

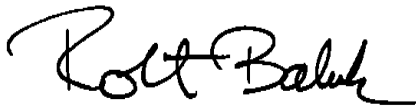
**GUARANTEE TRUST LIFE INSURANCE COMPANY**  
1275 Milwaukee Avenue, Glenview, Illinois, 60025

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. We agree 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.

**Covered Activity:** Any activity which the Policyholder requires the Insured to attend, or any activity of the Policyholder's school 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.

**Covered Person:** A person:

1. who is eligible for coverage as an Insured; and
2. who has been accepted for coverage or has been automatically added; and
3. who has paid the required premium; and
4. whose coverage has become effective and has not terminated.

**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.

**Domestic Partner:** A person who is Your registered Domestic Partner with the California Secretary of State.

**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.

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:** An Eligible Person, as defined by the Policyholder, is shown on the Schedule.

**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, Registered Domestic Partner, 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:

1. for which the Accident insured against is the proximate cause; and
2. which results in medical expense; and
3. which occurs after the effective date of the Insured's coverage under this Policy; and
4. which 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 on 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 state and county 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. is merely for maintenance or preventive care; or
4. could have been omitted without adversely affecting the person's condition; 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.
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 generally accepted standards of medical and dental practice in the state and county at the time it is provided..

**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.

**Other Valid and Collectible Insurance or Plan:** Any reimbursement for or recovery of any element of Covered Charges incurred available from any other source whatsoever, except gifts and donations, but including without limitation:

1. any individual, group, blanket, or franchise policy of accident, disability or health insurance; or
2. any arrangement of benefits for members of a group, whether insured or uninsured; or
3. any prepaid service arrangement such as Blue Cross or Blue Shield, individual or group practice plans, or health maintenance organizations; or
4. any amount payable for Hospital, medical, or other health services. Injury arising out of a motor vehicle accident to the extent such benefits are payable under any medical expense payment provision (by whatever terminology used including such benefits mandated by law) of any motor vehicle insurance policy; or
5. any amount payable for; services or injuries or diseases related to the Insured's job to the extent that he actually received benefits under a Workers' Compensation Law; or the settlement a Covered Person enters into to give up his or her rights to recover future medical expenses that would have been payable except for that settlement; or
6. Social Security Disability Benefits, except that Other Valid and Collectible Insurance or Plan shall not include any increase in Social Security Disability Benefits payable to the Insured after he or she becomes disabled while insured hereunder; or
7. any benefits payable under any program provided or sponsored solely or primarily by any governmental agency or subdivision or through operation of law or regulation.

**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.

**Pre-existing Condition:** A condition for which medical care, treatment, diagnosis or advice was received or recommended within the 12 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.

**Primary Benefit Amount:** The maximum amount of benefits We will pay for Covered Charges without regard to Other Valid and Collectible Insurance or Plan.

**Reasonable and Customary Charges, Fees, or Expenses:** The most common charge for similar professional services, drugs, procedures, devices, supplies, or treatment within the Geographic 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 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.

**Registered Domestic Partner:** Registered domestic partner with the California Secretary of State.

**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.

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## CONDITIONS OF INSURANCE

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### ELIGIBILITY

Eligible Persons are eligible to enroll for coverage under this Policy.

### EFFECTIVE DATE

**Policyholder:** This Policy shall be effective, subject to the receipt of premium, 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: Football Only 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 football team; or
3. the last day of regularly scheduled football activity; 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: 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.

**Insured: 24-Hour-A-Day 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.

**Insured: Other 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.

**Football Only Accident Coverage:** If this option is shown on the enrollment form, an Insured, including student coaches, student managers and student trainers, will be covered for Injury which is incurred while the Insured is participating in or attending Interscholastic football activities as described in Scope of Coverage on the Schedule of Benefits 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 football activities in a Designated Vehicle.

**All Sports Accident Coverage:** If this option is shown on the enrollment form, an Insured, including student coaches, student managers and student trainers, will be covered for Injury which is incurred while the Insured is participating in or attending Interscholastic athletic activities as described in Scope of Coverage on the Schedule of Benefits, 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 enrollment form, an Insured, 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;
  - 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.
3. traveling directly and uninterruptedly to or from the Insured's Residence to attend regular Policyholder sessions.

**24-Hour-A-Day Accident Coverage:** If this option is shown on the enrollment form, an Insured will be covered for Injury which is incurred on a 24-hour-per-day basis.

**Other Accident Coverage:** If this option is shown on the application, an Insured will be covered for Injury which is incurred as described in Scope of Coverage on the Schedule of Benefits.

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## **ACCIDENTAL DEATH, DISMEMBERMENT AND LOSS OF SIGHT 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. 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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Subject to the definitions, limitations, exclusions, and other provisions of the Policy, We will pay benefits, as defined and limited below, for Covered Charges incurred by the Insured due to Injury.

Covered Charges are payable only for an Injury:

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

Covered Charges are shown on the Schedule of Benefits.

### No Other Valid and Collectible Insurance or Plan

We will pay the Insured Percent of incurred Covered Charges up to the Maximum Benefit Amount, Per Injury.

### Other Valid and Collectible Insurance or Plan

We will pay the Insured Percent of incurred Covered Charges which are in excess of the total benefits payable for the same Injury by any Other Valid and Collectible Insurance or Plan on a provision of service or on an expense incurred basis, up to the Maximum Benefit Amount, Per Injury.

If Other Valid and Collectible Insurance or Plan provides benefits on an excess coverage basis, Our plan will pay first, if it has been in effect for the longer period of time at the date of such Injury.

For purposes of this Policy, the Insured's entitlement to Other Valid and Collectible Insurance or Plan will be determined as if this Policy did not exist and shall not depend upon whether timely application for benefits from Other Valid and Collectible Insurance or Plan is made by or on behalf of the Insured.

**Primary Benefit Amount:** If a Primary Benefit Amount is shown in the Schedule of Benefits, We will pay the Covered Charges incurred for an Injury up to the Primary Benefit Amount. Such Covered Charges will be paid according to the terms of the Policy. Thereafter, subsequent claims received for the same Injury which are in excess of the Primary Benefit Amount, will be subject to the excess provision.

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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 covered by Workers' Compensation or the Occupational Disease Law; or
6. heat exhaustion and heat stroke; or
7. any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures; or
8. hernia or slipped femoral capital epiphysis; or
9. Injury sustained fighting or brawling, except as an innocent victim; or
10. Injury sustained while operating, riding in or upon, mounting or alighting from, any two- or three- or four-wheeled recreational motor/engine driven vehicle, or snowmobile, or all-terrain vehicle (ATV); or
11. Injury sustained while participating in or practicing for Interscholastic tackle football in grades 9-12 including travel, unless optional coverage has been purchased; or
12. 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.

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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:** A grace period of 31 days will be granted for the payment of premiums accruing after the first premium, during which grace period the Policy shall continue in force, but the Policyholder shall be liable to the insurer for the payment of the premium accruing for the period the policy continues in force. 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 the occurrence of commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to Us at 1275 Milwaukee Ave., Glenview, IL 60025, or to any authorized agent of Ours, with information sufficient to identify the Insured, shall be deemed notice to Us.

**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 must be furnished to the insurer, in case of claim for loss for which this Policy provides any periodic payment contingent upon continuing loss, within 90 days after the termination of the period for which the insurer is liable, and in case of claim for any other loss, within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the Insured, later than one year from the time proof is otherwise required.

**Time of Payment of Claims:** Indemnities payable under this Policy for any loss other than loss for which this Policy provides periodic payments will be paid as they accrue immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnity for loss for which this Policy provides periodic payment will be paid monthly and any balance remaining unpaid upon the termination of the period of liability will be paid immediately upon receipt of due written proof.

**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 We have received a valid assignment by the Insured.

If any indemnity 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:** The insurer at its own expense shall have the right and opportunity to examine the person of any individual whose injury or sickness is the basis of claim when and as often as it may reasonably require during the Pendency of a claim hereunder and to make an autopsy in case of death, where it is not forbidden 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 the endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in this Policy shall be valid until approved by an executive officer of the Company and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or waive any of its provisions.

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.

We have full, exclusive, and discretionary authority to determine all questions arising in connection with the Policy, including its interpretation.

**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>	<b>See Attached Application</b>
<b>Policyholder:</b>	<b>See Attached Application</b>
<b>Policy Effective Date:</b>	<b>See Attached Application</b>
<b>Policy Term:</b>	<b>See Attached Application</b>
<b>Eligible Persons:</b>	Students who are enrolled and attending the Policyholder's School as full-time students.
<b>Scope of Coverage:</b>	<p><b>24-Hour-A-Day Accident Coverage</b></p> <p><b>School Time Student Accident Coverage</b></p> <p><b>All Sports Accident Coverage</b>, all Interscholastic sports, except Senior High Football Grades 10-12 (including Grade 9 if playing or practicing with Grade 10 or above)</p> <p><b>Football Only Accident Coverage</b>, limited to Senior High Football:</p> <ul style="list-style-type: none"> <li>-Including Grade 9 if playing or practicing with Grade 10 or above;</li> <li>-Spring Practice; and</li> <li>-Regular Season including Spring Practice</li> </ul> <p><b>Other Accident Coverage</b></p> <p>The following coverages may be offered to the district provided the district distributes the Voluntary Student Accident Coverage materials to the parents/guardians of the students in the district and acceptance of a proper system of written waivers of student insurance. These coverages are designed to assist compliance with California Education Code where applicable:</p> <p><u><b>INTERSCHOLASTIC SPORTS OVERSIGHT COVERAGE:</b></u> We cover injuries to the district's Interscholastic athletes who: 1. did not purchase student accident insurance because the district personnel failed to provide the Student Accident Insurance Plan to the injured athletes as required by the California Education Code 2. did not file a waiver of student insurance, and 3. participated in Interscholastic athletics without coverage. Benefits are paid under the "Low Option" plan schedule up to a maximum of \$1,500.</p> <p><u><b>NON-COMPETING PARTICIPANTS COVERAGE:</b></u> Students will be covered while traveling in school-provided vehicles to and from athletic events for which they have been designated by the school district to directly assist in the noncompetitive activities associated with the events, e.g. members of school bands, cheerleaders, pompom girls and team managers. Benefits are paid under the "High Option" plan schedule up to a maximum of \$1,500.</p> <p><u><b>ONE-DAY FIELD TRIP COVERAGE:</b></u> We cover accidents which occur while your students are participating in school-sponsored and directly supervised one-day field trips. A field trip is when the school district is fully responsible for the students while they are participating in the trip. Benefits are paid under the "High Option" plan schedule up to a maximum of \$1,500.</p>

**Other Accident Coverage**

The following coverages are available to the district for an additional premium.

ELEMENTARY COMPETITORS COVERAGE - We will cover students who participate in school sponsored and supervised Interscholastic sports. No coverage is provided for tackle football. Coverage includes Interscholastic sports contests, including school furnished transportation in a Designated Vehicle to practice and contests. Benefits are payable under the "Low Option" plan to a maximum of \$1,500.

POWDER PUFF FOOTBALL - Benefits are payable under the "Low Option" plan, up to the \$25,000 maximum. All participants must be covered.

TRAVEL ACCIDENT COVERAGE - This is a per trip coverage for school district sponsored trips on a twenty-four hour basis. Benefits are payable under the "Low Option" plan to a maximum of \$25,000. Rider GR-738-CAL.

INTERSCHOLASTIC TACKLE FOOTBALL "TRY-OUT" COVERAGE Covers injuries caused by accidents during practice for high school Interscholastic football. Also covers injuries caused by accidents occurring while traveling in a Designated Vehicle to and from practice. Coverage commences the first official day of practice, terminating Fourteen (14) days later. Benefits are payable under the "Low Option" plan up to \$1,500 per Injury.

**Insured's Effective Date:**

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 and Football Only Accident Coverage, in which case coverage will begin on the first official day of practice.

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

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

Loss of Life	\$5,000
Loss of Both Hands	\$10,000
Loss of Both Feet	\$10,000
Loss of the Entire Sight of Both Eyes	\$10,000
Loss of One Hand or One Foot	\$5,000
Loss of One Hand and Entire Sight of One Eye	\$10,000
Loss of One Foot and the Entire Sight of One Eye	\$10,000

**ACCIDENT MEDICAL EXPENSE BENEFITS**

<b>Maximum Benefit Amount, Per Injury</b>	
<b>Football Only Accident Coverage</b> – High and Low Option:	\$25,000
<b>School-Time Student Accident Coverage</b> , including Sports Accident Coverage – High Option:	\$50,000
<b>School-Time Student Accident Coverage</b> , including Sports Accident Coverage – Low Option:	\$25,000
<b>24-Hour-A-Day Accident Coverage</b> , including Sports Accident Coverage – High and Low Option:	\$50,000
<b>Insured Percent</b>	100%
<b>Payment System Percentile</b>	90 <sup>th</sup>
<b>Initial Treatment Period</b>	120 days
<b>Benefit Period</b>	52 weeks
<b>Primary Benefit Amount</b>	\$500



## COVERED CHARGES HIGH PLAN

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.</li> <li>• Intensive Care, limited to a maximum of \$1,200 per day.</li> <li>• Inpatient and Outpatient miscellaneous Hospital charges, limited to a maximum of \$3,000.</li> <li>• Doctor's charges for surgery, in accordance with the Surgical Schedule, using \$270 per unit value.</li> <li>• Administration of anesthesia, limited to 25% of the surgical schedule allowance.</li> <li>• Assistant surgeon charge, limited to 25% of the surgical schedule allowance.</li> <li>• Non-surgical Outpatient Doctors' visits, including Physical Therapy, limited to 1 visit per day, up to \$120 for the first visit and \$60 for each visit thereafter. Physical Therapy is limited to a maximum benefit of 9 visits.</li> <li>• Hospital Emergency care, excluding professional charges, limited to a maximum of \$300.</li> <li>• Outpatient imaging procedures and interpretation for MRI/CAT scan, up to a maximum benefit of \$900.</li> <li>• Outpatient X-ray services, limited to a maximum of \$500.</li> <li>• Ambulance charges.</li> <li>• Durable Medical Equipment, including orthopedic appliances, limited to a maximum of \$100.</li> <li>• Replacement expense for broken eyeglasses, lenses or contact lenses resulting from an Injury requiring medical treatment, limited to a maximum of \$150.</li> <li>• Prescription Drugs.</li> <li>• Dental treatment for Injury to Sound Natural Teeth, limited to \$300 per tooth.</li> <li>• Re-aggravation or re-injury of a Pre-existing Condition, limited to a maximum of \$500.</li> <li>• Optional Extended dental expense for: (a) examination, (b) diagnoses and x-ray; (c) restorative treatment; (d) endodontics; and (e) oral surgery (not to include periodontics or orthodontics); up to \$250 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 \$100 in lieu of all other dental benefits.</li> </ul>

### COVERED CHARGES LOW PLAN

Treatment, services, or supplies incurred for:
<ul style="list-style-type: none"> <li>• Hospital room and board and general nursing care, limited to a maximum of \$300 per day.</li> <li>• Intensive Care, limited to a maximum of \$600 per day.</li> <li>• Inpatient and Outpatient miscellaneous Hospital charges, limited to a maximum of \$1,500.</li> <li>• Doctor's charges for surgery, in accordance with the Surgical Schedule, using \$175 per unit value.</li> <li>• Administration of anesthesia, limited to 25% of the surgical schedule allowance.</li> <li>• Assistant surgeon charge, limited to 25% of the surgical schedule allowance.</li> <li>• Non-surgical Outpatient Doctors' visits, including Physical Therapy, limited to 1 visit per day, up to \$60 for the first visit and \$30 for each visit thereafter. Physical Therapy is limited to a maximum benefit of 9 visits.</li> <li>• Hospital Emergency care, excluding professional charges, limited to a maximum of \$150.</li> <li>• Outpatient imaging procedures and interpretation for MRI/CAT scan, up to a maximum benefit of \$500.</li> <li>• Outpatient X-ray services, limited to a maximum of \$250.</li> <li>• Ambulance charges, limited to a maximum of \$250.</li> <li>• Durable Medical Equipment, including orthopedic appliances, limited to a maximum of \$50.</li> <li>• Replacement expense for broken eyeglasses, lenses or contact lenses resulting from an Injury requiring medical treatment, limited to a maximum of \$100.</li> <li>• Prescription Drugs, limited to a maximum of \$50.</li> <li>• Dental treatment for Injury to Sound Natural Teeth, limited to \$150 per tooth.</li> <li>• Re-aggravation or re-injury of a Pre-existing Condition, limited to a maximum of \$500.</li> <li>• Optional Extended dental expense for: (a) examination, (b) diagnoses and x-ray; (c) restorative treatment; (d) endodontics; and (e) oral surgery (not to include periodontics or orthodontics); up to \$250 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 \$100 in lieu of all other dental benefits.</li> </ul>

## SURGICAL SCHEDULE

For any surgical operation or procedure not specifically named or excluded, We will pay an amount which shall be determined on the basis of the gravity and severity of the unnamed operation as compared to the below named operations, using the 1974 Revision of the May 10, 1969, Relative Value Studies published by the California Medical Association.

<u>Procedure</u>	<u>Unit Value</u>
Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and /or extremities (including hands and feet); 2.6 cm to 7.5 cm (12002) .....	0.65
Open treatment of nasal fracture; uncomplicated (21325) .....	2.7
Closed treatment of clavicular fracture; with manipulation (23505) .....	1.8
Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction (24505) .....	3.3
Closed treatment of distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; with manipulation (25605) .....	2.7
Closed treatment of metacarpal fracture, single; with manipulation, each bone (26605) .....	1.6
Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each (26720) .....	0.75
Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction (27502) .....	4.75
Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction (27752) .....	4.0
Closed treatment of fracture great toe, phalanx or phalanges; with manipulation (28495) .....	0.7
Arthroscopy, knee, surgical, with meniscectomy (medial OR lateral, including any meniscal shaving) (29881) .....	10.0
Arthroscopically aided anterior cruciate ligament repair/ augmentation or reconstruction (29888) .....	17.0
Open treatment of acromioclavicular dislocation, acute or chronic; (23550) .....	8.0
Crainiectomy or craniotomy, exploratory; infratentorial (posterior fossa) (61305) .....	23.0
Repair, extensor tendon, finger, primary or secondary: with free graft (includes obtaining graft) each tendon (26420) .....	4.2
Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; lumbar (22325) .....	15.0

## **NOTICE OF PROTECTION PROVIDED BY CALIFORNIA LIFE AND HEALTH INSURANCE GUARANTEE ASSOCIATION**

This notice provides a brief summary regarding the protections provided to policyholders by the California Life and Health Insurance Guarantee Association (“the Association”). The purpose of the Association is to assure that policyholders will be protected, within certain limits, in the unlikely event that a member insurer of the Association becomes financially unable to meet its obligations. Insurance companies licensed in California to sell life insurance, health insurance, annuities and structured settlement annuities are members of the Association. The protection provided by the Association is not unlimited and is not a substitute for consumers' care in selecting insurers. This protection was created under California law, which determines who and what is covered and the amounts of coverage.

Below is a brief summary of the coverages, exclusions and limits provided by the Association. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations or the rights or obligations of the Association.

### **COVERAGE**

- **Persons Covered**

Generally, an individual is covered by the Association if the insurer was a member of the Association *and* the individual lives in California at the time the insurer is determined by a court to be insolvent. Coverage is also provided to policy beneficiaries, payees or assignees, whether or not they live in California.

- **Amounts of Coverage**

The basic coverage protections provided by the Association are as follows.

- **Life Insurance, Annuities and Structured Settlement Annuities**

For life insurance policies, annuities and structured settlement annuities, the Association will provide the following:

- **Life Insurance**

- 80% of death benefits but not to exceed \$300,000

- 80% of cash surrender or withdrawal values but not to exceed \$100,000

- **Annuities and Structured Settlement Annuities**

- 80% of the present value of annuity benefits, including net cash withdrawal and net cash surrender values but not to exceed \$250,000

The maximum amount of protection provided by the Association to an individual, for *all* life insurance, annuities and structured settlement annuities is \$300,000, regardless of the number of policies or contracts covering the individual.

- **Health Insurance**

The maximum amount of protection provided by the Association to an individual, as of July 1, 2016, is \$546,741. This amount will increase or decrease based upon changes in the health care cost component of the consumer price index to the date on which an insurer becomes an insolvent insurer. Changes to this amount will be posted on the Association's website [www.califega.org](http://www.califega.org).

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## COVERAGE LIMITATIONS AND EXCLUSIONS FROM COVERAGE

The Association may not provide coverage for this policy. Coverage by the Association generally requires residency in California. You should not rely on coverage by the Association in selecting an insurance company or in selecting an insurance policy.

The following policies and persons are among those that are excluded from Association coverage:

- A policy or contract issued by an insurer that was not authorized to do business in California when it issued the policy or contract
- A policy issued by a health care service plan (HMO), a hospital or medical service organization, a charitable organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, an insurance exchange, or a grants and annuities society
- If the person is provided coverage by the guaranty association of another state
- Unallocated annuity contracts; that is, contracts which are not issued to and owned by an individual and which do not guaranty annuity benefits to an individual
- Employer and association plans, to the extent they are self-funded or uninsured
- A policy or contract providing any health care benefits under Medicare Part C or Part D
- An annuity issued by an organization that is only licensed to issue charitable gift annuities
- Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as certain investment elements of a variable life insurance policy or a variable annuity contract
- Any policy of reinsurance unless an assumption certificate was issued
- Interest rate yields (including implied yields) that exceed limits that are specified in Insurance Code Section 1067.02(b)(2)(C)

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## NOTICES

Insurance companies or their agents are required by law to give or send you this notice. Policyholders with additional questions should first contact their insurer or agent. To learn more about coverages provided by the Association, please visit the Association's website at [www.califega.org](http://www.califega.org), or contact either of the following:

California Life and Health Insurance  
Guarantee Association  
P.O. Box 16860  
Beverly Hills, CA 90209-3319  
(323) 782-0182

California Department of Insurance  
Consumer Communications Bureau  
300 South Spring Street  
Los Angeles, CA 90013  
(800) 927-4357

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

## 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)