

Agent Name:



Phone:

# *Precision Care*<sup>TM</sup>

## APPLICANT INFORMATION PACKET ALABAMA

### **REQUIRED TO LEAVE WITH APPLICANT**

#### INCLUDES:

- MEDDUP-4- Medicare Duplication Notice
- AL-DIS-BIND – Alabama Arbitration Form
- HIPAA- Notice of Privacy Practices
- OCG1530 (R718)-AL – Precision Care Outline of Coverage
- E-CONSENT- Electronic Delivery and Communications Disclosure
- FCRA & PRIVACY ACT Pre-Notification

GUARANTEE TRUST LIFE INSURANCE COMPANY  
1275 Milwaukee Avenue, Glenview, IL 60025  
www.gtlic.com | 800.338.7452

(Rev. 5/19) 15A0092

**IMPORTANT NOTICE TO PERSONS ON MEDICARE  
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

**This is not Medicare Supplement Insurance**

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**This insurance duplicates Medicare benefits because Medicare generally pays for most of the expenses for the diagnosis and treatment of the specific conditions or diagnoses named in the policy.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- hospice
- outpatient prescription drugs if you are enrolled in Medicare Part D
- other approved items and services

**Before You Buy This Insurance**

- √ Check the coverage in **all** health insurance policies you already have.
- √ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- √ For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

**IMPORTANT NOTICE ABOUT THE POLICY/CERTIFICATE OF INSURANCE FOR WHICH YOU  
HAVE APPLIED**

**THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS  
READ THE FOLLOWING INFORMATION CAREFULLY**

- 1. THE POLICY/CERTIFICATE FOR WHICH YOU HAVE APPLIED INCLUDES A BINDING ARBITRATION AGREEMENT.**
- 2. THE ARBITRATION AGREEMENT REQUIRES THAT ANY DISAGREEMENT RELATED TO THIS POLICY/CERTIFICATE MUST BE RESOLVED BY ARBITRATION AND NOT IN A COURT OF LAW.**
- 3. THE RESULTS OF THE ARBITRATION ARE FINAL AND BINDING ON YOU AND THE INSURANCE COMPANY.**
- 4. IN AN ARBITRATION, AN ARBITRATOR, WHO IS AN INDEPENDENT, NEUTRAL PARTY, GIVES A DECISION AFTER HEARING THE POSITIONS OF THE PARTIES.**
- 5. WHEN YOU ACCEPT THIS INSURANCE POLICY/CERTIFICATE YOU AGREE TO RESOLVE ANY DISAGREEMENT RELATED TO THE POLICY/CERTIFICATE BY BINDING ARBITRATION INSTEAD OF A TRIAL IN COURT INCLUDING A TRIAL BY JURY.**
- 6. ARBITRATION TAKES THE PLACE OF RESOLVING DISPUTES BY A JUDGE AND JURY AND THE DECISION OF THE ARBITRATOR CANNOT BE REVIEWED IN COURT BY A JUDGE AND JURY.**

**ACKNOWLEDGEMENT OF ARBITRATION AGREEMENT**

**I HAVE READ THIS STATEMENT. I UNDERSTAND THAT I AM VOLUNTARILY SURRENDERING MY RIGHT TO HAVE ANY DISAGREEMENT BETWEEN THE INSURANCE COMPANY AND MYSELF RESOLVED IN COURT. THIS MEANS I AM WAIVING MY RIGHT TO A TRIAL BY JURY.**

**I UNDERSTAND THAT UPON RECEIPT OF THE POLICY/CERTIFICATE I SHOULD READ THE ARBITRATION CLAUSE CONTAINED IN THE POLICY/CERTIFICATE AND THAT I HAVE THE RIGHT TO REJECT THIS POLICY/CERTIFICATE WITHIN THREE (3) DAYS OF THE DATE OF DELIVERY IF I DO NOT WANT TO ACCEPT THE REQUIREMENT FOR ARBITRATION.**

**I UNDERSTAND THAT THIS SAME TYPE OF INSURANCE MAY BE AVAILABLE THROUGH AN INSURANCE COMPANY THAT DOES NOT REQUIRE THAT POLICY/CERTIFICATE RELATED DISAGREEMENTS BE RESOLVED BY BINDING ARBITRATION.**

\_\_\_\_\_  
**SIGNATURE OF PROPOSED INSURED**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**TIME**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT/OWNER  
(IF OTHER THAN PROPOSED INSURED)**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**TIME**

\_\_\_\_\_  
**SIGNATURE OF AGENT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**TIME**

AL-DIS-BIND

**GUARANTEE TRUST LIFE INSURANCE COMPANY**  
1275 Milwaukee Avenue, Glenview, Illinois 60025  
(847) 699-0600

**SPECIFIED DISEASE POLICY**

**Precision Care Cancer Insurance**

OUTLINE OF COVERAGE  
FOR POLICY FORM SERIES G1530

**KEEP THIS OUTLINE FOR YOUR RECORDS**

**THIS IS NOT A MEDICARE SUPPLEMENT POLICY.** If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

**THIS IS A LIMITED BENEFIT POLICY – PLEASE READ YOUR POLICY CAREFULLY** - This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. Your policy sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

**SPECIFIED DISEASE COVERAGE** – Policies of this category are designed to provide persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of specified disease. Coverage is not provided for basic hospital, basic medical-surgical, or major medical or comprehensive expenses.

**CANCER LUMP SUM POLICY BENEFITS**

Cancer Lump Sum Benefit:     \$ \_\_\_\_\_

**CANCER DIAGNOSIS:** We will pay the selected Cancer Lump Sum Benefit upon a Positive Diagnosis of invasive Cancer.

**CANCER IN SITU DIAGNOSIS:** We will pay a percentage, 25%, of the selected Cancer Lump Sum Benefit upon a Positive Diagnosis of Cancer In Situ.

**EXPERIMENTAL TREATMENT:** We will pay the Cancer Lump Sum Benefit for Experimental Treatment received in the United States upon a Positive Diagnosis of Cancer.

**LIMITATIONS:**

**Pre-existing condition:** The policy contains a pre-existing condition limitation. A pre-existing condition is a condition for which: (a) Medical advice or treatment was recommended by, or received from a Doctor, within the 24 month period before the Policy Effective Date; or (b) symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 24 month period before the Policy's Effective Date. Treatment includes being prescribed or taking prescription drugs or medicines. A pre-existing condition is not covered unless the loss begins more than 24 months after the Policy Effective Date.

**Waiting Period:** Benefits are subject to a 30 day Waiting Period. The Waiting Period is the number of days after your policy's Effective Date before benefits are payable for a Positive Diagnosis of Cancer.

**Benefit Payment:** Policy benefits are limited to one payment for each of the following: (1) a Positive Diagnosis of Cancer; (2) a Positive Diagnosis of Cancer In Situ; and (3) Experimental Treatment received upon a Positive Diagnosis of Cancer.

**EXCLUSIONS:** We will not pay benefits for:

1. A Positive Diagnosis of any Cancer or Cancer In Situ before the Policy Effective Date;
2. Any loss due to injury, disease or incapacity, unless related to or attributable to Cancer or Cancer In Situ as defined;
3. Any Cancer or Cancer In Situ when advice or treatment is received during the Waiting Period or prior to the Effective Date, and such advice or treatment results in a Positive Diagnosis of Cancer or Cancer In Situ. If tissue is extracted during the Waiting Period or prior to the Effective Date, and results in a Positive Diagnosis of Cancer or Cancer In Situ, this will not be a covered condition. The date of a Positive Diagnosis of Cancer or Cancer In Situ is the earlier of the date of clinical diagnosis or the date the specimen used to diagnose Cancer or Cancer In Situ is taken. If a Positive Diagnosis of Cancer or Cancer In Situ is made and/or Cancer or Cancer In Situ is treated within the Waiting Period, OR if medical advice is given within the Waiting Period which leads to the subsequent Positive Diagnosis of Cancer or Cancer In Situ after the Waiting Period, you will have the option to cancel the Policy and receive a refund of all premiums paid on the Policy and attached riders.

**OPTIONAL BENEFIT RIDERS**

*Unless stated otherwise, all optional benefit riders are subject to the pre-existing condition limitation and waiting period. Waiting Periods may vary by benefit rider as shown below.*

**BENEFIT BUILDER RIDER (Cancer) - Form RG15CBB**

This Rider pays an additional one-time benefit equal to 25% of the selected Cancer Lump Sum Benefit when invasive Cancer is Diagnosed in an Advanced Stage. It also pays an additional one-time benefit equal to 25% of the selected Cancer Lump Sum Benefit for a Diagnosis of Cancer-in-Situ. Benefits are in addition to those benefits payable in the policy. Benefits are subject to a 30 day Waiting Period.

**PRECISION MEDICINE INDEMNITY BENEFIT RIDER – Form RG16PM**

Precision Medicine Indemnity Benefit:                      \$6,500 / Lifetime

This Rider pays a one-time benefit for Genetic Mapping, to be performed by a Qualified Laboratory Provider, either prior to determining Cancer treatment or during the course of Cancer treatment. Benefits under this Rider are not available for a Diagnosis of Skin Cancer or Cancer in Situ.

**SKIN CANCER BENEFIT RIDER – Form RG15SC**

This Rider pays a benefit of \$500 upon a Positive Diagnosis of Skin Cancer (squamous cell or basal cell skin cancer.) A Skin Cancer benefit is payable only once per Calendar Year, up to a lifetime maximum of three Skin Cancer Benefit payments. Benefits are subject to a 30 day Waiting Period.

**ANNUAL WELLNESS BENEFIT RIDER – Form RG15W**

This rider pays a benefit of \$100 when you have an annual physical examination performed by a Doctor. The benefit is limited to one payment per calendar year. Benefit payment is subject to a 30 day Waiting Period.

**RETURN OF PREMIUM BENEFIT RIDER – FORM RG15RP20**

This Rider will provide a return of premium benefit. The actual amount of premium that will be returned, if any, will equal:

1. The sum of all premiums paid for the policy during the Return of Premium Period, including premiums paid for this rider and any other benefits riders attached to the policy (unless expressly excluded), while this rider is in force (except for any application and annual policy fees.) The sum of all premiums is without interest accumulation. MINUS
2. The sum of all benefit paid or then payable under the policy, including benefits paid or then payable under any attached benefit riders while the rider was in force.

Your age at the start of the Return of Premium Period will determine when the Return of Premium Benefit is eligible for payout based on the table below.

<b>Your age at the start of the Return of Premium Period:</b>	<b>Return of Premium Period</b>	<b>Payout Condition</b>
18 – 65	Minimum Return of Premium Period: Twenty (20) years from the Effective Date of this Rider.	You request full Policy termination after the Policy (with this Rider) has been in force for a minimum of twenty (20) years.
66 – 70	Minimum Return of Premium Period: Fifteen (15) years from the Effective Date of this Rider, or upon Your attaining age 85, whichever is later.	You request full Policy termination after the Policy (with this Rider) has been in force at least fifteen (15) years, or upon Your attaining age 85, whichever is later.

**RETURN OF PREMIUM UPON DEATH (PRIOR TO AGE 86) BENEFIT RIDER – Form RG15RPD**

This rider pays a return of premium benefit in the event of your death prior to attaining age 86. The actual amount of premium that will be returned, if any, will equal:

1. The sum of all premiums paid for the policy, including premiums paid for this rider and any other benefits riders attached to the policy (unless expressly excluded), while this rider is in force (except for any application and annual policy fees.) The sum of all premiums is without interest accumulation. MINUS
2. The sum of all benefit paid or then payable under the policy, including benefits paid or then payable under any attached benefit riders while the rider was in force.

**RETURN OF PREMIUM UPON DEATH BENEFIT RIDER – Form RG15RPDL**

This rider pays a return of premium benefit in the event of your death. The actual amount of premium that will be returned, if any, will equal:

1. The sum of all premiums paid for the policy, including premiums paid for this rider and any other benefits riders attached to the policy (unless expressly excluded), while this rider is in force (except for any application and annual policy fees.) The sum of all premiums is without interest accumulation. MINUS
2. The sum of all benefit paid or then payable under the policy, including benefits paid or then payable under any attached benefit riders while the rider was in force.

**CANCER LUMP SUM BENEFIT RIDER (FOR CHILD DEPENDENTS) – Form RG15CC**

Lump Sum Benefit: \$ \_\_\_\_\_

This Rider pays the selected Lump Sum Benefit in the event a Covered Child is Diagnosed with Cancer. Benefit payment is subject to a 30 day Waiting Period. Benefits are limited to one Lump Sum Benefit per Covered Child.

**EXCLUSIONS:** This rider does not provide benefits for:

1. A Positive Diagnosis of Cancer before the Effective Date of the Covered Child’s coverage under this Rider;
2. Any loss due to injury, disease or incapacity, unless related to or attributable to Cancer as defined;
3. Any Cancer when advice or treatment is received during the Rider Waiting Period or prior to the Effective Date, and such advice or treatment results in a Positive Diagnosis of Cancer. If tissue is extracted during the Rider Waiting Period or prior to the Effective Date, and results in a Positive Diagnosis of Cancer, this will not be a covered condition. The date of a Positive Diagnosis of Cancer is the earlier of the date of clinical diagnosis or the date the specimen used to diagnose Cancer is taken. If a Positive Diagnosis of Cancer is made and/or Cancer is treated within the Rider Waiting Period, OR if medical advice is given within the Rider Waiting Period which leads to the subsequent Positive Diagnosis of Cancer after the Rider Waiting Period, the Insured has the option to cancel this Rider and receive a refund of all premiums paid for this Rider.

**RENEWABILITY** - This policy is guaranteed renewable for life. This means you may keep the policy in force during your lifetime by paying premiums when due or within the 31 days that follow.

**PREMIUMS ARE SUBJECT TO CHANGE** - We may change the premium rates for this policy, but only if we change it on a class basis for all policies of this class in the state it was issued.

**INITIAL PREMIUM**

COVERAGE DESCRIPTION	PREMIUM
Cancer Lump Sum Policy	\$ _____
Benefit Builder Rider – Cancer <input type="checkbox"/> With Skin Cancer and Annual Wellness Riders	\$ _____
Precision Medicine Indemnity Benefit Rider	\$ _____
Cancer Lump Sum Benefit Rider - Child	\$ _____
Return of Premium Upon Death Benefit Rider – <i>Prior to Attained Age 86</i>	\$ _____
Return of Premium Upon Death Benefit Rider	\$ _____
Return of Premium Benefit Rider	\$ _____
Annual Policy Fee ( <i>modalize, if applicable</i> )	\$ _____
<b>TOTAL INITIAL PREMIUM:</b>	\$ _____

# GUARANTEE TRUST LIFE INSURANCE COMPANY

## NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice tells you the different ways in which Guarantee Trust Life Insurance Company (“GTL”) may use and disclose your protected health information.

Among other things, the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires us to:

- Maintain the privacy of your protected health information.
- Provide notice of GTL’s legal duties and privacy practices with respect to your protected health information.
- Comply with the terms of the Notice currently in effect; and
- Provide you with this Notice.

You have a right to a paper copy of this Notice which will be provided to you upon request, even if this Notice was provided to you electronically.

**Protected health information** is information about you that is either held or transmitted by GTL, including demographic information, that identifies you (or can reasonably be used to identify you), and that relates to (i) your past, present or future physical or mental health or condition, (ii) the provision of health care to you, or (iii) the past, present or future payment for the provision of health care to you.

GTL understands that your protected health information is personal. We protect the privacy of that information in accordance with all federal and state privacy laws. If a use or disclosure of protected health information described within this Notice, which is required by federal law, is prohibited or materially restricted by state law, GTL will abide by the more stringent law.

### **USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION WITH YOUR WRITTEN AUTHORIZATION**

GTL will not use or disclose your protected health information without your written authorization unless the use or disclosure is described within this Notice.

If you have given us written authorization to use or disclose your protected health information, you have the right to revoke that authorization, at any time, except to the extent that: (1) we have already acted in reliance on the authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, other law provides us with the right to contest a claim under the policy or the policy itself. Your written request to revoke an authorization should be directed to the address listed in the “Contact Information” section below.

### **USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION**

#### **For Payment**

We may request, use and disclose your protected health information, as needed, to determine or fulfill our responsibility for coverage and reimbursement for the provision of benefits under your health plan. This may include, but is not limited to:

- determinations of eligibility of coverage (including coordination of benefits with other insurers or the determination of cost sharing amounts) and adjudication or subrogation of health benefit claims;
- risk adjusting based on enrollee health status and demographic characteristics;
- billing, claims management, collection activities, obtaining payment under a contract for reinsurance;
- review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care or justification of charges;
- utilization review activities, including pre-certification and pre-authorization of services, concurrent and retrospective review of services;



- disclosure to consumer reporting agencies of any of the following protected health information relating to collection of premiums or reimbursement: name and address; date of birth; social security number; payment history; policy/account number; and name and address of the health care provider and /or health plan.

For example, if your coverage has a coordination of benefits or other type of cost sharing provision, we may request and disclose protected health information about you to the other health plan carrier to determine the benefits due under the terms of your health plan with us. We may also contact your provider regarding your medical treatments and request details to determine if your coverage will pay for the treatments.

### **For Health Care Operations**

We may use and disclose protected health information about you to support our business operations or the business operations of another insurer. These uses and disclosures are necessary to run the company and make sure all of our policyholders receive the services and benefits provided by their health plan coverage. These activities include, but are not limited to:

- underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, however, we are prohibited from using or disclosing genetic information about you for underwriting purposes;
- ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance);
- conducting or arranging for medical review, legal services, and auditing functions, including fraud investigations;
- business planning and development, such as conducting cost-management studies and analyses related to managing and operating the company, including development or improvement of methods of payment or coverage policies; and
- business management and general administrative activities of the company, including, but not limited to:
  - customer service, including the provision of data analyses for policyholders, plan sponsors, or other customers;
  - resolution of internal grievances; and
  - the offer of an enhancement or upgrade to your existing coverage.

### **To Individuals Involved in Your Care**

We may use and disclose your protected health information with your family, friends, personal representative or other individual you identify who are involved in your care or payment of a claim, unless you object. In addition, GTL may use and disclose your protected health information to persons requesting such information if we can reasonably infer from the circumstances that you would not object to the disclosure. If you are not available to give your consent to a disclosure, or in an emergency, we may disclose your protected health information that is directly relevant to such person's involvement in your care or payment for such care.

### **To Our Business Associates**

We may also share your protected health information to an affiliate or business associate outside of GTL if they need protected health information in order to provide services to us (e.g., billing, claim adjudication and underwriting services.) Whenever an arrangement between GTL and a business associate involves the use or disclosure of your protected health information we will have a written contract that sets forth the terms regarding the use and disclosure of your protected health information and will require them to follow the HIPAA rules relating to the protection of protected health information.

### **For Other Uses and Disclosures**

In addition to the above, we are permitted or required by law to use or disclose your protected health information, without your permission, for the following:

- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order. We may disclose protected health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement:** We may release medical information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar process. We may also disclose your protected health information if we suspect child abuse or neglect; we may also disclose your protected health information if we believe you to be a victim of abuse, neglect, or domestic violence.

- **Health Oversight Activities:** We may disclose protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

## **YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU**

You have the following rights with respect to the protected health information we maintain about you.

**You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. To inspect and copy protected health information that may be used to make decisions about you, you must submit your request in writing to us or to the business associate who maintains the medical information. If we would prefer to send you a summary or explanation of your medical information rather than the actual records, we may do so only with your consent and your agreement in advance to the fees imposed, if any. You may request your records be in paper or electronic format. We may charge a fee for the costs of copying, mailing or other supplies associated with mailing or copying your protected health information. We may deny your request in whole or in part to inspect and copy records in certain circumstances. If you are denied access to medical information, we will provide a written notice explaining the basis for the denial. You may also request that the denial be reviewed. Such request for review will either be approved or denied based on the grounds for denial. If the initial denial is reviewable, the person conducting the review will not be the same person who denied your original request. We will comply with the determination of the representative performing the review.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of payment or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request and we retain the right to terminate an agreed to restriction. Such termination is only effective with respect to protected health information created or received after GTL has informed the individual of its termination of the restriction. Additionally requesting certain limitations may affect payment of benefits under your health plan. To request restrictions, you must make your request in writing to our Customer Service Department. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**You have the right to request and receive confidential communications.** We will accommodate reasonable requests to send your protected health information to you at a different address, or other method of contact. We will not request an explanation from you as to the basis for the request. For example, you can ask that we only contact you at work or by mail. Requests for confidential communications must be made in writing, signed by you and sent to GTL. Your request must specify how or where you wish to be contacted.

**You have the right to request an amendment of your protected health information.** You may request an amendment of your health information contained in a designated record set for as long as the information is kept by GTL or any of our business associates. To request an amendment, you must send us your request in writing to the address included in the "Contact Information" section below, giving details of your request and why you are making it. If we deny your request for amendment in whole or in part, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement. We will provide you with a copy of any such rebuttal. In certain cases, we may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the designated record set kept by us; (3) is not part of the information which you would be permitted to inspect and copy; or (4) is accurate and complete.

**You have the right to receive an accounting of certain disclosures.** You have the right to request an accounting of most disclosures of protected health information made by us during the six years prior to the date the accounting is requested, subject to certain exceptions. Your request must be in writing. If you request such an accounting more than once in a 12-month period, we may charge a cost-based reasonable fee.

**You have the right to be notified following a breach of unsecured protected health information.** You have the right to and will receive a notification of a breach of your unsecured protected health from GTL, or one of its business associates.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint in writing to us at the address shown below in the "Contact Information" section. You may also file a complaint in writing with the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

**THIS NOTICE IS SUBJECT TO CHANGE**

We reserve the right to change the terms of this Notice and our privacy policies at any time. If we do, the new terms will be effective for all protected health information maintained by us, including protected health information received by GTL before the effective date of the new terms. If we do revise our privacy notice, a copy of the new notice will be posted on our web site at [www.gtlic.com](http://www.gtlic.com) and/or sent to you if the changes are material.

**EFFECTIVE DATE**

This Notice is effective September 23, 2013.

**CONTACT INFORMATION**

If you have questions regarding this Notice or require further information, you may contact our Customer Service Department at 1-800-338-7452. Any written complaints should be directed to Guarantee Trust Life Insurance Company, Attention: Privacy Office, 1275 Milwaukee Avenue, Glenview, Illinois 60025.

## **GUARANTEE TRUST LIFE INSURANCE COMPANY**

### **Consent for Use of Electronic Records and Electronic Signatures**

#### **PLEASE PRINT AND SAVE A COPY OF THIS DOCUMENT FOR YOUR RECORDS**

In connection with your application for, or administration of, insurance underwritten by Guarantee Trust Life Insurance Company (“GTL”), you are consenting to the use of Electronic Signatures and Electronic Records. As part of your consent to the use of Electronic Signatures and Electronic Records you acknowledge that you: (1) understand the terms and conditions of receiving insurance documents, disclosures and other communications electronically; (2) have the necessary hardware and software that allow you to receive and view Electronic Records; (3) have a valid active email account\*; and (4) are responsible for accessing, opening, and reading communication GTL sends or makes available to you in electronic format. GTL will consider electronic communication to be received by you upon successful delivery to the designated email address you provide. You also acknowledge that your Electronic Signature is legally binding and enforceable and is the legal equivalent of your handwritten signature.

\*An active email address is not required for viewing and / or downloading a copy of your insurance coverage from GTL’s secure website.

GTL is required by law to provide you with the following information relative to (i) electronic delivery of disclosures, notices and other electronic communications (collectively, “Electronic Records”) and (ii) Electronic Signature.

#### **Types of Electronic Records Covered by This Consent**

Unless you request otherwise, documents that form our insurance relationship will be provided to you electronically. Electronic Records include, but are not limited to:

- Application(s) and related forms
- Policy or certificate insurance fulfillment documents
- Disclosures and notices, where required by state and / or federal law
- Customer service forms and claim forms
- Responses to customer service or claim-related communications initiated by GTL or you

Your consent does not apply to policy lapse or termination notices.

#### **What You Need in Order to Receive or View Electronic Records**

In order to access and view communications and documents GTL makes available to you electronically, you must:

- Have access to the internet and be able to view, save and print Portable Document Files (PDF) using software such as Adobe Acrobat Reader. Adobe Acrobat Reader can be downloaded for free at <http://get.adobe.com/reader/>
- Maintain a valid active email address. It is your responsibility to provide GTL with your complete and accurate email address, as well as provide prompt notification of any change to it. To ensure Electronic Records are not blocked in email or spam filters, please add GTL’s domain, gtlic.com, to your safe sender list.

### **Your Right to Request Paper Copies**

To ensure you have them when you need them, it's recommend that you print copies of the Electronic Records GTL makes available to you, or save them to your personal computer or other electronic device. However, you may request a paper copy of any Electronic Record listed above free of charge. Except where prohibited by law, GTL may charge a nominal fee for additional copies requested after the first. Your request can be sent in writing, by phone, or email as indicated in the Company Contact Information, shown below.

### **Right to Send Paper**

GTL reserves the right to provide paper copies in lieu of Electronic Records. This would be done in the event of, but not limited to, a system outage, if fraud is suspected, or where the designated email address you have provided does not accept emails from GTL.

### **Changes to the Terms and Conditions of Electronic Communication**

GTL reserves the right to modify the terms and conditions stated herein. GTL will provide you with notice electronically of such change, its effective date, and your choices under the new terms and conditions.

### **Withdrawal of Consent**

You may elect to withdraw your consent for Electronic Records at any time by contacting us in writing, by phone, or through the Policyholder - Customer Service link on GTL's website. Please see the Company Contact Information below.

### **Company Contact Information**

1. Write us at...  
Guarantee Trust Life Insurance Company  
ATTN: Policyholder Service  
1275 Milwaukee Avenue  
Glenview, IL 60025
2. Call us toll-free at...  
1-800-338-7452
3. Contact us by email by visiting our website...  
Go to [www.gtlic.com](http://www.gtlic.com). Click on the *Customer Service* tab at the top of the screen and choose *Customer Support*. In the Customer Support site there is a *Contact Us* option you may use to email us your request.

**NOTICE TO APPLICANT – PARTS 1 AND 2**

**Part 1: Fair Credit Reporting Act and Privacy Act Pre-Notification**

The application you completed for insurance with us, in most cases, gives us all the information we need. In certain cases, we may need more information.

If we need more information, we may get it by talking to other persons you know including, but not limited to, your agent or other insurance companies you have applied to. We may ask an independent “consumer reporting agency” to help us verify facts or get additional facts.

We may collect information concerning your health, job and financial situation, as well as your character, general reputation and mode of living. We will not collect information relating to your sexual orientation.

The personal information we obtain about you is treated as confidential and will not be discussed to other persons or organizations without your written authorization except to the extent necessary as permitted by law, for the conduct of our business. But any information collected by a “consumer reporting agency” may be shared by the agency with others who use such information, but only to the extent which the Fair Credit Reporting Act Permits. You have a right of access, and right of correction, concerning recorded personal information obtained in our file. In order to exercise these rights, you must contact us in writing requesting access or correction.

You have no access right to privileged information. If we used a “consumer reporting agency,” you have the right to: (1) ask to talk with them and (2) ask them about their report. You may write us for the name and address of the agency. This paragraph is not intended as a complete description of your right of access and correction. If you would like a more complete description of our insurance information and Privacy Protection Practices, please write: Guarantee Trust Life Insurance Company, 1275 Milwaukee Avenue Glenview, IL 60025.

**Part 2: Notification Regarding MIB, Inc.**

Information regarding your insurability will be treated as confidential. Guarantee Trust Life Insurance Company or its reinsurers may, however, make a brief report thereon to MIB, Inc., a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, Inc., upon request, will supply such company with the information in its file. Upon receipt of a request from you, MIB, Inc., will arrange disclosure of any information it may have in your file. If you question the accuracy of the information in MIB, Inc.'s file, you may contact MIB, Inc., and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address to the MIB, Inc. information office is 50 Braintree Hill Park, Suite 400, Braintree Massachusetts 02184-8734, telephone number (866) 692-6901, e-mail address [info@mib.com](mailto:info@mib.com). Guarantee Trust Life Insurance Company or its reinsurers may also release information in its file to its reinsurer(s) and to other life insurance companies to whom you may also apply for life or health insurance, or to whom a claim for benefits may be submitted.



Guarantee Trust Life Insurance Company  
1275 Milwaukee Avenue  
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