

WASHINGTON HIGH SCHOOL  
Department of Athletics  
400 South Elm Street  
Washington C.H., OH 43160  
740-636-4221



To: Parents or Guardians of All Washington C.H. City School Athletes  
Re: Insurance  
From: Jon Creamer, Director of Athletics

In order to participate in Washington City School sponsored athletic programs in Grades 7-12 a student-athlete must carry health insurance. Below is coverage information/options to purchase insurance should the student-athlete currently not have insurance and also you may purchase additional insurance as stated below. The company adopted by the board to provide this service is Willis Insurance here in Washington Court House. Their contact information is below. The following information is good for the 2017-2018 school year.

All athletes, **except football players** in **grades 9-12** can buy insurance in two ways:

- (1) School time coverage (including athletics)
- (2) 24-Hour Coverage (including athletics)

(It is also possible to get double coverage by doubling the amount you pay.)

**Grades 9-12 Football: Coverage for football insurance will not begin until August 1.** Anyone playing football in **grades 9-12** who wants insurance for other sports must buy one of the two options above for all other sports.

**\*\*Please note that this coverage is EXCESS and is used after any other insurance policy you may have (if you have no other insurance, then it becomes the primary coverage). Also, please note the limits as to what it covers.**

Parents or guardians who **do not** wish to purchase insurance through the schools must do two things:

- (1) **Sign a waiver relieving the Washington C.H. School and their employees of insurance responsibility at the bottom of this form.**
- (2) **Show proof of adequate insurance coverage by filling out the required information on the Washington High School on-line athlete registration page including policy name and number.**

Parents or guardians are to purchase the student accident policy if they do not have adequate protection. They may also, provide other adequate protection for their student athlete.

Those wishing to participate in athletics must have their parent or guardian sign below giving permission for them to participate and waiving any insurance responsibility from the school system or its employees. By consenting, the parent or guardian is also stating that they will provide their policy name and number to show adequate protection or will purchase the before mentioned insurance.

Each athlete is responsible to take their money to Willis Insurance at 204 N. Fayette St. and get a receipt to give to the athletic department.

**Willis Insurance Contact Information:**  
204 N. Fayette Street  
Washington Court House, OH  
740-335-0510

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**Dear Parents:**

**Our school district has made arrangements with Willis Agency to provide student accident insurance for those wishing to purchase coverage this year. Please note the coverage shown on the application. Covered losses less than \$250 are paid without regard to other insurance.**

**Senior High football coverage requires an additional premium. All other school supervised sports are covered under the plan. On claims over \$250 this is an excess coverage policy for which benefits are payable only for that part of the loss not covered by other collectible insurance. If a person has no other insurance, the Company will pay the covered medical expenses incurred within one year, up to the specified limits of the policy.**

**Please note that the student applications will be available on our website. Complete the application and check the boxes for coverage desired. Tear off and keep the rest of the application, as it shows not only the coverage but the exclusions and limitations of the policy.**

**Mail the applications directly to Willis Agency, 204 North Fayette Street, Washington C.H, OH 43160 along with a money order or check payable to Griffin Insurance. The school will be notified as to who takes out coverage. You can call Willis Agency at 740-335-0510 for more information.**

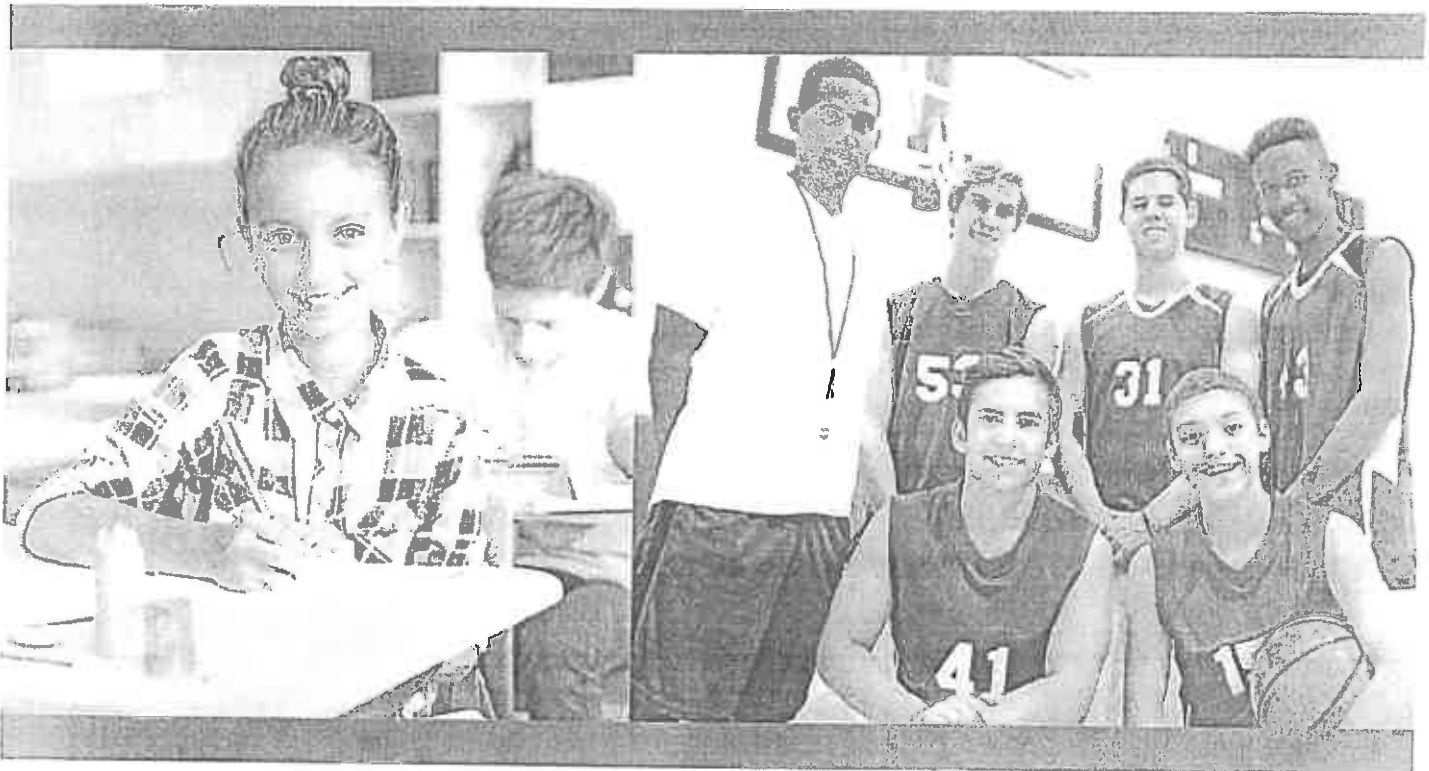
**In case of an accident the student or parent should immediately go to the building principal who will sign and provide the claim form if only school time coverage is taken out. 24 hour coverage needs no signature. The policy number shall be provided by the school for the claim or you can call 740-335-0510. You may give that policy number to the doctor or hospital but the bills should be sent to the parent or guardian who attach them to the claim form. Once completed, mail to the claims office at Guarantee Trust Life Insurance, PO Box 1148, Glenview, IL 60025. If you have any further questions regarding a claim, please call 1-800-622-1993. It is the responsibility of the parent or guardian to file the claim.**

# 2017-18 OHIO STUDENT ACCIDENT INSURANCE PROGRAM Multi-Benefit Protection

*Plan Administered by:*

**Student  
Protective  
Agency**

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



## ***ACCIDENT INSURANCE PROTECTION PROVIDING:***

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

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

**For You** - The fulfillment of an administrative service and responsibility

*Underwritten & Claims Administered by:*

**GTL** | GUARANTEE  
TRUST  
LIFE

Guarantee Trust Life Insurance Company  
PO Box 1148  
Glenview, Illinois 60025  
1-800-622-1993



## ACCIDENT MEDICAL INSURANCE PLANS

for all students and athletes

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**SCHOOL-TIME STUDENT ACCIDENT COVERAGE:** Protects your students the entire school year, during regular school sessions, as well as participating in other school-sponsored activities requiring the attendance of the student. Protects your students while traveling directly to or from the student's Residence and school to attend or participate in school activities. The expiration date of coverage shall be the close of the regular nine month school term, except while the Insured is attending academic classroom sessions exclusively sponsored and solely supervised by the school during the summer.

**24-HOUR-A-DAY ACCIDENT COVERAGE:** Protects your students 24-hours-a-day, year-round and continues until the end of the Policy Year. The student is protected AT HOME, AT SCHOOL, AT CAMP, ON VACATION. . . ANYWHERE ACCIDENTS CAN HAPPEN.

**SPORTS ACCIDENT COVERAGE:** Interscholastic sports (including practice) are covered by the School-Time and 24-Hour-A-Day Accident Coverage. Travel is also covered when going directly and uninterrupted to and from practice or competition when traveling as a group in a Designated Vehicle. High school tackle football for grades 10 through 12 (including grade 9 if playing or practicing with grades 10 through 12) is only covered by the optional Football Only Accident Coverage, which requires an additional premium.

**FOOTBALL ONLY ACCIDENT COVERAGE:** Players in Grades 10 through 12 (including grade 9 if playing or practicing with grades 10 through 12) are covered for accidents occurring while participating in high school interscholastic tackle football practice or competition. Travel is also covered when going directly and uninterrupted to and from such practice or competition when traveling as a group in a Designated Vehicle.

**EFFECTIVE COVERAGE DATES:** Coverage will be effective on the date of premium receipt by Guarantee Trust Life Insurance Company (GTL), its representatives or school officials, or the official first day of school, whichever is later.

For interscholastic sports, coverage can pre-date the official first day of school for students who are participating in pre-school practice sessions, competition or covered travel sanctioned by the Ohio High School Athletic Association. In such cases coverage will be effective as of the date of premium receipt but only while participating in actual practice sessions, competitions or covered travel. Other aspects of coverage will not commence until the official first day of school.

Football Only Accident Coverage begins on the date of premium receipt by GTL, its representatives or school officials, but not prior to the first official date of practice and no earlier than August 1st as sanctioned by the Ohio High School Athletic Association and continues through the date of the last official game of the 2017 season, including playoffs. Other aspects of coverage will not commence until the official first day of school.

**EXCESS PROVISION:** All Covered Charges over \$250 will be considered for payment on an Excess basis if any Other Valid and Collectible Insurance covers the Insured person. GTL will pay the first \$250 in Covered Charges regardless of other insurance.

## POLICY BENEFITS AND PREMIUMS

All Maximum amounts are per Injury except as specifically stated.

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 Covered Person'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.

COVERAGE AND BENEFITS	LOW OPTION	HIGH OPTION
Maximum Benefit Amount Per Injury	\$25,000.00	\$25,000.00
Deductible	\$0.00	\$0.00
Hospital Room and Board and general nursing care limited to a maximum of	\$150.00/day	\$300.00/day
Hospital Miscellaneous Expense limited to a maximum of	\$1,000.00	\$2,000.00
Hospital Emergency Care limited to a maximum of	\$150.00	\$300.00
Orthopedic Appliances furnished by the Hospital limited to a maximum of	\$100.00	\$200.00
Doctor's fees for surgery, in accordance with the Surgical Schedule using	\$80.00 per unit value	\$160.00 per unit value
Anesthesia Services, limited to	25% of the Surgical Schedule allowance	25% of the Surgical Schedule allowance
Non-Surgical Doctors' Visits, including Physical Therapy Physical Therapy is limited to a maximum benefit of 3 visits.	\$25.00	\$50.00
Dental Treatment, per tooth (for Injury to Sound, Natural Teeth) limited to Up to a maximum of	\$200.00 \$600.00	\$400.00 \$1,200.00
Imaging procedures, including X-rays and interpretation, limited to a maximum of amount of	\$100.00	\$200.00
MRI/CAT Scan, up to a maximum benefit of	\$125.00	\$250.00
Ambulance Expense, limited to a maximum of	\$100.00	\$200.00
Loss of Life	\$2,000.00	\$2,000.00
Loss of One Hand or One Foot or Entire Sight of Both Eyes	\$1,000.00	\$1,000.00
Loss of both Hands or Feet	\$10,000.00	\$10,000.00
PREMIUMS (ONE-TIME PAYMENT)	LOW OPTION	HIGH OPTION
<b>SCHOOL-TIME ACCIDENT COVERAGE</b>		
Students -- Grades K - 6	\$24.00	\$48.00
Grades 7 - 12	\$39.00	\$78.00
<b>24-HOUR-A-DAY ACCIDENT COVERAGE</b>		
Students -- Grades K - 6	\$83.00	\$166.00
Grades 7 - 12	\$96.00	\$192.00
<b>OPTIONAL FOOTBALL ONLY ACCIDENT COVERAGE</b>		
Per Player -- Grades 10 - 12 (including grade 9 if playing or practicing with grades 10 through 12)	\$136.00	\$272.00

## **EXCLUSIONS**

**THE POLICY DOES NOT COVER:** (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 sustained while violating or attempting to violate any duly enacted law; (4) Injury by acts of war, whether declared or not; (5) Injury received while traveling or flying by air, except as a fare paying passenger on a regularly scheduled commercial airline; (6) Injury covered by Worker's Compensation or the Occupational Disease Law; (7) 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; (8) Hernia, any type; (9) Injury sustained fighting or brawling, except in self-defense; (10) Suicide or attempted suicide; (11) Loss resulting from the use of any drug or agent classified as a narcotic, psychoactive, psychedelic, hallucinogenic, or having a similar classification or effect, unless prescribed by a Doctor; (12) Injury sustained while operating, riding in or upon, mounting or alighting from, any two, three or four-wheeled recreational motor/engine driven vehicle, snowmobile or all-terrain vehicle (ATV); (13) Injury sustained while participating in or practicing for senior high interscholastic tackle football including grade 9 if playing with grade 10 or above, including travel, unless optional coverage has been purchased; (14) Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body; (15) Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay; (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; (17) Dental treatment, except as specifically stated; (18) Services of an assistant surgeon or Doctor when surgery is performed; (19) Eyeglasses, contact lenses, routine eye exams or prescriptions therefore; (20) Prescription Drugs, crutches, braces, artificial limbs, etc., except as specifically stated.

## **IMPORTANT INFORMATION**

1. Treatment must begin within thirty (30) days of Accident.
2. Expense must be incurred within fifty-two (52) weeks of Accident.
3. Written proof of loss must be furnished within ninety (90) days of Accident.
4. No refunds are available.

Blanket Accident Insurance is issued on Form Series GP-2020 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 School 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.