



CHILD CARE

NON-RESIDENT CHILD CARE ACCIDENT INSURANCE

- Child Care Centers*
- Pre-Schools / Head Start Programs
- Montessori Day Schools
- Before and After School Programs

**Home Child Care Centers are not eligible for coverage*

Underwritten and Claims Paid by:
Guarantee Trust Life Insurance Company (GTL)
1275 Milwaukee Avenue, Glenview, IL 60025
1-800-622-1993
www.gtlic.com

SR-CC-01-2018-OHIO

Plan Administered by:

**Student
Protective
Agency**

300 Coshocton Ave. | Mount Vernon, OH 43050
1-800-278-2544

WHAT IS IT? Guarantee Trust Life Insurance Company (GTL) offers Accident Insurance for all registered children and staff (if desired) of licensed child care centers, Head Start programs, nursery schools, Montessori schools and private religious schools.

WHAT IS COVERED? Supervised activities at the Policyholder's facility as well as day trips sponsored and supervised by the Policyholder. Travel directly to and from day trips in a Designated Vehicle provided by the Policyholder.

WHO IS COVERED? All registered children of the Policyholder. Enrollment is made easy as no individual names are necessary. Policyholder may elect to cover all staff members as well.

WHAT ARE THE BENEFITS? ACCIDENT MEDICAL EXPENSE - For expense incurred due to a covered Accident. The Plan will pay, up to the Maximum Benefit Amount indicated on the enrollment form, for Medically Necessary, Reasonable and Customary charges for: 1) Hospital room and board and general nursing care. 2) Intensive care. 3) Urgent care center expense. 4) Hospital miscellaneous expense during Hospital confinement or for outpatient surgery under general anesthetic, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services and supplies. 5) Anesthesia services. 6) Hospital Emergency care. 7) Doctor's fees for surgery. 8) Doctor's visits, including Physical Therapy. 9) X-ray and laboratory services. 10) Ambulance expense. 11) Dental treatment for Injury to Sound, Natural Teeth. 12) Registered nurse expense. 13) Prescription Drugs. 14) Outpatient services. 15) Casts, non-surgical.

Treatment of Injury must begin within 30 days of the covered Accident and medical expense must be incurred within 52 weeks from the date of covered Accident.

ACCIDENTAL DEATH & DISMEMBERMENT - GTL will pay up to the maximum benefit amount as shown on the enrollment form. If more than one such loss is sustained as the result of one covered Accident, GTL will pay only one amount, the largest to which the Insured person is entitled.

HOW ARE BENEFITS DETERMINED? Except where prohibited by law, all Covered Charges will be considered for payment on an excess basis if Other Valid and Collectible Insurance or Plan covers the Insured person.

HOW DO YOU APPLY FOR COVERAGE? Complete the enrollment form (front and back). Send the completed enrollment form along with your check made payable to Guarantee Trust Life Insurance Company to the Plan Administrator prior to the requested effective date. After the completed enrollment form and premium are received by the Plan Administrator, you will receive your Policy, claim forms and instructions.

WHAT ARE THE EXCLUSIONS OF THE POLICY? Except where prohibited by law, benefits are not provided for:

- 1) Treatment, services or supplies which are not Medically Necessary; are not prescribed by a Doctor as necessary to treat an Injury; are determined to be Experimental/Investigational in nature by the Company; are received without charge or legal obligation to pay; are received from any persons retained or employed by the Policyholder or any Family Member; are not specifically listed as Covered Charges in the Policy.
- 2) Eyeglasses, contact lenses, routine eye exams or prescriptions.
- 3) Suicide or attempted suicide while sane or insane.
- 4) Intentionally self-inflicted Injury, violating or attempting to violate any duly enacted law. Injury by acts of war, whether declared or not.
- 5) Dental treatment, except as specifically stated.
- 6) Injury covered by Worker's Compensation or the Occupational Disease Law.
- 7) Hernia of any kind.
- 8) Injury contributed to by the use of alcohol or drugs not prescribed by a Doctor.
- 9) Injury incurred as the result of aggravation or reinjury of a Pre-existing Condition.
- 10) Injury received while traveling or flying by air, except as a fare paying passenger on a regularly scheduled commercial airline.
- 11) Treatment of illness, disease or infections, except infections which result from an accidental Injury or infections which result from accidental, involuntary or an unintentional ingestion of a contaminated substance.
- 12) Injury sustained while participating in or practicing for interscholastic athletics, including travel.

Group Blanket Accident insurance is issued on Form Series GP-1200 by Guarantee Trust Life Insurance Company, Glenview, IL. 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 Policyholder and certain provisions may be administered to conform to state requirements. The Policy shall control in the event of any conflict between the Policy and this brochure. For complete details of coverage please contact the agent administering the program.
