

Short-Term Home Health Care Insurance

AGENT RATES & UNDERWRITING GUIDE SOUTH DAKOTA

FOR AGENT USE ONLY

UNDERWRITTEN BY:
Guarantee Trust Life Insurance Company

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Guarantee Trust Life Insurance Company

Short - Term Home Health Care

Rate Calculation Worksheet

Step 1. Determine rates for Applicant's age
Plan
Option A
Option B
Option C \$ _____

Determine rates for Spouse's age
Plan
Option A
Option B
Option C \$ _____

Step 2. Choose optional benefits Applicant 1
Accident and Sickness Hospitalization Rider*
Daily Benefit Amount: Option A: Option B: Option C:
Benefit Period:
Ambulance Rider
Critical Accident Rider
Dental and Vision Rider

Choose optional benefits Applicant 2
Accident and Sickness Hospitalization Rider*
Daily Benefit Amount: Option A: Option B: Option C:
Benefit Period:
Ambulance Rider
Critical Accident Rider
Dental and Vision Rider

Step 3. SUBTOTAL Base and Riders, All Applicants (Add total of steps 1-2 for both applicant) \$ _____
Step 4. Return of Premium Benefit Rider Factor _____ . _____ ROP Factor
Step 5. Return of Premium (If ROP elected, multiply step 3 by 4) \$ _____
Step 6. Annual Policy Fee (\$20.00) / Monthly Policy Fee (\$1.67) - One per applicant \$ _____ Total Fees
Step 7. Total Premium (with ROP, add steps 3,5 & 6. If no ROP, add steps 3 & 6) \$ _____
Step 8. Enter Mode Factor** (Annual 1.0, Semi-annual 0.50, Quarterly 0.25, Monthly Bank Draft 0.08333) _____ . _____ Mode Factor (If needed)
Step 9. Total Modal Premium** (multiply step 7 by step 8) \$ _____

** If monthly rate sheet used, stop at step 7.

STEP 1: BASE PLAN MONTHLY RATES

(Rates do not include a \$1.67 Monthly Policy Fee.)

Home Health Care Daily Benefit Options			
	Option A	Option B	Option C
ATTAINED AGE*	\$150 Daily Max	\$300 Daily Max	\$450 Daily Max
61 - 64	\$17.74	\$35.49	\$39.69
65 - 70	\$20.90	\$41.79	\$48.02
71 - 75	\$28.49	\$56.98	\$68.79
76 - 80	\$38.22	\$76.44	\$101.69
81 - 85	\$50.81	\$101.63	\$144.80

***Rates go up at attained age 86. See page 6 for details.**

*Base Short-Term Home Health Care rates (and Accident & Sickness Hospitalization Rider) are Attained Age and will increase upon the policyholders anniversary date as outlined above.

STEP 2: MONTHLY RIDER RATES (IF APPLICABLE)

Accident & Sickness Hospitalization Rider— Monthly Rates							Critical Accident Rider- Monthly Rates				
ATTAINED AGE*	\$100 BENEFIT / AGES 40-85		\$200 BENEFIT / AGES 40-85		\$300 BENEFIT / AGES 40-85		FEMALE		MALE		
	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY	\$5,000	\$10,000	\$5,000	\$10,000	
61 - 64	\$4.93	\$6.87	\$9.87	\$13.75	\$14.80	\$20.62	\$2.46	\$4.92	\$1.79	\$3.58	
65 - 70	\$5.17	\$7.45	\$10.33	\$14.90	\$15.50	\$22.35	\$3.25	\$6.50	\$2.29	\$4.58	
71 - 75	\$6.15	\$8.97	\$12.30	\$17.93	\$18.45	\$26.90	\$4.46	\$8.92	\$3.08	\$6.17	
76 - 80	\$7.84	\$11.51	\$15.68	\$23.02	\$23.52	\$34.52	\$6.21	\$12.42	\$4.42	\$8.83	
81 - 85	\$9.35	\$13.90	\$18.70	\$27.80	\$28.05	\$41.70	\$8.67	\$17.33	\$6.62	\$13.25	
							85	\$11.33	\$22.67	\$9.42	\$18.83

***Rates go up at attained age 86. See page 6 for details.**

Dental / Vision Rider - Monthly Rates			
ISSUE AGE	MALE OR FEMALE		
	\$400	\$800	\$1,200
61 - 65	\$24.08	\$28.92	\$33.42
66 - 70	\$25.58	\$30.42	\$34.50
71 - 75	\$27.08	\$31.50	\$35.67
76 - 80	\$28.58	\$32.67	\$36.83
81 - 85	\$30.08	\$33.92	\$38.08

Ambulance Rider	
Issue Age	Premium
61 - 69	\$2.83
70 - 80	\$4.42

Return of Premium Rider	
RETURN OF PREMIUM PERIOD AND ROP FACTOR	
Age	Upon Death (Prior to Age 86)
61-81	0.32

MODAL FACTORS	
Monthly	0.08333
Quarterly	0.25000
Semi Annual	0.50000
Annual	1.00000

MONTHLY POLICY FEE
\$1.67

STEP 1: BASE PLAN ANNUAL RATES

(Rates do not include a \$20.00 Annual Policy Fee.)

Home Health Care Daily Benefit Options			
	Option A	Option B	Option C
ATTAINED AGE*	\$150 Daily Max	\$300 Daily Max	\$450 Daily Max
61 - 64	\$212.93	\$425.86	\$476.35
65 - 70	\$250.78	\$501.56	\$576.30
71 - 75	\$341.92	\$683.84	\$825.56
76 - 80	\$458.63	\$917.26	\$1,220.37
81 - 85	\$609.79	\$1,219.58	\$1,737.68

***Rates go up at attained age 86. See page 6 for details.**

*Base Short-Term Home Health Care rates (and Accident & Sickness Hospitalization Rider) are Attained Age and will increase upon the policyholders anniversary date as outlined above.

STEP 2: ANNUAL RIDER RATES (IF APPLICABLE)

Accident & Sickness Hospitalization Rider— Annual Rates						
ATTAINED AGE*	\$100 BENEFIT / AGES 40-85		\$200 BENEFIT / AGES 40-85		\$300 BENEFIT / AGES 40-85	
	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY
	61 - 64	\$59.20	\$82.50	\$118.40	\$165.00	\$177.60
65 - 70	\$62.00	\$89.40	\$124.00	\$178.80	\$186.00	\$268.20
71 - 75	\$73.80	\$107.60	\$147.60	\$215.20	\$221.40	\$322.80
76 - 80	\$94.10	\$138.10	\$188.20	\$276.20	\$282.30	\$414.30
81 - 85	\$112.20	\$166.80	\$224.40	\$333.60	\$336.60	\$500.40

ISSUE AGE	Critical Accident Rider - Annual Rates			
	FEMALE		MALE	
	\$5,000	\$10,000	\$5,000	\$10,000
61 - 64	\$29.50	\$59.00	\$21.50	\$43.00
65 - 69	\$39.00	\$78.00	\$27.50	\$55.00
70 - 74	\$53.50	\$107.00	\$37.00	\$74.00
75 - 79	\$74.50	\$149.00	\$53.00	\$106.00
80 - 84	\$104.00	\$208.00	\$79.50	\$159.00
85	\$136.00	\$272.00	\$113.00	\$226.00

***Rates go up at attained age 86. See page 6 for details.**

ISSUE AGE	Dental / Vision Rider - Annual Rates		
	MALE OR FEMALE		
	\$400	\$800	\$1,200
61 - 65	\$289.00	\$347.00	\$401.00
66 - 70	\$307.00	\$365.00	\$414.00
71 - 75	\$325.00	\$378.00	\$428.00
76 - 80	\$343.00	\$392.00	\$442.00
81 - 85	\$361.00	\$407.00	\$457.00

Ambulance Rider	
Issue Age	Premium
61 - 69	\$34.00
70 - 80	\$53.00

MODAL FACTORS	
Monthly	0.08333
Quarterly	0.25000
Semi Annual	0.50000
Annual	1.00000

Return of Premium Rider	
RETURN OF PREMIUM PERIOD AND ROP FACTOR	
Age	Upon Death (Prior to Age 86)
61-81	0.32

ANNUAL POLICY FEE
\$20.00

GTL Short Term Home Health Care Underwriting Guide

1. The applicant must be a U.S. citizen or hold a “green card” (permanent resident of US). We will not consider any applicant that has a temporary visa, work or otherwise. The applicant also must have a valid social security number. We will not consider any applicant without one.
2. The agent must be health licensed and use the state approved application in the state where the applicant has permanent residency.
3. If the application is over 31 days old when received by the Company, a new currently dated Application will be required.
4. The effective date cannot be more than 93 days from the application date or prior to the application date.
5. The draft date cannot be more than 15 days before or after the effective date.
6. Insurability will be determined by the answers to the medical questions. If any answer is yes, the applicant does not qualify. Also, if the applicant has any prior GTL coverage, claim history will be reviewed in determining insurability. Finally, if the applicant has the maximum benefit amount for this plan, the applicant does not qualify for coverage.
7. The minimum benefit amount is \$150 and the maximum amount is \$450.
8. The applicant can only have one Short Term Home Health Care in force at any one time. If additional coverage is desired, a new application must be completed and the applicant must meet underwriting standards. If approved, the original policy will be cancelled. The current age of the applicant will be used to determine premium rates.
9. The applicant can have only one Ambulance Rider. If the applicant has an Ambulance Rider with another GTL policy, this rider cannot be sold with this plan.
10. The applicant can have only one Dental Vision Rider. If the applicant has a Dental Vision Rider (or plan) with another GTL policy, this rider cannot be sold with this plan.
11. The maximum Accident and Sickness Hospitalization Rider benefit is \$300/day.

- 12. Riders must be sold within the base option group applied for. For example, if applying for Option A, only riders listed in Option A can be applied for.
- 13. While the height and weight are asked for on the application, at this time they will not be used in underwriting the application
- 14. A policy can be considered for reinstatement if not lapsed more than 6 months. If more than 6 months, a new application should be submitted.
- 15. The base Short-Term Home Health Care rates (and Accident & Sickness Hospitalization Rider) are based on Attained Age and will increase upon the policyholder anniversary date (see rate sheet). Attained age increases (if applicable) will occur at age 86 and older— rates are below.
- 16. Return of Premium Rider only available on new policies. It cannot be added to existing policies.
- 17. A Power of Attorney (POA) is not acceptable for this product.

Base Rates for age 86+:

BASE PLAN MONTHLY RATES:

(Rates do not include a \$1.67 Annual Policy Fee.)

Home Health Care Daily Benefit Options			
	Option A	Option B	Option C
ATTAINED AGE*	\$150 Daily Max	\$300 Daily Max	\$450 Daily Max
86+	\$65.85	\$131.70	\$197.22

BASE PLAN ANNUAL RATES:

(Rates do not include a \$20.00 Annual Policy Fee.)

Home Health Care Daily Benefit Options			
	Option A	Option B	Option C
ATTAINED AGE*	\$150 Daily Max	\$300 Daily Max	\$450 Daily Max
86+	\$790.25	\$1,580.50	\$2,366.73

Accident & Sickness Hospitalization Rider — Monthly Rates						
ATTAINED AGE*	\$100 BENEFIT / AGES 40-85		\$200 BENEFIT / AGES 40-85		\$300 BENEFIT / AGES 40-85	
	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY
86-90	\$11.97	\$17.87	\$23.95	\$35.75	\$35.92	\$53.62
91-95	\$17.23	\$25.82	\$34.47	\$51.63	\$51.70	\$77.45
96+	\$26.48	\$39.70	\$52.96	\$79.40	\$79.45	\$119.10

Accident & Sickness Hospitalization Rider — Annual Rates						
ATTAINED AGE*	\$100 BENEFIT / AGES 40-85		\$200 BENEFIT / AGES 40-85		\$300 BENEFIT / AGES 40-85	
	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY
86-90	\$143.70	\$214.50	\$287.40	\$429.00	\$431.10	\$643.50
91-95	\$206.80	\$309.80	\$413.60	\$619.60	\$620.40	\$929.40
96+	\$317.80	\$476.40	\$635.60	\$952.80	\$953.40	\$1,429.20