

Short-Term Home Health Care Insurance

AGENT RATES & UNDERWRITING GUIDE

Basic

AL, AK, AZ, AR, DE, DC, GA, HI, IL, IN, IA, KS,
LA, MD, MI, MO, MT, NE, NV, OH, OK, OR,
SC, WV, WY

FOR AGENT USE ONLY

UNDERWRITTEN BY:
Guarantee Trust Life Insurance Company

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

(Rev. 6_2021) 15D788

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*	Option A:	Option B:	Option C:
Daily Benefit Amount: <i>(Choose one)</i>	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100 <input type="checkbox"/> \$200	<input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$300
Benefit Period: <i>(Choose one)</i>	<input type="checkbox"/> 3 Days <input type="checkbox"/> 6 Days	<input type="checkbox"/> 3 Days <input type="checkbox"/> 6 Days	<input type="checkbox"/> 3 Days <input type="checkbox"/> 6 Days
<small>*(HIP option must follow base option.)</small>	Modal Premium \$ _____		
Ambulance Rider <small>(Maximum issue age is 80)</small>	<input type="checkbox"/> Modal Premium \$ _____		
Critical Accident Rider**	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	
	Modal Premium \$ _____		
Dental and Vision Rider**	<input type="checkbox"/> \$400	<input type="checkbox"/> \$800	<input type="checkbox"/> \$1,200
	Modal Premium \$ _____		

Choose optional benefits Applicant 2

Accident and Sickness Hospitalization Rider*	Option A:	Option B:	Option C:
Daily Benefit Amount: <i>(Choose one)</i>	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100 <input type="checkbox"/> \$200	<input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$300
Benefit Period: <i>(Choose one)</i>	<input type="checkbox"/> 3 Days <input type="checkbox"/> 6 Days	<input type="checkbox"/> 3 Days <input type="checkbox"/> 6 Days	<input type="checkbox"/> 3 Days <input type="checkbox"/> 6 Days
<small>*(HIP option must follow base option.)</small>	Modal Premium \$ _____		
Ambulance Rider <small>(Maximum issue age is 80)</small>	<input type="checkbox"/> Modal Premium \$ _____		
Critical Accident Rider**	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	
	Modal Premium \$ _____		
Dental and Vision Rider**	<input type="checkbox"/> \$400	<input type="checkbox"/> \$800	<input type="checkbox"/> \$1,200
	Modal Premium \$ _____		

**Dental/Vision Rider not available in DC, GA, MD, MO, and OR. Critical Accident Rider not available in DE, MD, MT, and WY. ROP Rider not available in MD.

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	\$19.42	\$38.84	\$43.44
65 - 70	\$22.87	\$45.74	\$52.55
71 - 75	\$31.18	\$62.36	\$75.27
76 - 80	\$41.81	\$83.63	\$111.25
81 - 85	\$55.59	\$111.18	\$158.40

***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						
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	\$5.38	\$7.50	\$10.77	\$15.00	\$16.15
65 - 70	\$5.63	\$8.12	\$11.27	\$16.25	\$16.90	\$24.37
71 - 75	\$6.71	\$9.78	\$13.42	\$19.57	\$20.12	\$29.35
76 - 80	\$8.55	\$12.55	\$17.10	\$25.10	\$25.65	\$37.65
81 - 85	\$10.20	\$15.17	\$20.40	\$30.33	\$30.60	\$45.50

Critical Accident Rider***- Monthly Rates				
ISSUE AGE	FEMALE			
	\$5,000	\$10,000	\$5,000	\$10,000
61 - 64	\$2.46	\$4.92	\$1.79	\$3.58
65 - 69	\$3.25	\$6.50	\$2.29	\$4.58
70 - 74	\$4.46	\$8.92	\$3.08	\$6.17
75 - 79	\$6.21	\$12.42	\$4.42	\$8.83
80 - 84	\$8.67	\$17.33	\$6.62	\$13.25
85	\$11.33	\$22.67	\$9.42	\$18.83

***Not available in DE, MD and MT.

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

Dental and Vision Rider** - Monthly Rates			
ISSUE AGE	MALE OR FEMALE		
	\$400	\$800	\$1,200
61 - 65	\$26.58	\$32.00	\$36.92
66 - 70	\$28.25	\$33.58	\$38.17
71 - 75	\$29.92	\$34.83	\$39.42
76 - 80	\$31.58	\$36.08	\$40.67
81 - 85	\$33.25	\$37.42	\$42.08

**Not available in DC, GA, MD, MO and OR.

Ambulance Rider	
Issue Age	Premium
61 - 69	\$3.08
70 - 80	\$4.83

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

**** Not available in MD.

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	\$233.03	\$466.06	\$521.28
65 - 70	\$274.45	\$548.90	\$630.63
71 - 75	\$374.15	\$748.30	\$903.29
76 - 80	\$501.80	\$1,003.60	\$1,335.10
81 - 85	\$667.12	\$1,334.24	\$1,900.85

***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	\$64.60	\$90.00	\$129.20	\$180.00	\$193.80
65 - 70	\$67.60	\$97.50	\$135.20	\$195.00	\$202.80	\$292.50
71 - 75	\$80.50	\$117.40	\$161.00	\$234.80	\$241.50	\$352.20
76 - 80	\$102.60	\$150.60	\$205.20	\$301.20	\$307.80	\$451.80
81 - 85	\$122.40	\$182.00	\$244.80	\$364.00	\$367.20	\$546.00

Critical Accident Rider*** - Annual Rates				
ISSUE AGE	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.**

***Not available in DE, MD and MT.

Dental and Vision Rider** - Annual Rates			
	MALE OR FEMALE		
ISSUE AGE	\$400	\$800	\$1,200
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

**Not available in DC, GA, MD, MO and OR.

Ambulance Rider	
Issue Age	Premium
61 - 69	\$37.00
70 - 80	\$58.00

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

**** Not available in MD.

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. **The applicant cannot have both a GTL Short-Term Home Health Care policy and a Home Care Secure policy.**
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 86-90+:

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+	\$72.04	\$144.07	\$215.73

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+	\$864.48	\$1,728.96	\$2,588.81

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	\$13.07	\$19.50	\$26.13	\$39.00	\$39.20	\$58.50
91-95	\$18.80	\$28.17	\$37.60	\$56.33	\$56.40	\$84.50
96+	\$28.89	\$43.31	\$57.78	\$86.61	\$86.67	\$129.92

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	\$156.80	\$234.00	\$313.60	\$468.00	\$470.40	\$702.00
91-95	\$225.60	\$338.00	\$451.20	\$676.00	\$676.80	\$1,014.00
96+	\$346.70	\$519.70	\$693.40	\$1,039.40	\$1,040.10	\$1,559.10

SHORT TERM HOME HEALTH CARE 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 800-338-4152.**

For Underwriting Support please contact 800-635-1993.