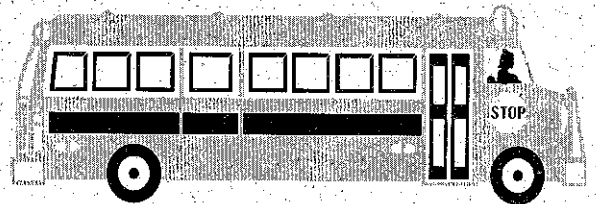


MICHIGAN PREMIER STUDENT ACCIDENT INSURANCE 2015/2016



Underwritten by:

GTL | GUARANTEE
TRUST
LIFE

Guarantee Trust Life Insurance Company
A Mutual Company
Glenview, Illinois 60025

*First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009-8501
Phone: (269) 381-6630
Fax: (269) 492-0084
www.1stAgency.com*



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Michael Fitzpatrick MFitzpatrick@1stAgency.com
Bryan Cronen BCronen@1stAgency.com
Joe Block JBlock@1stAgency.com*

ACCIDENT MEDICAL BENEFITS

If a student receives outpatient treatment by a legally qualified Doctor (other than a member of the family) or is Hospital confined and treatment begins within 60 days from the date of Injury, the Company will **PAY COVERED CHARGES**, subject to the provisions, exclusions and Maximum Benefit Amount outlined in this brochure. Expenses incurred after 52 weeks from the date of Injury are not Covered Charges.

ACCIDENTAL DEATH, DISMEMBERMENT & LOSS OF SIGHT BENEFITS

Benefits are paid for covered losses, which are incurred within 180 days from the date of Injury. The following benefits (the largest applicable amount) are paid in addition to the accident medical benefit:

Loss of Life:.....	\$2,500
Loss of One Hand, One Foot or Entire Sight of One Eye:.....	\$5,000
Loss of Both Hands, Both Feet or Entire Sight of Both Eyes:.....	\$10,000

"Loss" means with regard to hands and feet, severance at or above the wrist or ankle joint; with regard to sight, the total and permanent loss of sight of the eye.

EXTENDED DENTAL EXPENSE

Extended dental expense, up to a maximum benefit of \$5,000 for: examination, diagnoses and x-ray; restorative treatment; endodontics; and oral surgery (not to include periodontics or orthodontics); up to \$5,000 for dental prostheses toward the cost of a bridge, partial denture or denture, or for replacement in kind of previous dental repairs. If during the Benefit Period, the Insured's dentist certifies that treatment must be deferred, We will pay up to a maximum of \$5,000 in lieu of all other dental benefits.

DEFINITIONS

INJURY - means bodily Injury due to an Accident which results directly and independently of disease, bodily Infirmity, or any other causes and solely, directly and Independently of all other causes results in medical expense. The Injury must occur while the Policy is in force and while the Insured is covered under the Policy. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

ACCIDENT - means a sudden, unforeseeable, external event which results in an Injury.

REASONABLE AND CUSTOMARY CHARGES, FEES OR EXPENSES (R&C) - means the most common charge for similar professional services, drugs, procedures, devices, supplies, or treatment within the area in which the charge is incurred, so long as these charges are reasonable.

COVERED CHARGES - means the Reasonable and Customary Charges incurred for a service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of an Injury.

PRE-EXISTING CONDITION - means a condition for which medical care, treatment, diagnosis or advice was received or recommended within the 6 months prior to the Insured's Effective Date of coverage under this Policy.

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. The Company will pay the first \$100 in Covered Charges, regardless of other insurance.

COVERAGE PERIOD

Coverage, under the School-Time and 24-Hour-A-Day Plans, begins on the date of premium receipt, but not before the start of the school year activities. School-Time coverage ends at the close of the regular nine-month school term, except while the Insured is attending activities exclusively and solely supervised by the school, during the summer. 24-Hour-A-Day coverage ends when school re-opens for the following fall term. Optional Football Only 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.

SCHEDULE OF BENEFITS AND PREMIUMS

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.

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
Accidental Death Benefit	\$2,500
Accidental Dismemberment Benefit – Single/Double	\$5,000/\$10,000

COVERED CHARGES

Hospital/Facility Services:

Inpatient:

Hospital Room and Board	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 Expense	80% of Reasonable & Customary up to \$1,000 maximum
Hospital Emergency Care	80% of Reasonable & Customary up to \$500 maximum

Doctor's Services:

Surgical Fees - One Procedure Limit	80% of Reasonable & Customary up to \$2,500 maximum
Assistant Surgeon	Limited to 25% of the surgical fee
Anesthesia Services	Limited to 25% of the surgical fee
Physical Therapy	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 Drugs	80% of Reasonable & Customary
Laboratory Services	80% of Reasonable & Customary
X-ray – includes interpretation – outpatient	80% of Reasonable & Customary up to \$500 maximum
Diagnostic Imaging (MRI, Cat Scan, etc.) 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 or Lenses resulting from an Injury requiring medical treatment	80% of Reasonable & Customary
Motor Vehicle Accident Injuries	Limited to a maximum of \$2,500 per Injury

ONE-TIME PREMIUM PAYMENT

Premiums: Coverage for grades 9-12 football and interscholastic high school sports are available, provided applicable premium is paid as shown below.

School-Time Accident Coverage: Covers accidents, which occur while participating in school-sponsored and supervised activities only.

Grades PreK-12 includes all activities and interscholastic sports, except 9-12 football	\$105.00
Grades PreK-12 includes all activities except interscholastic sports	\$62.00

24-Hour-A-Day Accident Coverage: Around-the-clock accident coverage anywhere in the world. Protection during vacations, weekends and school days.

Grades PreK-12 includes all activities and interscholastic sports, except 9-12 football	\$290.00
Grades PreK-12 includes all activities except interscholastic sports	\$220.00

Football Only Accident Coverage: Covers accidents occurring while participating in high school interscholastic football practice or competition. Travel is also covered when going directly and uninterruptedly to and from such practice or competition when traveling as a group in school-sponsored and supervised transportation. 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.

Grades 9-12 (2015 season only)	\$375.00
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Extended Dental (Can only be purchased in conjunction with School-Time, 24-Hour-A-Day or Football Only plans)

Grades PreK-12	\$15.00
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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; are not specifically listed as Covered Charges in the Policy.
2. Intentionally self-inflicted Injury, violating or attempting to violate any duly enacted law. Injury by acts of war, whether declared or not.
3. Injury covered by Worker's Compensation or the Occupational Disease Law or mandatory no-fault automobile insurance.
4. Hernia, any type, regardless of cause.
5. Injury sustained fighting or brawling, except in self-defense, or while committing or attempting to commit a felony.
6. Suicide or attempted suicide.
7. Treatment of temporomandibular joint dysfunction and associated myofascial pain.
8. Injury caused by or contributed to by aggravation or re-injury of a Pre-Existing Condition.
9. 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).
10. Any expense for which benefits are payable under a Catastrophic Accident Insurance Program of the State Interscholastic Activities Association.
11. Injury sustained while participating in or practicing for tackle football in grades 9 through 12, including travel, unless optional coverage has been purchased.

WE ALSO OFFER PRODUCTS TO SUPPLEMENT THE STUDENT ACCIDENT COVERAGE:

MANDATORY SCHOOL-TIME ACCIDENT COVERAGE

MANDATORY SPORTS ACCIDENT COVERAGE

CATASTROPHIC ACCIDENT COVERAGE

AFTER-SCHOOL DAY CARE ACCIDENT COVERAGE

ATHLETIC CAMPS AND CLINIC ACCIDENT COVERAGE

PROJECT GRADUATION AND/OR SENIOR TRIPS ACCIDENT COVERAGE

For more information regarding additional products, please call: 269-381-6630

This is an illustrative brochure, not a Policy

NO REFUNDS ARE AVAILABLE

\$1,000,000 ALLOCATED PLAN - CATASTROPHIC ACCIDENT INSURANCE REQUEST FOR COVERAGE

Coverage available in AZ, CO, DC, DE, FL, HI, IA, IL, IN, KY, MA, ME, MI, MN, MO, NC, ND, NE, NJ, NV, OK, OR, PA, RI, SC, SD, TN, WV, WI, and WY.
Coverage underwritten by Berkley Life and Health Insurance Company, rated A+ (Superior) by A.M. Best

Name of School or School District _____ Policy Number _____
 Contracting Official Name _____ Title _____ Phone _____ Fax _____
 Address _____ City _____ State _____ Zip _____
 Email Address _____ County _____
 Effective Date _____ Expiration Date _____ Does your intramural sports program include tackle football? Yes No

ELIGIBLE CLASSES

- Option 1:** All students, including interscholastic athletes, intramural sports participants (except intramural tackle football), student coaches, student managers, and student trainers
- Option 2:** All interscholastic athletes, cheerleaders, band members, majorettes, student coaches, student managers, and student trainers
- Option 3:** All interscholastic athletes, cheerleaders, band members, majorettes, intramural sports participants (except intramural tackle football), gym class participants, student coaches, student managers, student trainers, and student participants of school-sponsored, non-sport extracurricular activities.
- Option 4:** All students and intramural sports participants (except intramural tackle football), excluding coverage for interscholastic athletes

PLAN OPTIONS

Please select one box indicating the Covered Sports for the desired plan and select one box indicating the desired Option:

Plan	A		B		C		D		
Accident Medical Maximum Benefit	\$1,000,000		\$1,000,000		\$1,000,000		\$1,000,000		
Benefit Plan	Allocated		Allocated		Medical and AD&D		Medical and AD&D		
Home Health Care/Custodial	\$100,000 per year		\$100,000 per year		\$100,000 per year		\$100,000 per year		
Benefit Period	Lifetime	Lifetime	10-Year	10-Year	Lifetime	Lifetime	10-Year	10-Year	
Covered Sports (Not applicable under Option 4)	<input type="checkbox"/> All Sports	<input type="checkbox"/> All Sports - No Football	<input type="checkbox"/> All Sports	<input type="checkbox"/> All Sports - No Football	<input type="checkbox"/> All Sports	<input type="checkbox"/> All Sports - No Football	<input type="checkbox"/> All Sports	<input type="checkbox"/> All Sports - No Football	
<input type="checkbox"/> Option 1	Grades Pre-K-8	\$1.29	\$1.12	\$1.15	\$1.00	\$1.09	\$0.94	\$0.94	\$0.82
	Grades 9-12	\$3.41	\$2.10	\$3.03	\$1.86	\$2.87	\$1.77	\$2.49	\$1.53
<input type="checkbox"/> Option 2	Middle School or Jr. High	\$2.00	\$1.25	\$1.78	\$1.11	\$1.69	\$1.05	\$1.46	\$0.92
	Senior High	\$4.43	\$2.27	\$3.95	\$2.03	\$3.74	\$1.92	\$3.24	\$1.66
<input type="checkbox"/> Option 3	Middle School or Jr. High	\$2.25	\$1.49	\$2.00	\$1.33	\$1.89	\$1.27	\$1.64	\$1.09
	Senior High	\$4.69	\$2.53	\$4.18	\$2.26	\$3.96	\$2.14	\$3.44	\$1.86
<input type="checkbox"/> Option 4	Grades Pre-K-8	\$1.03	\$1.03	\$0.92	\$0.92	\$0.87	\$0.87	\$0.74	\$0.74
	Grades 9-12	\$1.29	\$1.29	\$1.16	\$1.16	\$1.09	\$1.09	\$0.94	\$0.94
Minimum Premium		\$650.00	\$650.00	\$600.00	\$600.00	\$600.00	\$600.00	\$500.00	\$500.00

Option 1 (Count Participant as a Student or an Athlete, but not both)

Grades Pre-K-8 _____ No. Students + _____ No. Athletes = _____ Total Participants x _____ Per Participant = \$ _____
 Grades 9-12 _____ No. Students + _____ No. Athletes = _____ Total Participants x _____ Per Participant = \$ _____

Option 2 and 3

Middle School or Jr. High \$ _____ per athlete x _____ athletes = \$ _____
 Senior High (Grades 9-12) \$ _____ per athlete x _____ athletes = \$ _____

Option 4

Grades Pre-K-8 \$ _____ per student x _____ students = \$ _____
 Grades 9-12 \$ _____ per student x _____ students = \$ _____

TOTAL PREMIUM DUE (for the benefits shown above)

\$ _____

The Premium Due is fully earned and nonrefundable on the effective date of coverage. Any account with Total Premium Due of \$10,000.00 or more must have underwriter review/approval prior to acceptance and binding. All sections must be completed in full in order for policy to be issued.

We hereby request a quote for coverage from Berkley Life and Health Insurance Company for a Catastrophic Student Accident Insurance Policy. We understand that insurance will be in force as of the effective date indicated above or the postmark date; whichever is later, if this request is accepted and the required premium is received by the Company.

Signature of School Official

Date Signed

Names of schools and grades to be covered

Number of students/athletes

School Name	Grades	Students	Athletes*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Number of Athletes is required for Options 1, 2, and 3.

Mall this form and premium to:

First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009-8501
Tel: (269) 381-6630
Fax: (269) 492-0084



**We cannot issue your policy without all sections on both pages being completed.
 The licensed appointed agent must complete the section below.**

Local/Regional Licensed Agency

Agency Name: First Agency, Inc.

License Number: NPN 312618

Agent Name (Please print): David Turley

Agent Address: 5071 West H Avenue

City, State, Zip: Kalamazoo, MI 49009-8501

Phone Number: (269) 381-6630

Signature: _____
 (Licensed Agent)

Date: _____

Email Address: DTurley@1stAgency.com

\$5,000,000 ALLOCATED PLAN - CATASTROPHIC ACCIDENT INSURANCE

REQUEST FOR COVERAGE

Coverage available in AZ, CO, DC, DE, FL, HI, IA, IL, IN, KY, MA, ME, MI, MN, MO, NC, ND, NE, NJ, NV, OK, OR, PA, RI, SC, SD, TN, WV, WI, and WY.
 Coverage underwritten by Berkley Life and Health Insurance Company, rated A+ (Superior) by A.M. Best

Name of School or School District _____ Policy Number _____
 Contracting Official Name _____ Title _____ Phone _____ Fax _____
 Address _____ City _____ State _____ Zip _____
 Email Address _____ County _____
 Effective Date _____ Expiration Date _____ Does your intramural sports program include tackle football? Yes No

ELIGIBLE CLASSES

- Option 1: All students, including interscholastic athletes, intramural sports participants (except intramural tackle football), student coaches, student managers, and student trainers
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- Option 3: All interscholastic athletes, cheerleaders, band members, majorettes, intramural sports participants (except intramural tackle football), gym class participants, student coaches, student managers, student trainers, and student participants of school-sponsored, non-sport extracurricular activities.
- Option 4: All students and intramural sports participants (except intramural tackle football), excluding coverage for interscholastic athletes

PLAN OPTIONS

Please select one box indicating the Covered Sports for the desired plan and select one box indicating the desired Option:

Plan		A		B		C		D	
Accident Medical Maximum Benefit		\$5,000,000		\$5,000,000		\$5,000,000		\$5,000,000	
Benefit Plan		Allocated		Allocated		Medical and AD&D		Medical and AD&D	
Home Health Care/Custodial		\$100,000 per year		\$100,000 per year		\$100,000 per year		\$100,000 per year	
Benefit Period		Lifetime	Lifetime	10-Year	10-Year	Lifetime	Lifetime	10-Year	10-Year
Covered Sports (Not applicable under Option 4)		<input type="checkbox"/> All Sports	<input type="checkbox"/> All Sports - No Football	<input type="checkbox"/> All Sports	<input type="checkbox"/> All Sports - No Football	<input type="checkbox"/> All Sports	<input type="checkbox"/> All Sports - No Football	<input type="checkbox"/> All Sports	<input type="checkbox"/> All Sports - No Football
<input type="checkbox"/> Option 1	Grades Pre-K-8	\$1.91	\$1.65	\$1.31	\$1.13	\$1.56	\$1.35	\$1.05	\$0.91
	Grades 9-12	\$5.03	\$3.10	\$3.45	\$2.13	\$4.12	\$2.53	\$2.75	\$1.70
<input type="checkbox"/> Option 2	Middle School or Jr. High	\$2.94	\$1.84	\$2.03	\$1.26	\$2.41	\$1.50	\$1.61	\$1.01
	Senior High	\$6.55	\$3.36	\$4.49	\$2.30	\$5.35	\$2.74	\$3.58	1.84
<input type="checkbox"/> Option 3	Middle School or Jr. High	\$3.32	\$2.21	\$2.27	\$1.51	\$2.71	\$1.81	\$1.81	\$1.21
	Senior High	\$6.94	\$3.74	\$4.75	\$2.56	\$5.67	\$3.06	\$3.80	\$2.04
<input type="checkbox"/> Option 4	Grades Pre-K-8	\$1.51	\$1.51	\$1.04	\$1.04	\$1.24	\$1.24	\$0.83	\$0.83
	Grades 9-12	\$1.91	\$1.91	\$1.31	\$1.31	\$1.56	\$1.56	\$1.05	\$1.05
Minimum Premium		\$750.00	\$750.00	\$650.00	\$650.00	\$700.00	\$700.00	\$600.00	\$600.00

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 Date Signed

Names of schools and grades to be covered

Number of students/athletes

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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Mail this form and premium to:

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Tel: (269) 381-6630
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The licensed appointed agent must complete the section below.

Local/Regional Licensed Agency

Agency Name: First Agency, Inc.

License Number: NPN 312618

Agent Name (Please print): David Turley

Agent Address: 5071 West H Avenue

City, State, Zip: Kalamazoo, MI 49009-8501

Phone Number: (269) 381-6630

Signature: _____
(Licensed Agent)

Date: _____

Email Address: DTurley@1stAgency.com