

Short-Term Home Health Care Insurance

AGENT RATES & UNDERWRITING GUIDE RHODE ISLAND

FOR AGENT USE ONLY

UNDERWRITTEN BY:
Guarantee Trust Life Insurance Company

GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)
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STEP 1: BASE PLAN MONTHLY RATES

(Rates do not include a \$1.67 Monthly Policy Fee.)

Home Health Care Daily Benefit Options			
	Option A	Option B	Option C
ATTAINED AGE*	\$150 Daily Max	\$300 Daily Max	\$450 Daily Max
61 - 64	\$17.74	\$35.49	\$54.61
65 - 70	\$20.90	\$41.79	\$64.73
71 - 75	\$28.49	\$56.98	\$89.34
76 - 80	\$38.22	\$76.44	\$122.91
81 - 85	\$50.81	\$101.63	\$166.56

***Rates go up at attained age 86. See page 6 for details.**

*Base Short-Term Home Health Care rates (and Accident & Sickness Hospitalization Rider) are Attained Age and will increase upon the policyholders anniversary date as outlined above.

STEP 2: MONTHLY RIDER RATES (IF APPLICABLE)

Accident & Sickness Hospitalization Rider— Monthly Rates							Critical Accident Rider- Monthly Rates					
		\$100 BENEFIT / AGES 61-85		\$200 BENEFIT / AGES 61-85		\$300 BENEFIT / AGES 40-85		ISSUE AGE	FEMALE		MALE	
ATTAINED AGE*	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY	\$5,000		\$10,000	\$5,000	\$10,000	
61 - 64	\$4.93	\$6.87	\$9.87	\$13.75	\$14.80	\$20.62	61 - 64	\$2.46	\$4.92	\$1.79	\$3.58	
65 - 70	\$5.17	\$7.45	\$10.33	\$14.90	\$15.50	\$22.35	65 - 69	\$3.25	\$6.50	\$2.29	\$4.58	
71 - 75	\$6.15	\$8.97	\$12.30	\$17.93	\$18.45	\$26.90	70 - 74	\$4.46	\$8.92	\$3.08	\$6.17	
76 - 80	\$7.84	\$11.51	\$15.68	\$23.02	\$23.52	\$34.52	75 - 79	\$6.21	\$12.42	\$4.42	\$8.83	
81 - 85	\$9.35	\$13.90	\$18.70	\$27.80	\$28.05	\$41.70	80 - 84	\$8.67	\$17.33	\$6.62	\$13.25	
							85	\$11.33	\$22.67	\$9.42	\$18.83	

***Rates go up at attained age 86. See page 6 for details.**

Dental / Vision Rider - Monthly Rates			
ISSUE AGE	MALE OR FEMALE		
	\$400	\$800	\$1,200
61 - 65	\$24.08	\$28.92	\$33.42
66 - 70	\$25.58	\$30.42	\$34.50
71 - 75	\$27.08	\$31.50	\$35.67
76 - 80	\$28.58	\$32.67	\$36.83
81 - 85	\$30.08	\$33.92	\$38.08

Ambulance Rider	
Issue Age	Premium
61 - 69	\$2.83
70 - 80	\$4.42

MODAL FACTORS	
Monthly	0.08333
Quarterly	0.25000
Semi Annual	0.50000
Annual	1.00000

Return of Premium Rider	
RETURN OF PREMIUM PERIOD AND ROP FACTOR	
Age	Upon Death (Prior to Age 86)
61-81	0.32

MONTHLY POLICY FEE
\$1.67

STEP 1: BASE PLAN ANNUAL RATES

(Rates do not include a \$20.00 Annual Policy Fee.)

Home Health Care Daily Benefit Options			
	Option A	Option B	Option C
ATTAINED AGE*	\$150 Daily Max	\$300 Daily Max	\$450 Daily Max
61 - 64	\$212.93	\$425.86	\$655.30
65 - 70	\$250.78	\$501.56	\$776.78
71 - 75	\$341.92	\$683.84	\$1,072.10
76 - 80	\$458.63	\$917.26	\$1,474.98
81 - 85	\$609.79	\$1,219.58	\$1,998.75

***Rates go up at attained age 86. See page 6 for details.**

*Base Short-Term Home Health Care rates (and Accident & Sickness Hospitalization Rider) are Attained Age and will increase upon the policyholders anniversary date as outlined above.

STEP 2: ANNUAL RIDER RATES (IF APPLICABLE)

Accident & Sickness Hospitalization Rider— Annual Rates							Critical Accident Rider - Annual Rates				
		\$100 BENEFIT / AGES 61-85		\$200 BENEFIT / AGES 61-85		\$300 BENEFIT / AGES 61-85		FEMALE		MALE	
ATTAINED AGE*	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY	ISSUE AGE	\$5,000	\$10,000	\$5,000	\$10,000
	61 - 64	\$59.20	\$82.50	\$118.40	\$165.00	\$177.60	61 - 64	\$29.50	\$59.00	\$21.50	\$43.00
	65 - 70	\$62.00	\$89.40	\$124.00	\$178.80	\$186.00	65 - 69	\$39.00	\$78.00	\$27.50	\$55.00
	71 - 75	\$73.80	\$107.60	\$147.60	\$215.20	\$221.40	70 - 74	\$53.50	\$107.00	\$37.00	\$74.00
	76 - 80	\$94.10	\$138.10	\$188.20	\$276.20	\$282.30	75 - 79	\$74.50	\$149.00	\$53.00	\$106.00
	81 - 85	\$112.20	\$166.80	\$224.40	\$333.60	\$336.60	80 - 84	\$104.00	\$208.00	\$79.50	\$159.00
							85	\$136.00	\$272.00	\$113.00	\$226.00

***Rates go up at attained age 86. See page 6 for details.**

Dental / Vision Rider - Annual Rates			
ISSUE AGE	MALE OR FEMALE		
	\$400	\$800	\$1,200
61 - 65	\$289.00	\$347.00	\$401.00
66 - 70	\$307.00	\$365.00	\$414.00
71 - 75	\$325.00	\$378.00	\$428.00
76 - 80	\$343.00	\$392.00	\$442.00
81 - 85	\$361.00	\$407.00	\$457.00

Ambulance Rider	
Issue Age	Premium
61 - 69	\$34.00
70 - 80	\$52.00

MODAL FACTORS	
Monthly	0.08333
Quarterly	0.25000
Semi Annual	0.50000
Annual	1.00000

Return of Premium Rider	
RETURN OF PREMIUM PERIOD AND ROP FACTOR	
Age	Upon Death (Prior to Age 86)
61-81	0.32

ANNUAL POLICY FEE
\$20.00

GTL Short Term Home Health Care Underwriting Guide

1. The applicant 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. We will not consider any applicant without one.
2. The agent must be health licensed and use the state approved application in the state where the applicant has permanent residency.
3. If the application is over 31 days old when received by the Company, a new currently dated Application will be required.
4. The effective date cannot be more than 93 days from the application date or prior to the application date.
5. The draft date cannot be more than 15 days before or after the effective date.
6. Insurability will be determined by the answers to the medical questions. If any answer is yes, the applicant does not qualify. Also, if the applicant has any prior GTL coverage, claim history will be reviewed in determining insurability. Finally, if the applicant has the maximum benefit amount for this plan, the applicant does not qualify for coverage.
7. The applicant can only have one Short Term Home Health Care in force at any one time. If additional coverage is desired, a new application must be completed and the applicant must meet underwriting standards. If approved, we will apply those changes to the original policy. (Note: We do not permit replacement of a policy written by another agent.) The current age of the applicant will be used to determine premium rates.
8. The Maximum coverage for this plan is Option C (\$450). If the applicant wants additional home health coverage, please see the Maximum Home Health Care Benefit Chart.
9. No replacements will be allowed for the new increase from an existing Option C (\$600) to the new Option C to \$900. Should an insured cancel their Short-Term Home Health Care policy, a 6 month waiting period must occur before they apply again.
10. The applicant can have only one Ambulance Rider. If the applicant has an Ambulance Rider with another GTL policy, this rider cannot be sold with this plan.
11. The applicant can have only one Dental Vision Rider. If the applicant has a Dental Vision Rider (or plan) with another GTL policy, this rider cannot be sold with this plan.
12. The maximum Accident and Sickness Hospitalization Rider benefit is \$300/day.
13. Riders must be sold within the base option group applied for. For example, if applying for Option A, only riders listed in Option A can be applied for.

14. While the height and weight are asked for on the application, at this time they will not be used in underwriting the application
15. A policy can be considered for reinstatement if not lapsed more than 6 months. If more than 6 months, a new application should be submitted.
16. The base Short-Term Home Health Care rates (and Accident & Sickness Hospitalization Rider) are based on Attained Age and will increase upon the policyholder anniversary date (see rate sheet). Attained age increases (if applicable) will occur at age 86 and older— rates are below.
17. Return of Premium Rider only available on new policies. It cannot be added to existing policies.
18. A Power of Attorney (POA) is not acceptable for this product.

Base Rates for age 86+:

BASE PLAN MONTHLY RATES:

(Rates do not include a \$1.67 Annual Policy Fee.)

Home Health Care Daily Benefit Options			
	Option A	Option B	Option C
ATTAINED AGE*	\$150 Daily Max	\$300 Daily Max	\$450 Daily Max
86+	\$65.85	\$131.70	\$218.97

BASE PLAN ANNUAL RATES:

(Rates do not include a \$20.00 Annual Policy Fee.)

Home Health Care Daily Benefit Options			
	Option A	Option B	Option C
ATTAINED AGE*	\$150 Daily Max	\$300 Daily Max	\$450 Daily Max
86+	\$790.25	\$1,580.50	\$2,627.80

Accident & Sickness Hospitalization Rider — Monthly Rates						
ATTAINED AGE*	\$100 BENEFIT / AGES 61-85		\$200 BENEFIT / AGES 61-85		\$300 BENEFIT / AGES 61-85	
	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY
86-90	\$11.97	\$17.87	\$23.95	\$35.75	\$35.92	\$53.62
91-95	\$17.23	\$25.82	\$34.47	\$51.63	\$51.70	\$77.45
96+	\$26.48	\$39.70	\$52.96	\$79.40	\$79.45	\$119.10

Accident & Sickness Hospitalization Rider — Annual Rates						
ATTAINED AGE*	\$100 BENEFIT / AGES 61-85		\$200 BENEFIT / AGES 61-85		\$300 BENEFIT / AGES 61-85	
	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY
86-90	\$143.70	\$214.50	\$287.40	\$429.00	\$431.10	\$643.50
91-95	\$206.80	\$309.80	\$413.60	\$619.60	\$620.40	\$929.40
96+	\$317.80	\$476.40	\$635.60	\$952.80	\$953.40	\$1,429.20

MAXIMUM HOME HEALTH CARE COVERAGE

If New Recover Cash Home Health Care Rider:	
\$1,400/week	NO other Home Health Care Coverage/Riders Allowed

If New Recover Cash Home Health Care Rider: (sold in \$50 increments)	Maximum Short-Term Home Health Care allowed*:
\$1,350/week or less	Option A only
\$1,300/week or less	Option A or B only
\$1,250/week or less	Option A, B, or C

If Prior Version Recover Cash Home Health Care Rider:	New Recover Cash Home Health Care Rider allowed:
\$75/180 Days	Maximum of \$1,100/week

If Short-Term Home Health Care*:	New Recover Cash Home Health Care Rider allowed:
Option C	Maximum of \$1,250/week
Option B	Maximum of \$1,300/week
Option A	Maximum of \$1,350/week

***For the Short-Term Home Health Care coverage focus only on the annual home health aide benefit**

SHORT TERM HOME HEALTH CARE 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) or use our Text-to-Sign option—see below.
- 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

You may also choose the Text-to-Sign option: Select Text-to-Sign during the application process and enter your client's cell phone number and click the Send Link button.

Your client will receive a text message with a secure link to sign their application. The link will be valid for 30 minutes and must be completed to continue the application. Your client will sign inside the window and then tap submit. A second signature can be added by checking the bottom box. **(NOTE: Please make sure your client writes their signature as legibly as possible. Dots and lines will NOT be accepted. To get a larger area to sign, hold the phone horizontally.)**

Your client will receive a thank you message and can then close the window. You will receive a message on the Agent Portal that the signature was captured and can continue with completing the application.

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 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 on an active policy please contact
Customer Service Support at 800-338-7452.**

For Underwriting Support please contact 800-635-1993 or email und@gtlic.com.