

Precision Care™

AGENT RATE AND UNDERWRITING GUIDE

Basic - Monthly

AL, AK, AZ, AR, DE, GA, HI, IL, IA, KS, KY, LA,
ME, MS, NE, NV, NM, NC, ND, OK, OR, PA, RI,
SC, TX, UT, WV, WI

FOR AGENT USE ONLY

CANCER COVERAGE PREMIUM CALCULATION WORKSHEET

1. Choose your coverage: Lump Sum Cancer Coverage & Precision Care Benefit	\$ _____
2. Cancer Benefit Builder Rider <i>(Includes Skin Cancer and Annual Wellness Benefits)</i>	\$ _____
3. Child Cancer Benefit Rider	\$ _____
4. Sub Total	\$ _____
5. Return of Premium Benefit Rider Factor *	_____ . _____ ROP Factor
6. Return of Premium <i>(If ROP elected, multiply step 4 by 5)</i>	\$ _____
7. Monthly Policy Fee**	\$2.08
8. Total Monthly Premium <i>(With ROP, add steps 4, 6 & 7. If no ROP, add steps 4 & 7)</i>	\$ _____

***No ROP available in GA, PA and TX. No 20 year in ND.**

**** No Policy Fee in AR.**

The minimum monthly benefit for new business premium must be at least \$15 including any riders and the policy fee.

Precision Care - Monthly Rates

Precision Care Base Plan

FEMALE

Issue Age	\$2,500	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$3.42	\$4.67	\$5.92	\$7.17	\$9.67	\$12.17	\$14.67	\$17.17	\$19.67	\$22.17	\$24.67	\$27.17	\$29.67	\$32.17	\$34.67	\$37.17	\$39.67
25 - 29	\$3.63	\$5.09	\$6.54	\$8.00	\$10.92	\$13.84	\$16.75	\$19.67	\$22.59	\$25.50	\$28.42	\$31.34	\$34.25	\$37.17	\$40.09	\$43.00	\$45.92
30 - 34	\$3.84	\$5.50	\$7.17	\$8.84	\$12.17	\$15.50	\$18.84	\$22.17	\$25.50	\$28.84	\$32.17	\$35.50	\$38.84	\$42.17	\$45.50	\$48.83	\$52.17
35 - 39	\$5.12	\$7.00	\$8.87	\$10.75	\$14.50	\$18.25	\$22.00	\$25.75	\$29.50	\$33.25	\$37.00	\$40.75	\$44.50	\$48.25	\$52.00	\$55.75	\$59.50
40 - 44	\$6.41	\$8.50	\$10.58	\$12.66	\$16.83	\$21.00	\$25.16	\$29.33	\$33.50	\$37.66	\$41.83	\$46.00	\$50.16	\$54.33	\$58.49	\$62.66	\$66.83
45 - 49	\$8.34	\$11.25	\$14.17	\$17.09	\$22.92	\$28.75	\$34.59	\$40.42	\$46.25	\$52.08	\$57.92	\$63.75	\$69.58	\$75.42	\$81.25	\$87.08	\$92.92
50 - 54	\$10.25	\$14.00	\$17.75	\$21.50	\$29.00	\$36.50	\$44.00	\$51.50	\$59.00	\$66.50	\$74.00	\$81.50	\$89.00	\$96.50	\$104.00	\$111.50	\$119.00
55 - 59	\$12.16	\$16.75	\$21.33	\$25.91	\$35.08	\$44.25	\$53.41	\$62.58	\$71.74	\$80.91	\$90.08	\$99.24	\$108.41	\$117.58	\$126.74	\$135.91	\$145.07
60 - 64	\$14.63	\$20.04	\$25.46	\$30.88	\$41.71	\$52.54	\$63.37	\$74.21	\$85.04	\$95.87	\$106.71	\$117.54	\$128.37	\$139.20	\$150.04	\$160.87	\$171.70
65 - 69*	\$15.79	\$21.83	\$27.87	\$33.92	\$46.00	\$58.08	\$70.16	\$82.25	\$94.33	\$106.41	\$118.50	\$130.58	\$142.66	\$154.74	\$166.83	\$178.91	\$190.99
70 - 74*	\$16.62	\$23.50	\$30.37	\$37.25	\$51.00	\$64.75	\$78.50	\$92.25	\$106.00	\$119.75	\$133.50	\$147.24	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$17.46	\$25.17	\$32.87	\$40.58	\$56.00	\$71.41	\$86.83	\$102.25	\$117.66	\$133.08	\$148.49	\$163.91	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$18.08	\$26.42	\$34.75	\$43.08	\$59.75	\$76.41	\$93.08	\$109.75	\$126.41	\$143.08	\$159.74	\$176.41	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$18.92	\$28.08	\$37.25	\$46.42	\$64.75	\$83.08	\$101.41	\$119.75	\$138.08	\$156.41	\$174.74	\$193.08	N/A	N/A	N/A	N/A	N/A

Precision Care Base Plan

MALE

Issue Age	\$2,500	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$3.21	\$4.25	\$5.29	\$6.34	\$8.42	\$10.50	\$12.59	\$14.67	\$16.75	\$18.84	\$20.92	\$23.00	\$25.09	\$27.17	\$29.25	\$31.34	\$33.42
25 - 29	\$3.42	\$4.67	\$5.92	\$7.17	\$9.67	\$12.17	\$14.67	\$17.17	\$19.67	\$22.17	\$24.67	\$27.17	\$29.67	\$32.17	\$34.67	\$37.17	\$39.67
30 - 34	\$3.63	\$5.09	\$6.54	\$8.00	\$10.92	\$13.84	\$16.75	\$19.67	\$22.59	\$25.50	\$28.42	\$31.34	\$34.25	\$37.17	\$40.09	\$43.00	\$45.92
35 - 39	\$4.92	\$6.58	\$8.25	\$9.92	\$13.25	\$16.58	\$19.92	\$23.25	\$26.58	\$29.92	\$33.25	\$36.58	\$39.92	\$43.25	\$46.58	\$49.91	\$53.25
40 - 44	\$6.62	\$8.91	\$11.20	\$13.50	\$18.08	\$22.66	\$27.25	\$31.83	\$36.41	\$41.00	\$45.58	\$50.16	\$54.74	\$59.33	\$63.91	\$68.49	\$73.08
45 - 49	\$8.54	\$11.67	\$14.79	\$17.92	\$24.17	\$30.42	\$36.67	\$42.92	\$49.17	\$55.42	\$61.67	\$67.92	\$74.17	\$80.42	\$86.67	\$92.92	\$99.17
50 - 54	\$11.75	\$15.91	\$20.08	\$24.25	\$32.58	\$40.91	\$49.25	\$57.58	\$65.91	\$74.24	\$82.58	\$90.91	\$99.24	\$107.58	\$115.91	\$124.24	\$132.58
55 - 59	\$15.37	\$21.00	\$26.62	\$32.25	\$43.50	\$54.75	\$66.00	\$77.25	\$88.50	\$99.75	\$111.00	\$122.25	\$133.50	\$144.74	\$155.99	\$167.24	\$178.49
60 - 64	\$18.24	\$25.12	\$31.99	\$38.87	\$52.62	\$66.37	\$80.12	\$93.87	\$107.62	\$121.37	\$135.12	\$148.86	\$162.61	\$176.36	\$190.11	\$203.86	\$217.61
65 - 69*	\$20.92	\$28.83	\$36.75	\$44.67	\$60.50	\$76.33	\$92.16	\$108.00	\$123.83	\$139.66	\$155.49	\$171.33	\$187.16	\$202.99	\$218.83	\$234.66	\$250.49
70 - 74*	\$21.96	\$30.92	\$39.87	\$48.83	\$66.75	\$84.66	\$102.58	\$120.50	\$138.41	\$156.33	\$174.24	\$192.16	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$23.00	\$33.00	\$43.00	\$53.00	\$73.00	\$93.00	\$113.00	\$133.00	\$152.99	\$172.99	\$192.99	\$212.99	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$23.83	\$34.67	\$45.50	\$56.33	\$78.00	\$99.66	\$121.33	\$142.99	\$164.66	\$186.33	\$207.99	\$229.66	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$24.87	\$36.75	\$48.62	\$60.50	\$84.25	\$108.00	\$131.75	\$155.49	\$179.24	\$202.99	\$226.74	\$250.49	N/A	N/A	N/A	N/A	N/A

The minimum monthly benefit premium for new business must be at least \$15 including any riders and the policy fee.

Modal Factors: Semi-Annual 0.5000, Quarterly 0.25000, Monthly Bank Draft 0.08333

Rates Do Not Include A \$2.08 Monthly Policy Fee. (No Policy Fee in AR.)

*Maximum Benefit for ages 66-90 is \$50,000.

Benefit Builder Rider - Monthly Rates

Benefit Builder Rider																	
FEMALE																	
	\$2,500	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$3.52	\$3.63	\$3.73	\$3.84	\$4.04	\$4.25	\$4.46	\$4.67	\$4.88	\$5.09	\$5.29	\$5.50	\$5.71	\$5.92	\$6.13	\$6.34	\$6.54
25 - 29	\$3.82	\$3.96	\$4.11	\$4.25	\$4.54	\$4.84	\$5.13	\$5.42	\$5.71	\$6.00	\$6.29	\$6.59	\$6.88	\$7.17	\$7.46	\$7.75	\$8.04
30 - 34	\$4.04	\$4.25	\$4.45	\$4.66	\$5.08	\$5.50	\$5.91	\$6.33	\$6.75	\$7.16	\$7.58	\$8.00	\$8.41	\$8.83	\$9.25	\$9.66	\$10.08
35 - 39	\$4.44	\$4.71	\$4.98	\$5.25	\$5.79	\$6.34	\$6.88	\$7.42	\$7.96	\$8.50	\$9.04	\$9.59	\$10.13	\$10.67	\$11.21	\$11.75	\$12.29
40 - 44	\$4.85	\$5.21	\$5.56	\$5.92	\$6.62	\$7.33	\$8.04	\$8.75	\$9.46	\$10.17	\$10.87	\$11.58	\$12.29	\$13.00	\$13.71	\$14.42	\$15.12
45 - 49	\$5.27	\$5.70	\$6.14	\$6.58	\$7.45	\$8.33	\$9.20	\$10.08	\$10.95	\$11.83	\$12.70	\$13.58	\$14.45	\$15.33	\$16.20	\$17.08	\$17.95
50 - 54	\$5.79	\$6.33	\$6.87	\$7.42	\$8.50	\$9.58	\$10.67	\$11.75	\$12.83	\$13.92	\$15.00	\$16.08	\$17.17	\$18.25	\$19.33	\$20.42	\$21.50
55 - 59	\$6.15	\$6.79	\$7.44	\$8.08	\$9.37	\$10.67	\$11.96	\$13.25	\$14.54	\$15.83	\$17.12	\$18.42	\$19.71	\$21.00	\$22.29	\$23.58	\$24.87
60 - 64	\$6.73	\$7.46	\$8.19	\$8.92	\$10.37	\$11.83	\$13.29	\$14.75	\$16.21	\$17.67	\$19.12	\$20.58	\$22.04	\$23.50	\$24.96	\$26.42	\$27.87
65 - 69*	\$7.37	\$8.16	\$8.95	\$9.75	\$11.33	\$12.91	\$14.50	\$16.08	\$17.66	\$19.25	\$20.83	\$22.41	\$24.00	\$25.58	\$27.16	\$28.75	\$30.33
70 - 74*	\$8.33	\$9.17	\$10.00	\$10.83	\$12.50	\$14.17	\$15.83	\$17.50	\$19.17	\$20.83	\$22.50	\$24.17	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$9.28	\$10.16	\$11.03	\$11.91	\$13.66	\$15.41	\$17.16	\$18.91	\$20.66	\$22.41	\$24.16	\$25.91	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$9.73	\$10.62	\$11.52	\$12.41	\$14.20	\$16.00	\$17.79	\$19.58	\$21.37	\$23.16	\$24.95	\$26.75	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$9.90	\$10.79	\$11.69	\$12.58	\$14.37	\$16.17	\$17.96	\$19.75	\$21.54	\$23.33	\$25.12	\$26.92	N/A	N/A	N/A	N/A	N/A

Benefit Builder Rider																	
MALE																	
	\$2,500	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$3.58	\$3.67	\$3.75	\$3.83	\$4.00	\$4.17	\$4.33	\$4.50	\$4.67	\$4.83	\$5.00	\$5.17	\$5.33	\$5.50	\$5.67	\$5.83	\$6.00
25 - 29	\$3.87	\$4.00	\$4.12	\$4.25	\$4.50	\$4.75	\$5.00	\$5.25	\$5.50	\$5.75	\$6.00	\$6.25	\$6.50	\$6.75	\$7.00	\$7.25	\$7.50
30 - 34	\$4.17	\$4.33	\$4.50	\$4.67	\$5.00	\$5.33	\$5.67	\$6.00	\$6.33	\$6.67	\$7.00	\$7.33	\$7.67	\$8.00	\$8.33	\$8.67	\$9.00
35 - 39	\$4.67	\$4.92	\$5.17	\$5.42	\$5.92	\$6.42	\$6.92	\$7.42	\$7.92	\$8.42	\$8.92	\$9.42	\$9.92	\$10.42	\$10.92	\$11.42	\$11.92
40 - 44	\$5.16	\$5.50	\$5.83	\$6.16	\$6.83	\$7.50	\$8.16	\$8.83	\$9.50	\$10.16	\$10.83	\$11.50	\$12.16	\$12.83	\$13.50	\$14.16	\$14.83
45 - 49	\$5.79	\$6.25	\$6.70	\$7.16	\$8.08	\$9.00	\$9.91	\$10.83	\$11.75	\$12.66	\$13.58	\$14.50	\$15.41	\$16.33	\$17.25	\$18.16	\$19.08
50 - 54	\$6.60	\$7.21	\$7.81	\$8.42	\$9.62	\$10.83	\$12.04	\$13.25	\$14.46	\$15.67	\$16.87	\$18.08	\$19.29	\$20.50	\$21.71	\$22.92	\$24.12
55 - 59	\$7.56	\$8.37	\$9.19	\$10.00	\$11.62	\$13.25	\$14.87	\$16.50	\$18.12	\$19.75	\$21.37	\$23.00	\$24.62	\$26.25	\$27.87	\$29.50	\$31.12
60 - 64	\$8.73	\$9.71	\$10.69	\$11.67	\$13.62	\$15.58	\$17.54	\$19.50	\$21.46	\$23.42	\$25.37	\$27.33	\$29.29	\$31.25	\$33.21	\$35.17	\$37.12
65 - 69*	\$10.08	\$11.17	\$12.25	\$13.33	\$15.50	\$17.67	\$19.83	\$22.00	\$24.17	\$26.33	\$28.50	\$30.67	\$32.83	\$35.00	\$37.17	\$39.33	\$41.50
70 - 74*	\$12.25	\$13.41	\$14.58	\$15.75	\$18.08	\$20.41	\$22.75	\$25.08	\$27.41	\$29.75	\$32.08	\$34.41	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$14.52	\$15.79	\$17.06	\$18.33	\$20.87	\$23.42	\$25.96	\$28.50	\$31.04	\$33.58	\$36.12	\$38.67	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$15.33	\$16.67	\$18.00	\$19.33	\$22.00	\$24.67	\$27.33	\$30.00	\$32.67	\$35.33	\$38.00	\$40.67	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$15.95	\$17.33	\$18.70	\$20.08	\$22.83	\$25.58	\$28.33	\$31.08	\$33.83	\$36.58	\$39.33	\$42.08	N/A	N/A	N/A	N/A	N/A

The minimum monthly benefit premium for new business must be at least \$15 including any riders and the policy fee.

Modal Factors: Semi-Annual 0.5000, Quarterly 0.25000, Monthly Bank Draft 0.08333
 Rates Do Not Include A \$2.08 Monthly Policy Fee. (No Policy Fee in AR.)
 *Maximum Benefit for ages 66-90 is \$50,000.

Precision Care Additional Riders - Monthly Rates

Return of Premium Riders*			
RETURN OF PREMIUM PERIOD AND ROP FACTORS			
	20 years*	Death	Death up to 85
18 - 49	N/A	0.25	0.25
50 - 59	0.50	0.35	0.25
60 - 64	0.50	0.45	0.25
65 - 69	0.50	0.60	0.25
70 - 75	N/A	0.80	N/A

* ROP not available in GA, PA and TX. No 20 year in ND.

MODAL FACTORS	
Monthly	0.08333
Quarterly	0.25000
Semi Annual	0.50000
Annual	1.00000

MONTHLY POLICY FEE***
\$2.08

*** No Policy Fee in AR.

Child Rider** - Monthly Rates

CANCER																	
	\$2,500	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
0 - 18	\$0.31	\$0.62	\$0.94	\$1.25	\$1.87	\$2.50	\$3.12	\$3.75	\$4.37	\$5.00	\$5.62	\$6.25	\$6.87	\$7.50	\$8.12	\$8.75	\$9.37

**Child Rider rate covers all children under the age of 18 listed on the application.

GUARANTEE TRUST LIFE PRECISION CARE CANCER PLAN UNDERWRITING GUIDE

POLICY SPECIFICATIONS

1. For ages 0 to 65, the maximum lump sum benefit amount (applied for and in force) is \$75,000. At ages 66 to 90, the maximum benefit is \$50,000 (applied and in force).
2. An applicant can have more than one Cancer policy/rider in force as long as the combined total for the base plan and any riders do not exceed the maximum benefit amount.
 - 2a. An additional Precision Care policy can be issued without minimum premium requirements. The existing Cancer policy must remain in force.
 - 2b. ***For an existing insured that has the maximum cancer coverage and wants to add Precision Care Cancer coverage, they can apply for \$2,500 or \$5,000 of coverage in addition to their current coverage.**
3. Dependents who are 17 years or younger can be added as a dependent to the policy. A dependent is defined as the natural born child of the applicant or dependents who are legally adopted or the applicant is the legal guardian. A dependent child cannot have more coverage than the parent. (Child Rider rates cover all children under the age of 18 listed on the application.)
4. The spouse or dependents 18 years and older must apply for their own policy. If the husband and wife apply, a dependent can only be added to one policy, not both. An annual policy fee (if applicable) is required on each policy.
5. The minimum annual benefit premium for new business which includes the base, riders and annual policy fee (if applicable) must be at least \$180.
6. There are three Return of Premium Riders available:
 - a. Return of Premium after 20 years ages 50-65 (15 years for ages 66-70)
 - b. Return of Premium upon death (prior to age 86)
 - c. Return of Premium upon death

Refer to the outline of coverage for details and state availability.

GUIDELINES FOR APPLICATION SUBMISSION

7. The applicant and any dependents 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.
8. The agent must be health licensed and use the state approved application in the state where the applicant has permanent residency.
9. If power of attorney is used, a signed copy of the form must be submitted with the application.
10. If the application is over 31 days old when received by the Company, a new, currently dated application will be required.

11. The effective date cannot be more than 93 days from the application date or prior to the application date.
12. The draft date cannot be more than 15 days before or after the effective date.
13. Even though there are no non tobacco/tobacco rates, this question must be answered by the applicant. Tobacco use means cigarettes, cigar, pipe, snuff, chewing tobacco, nicotine delivery systems such as electric cigarettes, nicotine gum or patch.
14. Monthly list bill is available for 4 or more lives. Forms are located on our website in GTLink.

REPLACEMENT GUIDELINES

15. If an existing GTL cancer plan will be replaced by this plan, we will only pay first year commission on the additional premium. The balance of the premium will be paid at the same rate as the existing plan.
16. In general, we do not permit replacement of another GTL agent's business. Contact our Agency/ Marketing department if you have any questions regarding these types of replacements.
17. If a Precision Care policy is sold to an insured that lapsed a CHS policy either before or after the sale of Precision Care , we will not pay full first year commissions. Rather, commissions will be paid based on the duration of the lapsed policy.

UNDERWRITING REQUIREMENTS*

18. An RX check (Prescription drug check) will be done at ages 0 to 65 when the cancer lump sum benefit amount is \$50,000 and over and at ages 66-90 when the cancer lump sum benefit is \$35,000 and over. The Company reserves the right to obtain an RX check on any applicant, regardless of the amount, to determine insurability.
19. A telephone interview will be conducted at ages 0 to 65 for amounts \$50,000 and over and for ages 66 to 90 for amounts \$35,000 and over. A telephone interview may also be ordered on lower amounts to clarify the applicant's medical history as needed. However please advise all applicants that they may receive a phone call to complete a telephone interview. The Company reserves the right to conduct a telephone interview with any applicant, regardless of the amount, to determine insurability.

Issue Age	Benefit Applied For	Benefit Amount	Routine Requirement
0 to 65	Cancer	\$2,500 to \$49,999	None
66 to 90	Cancer	\$2,500 to \$34,999	None
0 to 65	Cancer	\$50,000 to \$75,000	RX & PHI
66 to 90	Cancer	\$35,000 to \$50,000	RX & PHI

20. The applicant is not eligible if any of the medications listed in the Medication List are being taken or have been taken in the last 5 years. This list is not inclusive and may be changed from time to time.
21. The Company reserves the right to obtain or request any underwriting requirement to determine the insurability of the applicant.

REINSTATEMENT GUIDELINES

22. A policy can be considered for reinstatement (subject to a reinstatement application) if not lapsed more than 6 months. If more than 6 months, a new application should be submitted.

UNDERWRITING GUIDELINES

- An application for the Cancer Policy should not be taken in the following situations
 - Leukemia, Hodgkin’s or Non-Hodgkin’s disease, lymphoma, malignant melanoma, sarcoma, or any internal cancer; a pre-malignant condition or a condition with malignant potential
 - A pre-leukemic condition is also known as Myelodysplastic Syndrome (MDS). This is a blood related condition where not enough blood cells are produced by the bone marrow.
 - A pre-malignant condition or condition with malignant potential examples include Barrett’s esophagus, adenomatous polyps, adenomas, dysplasia, Monoclonal Gammopathy of Undetermined Significance (MGUS) or cervical intraepithelial neoplasia.
- Medication prescribed for the treatment of internal cancer or malignant melanoma
- 2 or more medications for Chronic Obstructive Lung/Pulmonary disease, Chronic Bronchitis or Emphysema. It does not include asthma.
- PSA reading greater than 4.0
- Abnormal mammogram where cancer has not been ruled out
- Other test results for cancer or symptoms or signs of cancer that need further investigation
- The applicant has or expects to make an appointment with the doctor for a condition relating to cancer

Height and Weight Chart

Height	Male		Female	
	Min Weight	Max Weight	Min Weight	Max Weight
4'8"	91	178	83	169
4'9"	95	185	86	176
4'10"	98	191	89	181
4'11"	101	198	92	188
5'0"	105	205	95	195
5'1"	108	212	98	201
5'2"	111	219	101	208
5'3"	114	226	104	215
5'4"	119	233	108	221
5'5"	122	240	111	228
5'6"	127	248	115	236
5'7"	130	255	118	242
5'8"	134	263	122	250
5'9"	138	271	125	257
5'10"	142	279	129	265
5'11"	146	287	133	273
6'0"	150	295	136	280
6'1"	154	303	140	288
6'2"	158	312	144	296
6'3"	163	320	148	304
6'4"	167	329	152	313
6'6"	172	337	156	320
6'6"	176	346	160	329
6'7"	180	355	164	337
6'8"	185	364	168	346
6'9"	190	373	173	354
6'10"	195	383	177	364
6'11"	199	392	181	372

If the applicant’s build is less than the minimum or greater than the maximum, the applicant does not qualify for the plan.

If the applicant is taking any of the following medications or had taken a medication within the time period listed in the health questions on the application, the applicant is not eligible for coverage. Brand names are capitalized and generic names are in small caps. With regard to COPD/COLD, the applicant does not qualify if 2 or more medications or oxygen is used. Please note that this list is not all inclusive and may be changed from time to time as medications are added and removed.

MEDICATION	CONDITION	MEDICATION	CONDITION	MEDICATION	CONDITION
3TC	AIDS	furosemide	Congestive Heart Failure	Otrexup	Cancer
abacavir	HIV	Fuzeon	AIDS, HIV	oxygen	COPD/COLD
abarelix	Cancer	Galantamine	Dementia	Paraplatin	Cancer
Adriamycin	Cancer	Gengraf	Cancer	Platinol	Cancer
AL-721	AIDS, HIV	Gleevec	Cancer	Plavix	Heart Disease
albuterol	COPD/COLD	Gleostine, CCNU	Cancer	Plenaxis	Cancer
Alkeran	Cancer	goserelin	Cancer	Pradaxa	Heart Disease
altretamine	Cancer	Granix	Cancer	Prezista	AIDS, HIV
Amen	Cancer	Herceptin	Cancer	Primacor	Heart Disease
Aptivus	AIDS, HIV	Hexalen	Cancer	Provera	Cancer
Aricept	Dementia	Hivid	AIDS, HIV	Rasuvo	Cancer
atazanavir	HIV	Hydergine	Dementia	Reminyl	Dementia
Atripla	AIDS, HIV	Hydrea	Cancer	Rescriptor	AIDS, HIV
Atrovent	COPD/COLD	hydroxyurea	Cancer	Retrovir	AIDS, HIV
AZT	AIDS, HIV	IDV	AIDS, HIV	Reyataz	HIV
BCG	Bladder Cancer	imatinib	Cancer	Rheumatrex	Cancer
bicalutamide	prostate cancer	Imdur	Heart Disease	ritonavir	AIDS, HIV
Blenoxane	Cancer	indinavir	AIDS, HIV	Rivaroxaban	Heart Disease
bleomycin	Cancer	interferon	AIDS, HIV, Cancer	Rivastigmine	Dementia
busulfan	Cancer	interferon alfa-2a	AIDS, HIV, Cancer	Roferon-A	AIDS, HIV, Cancer
Busulfex	Cancer	Invirase	AIDS, HIV	Rubex	Cancer
Caelyx	AIDS, HIV, Cancer	ipratropium	COPD/COLD	Sandimmune	Cancer
carboplatin	Cancer	Iso-Bid	Heart Disease	saquinavir	AIDS, HIV
Casodex	prostate cancer	Isordil	Heart Disease	Selzentry	HIV
chlorotrianisene	Cancer	isosorbide dinitrate	Heart Disease	Sorbitrate	Heart Disease
cisplatin	Cancer	isosorbide mononitrate	Heart Disease	Spiriva	COPD/COLD
Cognex	Dementia	Isotrate	Heart Disease	stavudine	AIDS, HIV
Clopidogrel	Heart Disease	Isotrate ER	Heart Disease	Stilphostrol	Cancer
Combivent Respimat	COPD/COLD	Kaletra	HIV	streptozocin	Cancer
Combivir	AIDS	lamivudine	AIDS, HIV	Sustiva	AIDS, HIV
Crixivan	AIDS, HIV	Lanoxin	Heart Disease	Tace	Cancer
Curretab	Cancer	Lasix	Congestive Heart Failure	Tacrine	Dementia
cyclophosphamide	Cancer	Leukeran	Cancer	tenofovir	AIDS, HIV
cyclosporine	Cancer	leuprolide	Cancer	Teslac	Cancer
Cycrin	Cancer	levamisole hydrochloride	Cancer	Tespa	Cancer
Cytoxan	Cancer	Lexiva	HIV	testolactone	Cancer
d4T	AIDS, HIV	lomustine	Cancer	THC	Cancer
darunavir	AIDS, HIV	lopinavir	HIV	TheraCyx	Bladder Cancer
ddC	AIDS, HIV	Lupron	Cancer	Thioplex	Cancer
delavirdine	AIDS, HIV	maraviroc	HIV	thiotepa	Cancer
Depo-Provera	Cancer	Marinol	Cancer	Tice BCG	Bladder Cancer
didanosine	AIDS, HIV	medroxyprogesterone acetate	Cancer	TICLID	Heart Disease
diethylstilbestrol (DES)	Cancer	Megace	Cancer	Ticlopidine HCL	Heart Disease
Digitek	Heart Disease	Mellaril	Dementia	tiotropium	COPD/COLD

MEDICATION	CONDITION	MEDICATION	CONDITION	MEDICATION	CONDITION
Digoxin	Heart Disease	megestrol	Cancer	tipranavir	AIDS, HIV
Dilatrate-SR	Heart Disease	melphalan	Cancer		
Donepezil	Dementia	Memantine	Dementia	Toposar	Cancer
doxorubicin	Cancer	methotrexate	Cancer	trastuzumab	Cancer
dronabinol	Cancer	Milrinone	Heart Disease	Trelstar	Cancer
Droxia	Cancer	mitomycin	Cancer	Trexall	Cancer
DuoNeb	COPD/COLD	mitoxantrone	Cancer	triptorelin	Cancer
efavirenz	AIDS, HIV	Mutamycin	Cancer	Trizivir	HIV
Eligard	Cancer	Myleran	Cancer	Truvada	HIV
emtricitabine	HIV	Namenda	Dementia	Valcyte	HIV
Emtriva	AIDS, HIV	Namzaric	Dementia	valganciclovir	HIV
enfuvirtide	AIDS, HIV	Natrecor	Congestive Heart Failure	VePesid	Cancer
Epivir	AIDS	nelfinavir	AIDS, HIV	Videx, ddl	AIDS, HIV
Ergamisol	Cancer	Neoral	Cancer	Vincasar	Cancer
Ergoloid Mesylates	Dementia	Neosar	Cancer	vincristine	Cancer
Estinyl	Cancer	nesiritide	Congestive Heart Failure	Viracept	AIDS, HIV
ethinyl estradiol	Cancer	Neupogen	Cancer	Viramune	AIDS, HIV
Etopophos	Cancer	nevirapine	Cancer	Viread	AIDS, HIV
etoposide	Cancer	Nitro-Bid	AIDS, HIV	Xarelto	Heart Disease
Euflex	Cancer	Nitro-Dur	Heart Disease	zalcitabine	AIDS, HIV
Eulexin	Cancer	Nitroglycerin	Heart Disease	Zanosar	Cancer
Exelon	Dementia	Nitrolingual	Heart Disease	Zarxio	Cancer
filgrastim	Cancer	Nitroquick	Heart Disease	ZDV	AIDS, HIV
flutamide	Cancer	Nitrostat	Heart Disease	Zerit	AIDS, HIV
Fortovase	AIDS, HIV	Norvir	Heart Disease	Ziagen	HIV
fosamprenavir	HIV	Novantrone	Aids,HIV	zidovudine	AIDS, HIV
foscarnet sodium	AIDS, HIV	Oncovin	Cancer	Zofran	Cancer
Foscavir	AIDS, HIV	ondansetron	Cancer		

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 on our Agent Portal, 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, please contact GTL's New Business Department at (800) 635-1993. You can also contact our Life and Health Sales Department at (800) 323-6907 or by email at agency@gtlic.com.