Accidents happen! When they happen to your child, someone must pay the bills.

Here are Accident insurance plans to cover your child either 24 hours a day (24-Hour Plan) or while in school (School-Time Plan).

These plans provide benefits to help meet the cost of medical and Hospital expense.

If you have other insurance, these plans will help offset the deductibles and coinsurance for those plans.

If you have no other insurance, these plans 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.

The enrollment period will remain open all year for all students. No reduction in premium will be given to late enrollees.

24-Hour-A-Day Coverage
(INCLUDING SUMMER VACATION)

Protects your child for the entire school year and extends throughout the summer - right up to the day school re-opens. Your child’s coverage is good WORLDWIDE, 24-HOURS-A-DAY. This includes covered accidents:

- At home
- At school
- While engaged in sports, except those specifically excluded or for which optional coverage is required

*See OPTIONS for available optional sports coverage, if any.

School-Time Coverage

Your child is protected while attending regular school sessions. Also covered is travel directly to and from your Residence to attend regular school sessions for travel time required, but not more than one hour before or after regular classes. Travel time on the school bus is extended for any additional time needed.

In addition, coverage is provided while participating in (or attending) covered activities exclusively organized, sponsored and solely supervised by the school and school employees, including travel directly to and from the activity in a vehicle furnished by the school and supervised solely by school employees.

Optional coverage may be required for interscholastic sports. See OPTIONS for available optional sports coverage, if any.
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 30 days of the accident and is incurred within 52 weeks of the accident

Benefits are payable up to the dollar amounts shown:

**Coverage and Benefits (continued)**

<table>
<thead>
<tr>
<th>Benefits Each Accident</th>
<th>Low Option</th>
<th>High Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Room &amp; Board Expense</td>
<td>Per day $150.00</td>
<td>$300.00</td>
</tr>
<tr>
<td>Hospital Miscellaneous Expense</td>
<td>Includes expense incurred while hospital confined or for outpatient surgery $1,000.00</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>Doctor’s Fees for Surgery</td>
<td>Per Unit $80.00</td>
<td>$160.00</td>
</tr>
<tr>
<td>Anesthesia Services</td>
<td>Percent of Surgical fee 25%</td>
<td>25%</td>
</tr>
<tr>
<td>Doctor’s Visits</td>
<td>Limited to one visit per day and does not apply when related to surgery $25.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>Physical Therapy, per visit $25.00</td>
<td>$50.00</td>
<td></td>
</tr>
<tr>
<td>Maximum number of visits per injury</td>
<td>3 visits</td>
<td>3 visits</td>
</tr>
<tr>
<td>Outpatient Imaging Procedures</td>
<td>Including X-rays and interpretation $100.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Imaging Procedures other than X-rays $125.00</td>
<td>$250.00</td>
<td></td>
</tr>
<tr>
<td>Ambulance Expense</td>
<td>$100.00</td>
<td>$200.00</td>
</tr>
</tbody>
</table>

**Exclusions:**
- The Policy does not provide benefits for:
  1. Treatment, services or supplies which are not medically necessary; not prescribed by a doctor as necessary to treat an injury; are determined to be experimental/investigational in nature by us; are received without charge or legal obligation to pay; are received from persons employed or retained by the school or any family member; or are not specifically listed as covered charges in the policy.
  2. Intentionally self-inflicted injury, violating or attempting to violate any duly enacted law. Injury by acts of war, whether declared or not.
  3. Injury covered by workers’ compensation or occupational disease law.
  4. 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).
  5. Suicide or attempted suicide while sane or insane.
  6. Injury received while traveling or flying by air, except as a fare-paying passenger on a regularly scheduled commercial airline.
  7. Dental treatment, except as specifically stated.
  8. Injury sustained fighting or brawling, except in self-defense.
  9. Treatment in any veteran’s administration or federal hospital, except if there is a legal obligation to pay.
  10. Injury caused by or contributed to by aggravation of a pre-existing condition.
  11. Injury caused by or contributed to by aggravation of a pre-existing condition.
  13. Treatment of sickness or disease in any form, blisters, insect bites, frostbite, heat exhaustion or sunstroke.
  14. Treatment of vegetation or pomaime poisoning or bacterial infections, except pyogenic infections due to accidental open cuts.
  15. Services of an assistant surgeon or doctor when surgery is performed.
  16. Eyeglasses, contact lenses, routine eye exams or prescriptions theorefor.
  17. Injury contributed to by the use of alcohol or drugs not prescribed by a doctor.
  18. Cosmetic surgery, except for reconstructive surgery on an injured part of the body.

**Coverage and Benefits (continued)**

<table>
<thead>
<tr>
<th>Benefits Each Accident</th>
<th>Low Option</th>
<th>High Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Expense</td>
<td>Treatment for injury to sound, natural teeth, per tooth $200.00</td>
<td>$400.00</td>
</tr>
<tr>
<td>Deferred Dental Expense</td>
<td>The need for future dental treatment must be certified by a dentist within 52 weeks of the accident. The company will pay the difference between the amount already paid and the estimated future cost. Up to $100.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Other Benefits</td>
<td>Only one of these benefits, the largest, will be payable in addition to the benefits shown.</td>
<td></td>
</tr>
<tr>
<td>Loss of Life</td>
<td>$2,000.00</td>
<td></td>
</tr>
<tr>
<td>Loss of One Hand or One Foot</td>
<td>$1,000.00</td>
<td></td>
</tr>
<tr>
<td>Loss of the Entire Sight of Both Eyes</td>
<td>$1,000.00</td>
<td></td>
</tr>
<tr>
<td>Loss of Both Hands or Feet</td>
<td>$10,000.00</td>
<td></td>
</tr>
</tbody>
</table>

**Effects of other coverage:**
No deductible applies to the policy. The policy will provide benefits regardless of other valid and collectible insurance for the first $250 of eligible charges per injury. Thereafter, benefits will be paid on an excess basis if the student has other coverages or plans that would provide benefits for the same injury.
PLEASE REMEMBER TO:

1. Complete the application form and check the plan and options you want.
2. Make your check or money order (please do NOT send cash) for the total enclosed payable as indicated.

MAIL THE APPLICATION WITH YOUR CHECK OR MONEY ORDER TO:

GRiffin AGENCIES, LTD.
C/O Michael Percy
300 Coshocton Ave.
Mt. Vernon, OH 43050

PLEASE NOTE: Your canceled check is your receipt. If canceled check is not received within 60 days, please contact your plan administrator.