SICKNESS

Covers **accidental bodily injury**, as described under ACCIDENT ONLY. It also extends benefits (except Dental Expense and Accidental Death & Dismemberment) to cover **Sickness**. Covered medical expense for sickness must be incurred within **52 weeks** from the date of first covered treatment.

BENEFITS ARE PAYABLE UP TO THE DOLLAR AMOUNTS SPECIFIED BELOW.

COVERAGE and BENEFITS

Policy benefits for eligible expense incurred will be paid up to the first \$250. Thereafter, for Accident Only Coverages, after taking the initial payment into account, benefits will be paid on an excess basis if there are other coverages or plans that would provide benefits for the same injury. For Accident and Sickness coverage, after taking the initial payment into account, benefits will coordinate with any other valid and collectible insurance or plan.

AGGREGATE MAXIMUM of \$25,000.00; Subject to the following limitations:

BENEFITS EACH ACCIDENT (OR SICKNESS, IF ADDITIONAL PREMIUM IS PAID)		LOW OPTION	HIGH OPTION
INPATIENT HOSPITAL EXPENSE	ROOM AND BOARD Per Day	\$150.00	\$300.00
	MISCELLANEOUS EXPENSE For expense incurred while hospital confined or for day surgery	\$1,000.00	\$2,000.00
OUTPATIENT HOSPITAL EXPENSE	EMERGENCY ROOM	\$150.00	\$300.00
SURGERY (Includes suturing, cutting and reduction of fractures) Coverage is not provided for services of an assistant surgeon or doctor when surgery is performed	DOCTOR'S FEE, Per Unit Unit Value Determined by a Relative Value Schedule* *Example: Craniotomy Fracture, Metatarsal	\$80.00 \$1,160.00 \$120.00	\$160.00 \$2,320.00 \$240.00
	Percent of closed reduction surgical benefit payable for a FRACTURE NOT REQUIRING REDUCTION	50%	50%
	ANESTHETIST , Percent of Surgical Allowance	20%	20%
DOCTOR FEES Non-surgical	Per Visit	\$25.00	\$50.00
	PHYSIOTHERAPY, diathermy, heat treatment, manipulation, adjustment or massage, when rendered or prescribed by a licensed doctor, Per Visit Maximum Number of Visits, Per Injury	\$25.00 3 Visits	\$50.00 3 Visits
OUTPATIENT IMAGING PROCEDURES	INCLUDING X-RAYS & INTERPRETATION	\$100.00	\$200.00
	IMAGING PROCEDURES, OTHER THAN X-RAYS	\$125.00	\$250.00
AMBULANCE EXPENSE		\$100.00	\$200.00

For Student Accident and Sickness Coverage, Ohio mandates coverage for the following benefits: Emergency services expense; treatment of alcoholism on an inpatient, intermediate and outpatient basis; cytologic screening; mammograms; serious mental disorders; and routine patient care costs for cancer clinical trials. See Policy for complete details.

**PROTECT YOUR CHILD, PROTECT YOURSELF.
Here are your 2013-2014 Student Insurance Plans:**

COVERAGE and BENEFITS (continued)

BENEFITS EACH ACCIDENT		LOW OPTION	HIGH OPTION
DENTAL EXPENSE These benefits are available ONLY for Accidental Bodily Injury	Treatment for injury to sound, natural teeth, PER TOOTH	\$200.00	\$400.00
	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. Up To	\$100.00	\$200.00
OTHER BENEFITS These benefits are available ONLY for Accidental Bodily Injury. Only one of these benefits, the largest, will be payable in addition to the benefits listed above	If the injury causes DEATH or DISMEMBERMENT within 100 days of the accident, the plan pays as follows: ACCIDENTAL DEATH SINGLE DISMEMBERMENT ENTIRE SIGHT OF ONE EYE DOUBLE DISMEMBERMENT		\$2,000.00 \$1,000.00 \$1,000.00 \$10,000.00

POLICY EXCLUSIONS: All Exclusions are applicable to Student Accident Only Coverage and Student Accident and Sickness Coverage, unless stated otherwise. **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 a sickness or injury; are determined to be experimental/investigational in nature by the Company; are received without charge or legal obligation to pay; would not routinely be paid in the absence of insurance; are received from any persons retained or employed by the Policyholder or any family member.
2. 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.
3. Suicide or attempted suicide while sane or Injury which is self-inflicted.
4. 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.
5. Loss due to voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Doctor.
6. 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.
7. Any service or supply not specifically listed as a Covered Charge.
8. Fighting or brawling, except in self defense.
9. Hernia of any kind.
10. 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).
11. Expenses incurred as a result of dental treatment, except as specifically stated.
12. Eye examinations, contact lenses, eyeglasses, replacement of eyeglasses or prescription.
13. Injury sustained while participating in the practice or play of interscholastic senior high school football or travel connected therewith unless optional coverage is purchased.
14. 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 are Applicable only to Accident & Sickness Coverage:

15. Cosmetic surgery other than reconstructive surgery incidental to or following surgery resulting from trauma, infection, or other diseases of the involved part.
16. Normal pregnancy, childbirth and elective abortions.
17. Treatment of alcoholism, or any form of substance abuse, except as specifically provided.
18. Treatment of mental or nervous disorders.

The Following are Applicable to Accident Only Coverage:

19. Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
20. Treatment of sickness or disease in any form, blisters, insect bites, heat exhaustion or sunstroke.
21. Treatment of vegetation or ptomaine poisoning or bacterial infections, except pyogenic infections due to accidental open cuts.
22. Re-injury or complications of an injury which occurred prior to the Policy's effective date.

LIMITATION: Motor vehicle injuries will be covered only as provided under "At School - Important Protection Facts." Only those expenses not covered by other valid and collectible insurance will be covered, to a maximum of \$750.00. This does not apply to any motor vehicles which are excluded from coverage.

This is an illustration. Please keep for your records. Accident and Sickness Policies are on File at the School

No REFUNDS ARE AVAILABLE FOR ACCIDENT OR ACCIDENT AND SICKNESS PLANS

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

2013-14 SCHOOL YEAR APPLICATION

NA-OH-K-12-2013-14-1

ONE TIME ANNUAL PAYMENT FOR ACCIDENT OR SICKNESS PLANS		
OPTIONS	LOW OPTION	HIGH OPTION
24-Hour-A-Day Plan	ACCIDENT & SICKNESS	
Students Grades K-12	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$650.00
24-Hour-A-Day Plan	ACCIDENT ONLY	
Students Grades K-6	<input type="checkbox"/> \$83.00	<input type="checkbox"/> \$166.00
Students Grades 7-12	<input type="checkbox"/> \$96.00	<input type="checkbox"/> \$192.00
Faculty & Admin.	<input type="checkbox"/> \$96.00	<input type="checkbox"/> \$192.00
At-School Plan	ACCIDENT ONLY	
Students Grades K-6	<input type="checkbox"/> \$24.00	<input type="checkbox"/> \$48.00
Students Grades 7-12	<input type="checkbox"/> \$39.00	<input type="checkbox"/> \$78.00
Faculty & Admin.	<input type="checkbox"/> \$39.00	<input type="checkbox"/> \$78.00
OPTIONAL FOOTBALL COVERAGE (Grades 10-12, including grade 9 if playing with 10-12) 2013 Season Only PER PLAYER	<input type="checkbox"/> \$136.00	<input type="checkbox"/> \$272.00
GREAT START* Life Insurance Protection <input type="checkbox"/> \$1.00 For first 3-months full coverage. (May be selected with or without other plans) Pick an Amount <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 to: Guarantee Trust Life Insurance Company, Glenview, Illinois

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

***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, 2013,
 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 CON-
 TAINING A FALSE, INCOMPLETE, OR DECEPTIVE STATEMENT OF A MATERIAL FACT MAY BE GUILTY OF INSURANCE FRAUD.**

Date _____ Signature _____

APP4-96-B

Relationship to Insured:	
<input type="checkbox"/> Self	<input type="checkbox"/> Grandparent
<input type="checkbox"/> Guardian	<input type="checkbox"/> Parent

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.

MAIL THE APPLICATION WITH YOUR CHECK OR MONEY ORDER TO:



**N. CAROL INSURANCE AGENCY, INC.
 NANCY C. RUNDELS
 1989 W. FIFTH AVE. Ste. #6
 COLUMBUS, OHIO 43212-1912**



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