

# 2018-19 MULTI-STATE STUDENT ACCIDENT INSURANCE PROGRAM

## Multi-Benefit Protection



### **ACCIDENT INSURANCE PROTECTION HELPING PROVIDE:**

**For the Student - Sound coverage with a selection of plan options**

**For the Parent - Additional financial security to help in times of increasing medical costs**

*Administered by:*

**Bollinger Specialty Group**

A Gallagher Company

*Underwritten by:*

**GTL** | GUARANTEE  
TRUST  
LIFE

Guarantee Trust Life Insurance Company (GTL)

1275 Milwaukee Ave., Glenview, IL 60025

[www.gtlic.com](http://www.gtlic.com)

# 2018-2019 STUDENT ACCIDENT INSURANCE PLANS

- Accidents happen! When they happen to your child, someone must pay the bills.
- Here is an Accident only insurance plan to help cover your child 24 hours a day (24-Hour Plan).
- This plan provides benefits to help meet the cost of medical and Hospital expense.
- If you have other insurance, this plan can help offset the deductibles and coinsurance for those plans.
- If you have no other insurance, this plan 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	IMPORTANT PROTECTION FACTS
✓	Becomes effective the date premium payment is received by Bollinger Specialty Group (but not prior to the opening day of school).
✓	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 continues without interruption all summer until school re-opens for the following term.

## 24-HOUR-A-DAY ACCIDENT COVERAGE - excluding interscholastic sports

### ***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

# 2018-2019 STUDENT ACCIDENT 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 90 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

COVERAGE AND BENEFITS	
R&C means Reasonable and Customary charges	
Maximum Benefit Amount Per Injury	\$25,000.00
Deductible	\$0.00
Hospital Room and Board and general nursing care	100% of R&C
Intensive Care	100% of R&C
Inpatient Hospital Miscellaneous Expense	100% of R&C
Doctor's fees for surgery	100% of R&C
Assistant Surgeon Expense	100% of R&C
Anesthesia Services	100% of R&C
Non-Surgical Inpatient and Outpatient Doctors' Visits	100% of R&C
Hospital Emergency Care	100% of R&C
Outpatient X-ray and Laboratory Services	100% of R&C
Outpatient Imaging procedures for MRI/CAT Scan	100% of R&C
Ambulance Expense	100% of R&C
Urgent Care Center Expense	100% of R&C
Durable Medical Equipment, including Orthopedic Appliances	100% of R&C
Prescription Drugs	100% of R&C
Physical Therapy, rendered by a Doctor or Hospital	100% of R&C
Dental Treatment for Injury to Sound, Natural Teeth	100% of R&C
Casts, Non-surgical	100% of R&C
Ambulatory Surgical Facility	100% of R&C
Replacement expense for broken eyeglasses, lenses, contact lenses, hearing aids resulting from an Injury requiring medical treatment	100% of R&C
Registered Nurse Expense	100% of R&C
Loss of Life	\$10,000.00
Single Dismemberment	\$10,000.00
Double Dismemberment	\$20,000.00
PREMIUMS (ONE-TIME ANNUAL PAYMENT)	
<b>24-HOUR-A-DAY ACCIDENT COVERAGE</b>	
Grades Pre-K - 12 includes all activities except interscholastic sports	\$120.00

**EXCESS PROVISION:** All Covered Charges will be considered for payment on an Excess basis if any Other Valid and Collectible Insurance covers the Insured person.

# 2018-2019 STUDENT ACCIDENT INSURANCE 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 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; or are not specifically listed as Covered Charges in the Policy; (2) Intentionally self-inflicted Injury; (3) Injury by acts of war, whether declared or not; (4) Injury received while traveling or flying by air, except as a fare paying passenger on a regularly scheduled commercial airline; (5) Treatment of Mental or Nervous Disorders; (6) Suicide or attempted suicide; (7) Heart and/or circulatory malfunction resulting from participation in a Covered Activity, such as stroke, heat exhaustion (except as specifically stated), heart attack, and brain circulatory malfunctions; (8) Repetitive motion injuries, strains, hernia, tendinitis, bursitis, spondylolysis, osteochondritis dissecans not related to a specific Injury; (9) Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures; (10) Re-Injury or complications of an Injury which occurred prior to the Policy's Effective Date; (11) Dental treatment, except as specifically stated; (12) Injury sustained fighting or brawling, except as an innocent victim; (13) Injury sustained while committing or attempting to commit a felony; (14) Injury sustained scuba diving; (15) Any expense for which benefits are payable under a Catastrophic Accident Insurance Program of the State Interscholastic Activities Association; (16) Injury sustained while participating in or practicing for interscholastic athletics, including travel; (17) Injury which occurs while the Insured is on active duty service in any armed forces. Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days; (18) Injury sustained flying in an ultra-light, hang gliding, parachuting or bungee-cord jumping; (19) Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body; (20) 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; (21) Off Season Physical Conditioning for interscholastic sports. The "official season" for each specific covered sport is the period within the dates determined by the appropriate athletic/activities association for the practice and play of that sport.

For residents of Kentucky, Mississippi and South Carolina these additional Exclusions apply: (22) 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; (23) 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.

For residents of Louisiana this additional Exclusion applies: (22) Loss resulting from being legally intoxicated or under the influence of narcotics unless administered on the advice of a physician.

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**To file a claim:** Claim forms are available on our website: [www.BollingerSchools.com](http://www.BollingerSchools.com)

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Group Blanket Accident insurance products are issued on Form Series GP-2020 or GP-1200 by Guarantee Trust Life Insurance Company, Glenview, IL. These products and their features are subject to state availability and may vary by state. Certain exclusions and limitations may apply. 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.

NO REFUNDS ARE AVAILABLE

## ID CARD

**STUDENT ACCIDENT INSURANCE**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School District: \_\_\_\_\_

To obtain a claim form, please visit [www.BollingerSchools.com](http://www.BollingerSchools.com)

Administered by:

**Bollinger Specialty Group**  
A Gallagher Company

P.O. Box 1346, Morristown, NJ 07962  
1-866-267-0092

**Please store your card in a safe location for future reference.**



# South Carolina: Enrollment for Student Accident Insurance

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

MALE  FEMALE DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month/Day/Year)

STREET ADDRESS \_\_\_\_\_

CITY OR TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

NAME OF PARENT OR GUARDIAN (BENEFICIARY) **PLEASE PRINT**

All statements made on this enrollment form are true and complete to the best of my knowledge and belief.

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.

NAME OF SCHOOL DISTRICT \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_ GRADE \_\_\_\_\_

Please select the plan desired.

<b>SCHOOL SPONSORED STUDENT ACCIDENT INSURANCE PLAN</b>	
Premium Cost Per Year	
<b>24-HOUR PLAN</b>	
Students _____	
Grades Pre-K-12 <input type="checkbox"/> \$120.00	

I enclose \$ \_\_\_\_\_ Total Premium

PARENT'S SIGNATURE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

Mail this form and the appropriate premium to: **Bollinger, Inc., PO Box 1515, Morristown, NJ 07962.** Your cancelled check is your receipt.