

GUARANTEE TRUST LIFE INSURANCE COMPANY, Glenview, Illinois

Enrollment for: Accident Insurance

Please print or type - Complete both sides

Name of Policyholder _____

Policy Number (company use only) _____

Mailing Address _____

Policy Term: Effective Date: _____ Termination Date: _____

Covered Activities: Supervised camp or conference activities sponsored and endorsed by the Policyholder and direct travel to and from such activities in a Designated Vehicle provided by the Policyholder.

| DEDUCTIBLE PER INJURY - \$0 | Maximum Benefit Amounts (select ONLY one option) | |
|---|---|---------------------------------|
| | OPTIONS | |
| BENEFITS | STANDARD <input type="checkbox"/> | DELUXE <input type="checkbox"/> |
| Accidental Death | \$5,000 | \$12,500 |
| Accidental Dismemberment, <i>Up To</i> | \$10,000 | \$25,000 |
| Accident Medical Expense | \$25,000 | \$25,000 |
| Daily Premium Rates - Calendar day or portion thereof | | |
| | STANDARD | DELUXE |
| Sports Camp/Conference | \$0.33 | \$0.35 |
| Sports Overnight Camp/Conference | \$0.53 | \$0.55 |
| Private Camp/Conference | \$0.18 | \$0.20 |
| Private Overnight Camp/Conference | \$0.39 | \$0.41 |
| Church/School Camp/Conference | \$0.18 | \$0.20 |
| Church/School Overnight Camp/Conference | \$0.25 | \$0.27 |
| NO REFUNDS ARE AVAILABLE | | |

Policy to Cover all Eligible Persons, including: Participants Only Participants and Staff

The Policy will become effective on the date requested if the appropriate premium has been received prior to the requested effective date. It is agreed that the premium will be paid entirely by the Policyholder with no contribution made by the eligible persons toward the cost of the insurance.

Authorized Signature _____ Date _____

Printed Name _____ Title _____

Agent Signature _____

Printed Name _____

PREMIUM REPORT

Must be completed for enrollment to be processed - Complete both sides

| DATES OF ACTIVITIES | | NUMBERS OF ELIGIBLE PERSONS ANTICIPATED TO BE INSURED | | Total | DAILY PREMIUM | PREMIUM PER DAY | NUMBER OF DAYS | PREMIUM DUE |
|---------------------|------------|--|-------|---------------|---------------|-----------------|-------------------|-------------|
| | | Participants | Staff | | | | | |
| _____ | THRU _____ | _____ | + | _____ = _____ | X \$ _____ | = \$ _____ | X _____ | = \$ _____ |
| _____ | THRU _____ | _____ | + | _____ = _____ | X \$ _____ | = \$ _____ | X _____ | = \$ _____ |
| _____ | THRU _____ | _____ | + | _____ = _____ | X \$ _____ | = \$ _____ | X _____ | = \$ _____ |
| _____ | THRU _____ | _____ | + | _____ = _____ | X \$ _____ | = \$ _____ | X _____ | = \$ _____ |

Group Activities: _____

TOTAL PREMIUM: \$ _____

NOTE: Minimum Premium is \$100.00

I certify to the best of my knowledge and belief: 1) the information above is true and correct; 2) the premium is being paid for the total number of eligible persons who are anticipated to be insured during the Policy Term; and 3) the premium is being paid entirely by the Policyholder with no contribution made by the eligible person toward the cost of the insurance.

Authorized Signature: _____ Date: _____

Phone Number: _____ Title: _____