

Advantage Plus[®] Hospital Indemnity Insurance

AGENT RATE AND UNDERWRITING GUIDE Basic – Annual

AL, AR, HI, IL, IA, LA, MS, MT, NE, NV,
NM, NC, OK, TN, WV

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UNDERWRITTEN BY:
Guarantee Trust Life Insurance Company

GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)
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Guarantee Trust Life Insurance Company

Advantage Plus Hospital Indemnity Insurance

Rate Calculation Worksheet

Step 1: Determine Rates for Applicant's Age

Determine Rates for Spouse's Age

Applicant 1	Applicant 2
<p>Daily Hospital Confinement Benefit-To calculate the base annual premium:</p> <p>Choose amount in \$10 increments And number of days payable per Benefit Period</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 10 <input type="checkbox"/> 21</p> <p>Daily Benefit for a 1 day plan is \$1,000 to \$2,500 Daily Benefit for a 3 day plan is \$350 to \$750 Daily Benefit for a 6 day plan is \$250 to \$750 Daily Benefit for a 10 or 21 day plan is \$100 to \$750</p> <p>\$ _____ ÷ 10 = _____ Per Day Units</p> <p>_____ x _____ = \$ _____ Units Rate Annual Base Premium</p>	<p>Daily Hospital Confinement Benefit-To calculate the base annual premium:</p> <p>Choose amount in \$10 increments And number of days payable per Benefit Period</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 10 <input type="checkbox"/> 21</p> <p>Daily Benefit for a 1 day plan is \$1,000 to \$2,500 Daily Benefit for a 3 day plan is \$350 to \$750 Daily Benefit for a 6 day plan is \$250 to \$750 Daily Benefit for a 10 or 21 day plan is \$100 to \$750</p> <p>\$ _____ ÷ 10 = _____ Per Day Units</p> <p>_____ x _____ = \$ _____ Units Rate Annual Base Premium</p>

Step 2: Choose Optional Riders <i>Applicant 1</i>	Choose Optional Riders <i>Applicant 2</i>
<p>Ambulance Benefit Rider <input type="checkbox"/> \$ _____ \$50 per unit, up to 8 units <i>(Maximum Issue Age is 80)</i></p> <p>Short Duration Hospital Stay Rider <input type="checkbox"/> \$ _____ <i>(Available for 10 and 21 day benefit period only - Included for 1, 3 and 6 day benefit periods)</i></p> <p>Skilled Nursing Facility Rider OPTION 1 <input type="checkbox"/> \$100 <input type="checkbox"/> \$150 <input type="checkbox"/> \$200 OPTION 2 or <input type="checkbox"/> \$120/day \$ _____</p> <p>Lump Sum Cancer Rider (Includes \$500 Basal Cell/Squamous Cell Skin Carcinoma benefit) <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$6,700 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> With 100% Recurrence Benefit \$ _____</p> <p>Critical Accident Rider <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 \$ _____</p> <p>Outpatient Surgical Rider <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 \$ _____</p> <p>Dental and Vision Rider <input type="checkbox"/> \$400 <input type="checkbox"/> \$800 <input type="checkbox"/> \$1,200 \$ _____</p>	<p>Ambulance Benefit Rider <input type="checkbox"/> \$ _____ \$50 per unit, up to 8 units <i>(Maximum Issue Age is 80)</i></p> <p>Short Duration Hospital Stay Rider <input type="checkbox"/> \$ _____ <i>(Available for 10 and 21 day benefit period only - Included for 1, 3 and 6 day benefit periods)</i></p> <p>Skilled Nursing Facility Rider OPTION 1 <input type="checkbox"/> \$100 <input type="checkbox"/> \$150 <input type="checkbox"/> \$200 OPTION 2 or <input type="checkbox"/> \$120/day \$ _____</p> <p>Lump Sum Cancer Rider (Includes \$500 Basal Cell/Squamous Cell Skin Carcinoma benefit) <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$6,700 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> With 100% Recurrence Benefit \$ _____</p> <p>Critical Accident Rider <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 \$ _____</p> <p>Outpatient Surgical Rider <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 \$ _____</p> <p>Dental and Vision Rider <input type="checkbox"/> \$400 <input type="checkbox"/> \$800 <input type="checkbox"/> \$1,200 \$ _____</p>

<p>Step 3: Total Annual Premium Applicant 1 \$ _____</p>	<p>Total Annual Premium Applicant 1 \$ _____</p>
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Step 4: Premium Payment Mode: Annual Semi-Annual (.520) Quarterly (.265) Monthly PAC (.084)

<p>Step 5: Total Mode Premium for Applicant 1 \$ _____</p> <p>Application Fee (if applicable) \$ _____</p>	<p>Total Mode Premium for Applicant 2 \$ _____</p> <p>One-Time fee is \$20.00; \$6.00 in Mississippi; \$0 in Arkansas.</p>
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1-Day Benefit*		3-Day Benefits*		6-Day Benefits*		10-Day Hospital Confinement Benefits (per \$10/Day)				21-Day Benefits (per \$10/Day)		
AGE	(per \$10/Day)	AGE	(per \$10/Day)	AGE	(per \$10/Day)	AGE	\$100-170	\$180-240	\$250-750	\$100-170	\$180-240	\$250-750
40	3.91	40	6.33	40	8.85	40	11.44	10.64	10.18	12.73	11.84	11.33
41	3.99	41	6.45	41	9.02	41	11.65	10.83	10.36	12.99	12.08	11.56
42	4.06	42	6.56	42	9.17	42	11.84	11.01	10.54	13.23	12.30	11.77
43	4.12	43	6.66	43	9.31	43	12.02	11.18	10.70	13.44	12.50	11.96
44	4.17	44	6.76	44	9.45	44	12.19	11.34	10.85	13.63	12.68	12.13
45	4.23	45	6.84	45	9.57	45	12.35	11.49	10.99	13.80	12.83	12.28
46	4.28	46	6.93	46	9.68	46	12.49	11.62	11.12	13.95	12.97	12.42
47	4.32	47	7.02	47	9.80	47	12.63	11.74	11.24	14.09	13.10	12.54
48	4.36	48	7.08	48	9.88	48	12.74	11.85	11.34	14.21	13.21	12.65
49	4.41	49	7.14	49	9.98	49	12.85	11.95	11.44	14.32	13.32	12.74
50	4.44	50	7.20	50	10.06	50	12.94	12.04	11.52	14.43	13.42	12.84
51	4.46	51	7.25	51	10.13	51	13.02	12.11	11.59	14.53	13.52	12.94
52	4.49	52	7.30	52	10.19	52	13.09	12.18	11.65	14.65	13.62	13.04
53	4.51	53	7.33	53	10.24	53	13.15	12.23	11.71	14.78	13.74	13.15
54	4.54	54	7.37	54	10.29	54	13.21	12.28	11.75	14.92	13.88	13.28
55	4.55	55	7.40	55	10.33	55	13.25	12.32	11.79	15.10	14.04	13.44
56	4.57	56	7.44	56	10.37	56	13.29	12.36	11.83	15.31	14.24	13.63
57	4.58	57	7.46	57	10.41	57	13.32	12.39	11.86	15.58	14.49	13.86
58	4.59	58	7.50	58	10.45	58	13.35	12.42	11.88	15.90	14.79	14.15
59	4.61	59	7.53	59	10.48	59	13.38	12.45	11.91	16.29	15.15	14.50
60	4.63	60	7.56	60	10.53	60	13.42	12.48	11.94	16.76	15.59	14.92
61	4.64	61	7.59	61	10.56	61	13.46	12.51	11.97	17.33	16.11	15.42
62	4.66	62	7.63	62	10.62	62	13.50	12.56	12.02	18.00	16.74	16.02
63	4.68	63	7.68	63	10.67	63	13.56	12.61	12.06	18.79	17.48	16.73
64	4.72	64	7.75	64	10.76	64	14.35	12.96	12.16	20.83	19.20	18.33
65	4.72	65	7.77	65	10.78	65	14.35	12.96	12.16	20.83	19.20	18.33
66	4.93	66	8.11	66	11.26	66	14.92	13.50	12.70	21.75	20.10	19.21
67	5.13	67	8.45	67	11.72	67	15.44	14.03	13.21	22.69	21.00	20.09
68	5.35	68	8.79	68	12.21	68	16.01	14.59	13.75	23.60	21.88	20.96
69	5.58	69	9.18	69	12.74	69	16.63	15.22	14.36	24.61	22.87	21.90
70	5.79	70	9.54	70	13.24	70	17.21	15.78	14.90	25.55	23.78	22.78
71	6.02	71	9.91	71	13.74	71	17.81	16.37	15.48	26.62	24.81	23.79
72	6.25	72	10.28	72	14.27	72	18.38	16.97	16.07	27.59	25.76	24.73
73	6.47	73	10.66	73	14.79	73	19.00	17.57	16.64	28.53	26.70	25.62
74	6.68	74	11.01	74	15.26	74	19.54	18.08	17.16	29.43	27.57	26.48
75	6.87	75	11.32	75	15.70	75	20.04	18.59	17.65	30.27	28.39	27.28
76	7.05	76	11.61	76	16.10	76	20.48	19.04	18.10	31.05	29.12	28.00
77	7.20	77	11.89	77	16.47	77	20.95	19.48	18.50	31.77	29.81	28.67
78	7.35	78	12.14	78	16.81	78	21.29	19.84	18.86	32.40	30.43	29.27
79	7.48	79	12.36	79	17.12	79	21.64	20.17	19.19	32.95	30.98	29.81
80	7.61	80	12.58	80	17.41	80	21.92	20.46	19.49	33.46	31.46	30.27
81	7.69	81	12.73	81	17.63	81	22.16	20.70	19.70	33.83	31.82	30.64
82	7.78	82	12.88	82	17.82	82	22.38	20.89	19.91	34.17	32.14	30.94
83	7.85	83	13.02	83	18.01	83	22.58	21.10	20.09	34.50	32.45	31.24
84	7.94	84	13.18	84	18.21	84	22.78	21.29	20.29	34.80	32.76	31.55
85	8.01	85	13.32	85	18.40	85	22.97	21.49	20.47	35.16	33.11	31.88

*Minimum/maximum daily benefit for 3-day plan is \$350 to \$750. For the 6-day plan the minimum/maximum is \$250 to \$750. The 3 and 6 day plans include Short Stay benefits. Minimum/maximum benefit for 1-day plan is \$1,000 to \$2,500. The 1-day plan includes a 25% short stay benefit.

Short Stay Rider*		Ambulance Rider <small>Hospital Confinement not required</small>	OPTION 1 Skilled Nursing Facility Rider** (Days 1-50)			OPTION 2 Skilled Nursing Facility** Rider (Days 21-100)	
AGE	(per \$10/Day)	\$50 per unit – max 8 units	\$100/Day	\$150/Day	\$200/Day	AGE	\$120 Day
40	0.17	9.38	28.44	42.66	56.88	40	17.30
41	0.18	9.38	28.44	42.66	56.88	41	17.69
42	0.18	9.38	28.44	42.66	56.88	42	18.15
43	0.18	9.38	28.44	42.66	56.88	43	18.68
44	0.19	9.38	28.44	42.66	56.88	44	19.30
45	0.19	9.38	34.06	51.09	68.12	45	20.00
46	0.20	9.38	34.06	51.09	68.12	46	20.81
47	0.21	9.38	34.06	51.09	68.12	47	21.73
48	0.21	9.38	34.06	51.09	68.12	48	22.79
49	0.22	9.38	34.06	51.09	68.12	49	23.98
50	0.23	9.38	44.76	67.14	89.52	50	25.34
51	0.24	9.38	44.76	67.14	89.52	51	26.86
52	0.25	9.38	44.76	67.14	89.52	52	28.57
53	0.25	9.38	44.76	67.14	89.52	53	30.49
54	0.26	9.38	44.76	67.14	89.52	54	32.62
55	0.27	9.38	63.54	95.31	127.08	55	35.00
56	0.28	9.38	63.54	95.31	127.08	56	37.63
57	0.29	9.38	63.54	95.31	127.08	57	40.55
58	0.31	9.38	63.54	95.31	127.08	58	43.76
59	0.32	9.38	63.54	95.31	127.08	59	47.28
60	0.34	12.50	116.48	174.72	232.96	60	56.30
61	0.35	12.50	116.48	174.72	232.96	61	65.32
62	0.36	12.50	116.48	174.72	232.96	62	74.34
63	0.38	12.50	116.48	174.72	232.96	63	83.36
64	0.39	12.50	116.48	174.72	232.96	64	92.38
65	0.41	12.50	136.70	205.05	273.40	65	92.38
66	0.43	12.50	136.70	205.05	273.40	66	102.62
67	0.45	12.50	136.70	205.05	273.40	67	114.52
68	0.47	12.50	136.70	205.05	273.40	68	128.33
69	0.49	12.50	136.70	205.05	273.40	69	144.05
70	0.52	12.50	216.98	325.47	433.96	70	161.79
71	0.54	12.50	216.98	325.47	433.96	71	183.10
72	0.56	12.50	216.98	325.47	433.96	72	205.83
73	0.59	12.50	216.98	325.47	433.96	73	230.24
74	0.62	12.50	216.98	325.47	433.96	74	256.90
75	0.64	12.50	336.52	504.78	673.04	75	285.83
76	0.66	12.50	336.52	504.78	673.04	76	317.62
77	0.69	12.50	336.52	504.78	673.04	77	352.50
78	0.72	12.50	336.52	504.78	673.04	78	390.95
79	0.75	12.50	336.52	504.78	673.04	79	432.98
80	0.78	12.50	652.52	978.78	1,305.04	80	479.40
81	0.81	N/A	652.52	978.78	1,305.04	81	532.74
82	0.84	N/A	652.52	978.78	1,305.04	82	592.14
83	0.87	N/A	652.52	978.78	1,305.04	83	658.33
84	0.90	N/A	652.52	978.78	1,305.04	84	731.90
85	0.93	N/A	652.52	978.78	1,305.04	85	813.21

*Available for 10 and 21 Day Benefit Period Only

** Skilled Nursing Facility Riders not available in Mississippi; Option 2 is not available in Louisiana.

Lump Sum Cancer Rider							Lump Sum Cancer Rider with Recurrence Benefit						
AGE	\$2,500	\$5,000	\$6,700	\$10,000	\$15,000	\$20,000	AGE	\$2,500	\$5,000	\$6,700	\$10,000	\$15,000	\$20,000
40	\$31.48	\$54.85	\$70.75	\$101.60	\$148.35	\$195.10	40	\$34.98	\$61.85	\$80.13	\$115.60	\$169.35	\$223.10
41	\$33.69	\$58.81	\$75.90	\$109.06	\$159.31	\$209.56	41	\$37.46	\$66.36	\$86.01	\$124.16	\$181.96	\$239.76
42	\$35.45	\$61.90	\$79.89	\$114.80	\$167.70	\$220.60	42	\$39.43	\$69.85	\$90.54	\$130.70	\$191.55	\$252.40
43	\$37.53	\$65.48	\$84.49	\$121.38	\$177.28	\$233.18	43	\$41.73	\$73.88	\$95.74	\$138.18	\$202.48	\$266.78
44	\$39.86	\$69.61	\$89.84	\$129.11	\$188.61	\$248.11	44	\$44.34	\$78.56	\$101.83	\$147.01	\$215.46	\$283.91
45	\$42.54	\$74.29	\$95.88	\$137.79	\$201.29	\$264.79	45	\$47.32	\$83.84	\$108.68	\$156.89	\$229.94	\$302.99
46	\$44.92	\$78.42	\$101.20	\$145.42	\$212.42	\$279.42	46	\$49.95	\$88.47	\$114.67	\$165.52	\$242.57	\$319.62
47	\$47.77	\$83.34	\$107.53	\$154.49	\$225.64	\$296.79	47	\$53.09	\$93.99	\$121.80	\$175.79	\$257.59	\$339.39
48	\$50.47	\$88.04	\$113.59	\$163.19	\$238.34	\$313.49	48	\$56.09	\$99.29	\$128.67	\$185.69	\$272.09	\$358.49
49	\$53.64	\$93.51	\$120.63	\$173.26	\$253.01	\$332.76	49	\$59.61	\$105.46	\$136.64	\$197.16	\$288.86	\$380.56
50	\$56.76	\$98.96	\$127.66	\$183.36	\$267.76	\$352.16	50	\$63.09	\$111.61	\$144.61	\$208.66	\$305.71	\$402.76
51	\$60.01	\$104.46	\$134.69	\$193.36	\$282.26	\$371.16	51	\$66.69	\$117.81	\$152.58	\$220.06	\$322.31	\$424.56
52	\$63.17	\$109.92	\$141.71	\$203.42	\$296.92	\$390.42	52	\$70.20	\$123.97	\$160.54	\$231.52	\$339.07	\$446.62
53	\$66.45	\$115.45	\$148.77	\$213.45	\$311.45	\$409.45	53	\$73.80	\$130.15	\$168.47	\$242.85	\$355.55	\$468.25
54	\$70.08	\$121.65	\$156.72	\$224.80	\$327.95	\$431.10	54	\$77.80	\$137.10	\$177.42	\$255.70	\$374.30	\$492.90
55	\$73.72	\$127.84	\$164.65	\$236.09	\$344.34	\$452.59	55	\$81.84	\$144.09	\$186.42	\$268.59	\$393.09	\$517.59
56	\$77.42	\$134.12	\$172.68	\$247.52	\$360.92	\$474.32	56	\$85.92	\$151.12	\$195.46	\$281.52	\$411.92	\$542.32
57	\$81.36	\$140.81	\$181.24	\$259.71	\$378.61	\$497.51	57	\$90.29	\$158.66	\$205.16	\$295.41	\$432.16	\$568.91
58	\$85.16	\$147.16	\$189.32	\$271.16	\$395.16	\$519.16	58	\$94.46	\$165.76	\$214.24	\$308.36	\$450.96	\$593.56
59	\$89.08	\$153.65	\$197.56	\$282.80	\$411.95	\$541.10	59	\$98.75	\$173.00	\$223.49	\$321.50	\$470.00	\$618.50
60	\$93.02	\$160.14	\$205.79	\$294.39	\$428.64	\$562.89	60	\$103.09	\$180.29	\$232.79	\$334.69	\$489.09	\$643.49
61	\$97.15	\$166.85	\$214.25	\$306.25	\$445.65	\$585.05	61	\$107.60	\$187.75	\$242.25	\$348.05	\$508.35	\$668.65
62	\$101.30	\$173.50	\$222.60	\$317.90	\$462.30	\$606.70	62	\$112.13	\$195.15	\$251.61	\$361.20	\$527.25	\$693.30
63	\$105.61	\$180.36	\$231.19	\$329.86	\$479.36	\$628.86	63	\$116.84	\$202.81	\$261.27	\$374.76	\$546.71	\$718.66
64	\$110.05	\$187.37	\$239.95	\$342.02	\$496.67	\$651.32	64	\$121.65	\$210.57	\$271.04	\$388.42	\$566.27	\$744.12
65	\$114.61	\$194.48	\$248.80	\$354.23	\$513.98	\$673.73	65	\$126.58	\$218.43	\$280.89	\$402.13	\$585.83	\$769.53
66	\$118.37	\$199.82	\$255.21	\$362.72	\$525.62	\$688.52	66	\$130.60	\$224.27	\$287.97	\$411.62	\$598.97	\$786.32
67	\$123.07	\$206.82	\$263.77	\$374.32	\$541.82	\$709.32	67	\$135.65	\$231.97	\$297.47	\$424.62	\$617.27	\$809.92
68	\$127.82	\$213.64	\$272.00	\$385.29	\$556.94	\$728.59	68	\$140.69	\$239.39	\$306.51	\$436.79	\$634.19	\$831.59
69	\$132.62	\$220.24	\$279.83	\$395.49	\$570.74	\$745.99	69	\$145.77	\$246.54	\$315.07	\$448.09	\$649.64	\$851.19
70	\$137.79	\$227.16	\$287.94	\$405.91	\$584.66	\$763.41	70	\$151.19	\$253.96	\$323.85	\$459.51	\$665.06	\$870.61
71	\$143.15	\$233.85	\$295.53	\$415.25	\$596.65	\$778.05	71	\$156.75	\$261.05	\$331.97	\$469.65	\$678.25	\$886.85
72	\$149.85	\$242.85	\$306.09	\$428.85	\$614.85	\$800.85	72	\$163.80	\$270.75	\$343.48	\$484.65	\$698.55	\$912.45
73	\$156.67	\$251.74	\$316.39	\$441.89	\$632.04	\$822.19	73	\$170.92	\$280.24	\$354.58	\$498.89	\$717.54	\$936.19
74	\$163.51	\$260.38	\$326.26	\$454.13	\$647.88	\$841.63	74	\$178.03	\$289.43	\$365.18	\$512.23	\$735.03	\$957.83
75	\$170.48	\$269.18	\$336.30	\$466.58	\$663.98	\$861.38	75	\$185.28	\$298.78	\$375.96	\$525.78	\$752.78	\$979.78
76	\$176.03	\$275.28	\$342.77	\$473.78	\$672.28	\$870.78	76	\$190.93	\$305.08	\$382.70	\$533.38	\$761.68	\$989.98
77	\$181.88	\$282.70	\$351.26	\$484.35	\$686.00	\$887.65	77	\$197.00	\$312.95	\$391.80	\$544.85	\$776.75	\$1,008.65
78	\$185.75	\$287.82	\$357.23	\$491.97	\$696.12	\$900.27	78	\$201.05	\$318.42	\$398.24	\$553.17	\$787.92	\$1,022.67
79	\$188.24	\$291.61	\$361.91	\$498.36	\$705.11	\$911.86	79	\$203.74	\$322.61	\$403.45	\$560.36	\$798.11	\$1,035.86
80	\$190.55	\$295.25	\$366.45	\$504.65	\$714.05	\$923.45	80	\$206.25	\$326.65	\$408.52	\$567.45	\$808.25	\$1,049.05
81	\$191.60	\$296.30	\$367.50	\$505.70	\$715.10	\$924.50	81	\$207.30	\$327.70	\$409.57	\$568.50	\$809.30	\$1,050.10
82	\$193.46	\$298.91	\$370.62	\$509.81	\$720.71	\$931.61	82	\$209.29	\$330.56	\$413.03	\$573.11	\$815.66	\$1,058.21
83	\$195.65	\$302.10	\$374.49	\$515.00	\$727.90	\$940.80	83	\$211.63	\$334.05	\$417.30	\$578.90	\$823.75	\$1,068.60
84	\$197.67	\$304.87	\$377.77	\$519.27	\$733.67	\$948.07	84	\$213.75	\$337.02	\$420.85	\$583.57	\$830.12	\$1,076.67
85	\$200.05	\$308.30	\$381.91	\$524.80	\$741.30	\$957.80	85	\$216.30	\$340.80	\$425.46	\$589.80	\$838.80	\$1,087.80

Critical Accident Rider					Outpatient Surgical Rider*				Dental & Vision Benefit Rider**			
ISSUE AGE	FEMALE		MALE		\$250	\$500	\$750	\$1,000	AGE	\$400	\$800	\$1,200
	\$5,000	\$10,000	\$5,000	\$10,000								
40	11.50	23.00	15.00	30.00	69.75	139.50	209.25	279.00	40	270.00	325.00	375.00
41	11.50	23.00	15.00	30.00	71.25	142.50	213.75	285.00	41	270.00	325.00	375.00
42	11.50	23.00	15.00	30.00	72.75	145.50	218.25	291.00	42	270.00	325.00	375.00
43	11.50	23.00	15.00	30.00	74.25	148.50	222.75	297.00	43	270.00	325.00	375.00
44	11.50	23.00	15.00	30.00	76.00	152.00	228.00	304.00	44	270.00	325.00	375.00
45	14.00	28.00	15.00	30.00	77.50	155.00	232.50	310.00	45	270.00	325.00	375.00
46	14.00	28.00	15.00	30.00	79.25	158.50	237.75	317.00	46	270.00	325.00	375.00
47	14.00	28.00	15.00	30.00	81.00	162.00	243.00	324.00	47	270.00	325.00	375.00
48	14.00	28.00	15.00	30.00	83.00	166.00	249.00	332.00	48	270.00	325.00	375.00
49	14.00	28.00	15.00	30.00	85.25	170.50	255.75	341.00	49	270.00	325.00	375.00
50	18.00	36.00	16.00	32.00	87.50	175.00	262.50	350.00	50	290.00	353.00	411.00
51	18.00	36.00	16.00	32.00	90.50	181.00	271.50	362.00	51	290.00	353.00	411.00
52	18.00	36.00	16.00	32.00	93.50	187.00	280.50	374.00	52	290.00	353.00	411.00
53	18.00	36.00	16.00	32.00	97.25	194.50	291.75	389.00	53	290.00	353.00	411.00
54	18.00	36.00	16.00	32.00	101.50	203.00	304.50	406.00	54	290.00	353.00	411.00
55	23.00	46.00	18.00	36.00	106.25	212.50	318.75	425.00	55	290.00	353.00	411.00
56	23.00	46.00	18.00	36.00	111.75	223.50	335.25	447.00	56	303.00	368.00	428.00
57	23.00	46.00	18.00	36.00	118.25	236.50	354.75	473.00	57	303.00	368.00	428.00
58	23.00	46.00	18.00	36.00	125.50	251.00	376.50	502.00	58	303.00	368.00	428.00
59	23.00	46.00	18.00	36.00	133.75	267.50	401.25	535.00	59	303.00	368.00	428.00
60	29.50	59.00	21.50	43.00	143.25	286.50	429.75	573.00	60	303.00	368.00	428.00
61	29.50	59.00	21.50	43.00	154.00	308.00	462.00	616.00	61	319.00	384.00	443.00
62	29.50	59.00	21.50	43.00	166.25	332.50	498.75	665.00	62	319.00	384.00	443.00
63	29.50	59.00	21.50	43.00	180.00	360.00	540.00	720.00	63	319.00	384.00	443.00
64	29.50	59.00	21.50	43.00	193.50	387.00	580.50	774.00	64	319.00	384.00	443.00
65	39.00	78.00	27.50	55.00	193.50	387.00	580.50	774.00	65	319.00	384.00	443.00
66	39.00	78.00	27.50	55.00	196.75	393.50	590.25	787.00	66	339.00	403.00	458.00
67	39.00	78.00	27.50	55.00	200.00	400.00	600.00	800.00	67	339.00	403.00	458.00
68	39.00	78.00	27.50	55.00	203.25	406.50	609.75	813.00	68	339.00	403.00	458.00
69	39.00	78.00	27.50	55.00	206.25	412.50	618.75	825.00	69	339.00	403.00	458.00
70	53.50	107.00	37.00	74.00	209.50	419.00	628.50	838.00	70	339.00	403.00	458.00
71	53.50	107.00	37.00	74.00	209.75	419.50	629.25	839.00	71	359.00	418.00	473.00
72	53.50	107.00	37.00	74.00	210.00	420.00	630.00	840.00	72	359.00	418.00	473.00
73	53.50	107.00	37.00	74.00	210.00	420.00	630.00	840.00	73	359.00	418.00	473.00
74	53.50	107.00	37.00	74.00	210.25	420.50	630.75	841.00	74	359.00	418.00	473.00
75	74.50	149.00	53.00	106.00	210.50	421.00	631.50	842.00	75	359.00	418.00	473.00
76	74.50	149.00	53.00	106.00	210.50	421.00	631.50	842.00	76	379.00	433.00	488.00
77	74.50	149.00	53.00	106.00	210.50	421.00	631.50	842.00	77	379.00	433.00	488.00
78	74.50	149.00	53.00	106.00	210.50	421.00	631.50	842.00	78	379.00	433.00	488.00
79	74.50	149.00	53.00	106.00	210.50	421.00	631.50	842.00	79	379.00	433.00	488.00
80	104.00	208.00	79.50	159.00	210.50	421.00	631.50	842.00	80	379.00	433.00	488.00
81	104.00	208.00	79.50	159.00	210.50	421.00	631.50	842.00	81	399.00	449.00	505.00
82	104.00	208.00	79.50	159.00	210.50	421.00	631.50	842.00	82	399.00	449.00	505.00
83	104.00	208.00	79.50	159.00	210.50	421.00	631.50	842.00	83	399.00	449.00	505.00
84	104.00	208.00	79.50	159.00	210.50	421.00	631.50	842.00	84	399.00	449.00	505.00
85	136.00	272.00	113.00	226.00	210.50	421.00	631.50	842.00	85	399.00	449.00	505.00

*Outpatient Surgical Rider is not available in Iowa.

**Dental/Vision Rider is not available in New Mexico and Tennessee.

GUARANTEE TRUST LIFE ADVANTAGE PLUS UNDERWRITING GUIDE

UNDERWRITING

1. Benefit Maximums

The maximum daily benefit amount for the plan is \$750/day for benefit periods between 3 to 21-days. The applicant can apply for up to an additional \$300/day benefit under the hospitalization rider (Short Term Home Health Care) but the maximum daily benefit cannot exceed \$900. For a 1-day benefit period, the maximum amount is \$2,500 but no additional benefit amount can be applied for, either a policy or rider. Likewise, if the applicant has a policy with a benefit period between 3 to 21-days, the applicant cannot apply for a 1-day benefit.

1a. Benefit Increases

If the applicant wants to increase a 1-day policy or switch between a 1-day policy and 3+ day policy, a new application needs to be completed and will be subject to evidence of insurability. First year commissions will not be paid on the original premium. If the applicant wants to increase a 3+ day policy, a new application will be required and will be subject to evidence of insurability.

1b. Replacements

Also we do not permit replacement of a policy written by another agent. A new policy can be written (except if the current policy is a 1-day benefit) as long as it will be in addition to existing coverage.

2. If the application is over 31 days old when received by the Company, we will require a new currently dated application.
3. The effective date cannot be more than 93 days from the application date or prior to the application date.
4. If both spouses apply for coverage, only one application fee is required.
5. The final decision will be based on the answers to the medical questions. If all the medical questions are answered "NO" the applicant will be eligible, subject to claim review if there is or was another health policy with GTL. The medical questions do not need to be answered if the applicant is between the ages of 64 ½ and 65 ½ as of the application date. However if the cancer rider is applied for, the applicant must answer the medical questions for this rider regardless of age.
6. The agent must be health licensed and use the state approved application in the state where the applicant has permanent residency.
7. Applicant must be a U.S. citizen or hold a "green card" (permanent resident of US).
8. The applicant must have a valid social security number. We cannot issue a policy to an applicant who does not have a social security number.
9. A Power of Attorney (POA) is not acceptable for this product.
10. The total Critical Accident Rider benefit amount per insured, across all GTL policies, cannot exceed \$10,000.

ADMINISTRATION

1. For policies that will draft the first premium, the draft date must be within 15 days of the effective date.
2. The policy can be considered for reinstatement within 6 months of the lapse date. After 6 months a new application will be required.

POLICY CHANGES

1. If the applicant wants additional daily benefit coverage, a new, completed application must be submitted.
2. If the applicant only wants to add a benefit rider, a new application needs to be completed and sent to the Underwriting department for review. If approved, the rider will be added to the policy as of the next paid due date or next month after approval (if on direct billing). A new policy will not be issued when adding benefit riders.
3. We can add the Cancer and Dental/Vision riders to an existing policy in the states where the riders are approved. A currently dated application needs to be completed to request the addition of the Cancer rider. The Cancer rider cannot exceed the allowable benefit for all policies in force or applied for. We only allow one Dental/Vision rider per person, therefore, it can only be added to one policy.
4. The Dental/Vision rider is Guarantee Issue and can be added to an existing policy. The insured can call GTL's New Business at 1-800-635-1993 to request the Dental/Vision rider be added to their policy. Or, the insured and agent can fill out the Dental/Vision Rider Addition Form and mail, email und@gtlc.com or fax it to GTL's New Business at 1-847-699-8493. The form will be available on GTLink.

CANCEL/REWRITES

1. If the policyholder wants to change to a 3 or 6-day benefit period, we will cancel/rewrite with the following provisions: Commissions will be paid on a renewal basis and contestability starts over.

ADVANTAGE PLUS NEW BUSINESS PROCEDURES

Ways to Submit an Application

- E-Application-Agent Portal (www.gtlc.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.)
- E-application/Mobile Phone/Tablet/PC-Windows 10 (Download the GTL APP)
- By email to: und@gtlc.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 and a signed PAC form.
- Be sure to include any special signed state required forms.

Please be sure that we have your current email address. You can update your email address on our Agent Portal, by contacting our Sales Support Department at (800) 323-6907 or by email at agency@gtlc.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 policy.
- 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.

If you have any questions, please contact GTL's New Business Department at (800) 635-1993. You can also contact our Life and Health Sales Department at (800) 323-6907 or by email at agency@gtlc.com.