

# GUARANTEE TRUST LIFE INSURANCE COMPANY

Glenview, Illinois

## Application for: GROUP BLANKET ACCIDENT INSURANCE

**Name of**

**Policyholder:** St. John Hudson USD 350

**Effective Date:** August 01, 2024

**Address:**

Josh Meyer, Superintendent  
505 N. Broadway  
St. John, KS 67576

**Termination Date:** August 01, 2025

**Policy Number:** 154-120-108-H

**Total Premium:** \$2,727.30

**Eligible Persons:**

- Students who are enrolled and attending the Policyholder's school
- Guests/Recruits (applicable only if Football Accident Coverage or All Sports Accident Coverage is elected).
- Participants of the Policyholder's organization

**Coverage Selected (check one):**

<input type="checkbox"/> <b>Football Accident Coverage</b> All players will be covered.  Deductible: Insured Percent: % Maximum Benefit Amount: Accidental Death Benefit: \$ Dismemberment Benefit Up To: \$ Benefit Period Initial Treatment Period  <input type="checkbox"/> Designated Vehicle coverage	<input checked="" type="checkbox"/> <b>All Sports Coverage</b> All players will be covered for all sports.  Deductible: \$0.00 Insured Percent: 80% Maximum Benefit Amount: \$25,000.00 Accidental Death Benefit: \$10,000.00 Dismemberment Benefit Up To: \$10,000.00 Benefit Period 52 weeks Initial Treatment Period 60 days  <input checked="" type="checkbox"/> Designated Vehicle coverage
<input checked="" type="checkbox"/> <b>Student Accident Coverage</b> <input checked="" type="checkbox"/> School-Time* <input type="checkbox"/> 24-Hour-A-Day (Students only)* <input type="checkbox"/> 24-Hour-A-Day (Students and their Dependents) *All students enrolled at the Policyholder's school will be insured.  Deductible: \$0.00 Insured Percent: 80% Maximum Benefit Amount: \$25,000.00 Accidental Death Benefit: \$10,000.00 Dismemberment Benefit Up To: \$10,000.00 Benefit Period 52 weeks Initial Treatment Period 60 days  <input checked="" type="checkbox"/> Designated Vehicle coverage <input type="checkbox"/> Coverage while traveling to/from residence	<input type="checkbox"/> <b>Other Accident Coverage</b> All participants will be covered while participating in the following Covered Activities:  _____ _____ _____  Deductible: Insured Percent: % Maximum Benefit Amount: Accidental Death Benefit: \$ Dismemberment Benefit Up To: \$ Benefit Period Initial Treatment Period  <input type="checkbox"/> Designated Vehicle coverage <input type="checkbox"/> Coverage while traveling to/from residence

**If the Deductible varies by Sport, please list the Sport and the Deductible Amount selected below:**

Sport: \_\_\_\_\_ Deductible Amount: \$ \_\_\_\_\_  
Sport: \_\_\_\_\_ Deductible Amount: \$ \_\_\_\_\_  
Sport: \_\_\_\_\_ Deductible Amount: \$ \_\_\_\_\_

**Optional Coverages (check one or more):**

- Off-season Physical Conditioning (not available with Student Accident Coverage)
- Heart and/or circulatory malfunction resulting from participation in a Covered Activity
- Repetitive motion injuries
- HMO/PPO Denial Benefit Option
- Re-aggravation or re-injury of a Pre-existing Condition

Coverage selected will become effective on the date shown above and final premium is to be paid upon receipt of an invoice for the required premium.

It is agreed that any claim form presented by the Policyholder will certify that the claimant was actually injured while attending, playing, or practicing, or attending school as a student of the policyholder.

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information may be guilty of insurance fraud and subject to criminal and civil penalties.

Policyholder agrees that they may receive the policy and other GTL correspondence electronically. Policyholder also understands they have the right to opt-out of Electronic Policy Fulfillment and receive a paper copy of the policy (policies), and any other correspondence, free of charge.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: Kyle R. McWeeney \_\_\_\_\_ Date \_\_\_\_\_

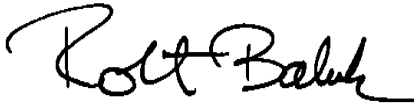
**GUARANTEE TRUST LIFE INSURANCE COMPANY**  
1275 Milwaukee Avenue, Glenview, Illinois 60025

This Policy is issued to the Policyholder by Guarantee Trust Life Insurance Company herein referred to as We Us, Our) on the Policy Effective Date at 12:01 a.m. standard time at Policyholder's address. The Policyholder and Policy Effective Date are shown on the Schedule of Benefits.

This Policy is governed by the laws of the State where it is issued and is a legal contract between Us and Policyholder.

We hereby insure Eligible Persons of the Policyholder for whom premium has been timely paid. Eligible Persons are defined on the Schedule of Benefits. Company agrees to pay benefits set forth in the Policy. Benefit payment is governed by the terms of this Policy.

**READ YOUR POLICY CAREFULLY.**



Secretary



President

**ONE YEAR NON-RENEWABLE TERM**

**BLANKET ACCIDENT POLICY**

**NON-PARTICIPATING**

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## DEFINITIONS

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**Accident:** A sudden, unforeseeable, external event which results in an Injury.

**Ambulance:** A vehicle which is licensed solely as an ambulance by the local regulatory body to provide:

1. transportation to a Hospital; or
2. transportation from one Hospital to another for those individuals who are unable to travel to receive medical care by any other means.

Air ambulance charges are only eligible for transportation from the site of an Emergency to the nearest appropriate facility or from facility to facility.

**Ambulatory Surgical Facility:** A facility which meets licensing and other legal requirements and which:

1. Is equipped and operated to provide medical care and treatment by a Doctor;
2. Does not provide services or accommodations for overnight stays;
3. Has a medical staff that is supervised full time by a Doctor;
4. Has full-time services of a licensed registered nurse (R.N.) at all times when patients are in the facility;
5. Has at least one operating room and one recovery room and is equipped to support any surgery performed;
6. Has X-ray and laboratory diagnostic facilities;
7. Maintains a medical record for each patient; and
8. Has a written agreement with at least one Hospital for the immediate transfer of patients who develop complications or need confinement.

**Benefit Period:** The number of days following the date of an Injury during which Covered Charges must be incurred, subject to the Initial Treatment Period. The Benefit Period begins on the date of Injury and ends on the last day of the Benefit Period. The Benefit Period is shown on the Schedule of Benefits.

**Concussion:** A traumatic brain injury caused by an external physical force that may produce a diminished or altered state of consciousness, which results in an impairment of cognitive abilities, physical functioning or the disturbance of behavioral or emotional functioning. These impairments may be temporary or permanent and cause partial or functional disability or psychosocial maladjustment. It must:

- a. Occur while the Policy is in force;
- b. Occur while the Insured is participating in a Covered Activity; and
- c. Diagnosed or treated by a Doctor within 5 days of the Injury.

**Covered Activity:** Any activity which the Policyholder requires the Insured to attend, or any activity of the Policyholder's school, including field trips, which is under the sole control and supervision of the Policyholder, but not including activities which are under the sponsorship or supervision arrangement with any non-Policyholder group.

**Covered Charge:** The Reasonable and Customary charge for a service or supply listed in this Policy which is performed or given under the direction of a doctor for the Medically Necessary treatment of an Injury. A Covered Charge is considered incurred on the date the treatment or service is rendered or the supply is furnished.

**Deductible:** A dollar amount of Covered Charges paid by the Insured during the Deductible Period before We pay any benefits under the Accident Medical Expense Benefit. The Deductible is shown on the Schedule of Benefits.

**Designated Vehicle:** A Motor Vehicle designated by and under the direct supervision of the Policyholder and operated by a properly licensed adult driver which transports Insureds to and from Covered Activities.

**Doctor:** A legally qualified person licensed in the healing arts and practicing within the scope of his or her license and who is not a Family Member.

**Durable Medical Equipment:** A device which:

1. is primarily and customarily used for medical purposes; and
2. is specially equipped with features and functions that are generally not required in the absence of Injury; and
3. is used exclusively by the Insured; and
4. is routinely used in a Hospital but can be used effectively in a non-medical facility; and
5. can be expected to make a meaningful contribution to the Insured's Injury; and
6. is prescribed by a Doctor and the device is Medically Necessary for the Insured's rehabilitation.

7. Includes cryotherapy sequential compression units and their accessories.

Durable Medical Equipment does not include, and is not limited to the following:

1. comfort and convenience items; and
2. equipment that can be used by Family Members other than the Insured; and
3. health exercise equipment; and
4. equipment that may increase the value of the Insured's Residence.
5. Modifications to the Insured's residence, property or automobiles, such as ramps, elevators, spas, air conditioners and vehicle hand controls; or
6. Corrective shoes; or
7. Exercise and sports equipment.

**Eligible Person:** A member of the Policyholder's organization as defined on the Schedule of Benefits.

**Emergency:** An Injury for which the Insured seeks immediate medical treatment at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that, without immediate medical care, the Insured could reasonably expect that:

1. his or her life or health would be in serious jeopardy; or
2. his or her bodily functions would be seriously impaired; or
3. a body organ or part would be seriously damaged.

**Experimental/Investigational:** A drug, device or medical care or treatment will be considered experimental/investigational if:

1. the drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration, and approval for marketing has not been given at the time the drug or device is furnished; or
2. the informed consent document utilized with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase or if such a consent document is required by law; or
3. the drug, device, medical care or treatment or the patient informed consent document utilized with the drug, device or medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, or if federal or state law requires such review and approval; or
4. reliable evidence shows that the drug, device or medical care or treatment:
  - a. is the subject of ongoing Phase I or Phase II clinical trials; or
  - b. is the research, experimental study or investigational arm of on-going Phase III clinical trials; or
  - c. is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis;
  - d. or
5. reliable evidence shows that the prevailing opinion among experts regarding the drug, device or medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis.

Reliable evidence means only:

1. published reports and articles in authoritative medical and scientific literature; or
2. written protocol or protocols by the treating facility studying substantially the same drug, device or medical care or treatment; or
3. the written informed consent used by the treating facility or other facility studying substantially the same drug, device or medical care or treatment.

Covered Charges will be considered in accordance with the drug, device or medical care at the time the charge is incurred.

**Family Member:** A person who is related to the Insured in any of the following ways: spouse, domestic or civil union partner (as defined, and as permitted, by law), brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted, step or foster child).

**Hospital:** An institution licensed, accredited or certified by the State which:

1. is accredited by the Joint Commission on Accreditation of Healthcare Organizations; and
2. provides 24-hour nursing service by registered nurses (R.N.); and
3. mainly provides diagnostic and therapeutic care under the supervision of Doctors on an inpatient basis; and

4. maintains permanent surgical facilities or has an arrangement with another surgical facility supervised by a staff of one or more Doctors.

The term Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

The term Hospital does not include a place, special ward, floor or other accommodation used for:

1. custodial or educational care; or
2. rest, or
3. the aged; or
4. a nursing home;

or an institution mainly rendering treatment or services for mental illness or substance abuse.

**Hospital Confined/Hospital Confinement:** Confinement in a Hospital for at least 18 consecutive hours by reason of an Injury for which benefits are payable.

**Initial Treatment Period:** The number of days following an Injury during which the Insured must seek initial treatment for an Injury. The Initial Treatment Period is shown on the Schedule of Benefits.

**Injury:** Bodily injury due to an Accident which:

1. results directly and independently of disease, bodily infirmity or any other causes; and
2. solely, directly and independently of all other causes results in medical expense; and
3. occurs after the effective date of the Insured's coverage under this Policy; and
4. occurs while this 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.

**Insured:** An Eligible Person who has satisfied all of the following requirements:

1. He or she is eligible for coverage under the Policy.
2. He or she has been accepted for coverage under the Policy, or has been automatically added.
3. Premium has been paid for him or her.
4. His or her coverage has become effective and has not terminated.

**Insured Percent:** The percentage of Covered Charges We pay for each Injury. The Insured Percent is shown in the Schedule of Benefits.

**Intensive Care Unit:** A specifically designed facility of the Hospital that provides the highest level of medical care; and which is restricted to those patients who are critically ill or injured. Such facility must be separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement. They must be permanently equipped with special life-saving equipment for the care of the critically ill or injured; and under constant and continuous observation by nursing staff assigned on a full-time basis, exclusively to the Intensive Care Unit. Intensive Care Unit does not mean any of these step-down units: progressive care; sub-acute intensive care; intermediate care units; private monitored rooms; observation units; or other facilities which do not meet the standards for Intensive Care.

**Interscholastic:** A sport or activity organized between schools or representatives of the schools.

**Maximum Benefit Amount:** The maximum amount of benefits We will pay for any one Injury under the Accident Medical Expense Benefit. The Maximum Benefit Amount is shown on the Schedule of Benefits.

**Medically Necessary:** A treatment, drug, device, procedure, supply or service that is necessary and appropriate for the diagnosis or treatment of an Injury in accordance with generally accepted standards of medical practice in the United States at the time it is provided. When specifically applied to Hospital confinement, it means that the diagnosis or treatment of symptoms or a condition cannot be safely provided on an outpatient basis.

A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it:

1. is Experimental/Investigational or for research purposes; or
2. is provided solely for education purposes or the convenience of the Insured, the Insured's family, Doctor, Hospital or any other provider; or
3. exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care; or
4. could have been omitted without adversely affecting the person's condition or the quality of medical care; or

5. involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration; or
6. involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or
7. can be safely provided to the patient on a less cost-effective basis such as outpatient, by a different medical professional, or pursuant to a more conservative form of treatment.

We reserve the right to determine whether a service, supply, or drug is Medically Necessary.

**Mental or Nervous Disorder:** Any condition or disease, regardless of its cause, listed in the most recent edition of the *International Classification of Diseases* as a Mental Disorder on the date the medical care or treatment is rendered to the Insured.

**Motor Vehicle:** Any registered motorized vehicle or conveyance with four or more wheels which is designated for travel on public roads or property and is not otherwise excluded.

**Off-Season Physical Conditioning:** School/team sanctioned and supervised off-season workouts and training for covered student athletes.

**Physical Therapy:** Non-surgical physical or mechanical therapy, diathermy, ultrasonic therapy, heat treatment in any form, manipulation or massage.

**Policyholder:** The entity to which this Policy is issued.

**Policy Year:** The period of 12 months following the Policy's Effective Date.

**Post Injury Concussion Testing:** An assessment to evaluate brain function following a Concussion for the purpose of clinical management of the Concussion. It must be:

- a. compared against a prior established baseline test;
- b. related to a covered Injury to the head received during participation in a Covered Activity;
- c. initially performed within 30 days of the Injury; and
- d. recommended by a Doctor.

**Pre-existing Condition:** A condition for which medical care, treatment, diagnosis or advice was received or recommended within the twelve months prior to the Insured's Effective Date of coverage under this Policy.

**Prescription Drugs:** Drugs which may only be dispensed by written prescription under Federal law, and approved for general use by the Food and Drug Administration. The drugs must be dispensed by a licensed pharmacy provider for the Insured's outpatient use.

**Reasonable and Customary Charges, Fees or Expenses:** 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 those charges are reasonable. The most common charge means the lesser of:

1. the actual amount charged by the provider; or
2. the negotiated rate; or
3. the charge which would have been made by the provider (Doctor, Hospital, etc.) for a comparable service or supply made by other providers in the same Geographic Area as reasonably determined by Us for the same service or supply.

"Geographic Area" means the three digit zip code prefix in which the service, treatment, procedure, drugs or supplies are provided; or a greater area if necessary to obtain a representative cross-section of charge for a like treatment, service, procedure, device, drug or supply.

**Repetitive Motion Injuries:** Temporary or permanent injuries to muscles, nerves, ligaments, and tendons caused by doing the same motion over and over again.

**Residence:** The home and land or property on which the Insured's dwelling or home is located.

**Sound Natural Teeth:** Natural teeth, the major portion of the individual tooth which is present, regardless of fillings and caps; and is not carious, abscessed, or defective.



**Terrorist Activity:** An act or acts of any person or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. It may include, but not be limited to the actual use of force or violence and/or the threat of such use. The perpetrators of Terrorist Activity can either be acting alone or on behalf of, or in connection with any organization(s) or governments.

**Urgent Care Center:** A healthcare facility, separate and distinct from a Hospital, providing immediate short-term medical care for minor conditions without an appointment but where immediate medical care is necessary.

**We, Us, Our means:** Guarantee Trust Life Insurance Company.

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## CONDITIONS OF INSURANCE

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### ELIGIBILITY

An Eligible Person, as shown on the Schedule of Benefits, is eligible to be insured on the Policy Effective Date, or the date he or she becomes eligible, if later.

We maintain the right to investigate eligibility status to verify that eligibility requirements are met as defined by the Policyholder. If We discover that eligibility requirements are not met, Our only obligation is to refund any premium paid for that person, less any claims paid.

### EFFECTIVE DATE

**Policyholder:** This Policy shall be effective on the later of:

1. The Effective Date shown on the application; or
2. The date We approve the application.

The Effective Date is shown on the Schedule of Benefits.

**Insured:** Subject to receipt of premium, coverage is effective on the Effective Date shown on the Schedule of Benefits.

### TERMINATION

**Policyholder:** This Policy is issued for the term stated on the Schedule of Benefits, on the Effective Date of this Policy.

**Insured: All Sports Accident Coverage.** Coverage will terminate at the earlier of:

1. the date the Policy terminates; or
2. the date the Insured ceases to be a member of the Policyholder's sports teams; or
3. the last day of regularly scheduled sports activity in which the Insured participates; or
4. the date the Insured ceases to be an Eligible Person; or
5. the end of the period for which any applicable premium has been paid.

**Insured: School-Time Student Accident Coverage.** Coverage will terminate at the earlier of:

1. the date the Policy terminates; or
2. the date the Insured ceases to be an Eligible Person; or
3. the end of the period for which any applicable premium has been paid.

Termination of coverage will not affect a claim for a covered loss that occurred while the Insured's coverage was in force.

We have the right to terminate the coverage of any Insured who submits a fraudulent claim under the Policy.

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## SCOPE OF COVERAGE

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Subject to the Eligibility, Effective Date, and Termination provisions, an Insured will be covered for Accidental Injury that occurs while insured as elected by the Policyholder and, if applicable, as elected on their enrollment form.

**All Sports Accident Coverage:** If this option is shown on the application, all Insureds, including student coaches, student managers and student trainers, will be covered for Injury which is incurred while the Insured is participating in or  
GP-2030-KS

attending Interscholastic athletic activities, which are officially authorized, sanctioned and scheduled by the Policyholder, supervised by a coach, referee, or by another adult specifically assigned supervisory duties and authority and governed by the rules and regulations of the appropriate athletic/activities association or organization. This includes related:

1. pre-competition activities; and
2. regularly-scheduled practice or training sessions; and
3. a scheduled tryout, workout session or team meeting; and
4. regularly-scheduled competition or exhibition game; and
5. Off Season Physical Conditioning; and
6. sponsored team travel authorized, organized and supervised by the Policyholder.

Coverage is also provided while traveling directly and uninterruptedly to or from the location designated by the Policyholder for athletic activities, in a Designated Vehicle.

**School-Time Student Accident Coverage:** If this option is shown on the application, all Insureds will be covered for Injury which is incurred while the Insured is:

1. on the Policyholder's premises:
  - a. during the hours and on the days when Policyholder is in session, including one hour before and after; or
  - b. during supervised and scheduled extracurricular activities;
  - c. during Policyholder sponsored and supervised field trips;
  - d. during the hours and on the days when Policyholder is not in session while the Insured is participating in or attending any Covered Activity.
2. away from the Policyholder's premises while participating in or attending any Covered Activity, or traveling to and from such activity in a Designated Vehicle, whether or not such Policyholder is in session.

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### **ACCIDENTAL DEATH AND DISMEMBERMENT, LOSS OF SIGHT, SPEECH AND HEARING BENEFIT**

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If injury from an Accident results in a loss covered by this benefit, We will pay the benefit in the amount set opposite such loss, as shown on the Schedule of Benefits. Such loss must occur within 365 days of such Accident. If the Insured sustains more than one such loss as the result of one Accident, We will pay only one amount, the largest to which the Insured is entitled.

Loss of hand or foot means loss by severance at or above the wrist or ankle joint. Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of speech means total, permanent and irrecoverable loss of audible communication. Loss of hearing means total and permanent loss of hearing which cannot be corrected by any means. Loss of a thumb and index finger means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand). Severance means the complete separation and dismemberment of the part from the body.

Benefit payment is subject to the definitions, limitations, exclusions and other provisions of this Policy.

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### **ACCIDENT MEDICAL EXPENSE BENEFITS**

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We will pay benefits, as defined and limited below, for Covered Charges incurred by the Insured due to Injury.

A Covered Charge is the Reasonable and Customary charge for a service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of an Injury. A Covered Charge is considered incurred on the date the treatment or service is rendered or the supply is furnished.

Covered Charges are payable only for an Injury:

- for which the first treatment or service is incurred within the Initial Treatment Period; and
- for which the charge for all treatment or services is incurred within the Benefit Period.

Covered Charges are shown on the Schedule of Benefits.

If the insured has No Other Coverage

After the Deductible has been satisfied, We will pay the Insured Percent of incurred Covered Charges up to the Maximum Benefit Amount, Per Injury, subject to the definitions, limitations, exclusions and other provisions of this Policy.

If the insured has Other Coverage

The company's liability for benefits payable on account of expense incurred, for any hospitalization, medical surgical, and other services resulting from covered Injury of the Covered Person, shall be limited to that part of the expense, if any, which is in excess of the total benefits payable for the same loss, on a provision of service basis or on an expense incurred basis under any medical or service contract, self-funded plan, automobile medical payment coverage, or any plan under federal, state or local law (except Medicaid).

If one or more of the other policies, plans or service contracts provide benefits on an excess insurance or an excess coverage basis, benefits should be paid first by the company or service plan whose policy or service contract has been in effect for the longer period of time at date of such loss.

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## EXCLUSIONS

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This Policy does not provide benefits for:

1. treatment, services or supplies which:
  - a. are not Medically Necessary; or
  - b. are not prescribed by a Doctor as necessary to treat an Injury; or
  - c. are determined to be Experimental/Investigational in nature; or
  - d. are received without charge or legal obligation to pay; or
  - e. are received from persons employed or retained by the Policyholder or any Family Member, unless otherwise specified; or
  - f. are not specifically listed as Covered Charges in this Policy; or
2. intentionally self-inflicted Injury; or
3. Injury received while violating or attempting to violate any duly enacted law; or
4. injury by acts of war, whether declared or not; or
5. Injury received while traveling or flying by air, except as a fare-paying passenger on a regularly scheduled commercial airline; or
6. Services for injuries or diseases related to Your job to the extent You are covered or are required to be covered by the Workers Compensation law. If You enter into a settlement giving up Your right to recover future medical benefits under a Workers' Compensation law, the Policy will not pay those medical benefits that would have been payable in the absence of that settlement; or
7. treatment of Osgood-Schlatter's disease; appendicitis; osteomyelitis; pathological fractures; congenital weakness; TMJ; fainting; headaches; boils; detached retina unless directly caused by Injury; or Mental or Nervous Disorders whether or not caused by Injury; or
8. Injury caused by or contributed to by aggravation or re-injury of a Pre-existing Condition; or
9. suicide or attempted suicide, or self-destruction or an attempt to self-destroy while insane; or
10. charges incurred for the use of orthotics unless used exclusively to promote healing; or
11. any penalty imposed by another insurance or plan for failure to follow such plan's procedures; or
12. dental treatment except as specifically stated; or
13. routine eye exams; or
14. Injury sustained fighting, except as an innocent victim.
15. Injury sustained while committing or attempting to commit a felony; or
16. 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; or
17. loss resulting from the use of any drug or agent classified as narcotic, psycholytic, psychedelic, hallucinogenic, or having a similar classification or effect, unless prescribed by a Doctor; or
18. cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body; or
19. Injury resulting from participation in or practice for any activity which is not supervised and sponsored by the Policyholder or school; or
20. 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; or
21. Charges for treatments, services or supplies which exceed reasonable and customary charges; or
22. Losses directly or indirectly arising out of any chemical or biological release and/or contamination which results from Terrorist Activity; or
23. Any loss as the result of Terrorist Activity and/or non-detonating weapons of mass destruction; or
24. Any loss directly or indirectly arising out of any nuclear explosion, detonation, release and/or contamination whether in time of peace or war, and regardless of any other causes or events contributing concurrently or in any other sequence thereto.

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## PREMIUM

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### **Payment of Premium/Due Date:**

All premium, charges or fees (hereinafter "Premium") must be paid to Us at Our home office prior to the start of the term for which coverage is selected. In no event will coverage become effective prior to the date of enrollment and receipt of the required premium at Our home office, or by Our agent.

### **Returned or Dishonored Payment:**

If a check in payment for the Premium is dishonored for insufficient funds, a reasonable service charge may be charged to You which will not exceed the maximum specified under state law. A dishonored check shall be considered a failure to pay Premium and coverage shall not take effect.

**Change to Premium:**

We may change the required premium at any time when any change affecting the rates is made to the Policy. Such change in the Policy will not take effect until any additional required premium is received by Us, except as otherwise agreed to in writing by Policyholder and Us.

**Grace Period:**

We allow a grace period of 31 days for the payment of premium after the first premium. Coverage is in force during the grace period. If, at least 60 days prior to the premium due date, We send written notice to You of Our intent not to renew this Policy, then the grace period will not apply to any period after the date the non-renewal is to be effective. If You send written notice to Us of Your intent not to renew this coverage, then the grace period will not apply after the date the non-renewal is to be effective.

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**CLAIM PROVISIONS**

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**Notice of Claim:**

Written notice of claim must be given to Us or Our authorized representative within 60 days after a covered loss starts, or as soon thereafter, as is reasonably possible. Notice should include information sufficient to identify the Insured.

**Claim Forms:**

Upon receipt of written notice of claim, We will furnish to the claimant such forms as are usually furnished by Us for filing Proofs of Loss. If such forms are not furnished within 15 days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of this Policy as to Proof of Loss upon submitting, within the time fixed in this Policy for filing Proof of Loss, written proof covering the occurrence, the character, and the extent of the loss for which claim is made.

**Proof of Loss:**

Written proof of loss for Hospital confinement must be given to Us or Our authorized representative within 60 days after release from the Hospital. Proof of any other covered loss must be given to Us or Our authorized representative not later than 90 days after the covered loss. If proof of loss is not given within the 60- or 90-day timeframe, the claim will not be denied or reduced for that reason if that proof was given as soon as reasonably possible.

**Time of Payment of Claims:**

Benefits will be paid immediately upon due written receipt of receive proper proof of loss unless this Policy provides for periodic payment. When this Policy provides for periodic payment, the benefits will accrue and will be paid monthly subject to proper proof of loss.

**Payment of Claims:**

Benefits payable under this Policy for loss of life will be paid to the Insured's next of kin and the provisions respecting such payment set out herein and effective at the time of payment. Any other payable benefits remaining unpaid at the time of the Insured's death may, at Our option, be paid to the Insured's next of kin or to the Insured's estate. All other benefits will be payable to the Insured or the medical services provider.

If any of this Policy shall be payable to the estate of the Insured or to an Insured who is a minor or otherwise not competent to give a valid release, the Company may pay such indemnity to his parent, guardian or other person actually supporting him. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of such payment.

Subject to any written direction of the Insured or of the legal or natural guardian of the Insured, if the Insured is a minor or otherwise incompetent to make such a direction, all or a portion of any indemnities provided by this Policy as a result of medical, surgical, dental, hospital or nursing service may, at the Company option, and unless the Company is requested in writing not later than the time for filing proofs of loss, be paid directly to the hospital or person rendering such services; but it is not requested that the services be rendered by a particular Hospital or person.

**Physical Examination and Autopsy:**

At Our own expense, We shall have the right and opportunity to examine the Insured as We may reasonably require while a claim is pending. At Our own expense, We may also have the right to make an autopsy in the case of death, where it is not prohibited by law.

**Legal Actions:**

A legal action may not be brought to recover on this Policy within 60 days after written Proof of Loss has been given as required. No such action may be brought after three years from the time written proof was required to be given.

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**GENERAL PROVISIONS**

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**Entire Contract; Changes:**

This Policy, including endorsements and the copy of the application, if any, of the Policyholder and the persons insured constitutes the entire contract between the parties. Any statement made by the Policyholder or by a person insured shall in the absence of fraud, be deemed a representation and not a warranty, and no such statements shall be used in defense to a claim under the Policy, unless contained in a written application. Such person, his or her beneficiary, or assignee, shall have the right to make a written request to Us for a copy of such application and We shall, within fifteen (15) days after the receipt of such request at Our home office or any branch office, deliver or mail to the person making such request a copy of such application. If such copy is not so delivered or mailed, We shall be precluded from introducing such application as evidence in any action based upon or involving any statements contained therein.

Our failure to enforce any Policy provision shall not waive, modify or render such provision unenforceable at any other time; at any given time; or under any given set of circumstances, whether the circumstances are, or are not, the same.

**Incontestability:**

All statements made in an application by the Policyholder are, in the absence of fraud, representations and not warranties. No statement shall be used to contest this Policy, the validity of coverage or reduce benefits, unless it is in writing, signed by the Policyholder, and a copy of such statement is furnished to the Policyholder.

**Insurance Class:**

Policyholder may set forth in its application Insurance Classes of Eligible Persons. The Policyholder shall notify Us when a change of Insurance Class occurs for the Insured.

**Clerical Error:**

If a clerical error is made so that an otherwise Eligible Person's coverage does not become effective, coverage may be in effect if:

1. the Policyholder makes a written request for coverage on a form approved by Us; and
2. any premium not paid because of the error is paid in full from the effective date of coverage.

We reserve the right to limit retroactive coverage to two months preceding the date the error was reported.

If a clerical error is made so that the coverage is in effect for a person who is not eligible, an adjustment will be made to correct the error. Any Premium refund will be reduced by any payment made for claims. If claims paid exceed the Premium refund, the Policyholder shall reimburse Us for the overpayment.

**Information and Records:**

The Policyholder shall provide Us information necessary to administer coverage under the Policy. Information is required when an Eligible Person becomes covered, when changes in amounts of coverage occur, and when the Insured's coverage terminates.

**Non-Participating:**

The Policy is non-participating. It does not share in Our profits or surplus earnings.

**Conformity with State Statutes:**

If any provision of this Policy is contrary to any law to which it is subject, such provision is hereby amended to conform to the minimum requirements of such law.

**Certificate of Insurance:**

Where required by law, We will send to the Insured an individual certificate. The certificate will outline the insurance coverage under the Policy and to whom benefits are payable.

**SCHEDULE OF BENEFITS**

**POLICYHOLDER INFORMATION**

<b>Policy Number:</b>	154-120-108-H
<b>Policyholder:</b>	St. John Hudson USD 350
<b>Policy Effective Date:</b>	August 01, 2024
<b>Policy Term:</b>	August 01, 2024 to August 01, 2025
<b>Eligible Persons:</b>	Students who are enrolled and attending the Policyholder's School
<b>Scope of Coverage:</b>	All Sports Accident Coverage School-Time Student Accident Coverage
<b>Insured Effective Date:</b>	The date premium is received by Us or Our Representative, but not prior to the opening day of School, except in the case of All Sports Accident Coverage, in which case coverage will begin on the first official day of practice.

**ACCIDENTAL DEATH AND DISMEMBERMENT,  
LOSS OF SIGHT, SPEECH AND HEARING BENEFIT**

The losses listed below are payable per Insured per Accident, unless specified otherwise in the Policy.

Loss of Life	\$10,000.00
Loss of Both Hands	\$10,000.00
Loss of Both Feet	\$10,000.00
Loss of the Entire Sight of Both Eyes	\$10,000.00
Loss of One Hand or One Foot	\$10,000.00
Loss of One Hand and the Entire Sight of One Eye	\$10,000.00
Loss of One Foot and the Entire Sight of One Eye	\$10,000.00
Loss of Speech or Hearing (Both Ears)	\$10,000.00
Loss of Hearing One Ear or Entire Sight of One Eye	\$2,000.00
Loss of Thumb and Index Finger of the Same Hand	\$2,000.00

**ACCIDENT MEDICAL EXPENSE BENEFITS**

<b>Maximum Benefit Amount, Per Injury</b>	\$25,000.00
<b>Deductible, Per Injury</b>	\$0.00
<b>Insured Percent</b>	80%
<b>Payment System Percentile</b>	90 <sup>th</sup>
<b>Initial Treatment Period</b>	60 days
<b>Benefit Period</b>	52 weeks

## COVERED CHARGES

Treatment, services or supplies incurred for:

<ul style="list-style-type: none"> <li>• Hospital room and board and general nursing care, up to the semi-private room rate, limited to a maximum of \$500 per day.</li> </ul>
<ul style="list-style-type: none"> <li>• Intensive Care, limited to a maximum of \$500 per day.</li> </ul>
<ul style="list-style-type: none"> <li>• Inpatient miscellaneous Hospital charges, limited to a maximum of \$1,500.</li> </ul>
<ul style="list-style-type: none"> <li>• Outpatient miscellaneous Hospital charges, limited to a maximum of \$1,000.</li> </ul>
<ul style="list-style-type: none"> <li>• Doctor's charges for surgery, limited to a maximum of \$2,500.</li> </ul>
<ul style="list-style-type: none"> <li>• Administration of Anesthesia, limited to a maximum of \$1,000.</li> </ul>
<ul style="list-style-type: none"> <li>• Assistant surgeon charge, limited to a maximum of \$2,500.</li> </ul>
<ul style="list-style-type: none"> <li>• Inpatient Doctors' visits.</li> </ul>
<ul style="list-style-type: none"> <li>• Outpatient Doctors' visits.</li> </ul>
<ul style="list-style-type: none"> <li>• Hospital Emergency care, excluding professional charges, limited to a maximum of \$500.</li> </ul>
<ul style="list-style-type: none"> <li>• Outpatient imaging procedures and interpretation for MRI/CAT scan, limited to a maximum of \$750.</li> </ul>
<ul style="list-style-type: none"> <li>• Outpatient X-ray services, limited to a maximum of \$500.</li> </ul>
<ul style="list-style-type: none"> <li>• Outpatient laboratory services, limited to a maximum of \$1,000.</li> </ul>
<ul style="list-style-type: none"> <li>• Ambulance charges, limited to a maximum of \$500.</li> </ul>
<ul style="list-style-type: none"> <li>• Urgent Care Center charges, limited to a maximum of \$500. Does not include professional surgical charges Hospital Emergency non-surgical Doctor charges.</li> </ul>
<ul style="list-style-type: none"> <li>• Durable Medical Equipment, including orthopedic appliances, limited to a maximum of \$500.</li> </ul>
<ul style="list-style-type: none"> <li>• Replacement expense for broken eyeglasses, lenses, contact lenses, hearing aids resulting from an Injury requiring medical treatment.</li> </ul>
<ul style="list-style-type: none"> <li>• Ambulatory Surgical Facility, limited to a maximum of \$1,000.</li> </ul>
<ul style="list-style-type: none"> <li>• Prescription Drugs.</li> </ul>
<ul style="list-style-type: none"> <li>• Dental treatment for Injury to Sound Natural Teeth, limited to a maximum of \$2,500.</li> </ul>
<ul style="list-style-type: none"> <li>• Outpatient Physical Therapy rendered by a Doctor, limited to a maximum of \$1,000.</li> </ul>
<ul style="list-style-type: none"> <li>• Injuries sustained in a Motor Vehicle Accident are limited to \$2,500 per Injury.</li> </ul>
<ul style="list-style-type: none"> <li>• Treatment of heat exhaustion and heat stroke.</li> </ul>
<ul style="list-style-type: none"> <li>• Treatment of a Concussion and Post Injury Concussion Testing.</li> </ul>
<ul style="list-style-type: none"> <li>• Treatment for Heart and Circulatory Malfunction resulting from participation in a Covered Activity.</li> </ul>
<ul style="list-style-type: none"> <li>• Treatment of Repetitive Motion Sports Injuries, strains, hernia, tendinitis, bursitis, spondylolysis, osteochondritis dissecans.</li> </ul>



**GUARANTEE TRUST LIFE INSURANCE COMPANY**  
1275 Milwaukee Avenue, Glenview, Illinois 60025  
(847) 699-0600

**AMENDMENT RIDER**

**EFFECTIVE DATE:** August 01, 2024

This Rider is made a part of the Policy/Certificate as of the Effective Date shown above. If no date is shown, it is effective as of the Effective Date of the Policy/Certificate to which this Rider is attached.

The Policy/Certificate is hereby amended as follows:

**The following term is ADDED to DEFINITIONS:**

**Heart and Circulatory Malfunction:** An acute onset of a myocardial infarction, coronary thrombosis or cerebral vascular accident affecting the heart or circulatory system:

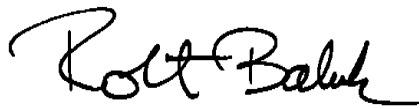
1. which is first diagnosed and treated while the Insured's coverage under this policy is in force;
2. which occurs as a result of the Insured's participation in a Covered Activity;
3. which occurs within 24 hours of participation in a Covered Activity; and
4. which does not result from a Pre-Existing Condition.

**The *Treatment of heart and/or circulatory system* section of COVERED CHARGES** has been replaced by the following:

- Treatment for Heart and Circulatory Malfunction, resulting from participation in a Covered Activity.

This Rider is subject to all terms, provisions, limitations and exclusions of the Certificate except when specifically changed by this rider."

Signed at Guarantee Trust Life Insurance Company in Glenview, Illinois by



Secretary



President

**GUARANTEE TRUST LIFE INSURANCE COMPANY  
PRIVACY NOTICE**

At Guarantee Trust Life Insurance Company (GTL) we know the importance of the right to privacy. That's why protecting the information that personally identifies each and every one of our valued insurance customers is high priority, and a matter we take very seriously.

Our primary goal is, and will continue to be, providing competitive, fairly priced, and exceptional quality insurance products to meet the short-term and long-term financial needs of our customers. From life and health insurance to credit life and credit disability insurance, getting people the protection they need is not just a job to us. It is a privilege.

While the personal, financial and medical information shared with us (from applying for coverage, to filing a claim) is the cornerstone to providing the high-quality insurance protection and service our customers have come to know and expect, be assured that information, unique to our insurance customers, is kept secure, confidential and used expressly for the purpose of conducting our insurance relationship with them. Remember, protecting our customer's privacy is not only our priority...it's a promise.

The following is a summary of our privacy policy and practices. It tells you about the kinds of personally identifiable information we collect, disclose or share with others.

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**INFORMATION WE COLLECT AND SOURCES OF INFORMATION**

In order for GTL to provide and administer the insurance products we offer, we collect personal information about the customer. Some of the information we collect is "nonpublic". The nonpublic personal information we collect is obtained from the following sources:

- Information we receive on the application for insurance or other forms (*such as name, address, telephone number, age, social security number, and beneficiary designation.*)
- Information about our customer's transactions with us and our affiliates (*such as the type of insurance product purchased, the premium paid, the method of purchase, and payment history.*)
- Information we receive from third party reports, (*such as consumer-reporting/credit agencies, motor vehicle records, and medical information. All medical information we receive is subject to the Medical Confidentiality rules described below.*)

**INFORMATION WE DISCLOSE**

GTL does not disclose any nonpublic personal information about our customers or former customers to anyone without providing notice of the customer's rights to either opt out or opt in the sharing of personal information, except as permitted or required by law.

We may also disclose all of the information we collect, as described above, with the following:

- Affiliates – We may share information with our affiliates. Our affiliates offer products and services that may complement insurance purchases and we believe may be of interest to our customers.
- Service Providers – We may share information with companies engaged to perform services on our behalf, such as third party administrators and vendors hired to effect, administer or enforce a transaction a customer requests or authorizes; to develop or maintain computer software; or to perform market research.
- Joint Marketing – We may share information with companies that perform marketing services on our behalf or to other financial institutions with which we have a joint marketing agreement.

**MEDICAL CONFIDENTIALITY**

All medical information is kept confidential. We will not use or share, internally or with third-parties, our customer's medical information except for the purposes of:

- Underwriting;
- Administering the policy or claim;
- As permitted or required by law; or
- As authorized by the customer.

**SECURITY AND CONFIDENTIALITY OF CUSTOMER INFORMATION**

We restrict access to nonpublic personal information about our customers to those employees (or people working on our behalf under confidentiality agreements) who need to know the information in order to provide products and services. We also maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard all nonpublic personal information.

GTL  
Guarantee Trust Life Insurance Company  
1275 Milwaukee Avenue  
Glenview, Illinois 60025  
1-800-338-7452  
Visit us at: [www.gtlic.com](http://www.gtlic.com)

**GENERAL PURPOSES AND LIMITATIONS OF THE  
KANSAS LIFE AND HEALTH  
INSURANCE GUARANTY ASSOCIATION  
K.S.A. 40-3001, et. seq.**

**DISCLAIMER**

THE KANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION MAY NOT PROVIDE COVERAGE FOR ALL OR A PORTION OF THIS POLICY. IF COVERAGE IS PROVIDED, IT MAY BE SUBJECT TO SUBSTANTIAL LIMITATIONS AND EXCLUSIONS, AND IS CONDITIONED UPON RESIDENCY IN THIS STATE. THEREFORE, YOU SHOULD NOT RELY UPON COVERAGE BY THE KANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION IN SELECTING AN INSURANCE COMPANY OR IN SELECTING AN INSURANCE POLICY. INSURANCE COMPANIES AND THEIR AGENTS ARE PROHIBITED BY LAW FROM USING THE EXISTENCE OF THE KANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION IN SELLING YOU ANY FORM OF AN INSURANCE POLICY, OR TO INDUCE YOU TO PURCHASE ANY FORM OF AN INSURANCE POLICY. EITHER THE KANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION OR THE KANSAS DEPARTMENT OF INSURANCE WILL RESPOND TO ANY QUESTIONS YOU HAVE REGARDING THIS DOCUMENT.

Kansas Life and Health Insurance Guaranty Association  
534 South Kansas Avenue, Suite 1410  
Topeka, KS 66610

Kansas Department of Insurance  
1300 SW Arrowhead Road  
Topeka, KS 66604

This is a brief summary of the Kansas Life and Health Insurance Guaranty Association (“the Association”) and the protection it provides for policyholders. If there is any inconsistency between this notice and Kansas law, then Kansas law will control.

The Association was established to provide protection in the unlikely event that your life, annuity or health insurance company becomes financially unable to meet its obligations and is taken over by its Insurance Department. (For purposes of this notice, the terms “insurance company” and “insurer” include health maintenance organizations (HMOs). If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Kansas law, with funding from assessments paid by other insurance companies. This safety net was created under Kansas law, which determines who and what is covered and the amounts of coverage. The basic protections provided by the Association are;

- Life Insurance

\$300,000 in death benefits  
\$100,000 in cash surrender or withdrawal values

- Health Insurance

\$500,000 in hospital, medical and surgical insurance benefits  
\$300,000 in disability insurance benefits  
\$300,000 in long-term care insurance benefits  
\$100,000 in other types of health insurance benefits

- Annuities

\$250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$300,000. Special rules may apply with regard to hospital, medical and surgical insurance benefits, as well as certain aggregate limits.

“Health benefit plan” is defined in K.S.A. 40-3005 and generally includes hospital or medical expense policies, contracts or certificates, or HMO subscriber contracts that provide comprehensive forms of coverage for hospitalization or medical services, but excludes policies that provide coverages for limited benefits (such as dental-only or vision-only insurance) and Medicare Supplement insurance.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions

to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Kansas law.

Benefits provided by a long-term care (LTC) rider to a life insurance policy or annuity contract shall be considered the same type of benefits as the base life insurance policy or annuity contract to which it relates.

Insurance companies and agents are not allowed by Kansas law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance or HMO coverage. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Kansas law, then Kansas law will control.

To learn more about the above protections, as well as protections relating to group contracts or retirement plans, please visit the Association's website at [www.kslifega.org](http://www.kslifega.org) or contact the Association at (785) 271-1199. The Kansas Department of Insurance may also be contacted at (785) 296-7844 or [KDOI.RF@ks.gov](mailto:KDOI.RF@ks.gov).