GTL | GUARANTEE TRUST LIFE

# ADVANTAGE PLUS®
## ELITE

*Hospital Indemnity Insurance*

# AGENT RATES AND UNDERWRITING GUIDE

Mississippi – Annual

*FOR AGENT USE ONLY*

**The GTL APP for e-Application is also available to download on Apple, Android and Microsoft devices.**

**GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)**
1275 Milwaukee Avenue, Glenview, IL 60025
www.gtlic.com | 800.323.6907

**UNDERWRITTEN BY:**
Guarantee Trust Life Insurance Company

**(Rev. 10/21) 15D904**

# 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 |
|---|---|
| **Daily Hospital Confinement Benefit-To calculate the base annual premium:**<br>Choose amount in $10 increments<br>And number of days payable per Benefit Period<br>☐1 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐15<br>Daily Benefit for a 1 day plan is $1,000 to $2,500<br>Daily Benefit for a 3, 4, 5, 6, 7, 8, 9, 10 or 15 day plan is $100-$750<br>$_____ (Per Day) ÷ 10 = _____ (Units)<br>_____ (Units) x _____ (Rate) = $_____ (Annual Base Premium) | **Daily Hospital Confinement Benefit-To calculate the base annual premium:**<br>Choose amount in $10 increments<br>And number of days payable per Benefit Period<br>☐1 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐15<br>Daily Benefit for a 1 day plan is $1,000 to $2,500<br>Daily Benefit for a 3, 4, 5, 6, 7, 8, 9, 10 or 15 day plan is $100-$750<br>$_____ (Per Day) ÷ 10 = _____ (Units)<br>_____ (Units) x _____ (Rate) = $_____ (Annual Base Premium) |

**Step 2:** Choose Optional Riders

| | Applicant 1 | Applicant 2 |
|---|---|---|
| **Ambulance Service Benefit Rider**<br>$50 per unit, up to 8 units<br>*(Maximum Issue Age is 80)* | ☐ $_____ | ☐ $_____ |
| **Outpatient Therapy Benefit Rider**<br>*Choose Calendar Year Benefit of 15 or 30 Days* | ☐ 15 days ☐ 30 days<br>$_____ | ☐ 15 days ☐ 30 days<br>$_____ |
| **Skilled Nursing Facility Benefit Rider**<br>*Choose one Option and choose an amount in $10 increments from $100 to $220* | **OPTION 1** $_____<br>**OPTION 2** $_____ | **OPTION 1** $_____<br>**OPTION 2** $_____ |
| **Lump Sum Cancer Benefit Rider**<br>*(Includes $500 Basal Cell/Squamous Cell Skin Carcinoma benefit)* | ☐ $2,500 ☐ $5,000 ☐ $7,500<br>☐ $10,000 ☐ $15,000 ☐ $20,000<br>☐ With 100% Recurrence Benefit<br>$_____ | ☐ $2,500 ☐ $5,000 ☐ $7,500<br>☐ $10,000 ☐ $15,000 ☐ $20,000<br>☐ With 100% Recurrence Benefit<br>$_____ |
| **Critical Accident Benefit Rider** | ☐ $5,000 ☐ $10,000<br>$_____ | ☐ $5,000 ☐ $10,000<br>$_____ |
| **Lump Sum Hospital Benefit Rider**<br>*(Not available if the 1 Day Benefit Period is chosen.)* | ☐ $250 ☐ $500 ☐ $750 | ☐ $250 ☐ $500 ☐ $750 |
| **Outpatient Surgical Benefit Rider** | ☐ $250 ☐ $500 ☐ $750<br>☐ $1,000<br>$_____ | ☐ $250 ☐ $500 ☐ $750<br>☐ $1,000<br>$_____ |
| **Dental and Vision Benefit Rider** | ☐ $400 ☐ $800 ☐ $1,200<br>$_____ | ☐ $400 ☐ $800 ☐ $1,200<br>$_____ |

**Step 3:**

| | Applicant 1 | Applicant 2 |
|---|---|---|
| **Total Annual Premium** | **Applicant 1** $_____ | **Applicant 2** $_____ |
| Annual Policy Fee | $6.00 | $6.00 |

**Step 4:** Premium Payment Mode: ☐ Annual ☐ Semi-Annual (.520) ☐ Quarterly (.265) ☐ Monthly PAC (.084)

**Step 5:**

| Total Mode Premium for Applicant 1 | Total Mode Premium for Applicant 2 |
|---|---|
| $_____ | $_____ |

# Annual Rates

| Issue Age Per $10/ Day* | 1-Day Hospital Benefit | 3-Day Hospital Benefit | 4-Day Hospital Benefit | 5-Day Hospital Benefit | 6-Day Hospital Benefit | 7-Day Hospital Benefit | 8-Day Hospital Benefit | 9-Day Hospital Benefit | 10-Day Hospital Benefit | 15-Day Hospital Benefit |
|---|---|---|---|---|---|---|---|---|---|---|
| 40 - 65 | $4.19 | $7.35 | $8.10 | $8.86 | $9.64 | $10.24 | $10.87 | $11.47 | $12.06 | $15.49 |
| 66 | $4.22 | $7.43 | $8.20 | $8.97 | $9.76 | $10.37 | $11.00 | $11.61 | $12.22 | $15.71 |
| 67 | $4.25 | $7.51 | $8.29 | $9.09 | $9.88 | $10.51 | $11.14 | $11.76 | $12.39 | $15.93 |
| 68 | $4.28 | $7.60 | $8.38 | $9.20 | $10.01 | $10.64 | $11.27 | $11.90 | $12.55 | $16.14 |
| 69 | $4.33 | $7.69 | $8.49 | $9.29 | $10.11 | $10.75 | $11.42 | $12.06 | $12.73 | $16.36 |
| 70 | $4.43 | $7.89 | $8.70 | $9.53 | $10.37 | $11.04 | $11.72 | $12.38 | $13.08 | $16.81 |
| 71 | $4.62 | $8.22 | $9.08 | $9.95 | $10.82 | $11.52 | $12.21 | $12.91 | $13.67 | $17.56 |
| 72 | $4.79 | $8.55 | $9.45 | $10.35 | $11.26 | $12.00 | $12.73 | $13.44 | $14.26 | $18.33 |
| 73 | $4.97 | $8.90 | $9.84 | $10.77 | $11.73 | $12.49 | $13.25 | $14.00 | $14.86 | $19.11 |
| 74 | $5.16 | $9.25 | $10.24 | $11.21 | $12.20 | $13.00 | $13.79 | $14.57 | $15.48 | $19.89 |
| 75 | $5.35 | $9.62 | $10.63 | $11.65 | $12.68 | $13.51 | $14.33 | $15.15 | $16.11 | $20.71 |
| 76 | $5.55 | $9.99 | $11.04 | $12.11 | $13.18 | $14.04 | $14.89 | $15.75 | $16.77 | $21.55 |
| 77 | $5.74 | $10.37 | $11.48 | $12.58 | $13.68 | $14.59 | $15.47 | $16.36 | $17.44 | $22.42 |
| 78 | $5.95 | $10.78 | $11.93 | $13.08 | $14.24 | $15.18 | $16.10 | $17.03 | $18.16 | $23.34 |
| 79 | $6.16 | $11.21 | $12.41 | $13.60 | $14.81 | $15.79 | $16.75 | $17.72 | $18.92 | $24.31 |
| 80 | $6.37 | $11.66 | $12.91 | $14.16 | $15.41 | $16.44 | $17.43 | $18.47 | $19.71 | $25.33 |
| 81 | $6.61 | $12.11 | $13.40 | $14.70 | $15.99 | $17.06 | $18.10 | $19.18 | $20.48 | $26.32 |
| 82 | $6.87 | $12.59 | $13.93 | $15.28 | $16.63 | $17.74 | $18.82 | $19.94 | $21.32 | $27.39 |
| 83 | $7.13 | $13.05 | $14.46 | $15.86 | $17.26 | $18.41 | $19.53 | $20.70 | $21.69 | $27.87 |
| 84 | $7.38 | $13.51 | $14.96 | $16.40 | $17.86 | $19.05 | $20.21 | $21.13 | $21.93 | $28.19 |
| 85 | $7.61 | $13.79 | $15.44 | $16.94 | $18.44 | $19.68 | $20.72 | $21.35 | $22.15 | $28.47 |

The Base policy includes a Short Duration Hospital Stay benefit, Observation Stay, Emergency Room & Mental Health Benefits.

*Minimum/maximum daily benefit range available for 3-day to 15-day plan is $100 to $750.

Minimum/maximum benefit range available for 1-day plan is $1,000 to $2,500.

Minimum Annual Premium with any rider and policy fee is $240. Annual Policy Fee is $6.00.

Premium Payment Mode Factors available: Semi-Annual (.520) Quarterly (.265) Monthly Pre-Authorized Check (PAC - .084)

# Annual Rates

## Lump Sum Cancer Rider

| AGE | $2,500 | $5,000 | $7,500 | $10,000 | $15,000 | $20,000 |
|---|---|---|---|---|---|---|
| 40 | $31.48 | $54.85 | $78.23 | $101.60 | $148.35 | $195.10 |
| 41 | $33.69 | $58.81 | $83.94 | $109.06 | $159.31 | $209.56 |
| 42 | $35.45 | $61.90 | $88.35 | $114.80 | $167.70 | $220.60 |
| 43 | $37.53 | $65.48 | $93.43 | $121.38 | $177.28 | $233.18 |
| 44 | $39.86 | $69.61 | $99.36 | $129.11 | $188.61 | $248.11 |
| 45 | $42.54 | $74.29 | $106.04 | $137.79 | $201.29 | $264.79 |
| 46 | $44.92 | $78.42 | $111.92 | $145.42 | $212.42 | $279.42 |
| 47 | $47.77 | $83.34 | $118.92 | $154.49 | $225.64 | $296.79 |
| 48 | $50.47 | $88.04 | $125.62 | $163.19 | $238.34 | $313.49 |
| 49 | $53.64 | $93.51 | $133.39 | $173.26 | $253.01 | $332.76 |
| 50 | $56.76 | $98.96 | $141.16 | $183.36 | $267.76 | $352.16 |
| 51 | $60.01 | $104.46 | $148.91 | $193.36 | $282.26 | $371.16 |
| 52 | $63.17 | $109.92 | $156.67 | $203.42 | $296.92 | $390.42 |
| 53 | $66.45 | $115.45 | $164.45 | $213.45 | $311.45 | $409.45 |
| 54 | $70.08 | $121.65 | $173.23 | $224.80 | $327.95 | $431.10 |
| 55 | $73.72 | $127.84 | $181.97 | $236.09 | $344.34 | $452.59 |
| 56 | $77.42 | $134.12 | $190.82 | $247.52 | $360.92 | $474.32 |
| 57 | $81.36 | $140.81 | $200.26 | $259.71 | $378.61 | $497.51 |
| 58 | $85.16 | $147.16 | $209.16 | $271.16 | $395.16 | $519.16 |
| 59 | $89.08 | $153.65 | $218.23 | $282.80 | $411.95 | $541.10 |
| 60 | $93.02 | $160.14 | $227.27 | $294.39 | $428.64 | $562.89 |
| 61 | $97.15 | $166.85 | $236.55 | $306.25 | $445.65 | $585.05 |
| 62 | $101.30 | $173.50 | $245.70 | $317.90 | $462.30 | $606.70 |
| 63 | $105.61 | $180.36 | $255.11 | $329.86 | $479.36 | $628.86 |
| 64 | $110.05 | $187.37 | $264.70 | $342.02 | $496.67 | $651.32 |
| 65 | $114.61 | $194.48 | $274.36 | $354.23 | $513.98 | $673.73 |
| 66 | $118.37 | $199.82 | $281.27 | $362.72 | $525.62 | $688.52 |
| 67 | $123.07 | $206.82 | $290.57 | $374.32 | $541.82 | $709.32 |
| 68 | $127.82 | $213.64 | $299.47 | $385.29 | $556.94 | $728.59 |
| 69 | $132.62 | $220.24 | $307.87 | $395.49 | $570.74 | $745.99 |
| 70 | $137.79 | $227.16 | $316.54 | $405.91 | $584.66 | $763.41 |
| 71 | $143.15 | $233.85 | $324.55 | $415.25 | $596.65 | $778.05 |
| 72 | $149.85 | $242.85 | $335.85 | $428.85 | $614.85 | $800.85 |
| 73 | $156.67 | $251.74 | $346.82 | $441.89 | $632.04 | $822.19 |
| 74 | $163.51 | $260.38 | $357.26 | $454.13 | $647.88 | $841.63 |
| 75 | $170.48 | $269.18 | $367.88 | $466.58 | $663.98 | $861.38 |
| 76 | $176.03 | $275.28 | $374.53 | $473.78 | $672.28 | $870.78 |
| 77 | $181.88 | $282.70 | $383.53 | $484.35 | $686.00 | $887.65 |
| 78 | $185.75 | $287.82 | $389.90 | $491.97 | $696.12 | $900.27 |
| 79 | $188.24 | $291.61 | $394.99 | $498.36 | $705.11 | $911.86 |
| 80 | $190.55 | $295.25 | $399.95 | $504.65 | $714.05 | $923.45 |
| 81 | $191.60 | $296.30 | $401.00 | $505.70 | $715.10 | $924.50 |
| 82 | $193.46 | $298.91 | $404.36 | $509.81 | $720.71 | $931.61 |
| 83 | $195.65 | $302.10 | $408.55 | $515.00 | $727.90 | $940.80 |
| 84 | $197.67 | $304.87 | $412.07 | $519.27 | $733.67 | $948.07 |
| 85 | $200.05 | $308.30 | $416.55 | $524.80 | $741.30 | $957.80 |

## Lump Sum Cancer Rider with Recurrence Benefit

| AGE | $2,500 | $5,000 | $7,500 | $10,000 | $15,000 | $20,000 |
|---|---|---|---|---|---|---|
| 40 | $34.98 | $61.85 | $88.73 | $115.60 | $169.35 | $223.10 |
| 41 | $37.46 | $66.36 | $95.26 | $124.16 | $181.96 | $239.76 |
| 42 | $39.43 | $69.85 | $100.28 | $130.70 | $191.55 | $252.40 |
| 43 | $41.73 | $73.88 | $106.03 | $138.18 | $202.48 | $266.78 |
| 44 | $44.34 | $78.56 | $112.79 | $147.01 | $215.46 | $283.91 |
| 45 | $47.32 | $83.84 | $120.37 | $156.89 | $229.94 | $302.99 |
| 46 | $49.95 | $88.47 | $127.00 | $165.52 | $242.57 | $319.62 |
| 47 | $53.09 | $93.99 | $134.89 | $175.79 | $257.59 | $339.39 |
| 48 | $56.09 | $99.29 | $142.49 | $185.69 | $272.09 | $358.49 |
| 49 | $59.61 | $105.46 | $151.31 | $197.16 | $288.86 | $380.56 |
| 50 | $63.09 | $111.61 | $160.14 | $208.66 | $305.71 | $402.76 |
| 51 | $66.69 | $117.81 | $168.94 | $220.06 | $322.31 | $424.56 |
| 52 | $70.20 | $123.97 | $177.75 | $231.52 | $339.07 | $446.62 |
| 53 | $73.80 | $130.15 | $186.50 | $242.85 | $355.55 | $468.25 |
| 54 | $77.80 | $137.10 | $196.40 | $255.70 | $374.30 | $492.90 |
| 55 | $81.84 | $144.09 | $206.34 | $268.59 | $393.09 | $517.59 |
| 56 | $85.92 | $151.12 | $216.32 | $281.52 | $411.92 | $542.32 |
| 57 | $90.29 | $158.66 | $227.04 | $295.41 | $432.16 | $568.91 |
| 58 | $94.46 | $165.76 | $237.06 | $308.36 | $450.96 | $593.56 |
| 59 | $98.75 | $173.00 | $247.25 | $321.50 | $470.00 | $618.50 |
| 60 | $103.09 | $180.29 | $257.49 | $334.69 | $489.09 | $643.49 |
| 61 | $107.60 | $187.75 | $267.90 | $348.05 | $508.35 | $668.65 |
| 62 | $112.13 | $195.15 | $278.18 | $361.20 | $527.25 | $693.30 |
| 63 | $116.84 | $202.81 | $288.79 | $374.76 | $546.71 | $718.66 |
| 64 | $121.65 | $210.57 | $299.50 | $388.42 | $566.27 | $744.12 |
| 65 | $126.58 | $218.43 | $310.28 | $402.13 | $585.83 | $769.53 |
| 66 | $130.60 | $224.27 | $317.95 | $411.62 | $598.97 | $786.32 |
| 67 | $135.65 | $231.97 | $328.30 | $424.62 | $617.27 | $809.92 |
| 68 | $140.69 | $239.39 | $338.09 | $436.79 | $634.19 | $831.59 |
| 69 | $145.77 | $246.54 | $347.32 | $448.09 | $649.64 | $851.19 |
| 70 | $151.19 | $253.96 | $356.74 | $459.51 | $665.06 | $870.61 |
| 71 | $156.75 | $261.05 | $365.35 | $469.65 | $678.25 | $886.85 |
| 72 | $163.80 | $270.75 | $377.70 | $484.65 | $698.55 | $912.45 |
| 73 | $170.92 | $280.24 | $389.57 | $498.89 | $717.54 | $936.19 |
| 74 | $178.03 | $289.43 | $400.83 | $512.23 | $735.03 | $957.83 |
| 75 | $185.28 | $298.78 | $412.28 | $525.78 | $752.78 | $979.78 |
| 76 | $190.93 | $305.08 | $419.23 | $533.38 | $761.68 | $989.98 |
| 77 | $197.00 | $312.95 | $428.90 | $544.85 | $776.75 | $1,008.65 |
| 78 | $201.05 | $318.42 | $435.80 | $553.17 | $787.92 | $1,022.67 |
| 79 | $203.74 | $322.61 | $441.49 | $560.36 | $798.11 | $1,035.86 |
| 80 | $206.25 | $326.65 | $447.05 | $567.45 | $808.25 | $1,049.05 |
| 81 | $207.30 | $327.70 | $448.10 | $568.50 | $809.30 | $1,050.10 |
| 82 | $209.29 | $330.56 | $451.84 | $573.11 | $815.66 | $1,058.21 |
| 83 | $211.63 | $334.05 | $456.48 | $578.90 | $823.75 | $1,068.60 |
| 84 | $213.75 | $337.02 | $460.30 | $583.57 | $830.12 | $1,076.67 |
| 85 | $216.30 | $340.80 | $465.30 | $589.80 | $838.80 | $1,087.80 |

Minimum Annual Premium with any rider and policy fee is $240. Annual Policy Fee is $6.00.
Premium Payment Mode Factors available: Semi-Annual (.520) Quarterly (.265) Monthly Pre-Authorized Check (PAC - .084)

# Annual Rates

## Ambulance Benefit Rider
## Benefit Amount Per Ambulance Service

| Issue Age | $50 | $100 | $150 | $200 | $250 | $300 | $350 | $400 |
|---|---|---|---|---|---|---|---|---|
| 40-69 | $4.25 | $8.50 | $12.75 | $17.00 | $21.25 | $25.50 | $29.75 | $34.00 |
| 70-74 | $5.25 | $10.50 | $15.75 | $21.00 | $26.25 | $31.50 | $36.75 | $42.00 |
| 75-79 | $6.75 | $13.50 | $20.25 | $27.00 | $33.75 | $40.50 | $47.25 | $54.00 |
| 80 | $8.50 | $17.00 | $25.50 | $34.00 | $42.50 | $51.00 | $59.50 | $68.00 |

## Dental & Vision Benefit Rider

| Issue Age | $400 | $800 | $1,200 |
|---|---|---|---|
| 40 - 49 | $270.00 | $325.00 | $375.00 |
| 50 - 55 | $290.00 | $353.00 | $411.00 |
| 56 - 60 | $303.00 | $368.00 | $428.00 |
| 61 - 65 | $319.00 | $384.00 | $443.00 |
| 66 - 70 | $339.00 | $403.00 | $458.00 |
| 71 - 75 | $359.00 | $418.00 | $473.00 |
| 76 - 80 | $379.00 | $433.00 | $488.00 |
| 81 - 85 | $399.00 | $449.00 | $505.00 |

## Critical Accident Benefit Rider

| | FEMALE | | MALE | |
|---|---|---|---|---|
| Issue Age | $5,000 | $10,000 | $5,000 | $10,000 |
| 40 - 44 | $11.50 | $23.00 | $15.00 | $30.00 |
| 45 - 49 | $14.00 | $28.00 | $15.00 | $30.00 |
| 50 - 54 | $18.00 | $36.00 | $16.00 | $32.00 |
| 55 - 59 | $23.00 | $46.00 | $18.00 | $36.00 |
| 60 -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 |

## Outpatient Therapy Benefit Rider
## $50 Benefit Per Day

| | Option A | Option B |
|---|---|---|
| Issue Age | 15 days | 30 days |
| 40-85 | $72.18 | $83.20 |

## Outpatient Surgical Benefit Rider

| Issue Age | $250 | $500 | $750 | $1,000 |
|---|---|---|---|---|
| 40-85 | $74.00 | $148.00 | $222.00 | $296.00 |

Minimum Annual Premium with any rider and policy fee is $240. Annual Policy Fee is $6.00.

Premium Payment Mode Factors available: Semi-Annual (.520) Quarterly (.265) Monthly Pre-Authorized Check (PAC - .084)

# Annual Rates

## Skilled Nursing Facility Benefit Rider

| Issue Age | Option 1 Days 1-50 Annual Rate per $10 Benefit for $100-$220 | Issue Age | | Issue Age | Option 2 Days 21-100 Annual Rate per $10 Benefit for $100-$220 | Issue Age | |
|---|---|---|---|---|---|---|---|
| 40 | $2.61 | 63 | $12.05 | 40 | $1.44 | 63 | $6.95 |
| 41 | $2.73 | 64 | $12.46 | 41 | $1.47 | 64 | $7.70 |
| 42 | $2.84 | 65 | $12.86 | 42 | $1.51 | 65 | $7.70 |
| 43 | $2.95 | 66 | $13.27 | 43 | $1.56 | 66 | $8.55 |
| 44 | $3.07 | 67 | $13.67 | 44 | $1.61 | 67 | $9.54 |
| 45 | $3.18 | 68 | $15.28 | 45 | $1.67 | 68 | $10.69 |
| 46 | $3.30 | 69 | $16.88 | 46 | $1.73 | 69 | $12.00 |
| 47 | $3.41 | 70 | $18.49 | 47 | $1.81 | 70 | $13.48 |
| 48 | $3.62 | 71 | $20.09 | 48 | $1.90 | 71 | $15.26 |
| 49 | $3.84 | 72 | $21.70 | 49 | $2.00 | 72 | $17.15 |
| 50 | $4.05 | 73 | $24.09 | 50 | $2.11 | 73 | $19.19 |
| 51 | $4.27 | 74 | $26.48 | 51 | $2.24 | 74 | $21.41 |
| 52 | $4.48 | 75 | $28.87 | 52 | $2.38 | 75 | $23.82 |
| 53 | $4.85 | 76 | $31.26 | 53 | $2.54 | 76 | $26.47 |
| 54 | $5.23 | 77 | $33.65 | 54 | $2.72 | 77 | $29.38 |
| 55 | $5.60 | 78 | $39.97 | 55 | $2.92 | 78 | $32.58 |
| 56 | $5.98 | 79 | $46.29 | 56 | $3.14 | 79 | $36.08 |
| 57 | $6.35 | 80 | $52.61 | 57 | $3.38 | 80 | $39.95 |
| 58 | $7.41 | 81 | $58.93 | 58 | $3.65 | 81 | $44.40 |
| 59 | $8.47 | 82 | $65.25 | 59 | $3.94 | 82 | $49.35 |
| 60 | $9.53 | 83 | $71.57 | 60 | $4.69 | 83 | $54.86 |
| 61 | $10.59 | 84 | $77.89 | 61 | $5.44 | 84 | $60.99 |
| 62 | $11.65 | 85 | $84.21 | 62 | $6.20 | 85 | $67.77 |

## Lump Sum Hospital Confinement Benefit Rider

| Issue Age | $250 | $500 | $750 |
|---|---|---|---|
| 40-65 | $70.00 | $140.00 | $210.00 |
| 66 | $71.50 | $143.00 | $214.50 |
| 67 | $72.75 | $145.50 | $218.25 |
| 68 | $74.25 | $148.50 | $222.75 |
| 69 | $75.25 | $150.50 | $225.75 |
| 70 | $75.75 | $151.50 | $227.25 |
| 71 | $76.25 | $152.50 | $228.75 |
| 72 | $77.00 | $154.00 | $231.00 |
| 73 | $77.75 | $155.50 | $233.25 |
| 74 | $79.00 | $158.00 | $237.00 |
| 75 | $80.75 | $161.50 | $242.25 |
| 76 | $82.25 | $164.50 | $246.75 |
| 77 | $84.25 | $168.50 | $252.75 |
| 78 | $86.25 | $172.50 | $258.75 |
| 79 | $89.00 | $178.00 | $267.00 |
| 80 | $91.75 | $183.50 | $275.25 |
| 81 | $95.75 | $191.50 | $287.25 |
| 82 | $98.00 | $196.00 | $294.00 |
| 83 | $100.25 | $200.50 | $300.75 |
| 84 | $102.25 | $204.50 | $306.75 |
| 85 | $105.75 | $211.50 | $317.25 |

Minimum Annual Premium with any rider and policy fee is $240. Annual Policy Fee is $6.00.

Premium Payment Mode Factors available: Semi-Annual (.520) Quarterly (.265) Monthly Pre-Authorized Check (PAC - .084)

# GUARANTEE TRUST LIFE
# ADVANTAGE PLUS ELITE UNDERWRITING GUIDE

## UNDERWRITING

1. **Benefit Maximums**
   The maximum daily benefit amount per application is $750/day for benefit periods between 3 to 15-days. Applicants can have more than 1 policy in force as long as they do not exceed the total maximum benefit of **$1,000/Day Hospital Confinement**.

   However, the applicant can apply for up to an additional $300/day benefit under the hospitalization rider (Short Term Home Health Care) even after meeting the $1,000 maximum. 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 15-days, the applicant cannot apply for a 1-day benefit.

   **Benefit Increases/New Policy**
   If increasing the Daily Hospital benefit amount or changing the benefit period or adding a rider, a new application needs to be completed (e-App, Agent Portal or paper) and will be subject to evidence of insurability.

   If a second application is submitted, the underwriting team will email the agent to verify the intentions of the new application. Based on the response we get from the agent, we will determine how we are going to process the new application.

   *We will not allow any of the new benefits to be added to an old Advantage Plus plan.

   **A cancel/rewrite** will apply on the following situation:

   If changing the benefit period (increasing or decreasing).

   This will get treated as a cancel/rewrite. We will terminate the old policy as of the paid to date and issue the new plan as of the paid to date of the old coverage. We will cancel/rewrite with the following provisions: Commissions will be paid on a renewal basis. The pre-existing waiting period and contestability period starts over. A new policy will get generated.

   **Replacements**
   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.

   **Guarantee Trust will not allow existing Advantage Plus policyholders to replace their existing coverage with Advantage Plus Elite.**
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, a separate annual policy fee is required for both.
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. (The following states do not have Guaranteed Issue: NJ, UT.) However if the cancer rider is applied for, the applicant must answer the medical questions for this rider regardless of age.
6. **Pre-Existing Condition:** A Pre-existing Condition is a sickness or injury, disclosed or not disclosed on the application, for which medical care, treatment, diagnosis or advice was received or recommended within the six (6) month period immediately prior to your client's effective date of coverage under their policy; or the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the six (6) months prior to their effective date of coverage under their policy. Treatment includes the taking of prescription drugs or medicines. Pre-existing conditions are not covered unless the loss begins more than **six (6) months after their effective date of coverage.** The Pre-existing Condition period may differ in some states, **and still applies during the Guaranteed Issue period** (in NC, no pre-existing condition limitation).
7. The agent must be health licensed and use the state approved application in the state where the applicant has permanent residency.
8. Applicant must be a U.S. citizen or hold a "green card" (permanent resident of US).
9. 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.
10. A Power of Attorney (POA)/Guardian is not acceptable for this product.
11. The total Critical Accident Rider benefit amount per insured, across all GTL policies, cannot exceed $10,000.

## Restrictions Related to Overlapping Benefits with Other GTL Products

| | |
|---|---|
| Base Hospital Confinement | Maximum Limit combined daily benefit with riders under other products is $1,000.<br>***Applicant can have an additional $300/ Accident & Sickness Hospitalization rider under the HHC Plan.** |
| Ambulance Rider | Maximum benefit across all products is $400. |
| Outpatient Surgical Rider | Maximum benefit across all products is $1,000. |
| Outpatient Therapy Rider | Only 1 rider is allowed. |
| Skilled Nursing Facility Riders* | Not allowed if another existing product with similar benefits.<br>*Cannot replace an old SNF rider with the new one<br>**Other Products:** Long-Term Care, Recover Care/Recover Cash |
| Lump Sum Hospital Rider | Maximum benefit across all products is $750. |
| Critical Accident Rider | Maximum benefit of $10,000 is allowed between all products with this rider. |
| Lump Sum Cancer Riders | Limit combined Lump Sum benefit with riders under other products to:<br>$75,000 for applicant ages up to 65<br>$50,000 for applicant ages 66 to 90<br>**Other Products:** Any Cancer, Heart & Stroke, Precision Care Cancer, Critical Cash/Critical Care, iGAP G.I. Accident |
| Dental-Vision Rider | Not allowed in combination with any other GTL Dental coverage.<br>**Other Products:** Stand-alone Dental-Vision-Hearing, Dental-Vision Riders attached to Short-Term Home Health Care, Any Cancer, Heart & Stroke, Precision Care Cancer |

## 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 or rider coverage, a new, completed application must be submitted. Only the requested additional coverage is required to 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. You can increase your client's existing Advantage Plus coverage directly on the e-App, Agent Portal, or via paper.
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@gtlic.com or fax it to GTL's New Business at 1-847-699-8493. The form will be available on GTLink.

# ADVANTAGE PLUS 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.)
- E-application/Mobile Phone/Tablet/PC-Windows 10 (Download the GTL APP)
- 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 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 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 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 on an active policy please contact Customer Service Support at 800-338-7452.**

**For Underwriting Support please contact 800-635-1993.**