

Recover Cash

Short-Term Nursing Home Care Indemnity Insurance

AGENT RATE AND UNDERWRITING GUIDE Basic – Annual

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FOR AGENT USE ONLY

The GTL app for e-application is also available to download on Apple and Android devices.

Guarantee Trust Life Insurance Company
Short-Term Skilled Nursing Facility Care Individual Rates
 Daily Benefit Amounts available—\$50-\$300 (in \$10 increments)
 Recover Cash Basic Rates



Base Rates
(Tobacco)

Tobacco Rates • No Inflation													
0 Day Elimination Period							20 Day Elimination Period						
Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period	Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period
40-50	3.30	4.40	5.39	7.48	15.51	24.97	40-50	2.75	3.74	4.51	6.27	13.97	22.44
51	3.74	4.84	6.00	8.31	15.51	24.97	51	3.19	4.07	5.06	6.99	13.97	22.44
52	4.18	5.28	6.60	9.13	15.51	24.97	52	3.52	4.40	5.61	7.70	13.97	22.44
53	4.40	5.39	6.82	9.46	16.06	25.96	53	3.74	4.62	5.83	8.03	14.52	23.32
54	4.51	5.61	7.04	9.79	16.61	27.06	54	3.85	4.84	6.05	8.36	15.07	24.31
55	4.62	5.83	7.26	10.12	17.27	28.16	55	3.96	5.06	6.27	8.69	15.62	25.30
56	4.73	6.05	7.48	10.45	17.93	29.26	56	4.07	5.17	6.49	9.02	16.17	26.40
57	4.84	6.27	7.70	10.78	18.59	30.47	57	4.18	5.39	6.71	9.35	16.72	27.50
58	5.17	6.71	8.36	11.66	20.13	32.78	58	4.51	5.83	7.26	10.12	18.04	29.70
59	5.61	7.26	9.02	12.54	21.67	35.42	59	4.84	6.27	7.81	10.89	19.47	32.12
60	6.05	7.81	9.79	13.53	23.32	38.28	60	5.28	6.82	8.47	11.77	21.01	34.65
61	6.49	8.47	10.56	14.63	25.08	41.36	61	5.61	7.37	9.24	12.76	22.66	37.40
62	6.93	9.13	11.44	15.73	27.06	44.66	62	6.05	8.03	10.01	13.75	24.42	40.37
63	7.59	10.01	12.54	17.27	29.70	49.17	63	6.60	8.69	10.89	15.07	26.84	44.33
64	8.36	11.00	13.75	18.92	32.67	54.01	64	7.37	9.68	12.10	16.61	29.48	48.73
65	9.13	12.10	15.07	20.79	35.97	59.29	65	8.03	10.67	13.20	18.26	32.34	53.57
66	10.01	13.31	16.50	22.77	39.60	65.12	66	8.80	11.66	14.52	20.02	35.53	58.85
67	11.00	14.63	18.15	24.97	43.56	71.50	67	9.68	12.87	15.95	22.00	39.05	64.68
68	11.88	15.95	19.80	27.39	47.63	78.21	68	10.45	14.08	17.38	24.09	42.68	70.84
69	12.87	17.38	21.67	29.92	52.03	85.58	69	11.33	15.29	19.03	26.29	46.64	77.44
70	13.97	19.03	23.65	32.67	56.87	93.72	70	12.32	16.72	20.79	28.71	51.04	84.70
71	15.18	20.79	25.85	35.75	62.15	102.63	71	13.31	18.26	22.77	31.46	55.88	92.62
72	16.50	22.77	28.27	39.05	67.87	112.31	72	14.52	20.13	24.97	34.43	61.16	101.31
73	18.15	24.97	30.91	42.68	74.36	123.09	73	16.06	22.11	27.28	37.73	66.99	110.88
74	20.02	27.39	33.77	46.64	81.40	134.75	74	17.71	24.20	29.92	41.25	73.37	121.44
75	22.00	30.03	36.85	51.04	89.10	147.51	75	19.47	26.51	32.56	45.10	80.30	132.99
76	24.20	33.00	40.26	55.88	97.57	161.48	76	21.34	29.15	35.53	49.39	87.89	145.64
77	26.62	36.19	44.00	61.16	106.81	176.88	77	23.54	32.01	38.94	54.12	96.25	159.50
78	28.93	39.05	47.63	66.22	115.61	191.40	78	25.52	34.54	42.13	58.52	104.06	172.48
79	31.35	42.13	51.48	71.61	125.07	207.02	79	27.72	37.29	45.54	63.36	112.53	186.67
80	33.99	45.54	55.66	77.44	135.30	223.96	80	30.03	40.26	49.28	68.53	121.77	201.96
81	36.85	49.17	60.17	83.82	146.41	242.33	81	32.56	43.45	53.24	74.14	131.78	218.57
82	39.93	53.13	65.12	90.64	158.40	262.13	82	35.31	46.97	57.64	80.19	142.56	236.50
83	42.24	55.99	68.97	95.81	167.42	277.53	83	37.29	49.50	60.94	84.70	150.70	250.03
84	44.77	59.07	73.04	101.42	176.99	293.81	84	39.49	52.14	64.46	89.54	159.39	264.33

MODAL FACTORS
 Semi-Annual: 0.515
 Quarterly: 0.26
 Monthly (Bank Draft): 0.084

ADDITIONAL PREMIUM RATE FACTORS
 Spouse Discount Factor: 0.9

Annual Policy Fee \$25 for each applicant

Guarantee Trust Life Insurance Company
Short-Term Skilled Nursing Facility Care Individual Rates
 Daily Benefit Amounts available—\$50-\$300 (in \$10 increments)
 Recover Cash Basic Rates



Non-Tobacco Rates • No Inflation															
0 Day Elimination Period							20 Day Elimination Period								
Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period	Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period	Base Rates (Non-Tobacco)	
40-50	3.00	4.00	4.90	6.80	14.10	22.70	40-50	2.50	3.40	4.10	5.70	12.70	20.40		
51	3.40	4.40	5.45	7.55	14.10	22.70	51	2.90	3.70	4.60	6.35	12.70	20.40		
52	3.80	4.80	6.00	8.30	14.10	22.70	52	3.20	4.00	5.10	7.00	12.70	20.40		
53	4.00	4.90	6.20	8.60	14.60	23.60	53	3.40	4.20	5.30	7.30	13.20	21.20		
54	4.10	5.10	6.40	8.90	15.10	24.60	54	3.50	4.40	5.50	7.60	13.70	22.10		
55	4.20	5.30	6.60	9.20	15.70	25.60	55	3.60	4.60	5.70	7.90	14.20	23.00		
56	4.30	5.50	6.80	9.50	16.30	26.60	56	3.70	4.70	5.90	8.20	14.70	24.00		
57	4.40	5.70	7.00	9.80	16.90	27.70	57	3.80	4.90	6.10	8.50	15.20	25.00		
58	4.70	6.10	7.60	10.60	18.30	29.80	58	4.10	5.30	6.60	9.20	16.40	27.00		
59	5.10	6.60	8.20	11.40	19.70	32.20	59	4.40	5.70	7.10	9.90	17.70	29.20		
60	5.50	7.10	8.90	12.30	21.20	34.80	60	4.80	6.20	7.70	10.70	19.10	31.50		
61	5.90	7.70	9.60	13.30	22.80	37.60	61	5.10	6.70	8.40	11.60	20.60	34.00		
62	6.30	8.30	10.40	14.30	24.60	40.60	62	5.50	7.30	9.10	12.50	22.20	36.70		
63	6.90	9.10	11.40	15.70	27.00	44.70	63	6.00	7.90	9.90	13.70	24.40	40.30		
64	7.60	10.00	12.50	17.20	29.70	49.10	64	6.70	8.80	11.00	15.10	26.80	44.30		
65	8.30	11.00	13.70	18.90	32.70	53.90	65	7.30	9.70	12.00	16.60	29.40	48.70		
66	9.10	12.10	15.00	20.70	36.00	59.20	66	8.00	10.60	13.20	18.20	32.30	53.50		
67	10.00	13.30	16.50	22.70	39.60	65.00	67	8.80	11.70	14.50	20.00	35.50	58.80		
68	10.80	14.50	18.00	24.90	43.30	71.10	68	9.50	12.80	15.80	21.90	38.80	64.40		
69	11.70	15.80	19.70	27.20	47.30	77.80	69	10.30	13.90	17.30	23.90	42.40	70.40		
70	12.70	17.30	21.50	29.70	51.70	85.20	70	11.20	15.20	18.90	26.10	46.40	77.00		
71	13.80	18.90	23.50	32.50	56.50	93.30	71	12.10	16.60	20.70	28.60	50.80	84.20		
72	15.00	20.70	25.70	35.50	61.70	102.10	72	13.20	18.30	22.70	31.30	55.60	92.10		
73	16.50	22.70	28.10	38.80	67.60	111.90	73	14.60	20.10	24.80	34.30	60.90	100.80		
74	18.20	24.90	30.70	42.40	74.00	122.50	74	16.10	22.00	27.20	37.50	66.70	110.40		
75	20.00	27.30	33.50	46.40	81.00	134.10	75	17.70	24.10	29.60	41.00	73.00	120.90		
76	22.00	30.00	36.60	50.80	88.70	146.80	76	19.40	26.50	32.30	44.90	79.90	132.40		
77	24.20	32.90	40.00	55.60	97.10	160.80	77	21.40	29.10	35.40	49.20	87.50	145.00		
78	26.30	35.50	43.30	60.20	105.10	174.00	78	23.20	31.40	38.30	53.20	94.60	156.80		
79	28.50	38.30	46.80	65.10	113.70	188.20	79	25.20	33.90	41.40	57.60	102.30	169.70		
80	30.90	41.40	50.60	70.40	123.00	203.60	80	27.30	36.60	44.80	62.30	110.70	183.60		
81	33.50	44.70	54.70	76.20	133.10	220.30	81	29.60	39.50	48.40	67.40	119.80	198.70		
82	36.30	48.30	59.20	82.40	144.00	238.30	82	32.10	42.70	52.40	72.90	129.60	215.00		
83	38.40	50.90	62.70	87.10	152.20	252.30	83	33.90	45.00	55.40	77.00	137.00	227.30		
84	40.70	53.70	66.40	92.20	160.90	267.10	84	35.90	47.40	58.60	81.40	144.90	240.30		

MODAL FACTORS Semi-Annual: 0.515 Quarterly: 0.26 Monthly (Bank Draft): 0.084	ADDITIONAL PREMIUM RATE FACTORS Spouse Discount Factor: 0.9
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Annual Policy Fee \$25 for each applicant

Guarantee Trust Life Insurance Company
Short-Term Nursing Home Care Individual Rates
Daily Benefit Amounts available—\$50-\$300 (in \$10 increments)
Recover Cash With Simple Inflation Rates



Tobacco Rates with 5% Simple Inflation													
0 Day Elimination Period							20 Day Elimination Period						
Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period	Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period
40-50	6.60	8.80	10.78	14.96	31.02	49.94	40-50	5.50	7.48	9.02	12.54	27.94	44.88
51	7.48	9.68	11.99	16.61	31.02	49.94	51	6.38	8.14	10.12	13.97	27.94	44.88
52	8.36	10.56	13.20	18.26	31.02	49.94	52	7.04	8.80	11.22	15.40	27.94	44.88
53	8.47	10.67	13.42	18.59	31.79	51.15	53	7.15	9.13	11.44	15.73	28.71	45.98
54	8.58	10.89	13.64	18.92	32.45	52.36	54	7.37	9.35	11.77	16.17	29.48	47.08
55	8.69	11.11	13.86	19.25	33.11	53.68	55	7.48	9.68	11.99	16.50	29.92	48.18
56	8.80	11.33	14.08	19.58	33.77	55.00	56	7.59	9.68	12.21	16.94	30.47	49.61
57	8.91	11.55	14.30	19.91	34.43	56.32	57	7.70	9.90	12.43	17.27	31.02	50.82
58	9.46	12.32	15.29	21.23	36.85	60.17	58	8.25	10.67	13.31	18.48	33.00	54.56
59	10.12	13.20	16.39	22.77	39.38	64.46	59	8.69	11.44	14.19	19.80	35.42	58.41
60	10.78	14.08	17.60	24.31	42.13	69.08	60	9.46	12.32	15.18	21.12	37.95	62.48
61	11.55	15.07	18.92	26.07	44.99	74.03	61	10.01	13.09	16.61	22.77	40.70	66.99
62	12.32	16.17	20.35	27.94	48.07	79.31	62	10.78	14.19	17.82	24.42	43.34	71.72
63	13.31	17.60	22.00	30.25	52.03	85.80	63	11.55	15.29	19.14	26.40	46.97	77.33
64	14.41	19.03	23.76	32.67	56.43	92.95	64	12.65	16.72	20.90	28.71	50.93	83.82
65	15.62	20.57	25.63	35.31	61.16	100.65	65	13.75	18.15	22.44	31.02	55.00	90.97
66	16.83	22.22	27.72	38.17	66.33	109.01	66	14.85	19.47	24.42	33.55	59.51	98.56
67	18.15	24.09	29.92	41.25	71.83	118.03	67	15.95	21.23	26.29	36.30	64.35	106.81
68	19.25	25.85	32.12	44.33	77.11	126.83	68	16.94	22.77	28.16	38.94	69.08	114.84
69	20.46	27.72	34.43	47.52	82.72	136.18	69	18.04	24.42	30.25	41.80	74.14	123.20
70	21.78	29.70	36.96	50.93	88.66	146.19	70	19.25	26.07	32.45	44.77	79.53	132.11
71	23.21	31.90	39.60	54.67	95.04	156.97	71	20.35	28.05	34.87	48.07	85.47	141.68
72	24.75	34.21	42.46	58.63	101.86	168.52	72	21.78	30.25	37.51	51.70	91.74	152.02
73	26.62	36.74	45.32	62.81	109.23	180.73	73	23.54	32.56	40.04	55.55	98.45	162.80
74	28.71	39.49	48.51	67.32	117.04	193.82	74	25.41	34.87	43.01	59.51	105.49	174.68
75	30.91	42.35	51.92	72.05	125.51	207.79	75	27.39	37.40	45.87	63.69	113.08	187.33
76	33.33	45.43	55.55	77.11	134.53	222.75	76	29.37	40.15	49.06	68.20	121.22	200.86
77	35.97	48.84	59.40	82.61	144.21	238.81	77	31.79	43.23	52.58	73.15	129.91	215.38
78	38.39	51.92	63.36	88.00	153.67	254.43	78	33.88	45.87	55.99	77.77	138.27	229.24
79	41.03	55.22	67.43	93.72	163.68	271.04	79	36.30	48.84	59.62	82.94	147.29	244.42
80	43.78	58.74	71.83	99.88	174.35	288.75	80	38.72	51.92	63.58	88.44	156.97	260.37
81	46.75	62.48	76.45	106.37	185.79	307.56	81	41.36	55.22	67.65	94.05	167.20	277.42
82	49.94	66.44	81.40	113.30	198.00	327.69	82	44.11	58.74	72.05	100.21	178.20	295.68
83	52.80	69.96	86.24	119.79	209.33	346.94	83	46.64	61.82	76.23	105.93	188.43	312.51
84	55.99	73.81	91.30	126.83	221.21	367.29	84	49.39	65.12	80.63	111.98	199.21	330.44

Base Rates
Simple Inflation
(Tobacco)

MODAL FACTORS Semi-Annual: 0.515 Quarterly: 0.26 Monthly (Bank Draft): 0.084	ADDITIONAL PREMIUM RATE FACTORS Spouse Discount Factor: 0.9
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Annual Policy Fee \$25 for each applicant

Guarantee Trust Life Insurance Company
Short-Term Nursing Home Care Individual Rates
Daily Benefit Amounts available—\$50-\$300 (in \$10 increments)
Recover Cash With Simple Inflation Rates



Non-Tobacco Rates with 5% Simple Inflation													
0 Day Elimination Period							20 Day Elimination Period						
Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period	Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period
40-50	6.00	8.00	9.80	13.60	28.20	45.40	40-50	5.00	6.80	8.20	11.40	25.40	40.80
51	6.80	8.80	10.90	15.10	28.20	45.40	51	5.80	7.40	9.20	12.70	25.40	40.80
52	7.60	9.60	12.00	16.60	28.20	45.40	52	6.40	8.00	10.20	14.00	25.40	40.80
53	7.70	9.70	12.20	16.90	28.90	46.50	53	6.50	8.30	10.40	14.30	26.10	41.80
54	7.80	9.90	12.40	17.20	29.50	47.60	54	6.70	8.50	10.70	14.70	26.80	42.80
55	7.90	10.10	12.60	17.50	30.10	48.80	55	6.80	8.80	10.90	15.00	27.20	43.80
56	8.00	10.30	12.80	17.80	30.70	50.00	56	6.90	8.80	11.10	15.40	27.70	45.10
57	8.10	10.50	13.00	18.10	31.30	51.20	57	7.00	9.00	11.30	15.70	28.20	46.20
58	8.60	11.20	13.90	19.30	33.50	54.70	58	7.50	9.70	12.10	16.80	30.00	49.60
59	9.20	12.00	14.90	20.70	35.80	58.60	59	7.90	10.40	12.90	18.00	32.20	53.10
60	9.80	12.80	16.00	22.10	38.30	62.80	60	8.60	11.20	13.80	19.20	34.50	56.80
61	10.50	13.70	17.20	23.70	40.90	67.30	61	9.10	11.90	15.10	20.70	37.00	60.90
62	11.20	14.70	18.50	25.40	43.70	72.10	62	9.80	12.90	16.20	22.20	39.40	65.20
63	12.10	16.00	20.00	27.50	47.30	78.00	63	10.50	13.90	17.40	24.00	42.70	70.30
64	13.10	17.30	21.60	29.70	51.30	84.50	64	11.50	15.20	19.00	26.10	46.30	76.20
65	14.20	18.70	23.30	32.10	55.60	91.50	65	12.50	16.50	20.40	28.20	50.00	82.70
66	15.30	20.20	25.20	34.70	60.30	99.10	66	13.50	17.70	22.20	30.50	54.10	89.60
67	16.50	21.90	27.20	37.50	65.30	107.30	67	14.50	19.30	23.90	33.00	58.50	97.10
68	17.50	23.50	29.20	40.30	70.10	115.30	68	15.40	20.70	25.60	35.40	62.80	104.40
69	18.60	25.20	31.30	43.20	75.20	123.80	69	16.40	22.20	27.50	38.00	67.40	112.00
70	19.80	27.00	33.60	46.30	80.60	132.90	70	17.50	23.70	29.50	40.70	72.30	120.10
71	21.10	29.00	36.00	49.70	86.40	142.70	71	18.50	25.50	31.70	43.70	77.70	128.80
72	22.50	31.10	38.60	53.30	92.60	153.20	72	19.80	27.50	34.10	47.00	83.40	138.20
73	24.20	33.40	41.20	57.10	99.30	164.30	73	21.40	29.60	36.40	50.50	89.50	148.00
74	26.10	35.90	44.10	61.20	106.40	176.20	74	23.10	31.70	39.10	54.10	95.90	158.80
75	28.10	38.50	47.20	65.50	114.10	188.90	75	24.90	34.00	41.70	57.90	102.80	170.30
76	30.30	41.30	50.50	70.10	122.30	202.50	76	26.70	36.50	44.60	62.00	110.20	182.60
77	32.70	44.40	54.00	75.10	131.10	217.10	77	28.90	39.30	47.80	66.50	118.10	195.80
78	34.90	47.20	57.60	80.00	139.70	231.30	78	30.80	41.70	50.90	70.70	125.70	208.40
79	37.30	50.20	61.30	85.20	148.80	246.40	79	33.00	44.40	54.20	75.40	133.90	222.20
80	39.80	53.40	65.30	90.80	158.50	262.50	80	35.20	47.20	57.80	80.40	142.70	236.70
81	42.50	56.80	69.50	96.70	168.90	279.60	81	37.60	50.20	61.50	85.50	152.00	252.20
82	45.40	60.40	74.00	103.00	180.00	297.90	82	40.10	53.40	65.50	91.10	162.00	268.80
83	48.00	63.60	78.40	108.90	190.30	315.40	83	42.40	56.20	69.30	96.30	171.30	284.10
84	50.90	67.10	83.00	115.30	201.10	333.90	84	44.90	59.20	73.30	101.80	181.10	300.40

Base Rates
Simple Inflation
(Non-Tobacco)

MODAL FACTORS Semi-Annual: 0.515 Quarterly: 0.26 Monthly (Bank Draft): 0.084	ADDITIONAL PREMIUM RATE FACTORS Spouse Discount Factor: 0.9
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Annual Policy Fee \$25 for each applicant

Guarantee Trust Life Insurance Company
Short-Term Nursing Home Care Individual Rates
 Daily Benefit Amounts available—\$50-\$300 (in \$10 increments)
 Recover Cash With Compound Inflation Rates



Tobacco Rates with 5% Compound Inflation													
0 Day Elimination Period							20 Day Elimination Period						
Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period	Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period
40-50	9.24	12.32	15.07	20.90	43.45	69.96	40-50	7.70	10.45	12.65	17.49	39.16	62.92
51	10.45	13.53	16.78	23.21	43.45	69.96	51	8.91	11.33	14.19	19.47	39.16	62.92
52	11.66	14.74	18.48	25.52	43.45	69.96	52	9.79	12.32	15.73	21.56	39.16	62.92
53	11.66	14.96	18.70	25.96	44.33	71.72	53	9.90	12.87	15.95	22.00	40.04	64.46
54	11.88	15.29	19.03	26.40	45.32	73.48	54	10.12	13.20	16.39	22.55	41.14	66.00
55	12.10	15.62	19.36	26.95	46.31	75.35	55	10.34	13.53	16.72	23.10	41.91	67.65
56	12.32	15.95	19.69	27.50	47.30	77.22	56	10.56	13.64	17.05	23.76	42.68	69.63
57	12.54	16.28	20.02	28.05	48.29	79.20	57	10.78	13.97	17.49	24.31	43.45	71.50
58	13.31	17.38	21.34	29.92	51.37	84.59	58	11.66	15.07	18.48	25.96	46.09	76.67
59	14.19	18.48	22.88	31.90	54.78	90.20	59	12.21	15.95	19.80	27.72	49.17	81.84
60	15.07	19.69	24.42	33.99	58.41	96.25	60	13.20	17.16	21.12	29.59	52.58	87.12
61	15.95	21.01	26.18	36.19	62.26	102.63	61	13.75	18.26	22.88	31.57	56.21	92.84
62	16.94	22.33	28.05	38.50	66.33	109.45	62	14.74	19.69	24.53	33.66	59.84	98.89
63	17.93	23.65	29.59	40.70	70.40	116.05	63	15.62	20.57	25.74	35.53	63.58	104.61
64	19.03	25.08	31.35	43.12	74.69	123.09	64	16.83	22.11	27.61	37.84	67.43	111.10
65	20.13	26.62	33.22	45.65	79.31	130.46	65	17.71	23.43	29.15	40.04	71.28	117.92
66	21.34	28.27	35.09	48.29	84.15	138.27	66	18.81	24.75	30.91	42.46	75.46	124.96
67	22.55	30.03	37.18	51.15	89.32	146.63	67	19.80	26.40	32.67	45.10	80.08	132.66
68	23.65	31.57	39.27	54.01	94.27	155.10	68	20.79	27.83	34.43	47.52	84.48	140.47
69	24.75	33.33	41.47	57.09	99.55	164.01	69	21.78	29.37	36.41	50.16	89.21	148.39
70	25.96	35.20	43.78	60.28	105.05	173.36	70	22.88	30.91	38.50	53.02	94.27	156.64
71	27.17	37.18	46.20	63.69	110.88	183.26	71	23.87	32.67	40.70	56.10	99.66	165.44
72	28.49	39.27	48.73	67.32	117.04	193.71	72	25.08	34.76	43.01	59.40	105.49	174.79
73	30.36	41.69	51.59	71.39	124.19	205.59	73	26.84	36.96	45.54	63.14	111.87	185.24
74	32.34	44.33	54.67	75.68	131.78	218.24	74	28.60	39.16	48.40	66.88	118.80	196.68
75	34.54	47.19	57.86	80.19	139.81	231.66	75	30.58	41.69	51.15	70.84	125.95	208.89
76	36.85	50.16	61.27	85.03	148.39	245.85	76	32.45	44.33	54.12	75.13	133.65	221.76
77	39.27	53.35	64.90	90.20	157.52	260.92	77	34.76	47.19	57.42	79.86	141.90	235.29
78	41.47	55.99	68.20	94.82	165.44	274.12	78	36.63	49.50	60.28	83.82	148.94	247.06
79	43.67	58.74	71.61	99.66	173.91	287.98	79	38.61	52.03	63.36	88.22	156.42	259.71
80	45.98	61.60	75.24	104.72	182.82	302.61	80	40.59	54.45	66.66	92.62	164.56	272.91
81	48.40	64.57	79.09	110.00	192.17	318.01	81	42.79	57.09	69.96	97.35	172.92	286.88
82	50.93	67.76	83.05	115.61	201.96	334.18	82	44.99	59.95	73.48	102.30	181.72	301.51
83	53.68	71.06	87.56	121.66	212.63	352.44	83	47.41	62.81	77.33	107.58	191.40	317.57
84	56.87	75.02	92.73	128.81	224.73	373.12	84	50.16	66.22	81.84	113.74	202.40	335.72

Base Rates
Compound Inflation
(Tobacco)

<u>MODAL FACTORS</u> Semi-Annual: 0.515 Quarterly: 0.26 Monthly (Bank Draft): 0.084	<u>ADDITIONAL PREMIUM RATE FACTORS</u> Spouse Discount Factor: 0.9
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Annual Policy Fee \$25 for each applicant

Guarantee Trust Life Insurance Company
Short-Term Nursing Home Care Individual Rates
Daily Benefit Amounts available—\$50-\$300 (in \$10 increments)
Recover Cash With Compound Inflation Rates



Non-Tobacco Rates with 5% Compound Inflation													
0 Day Elimination Period							20 Day Elimination Period						
Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period	Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period
40-50	8.40	11.20	13.70	19.00	39.50	63.60	40-50	7.00	9.50	11.50	15.90	35.60	57.20
51	9.50	12.30	15.25	21.10	39.50	63.60	51	8.10	10.30	12.90	17.70	35.60	57.20
52	10.60	13.40	16.80	23.20	39.50	63.60	52	8.90	11.20	14.30	19.60	35.60	57.20
53	10.60	13.60	17.00	23.60	40.30	65.20	53	9.00	11.70	14.50	20.00	36.40	58.60
54	10.80	13.90	17.30	24.00	41.20	66.80	54	9.20	12.00	14.90	20.50	37.40	60.00
55	11.00	14.20	17.60	24.50	42.10	68.50	55	9.40	12.30	15.20	21.00	38.10	61.50
56	11.20	14.50	17.90	25.00	43.00	70.20	56	9.60	12.40	15.50	21.60	38.80	63.30
57	11.40	14.80	18.20	25.50	43.90	72.00	57	9.80	12.70	15.90	22.10	39.50	65.00
58	12.10	15.80	19.40	27.20	46.70	76.90	58	10.60	13.70	16.80	23.60	41.90	69.70
59	12.90	16.80	20.80	29.00	49.80	82.00	59	11.10	14.50	18.00	25.20	44.70	74.40
60	13.70	17.90	22.20	30.90	53.10	87.50	60	12.00	15.60	19.20	26.90	47.80	79.20
61	14.50	19.10	23.80	32.90	56.60	93.30	61	12.50	16.60	20.80	28.70	51.10	84.40
62	15.40	20.30	25.50	35.00	60.30	99.50	62	13.40	17.90	22.30	30.60	54.40	89.90
63	16.30	21.50	26.90	37.00	64.00	105.50	63	14.20	18.70	23.40	32.30	57.80	95.10
64	17.30	22.80	28.50	39.20	67.90	111.90	64	15.30	20.10	25.10	34.40	61.30	101.00
65	18.30	24.20	30.20	41.50	72.10	118.60	65	16.10	21.30	26.50	36.40	64.80	107.20
66	19.40	25.70	31.90	43.90	76.50	125.70	66	17.10	22.50	28.10	38.60	68.60	113.60
67	20.50	27.30	33.80	46.50	81.20	133.30	67	18.00	24.00	29.70	41.00	72.80	120.60
68	21.50	28.70	35.70	49.10	85.70	141.00	68	18.90	25.30	31.30	43.20	76.80	127.70
69	22.50	30.30	37.70	51.90	90.50	149.10	69	19.80	26.70	33.10	45.60	81.10	134.90
70	23.60	32.00	39.80	54.80	95.50	157.60	70	20.80	28.10	35.00	48.20	85.70	142.40
71	24.70	33.80	42.00	57.90	100.80	166.60	71	21.70	29.70	37.00	51.00	90.60	150.40
72	25.90	35.70	44.30	61.20	106.40	176.10	72	22.80	31.60	39.10	54.00	95.90	158.90
73	27.60	37.90	46.90	64.90	112.90	186.90	73	24.40	33.60	41.40	57.40	101.70	168.40
74	29.40	40.30	49.70	68.80	119.80	198.40	74	26.00	35.60	44.00	60.80	108.00	178.80
75	31.40	42.90	52.60	72.90	127.10	210.60	75	27.80	37.90	46.50	64.40	114.50	189.90
76	33.50	45.60	55.70	77.30	134.90	223.50	76	29.50	40.30	49.20	68.30	121.50	201.60
77	35.70	48.50	59.00	82.00	143.20	237.20	77	31.60	42.90	52.20	72.60	129.00	213.90
78	37.70	50.90	62.00	86.20	150.40	249.20	78	33.30	45.00	54.80	76.20	135.40	224.60
79	39.70	53.40	65.10	90.60	158.10	261.80	79	35.10	47.30	57.60	80.20	142.20	236.10
80	41.80	56.00	68.40	95.20	166.20	275.10	80	36.90	49.50	60.60	84.20	149.60	248.10
81	44.00	58.70	71.90	100.00	174.70	289.10	81	38.90	51.90	63.60	88.50	157.20	260.80
82	46.30	61.60	75.50	105.10	183.60	303.80	82	40.90	54.50	66.80	93.00	165.20	274.10
83	48.80	64.60	79.60	110.60	193.30	320.40	83	43.10	57.10	70.30	97.80	174.00	288.70
84	51.70	68.20	84.30	117.10	204.30	339.20	84	45.60	60.20	74.40	103.40	184.00	305.20

Base Rates
Compound Inflation
(Non-Tobacco)

<u>MODAL FACTORS</u> Semi-Annual: 0.515 Quarterly: 0.26 Monthly (Bank Draft): 0.084	<u>ADDITIONAL PREMIUM RATE FACTORS</u> Spouse Discount Factor: 0.9
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Annual Policy Fee \$25 for each applicant

Home Health Care and Caregiver Benefit Riders*

Weekly Benefit Amounts available—\$50-\$1,400 (in \$50 increments)

Caregiver Benefit-\$3,500 Lump Sum



*Below are examples of weekly benefits—for your customized weekly benefits, please use our on-line calculation tool.

\$500 Per Week — Annual Premium Tobacco Rates				
Issue Age	Benefit Period			
	26 Weeks	52 Weeks	26 Weeks	52 Weeks
	0 Day Elimination		20 Day Elimination	
40-50	196.57	273.57	185.57	251.57
51	198.11	275.11	187.11	253.11
52	199.84	276.84	188.84	254.84
53	201.77	278.77	190.77	256.77
54	203.89	280.89	192.89	258.89
55	206.00	283.00	195.00	261.00
56	208.51	285.51	197.51	263.51
57	211.20	288.20	200.20	266.20
58	214.09	291.09	203.09	269.09
59	217.17	294.17	206.17	272.17
60	220.63	297.63	209.63	275.63
61	224.48	301.48	213.48	279.48
62	228.53	305.53	217.53	283.53
63	233.15	310.15	222.15	288.15
64	237.96	314.96	226.96	292.96
65	243.35	320.35	232.35	298.35
66	249.32	326.32	238.32	304.32
67	255.86	341.66	244.86	314.16
68	275.08	368.58	259.68	339.98
69	290.48	397.18	272.88	358.68
70	307.37	429.47	283.17	373.37
71	355.44	468.74	334.54	435.74
72	400.79	504.19	378.79	467.89
73	439.92	551.02	415.72	513.62
74	467.34	593.84	442.04	547.64
75	484.66	645.26	457.16	570.46
76	560.67	700.37	530.97	653.07
77	627.69	775.09	593.59	724.49
78	685.71	844.11	650.51	789.11
79	725.04	895.54	686.54	835.04
80	748.08	968.08	706.28	862.48
81	808.25	1046.95	763.15	931.45
82	848.05	1130.75	799.65	995.45
83	873.15	1219.65	822.55	1076.65
84	885.97	1313.87	830.97	1163.17

\$750 Per Week — Annual Premium Tobacco Rates				
Issue Age	Benefit Period			
	26 Weeks	52 Weeks	26 Weeks	52 Weeks
	0 Day Elimination		20 Day Elimination	
40-50	279.07	394.57	262.57	361.57
51	280.61	396.11	264.11	363.11
52	282.34	397.84	265.84	364.84
53	284.27	399.77	267.77	366.77
54	286.39	401.89	269.89	368.89
55	288.50	404.00	272.00	371.00
56	291.01	406.51	274.51	373.51
57	293.70	409.20	277.20	376.20
58	296.59	412.09	280.09	379.09
59	299.67	415.17	283.17	382.17
60	303.13	418.63	286.63	385.63
61	306.98	422.48	290.48	389.48
62	311.03	426.53	294.53	393.53
63	315.65	431.15	299.15	398.15
64	320.46	435.96	303.96	402.96
65	325.85	441.35	309.35	408.35
66	331.82	447.32	315.32	414.32
67	338.36	467.06	321.86	425.81
68	363.63	503.88	340.53	460.98
69	382.88	542.93	356.48	485.18
70	404.17	587.32	367.87	503.17
71	472.04	641.99	440.69	592.49
72	535.54	690.64	502.54	636.19
73	589.52	756.17	553.22	700.07
74	625.74	815.49	587.79	746.19
75	646.91	887.81	605.66	775.61
76	755.92	965.47	711.37	894.52
77	851.54	1072.64	800.39	996.74
78	933.76	1171.36	880.96	1088.86
79	987.94	1243.69	930.19	1152.94
80	1019.23	1349.23	956.53	1190.83
81	1105.25	1463.30	1037.60	1290.05
82	1161.00	1585.05	1088.40	1382.10
83	1194.90	1714.65	1119.00	1500.15
84	1210.47	1852.32	1127.97	1626.27

Home Health Care/
Caregiver Rider
\$500 & \$750
(Tobacco)

<p>MODAL FACTORS Semi-Annual: 0.515 Quarterly: 0.26 Monthly (Bank Draft): 0.084</p>	<p>ADDITIONAL PREMIUM RATE FACTORS Spouse Discount Factor: 0.9</p>
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Annual Policy Fee \$25 for each applicant

Home Health Care and Caregiver Benefit Riders*

Weekly Benefit Amounts available—\$50-\$1,400 (in \$50 increments)

Caregiver Benefit-\$3,500 Lump Sum



*Below are examples of weekly benefits—for your customized weekly benefits, please use our on-line calculation tool.

\$1,000 Per Week — Annual Premium Tobacco Rates				
Issue Age	Benefit Period			
	26 Weeks	52 Weeks	26 Weeks	52 Weeks
	0 Day Elimination		20 Day Elimination	
40-50	361.57	515.57	339.57	471.57
51	363.11	517.11	341.11	473.11
52	364.84	518.84	342.84	474.84
53	366.77	520.77	344.77	476.77
54	368.89	522.89	346.89	478.89
55	371.00	525.00	349.00	481.00
56	373.51	527.51	351.51	483.51
57	376.20	530.20	354.20	486.20
58	379.09	533.09	357.09	489.09
59	382.17	536.17	360.17	492.17
60	385.63	539.63	363.63	495.63
61	389.48	543.48	367.48	499.48
62	393.53	547.53	371.53	503.53
63	398.15	552.15	376.15	508.15
64	402.96	556.96	380.96	512.96
65	408.35	562.35	386.35	518.35
66	414.32	568.32	392.32	524.32
67	420.86	592.46	398.86	537.46
68	452.18	639.18	421.38	581.98
69	475.28	688.68	440.08	611.68
70	500.97	745.17	452.57	632.97
71	588.64	815.24	546.84	749.24
72	670.29	877.09	626.29	804.49
73	739.12	961.32	690.72	886.52
74	784.14	1037.14	733.54	944.74
75	809.16	1130.36	754.16	980.76
76	951.17	1230.57	891.77	1135.97
77	1075.39	1370.19	1007.19	1268.99
78	1181.81	1498.61	1111.41	1388.61
79	1250.84	1591.84	1173.84	1470.84
80	1290.38	1730.38	1206.78	1519.18
81	1402.25	1879.65	1312.05	1648.65
82	1473.95	2039.35	1377.15	1768.75
83	1516.65	2209.65	1415.45	1923.65
84	1534.97	2390.77	1424.97	2089.37

\$1,400 Per Week — Annual Premium Tobacco Rates				
Issue Age	Benefit Period			
	26 Weeks	52 Weeks	26 Weeks	52 Weeks
	0 Day Elimination		20 Day Elimination	
40-50	493.57	709.17	462.77	647.57
51	495.11	710.71	464.31	649.11
52	496.84	712.44	466.04	650.84
53	498.77	714.37	467.97	652.77
54	500.89	716.49	470.09	654.89
55	503.00	718.60	472.20	657.00
56	505.51	721.11	474.71	659.51
57	508.20	723.80	477.40	662.20
58	511.09	726.69	480.29	665.09
59	514.17	729.77	483.37	668.17
60	517.63	733.23	486.83	671.63
61	521.48	737.08	490.68	675.48
62	525.53	741.13	494.73	679.53
63	530.15	745.75	499.35	684.15
64	534.96	750.56	504.16	688.96
65	540.35	755.95	509.55	694.35
66	546.32	761.92	515.52	700.32
67	552.86	793.10	522.06	716.10
68	593.86	855.66	550.74	775.58
69	623.12	921.88	573.84	814.08
70	655.85	997.73	588.09	840.65
71	775.20	1092.44	716.68	1000.04
72	885.89	1175.41	824.29	1073.77
73	978.48	1289.56	910.72	1184.84
74	1037.58	1391.78	966.74	1262.42
75	1068.76	1518.44	991.76	1309.00
76	1263.57	1654.73	1180.41	1522.29
77	1433.55	1846.27	1338.07	1704.59
78	1578.69	2022.21	1480.13	1868.21
79	1671.48	2148.88	1563.68	1979.48
80	1724.22	2340.22	1607.18	2044.54
81	1877.45	2545.81	1751.17	2222.41
82	1974.67	2766.23	1839.15	2387.39
83	2031.45	3001.65	1889.77	2601.25
84	2054.17	3252.29	1900.17	2830.33

Home Health Care/
Caregiver Rider
\$1.00 & \$1,400
(Tobacco)

<p>MODAL FACTORS Semi-Annual: 0.515 Quarterly: 0.26 Monthly (Bank Draft): 0.084</p>	<p>ADDITIONAL PREMIUM RATE FACTORS Spouse Discount Factor: 0.9</p>
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Annual Policy Fee \$25 for each applicant

Home Health Care and Caregiver Benefit Riders*

Weekly Benefit Amounts available—\$50-\$1,400 (in \$50 increments)

Caregiver Benefit-\$3,500 Lump Sum



*Below are examples of weekly benefits—for your customized weekly benefits, please use our on-line calculation tool.

\$500 Per Week – Annual Premium Non-Tobacco Rates				
Issue Age	Benefit Period			
	26 Weeks	52 Weeks	26 Weeks	52 Weeks
	0 Day Elimination		20 Day Elimination	
40-50	178.70	248.70	168.70	228.70
51	180.10	250.10	170.10	230.10
52	181.68	251.68	171.68	231.68
53	183.43	253.43	173.43	233.43
54	185.35	255.35	175.35	235.35
55	187.28	257.28	177.28	237.28
56	189.55	259.55	179.55	239.55
57	192.00	262.00	182.00	242.00
58	194.63	264.63	184.63	244.63
59	197.43	267.43	187.43	247.43
60	200.58	270.58	190.58	250.58
61	204.08	274.08	194.08	254.08
62	207.75	277.75	197.75	257.75
63	211.95	281.95	201.95	261.95
64	216.33	286.33	206.33	266.33
65	221.23	291.23	211.23	271.23
66	226.65	296.65	216.65	276.65
67	232.60	310.60	222.60	285.60
68	250.08	335.08	236.08	309.08
69	264.08	361.08	248.08	326.08
70	279.43	390.43	257.43	339.43
71	323.13	426.13	304.13	396.13
72	364.35	458.35	344.35	425.35
73	399.93	500.93	377.93	466.93
74	424.85	539.85	401.85	497.85
75	440.60	586.60	415.60	518.60
76	509.70	636.70	482.70	593.70
77	570.63	704.63	539.63	658.63
78	623.38	767.38	591.38	717.38
79	659.13	814.13	624.13	759.13
80	680.08	880.08	642.08	784.08
81	734.78	951.78	693.78	846.78
82	770.95	1027.95	726.95	904.95
83	793.78	1108.78	747.78	978.78
84	805.43	1194.43	755.43	1057.43

\$750 Per Week – Annual Premium Non-Tobacco Rates				
Issue Age	Benefit Period			
	26 Weeks	52 Weeks	26 Weeks	52 Weeks
	0 Day Elimination		20 Day Elimination	
40-50	253.70	358.70	238.70	328.70
51	255.10	360.10	240.10	330.10
52	256.68	361.68	241.68	331.68
53	258.43	363.43	243.43	333.43
54	260.35	365.35	245.35	335.35
55	262.28	367.28	247.28	337.28
56	264.55	369.55	249.55	339.55
57	267.00	372.00	252.00	342.00
58	269.63	374.63	254.63	344.63
59	272.43	377.43	257.43	347.43
60	275.58	380.58	260.58	350.58
61	279.08	384.08	264.08	354.08
62	282.75	387.75	267.75	357.75
63	286.95	391.95	271.95	361.95
64	291.33	396.33	276.33	366.33
65	296.23	401.23	281.23	371.23
66	301.65	406.65	286.65	376.65
67	307.60	424.60	292.60	387.10
68	330.58	458.08	309.58	419.08
69	348.08	493.58	324.08	441.08
70	367.43	533.93	334.43	457.43
71	429.13	583.63	400.63	538.63
72	486.85	627.85	456.85	578.35
73	535.93	687.43	502.93	636.43
74	568.85	741.35	534.35	678.35
75	588.10	807.10	550.60	705.10
76	687.20	877.70	646.70	813.20
77	774.13	975.13	727.63	906.13
78	848.88	1064.88	800.88	989.88
79	898.13	1130.63	845.63	1048.13
80	926.58	1226.58	869.58	1082.58
81	1004.78	1330.28	943.28	1172.78
82	1055.45	1440.95	989.45	1256.45
83	1086.28	1558.78	1017.28	1363.78
84	1100.43	1683.93	1025.43	1478.43

<p>MODAL FACTORS Semi-Annual: 0.515 Quarterly: 0.26 Monthly (Bank Draft): 0.084</p>	<p>ADDITIONAL PREMIUM RATE FACTORS Spouse Discount Factor: 0.9</p>
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Annual Policy Fee \$25 for each applicant

Home Health Care/
Caregiver Rider
\$500 & \$750
(Non-Tobacco)

Home Health Care and Caregiver Benefit Riders*

Weekly Benefit Amounts available—\$50-\$1,400 (in \$50 increments)

Caregiver Benefit-\$3,500 Lump Sum



*Below are examples of weekly benefits—for your customized weekly benefits, please use our on-line calculation tool.

\$1,000 Per Week — Annual Premium Non-Tobacco Rates				
Issue Age	Benefit Period			
	26 Weeks	52 Weeks	26 Weeks	52 Weeks
	0 Day Elimination		20 Day Elimination	
40-50	328.70	468.70	308.70	428.70
51	330.10	470.10	310.10	430.10
52	331.68	471.68	311.68	431.68
53	333.43	473.43	313.43	433.43
54	335.35	475.35	315.35	435.35
55	337.28	477.28	317.28	437.28
56	339.55	479.55	319.55	439.55
57	342.00	482.00	322.00	442.00
58	344.63	484.63	324.63	444.63
59	347.43	487.43	327.43	447.43
60	350.58	490.58	330.58	450.58
61	354.08	494.08	334.08	454.08
62	357.75	497.75	337.75	457.75
63	361.95	501.95	341.95	461.95
64	366.33	506.33	346.33	466.33
65	371.23	511.23	351.23	471.23
66	376.65	516.65	356.65	476.65
67	382.60	538.60	362.60	488.60
68	411.08	581.08	383.08	529.08
69	432.08	626.08	400.08	556.08
70	455.43	677.43	411.43	575.43
71	535.13	741.13	497.13	681.13
72	609.35	797.35	569.35	731.35
73	671.93	873.93	627.93	805.93
74	712.85	942.85	666.85	858.85
75	735.60	1027.60	685.60	891.60
76	864.70	1118.70	810.70	1032.70
77	977.63	1245.63	915.63	1153.63
78	1074.38	1362.38	1010.38	1262.38
79	1137.13	1447.13	1067.13	1337.13
80	1173.08	1573.08	1097.08	1381.08
81	1274.78	1708.78	1192.78	1498.78
82	1339.95	1853.95	1251.95	1607.95
83	1378.78	2008.78	1286.78	1748.78
84	1395.43	2173.43	1295.43	1899.43

\$1,400 Per Week — Annual Premium Non-Tobacco Rates				
Issue Age	Benefit Period			
	26 Weeks	52 Weeks	26 Weeks	52 Weeks
	0 Day Elimination		20 Day Elimination	
40-50	448.70	644.70	420.70	588.70
51	450.10	646.10	422.10	590.10
52	451.68	647.68	423.68	591.68
53	453.43	649.43	425.43	593.43
54	455.35	651.35	427.35	595.35
55	457.28	653.28	429.28	597.28
56	459.55	655.55	431.55	599.55
57	462.00	658.00	434.00	602.00
58	464.63	660.63	436.63	604.63
59	467.43	663.43	439.43	607.43
60	470.58	666.58	442.58	610.58
61	474.08	670.08	446.08	614.08
62	477.75	673.75	449.75	617.75
63	481.95	677.95	453.95	621.95
64	486.33	682.33	458.33	626.33
65	491.23	687.23	463.23	631.23
66	496.65	692.65	468.65	636.65
67	502.60	721.00	474.60	651.00
68	539.88	777.88	500.68	705.08
69	566.48	838.08	521.68	740.08
70	596.23	907.03	534.63	764.23
71	704.73	993.13	651.53	909.13
72	805.35	1068.55	749.35	976.15
73	889.53	1172.33	827.93	1077.13
74	943.25	1265.25	878.85	1147.65
75	971.60	1380.40	901.60	1190.00
76	1148.70	1504.30	1073.10	1383.90
77	1303.23	1678.43	1216.43	1549.63
78	1435.18	1838.38	1345.58	1698.38
79	1519.53	1953.53	1421.53	1799.53
80	1567.48	2127.48	1461.08	1858.68
81	1706.78	2314.38	1591.98	2020.38
82	1795.15	2514.75	1671.95	2170.35
83	1846.78	2728.78	1717.98	2364.78
84	1867.43	2956.63	1727.43	2573.03

<p>MODAL FACTORS Semi-Annual: 0.515 Quarterly: 0.26 Monthly (Bank Draft): 0.084</p>	<p>ADDITIONAL PREMIUM RATE FACTORS Spouse Discount Factor: 0.9</p>
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Annual Policy Fee \$25 for each applicant

Home Health Care/
Caregiver Rider
\$1,000 & \$1,400
(Non-Tobacco)

Premium Calculation Worksheet

Step 1. Determine the plan that suits your client's needs:

Recover Cash Basic Rates Recover Cash With Simple Inflation Recover Cash With Compound Inflation

Step 2. Determine if your client is a tobacco user:

Non-Tobacco Tobacco

Step 3. Using the appropriate rate sheet, determine your Rate Amount:

Applicant Age: 65 Choose Benefit Period: 180 Choose Elimination Period: 0

= Rate Amount **\$32.70 (A)**

Step 4. Choose a Daily Benefit Amount between \$50 and \$300 (in \$10 Increments): \$300

divide by 10 = 30 (Daily Benefit Amount Factor)

(Use the Rate Amount from Box (A) and multiply by the Daily Benefit Amount Factor)

= Annual Premium **\$981.00 (B)**

Step 5. (Optional) Determine The Home Health Care & Caregiver Rider Premium

• Choose Home Health Care Benefit amount (\$50-\$1,400/week): \$500

• Choose Elimination Period (0 or 20 Days): 0

• Choose Benefit Period (26 or 52 weeks): 26

= Home Health Care Rider **\$221.23 (C)**

(Add box B and C)
= Subtotal **\$1,202.23 (D)**

Step 6. To calculate the 10% Spousal Discount, multiply box (D) by 0.9

= Subtotal with Discount **\$1,082.01 (E)**

Step 7. Add \$25 Annual Policy Fee

\$25.00 (F)

Step 8. Add box (E) and box (F)

= Total Annual Premium **\$1,107.01 (G)**

Step 9. To determine the Total Modal Premium multiply by the Modal Factor:

(Monthly= 0.084 Quarterly= 0.26 Semi-Annual= 0.515)

= Total Monthly Premium **\$92.99 (H)**

Calculation Worksheet		Applicant 1	
Annual Premium			\$981.00
(Optional) Home Health Care & Caregiver Rider	+		\$221.23
Subtotal	=		\$1,202.23
Subtotal With Discount (if client has a Spouse/Domestic Partner multiply subtotal by 0.9)	X	0.9	\$1,082.01
Annual Policy Fee	+		\$25.00
Total Annual Premium	=		\$1,107.01
Modal Factor (Monthly= 0.084 Quarterly= 0.26, Semi-Annual= 0.515)	X		0.084
Total Monthly Premium	=		\$92.99

Calculation Worksheet		Applicant 2	
Annual Premium			_____
(Optional) Home Health Care Rider	+		_____
Subtotal	=		_____
Subtotal With Discount (if client has a Spouse/Domestic Partner multiply subtotal by 0.9)	X	0.9	_____
Annual Policy Fee	+		\$25.00
Total Annual Premium	=		_____
Modal Factor (Monthly= 0.084 Quarterly= 0.26, Semi-Annual= 0.515)	X		_____
Total Monthly Premium	=		\$ _____

Product Features, Riders, and Policy Fee May Vary By State.

Premium Calculation Worksheet

Step 1. Determine the plan that suits your client's needs: <input type="checkbox"/> Recover Cash Basic Rates <input type="checkbox"/> Recover Cash With Simple Inflation <input type="checkbox"/> Recover Cash With Compound Inflation	
Step 2. Determine if your client is a tobacco user: <input type="checkbox"/> Non-Tobacco <input type="checkbox"/> Tobacco	
Step 3. Using the appropriate rate sheet, determine your Rate Amount: Applicant Age:_____ Choose Benefit Period:_____ Choose Elimination Period:_____	
= Rate Amount	(A)
Step 4. Choose a Daily Benefit Amount between \$50 and \$300 (in \$10 Increments):_____	
divide by 10 = _____ (Daily Benefit Amount Factor) (Use the Rate Amount from Box (A) and multiply by the Daily Benefit Amount Factor)	
= Annual Premium	(B)
Step 5. (Optional) Determine The Home Health Care & Caregiver Rider Premium	
<input type="checkbox"/> Choose Home Health Care Benefit amount (\$50-\$1,400/week): _____	
<input type="checkbox"/> Choose Elimination Period (0 or 20 Days): _____	
<input type="checkbox"/> Choose Benefit Period (26 or 52 weeks): _____	
= Home Health Care Rider	(C)
(Add box B and C)	
= Subtotal	(D)
Step 6. To calculate the 10% Spousal Discount, multiply box (D) by 0.9	
= Subtotal with Discount	(E)
Step 7. Add \$25 Annual Policy Fee	
\$25.00	(F)
Step 8. Add box (E) and box (F)	
= Total Annual Premium	(G)
Step 9. To determine the Total Modal Premium multiply by the Modal Factor: (Monthly= 0.084 Quarterly= 0.26 Semi-Annual= 0.515)	
= Total Monthly Premium	(H)

Calculation Worksheet	Applicant 1
Annual Premium	_____
(Optional) Home Health Care & Caregiver Rider +	_____
Subtotal =	_____
Subtotal With Discount (if client has a Spouse/Domestic Partner multiply subtotal by 0.9) X	0.9
Annual Policy Fee +	\$25.00
Total Annual Premium =	_____
Modal Factor (Monthly= 0.084 Quarterly= 0.26, Semi-Annual= 0.515) X	_____
Total Monthly Premium =	_____

Calculation Worksheet	Applicant 2
Annual Premium	_____
(Optional) Home Health Care Rider +	_____
Subtotal =	_____
Subtotal With Discount (if client has a Spouse/Domestic Partner multiply subtotal by 0.9) X	0.9
Annual Policy Fee +	\$25.00
Total Annual Premium =	_____
Modal Factor (Monthly= 0.084 Quarterly= 0.26, Semi-Annual= 0.515) X	_____
Total Monthly Premium =	\$ _____

Product Features, Riders, and Policy Fee May Vary By State.

GUARANTEE TRUST LIFE RECOVER CASH® UNDERWRITING GUIDE

Issue Ages: 40 - 84

Benefit Amounts: \$50-\$300 Per Day (\$10 increments)
0 & 20 Day Elimination Period
30, 45, 60, 90, 180 & 360 Day Benefit Period

RIDERS:

- The Inflation Rider applies to only the base daily benefit amount.

UNDERWRITING:

Generally, acceptance will be based on the answers given on the application. However, the following underwriting requirements will or may apply:

- A Prescription Drug History Check and Medical Data will be required for all proposed insureds.
- A Personal History Interview (PHI) will be requested on all proposed insureds 75 and older.
- A Personal History Interview (PHI) may be requested based on underwriting discretion.
- A Medical Record Report (APS) may be required in order to clarify a proposed insured for coverage, however the proposed insured will need to provide those records to us without expense to the Company.

The proposed insured must meet the build chart requirements to apply for coverage. (See height and weight chart.)

Tobacco use means cigarettes, cigar, pipe, snuff, and chewing tobacco, nicotine delivery systems such as electric cigarettes, or Nicolette gum or patch used in the 12 months prior to the application date. We will consider non tobacco rates if the applicant has stopped using tobacco products for at least 2 years after the policy was issued. A Cotinine test will need to be completed (at insured's own expense) and the results sent in to GTL for consideration.

If the proposed insured is taking any of the medication(s) prescribed by a medical professional that are taken for a medical condition listed on the application, they do not qualify for coverage. (See also the Medication List on page 4 & 5.)

If approved for the Nursing Home / Assisted Living Facility benefit and they applied for the Home Health Care / Caregiver Benefit Riders, this rider will be subject to underwriting approval.

Even though both spouses can be written on one application, each spouse will be issued their own Policy if approved for coverage and the annual fee must be calculated for each spouse.

To qualify for the 10% spousal discount, a policy must be issued on both proposed insureds. The proposed insureds must be legally married, be in a civil union or domestic partner relationship that is recognized by their resident state. If common law, the state must recognize common law marriage. The 10% discount applies to both proposed insured's policies.

If the proposed insured has any prior GTL/UNL coverage, claim history will be reviewed in determining insurability. If the proposed insured has the maximum benefit amount for this plan, or similar coverage, the proposed insured does not qualify for additional coverage. (See Maximum Home Health Care Benefits chart.)

APPLICATION:

All required fields must be filled out: complete name, address, phone number, email address, Social Security Number*, DOB/age, gender, height and weight, occupation, and tobacco question.

Secondary Address is optional.

Beneficiary information is required including the relationship. Need a beneficiary other than "self". All beneficiaries must equal 100% Share.

Replacement Question must be answered. If an external replacement, the proper replacement form is required for that state.

We do not allow replacement of another GTL/UNL agent's business.

METHOD OF SUBMITTING APPLICATION:

Portal: www.gtlic.com

Mobile Phone/Tablet: Download the GTL e-App

A voice verification is required at time of application on all portal applications (and iPad without a legal signature.) The voice verification must be completed by the proposed insured only. Each proposed insured must complete their own voice verification.

GTL Voice Verification Number: 866-839-5132.

You may also choose the Text-to-Sign option: Select Text-to-Sign during the application process and enter your client's cell phone number and click the Send Link button.

Your client will receive a text message with a secure link to sign their application. The link will be valid for 30 minutes and must be completed to continue the application. Your client will sign inside the window and then tap submit. A second signature can be added by checking the bottom box. **(NOTE: Please make sure your client writes their signature as legibly as possible. Dots and lines will NOT be accepted. To get a larger area to sign, hold the phone horizontally.)**

Your client will receive a thank you message and can then close the window. You will receive a message on the Agent Portal that the signature was captured and can continue with completing the application.

ADMINISTRATION:

- If the application is over 31 days old when received by the Company, a new currently dated application will be required.
- The effective date cannot be more than 90 days from the application date or prior to the application date.
- If a specific draft date is being requested: cannot be more than 15 days before or after the effective date.
- **A Power of Attorney (POA)/Guardianship is not acceptable for this product.**
- The proposed insured must be a U.S. citizen or hold a "green card" (permanent resident of U.S.). We will not consider any proposed insured that has a temporary visa, work or otherwise. The proposed insured also must have a valid social security number and we will not consider any proposed insured without one. *

PAYMENT METHOD:

- If Monthly: This will be bank draft only.

A completed PAC (pre-authorized check) form must be submitted with the paper application.

- » We do not allow an employer or a business to pay the premiums.
- » No Credit or Debit Cards allowed.

If the proposed insured does not want to do bank draft as an option, they can select Quarterly, Semi-Annual, or Annual direct bill (unless the banking information is provided.)

If one of these options is selected, the premium must be received by GTL prior to the policy being issued.

- Provided the proposed insured qualifies, we will pend the file for 30 days for the initial premium.

If the premium is not received within 30 days, Underwriting/New Business will close the file.

INCREASE OF BENEFITS:

If the proposed insured wants to increase the base plan, we need a new current dated application. Apply for just the increase amount, and submit to underwriting for approval.

If the application is approved, we will generate a second policy for the additional coverage.

DECREASE OF BENEFITS:

A written request from the Insured is required to decrease benefits. This request must be signed and dated by the proposed insured.

This will be handled by Policy Owner Services department.

REINSTATEMENT:

A policy can be considered for reinstatement if it is not lapsed for more than 6 months. If lapsed more than 6 months, a new application needs to be submitted.

HEIGHT AND WEIGHT CHART

If the proposed insured's build is less than the minimum or greater than the maximum, the proposed insured does not qualify for the plan. This chart is for both Male and Female proposed insureds.

Height	Min Weight	Max Weight
4'8"	80	172
4'9"	83	178
4'10"	85	184
4'11"	88	190
5'0"	91	197
5'1"	94	207
5'2"	97	210
5'3"	101	217
5'4"	104	224
5'5"	107	231
5'6"	111	238
5'7"	114	245
5'8"	118	253
5'9"	121	260
5'10"	125	268
5'11"	128	276
6'0"	132	283
6'1"	135	291
6'2"	139	299
6'3"	143	308
6'4"	147	316
6'5"	151	324
6'6"	155	333
6'7"	159	341
6'8"	164	350
6'9"	168	358
6'10"	171	367
6'11"	175	375

If the applicant is taking or been prescribed any of the following medications or had taken a medication within the time period listed in the health questions on the application, the person is not eligible for coverage. Please note that this list is **not all inclusive** and may be changed from time to time as medications are added and removed.

MEDICATION	MEDICATION	MEDICATION	MEDICATION	MEDICATION	MEDICATION
Abilify	Busulfex	Droxja	Hetin	Melphalan	Paricalcitol
Actimmune	Calcium acetate	Dygase	Histrelin	Memantine	Parlodel
Actigall	Campath	Edrophonium	Humira	Mercaptopurine	Pegfilgrastim
Adriamycin	Capecitabine	Efudex	Humulin	Methotrexate	Peg-interferon
Adrucil	Carbidopa	Eidepryl	Hydergline	Mirapex	Pegin Iron
Agrylin	Carvedilol	Eligard	Hydrea	Mitomycin	Pertzye
Akineton	Casodey	Eloyatin	Hydroxyurea	Mitotane	Phenelzine
Alemtuzumab	Caenu	Emcyt	Imatinib	Moban	Phoslo
Aileron	Cerubidine	Encron 10	Interferon	Moderiba	Pimozide
Alkeran	Cerefolin	Enlon	Interferon Alpha 2A	Molindone	Plaretase
Amantadine	Chlormabucil	Entacapone	Interferon Alpha 2B	Mustargen	Platinol
Ambenonium	Chlorpromazine	Entresto	Interferon Beta	Mutamycin	Pramipexole
Anagrelide	Cisplatin	Epoetin Alfa	Intron A	Myieran	Prezista
Anandron	Clozapine	Epogen	Invega	Mytelase	Procarbazine
Anastrozole	Clozaril	Erlotinib	Iressa	Namenda	Prochlorperazine
Antabuse	Cogentin	Ergoloid Mesylates	Itemadrin	Nardil	Procrit
Aredia	Combivir	Eskalith	Kutrase	Navane	Prolixin
Aricept	Compazine	Estramustine	Ku-Zyme	Neostigmine	Protilase
Arimidex	Comtan	Etidronate	Lantus	Nesiritide	Prostigmin
Aripiprazole	Copaxone	Etoposide	Lapase	Neulasta	Purinethol 6Mp
Aromasin	Copegus	Eulexin	Larodopa	Neupogen	Purixan
Artane	Coreg	Exelon	Lasbt	Nilandron	Pyridostigmine
Arzerra	Cosmegen	Exemestane	Latuda	Nilutamide	Quetiapine
Asenapine	Cotazym	Fareston	Lenalidomide	Novolog	Rasagiline
Aspart	Creon	Faslodex	Letrozole	Nph	Raxaayne
Atamet	Cyclophosphamide	Famara	Leukeran	Olanzapine	Rebetol
Atripla	Cytarabine	Fiasp	Leuprolide	Oncovin	Rebif
Avastin	Cytosar	Filgrastim	Levemir	Onxol	Reclast
Avonex	Cytoxan	Floxuridine	Levodopa	Orap	Reminyl
Azt	Dactinomycin	Fluorouracil	Lioresal	Ormazine	Requip
Azilect	Dantrium	Fluoxetine	Lipram	Oxaliplatin	Retrovir
Baclofen	Dantrolene	Fluphenazine	Lithane	Paclitaxel	Revlimid
Basaglar	Darbepoetin Alfa	Flutamide	Lithium	Palcaps	Ribapak
Benzotropine	Daunorubicin	Foscarnet Sodium	Lithobid	Paliperidone	Ribasphere
Betaseron	Demadex	FUDR	Lysozyme	Pamidronate	Ribavirin
Bexxar	Didanosine	Fulvestrant	Lodosyn	Panase	Rilutek
Bicalutamide	Dideoxyinosine	Furosemide	Lomustine	Pancrease	Riluzole
Blenoxame	Didronel	Gabtofen	Loxapine	Pantreaze	Riperdal
Blenoxane	Disulfiram	Galantamine	Loxitane	Pancrecarb	Risperidone
Bleomycin	Dotefrez	Gefitinib	Lupron	Pancrelipase	Rituxan
Bloxiverz	Docetaxel	Geodon	Lysodren	Pancron	Rituximab
Bromocriptine	Donepezil	Gleevec	Matuiane	Pangestyme	Rivastigmine
Bumetanide	Dopar	Goserelin	Mechlorethamine	Panocaps	Roferon-A
Bumex	Doxil	Haldol	Megace	Panokase	Ropinirole
Busulfan	Doxorubicin	Haloperidol	Megestrol	Parcopa	Saphris

MEDICATION	MEDICATION	MEDICATION	MEDICATION	MEDICATION
Selegiline	Taxol	Tositumomab	Videx	Zenpep
Seroquel	Taxotere	Toujeo	Viibryd	Zidovudine
Sinemet	Tensilon	Trelstar La	Vinblastine	Ziprasidone
Stelazine	Thalidomide	Trifluoperazine	Vincasar	Zoladex
Sunitinib	Thalomld	Trilafon	Vincristine	Zoledronic Acid
Suppreline	Theracys	Trihaxane	Viokace	Zometa
Sutent	Tioguanine	Trihexyphenidyl	Vio Moore	Zymase
Sycrest	Thioridazin	Triptorellne Pamoate	Vladur	Zyprexa
Symbyax	Thiotepa	Truvada	Vilazodone	
Symmetrel	Thiothixene	Ultresa	Viokase	
Tabloid	Thorazine	Vantas	Vio Moore	
Tarabine Pfs	Tice Bcg Live	Velasulin	Xeloda	
Tarceva	Toremifene	Velban	Zelapar	
Tasmar	Torse mide	Vepesid	Zemplar	

MAXIMUM HOME HEALTH CARE COVERAGE

(Products not available in all states. Please check out GTLIC.com for state availability.)

If New Recover Cash Home Health Care Rider:	
\$1,400/week	NO other Home Health Care Coverage/Riders Allowed

If New Recover Cash Home Health Care Rider: (sold in \$50 increments)	Maximum Short-Term Home Health Care allowed*:
\$1,350/week or less	Plan A only
\$1,300/week or less	Plan A or B only
\$1,250/week or less	Plan A, B, or C

If Prior Version Recover Cash Home Health Care Rider:	New Recover Cash Home Health Care Rider allowed:
\$75/180 Days	Maximum of \$1,100/week

If Short-Term Home Health Care*:	New Recover Cash Home Health Care Rider allowed:
Plan C	Maximum of \$1,250/week
Plan B	Maximum of \$1,300/week
Plan A	Maximum of \$1,350/week
If Home Care Secure:	Maximum Short-Term Home Health Care allowed*:
\$60,000 Maximum Benefit	Plan C

If Home Care Secure:	New Recover Cash Home Health Care allowed:
\$60,000 Maximum Benefit	\$200/week

***For the Short-Term Home Health Care coverage focus only on the annual home health aide benefit**

**Proposed Insureds can now have multiple
Home Health Care Policies/Riders not to exceed \$72,800/Year.**

Example: A proposed insured can apply for the following potential combinations:

Short-Term Home Health Care Option C	Home Care Secure for \$60,000	New Recover Cash Home Health Care Rider for \$100/52 Weeks
Short-Term Home Health Care Option B	Home Care Secure for \$60,000	New Recover Cash Home Health Care Rider for \$150/52 Weeks
Short-Term Home Health Care Option A	Home Care Secure for \$60,000	New Recover Cash Home Health Care Rider for \$200/52 Weeks

Short-Term Home Health Care Option C	Home Care Secure for \$50,000	New Recover Cash Home Health Care Rider for \$250/52 Weeks
Short-Term Home Health Care Option B	Home Care Secure for \$50,000	New Recover Cash Home Health Care Rider for \$300/52 Weeks
Short-Term Home Health Care Option A	Home Care Secure for \$50,000	New Recover Cash Home Health Care Rider for \$350/52 Weeks

Short-Term Home Health Care Option C	Home Care Secure for \$40,000	New Recover Cash Home Health Care Rider for \$450/52 Weeks
Short-Term Home Health Care Option B	Home Care Secure for \$40,000	New Recover Cash Home Health Care Rider for \$500/52 Weeks
Short-Term Home Health Care Option A	Home Care Secure for \$40,000	New Recover Cash Home Health Care Rider for \$550/52 Weeks

Short-Term Home Health Care Option C	Home Care Secure for \$30,000	New Recover Cash Home Health Care Rider for \$650/52 Weeks
Short-Term Home Health Care Option B	Home Care Secure for \$30,000	New Recover Cash Home Health Care Rider for \$700/52 Weeks
Short-Term Home Health Care Option A	Home Care Secure for \$30,000	New Recover Cash Home Health Care Rider for \$750/52 Weeks

Short-Term Home Health Care Option C	Home Care Secure for \$20,000	New Recover Cash Home Health Care Rider for \$850/52 Weeks
Short-Term Home Health Care Option B	Home Care Secure for \$20,000	New Recover Cash Home Health Care Rider for \$900/52 Weeks
Short-Term Home Health Care Option A	Home Care Secure for \$20,000	New Recover Cash Home Health Care Rider for \$950/52 Weeks

RECOVER CASH® NEW BUSINESS PROCEDURES

Ways to Submit an Application

- E-Application-Agent Portal (www.gtlic.com) (Client must complete the voice verification call prior to submission. Call GTL's fully automated verification system 24/7, at the toll-free number ((866) 839-5132 or see also our Text-to-Sign option on page 2.)
- E-application/Mobile Phone/Tablet
- By email to: und@gtlic.com
- By fax to: (847) 699-8493
- By mail to: Guarantee Trust Life
Attn: New Business 1275 Milwaukee Ave.
Glenview, IL 60025

Avoid Delivery Requirements

- Be sure that the client initials any and all changes made on the paper application.
- Be sure to submit bank draft information.
- Be sure to include any special state required forms.

Please be sure that we have your current email address. You can update your email address by contacting our Sales Support Department at (800) 323-6907 or by email at agency@gtlic.com.

Submitting an Application with a Future Effective Date

Submit the application in same manner as listed under "Ways to Submit an Application."

- Complete all underwriting questions-where applicable.
- Include PAC authorization form if paying by bank draft.
- Note that initial payment will not draft until the effective date of the certificate.
- The effective date cannot be 93 days greater than the application date.

NEED QUICK UPDATES ON YOUR PENDING BUSINESS?

- Please remember that GTLink is available 24/7.
- Can't access GTLink? Contact our Sales Support Department for assistance at (800) 323-6907 or agency@gtlic.com.

**If you have any questions on an active policy please contact
Customer Service Support at 800-338-7452.**

For Underwriting Support please contact 800-635-1993 or email und@gtlic.com.

AGENT PORTAL

VERIFICATION CALL INFORMATION

GTL designed the Agent Portal around you, our valued Agent, in order to provide an efficient and dependable means of submitting e-Signature applications. When it's time to verify the sale, your applicant(s) will find the process simple and reliable. They can complete the verification call either before or after you enter the online e-Signature application. **Keep in mind, however, that GTL will not begin underwriting the e-Signature application until the verification call has been completed.**

Please advise your applicant(s) to call the toll-free number (866) 839-5132 to complete the verification call. For their convenience, GTL's fully-automated verification system is available 24 hours a day and 7 days a week. The call takes approximately 3 minutes to complete.

APPLICANT INFORMATION VERIFIED DURING THE CALL

1. Full name
2. Last 4 digits of social security number
3. Date of birth
4. Second applicant's name (if applicable)
5. Name of GTL product being applied for and if there any additional products
6. Agent of Record's name
7. Verbal response acknowledging they understood the questions on the application and answered them truthfully.
8. Verbal response acknowledging they understand that, if their application for insurance coverage is approved, regular premium payments are required to maintain coverage.
9. For certain products, an additional authorization for GTL to obtain the applicant's medical and prescription history information.

FAQ'S

Why do applicants have to complete a verification call?

The verification call is a necessary step in our e-Signature application process. It gives GTL the authority to perform the necessary underwriting, creates a recorded validation of the applicant's knowledge of applying for coverage, affirms their understanding of the type of coverage applied for and the necessity of periodic premium payments to retain their coverage.

How long does the average verification call take to complete?

3 minutes.

What number do applicants call to complete the verification call?

The toll-free phone number is (866) 839-5132.

Is the call toll-free?

Yes.

What hours is the verification system available?

GTL's automated verification system is available 24/7.

Who has to complete the verification call?

Any adult applicant(s) listed on the application for coverage. If a spouse applies for coverage on the same application, one verification call may be completed to confirm both applicants' information. Children applying for coverage via a child policy or child rider do not need to complete a verification call.

Do children need to complete the verification call?

No. Children applying for coverage via a child policy or child rider do not need to complete a verification call.

Does the applicant have to complete a separate verification call for each product applied for?

No. If the applicant(s) is applying for more than one GTL product at the same time, only one verification call need be completed. The applicant may verbally state all product names/types being applied for.

What if my applicant refuses to complete the verification call?

Please complete and submit a paper application.

Who do I call if my applicant has a problem completing the verification call?

Contact the GTL Sales Support Department at (800) 323-6907 during normal business hours. (Monday through Thursday 7AM to 5PM or Friday 8AM to 12PM Central Time)

Can I submit the e-Signature application before my applicants complete the verification call?

Yes. Keep in mind, however, that GTL will not begin underwriting the e-Signature application until the verification call has been completed and the e-application has been received.

For additional information regarding the sales verification call process, please contact the GTL Sales Support Department at 1-800-323-6907 during normal business hours.

Monday through Thursday 7AM to 5PM

Friday 8AM to 12PM Central Time

THANK YOU FOR YOUR BUSINESS!