

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	flutamide	Cancer	Prezista	AIDS, HIV
abacavir	HIV	Fortovase	AIDS, HIV	Provera	Cancer
abarelix	Cancer	fosamprenavir	HIV	Rasuvo	Cancer
Adriamycin	Cancer	foscarnet sodium	AIDS, HIV	Rescriptor	AIDS, HIV
AL-721	AIDS, HIV	Foscavir	AIDS, HIV	Retrovir	AIDS, HIV
albuterol	COPD/COLD	Fuzeon	AIDS, HIV	Reyataz	HIV
Alkeran	Cancer	Gengraf	Cancer	Rheumatrex	Cancer
altretamine	Cancer	Gleevec	Cancer	ritonavir	AIDS, HIV
Amen	Cancer	Gleostine, CCNU	Cancer	Roferon-A	AIDS, HIV, Cancer
Aptivus	AIDS, HIV	goserelin	Cancer	Rubex	Cancer
atazanavir	HIV	Granix	Cancer	Sandimmune	Cancer
Atripla	AIDS, HIV	Herceptin	Cancer	saquinavir	AIDS, HIV
Atrovent	COPD/COLD	Hexalen	Cancer	Selzentry	HIV
AZT	AIDS, HIV	Hivid	AIDS, HIV	Spiriva	COPD/COLD
BCG	Bladder Cancer	Hydrea	Cancer	stavudine	AIDS, HIV
bicalutamide	prostate cancer	hydroxyurea	Cancer	Stilphostrol	Cancer
Blenoxane	Cancer	IDV	AIDS, HIV	streptozocin	Cancer
bleomycin	Cancer	imatinib	Cancer	Sustiva	AIDS, HIV
busulfan	Cancer	indinavir	AIDS, HIV	Tace	Cancer
Busulfex	Cancer	interferon	AIDS, HIV, Cancer	tenofovir	AIDS, HIV
Caelyx	AIDS, HIV, Cancer	interferon alfa-2a	AIDS, HIV, Cancer	Teslac	Cancer
carboplatin	Cancer	Invirase	AIDS, HIV	Tespa	Cancer
Casodex	prostate cancer	ipratropium	COPD/COLD	testolactone	Cancer
chlorotrianisene	Cancer	Kaletra	HIV	THC	Cancer
cisplatin	Cancer	lamivudine	AIDS, HIV	TheraCyx	Bladder Cancer
Combivent Respimat	COPD/COLD	Leukeran	Cancer	Thioplex	Cancer
Combivir	AIDS	leuprolide	Cancer	thiotepa	Cancer
Crixivan	AIDS, HIV	levamisole hydrochloride	Cancer	Tice BCG	Bladder Cancer
Curretab	Cancer	Lexiva	HIV	tiotropium	COPD/COLD
cyclophosphamide	Cancer	lomustine	Cancer	tipranavir	AIDS, HIV
cyclosporine	Cancer	lopinavir	HIV	Toposar	Cancer
Cycrin	Cancer	Lupron	Cancer		
Cytosan	Cancer	maraviroc	HIV	trastuzumab	Cancer
d4T	AIDS, HIV	Marinol	Cancer	Treldtar	Cancer
darunavir	AIDS, HIV	medroxyprogesterone acetate	Cancer	Trexall	Cancer
ddC	AIDS, HIV	Megace	Cancer	triptorelin	Cancer
delavirdine	AIDS, HIV	megestrol	Cancer	Trizivir	HIV
Depo-Provera	Cancer	melphalan	Cancer	Truvada	HIV
didanosine	AIDS, HIV	methotrexate	Cancer	Valcyte	HIV
diethylstilbestrol (DES)	Cancer	Milrinone	Cancer	valganiciclovir	HIV
doxorubicin	Cancer	mitomycin	Cancer	VePesid	Cancer
dronabinol	Cancer	mitoxantrone	Cancer	Videx, ddl	AIDS, HIV
Droxia	Cancer	Mutamycin	Cancer	Vincasar	Cancer
DuoNeb	COPD/COLD	Myleran	Cancer	vincristine	Cancer

MEDICATION	CONDITION	MEDICATION	CONDITION	MEDICATION	CONDITION
efavirenz	AIDS, HIV	nelfinavir	AIDS, HIV	Viracept	AIDS, HIV
Eligard	Cancer	Neoral	Cancer	Viramune	AIDS, HIV
emtricitabine	HIV	Neosar	Cancer	Viread	AIDS, HIV
Emtriva	AIDS, HIV	Neupogen	Cancer	zalcitabine	AIDS, HIV
enfuvirtide	AIDS, HIV	nevirapine	AIDS, HIV	Zanosar	Cancer
Epivir	AIDS	Norvir	AIDS, HIV	Zarxio	Cancer
Ergamisol	Cancer	Novantrone	Cancer	ZDV	AIDS, HIV
Estinyl	Cancer	Oncovin	Cancer	Zerit	AIDS, HIV
ethinyl estradiol	Cancer	ondansetron	Cancer	Ziagen	HIV
Etopophos	Cancer	Otrexup	Cancer	zidovudine	AIDS, HIV
etoposide	Cancer	oxygen	COPD/COLD	Zofran	Cancer
Euflex	Cancer	Paraplatin	Cancer	Zoladex	Cancer
Eulexin	Cancer	Platinol	Cancer		
filgrastim	Cancer	Plenaxis	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/Mobil Phone/Tablet (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.