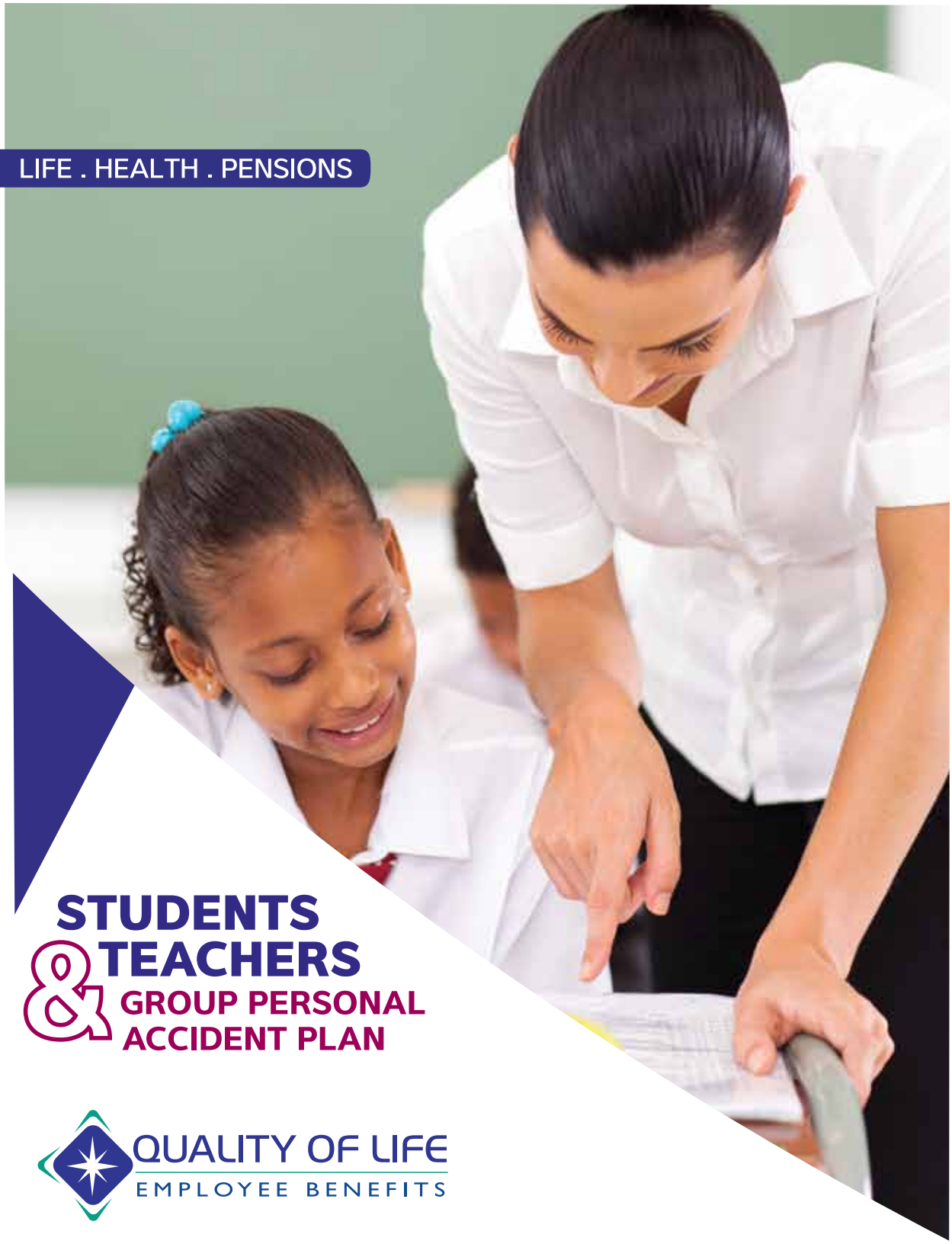
LIFE . HEALTH . PENSIONS



STUDENTS & TEACHERS GROUP PERSONAL ACCIDENT PLAN

QUALITY OF LIFE
EMPLOYEE BENEFITS

Guardian Group
Guardian Life of The Caribbean Limited

STUDENTS & TEACHERS GROUP PERSONAL ACCIDENT PLAN

Schedule of Benefits

A) Accidental Medical Expense Benefit

This benefit provides for the reimbursement of eligible medical expenses incurred by an insured member for injuries sustained in an accident.

B) Accidental Dental Expense Benefit

Payment will be made for eligible dental expenses incurred by an insured member, due to an accident, for repair or treatment, including dental x-rays to sound natural teeth by a legally qualified dentist.

Note: These maximums are applicable to each policy year which could include treatment continuing into the next policy year.

Schedule of Benefits Maximum

Maximum payment for local treatment for
A and/or B TT $ 15,000

Maximum payment for overseas treatment for
A and/or B TT $ 15,000

Maximum payment for local and overseas treatment for benefits
A and/or B TT $ 15,000

Benefits are payable for eligible expenses incurred for medical or dental treatment commencing within 90 days of the date of the accident or injury.

C) Accidental Death and Dismemberment Benefit

If death, dismemberment or loss of sight should occur to an insured member because of injury sustained solely through accidental means, and within 90 days after the accident, payment will be as follows:

Death	TT $30,000
Loss of Both hands and feet	TT $30,000
Sight in both eyes	TT $30,000
One hand and one foot	TT $30,000
One hand and sight in one eye	TT $30,000
One foot and sight in one eye	TT $30,000
One hand or one foot	TT $15,000
Sight in one eye	TT $15,000

With regards to hands and feet, loss means dismemberment by severance at or above wrists or ankle joints respectively.
With regard to eyes, loss shall mean total and irrecoverable loss of sight.

The Accidental Medical Expense Benefit

The Accidental Dental Expense Benefit and Accidental Death and Dismemberment Benefit apply only to injuries sustained by an insured member on his way to and from school, during the school period and also while a member is representing the school at any activity in or out of the school compound.
"Policy Year" shall mean the twelve-month period commencing September 1st of each year.

The "Conversion Clause"

When a student reaches age 18, and has been an active member of the Accident Plan for at least 2 years, he/she can convert his/her coverage from the Accident Plan to any permanent plan with the same maximum benefit amount, currently available from Guardian Life. He/she will not have to do any medicals. The new permanent plan can be used as a start-up plan to develop his/her own savings and have some life coverage while he/she adapt to their lives after school. *(This Clause applies only to students.)*

STUDENTS & TEACHERS GROUP PERSONAL ACCIDENT PLAN

PREMIUMS

Period of Coverage	All Students
1 year	TT $30.00
2 years	TT $50.00
3 years	TT $70.00
4 years	TT $90.00
5 years	TT $100.00
Teachers assigned to the school	TT $40.00 per annum

Premium Refund
Should coverage be terminated for any reason, all whole years of unearned and advanced premiums will be refunded and not prorated for any portion of a Policy Year.

Making a Claim
The insured is responsible for payment of his/her medical bills and on submission of a properly completed claim form; he/she will be refunded according to the scheduled benefits under the plan. All claims must be made on the claim form supplied by Guardian Life. Both Medical and Dental claims must be accompanied with original receipts and itemized bills, together with a report of the accident from the school.

Plan Enrollment
All Students and Teachers are required to enroll at the beginning of the school year by paying the premium for the period of coverage and their name submitted on a list along with one cheque for premiums collected to Guardian Life of the Caribbean Limited, Employee Benefits Department.

STUDENTS & TEACHERS
GROUP PERSONAL ACCIDENT PLAN

APPLICATION FORM

(Please complete in Block Letters)

NAME OF APPLICANT:

_____

Class/Form:

_____

Sex: ☐ **Male** ☐ **Female**

Date of Birth:_____

Address:_____

_____

Nationality: _____

Country of Birth:_____

Name of School:

_____

Address of School:

_____

Telephone: _____

E-Mail: _____

PARENT / GUARDIAN:

_____

Date of Birth:_____

Beneficiary:

_____

Relationship: _____

Sex: ☐ **Male** ☐ **Female**

Nationality: _____

Country of Birth: _____

I.D. _____

Beneficiary Address:

_____

Telephone: _____

E-Mail: _____

I the undersigned hereby apply for registration as a member of the Students & Teachers Personal Group Accident Plan and have made the contribution required to be paid by me in accordance with the terms and conditions of the Plan. The person assigned above as beneficiary is entitled to receive any amount which may be payable in the event of my death.

_____

Signature of Parent/Guardian/Teacher

Date:_____

STUDENTS & TEACHERS GROUP PERSONAL ACCIDENT PLAN

CERTIFICATE

(Please complete in Block Letters)

NAME OF STUDENT/TEACHER:

_____

Name of School:

_____

Expiry Date:_____

This is to certify that the above-named person is insured for Death, Dismemberment, Surgical, Medical and Dental Benefits and the premium paid will allow coverage up to the expiry date as stated. Reimbursement will be made for all eligible expenses incurred only as a result of an accident and in accordance with the terms of the plan.

IMPORTANT:

1) *This certificate is only valid if the application is approved by GLOC and premium is paid.*
2) *This form should be presented whenever medical treatment is required in accordance with your GLOC Students and Teachers Personal Group Accident Plan.*
3) *If a financial guarantee is required, the hospital or surgeon should communicate with GLOC to discuss payment arrangements.*
4) *Read your Schedule of Benefits for complete details of your coverage*
5) *This form becomes void if the subscriber ceases to be covered for any reason.*
6) *This form should be kept in a safe place as it affords valuable coverage.*

_____

For and on behalf of
Guardian Life of the Caribbean Limited
Member's Form – Parent/Guardian/Teacher to retain

Contact # ----------

For more information on Guardian Group you can call 800 5433 or visit myguardiangroup.com

Head Office
1 Guardian Drive,
Westmoorings,
Trinidad & Tobago
t: 868 632 5433

Port of Spain
Dexter George's Branch
t: 868 628-9128/30

Randall Lyon's Branch
t: 868 628 9128/30, 9132-5

Dale Mc Leod's Agency
t: 868 223 1121-6

Felix Mahadeo's Branch
t: 868 622 4218

Kelvin Regisford's Branch
t: 868 623 9196/98/
4352/9188

Vernon Fingal's Branch
t: 868 6241002/1020/
1060/ 0061/ 0086/0091

Raymond Tim Kee's Agency
t: 868 623 5058/9

William Rodriguez's Agency
t: 868 621 0032/5793/1069

Tobago
t: 868 635 0174/5

St. Augustine
W. Nathaniel Wiltshire's
Branch
t: 868 662 5433

Keith Callender's Branch
t: 868 645 9163-66

Richard Demming's Agency
t: 868 222 1529/1506,
662 7638

San Fernando
Larry G. Gocool's Branch
t: 868 657 1740/5433

Ramlal Basdeo's Branch
t: 868 653 8979/6569

Dale Mc Leod's Agency
t: 868 223 4001/2
223 1090/91

Chaguanas
Lenox Barrow's Branch
t: 868 672 5433

Ramlal Basdeo's Branch
t: 868 671 8127

Carlyle Fletcher's Branch
t: 868 671 5264

Ricky Rampersad's Branch
t: 868 672 1923

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Guardian Life of The Caribbean Limited