

**GUARANTEE TRUST LIFE INSURANCE COMPANY**  
1275 MILWAUKEE AVENUE, GLENVIEW, IL 60025  
(800) 338-7452

**SHORT-TERM NURSING HOME CARE INDEMNITY**

**OUTLINE OF COVERAGE**

For Policy Form G1181  
With Optional Rider Forms RG11HHC, RG11IPB and RG11IPG

**CAUTION:** The policy was issued based on your answers to the questions on your Application. A copy of your Application is attached. If your answers are incorrect or untrue, we may have the right to deny benefits or rescind your policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact us within 30 days at 1275 Milwaukee, Glenview, Illinois 60025.

If you have any questions concerning this coverage, or if we can be of any assistance, please call us at  
**1-800-338-7452**

**NOTICE TO BUYER**

THE POLICY MAY NOT COVER ALL OF THE COSTS ASSOCIATED WITH SHORT-TERM NURSING HOME CARE INCURRED BY THE BUYER DURING THE PERIOD OF COVERAGE. THIS IS A LIMITED POLICY. THE BUYER IS ADVISED TO REVIEW CAREFULLY ALL POLICY LIMITATIONS AND EXCEPTIONS.

**POLICY DESIGNATION**

The policy is an individual policy of insurance.

**PURPOSE OF OUTLINE OF COVERAGE**

This outline of coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy will control the rights and obligations of the parties to it. The policy itself sets forth in detail those rights and obligations applicable to both you and your insurance company. It is very important, therefore, that you **READ YOUR POLICY CAREFULLY**.

**GUARANTEED RENEWABLE** This means you have the right, subject to the terms of your Policy, to continue the Policy as long as you pay your premium on time. We cannot change any of the terms of your Policy on our own, except that, in the future, **WE MAY INCREASE THE PREMIUM YOU PAY**. We may change your premium by giving you at least thirty-one (31) days prior written notice. We can only do this when we change the premiums for all policies of this class in the state where you live.

**TERMS UNDER WHICH THIS POLICY MAY BE RETURNED AND PREMIUM REFUNDED**

First 30 days: If you return the policy to us or to our agent to be canceled within 30 days of receiving it, we will pay you all premium paid for the policy. After the policy has been returned it will be considered to have never been issued.

After the first 30 days: You may still terminate this coverage if you send written notice. We will end the coverage effective upon receipt or on a later date if specified in the notice. The termination will not affect any claim which was covered prior to the effective date of termination.

In the event of your death, we will refund any premium paid for a period beyond the date of your death.

**THIS IS NOT MEDICARE SUPPLEMENT COVERAGE**

If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from us. Neither Guarantee Trust Life Insurance Company nor its agents represent Medicare, the federal government or any state government.

**LIMITED BENEFIT HEALTH INSURANCE COVERAGE**

Policies of this category are designed to provide, persons insured, limited or supplemental coverage.

The policy provides coverage on an indemnity basis for covered short-term nursing home and assisted living facility care. All benefits are subject to the limitations and exceptions described in the policy.

**BENEFITS PROVIDED BY THE POLICY**

Elimination Period \_\_\_\_\_ days

Benefit Period \_\_\_\_\_ days

Daily Benefit Amount \$\_\_\_\_\_

**QUALIFYING FOR BENEFITS AND BENEFIT LIMITATIONS**

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**A. QUALIFYING FOR BENEFITS**

Before benefits will be payable for Covered Care:

1. a Licensed Health Care Practitioner must certify that the services received for Covered Care available under this policy are needed because you have a Functional Disability and
2. the Elimination Period, if any, must be satisfied.

We may periodically review the necessity of care and treatment. Our review, for example, may include: (a) diagnosis, symptoms, complaints, and complications of a condition; (b) the reason for the services being rendered; (c) a Licensed Health Care Practitioner’s orders; (d) schedule of treatment; (e) physical limitations and impairments; and (f) the objectives of the Licensed Health Care Practitioner’s Plan of Care.

**B. LIMITATION ON BENEFITS**

Subject to the Qualifying For Benefits provision above, we’ll pay the Daily Benefit Amount for all Covered Care available under this policy. We’ll pay for such Covered Care received during Any One Period of Care.

We won’t pay more than the number of Benefit Period days, as shown in the policy schedule, during Any One Period of Care for all benefits available under this policy. Any One Period of Care can only be restored once during the life of the policy. Any days which remain unpaid during Any One Period of Care cannot be carried forward and added to the Benefit Period of the next Any One Period of Care.

We won’t pay benefits for more days than are available under the Maximum Benefit Period during the life of the policy.

Covered Care is incurred on the date the service or treatment is given or the supply is bought. Covered Care must be incurred while this coverage is in force.

**C. COVERED CARE MEANS:**

1. **Nursing Home Care:**  
The care (including room, board, services and supplies) provided for each day of care during a Nursing Home stay for all levels of care (skilled, intermediate, or custodial).
2. **Assisted Living Facility Care**  
The care (including room, board, services and supplies) provided during a stay in an Assisted Living Facility.

We will only pay one Daily Benefit Amount on any day You incur Nursing Home Care and Assisted Living Facility Care on the same day.

**DEFINITIONS**

**Activities of Daily Living** means the following (6) basic activities of daily living:

1. **Bathing** means washing oneself by sponge bath in either a tub or shower, including the task of getting into or out of the tub or shower.
2. **Continence** means the ability to maintain control of bowel or bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).

3. **Dressing** means the ability to put on or take off all items of clothing and any necessary braces, fasteners or artificial limbs.
4. **Eating** means the ability to feed oneself by getting food into the body from a receptacle (e.g., plate, cup, table) or by a feeding tube or intravenously.
5. **Toileting** means the ability to get to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
6. **Transferring** means the ability to move into or out of a bed, chair or wheelchair without assistance.

**Cognitive Impairment** means a deterioration or loss in intellectual capacity which requires Substantial Supervision to protect oneself from threats to health and safety. Cognitive Impairment is measured by clinical evidence and standardized tests that reliably measure impairment in one's: (1) short or long-term memory; (2) orientation as to people, places, or time; and (3) deductive or abstract reasoning.

Such loss of intellectual capacity can result from the following covered conditions: Alzheimer's Disease, Parkinson's Disease, senile dementia or other nervous or mental disorders of organic origin.

**Functionally Disabled/Functional Disability** means an Insured who is:

1. unable to perform at least 2 Activities of Daily Living without human assistance or supervision; or
2. requires Substantial Supervision to protect such individual from threats to health and safety due to Cognitive Impairment.

### **EXCEPTIONS**

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We won't pay for treatment, care, services or supplies which are:

1. due to war or act of war whether declared or not;
2. due to intentionally self-inflicted Injury while sane or insane;
3. for services or supplies provided by a member of the Immediate Family; an individual who normally resides with you on a regular basis; or in a facility owned or operated by a member of the Immediate Family;
4. for services and supplies not included in your Plan of Care;
5. for which no charge is customarily made in the absence of insurance;
6. for personal, comfort or convenience items furnished at the Insured's request, such as television, radio, or telephone;
7. for care received outside the United States or its territories; or
8. for alcoholism, drug addiction, or chemical dependency, unless as a result of a medication prescribed by a Doctor.

### **PRE-EXISTING CONDITION LIMITATION**

Coverage under the Policy is subject to a pre-existing conditions limitation. Pre-existing conditions are those medical conditions disclosed or not disclosed on the application for which medical advice or treatment was recommended or received from a Doctor within 6 months prior to the Effective Date of your coverage.

Any loss due to a pre-existing condition isn't covered unless the loss begins more than 6 months after the Effective Date of coverage.

### **THE POLICY MAY NOT COVER ALL OF THE EXPENSES ASSOCIATED WITH YOUR NURSING HOME NEEDS**

#### **RELATIONSHIP OF COST OF CARE AND BENEFITS.**

Because the costs of nursing home services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted. Your benefits will not increase unless you elect the Optional Inflation Protection Benefit. There is an additional premium for this option.

#### **DENIAL OF APPLICATION.**

Guarantee Trust Life Insurance will refund any premiums within 30 days of denial of an application.

**OPTIONAL SHORT TERM HOME HEALTH CARE RIDER**

Before Home Health Care benefits will be payable for an Insured's Covered Home Care:

- 1. a Licensed Health Care Practitioner must certify that the Home Health Care services are needed because the Insured has a Functional Disability as defined within this rider; and
- 2. the Home Health Care Elimination Period, if any, must be satisfied. The Home Health Care Elimination Period is shown on the policy schedule.

**Functionally Disabled/Functional Disability** means an Insured who is:

- 1. unable to perform at least 2 Activities of Daily Living without human assistance or supervision; or
- 2. requires Substantial Supervision to protect such individual from threats to health and safety due to Cognitive Impairment.

**Home Health Care** means medical and non-medical services provided by a Home Health Care Practitioner in your Home.

**Home Health Care Practitioner** means an individual who is qualified to provide Home Health Care. A Home Health Care Practitioner includes the following: a home health aide; a provider of medical or social services; a registered professional nurse (RN); a licensed practical nurse (LPN); a licensed vocational nurse (LVN); a licensed speech therapist or audiologist; a licensed respiratory therapist; a licensed physical therapist; a licensed chemotherapy specialist; or a licensed nutritional therapist. A Home Health Care Practitioner whose specialty is not listed here may be used if approved by us prior to the practitioner providing the service. A Home Health Care Practitioner:

- 1. must be licensed in the state, or recognized as such by the state in which the care is given;
- 2. may not be an Insured;
- 3. may not reside at your address;
- 4. must present a charge for the care given which you are legally obligated to pay; and
- 5. must be employed or contracted by a Home Health Care Agency.

**BENEFITS PROVIDED BY THE HOME HEALTH CARE RIDER**

Home Health Care Elimination Period \_\_\_\_\_ days  
 Home Health Care Daily Benefit Amount \_\_\_\_\_ per visit  
 Home Health Care Benefit Maximum \_\_\_\_\_ visits

Adding this benefit to your policy will increase your policy premium by \_\_\_\_\_.

**OPTIONAL SIMPLE INCREASING INFLATION PROTECTION BENEFIT RIDER**

We will increase to your initial Daily Benefit Amount by 5% on each policy anniversary. The initial Daily Benefit Amount and the Inflation Period is shown on the schedule. The 5 percent increase will be added to the then current Daily Benefit Amount.

Adding this benefit to your policy will increase your policy premium by \_\_\_\_\_.

**OPTIONAL COMPOUND INCREASING INFLATION PROTECTION BENEFIT RIDER**

One year after this rider's Effective Date, provided the policy to which it is attached is in force, we will increase your initial Daily Benefit Amount for Any One Period of Care by 5%. (The Daily Benefit Amount for Any One Period of Care is shown on the policy schedule.) On each subsequent policy anniversary, we will continue to increase your current Daily Benefit Amount for Any One Period of Care (which are inclusive of prior year(s) increases) by 5%. These increases will continue to take place on each policy anniversary for the Inflation Period specified on the policy schedule. The increases are without regard to whether or not you are receiving benefits under the policy.

Adding this benefit to your policy will increase your policy premium by \_\_\_\_\_.

**THIS SHORT-TERM NURSING CARE INSURANCE POLICY DOES NOT QUALIFY THE INSURED FOR THE FAVORABLE TAX TREATMENT PROVIDED FOR IN THE INTERNAL REVENUE CODE OF 1986, SECTION 7702(B) AS ENACTED BY "THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT" OF 1996.**

**GUARANTEED RENEWABLE FOR LIFE** You may keep this Policy, and Riders if attached, in force during Your entire lifetime, unless otherwise stated in the Rider, by paying the renewal premium at the intervals available to You at time of renewal. You must pay the renewal premium by its due date or during the 31 days that follow. We cannot cancel or refuse to renew this Policy or place any restrictions on it if You pay Your premiums on time.

**PREMIUMS SUBJECT TO CHANGE** We may change the premium rates for this Policy/Riders by giving You at least 31 days prior written notice of any change in the renewal premium. We can only change the premium if We change it for all Policies/Riders like Yours in Your state on a class basis.

**PREMIUM.**

Total annual policy premium for coverage as applied is:

**COVERAGE**

Policy \$\_\_\_\_\_

Optional Home Health Care Rider \$\_\_\_\_\_

Optional Inflation Protection Benefit Rider \$\_\_\_\_\_

**TOTAL** \$\_\_\_\_\_