

Agent Name:



Phone:

# *Short-Term Home Health Care Insurance*

## APPLICANT INFORMATION PACKET KENTUCKY

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

#### INCLUDES:

- MEDDUP-2- Medicare Duplication Notice
- HIPAA- Notice of Privacy Practices
- OCG1670-KY- Home Health Care Outline of Coverage
- E-CONSENT- Electronic Delivery and Communications Disclosure

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

(Rev 4\_1\_18) 15A746

<p><b>IMPORTANT NOTICE TO PERSONS ON MEDICARE</b> <b>THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS</b></p>
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**This is not Medicare Supplement Insurance**

This insurance provides limited benefits, if you meet the policy conditions, for expenses relating to the specific services listed 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 when:**

- any of the services covered by the policy are also covered by Medicare

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

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

<p><b>Before You Buy This Insurance</b></p>
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- ✓ 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).

# **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**

1275 Milwaukee Avenue, Glenview, IL 60025

(800) 338-7452

**SHORT-TERM HOME HEALTH CARE INSURANCE POLICY  
OUTLINE OF COVERAGE**

For Policy Form G1670-KY  
With Optional Rider Form RG17RPD

**CAUTION:** The issuance of the policy is based on your answers to the questions on your application. A copy of your application will be attached to the policy. If your answers, to the best of your knowledge and belief, are incorrect or untrue, we may have the right to deny benefits or rescind your policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact us within 30 days at the address shown above.

If you have any questions concerning this coverage, or if we can be of any assistance, please call us at 1-800-338-7452.

**NOTICE TO BUYER**

THE POLICY MAY NOT COVER ALL OF THE COSTS ASSOCIATED WITH SHORT-TERM HOME HEALTH CARE INCURRED BY THE BUYER DURING THE PERIOD OF COVERAGE. THIS IS A LIMITED POLICY. THE BUYER IS ADVISED TO REVIEW CAREFULLY ALL POLICY LIMITATIONS AND EXCEPTIONS. THIS IS NOT A LONG-TERM CARE POLICY.

**POLICY DESIGNATION**

The policy is an individual policy of insurance.

**PURPOSE OF OUTLINE OF COVERAGE**

This outline of coverage provides a very brief description of some of the important features of the policy. This is not the insurance contract, but only a summary of coverage. Only the individual policy contains governing contractual provisions. This means that the policy sets forth in detail those rights and obligations applicable to both you and Guarantee Trust Life Insurance Company. It is very important, therefore, that you **READ YOUR POLICY CAREFULLY**.

**GUARANTEED RENEWABLE**

This means you have the right, subject to the terms of the policy, to continue the policy as long as you pay your premium on time. We cannot change any of the terms of the policy on our own, except that, in the future, WE MAY INCREASE THE PREMIUM YOU PAY. We may change your premium by giving you advance written notice, as required by state law. We can only do this when we change the premiums for all policies like yours in the state where you live.

**THIS IS NOT MEDICARE SUPPLEMENT COVERAGE**

If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from us. Neither Guarantee Trust Life Insurance Company nor its agents represent Medicare, the federal government or any state government.

**SHORT-TERM HOME HEALTH CARE INSURANCE**

Policies of this category are designed to provide persons insured with limited or supplemental coverage.

The policy provides coverage on an indemnity basis for Covered Home Health Care services. All benefits are subject to the definitions, limitations and exclusions described in the policy.

**BENEFITS PROVIDED BY THE POLICY**

**Benefit Eligibility:** To qualify for benefits, a Licensed Health Care Practitioner must certify you have a Cognitive or Functional Impairment pursuant to a Plan of Care.

**BENEFIT ELIGIBILITY TERMS DEFINED:**

**Cognitive Impairment** means a deficiency in a Insured's short or long-term memory, orientation as to person, place, and time, deductive or abstract reasoning, or judgement as it relates to safety awareness.

**Functional Impairment** mean the inability to perform at least two (2) of the six (6) Activities of Daily Living, listed below, without substantial assistance.

**Activities of Daily Living** means the following six (6) basic activities of daily living:

1. **Bathing:** Washing oneself by sponge bath in either a tub or shower, including the task of getting into or out of the tub or shower.
2. **Continence:** The ability to maintain control of bowel or bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).
3. **Dressing:** The ability to put on or take off all items of clothing and any necessary braces, fasteners or artificial limbs.
4. **Eating:** The ability to feed oneself by getting food into the body from a receptacle (e.g., plate, cup, table) or by a feeding tube or intravenously.
5. **Toileting:** The ability to get to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
6. **Transferring:** The ability to move into or out of a bed, chair or wheelchair without assistance.

**POLICY BENEFITS BY PLAN SELECTION:** Listed below are the benefits provided by the policy. Benefit payment for each Covered Home Health Care service is based upon the plan you select.

COVERED HOME HEALTH CARE SERVICES (Check applicant's selection)	PLAN SELECTION		
	<input type="checkbox"/> Plan A N/A in KY	<input type="checkbox"/> Plan B	<input type="checkbox"/> Plan C
<b>NURSING CARE SERVICES</b>			
Skilled Nursing Care / Daily Benefit	\$75	\$150	\$200
General Nursing Care / Daily Benefit	\$60	\$120	\$200
<b>THERAPY AND MEDICAL SOCIAL SERVICES</b>			
Physical / Daily Benefit	\$75	\$150	\$200
Speech / Daily Benefit	\$75	\$150	\$200
Occupational / Daily Benefit	\$75	\$150	\$200
Enterostomal / Daily Benefit	\$50	\$100	\$200
Respirational / Daily Benefit	\$50	\$100	\$200
Chemotherapy Specialist / Daily Benefit	\$60	\$120	\$200
Medical Social Services / Daily Benefit	\$100	\$200	\$300
Combined Maximum Daily Benefit Amount for above services not to exceed:	\$150	\$300	\$450
<b>HOME HEALTH AIDE SERVICES</b>			
Home Health Aide / Daily Benefit	\$40	\$80	\$120

**MAXIMUM BENEFIT PERIODS:** The Maximum Benefit Period for Nursing Care Services, Therapy Services and medical social services is 360 days. The Maximum Benefit Period for Home Health Aide Services is 60 days.

**PRE-EXISTING CONDITIONS LIMITATION:**

The policy is subject to a 6 month pre-existing condition. Pre-existing conditions are those medical conditions disclosed or not disclosed on the application for which medical services or treatment was recommended or received from a doctor within 6 months prior to the policy's effective date. Any loss due to a pre-existing condition isn't covered unless the loss begins more than 6 months after the policy's effective date.



**LIMITATION ON BENEFITS:**

Benefits paid for Covered Home Health Care are subject to: (a) the Combined Maximum Daily Benefit amount when you receive multiple Covered Home Health Care services in one day; and (b) the allowable Maximum Benefit Period for the applicable Covered Home Health Care service. When multiple Covered Home Health Care services are received on a single day, we will count only one benefit day toward the Maximum Benefit Period, except when Home Health Aide services are received. In that case, we will count one benefit day toward the Maximum Benefit Period for Home Health Aide services as well as one benefit day for the combined total of all other Covered Home Health Care services received. There is no inflation protection offered with this coverage.

**RESTORATION OF BENEFITS:**

The policy provides for unlimited restoration of the Maximum Benefit Period for all Covered Home Health Care.

The Maximum Benefit Period for Covered Home Health Care will be fully restored when:

- 1.) Covered Home Health Care services are not received for a period of 180 consecutive days; and
- 2.) A Licensed Health Care Practitioner has certified that you have sufficiently recovered enough to no longer qualify as having a Functional or Cognitive Impairment and have been advised that Covered Home Health Care or other nursing or home care services are no longer required, whether or not such services are covered under the terms of the policy.

**POLICY EXCLUSIONS:**

The policy does not pay benefits for loss due to:

- 1) Mental or nervous disorders, but this shall not permit exclusion or limitation of benefits on the basis of Alzheimer's disease;
- 2) Alcoholism and drug addiction;
- 3) Illness, treatment, or medical condition arising out of:
  - a. War or act of war (whether declared or undeclared);
  - b. Participation in a felony, riot, or insurrection;
  - c. Service in the armed forces or auxiliary units;
  - d. Suicide (sane or insane), attempted suicide, or intentionally self-inflicted injury; or
  - e. Aviation (this exclusion shall apply only to nonfare-paying passengers); or
- 4) Treatment provided in a government facility (unless otherwise required by law), services for which benefits are available under Medicare or other governmental program (except Medicaid), any state or federal workers' compensation, employer's liability, or occupational disease law, services provided by a member of the covered person's immediate family, and services for which no charge is normally made in the absence of insurance.

**RETURN OF PREMIUM UPON DEATH (PRIOR TO AGE 86) BENEFIT RIDER - form RG17RPD**

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 benefit 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 benefits paid or then payable under the policy, including benefits paid or then payable under any attached benefit riders while the rider was in force.

# INITIAL PREMIUM

COVERAGE DESCRIPTION	PREMIUM
Short-Term Home Health Care Policy <i>(Check box for Plan selected)</i> <input type="checkbox"/> Plan A* <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C	\$ _____
Return of Premium Upon Death Benefit Rider – <i>Prior to Attained Age 86</i>	\$ _____
Policy Fee:	\$ 20.00
TOTAL PREMIUM:	\$ _____

\* N/A in Kentucky

## **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.