



Business Office
100 Main Street, P.O. Box 360
Menasha, WI 54952

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 your 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 and then follow directions at "Find Your School."

OR

PRINT BROCHURE PDF FROM SCHOOL DISTRICT PAGE at 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.

Please sign and return the information below if you already have adequate insurance.

Thank you,



Director of Business Services



PARENTAL INSURANCE WAIVER

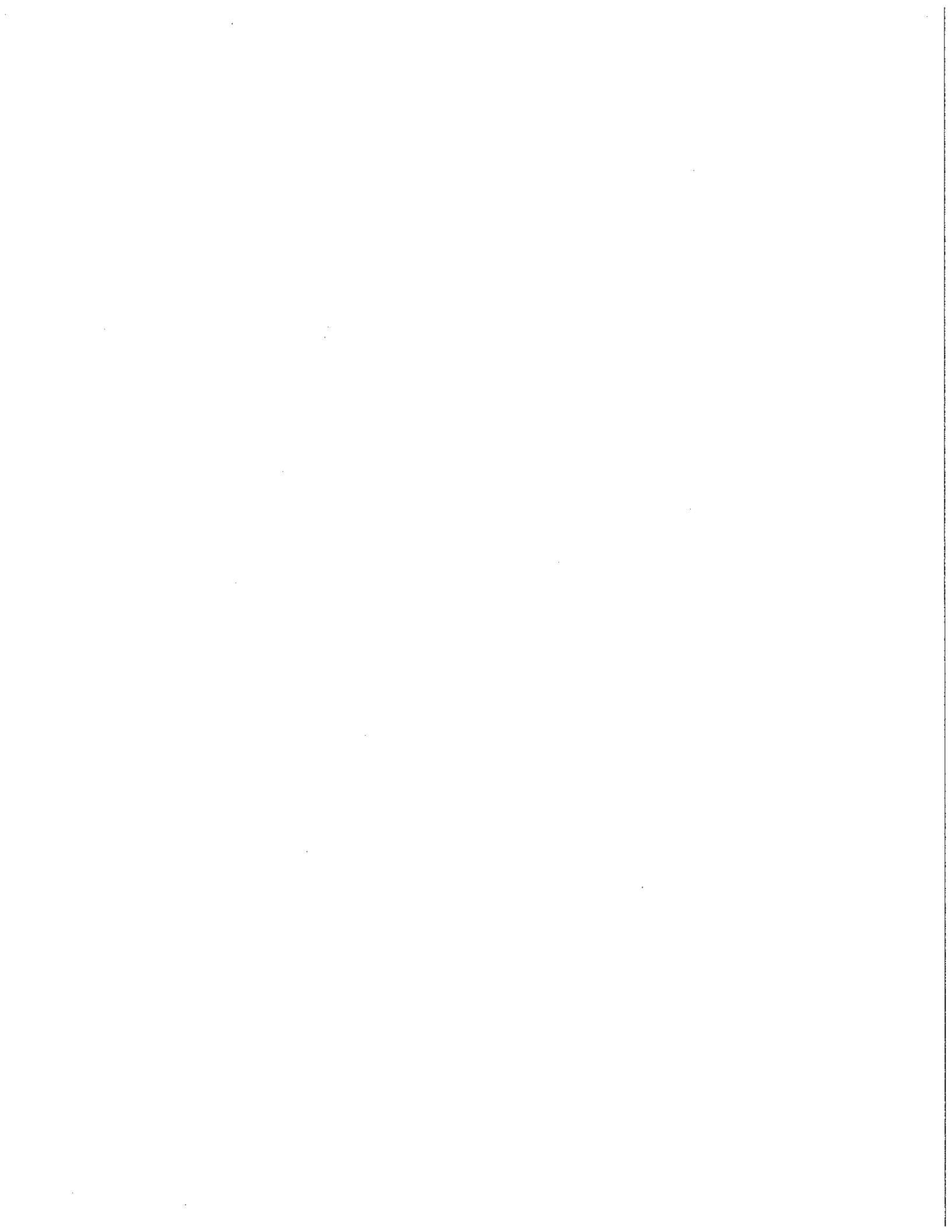
Student's Name _____

We have adequate insurance to protect our son/daughter in case of an accident.

Parent's Signature _____

Date _____

"Reaching Every Student Every Day"





Oficina de Negocios
100 Main Street, P.O. Box 360
Menasha, WI 54952

Estimados Padres:

El distrito escolar no provee ningún tipo de seguro de salud o accidente por lesiones que haya sufrido su hijo en la escuela.

Como un servicio a los alumnos y sus familias, nuestra escuela hace disponible para su un plan de seguro de accidente estudiantil para su hijo a un costo mínimo. El distrito ofrece este programa debido a las tendencias de los crecientes costos de seguro médico y dental para las familias, el aumento de los deducibles, copagos, o la falta de cobertura de seguro médico o dental.

RAZONES DE COMPRAR ESTA COBERTURA:

1. Deducible y copagos en su plan de salud. Muchos planes de salud han aumentado la cantidad de gastos de bolsillo.
2. Sin seguro.

Este plan provee beneficios para gastos médicos incurridos debido a un accidente. Si usted tiene otro seguro, los beneficios de este plan se pueden aplicar al deducible o los copagos.

Si usted no tiene otro seguro, éste se convertirá en su plan principal de accidentes.

COMPRA COBERTURA EN LÍNEA (con Visa o MasterCard) en www.1stAgency.com y siga las instrucciones bajo "Find Your School."


O

IMPRESA EL FOLLETO PDF DE LA PÁGINA DEL DISTRITO ESCOLAR en www.1stAgency.com y pague con cheque o giro postal.

Todas las preguntas relacionadas con esta cobertura deben ser dirigidas a *First Agency, Inc.* al número (269) 381-6630, o al número gratuito (800) 243-6298.

Por favor firme y devuelva la siguiente información si ya tiene un seguro adecuado.

Gracias,



Director of Servicios de Negocio



RENUNCIA PARENTAL DE SEGURO

Nombre del alumno _____

Tenemos seguro adecuado para proteger a nuestro hijo en caso de un accidente.

Firma del Padre _____

Fecha _____

"Reaching Every Student Every Day"

2017-2018 STUDENT 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 EXPENSE WHICH BEGINS WITHIN 30 DAYS OF THE ACCIDENT AND IS INCURRED WITHIN 52 WEEKS OF THE ACCIDENT

Injury means bodily injury due to an Accident which results directly and independently of disease, bodily infirmity, or any other causes; solely, directly and independently of all other causes, results in medical expense; occurs after the effective date of the Insured's coverage under the Policy; and occurs while the Policy is in force. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

BENEFITS ARE PAYABLE UP TO THE DOLLAR AMOUNTS SPECIFIED BELOW

BENEFITS PER INJURY		
Inpatient Hospital Expense	<ul style="list-style-type: none"> ● Hospital Room and Board & General Nursing Care ● Intensive Care 	80% of charges* up to \$500 per day
	<ul style="list-style-type: none"> ● Inpatient Hospital Miscellaneous Expense 	80% of charges* up to \$1,500
Outpatient Hospital Expense	<ul style="list-style-type: none"> ● Outpatient Hospital Miscellaneous Expense 	80% of charges* up to \$1,000
	<ul style="list-style-type: none"> ● Hospital Emergency Care 	80% of charges* up to \$500
Doctor's Services Expense	<ul style="list-style-type: none"> ● Surgical Expense (one procedure limit) 	80% of charges* up to \$2,500
	<ul style="list-style-type: none"> ● Assistant Surgeon Expense ● Anesthesia Services 	80% of charges*
	<ul style="list-style-type: none"> ● Physical Therapy 	80% of charges* up to \$1,000
	<ul style="list-style-type: none"> ● Doctor's Visits Inpatient and Outpatient 	80% of charges*
Other Services	<ul style="list-style-type: none"> ● Registered Nurse expense ● Prescriptions Drugs ● Laboratory Tests ● Replacement Expense of Eyeglasses or Lenses & Hearing Aids if resulting from a covered Injury which requires medical treatment 	80% of charges* for each service shown to the left

BENEFITS PER INJURY		
Other Services (continued)	<ul style="list-style-type: none"> ● Ambulance Expense ● Durable Medical Equipment ● Orthopedic Appliances 	80% of charges* up to \$500
	<ul style="list-style-type: none"> ● Outpatient Imaging Procedures <ul style="list-style-type: none"> - X-Rays, including interpretation - MRI/CAT Scan, including interpretation 	80% of charges* up to \$500 80% of charges* up to \$750
	<ul style="list-style-type: none"> ● Dental Treatment (Injury to Sound, Natural Teeth Only) 	80% of charges* up to \$2,500
Motor Vehicle Accident Injuries		Limited to a Maximum of \$2,500 per Injury
Other Benefits	Caused by an Injury and occurring within 365 days of covered Accident:	
Only one of these benefits, the largest, will be payable in addition to the benefits listed	<ul style="list-style-type: none"> ● Accidental Death ● Dismemberment <ul style="list-style-type: none"> - 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 	\$2,500 \$5,000 \$10,000

*The Policy provides benefits for Reasonable and Customary charges determined by geographic area for Medically Necessary services.

EXTENDED DENTAL EXPENSE: Extended dental expenses increase the maximum benefit for Injury to Sound Natural Teeth up to \$5,000, subject to 80% of the Reasonable and Customary charges. (Can only be purchased in conjunction with School-Time, 24-Hour-A-Day or Optional Football Coverage Plans).

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 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. 2) Intentionally self-inflicted Injury. 3) Injury received while violating or attempting to violate any duly enacted law. 4) Injury by acts of war, whether declared or not. 5) Injury covered by Worker's Compensation or the Occupational Disease Law or mandatory no-fault automobile insurance. 6) Hernia, any type, regardless of cause. 7) Injury sustained fighting or brawling, except as an innocent victim, or while committing or attempting to commit a felony. 8) Suicide or attempted suicide. 9) Treatment of temporomandibular joint dysfunction and associated myofascial pain. 10) Re-injury or complications of an Injury which occurred prior to the Policy's Effective Date. 11) 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. 12) 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. 13) Injury sustained while operating, riding in or upon, mounting or alighting from any two or three or four wheeled recreational motor/engine driven vehicle, snowmobile or all terrain vehicle (ATV). 14) Injury sustained while participating in or practicing for interscholastic sports, or grades 9 through 12 tackle football, unless optional coverage has been purchased. 15) Injury sustained while voluntarily participating in a riot or civil commotion or disturbance of any kind. 16) 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. 17) Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body. 18) Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay. 19) Injury sustained skiing or participating in a rodeo. 20) Treatment of sickness or disease in any form. 21) Injury received while traveling or flying by air, except as a fare-paying passenger on a regularly scheduled commercial airline.

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**, 1275 Milwaukee Avenue, Glenview, Illinois 60025

Administered by: **FIRST AGENCY**, 5071 West H Avenue, Kalamazoo, Michigan 49009-8501 (269) 381-6630

- Accidents happen! When they happen to your child, someone must pay the bills.
- Here are Accident only insurance plans to 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 expense.
- 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 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 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 GTL within 90 days.

BLANKET ACCIDENT INSURANCE

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

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 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 is issued on Form Series GP-2020 by Guarantee Trust Life Insurance Company. This product and its features are subject to state availability and may vary by state. Certain exclusions and limitations may apply. This brochure is a brief description of the coverage. The exact provisions governing the insurance are contained in the Policy issued to the School and certain provisions may be administered to conform to state requirements. For complete details of coverage or questions regarding the cost, please contact the agent administering this program for you.

**WISCONSIN
POLICY BENEFITS AND PREMIUMS 2017/2018**

Covered Charges must be incurred within 52 weeks from the date of Injury provided the first treatment occurs within 60 days from the date of Injury. Coverage is for Injury due to Accidents only.

Injury means bodily injury due to an Accident which results directly and independently of disease, bodily infirmity, or any other causes; solely, directly and independently of all other causes, results in medical expense; occurs after the effective date of the Insured's coverage under the Policy; and occurs while the Policy is in force. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries are considered a single Injury.

MAXIMUM BENEFIT	
School-Time Accident Coverage	\$25,000 per Injury
24-Hour-A-Day Accident Coverage	\$25,000 per Injury
Football Only Accident Coverage	\$25,000 per Injury
COVERED CHARGES	
Hospital/Facility Services:	
Inpatient:	
Hospital Room and Board and general nursing care	80% of Reasonable & Customary up to \$500 per day maximum
Hospital Intensive Care	80% of Reasonable & Customary up to \$500 per day maximum
Hospital Miscellaneous Expense	80% of Reasonable & Customary up to \$1,500 maximum
Outpatient:	
Hospital Miscellaneous	80% of Reasonable & Customary up to \$1,000 maximum
Hospital Emergency Care	80% of Reasonable & Customary up to \$500 maximum
Doctor's Services:	
Surgical Fee – One Procedure Limit	80% of Reasonable & Customary up to \$2,500 maximum
Assistant Surgeon Expense	80% of Reasonable & Customary
Anesthesia Services	80% of Reasonable & Customary
Physical Therapy and or treatment of the spine by manual or mechanical means	80% of Reasonable & Customary up to \$1,000 maximum
Doctor's Visits	80% of Reasonable & Customary
Other Services:	
Registered Nurse Expense	80% of Reasonable & Customary
Prescription Drug	80% of Reasonable & Customary
Laboratory Services	80% of Reasonable & Customary
X-rays – includes interpretation – outpatient	80% of Reasonable & Customary up to \$500 maximum
MRI/CAT Scan – includes interpretation	80% of Reasonable & Customary up to \$750 maximum
Ambulance Expense	80% of Reasonable & Customary up to \$500 maximum
Durable Medical Equipment	80% of Reasonable & Customary up to \$500 maximum
Orthopedic Appliances	80% of Reasonable & Customary up to \$500 maximum
Dental Treatment (For Injury to Sound & Natural Teeth)	80% of Reasonable & Customary up to \$2,500 maximum
Replacement of Eyeglasses, lenses, contact lenses and hearing aids, resulting from an Injury requiring medical treatment	80% of Reasonable & Customary
Motor Vehicle Accident injuries	80% of Reasonable & Customary limited to a maximum of \$2,500 per Injury
Loss of Life	\$2,500
Single Dismemberment (Loss of One Hand, One Foot, Entire Sight of One Eye, or Hearing One Ear)	\$5,000
Double Dismemberment (Loss of Both Hands, Both Feet, Entire Sight of Both Eyes, Hearing Both Ears or Loss of Speech)	\$10,000
ONE-TIME PREMIUM PAYMENT	
School-Time Accident Coverage:	
Grades PreK-12 includes all activities and interscholastic sports, except 9-12 football	\$88.00
Grades PreK-12 includes all activities except interscholastic sports	\$37.00
24-Hour-A-Day Accident Coverage:	
Grades PreK-12 includes all activities and interscholastic sports, except 9-12 football	\$215.00
Grades PreK-12 includes all activities except interscholastic sports	\$158.00
Football Only Accident Coverage:	
Grades 9-12 (2017 Season Only)	\$341.00
Extended Dental: (Can only be purchased in conjunction with School-Time, 24-Hour-A-Day or Football Only plans)	
Grades PreK-12	\$12.00

Descripción de la cobertura

LISTA DE BENEFICIOS

Beneficios Médicos - Si un estudiante recibe tratamiento de un médico o un cirujano legalmente calificado (que no sea miembro de su familia) o está internado en un hospital y el tratamiento empieza dentro de los 60 días de la fecha en que sufrió la lesión, la Compañía PAGARA 80% DE LOS GASTOS RAZONABLES Y USUALES incurridos por requisito al cuidado médico, dental o clínico sujeto a las disposiciones del plan seleccionado, con limitaciones y exclusiones indicadas en este folleto. Los gastos incurridos después de un año de la fecha de la lesión no están cubiertos, aunque el servicio sea continuo, o uno que necesariamente se tarde mas allá de un año después de la fecha de la lesión.

MUERTE, DESMEMBRACION Y PERDIDA DE LA VISTA

Se pagan beneficios por pérdidas que ocurran dentro de 180 días de la fecha de lesión. Se pagan además del beneficio médico los siguientes beneficios:

Pérdida de Vida	\$ 2,500
Pérdida de Una Mano, Un Pie o Vista de Un Ojo	\$ 5,000
Pérdida de Ambas Manos, Ambos Pies o Vista en Ambos Ojos	\$10,000

"Pérdida" significa: con respecto a manos y pies, separación real sobre la muñeca o coyuntura del tobillo; con respecto a la vista, la pérdida entera e irrevocable de ésta.

PERIODOS DE LA COBERTURA

Las coberturas bajo el plan de Durante las 24-Horas y de Tiempo en la Escuela empiezan en la fecha de recibo del pago de la prima pero no antes del comienzo de las actividades del año escolar. La cobertura de Tiempo en la Escuela acaba al cierre del término escolar regular de nueve meses, excepto mientras el asegurado asiste a actividades académicas exclusivamente patrocinadas por la escuela durante el verano. La cobertura Durante las 24-Horas acaba cuando la escuela vuelva a abrir sus puertas para el siguiente período oofial.

DEFINICIONES

Lesión corporal que ocurre directamente o independientemente de las otras causas en pérdida bajo la protección de la póliza, y causada por un accidente que ocurre mientras la Póliza está vigente. **Accidente** - significa que el evento es inesperado, externo o repentino que es independiente de cualquier otra causa. **Gastos Razonables** - significa que los honorarios comunes y rutinarios o cargos por los servicios dados o previstos dichos servicios son aprobados y recomendados por el médico.

LIMITACIONES DE LA POLIZA

No se pagan los gastos de Hospitalización y Servicios Profesionales de lo siguiente:

1. Lesiones que no son causadas por un Accidente. 2. Tratamiento de hernia sin importar la causa, enfermedad de Osgood Schlatter o osteocondritis. 3. Lesión ocurrida como resultado del manejo, viajar o alineación de un vehículo recreacional o de la nieve. 4. Volver a lesionarse o complicaciones de una condición por la que un tratamiento médico o consejos fueron recomendados por el médico o recibidos por parte de un médico bajo un período de 6 meses a partir del día que entró en efecto el plan. 5. Lesión ocurrida como resultado de la práctica o en el juego en fútbol americano interescolástico, a menos que la prima requerida bajo las provisiones de la Cobertura de Fútbol americano haya sido pagada. 6. Cualquiera de los gastos por los cuales los beneficios son pagables bajo el Plan de Seguro Catastrófico de Accidente de la Asociación de Actividades Interescolásticas del Estado. 7. Tratamiento administrado por un miembro inmediato de la familia del asegurado o por una persona contratada por la escuela. 8. Lesión ocurrida debido a: los actos de guerra declarados o no; suicidios o lesiones causadas a sí mismo en forma intencional, cuerdo o demente (en el estado de Missouri, en estado cuerdo); violación o intento de violar la ley; ser parte de una ocupación ilegal; pelear o alborotar, excepto en defensa propia o estar bajo los efectos del alcohol o intoxicación narcótica tal como lo define la ley del estado en el que ocurre el caso; o bajo la influencia de cualquier droga o narcótico excepto cuando sea administrado o bajo los cuidados del médico. 9. Gastos médicos por los cuales el asegurado tiene el derecho a los beneficios conforme a cualquier (a) Acto de Compensación de Trabajadores o (b) Contrato de seguro automovilístico sin culpa. 10. Gastos incurridos por tratamiento de malfuncionamiento temporal mandibular y dolor relacionado miofacial.

PROVISION DE EXCESO

Aplicable sólo si tiene otro seguro médico. Su plan de seguro estudiantil está designado para proveer el máximo de beneficios por un costo mínimo. Si su reclamo es por más de \$100 y tiene otro seguro médico, someta primero su reclamo a la otra compañía de seguros; y, una vez que reciba el Informe de Beneficios de ésta, envíelo a nuestra Compañía. Le pagaremos los beneficios por los gastos elegibles que nos sean pagados por su otro seguro. Si sus gastos son por menos de \$100, los beneficios son pagados sin tomar en cuenta si usted tiene otro seguro o no.

RETENGA ESTA DESCRIPCION DE LA COBERTURA PARA SU ARCHIVO.

Esta no es una póliza. Se emite una póliza principal al condado de su escuela y se mantiene archivada para su revisión. No se harán o enviarán pólizas individuales. Guarde el recibo de su cheque cancelado como evidencia de pago.

Este Folleto Es Evidencia de que Se Ha Emitido una Póliza a la Escuela de su Niño/a. Puede verificar coberturas llamando al agente de Mercadeo. No se emitirán o enviarán pólizas individuales. Guarde su cheque cancelado o recibo del giro postal como evidencia de pago. **Para Hacer un Reclamo:** Informe enseguida los accidentes al Oficial de la escuela. Los formularios de reclamos serán suministrados por la oficina de la escuela (durante las vacaciones contacte al Agente de Mercadeo). Completa de pérdida y de facturas acumuladas deben ser recibidas por la Compañía dentro de 90 días.

Someta todas las Preguntas de Servicio al Agente de Mercadeo:

Suscribase Por Medio De:
Guarantee Trust Life Insurance Company

Agente General de Mercadeo:

FIRST AGENCY, INC.
5071 WEST H AVENUE
KALAMAZOO, MI 49009

(269) 381-6630

G·T·L

FIRST AGENCY INC.
5071 WEST H AVENUE
KALAMAZOO, MI 49009

