GTL | GUARANTEE TRUST LIFE

RECOVER CASH®

Short-Term Nursing Home Care Indemnity Insurance

AGENT RATE AND UNDERWRITING GUIDE

Kentucky

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FOR AGENT USE ONLY

GUARANTEE TRUST LIFE INSURANCE COMPANY
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(Rev. 9/17) (60) 15D601

UNDERWRITTEN BY:
Guarantee Trust Life Insurance Company

Guarantee Trust Life Insurance Company
Short-Term Nursing Home Care Individual Rates
Daily Benefit Amount in $10 increments
Recover Cash Basic Rates

Non-Tobacco Rates • No Inflation

0 Day Elimination Period							20 Day Elimination Period						
Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period	Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period
40-50	2.70	3.60	4.50	6.20	12.90	20.70	40-50	2.30	3.10	3.70	5.20	11.60	18.60
51	3.10	4.00	5.00	6.90	12.90	20.70	51	2.60	3.40	4.20	5.80	11.60	18.60
52	3.50	4.40	5.50	7.60	12.90	20.70	52	2.90	3.60	4.60	6.40	11.60	18.60
53	3.60	4.50	5.70	7.80	13.30	21.50	53	3.10	3.80	4.80	6.70	12.00	19.30
54	3.70	4.60	5.80	8.10	13.80	22.40	54	3.20	4.00	5.00	6.90	12.50	20.10
55	3.80	4.80	6.00	8.40	14.30	23.30	55	3.30	4.20	5.20	7.20	12.90	21.00
56	3.90	5.00	6.20	8.70	14.90	24.30	56	3.40	4.30	5.40	7.50	13.40	21.90
57	4.00	5.20	6.40	8.90	15.40	25.30	57	3.50	4.50	5.60	7.70	13.90	22.80
58	4.30	5.60	6.90	9.70	16.70	27.20	58	3.70	4.80	6.00	8.40	15.00	24.60
59	4.60	6.00	7.50	10.40	18.00	29.40	59	4.00	5.20	6.50	9.00	16.10	26.60
60	5.00	6.50	8.10	11.20	19.30	31.70	60	4.40	5.70	7.00	9.80	17.40	28.70
61	5.40	7.00	8.80	12.10	20.80	34.30	61	4.60	6.10	7.70	10.60	18.80	31.00
62	5.70	7.60	9.50	13.00	22.40	37.00	62	5.00	6.70	8.30	11.40	20.20	33.50
63	6.30	8.30	10.40	14.30	24.60	40.80	63	5.50	7.20	9.00	12.50	22.20	36.70
64	6.90	9.10	11.40	15.70	27.10	44.80	64	6.10	8.00	10.00	13.80	24.40	40.40
65	7.60	10.00	12.50	17.20	29.80	49.10	65	6.70	8.80	10.90	15.10	26.80	44.40
66	8.30	11.00	13.70	18.90	32.80	54.00	66	7.30	9.70	12.00	16.60	29.40	48.80
67	9.10	12.10	15.00	20.70	36.10	59.30	67	8.00	10.70	13.20	18.20	32.40	53.60
68	9.80	13.20	16.40	22.70	39.50	64.80	68	8.70	11.70	14.40	20.00	35.40	58.70
69	10.70	14.40	18.00	24.80	43.10	70.90	69	9.40	12.70	15.80	21.80	38.70	64.20
70	11.60	15.80	19.60	27.10	47.10	77.70	70	10.20	13.90	17.20	23.80	42.30	70.20
71	12.60	17.20	21.40	29.60	51.50	85.10	71	11.00	15.10	18.90	26.10	46.30	76.80
72	13.70	18.90	23.40	32.40	56.20	93.10	72	12.00	16.70	20.70	28.50	50.70	84.00
73	15.00	20.70	25.60	35.40	61.60	102.00	73	13.30	18.30	22.60	31.30	55.50	91.90
74	16.60	22.70	28.00	38.70	67.50	111.70	74	14.70	20.10	24.80	34.20	60.80	100.60
75	18.20	24.90	30.50	42.30	73.80	122.30	75	16.10	22.00	27.00	37.40	66.60	110.20
76	20.10	27.40	33.40	46.30	80.90	133.80	76	17.70	24.20	29.40	40.90	72.80	120.70
77	22.10	30.00	36.50	50.70	88.50	146.60	77	19.50	26.50	32.30	44.90	79.80	132.20
78	24.00	32.40	39.50	54.90	95.80	158.60	78	21.20	28.60	34.90	48.50	86.20	142.90
79	26.00	34.90	42.70	59.30	103.70	171.60	79	23.00	30.90	37.70	52.50	93.30	154.70
80	28.20	37.70	46.10	64.20	112.10	185.60	80	24.90	33.40	40.80	56.80	100.90	167.40
81	30.50	40.80	49.90	69.50	121.30	200.80	81	27.00	36.00	44.10	61.40	109.20	181.10
82	33.10	44.00	54.00	75.10	131.30	217.30	82	29.30	38.90	47.80	66.50	118.20	196.00
83	35.00	46.40	57.20	79.40	138.80	230.00	83	30.90	41.00	50.50	70.20	124.90	207.20
84	37.10	49.00	60.50	84.10	146.70	243.50	84	32.70	43.20	53.40	74.20	132.10	219.10

MODAL FACTORS
Semi-Annual: 0.515
Quarterly: 0.26
Monthly (Bank Draft): 0.084

ADDITIONAL PREMIUM RATE FACTORS
Spouse Discount Factor: 0.9

Daily Benefit Amounts available from $50 to $300

Annual Policy Fee $25 for each applicant

Guarantee Trust Life Insurance Company
Short-Term Nursing Home Care Individual Rates
Daily Benefit Amount in $10 increments
Recover Cash Basic Rates

Tobacco Rates • No Inflation

0 Day Elimination Period							20 Day Elimination Period						
Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period	Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period
40-50	2.97	3.96	4.95	6.82	14.19	22.77	40-50	2.53	3.41	4.07	5.72	12.76	20.46
51	3.41	4.40	5.50	7.59	14.19	22.77	51	2.86	3.74	4.62	6.38	12.76	20.46
52	3.85	4.84	6.05	8.36	14.19	22.77	52	3.19	3.96	5.06	7.04	12.76	20.46
53	3.96	4.95	6.27	8.58	14.63	23.65	53	3.41	4.18	5.28	7.37	13.20	21.23
54	4.07	5.06	6.38	8.91	15.18	24.64	54	3.52	4.40	5.50	7.59	13.75	22.11
55	4.18	5.28	6.60	9.24	15.73	25.63	55	3.63	4.62	5.72	7.92	14.19	23.10
56	4.29	5.50	6.82	9.57	16.39	26.73	56	3.74	4.73	5.94	8.25	14.74	24.09
57	4.40	5.72	7.04	9.79	16.94	27.83	57	3.85	4.95	6.16	8.47	15.29	25.08
58	4.73	6.16	7.59	10.67	18.37	29.92	58	4.07	5.28	6.60	9.24	16.50	27.06
59	5.06	6.60	8.25	11.44	19.80	32.34	59	4.40	5.72	7.15	9.90	17.71	29.26
60	5.50	7.15	8.91	12.32	21.23	34.87	60	4.84	6.27	7.70	10.78	19.14	31.57
61	5.94	7.70	9.68	13.31	22.88	37.73	61	5.06	6.71	8.47	11.66	20.68	34.10
62	6.27	8.36	10.45	14.30	24.64	40.70	62	5.50	7.37	9.13	12.54	22.22	36.85
63	6.93	9.13	11.44	15.73	27.06	44.88	63	6.05	7.92	9.90	13.75	24.42	40.37
64	7.59	10.01	12.54	17.27	29.81	49.28	64	6.71	8.80	11.00	15.18	26.84	44.44
65	8.36	11.00	13.75	18.92	32.78	54.01	65	7.37	9.68	11.99	16.61	29.48	48.84
66	9.13	12.10	15.07	20.79	36.08	59.40	66	8.03	10.67	13.20	18.26	32.34	53.68
67	10.01	13.31	16.50	22.77	39.71	65.23	67	8.80	11.77	14.52	20.02	35.64	58.96
68	10.78	14.52	18.04	24.97	43.45	71.28	68	9.57	12.87	15.84	22.00	38.94	64.57
69	11.77	15.84	19.80	27.28	47.41	77.99	69	10.34	13.97	17.38	23.98	42.57	70.62
70	12.76	17.38	21.56	29.81	51.81	85.47	70	11.22	15.29	18.92	26.18	46.53	77.22
71	13.86	18.92	23.54	32.56	56.65	93.61	71	12.10	16.61	20.79	28.71	50.93	84.48
72	15.07	20.79	25.74	35.64	61.82	102.41	72	13.20	18.37	22.77	31.35	55.77	92.40
73	16.50	22.77	28.16	38.94	67.76	112.20	73	14.63	20.13	24.86	34.43	61.05	101.09
74	18.26	24.97	30.80	42.57	74.25	122.87	74	16.17	22.11	27.28	37.62	66.88	110.66
75	20.02	27.39	33.55	46.53	81.18	134.53	75	17.71	24.20	29.70	41.14	73.26	121.22
76	22.11	30.14	36.74	50.93	88.99	147.18	76	19.47	26.62	32.34	44.99	80.08	132.77
77	24.31	33.00	40.15	55.77	97.35	161.26	77	21.45	29.15	35.53	49.39	87.78	145.42
78	26.40	35.64	43.45	60.39	105.38	174.46	78	23.32	31.46	38.39	53.35	94.82	157.19
79	28.60	38.39	46.97	65.23	114.07	188.76	79	25.30	33.99	41.47	57.75	102.63	170.17
80	31.02	41.47	50.71	70.62	123.31	204.16	80	27.39	36.74	44.88	62.48	110.99	184.14
81	33.55	44.88	54.89	76.45	133.43	220.88	81	29.70	39.60	48.51	67.54	120.12	199.21
82	36.41	48.40	59.40	82.61	144.43	239.03	82	32.23	42.79	52.58	73.15	130.02	215.60
83	38.50	51.04	62.92	87.34	152.68	253.00	83	33.99	45.10	55.55	77.22	137.39	227.92
84	40.81	53.90	66.55	92.51	161.37	267.85	84	35.97	47.52	58.74	81.62	145.31	241.01

MODAL FACTORS
Semi-Annual: 0.515
Quarterly: 0.26
Monthly (Bank Draft): 0.084

ADDITIONAL PREMIUM RATE FACTORS
Spouse Discount Factor: 0.9

Daily Benefit Amounts available from $50 to $300

Annual Policy Fee $25 for each applicant

Guarantee Trust Life Insurance Company
Short-Term Nursing Home Care Individual Rates
Daily Benefit Amount in $10 increments
Recover Cash With Simple Inflation Rates

Non-Tobacco Rates with 5% Simple Inflation

0 Day Elimination Period							20 Day Elimination Period						
Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period	Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period
40-50	5.50	7.30	8.90	12.40	25.70	41.40	40-50	4.60	6.20	7.50	10.40	23.20	37.20
51	6.20	8.00	9.90	13.80	25.70	41.40	51	5.30	6.70	8.40	11.60	23.20	37.20
52	6.90	8.80	10.90	15.10	25.70	41.40	52	5.80	7.30	9.30	12.80	23.20	37.20
53	7.00	8.80	11.10	15.40	26.30	42.40	53	5.90	7.60	9.50	13.00	23.80	38.10
54	7.10	9.00	11.30	15.70	26.90	43.40	54	6.10	7.70	9.80	13.40	24.40	39.00
55	7.20	9.20	11.50	16.00	27.40	44.50	55	6.20	8.00	9.90	13.70	24.80	39.90
56	7.30	9.40	11.70	16.20	28.00	45.60	56	6.30	8.00	10.10	14.00	25.30	41.10
57	7.40	9.60	11.90	16.50	28.50	46.70	57	6.40	8.20	10.30	14.30	25.70	42.10
58	7.80	10.20	12.70	17.60	30.50	49.90	58	6.80	8.80	11.00	15.30	27.40	45.20
59	8.40	10.90	13.60	18.90	32.60	53.40	59	7.20	9.50	11.80	16.40	29.40	48.40
60	8.90	11.70	14.60	20.10	34.90	57.30	60	7.80	10.20	12.60	17.50	31.50	51.80
61	9.60	12.50	15.70	21.60	37.30	61.40	61	8.30	10.80	13.80	18.90	33.70	55.50
62	10.20	13.40	16.90	23.20	39.80	65.70	62	8.90	11.80	14.80	20.20	35.90	59.40
63	11.00	14.60	18.20	25.10	43.10	71.10	63	9.60	12.70	15.90	21.90	38.90	64.10
64	11.90	15.80	19.70	27.10	46.80	77.00	64	10.50	13.90	17.30	23.80	42.20	69.50
65	12.90	17.00	21.20	29.30	50.70	83.40	65	11.40	15.00	18.60	25.70	45.60	75.40
66	13.90	18.40	23.00	31.60	55.00	90.30	66	12.30	16.10	20.20	27.80	49.30	81.70
67	15.00	20.00	24.80	34.20	59.50	97.80	67	13.20	17.60	21.80	30.10	53.30	88.50
68	16.00	21.40	26.60	36.70	63.90	105.10	68	14.00	18.90	23.30	32.30	57.30	95.20
69	17.00	23.00	28.50	39.40	68.60	112.90	69	15.00	20.20	25.10	34.60	61.40	102.10
70	18.10	24.60	30.60	42.20	73.50	121.20	70	16.00	21.60	26.90	37.10	65.90	109.50
71	19.20	26.40	32.80	45.30	78.80	130.10	71	16.90	23.20	28.90	39.80	70.80	117.40
72	20.50	28.40	35.20	48.60	84.40	139.70	72	18.10	25.10	31.10	42.80	76.00	126.00
73	22.10	30.40	37.60	52.10	90.50	149.80	73	19.50	27.00	33.20	46.00	81.60	134.90
74	23.80	32.70	40.20	55.80	97.00	160.60	74	21.10	28.90	35.60	49.30	87.40	144.80
75	25.60	35.10	43.00	59.70	104.00	172.20	75	22.70	31.00	38.00	52.80	93.70	155.30
76	27.60	37.70	46.00	63.90	111.50	184.60	76	24.30	33.30	40.70	56.50	100.50	166.50
77	29.80	40.50	49.20	68.50	119.50	197.90	77	26.30	35.80	43.60	60.60	107.70	178.50
78	31.80	43.00	52.50	72.90	127.40	210.90	78	28.10	38.00	46.40	64.50	114.60	190.00
79	34.00	45.80	55.90	77.70	135.70	224.60	79	30.10	40.50	49.40	68.70	122.10	202.60
80	36.30	48.70	59.50	82.80	144.50	239.30	80	32.10	43.00	52.70	73.30	130.10	215.80
81	38.70	51.80	63.40	88.20	154.00	254.90	81	34.30	45.80	56.10	77.90	138.60	229.90
82	41.40	55.10	67.50	93.90	164.10	271.60	82	36.60	48.70	59.70	83.10	147.70	245.10
83	43.80	58.00	71.50	99.30	173.50	287.50	83	38.70	51.20	63.20	87.80	156.20	259.00
84	46.40	61.20	75.70	105.10	183.30	304.40	84	40.90	54.00	66.80	92.80	165.10	273.90

MODAL FACTORS
Semi-Annual: 0.515
Quarterly: 0.26
Monthly (Bank Draft): 0.084

ADDITIONAL PREMIUM RATE FACTORS
Spouse Discount Factor: 0.9

Daily Benefit Amounts available from $50 to $300

Annual Policy Fee $25 for each applicant

Guarantee Trust Life Insurance Company
Short-Term Nursing Home Care Individual Rates
Daily Benefit Amount in $10 increments
Recover Cash With Simple Inflation Rates

Tobacco Rates with 5% Simple Inflation

0 Day Elimination Period							20 Day Elimination Period						
Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period	Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period
40-50	6.05	8.03	9.79	13.64	28.27	45.54	40-50	5.06	6.82	8.25	11.44	25.52	40.92
51	6.82	8.80	10.89	15.18	28.27	45.54	51	5.83	7.37	9.24	12.76	25.52	40.92
52	7.59	9.68	11.99	16.61	28.27	45.54	52	6.38	8.03	10.23	14.08	25.52	40.92
53	7.70	9.68	12.21	16.94	28.93	46.64	53	6.49	8.36	10.45	14.30	26.18	41.91
54	7.81	9.90	12.43	17.27	29.59	47.74	54	6.71	8.47	10.78	14.74	26.84	42.90
55	7.92	10.12	12.65	17.60	30.14	48.95	55	6.82	8.80	10.89	15.07	27.28	43.89
56	8.03	10.34	12.87	17.82	30.80	50.16	56	6.93	8.80	11.11	15.40	27.83	45.21
57	8.14	10.56	13.09	18.15	31.35	51.37	57	7.04	9.02	11.33	15.73	28.27	46.31
58	8.58	11.22	13.97	19.36	33.55	54.89	58	7.48	9.68	12.10	16.83	30.14	49.72
59	9.24	11.99	14.96	20.79	35.86	58.74	59	7.92	10.45	12.98	18.04	32.34	53.24
60	9.79	12.87	16.06	22.11	38.39	63.03	60	8.58	11.22	13.86	19.25	34.65	56.98
61	10.56	13.75	17.27	23.76	41.03	67.54	61	9.13	11.88	15.18	20.79	37.07	61.05
62	11.22	14.74	18.59	25.52	43.78	72.27	62	9.79	12.98	16.28	22.22	39.49	65.34
63	12.10	16.06	20.02	27.61	47.41	78.21	63	10.56	13.97	17.49	24.09	42.79	70.51
64	13.09	17.38	21.67	29.81	51.48	84.70	64	11.55	15.29	19.03	26.18	46.42	76.45
65	14.19	18.70	23.32	32.23	55.77	91.74	65	12.54	16.50	20.46	28.27	50.16	82.94
66	15.29	20.24	25.30	34.76	60.50	99.33	66	13.53	17.71	22.22	30.58	54.23	89.87
67	16.50	22.00	27.28	37.62	65.45	107.58	67	14.52	19.36	23.98	33.11	58.63	97.35
68	17.60	23.54	29.26	40.37	70.29	115.61	68	15.40	20.79	25.63	35.53	63.03	104.72
69	18.70	25.30	31.35	43.34	75.46	124.19	69	16.50	22.22	27.61	38.06	67.54	112.31
70	19.91	27.06	33.66	46.42	80.85	133.32	70	17.60	23.76	29.59	40.81	72.49	120.45
71	21.12	29.04	36.08	49.83	86.68	143.11	71	18.59	25.52	31.79	43.78	77.88	129.14
72	22.55	31.24	38.72	53.46	92.84	153.67	72	19.91	27.61	34.21	47.08	83.60	138.60
73	24.31	33.44	41.36	57.31	99.55	164.78	73	21.45	29.70	36.52	50.60	89.76	148.39
74	26.18	35.97	44.22	61.38	106.70	176.66	74	23.21	31.79	39.16	54.23	96.14	159.28
75	28.16	38.61	47.30	65.67	114.40	189.42	75	24.97	34.10	41.80	58.08	103.07	170.83
76	30.36	41.47	50.60	70.29	122.65	203.06	76	26.73	36.63	44.77	62.15	110.55	183.15
77	32.78	44.55	54.12	75.35	131.45	217.69	77	28.93	39.38	47.96	66.66	118.47	196.35
78	34.98	47.30	57.75	80.19	140.14	231.99	78	30.91	41.80	51.04	70.95	126.06	209.00
79	37.40	50.38	61.49	85.47	149.27	247.06	79	33.11	44.55	54.34	75.57	134.31	222.86
80	39.93	53.57	65.45	91.08	158.95	263.23	80	35.31	47.30	57.97	80.63	143.11	237.38
81	42.57	56.98	69.74	97.02	169.40	280.39	81	37.73	50.38	61.71	85.69	152.46	252.89
82	45.54	60.61	74.25	103.29	180.51	298.76	82	40.26	53.57	65.67	91.41	162.47	269.61
83	48.18	63.80	78.65	109.23	190.85	316.25	83	42.57	56.32	69.52	96.58	171.82	284.90
84	51.04	67.32	83.27	115.61	201.63	334.84	84	44.99	59.40	73.48	102.08	181.61	301.29

MODAL FACTORS
Semi-Annual: 0.515
Quarterly: 0.26
Monthly (Bank Draft): 0.084

ADDITIONAL PREMIUM RATE FACTORS
Spouse Discount Factor: 0.9

Daily Benefit Amounts available from $50 to $300

Annual Policy Fee $25 for each applicant

Guarantee Trust Life Insurance Company
Short-Term Nursing Home Care Individual Rates
Daily Benefit Amount in $10 increments
Recover Cash With Compound Inflation Rates

Non-Tobacco Rates with 5% Compound Inflation

0 Day Elimination Period							20 Day Elimination Period						
Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period	Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period
40-50	7.70	10.20	12.50	17.30	36.00	58.00	40-50	6.40	8.70	10.50	14.50	32.50	52.10
51	8.70	11.20	13.90	19.20	36.00	58.00	51	7.40	9.40	11.80	16.10	32.50	52.10
52	9.70	12.20	15.30	21.20	36.00	58.00	52	8.10	10.20	13.00	17.90	32.50	52.10
53	9.70	12.40	15.50	21.50	36.70	59.40	53	8.20	10.70	13.20	18.20	33.20	53.40
54	9.80	12.70	15.80	21.90	37.60	60.90	54	8.40	10.90	13.60	18.70	34.10	54.70
55	10.00	12.90	16.00	22.30	38.40	62.40	55	8.60	11.20	13.90	19.10	34.70	56.10
56	10.20	13.20	16.30	22.80	39.20	64.00	56	8.80	11.30	14.10	19.70	35.40	57.70
57	10.40	13.50	16.60	23.20	40.00	65.60	57	8.90	11.60	14.50	20.10	36.00	59.30
58	11.00	14.40	17.70	24.80	42.60	70.10	58	9.70	12.50	15.30	21.50	38.20	63.50
59	11.80	15.30	19.00	26.40	45.40	74.80	59	10.10	13.20	16.40	23.00	40.80	67.80
60	12.50	16.30	20.20	28.20	48.40	79.80	60	10.90	14.20	17.50	24.50	43.60	72.20
61	13.20	17.40	21.70	30.00	51.60	85.10	61	11.40	15.10	19.00	26.20	46.60	76.90
62	14.00	18.50	23.20	31.90	55.00	90.70	62	12.20	16.30	20.30	27.90	49.60	82.00
63	14.90	19.60	24.50	33.70	58.30	96.20	63	12.90	17.00	21.30	29.40	52.70	86.70
64	15.80	20.80	26.00	35.70	61.90	102.00	64	13.90	18.30	22.90	31.40	55.90	92.10
65	16.70	22.10	27.50	37.80	65.70	108.10	65	14.70	19.40	24.20	33.20	59.10	97.70
66	17.70	23.40	29.10	40.00	69.70	114.60	66	15.60	20.50	25.60	35.20	62.50	103.60
67	18.70	24.90	30.80	42.40	74.00	121.50	67	16.40	21.90	27.10	37.40	66.40	109.90
68	19.60	26.20	32.50	44.80	78.10	128.50	68	17.20	23.10	28.50	39.40	70.00	116.40
69	20.50	27.60	34.40	47.30	82.50	135.90	69	18.10	24.30	30.20	41.60	73.90	123.00
70	21.50	29.20	36.30	50.00	87.10	143.70	70	19.00	25.60	31.90	43.90	78.10	129.80
71	22.50	30.80	38.30	52.80	91.90	151.90	71	19.80	27.10	33.70	46.50	82.60	137.10
72	23.60	32.50	40.40	55.80	97.00	160.50	72	20.80	28.80	35.60	49.20	87.40	144.90
73	25.20	34.60	42.80	59.20	102.90	170.40	73	22.20	30.60	37.70	52.30	92.70	153.50
74	26.80	36.70	45.30	62.70	109.20	180.90	74	23.70	32.50	40.10	55.40	98.50	163.00
75	28.60	39.10	48.00	66.50	115.90	192.00	75	25.30	34.60	42.40	58.70	104.40	173.10
76	30.50	41.60	50.80	70.50	123.00	203.80	76	26.90	36.70	44.90	62.30	110.80	183.80
77	32.50	44.20	53.80	74.80	130.60	216.20	77	28.80	39.10	47.60	66.20	117.60	195.00
78	34.40	46.40	56.50	78.60	137.10	227.20	78	30.40	41.00	50.00	69.50	123.40	204.80
79	36.20	48.70	59.30	82.60	144.10	238.70	79	32.00	43.10	52.50	73.10	129.60	215.20
80	38.10	51.10	62.40	86.80	151.50	250.80	80	33.60	45.10	55.20	76.80	136.40	226.20
81	40.10	53.50	65.50	91.20	159.30	263.60	81	35.50	47.30	58.00	80.70	143.30	237.80
82	42.20	56.20	68.80	95.80	167.40	277.00	82	37.30	49.70	60.90	84.80	150.60	249.90
83	44.50	58.90	72.60	100.80	176.20	292.10	83	39.30	52.10	64.10	89.20	158.60	263.20
84	47.10	62.20	76.90	106.80	186.30	309.20	84	41.60	54.90	67.80	94.30	167.70	278.20

MODAL FACTORS
Semi-Annual: 0.515
Quarterly: 0.26
Monthly (Bank Draft): 0.084

ADDITIONAL PREMIUM RATE FACTORS
Spouse Discount Factor: 0.9

Daily Benefit Amounts available from $50 to $300

Annual Policy Fee $25 for each applicant

Guarantee Trust Life Insurance Company
Short-Term Nursing Home Care Individual Rates
Daily Benefit Amount in $10 increments
Recover Cash With Compound Inflation Rates

Tobacco Rates with 5% Compound Inflation													
0 Day Elimination Period							20 Day Elimination Period						
Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period	Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period
40-50	8.47	11.22	13.75	19.03	39.60	63.80	40-50	7.04	9.57	11.55	15.95	35.75	57.31
51	9.57	12.32	15.29	21.12	39.60	63.80	51	8.14	10.34	12.98	17.71	35.75	57.31
52	10.67	13.42	16.83	23.32	39.60	63.80	52	8.91	11.22	14.30	19.69	35.75	57.31
53	10.67	13.64	17.05	23.65	40.37	65.34	53	9.02	11.77	14.52	20.02	36.52	58.74
54	10.78	13.97	17.38	24.09	41.36	66.99	54	9.24	11.99	14.96	20.57	37.51	60.17
55	11.00	14.19	17.60	24.53	42.24	68.64	55	9.46	12.32	15.29	21.01	38.17	61.71
56	11.22	14.52	17.93	25.08	43.12	70.40	56	9.68	12.43	15.51	21.67	38.94	63.47
57	11.44	14.85	18.26	25.52	44.00	72.16	57	9.79	12.76	15.95	22.11	39.60	65.23
58	12.10	15.84	19.47	27.28	46.86	77.11	58	10.67	13.75	16.83	23.65	42.02	69.85
59	12.98	16.83	20.90	29.04	49.94	82.28	59	11.11	14.52	18.04	25.30	44.88	74.58
60	13.75	17.93	22.22	31.02	53.24	87.78	60	11.99	15.62	19.25	26.95	47.96	79.42
61	14.52	19.14	23.87	33.00	56.76	93.61	61	12.54	16.61	20.90	28.82	51.26	84.59
62	15.40	20.35	25.52	35.09	60.50	99.77	62	13.42	17.93	22.33	30.69	54.56	90.20
63	16.39	21.56	26.95	37.07	64.13	105.82	63	14.19	18.70	23.43	32.34	57.97	95.37
64	17.38	22.88	28.60	39.27	68.09	112.20	64	15.29	20.13	25.19	34.54	61.49	101.31
65	18.37	24.31	30.25	41.58	72.27	118.91	65	16.17	21.34	26.62	36.52	65.01	107.47
66	19.47	25.74	32.01	44.00	76.67	126.06	66	17.16	22.55	28.16	38.72	68.75	113.96
67	20.57	27.39	33.88	46.64	81.40	133.65	67	18.04	24.09	29.81	41.14	73.04	120.89
68	21.56	28.82	35.75	49.28	85.91	141.35	68	18.92	25.41	31.35	43.34	77.00	128.04
69	22.55	30.36	37.84	52.03	90.75	149.49	69	19.91	26.73	33.22	45.76	81.29	135.30
70	23.65	32.12	39.93	55.00	95.81	158.07	70	20.90	28.16	35.09	48.29	85.91	142.78
71	24.75	33.88	42.13	58.08	101.09	167.09	71	21.78	29.81	37.07	51.15	90.86	150.81
72	25.96	35.75	44.44	61.38	106.70	176.55	72	22.88	31.68	39.16	54.12	96.14	159.39
73	27.72	38.06	47.08	65.12	113.19	187.44	73	24.42	33.66	41.47	57.53	101.97	168.85
74	29.48	40.37	49.83	68.97	120.12	198.99	74	26.07	35.75	44.11	60.94	108.35	179.30
75	31.46	43.01	52.80	73.15	127.49	211.20	75	27.83	38.06	46.64	64.57	114.84	190.41
76	33.55	45.76	55.88	77.55	135.30	224.18	76	29.59	40.37	49.39	68.53	121.88	202.18
77	35.75	48.62	59.18	82.28	143.66	237.82	77	31.68	43.01	52.36	72.82	129.36	214.50
78	37.84	51.04	62.15	86.46	150.81	249.92	78	33.44	45.10	55.00	76.45	135.74	225.28
79	39.82	53.57	65.23	90.86	158.51	262.57	79	35.20	47.41	57.75	80.41	142.56	236.72
80	41.91	56.21	68.64	95.48	166.65	275.88	80	36.96	49.61	60.72	84.48	150.04	248.82
81	44.11	58.85	72.05	100.32	175.23	289.96	81	39.05	52.03	63.80	88.77	157.63	261.58
82	46.42	61.82	75.68	105.38	184.14	304.70	82	41.03	54.67	66.99	93.28	165.66	274.89
83	48.95	64.79	79.86	110.88	193.82	321.31	83	43.23	57.31	70.51	98.12	174.46	289.52
84	51.81	68.42	84.59	117.48	204.93	340.12	84	45.76	60.39	74.58	103.73	184.47	306.02

MODAL FACTORS
Semi-Annual: 0.515
Quarterly: 0.26
Monthly (Bank Draft): 0.084

ADDITIONAL PREMIUM RATE FACTORS
Spouse Discount Factor: 0.9

Daily Benefit Amounts available from $50 to $300

Annual Policy Fee $25 for each applicant

Guarantee Trust Life Insurance Company
Short-Term Nursing Home Care Individual Rates
Home Health Care Rider

$25 Per Visit, Annual Premium Non-Tobacco Rates				
Issue Age	Elimination Period			
	0 Day	0 Day	20 Day	20 Day
	90 Visits	180 Visits	90 Visits	180 Visits
40-50	11.20	18.20	10.00	16.40
51	11.20	18.20	10.00	16.40
52	11.20	18.20	10.00	16.40
53	11.90	19.30	10.70	17.50
54	12.60	20.50	11.30	18.70
55	13.30	21.70	11.90	19.90
56	14.00	23.00	12.70	21.20
57	14.90	24.30	13.40	22.50
58	16.00	26.20	14.40	24.10
59	17.10	28.10	15.50	25.70
60	18.40	30.20	16.70	27.40
61	19.80	32.50	17.90	29.30
62	21.20	34.90	19.10	31.30
63	22.90	37.70	20.70	33.80
64	24.70	40.70	22.30	36.60
65	26.60	43.90	24.10	39.60
66	28.70	47.30	26.00	42.80
67	31.00	51.10	28.00	46.20
68	33.50	55.20	30.30	49.80
69	36.10	59.40	32.60	53.60
70	38.90	64.10	35.20	57.70
71	42.00	69.10	38.00	62.10
72	45.30	74.50	41.00	66.80
73	48.60	79.80	43.90	71.70
74	52.10	85.40	47.00	76.90
75	55.70	91.40	50.30	82.40
76	59.60	97.90	53.90	88.40
77	63.80	104.80	57.70	94.80
78	67.00	110.10	60.40	99.60
79	70.40	115.60	63.40	104.60
80	73.90	121.30	66.40	109.80
81	77.60	127.40	69.60	115.20
82	81.40	133.70	72.90	121.00
83	85.40	140.50	76.50	127.00
84	89.60	147.50	80.20	133.30

$50 Per Visit, Annual Premium Non-Tobacco Rates				
Issue Age	Elimination Period			
	0 Day	0 Day	20 Day	20 Day
	90 Visits	180 Visits	90 Visits	180 Visits
40-50	22.50	36.50	20.10	32.80
51	22.50	36.50	20.10	32.80
52	22.50	36.50	20.10	32.80
53	23.80	38.60	21.20	34.90
54	25.20	40.80	22.50	37.20
55	26.60	43.30	23.90	39.70
56	28.20	45.90	25.30	42.20
57	29.80	48.60	26.70	44.90
58	32.00	52.20	28.70	48.00
59	34.40	56.20	30.90	51.30
60	36.90	60.40	33.20	54.90
61	39.70	65.00	35.60	58.60
62	42.60	69.90	38.30	62.60
63	45.90	75.40	41.30	67.60
64	49.50	81.30	44.60	73.10
65	53.30	87.70	48.00	79.00
66	57.50	94.60	51.80	85.40
67	62.00	102.10	55.90	92.40
68	66.90	110.00	60.30	99.50
69	72.20	118.70	65.10	107.10
70	77.90	128.00	70.30	115.30
71	84.00	138.00	75.90	124.20
72	90.50	148.90	82.10	133.70
73	96.90	159.50	87.90	143.40
74	103.80	170.80	94.10	153.80
75	111.20	182.90	100.70	164.90
76	119.20	195.80	107.90	176.90
77	127.60	209.70	115.50	189.60
78	134.00	220.20	121.10	199.10
79	140.80	231.10	126.80	209.00
80	147.80	242.60	132.80	219.40
81	155.20	254.70	139.20	230.40
82	162.90	267.40	145.90	241.90
83	171.00	280.70	152.80	253.90
84	179.60	294.70	160.10	266.60

$75 Per Visit, Annual Premium Non-Tobacco Rates				
Issue Age	Elimination Period			
	0 Day	0 Day	20 Day	20 Day
	90 Visits	180 Visits	90 Visits	180 Visits
40-50	33.70	54.70	30.10	49.20
51	33.70	54.70	30.10	49.20
52	33.70	54.70	30.10	49.20
53	35.60	57.90	31.80	52.50
54	37.70	61.40	33.70	55.90
55	39.90	65.00	35.70	59.50
56	42.20	68.80	37.80	63.40
57	44.70	72.90	40.10	67.50
58	48.00	78.30	43.00	72.00
59	51.50	84.20	46.20	76.90
60	55.30	90.60	49.70	82.20
61	59.40	97.50	53.40	87.90
62	63.80	104.80	57.40	93.90
63	68.70	113.00	62.00	101.60
64	74.10	122.00	66.80	109.80
65	80.00	131.60	72.10	118.60
66	86.20	141.90	77.80	128.20
67	93.00	153.20	83.90	138.60
68	100.30	165.20	90.60	149.10
69	108.20	178.10	97.80	160.60
70	116.70	192.10	105.60	172.90
71	125.90	207.10	114.00	186.30
72	135.80	223.40	123.10	200.60
73	145.60	239.20	131.80	215.10
74	155.90	256.20	141.10	230.70
75	166.90	274.30	151.10	247.30
76	178.80	293.70	161.70	265.20
77	191.50	314.50	173.20	284.40
78	201.00	330.10	181.40	298.70
79	211.10	346.60	190.10	313.50
80	221.60	363.90	199.20	329.20
81	232.70	382.10	208.80	345.60
82	244.30	401.10	218.80	362.80
83	256.50	421.10	229.30	380.90
84	269.40	442.10	240.30	399.90

MODAL FACTORS
Semi-Annual: 0.515
Quarterly: 0.26
Monthly (Bank Draft): 0.084

ADDITIONAL PREMIUM RATE FACTORS
Spouse Discount Factor: 0.9

Annual Policy Fee $25 for each applicant

Guarantee Trust Life Insurance Company
Short-Term Nursing Home Care Individual Rates
Home Health Care Rider

$25 Per Visit, Annual Premium Tobacco Rates

Issue Age	Elimination Period			
	0 Day	0 Day	20 Day	20 Day
	90 Visits	180 Visits	90 Visits	180 Visits
40-50	12.32	20.02	11.00	18.04
51	12.32	20.02	11.00	18.04
52	12.32	20.02	11.00	18.04
53	13.09	21.23	11.77	19.25
54	13.86	22.55	12.43	20.57
55	14.63	23.87	13.09	21.89
56	15.40	25.30	13.97	23.32
57	16.39	26.73	14.74	24.75
58	17.60	28.82	15.84	26.51
59	18.81	30.91	17.05	28.27
60	20.24	33.22	18.37	30.14
61	21.78	35.75	19.69	32.23
62	23.32	38.39	21.01	34.43
63	25.19	41.47	22.77	37.18
64	27.17	44.77	24.53	40.26
65	29.26	48.29	26.51	43.56
66	31.57	52.03	28.60	47.08
67	34.10	56.21	30.80	50.82
68	36.85	60.72	33.33	54.78
69	39.71	65.34	35.86	58.96
70	42.79	70.51	38.72	63.47
71	46.20	76.01	41.80	68.31
72	49.83	81.95	45.10	73.48
73	53.46	87.78	48.29	78.87
74	57.31	93.94	51.70	84.59
75	61.27	100.54	55.33	90.64
76	65.56	107.69	59.29	97.24
77	70.18	115.28	63.47	104.28
78	73.70	121.11	66.44	109.56
79	77.44	127.16	69.74	115.06
80	81.29	133.43	73.04	120.78
81	85.36	140.14	76.56	126.72
82	89.54	147.07	80.19	133.10
83	93.94	154.55	84.15	139.70
84	98.56	162.25	88.22	146.63

$50 Per Visit, Annual Premium Tobacco Rates

Issue Age	Elimination Period			
	0 Day	0 Day	20 Day	20 Day
	90 Visits	180 Visits	90 Visits	180 Visits
40-50	24.75	40.15	22.11	36.08
51	24.75	40.15	22.11	36.08
52	24.75	40.15	22.11	36.08
53	26.18	42.46	23.32	38.39
54	27.72	44.88	24.75	40.92
55	29.26	47.63	26.29	43.67
56	31.02	50.49	27.83	46.42
57	32.78	53.46	29.37	49.39
58	35.20	57.42	31.57	52.80
59	37.84	61.82	33.99	56.43
60	40.59	66.44	36.52	60.39
61	43.67	71.50	39.16	64.46
62	46.86	76.89	42.13	68.86
63	50.49	82.94	45.43	74.36
64	54.45	89.43	49.06	80.41
65	58.63	96.47	52.80	86.90
66	63.25	104.06	56.98	93.94
67	68.20	112.31	61.49	101.64
68	73.59	121.00	66.33	109.45
69	79.42	130.57	71.61	117.81
70	85.69	140.80	77.33	126.83
71	92.40	151.80	83.49	136.62
72	99.55	163.79	90.31	147.07
73	106.59	175.45	96.69	157.74
74	114.18	187.88	103.51	169.18
75	122.32	201.19	110.77	181.39
76	131.12	215.38	118.69	194.59
77	140.36	230.67	127.05	208.56
78	147.40	242.22	133.21	219.01
79	154.88	254.21	139.48	229.90
80	162.58	266.86	146.08	241.34
81	170.72	280.17	153.12	253.44
82	179.19	294.14	160.49	266.09
83	188.10	308.77	168.08	279.29
84	197.56	324.17	176.11	293.26

$75 Per Visit, Annual Premium Tobacco Rates

Issue Age	Elimination Period			
	0 Day	0 Day	20 Day	20 Day
	90 Visits	180 Visits	90 Visits	180 Visits
40-50	37.07	60.17	33.11	54.12
51	37.07	60.17	33.11	54.12
52	37.07	60.17	33.11	54.12
53	39.16	63.69	34.98	57.75
54	41.47	67.54	37.07	61.49
55	43.89	71.50	39.27	65.45
56	46.42	75.68	41.58	69.74
57	49.17	80.19	44.11	74.25
58	52.80	86.13	47.30	79.20
59	56.65	92.62	50.82	84.59
60	60.83	99.66	54.67	90.42
61	65.34	107.25	58.74	96.69
62	70.18	115.28	63.14	103.29
63	75.57	124.30	68.20	111.76
64	81.51	134.20	73.48	120.78
65	88.00	144.76	79.31	130.46
66	94.82	156.09	85.58	141.02
67	102.30	168.52	92.29	152.46
68	110.33	181.72	99.66	164.01
69	119.02	195.91	107.58	176.66
70	128.37	211.31	116.16	190.19
71	138.49	227.81	125.40	204.93
72	149.38	245.74	135.41	220.66
73	160.16	263.12	144.98	236.61
74	171.49	281.82	155.21	253.77
75	183.59	301.73	166.21	272.03
76	196.68	323.07	177.87	291.72
77	210.65	345.95	190.52	312.84
78	221.10	363.11	199.54	328.57
79	232.21	381.26	209.11	344.85
80	243.76	400.29	219.12	362.12
81	255.97	420.31	229.68	380.16
82	268.73	441.21	240.68	399.08
83	282.15	463.21	252.23	418.99
84	296.34	486.31	264.33	439.89

MODAL FACTORS
Semi-Annual: 0.515
Quarterly: 0.26
Monthly (Bank Draft): 0.084

ADDITIONAL PREMIUM RATE FACTORS
Spouse Discount Factor: 0.9

Annual Policy Fee $25 for each applicant

Premium Calculation Worksheet

Step 1. Determine the plan that suits your client's needs:

☒ Recover Cash Basic Rates ☐ Recover Cash With Simple Inflation: ☐ Recover Cash With Compound Inflation

Step 2. Determine if your client is a tobacco user:

☒ Non-Tobacco ☐ Tobacco

Step 3. Using the appropriate rate sheet, determine your Rate Amount:

Applicant Age: 65 Choose Benefit Period: 180 Choose Elimination Period: 0

= Rate Amount $ 29.80 (A)

Step 4. Choose a Daily Benefit Amount between $50 and $300 *(in $10 Increments)*: $300

divide by 10 = 30 *(Daily Benefit Amount Factor)*

(Use the Rate Amount from Box (A) and multiply by the Daily Benefit Amount Factor)

= Annual Premium $ 894.00 (B)

Step 5. (Optional) Determine The Home Health Care Rider Premium

- Choose Home Health Care Benefit amount *($25, $50, $75 per visit)*: 50
- Choose Elimination Period *(0 or 20 Days)*: 0
- Choose Benefit Period *(90 or 180 visits)*: 90

= Home Health Care Rider $ (C)

(Add box B and C) **= Subtotal** $ 947.30 (D)

Step 6. To calculate the Spousal Discount, multiply box (D) by 0.9 **= Subtotal with Discount** $ (E)

Step 7. Add $25 Annual Policy Fee $ 25.00 (F)

Step 8. Add box (E) and box (F) **= Total Annual Premium** $ 877.57 (G)

Step 9. To determine the Total Modal Premium multiply by the Modal Factor:

(Monthly= 0.084 ● Quarterly= 0.26 ● Semi-Annual= 0.515) **= Total Monthly Premium** $ 73.72 (H)

Calculation Worksheet		Applicant 1	
Annual Premium		$894.00	
(Optional) **Home Health Care Rider**	+	$53.30	
Subtotal	=		$947.30
Subtotal With Discount *(if client has a Spouse/Domestic Partner multiply subtotal by 0.9)*	x	0.9	$852.57
Annual Policy Fee	+		$25.00
Total Annual Premium	=		$877.57
Modal Factor *(Monthly= 0.084 Quarterly= 0.26, Semi-Annual= 0.515)*	x		0.084
Total Monthly Premium	=		$73.72

Calculation Worksheet		Applicant 2	
Annual Premium			
(Optional) **Home Health Care Rider**	+		
Subtotal	=		
Subtotal With Discount *(if client has a Spouse/Domestic Partner multiply subtotal by 0.9)*	x	0.9	
Annual Policy Fee	+		$25.00
Total Annual Premium	=		
Modal Factor *(Monthly= 0.084 Quarterly= 0.26, Semi-Annual= 0.515)*	x		
Total Monthly Premium	=		$

Product Features, Riders, and Policy Fee May Vary By State

Premium Calculation Worksheet

Step 1. Determine the plan that suits your client's needs:

☐ Recover Cash Basic Rates ☐ Recover Cash With Simple Inflation: ☐ Recover Cash With Compound Inflation

Step 2. Determine if your client is a tobacco user:

☐ Non-Tobacco ☐ Tobacco

Step 3. Using the appropriate rate sheet, determine your Rate Amount:

Applicant Age:_____ Choose Benefit Period:_____ Choose Elimination Period:_____

= Rate Amount $ **(A)**

Step 4. Choose a Daily Benefit Amount between $50 and $300 *(in $10 Increments)*:_____

divide by 10 =_____ *(Daily Benefit Amount Factor)*

(Use the Rate Amount from Box (A) and multiply by the Daily Benefit Amount Factor)

= Annual Premium $ **(B)**

Step 5. (Optional) Determine The Home Health Care Rider Premium

- Choose Home Health Care Benefit amount (*$25, $50, $75 per visit*):_____
- Choose Elimination Period *(0 or 20 Days)*:_____
- Choose Benefit Period *(90 or 180 visits)*:_____

= Home Health Care Rider $ **(C)**

(Add box B and C) **= Subtotal** $ **(D)**

Step 6. To calculate the Spousal Discount, multiply box (D) by 0.9 **= Subtotal with Discount** $ **(E)**

Step 7. Add $25 Annual Policy Fee $ 25.00 **(F)**

Step 8. Add box (E) and box (F) **= Total Annual Premium** $ **(G)**

Step 9. To determine the Total Modal Premium multiply by the Modal Factor:

(Monthly= 0.084 ● Quarterly= 0.26 ● Semi-Annual= 0.515) **= Total Modal Premium** $ **(H)**

Calculation Worksheet		Applicant 1	
Annual Premium			
(Optional) **Home Health Care Rider**	+		
Subtotal	=		
Subtotal With Discount *(if client has a Spouse/Domestic Partner multiply subtotal by 0.9)*	X	0.9	
Annual Policy Fee	+		$25.00
Total Annual Premium	=		
Modal Factor *(Monthly= 0.084 Quarterly= 0.26, Semi-Annual= 0.515)*	X		
Total Modal Premium	=		$

Calculation Worksheet		Applicant 2	
Annual Premium			
(Optional) **Home Health Care Rider**	+		
Subtotal	=		
Subtotal WIth Discount *(if client has a Spouse/Domestic Partner multiply subtotal by 0.9)*	X	0.9	
Annual Policy Fee	+		$25.00
Total Annual Premium	=		
Modal Factor *(Monthly= 0.084 Quarterly= 0.26, Semi-Annual= 0.515)*	X		
Total Modal Premium	=		$

Product Features, Riders, and Policy Fee May Vary By State