

ADVANTAGE PLUS®

— ELITE —

Hospital Indemnity Insurance

AGENT RATES AND UNDERWRITING GUIDE

Basic – Annual

AL, AR, GA, HI, LA, NE, NV, OK,
WV, WI

FOR AGENT USE ONLY

The GTL APP for e-Application is also available to download
on Apple and Android devices.

UNDERWRITTEN BY:
Guarantee Trust Life Insurance Company

GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)
1275 Milwaukee Avenue, Glenview, IL 60025
www.gtlic.com | 800.323.6907

(R724) (Rev. 10/24) 15D955

Guarantee Trust Life Insurance Company

Advantage Plus Hospital Indemnity Insurance

Rate Calculation Worksheet

To run electronic quotes, please visit our website GTLIC.com and click the blue Agent Login button in the top right. Once logged into GTL's Agent Portal, select "Quote & Submit" for easy and immediate product quotes

Step 1: Determine Rates for Applicant's Age

Determine Rates for Spouse's Age

Applicant 1		Applicant 2	
Daily Hospital Confinement Benefit-To calculate the base annual premium: Choose amount in \$10 increments And number of days payable per Benefit Period <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 15 Daily Benefit for a 1 day plan is \$1,000 to \$2,500 Daily Benefit for a 3, 4, 5, 6, 7, 8, 9, 10 or 15 day plan is \$100-\$990 \$ <u> </u> ÷ 10 = <u> </u> Units <u> </u> x <u> </u> = \$ <u> </u> Units Rate Annual Base Premium		Daily Hospital Confinement Benefit-To calculate the base annual premium: Choose amount in \$10 increments And number of days payable per Benefit Period <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 15 Daily Benefit for a 1 day plan is \$1,000 to \$2,500 Daily Benefit for a 3, 4, 5, 6, 7, 8, 9, 10 or 15 day plan is \$100-\$990 \$ <u> </u> ÷ 10 = <u> </u> Units <u> </u> x <u> </u> = \$ <u> </u> Units Rate Annual Base Premium	
Step 2: Choose Optional Riders Applicant 1		Choose Optional Riders Applicant 2	
Guaranteed Purchase Option Benefit Rider <u> </u> x \$ <u> </u> = <u> </u> Factor Annual Base Premium GPO Rider Premium Total Include Annual Wellness Benefit Rider \$ <u> </u> + \$ <u> </u> = <input type="checkbox"/> \$ <u> </u> GPO Rider Premium Wellness Premium Total Combined Premium (Maximum Issue Age is 79) Ambulance Service Benefit Rider \$50 per unit, up to 8 units <input type="checkbox"/> \$ <u> </u> (Maximum Issue Age is 80) Outpatient Therapy Benefit Rider <input type="checkbox"/> 15 days <input type="checkbox"/> 30 days Choose Calendar Year Benefit of 15 or 30 Days \$ <u> </u> Skilled Nursing Facility Benefit Rider Choose one Option and choose an amount in \$10 increments from \$100 to \$300 OPTION 1 \$ <u> </u> OPTION 2 \$ <u> </u> Lump Sum Cancer Benefit Rider <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500 (Includes \$500 Basal Cell/Squamous Cell Skin Carcinoma benefit) <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> With 100% Recurrence Benefit \$ <u> </u> Critical Accident Benefit Rider <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 \$ <u> </u> Lump Sum Hospital Benefit Rider <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 (Not available if the 1 Day Benefit Period is chosen.) <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 Outpatient Surgical Benefit Rider <input type="checkbox"/> \$1,000 \$ <u> </u> Dental and Vision Benefit Rider <input type="checkbox"/> \$400 <input type="checkbox"/> \$800 <input type="checkbox"/> \$1,200 \$ <u> </u>		Guaranteed Purchase Option Benefit Rider <u> </u> x \$ <u> </u> = <u> </u> Factor Annual Base Premium GPO Rider Premium Total Include Annual Wellness Benefit Rider \$ <u> </u> + \$ <u> </u> = <input type="checkbox"/> \$ <u> </u> GPO Rider Premium Wellness Premium Total Combined Premium (Maximum Issue Age is 79) Ambulance Service Benefit Rider \$50 per unit, up to 8 units <input type="checkbox"/> \$ <u> </u> (Maximum Issue Age is 80) Outpatient Therapy Benefit Rider <input type="checkbox"/> 15 days <input type="checkbox"/> 30 days Choose Calendar Year Benefit of 15 or 30 Days \$ <u> </u> Skilled Nursing Facility Benefit Rider Choose one Option and choose an amount in \$10 increments from \$100 to \$300 OPTION 1 \$ <u> </u> OPTION 2 \$ <u> </u> Lump Sum Cancer Benefit Rider <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500 (Includes \$500 Basal Cell Squamous Cell Skin Carcinoma benefit) <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> With 100% Recurrence Benefit \$ <u> </u> Critical Accident Benefit Rider <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 \$ <u> </u> Lump Sum Hospital Benefit Rider <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 (Not available if the 1 Day Benefit Period is chosen.) <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 Outpatient Surgical Benefit Rider <input type="checkbox"/> \$1,000 \$ <u> </u> Dental and Vision Benefit Rider <input type="checkbox"/> \$400 <input type="checkbox"/> \$800 <input type="checkbox"/> \$1,200 \$ <u> </u>	
Step 3: Total Annual Premium Applicant 1 \$ <u> </u> Policy Fee (if applicable)* \$ <u> </u>		Total Annual Premium Applicant 2 \$ <u> </u> Policy Fee (if applicable)* \$ <u> </u>	
Step 4: Premium Payment Mode: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual (.520)		<input type="checkbox"/> Quarterly (.265) <input type="checkbox"/> Monthly PAC (.084)	
Step 5: Total Mode Premium for Applicant 1 \$ <u> </u>		Total Mode Premium for Applicant 2 \$ <u> </u> *\$20 Annual Policy Fee	

Annual Rates

Issue Age Per \$10/ Day*	1-Day Hospital Benefit	3-Day Hospital Benefit	4-Day Hospital Benefit	5-Day Hospital Benefit	6-Day Hospital Benefit	7-Day Hospital Benefit	8-Day Hospital Benefit	9-Day Hospital Benefit	10-Day Hospital Benefit	15-Day Hospital Benefit
40 - 65	\$4.05	\$7.10	\$7.83	\$8.56	\$9.31	\$9.89	\$10.50	\$11.08	\$11.65	\$14.97
66	\$4.08	\$7.18	\$7.92	\$8.67	\$9.43	\$10.02	\$10.63	\$11.22	\$11.81	\$15.18
67	\$4.11	\$7.26	\$8.01	\$8.78	\$9.55	\$10.15	\$10.76	\$11.36	\$11.97	\$15.39
68	\$4.14	\$7.34	\$8.10	\$8.89	\$9.67	\$10.28	\$10.89	\$11.50	\$12.13	\$15.59
69	\$4.18	\$7.43	\$8.20	\$8.98	\$9.77	\$10.39	\$11.03	\$11.65	\$12.30	\$15.81
70	\$4.28	\$7.62	\$8.41	\$9.21	\$10.02	\$10.67	\$11.32	\$11.96	\$12.64	\$16.24
71	\$4.46	\$7.94	\$8.77	\$9.61	\$10.45	\$11.13	\$11.80	\$12.47	\$13.21	\$16.97
72	\$4.63	\$8.26	\$9.13	\$10.00	\$10.88	\$11.59	\$12.30	\$12.99	\$13.78	\$17.71
73	\$4.80	\$8.60	\$9.51	\$10.41	\$11.33	\$12.07	\$12.80	\$13.53	\$14.36	\$18.46
74	\$4.99	\$8.94	\$9.89	\$10.83	\$11.79	\$12.56	\$13.32	\$14.08	\$14.96	\$19.22
75	\$5.17	\$9.29	\$10.27	\$11.26	\$12.25	\$13.05	\$13.85	\$14.64	\$15.57	\$20.01
76	\$5.36	\$9.65	\$10.67	\$11.70	\$12.73	\$13.57	\$14.39	\$15.22	\$16.20	\$20.82
77	\$5.55	\$10.02	\$11.09	\$12.15	\$13.22	\$14.10	\$14.95	\$15.81	\$16.85	\$21.66
78	\$5.75	\$10.42	\$11.53	\$12.64	\$13.76	\$14.67	\$15.56	\$16.45	\$17.55	\$22.55
79	\$5.95	\$10.83	\$11.99	\$13.14	\$14.31	\$15.26	\$16.18	\$17.12	\$18.28	\$23.49
80	\$6.15	\$11.27	\$12.47	\$13.68	\$14.89	\$15.88	\$16.84	\$17.85	\$19.04	\$24.47
81	\$6.39	\$11.70	\$12.95	\$14.20	\$15.45	\$16.48	\$17.49	\$18.53	\$19.79	\$25.43
82	\$6.64	\$12.16	\$13.46	\$14.76	\$16.07	\$17.14	\$18.18	\$19.27	\$20.60	\$26.46
83	\$6.89	\$12.61	\$13.97	\$15.32	\$16.68	\$17.79	\$18.87	\$20.00	\$20.96	\$26.93
84	\$7.13	\$13.05	\$14.45	\$15.85	\$17.26	\$18.41	\$19.53	\$20.42	\$21.19	\$27.24
85	\$7.35	\$13.32	\$14.92	\$16.37	\$17.82	\$19.01	\$20.02	\$20.63	\$21.40	\$27.51

The Base policy includes a Short Duration Hospital Stay benefit, Observation Stay, Emergency Room & Mental Health Benefits.

*Minimum/maximum daily benefit range available for 3-day to 15-day plan is \$100 to \$990.

Minimum/maximum benefit range available for 1-day plan is \$1,000 to \$2,500.

Minimum Annual Premium with any rider and policy fee is \$240. Annual Policy Fee is \$20.00.

Premium Payment Mode Factors available: Semi-Annual (.520) Quarterly (.265) Monthly Pre-Authorized Check (PAC - .084)

Annual Rates

Lump Sum Cancer Rider

Lump Sum Cancer Rider with Recurrence Benefit*

AGE	\$2,500	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	AGE	\$2,500	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000
40	\$31.48	\$54.85	\$78.23	\$101.60	\$148.35	\$195.10	40	\$34.98	\$61.85	\$88.73	\$115.60	\$169.35	\$223.10
41	\$33.69	\$58.81	\$83.94	\$109.06	\$159.31	\$209.56	41	\$37.46	\$66.36	\$95.26	\$124.16	\$181.96	\$239.76
42	\$35.45	\$61.90	\$88.35	\$114.80	\$167.70	\$220.60	42	\$39.43	\$69.85	\$100.28	\$130.70	\$191.55	\$252.40
43	\$37.53	\$65.48	\$93.43	\$121.38	\$177.28	\$233.18	43	\$41.73	\$73.88	\$106.03	\$138.18	\$202.48	\$266.78
44	\$39.86	\$69.61	\$99.36	\$129.11	\$188.61	\$248.11	44	\$44.34	\$78.56	\$112.79	\$147.01	\$215.46	\$283.91
45	\$42.54	\$74.29	\$106.04	\$137.79	\$201.29	\$264.79	45	\$47.32	\$83.84	\$120.37	\$156.89	\$229.94	\$302.99
46	\$44.92	\$78.42	\$111.92	\$145.42	\$212.42	\$279.42	46	\$49.95	\$88.47	\$127.00	\$165.52	\$242.57	\$319.62
47	\$47.77	\$83.34	\$118.92	\$154.49	\$225.64	\$296.79	47	\$53.09	\$93.99	\$134.89	\$175.79	\$257.59	\$339.39
48	\$50.47	\$88.04	\$125.62	\$163.19	\$238.34	\$313.49	48	\$56.09	\$99.29	\$142.49	\$185.69	\$272.09	\$358.49
49	\$53.64	\$93.51	\$133.39	\$173.26	\$253.01	\$332.76	49	\$59.61	\$105.46	\$151.31	\$197.16	\$288.86	\$380.56
50	\$56.76	\$98.96	\$141.16	\$183.36	\$267.76	\$352.16	50	\$63.09	\$111.61	\$160.14	\$208.66	\$305.71	\$402.76
51	\$60.01	\$104.46	\$148.91	\$193.36	\$282.26	\$371.16	51	\$66.69	\$117.81	\$168.94	\$220.06	\$322.31	\$424.56
52	\$63.17	\$109.92	\$156.67	\$203.42	\$296.92	\$390.42	52	\$70.20	\$123.97	\$177.75	\$231.52	\$339.07	\$446.62
53	\$66.45	\$115.45	\$164.45	\$213.45	\$311.45	\$409.45	53	\$73.80	\$130.15	\$186.50	\$242.85	\$355.55	\$468.25
54	\$70.08	\$121.65	\$173.23	\$224.80	\$327.95	\$431.10	54	\$77.80	\$137.10	\$196.40	\$255.70	\$374.30	\$492.90
55	\$73.72	\$127.84	\$181.97	\$236.09	\$344.34	\$452.59	55	\$81.84	\$144.09	\$206.34	\$268.59	\$393.09	\$517.59
56	\$77.42	\$134.12	\$190.82	\$247.52	\$360.92	\$474.32	56	\$85.92	\$151.12	\$216.32	\$281.52	\$411.92	\$542.32
57	\$81.36	\$140.81	\$200.26	\$259.71	\$378.61	\$497.51	57	\$90.29	\$158.66	\$227.04	\$295.41	\$432.16	\$568.91
58	\$85.16	\$147.16	\$209.16	\$271.16	\$395.16	\$519.16	58	\$94.46	\$165.76	\$237.06	\$308.36	\$450.96	\$593.56
59	\$89.08	\$153.65	\$218.23	\$282.80	\$411.95	\$541.10	59	\$98.75	\$173.00	\$247.25	\$321.50	\$470.00	\$618.50
60	\$93.02	\$160.14	\$227.27	\$294.39	\$428.64	\$562.89	60	\$103.09	\$180.29	\$257.49	\$334.69	\$489.09	\$643.49
61	\$97.15	\$166.85	\$236.55	\$306.25	\$445.65	\$585.05	61	\$107.60	\$187.75	\$267.90	\$348.05	\$508.35	\$668.65
62	\$101.30	\$173.50	\$245.70	\$317.90	\$462.30	\$606.70	62	\$112.13	\$195.15	\$278.18	\$361.20	\$527.25	\$693.30
63	\$105.61	\$180.36	\$255.11	\$329.86	\$479.36	\$628.86	63	\$116.84	\$202.81	\$288.79	\$374.76	\$546.71	\$718.66
64	\$110.05	\$187.37	\$264.70	\$342.02	\$496.67	\$651.32	64	\$121.65	\$210.57	\$299.50	\$388.42	\$566.27	\$744.12
65	\$114.61	\$194.48	\$274.36	\$354.23	\$513.98	\$673.73	65	\$126.58	\$218.43	\$310.28	\$402.13	\$585.83	\$769.53
66	\$118.37	\$199.82	\$281.27	\$362.72	\$525.62	\$688.52	66	\$130.60	\$224.27	\$317.95	\$411.62	\$598.97	\$786.32
67	\$123.07	\$206.82	\$290.57	\$374.32	\$541.82	\$709.32	67	\$135.65	\$231.97	\$328.30	\$424.62	\$617.27	\$809.92
68	\$127.82	\$213.64	\$299.47	\$385.29	\$556.94	\$728.59	68	\$140.69	\$239.39	\$338.09	\$436.79	\$634.19	\$831.59
69	\$132.62	\$220.24	\$307.87	\$395.49	\$570.74	\$745.99	69	\$145.77	\$246.54	\$347.32	\$448.09	\$649.64	\$851.19
70	\$137.79	\$227.16	\$316.54	\$405.91	\$584.66	\$763.41	70	\$151.19	\$253.96	\$356.74	\$459.51	\$665.06	\$870.61
71	\$143.15	\$233.85	\$324.55	\$415.25	\$596.65	\$778.05	71	\$156.75	\$261.05	\$365.35	\$469.65	\$678.25	\$886.85
72	\$149.85	\$242.85	\$335.85	\$428.85	\$614.85	\$800.85	72	\$163.80	\$270.75	\$377.70	\$484.65	\$698.55	\$912.45
73	\$156.67	\$251.74	\$346.82	\$441.89	\$632.04	\$822.19	73	\$170.92	\$280.24	\$389.57	\$498.89	\$717.54	\$936.19
74	\$163.51	\$260.38	\$357.26	\$454.13	\$647.88	\$841.63	74	\$178.03	\$289.43	\$400.83	\$512.23	\$735.03	\$957.83
75	\$170.48	\$269.18	\$367.88	\$466.58	\$663.98	\$861.38	75	\$185.28	\$298.78	\$412.28	\$525.78	\$752.78	\$979.78
76	\$176.03	\$275.28	\$374.53	\$473.78	\$672.28	\$870.78	76	\$190.93	\$305.08	\$419.23	\$533.38	\$761.68	\$989.98
77	\$181.88	\$282.70	\$383.53	\$484.35	\$686.00	\$887.65	77	\$197.00	\$312.95	\$428.90	\$544.85	\$776.75	\$1,008.65
78	\$185.75	\$287.82	\$389.90	\$491.97	\$696.12	\$900.27	78	\$201.05	\$318.42	\$435.80	\$553.17	\$787.92	\$1,022.67
79	\$188.24	\$291.61	\$394.99	\$498.36	\$705.11	\$911.86	79	\$203.74	\$322.61	\$441.49	\$560.36	\$798.11	\$1,035.86
80	\$190.55	\$295.25	\$399.95	\$504.65	\$714.05	\$923.45	80	\$206.25	\$326.65	\$447.05	\$567.45	\$808.25	\$1,049.05
81	\$191.60	\$296.30	\$401.00	\$505.70	\$715.10	\$924.50	81	\$207.30	\$327.70	\$448.10	\$568.50	\$809.30	\$1,050.10
82	\$193.46	\$298.91	\$404.36	\$509.81	\$720.71	\$931.61	82	\$209.29	\$330.56	\$451.84	\$573.11	\$815.66	\$1,058.21
83	\$195.65	\$302.10	\$408.55	\$515.00	\$727.90	\$940.80	83	\$211.63	\$334.05	\$456.48	\$578.90	\$823.75	\$1,068.60
84	\$197.67	\$304.87	\$412.07	\$519.27	\$733.67	\$948.07	84	\$213.75	\$337.02	\$460.30	\$583.57	\$830.12	\$1,076.67
85	\$200.05	\$308.30	\$416.55	\$524.80	\$741.30	\$957.80	85	\$216.30	\$340.80	\$465.30	\$589.80	\$838.80	\$1,087.80

* The Lump Sum Cancer with Recurrence is not available in Georgia.

Minimum Annual Premium with any rider and policy fee is \$240. Annual Policy Fee is \$20.00.

Premium Payment Mode Factors available: Semi-Annual (.520) Quarterly (.265) Monthly Pre-Authorized Check (PAC - .084)

Annual Rates

Ambulance Benefit Rider Benefit Amount Per Ambulance Service

Issue Age	\$50	\$100	\$150	\$200	\$250	\$300	\$350	\$400
40-69	\$4.25	\$8.50	\$12.75	\$17.00	\$21.25	\$25.50	\$29.75	\$34.00
70-74	\$5.25	\$10.50	\$15.75	\$21.00	\$26.25	\$31.50	\$36.75	\$42.00
75-79	\$6.75	\$13.50	\$20.25	\$27.00	\$33.75	\$40.50	\$47.25	\$54.00
80	\$8.50	\$17.00	\$25.50	\$34.00	\$42.50	\$51.00	\$59.50	\$68.00

Dental & Vision Benefit Rider*

Issue Age	\$400	\$800	\$1,200
40 - 49	\$270.00	\$325.00	\$375.00
50 - 55	\$290.00	\$353.00	\$411.00
56 - 60	\$303.00	\$368.00	\$428.00
61 - 65	\$319.00	\$384.00	\$443.00
66 - 70	\$339.00	\$403.00	\$458.00
71 - 75	\$359.00	\$418.00	\$473.00
76 - 80	\$379.00	\$433.00	\$488.00
81 - 85	\$399.00	\$449.00	\$505.00

*Not available in GA

Outpatient Therapy Benefit Rider \$50 Benefit Per Day

	Option A	Option B
Issue Age	15 days	30 days
40-85	\$72.18	\$83.20

Guaranteed Purchase Option (GPO) Benefit Rider Factor

Issue Age	
40 - 63	0.18
64 - 75	0.095
76 - 79	0.065

(Applies to Base Premium Only;
must be sold with the Wellness Benefit Rider.)

Critical Accident Benefit Rider

	FEMALE		MALE	
Issue Age	\$5,000	\$10,000	\$5,000	\$10,000
40 - 44	\$11.50	\$23.00	\$15.00	\$30.00
45 - 49	\$14.00	\$28.00	\$15.00	\$30.00
50 - 54	\$18.00	\$36.00	\$16.00	\$32.00
55 - 59	\$23.00	\$46.00	\$18.00	\$36.00
60 - 64	\$29.50	\$59.00	\$21.50	\$43.00
65 - 69	\$39.00	\$78.00	\$27.50	\$55.00
70 - 74	\$53.50	\$107.00	\$37.00	\$74.00
75 - 79	\$74.50	\$149.00	\$53.00	\$106.00
80 - 84	\$104.00	\$208.00	\$79.50	\$159.00
85	\$136.00	\$272.00	\$113.00	\$226.00

Outpatient Surgical Benefit Rider

Issue Age	\$250	\$500	\$750	\$1,000
40-85	\$74.00	\$148.00	\$222.00	\$296.00

Wellness Benefit Rider

Issue Age	\$100 Annual Benefit
40-49	\$58.00
50-59	\$62.00
60-69	\$66.00
70-79	\$70.00

(Must be sold with the GPO Benefit Rider)

Minimum Annual Premium with any rider and policy fee is \$240. Annual Policy Fee is \$20.00.

Premium Payment Mode Factors available: Semi-Annual (.520) Quarterly (.265) Monthly Pre-Authorized Check (PAC - .084)

Annual Rates

Skilled Nursing Facility Benefit Rider

Issue Age	Option 1 Days 1-50 Annual Rate per \$10 Benefit for \$100-\$300			Issue Age	Option 2 Days 21-100 Annual Rate per \$10 Benefit for \$100-\$300		
	Issue Age				Issue Age		
40	\$2.61	63	\$12.05	40	\$1.44	63	\$6.95
41	\$2.73	64	\$12.46	41	\$1.47	64	\$7.70
42	\$2.84	65	\$12.86	42	\$1.51	65	\$7.70
43	\$2.95	66	\$13.27	43	\$1.56	66	\$8.55
44	\$3.07	67	\$13.67	44	\$1.61	67	\$9.54
45	\$3.18	68	\$15.28	45	\$1.67	68	\$10.69
46	\$3.30	69	\$16.88	46	\$1.73	69	\$12.00
47	\$3.41	70	\$18.49	47	\$1.81	70	\$13.48
48	\$3.62	71	\$20.09	48	\$1.90	71	\$15.26
49	\$3.84	72	\$21.70	49	\$2.00	72	\$17.15
50	\$4.05	73	\$24.09	50	\$2.11	73	\$19.19
51	\$4.27	74	\$26.48	51	\$2.24	74	\$21.41
52	\$4.48	75	\$28.87	52	\$2.38	75	\$23.82
53	\$4.85	76	\$31.26	53	\$2.54	76	\$26.47
54	\$5.23	77	\$33.65	54	\$2.72	77	\$29.38
55	\$5.60	78	\$39.97	55	\$2.92	78	\$32.58
56	\$5.98	79	\$46.29	56	\$3.14	79	\$36.08
57	\$6.35	80	\$52.61	57	\$3.38	80	\$39.95
58	\$7.41	81	\$58.93	58	\$3.65	81	\$44.40
59	\$8.47	82	\$65.25	59	\$3.94	82	\$49.35
60	\$9.53	83	\$71.57	60	\$4.69	83	\$54.86
61	\$10.59	84	\$77.89	61	\$5.44	84	\$60.99
62	\$11.65	85	\$84.21	62	\$6.20	85	\$67.77

Lump Sum Hospital Confinement Benefit Rider*

Issue Age	\$250	\$500	\$750
40-65	\$70.00	\$140.00	\$210.00
66	\$71.50	\$143.00	\$214.50
67	\$72.75	\$145.50	\$218.25
68	\$74.25	\$148.50	\$222.75
69	\$75.25	\$150.50	\$225.75
70	\$75.75	\$151.50	\$227.25
71	\$76.25	\$152.50	\$228.75
72	\$77.00	\$154.00	\$231.00
73	\$77.75	\$155.50	\$233.25
74	\$79.00	\$158.00	\$237.00
75	\$80.75	\$161.50	\$242.25
76	\$82.25	\$164.50	\$246.75
77	\$84.25	\$168.50	\$252.75
78	\$86.25	\$172.50	\$258.75
79	\$89.00	\$178.00	\$267.00
80	\$91.75	\$183.50	\$275.25
81	\$95.75	\$191.50	\$287.25
82	\$98.00	\$196.00	\$294.00
83	\$100.25	\$200.50	\$300.75
84	\$102.25	\$204.50	\$306.75
85	\$105.75	\$211.50	\$317.25

*Not available with a 1-Day Benefit Period.

Minimum Annual Premium with any rider and policy fee is \$240. Annual Policy Fee is \$20.00.

Premium Payment Mode Factors available: Semi-Annual (.520) Quarterly (.265) Monthly Pre-Authorized Check (PAC - .084)

GUARANTEE TRUST LIFE ADVANTAGE PLUS ELITE UNDERWRITING GUIDE

Issue Ages: 40-85

Benefit Amounts: 1 Day - \$1,000 - \$2,500

3-15 Day - \$100 - \$990 Per Day

UNDERWRITING

1. Benefit Maximums

The maximum daily benefit amount is \$990/day for benefit periods between 3 to 15-days. Applicants can have more than 1 policy in force as long as they do not exceed the total maximum benefit of **\$1,000/Day Hospital Confinement**.

However, the applicant can apply for up to an additional \$300/day benefit under the hospitalization rider (Short Term Home Health Care) even after meeting the \$1,000 maximum. For a 1-day benefit period, the maximum amount is \$2,500.

Benefit Increases/New Policy

If increasing the Daily Hospital benefit amount or changing the benefit period or adding a rider, a new application needs to be completed (e-App, Agent Portal or paper) and will be subject to evidence of insurability.

If a second application is submitted, the underwriting team will email the agent to verify the intentions of the new application. Based on the response we get from the agent, we will determine how we are going to process the new application.

A cancel/rewrite will apply on the following situation:

If changing the benefit period (increasing or decreasing).

This will get treated as a cancel/rewrite. We will terminate the old policy as of the paid to date and issue the new plan as of the paid to date of the old coverage. We will cancel/rewrite with the following provisions: Commissions will be paid on a renewal basis. The pre-existing waiting period and contestability period starts over. A new policy will get generated.

Replacements

We will allow replacement of an older Advantage Plus Plan, subject to underwriting approval. If approved, Commissions on the new policy will be paid on a renewal basis.

2. If the application is over 31 days old when received by the Company, we will require a new currently dated application.
3. The effective date cannot be more than 90 days from the application date or prior to the application date.
4. If both spouses apply for coverage, a separate annual policy fee is required for both.
5. The final decision will be based on the answers to the medical questions. If all the medical questions are answered "NO" the applicant will be eligible, subject to claim review if there is or was another health policy with GTL. The medical questions do not need to be answered if the applicant is between the ages of 64 ½ up to but not including age 70 as of the application date. (The following states do not have Guaranteed Issue: NJ, UT.) However if the cancer rider is applied for, the applicant must answer the medical questions for this rider regardless of age.
6. **Pre-Existing Condition:** A Pre-existing Condition is a sickness or injury, disclosed or not disclosed on the application, for which medical care, treatment, diagnosis or advice was received or recommended within the six (6) month period immediately prior to your client's effective date of coverage under their policy; or the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the six (6) months prior to their effective date of coverage under their policy. Treatment includes the taking of prescription drugs or medicines. Pre-existing conditions are not covered unless the loss begins more than **six (6) months after their effective date of coverage**. The Pre-existing

Condition period may differ in some states, **and still applies during the Guaranteed Issue period** (in NC, no pre-existing condition limitation).

7. The agent must be health licensed and use the state approved application in the state where the applicant has permanent residency.
8. Applicant must be a U.S. citizen or hold a "green card" (permanent resident of US).
9. The applicant must have a valid social security number. We cannot issue a policy to an applicant who does not have a social security number.
10. A Power of Attorney (POA)/Guardianship is not acceptable for this product.
- 11. The Minimum Annual Premium with any rider and policy fee is \$240.**

Restrictions Related to Overlapping Benefits with Other GTL and UNL Products

Please refer to the Specific Requirements page for your state's Advantage Plus Elite product variances.

Base Hospital Confinement	Maximum Limit combined daily benefit with riders under other products is \$1,000. *Applicant can have an additional \$300/ Accident & Sickness Hospitalization rider under the HHC Plan.
Ambulance Rider (max issue age: 80)	Maximum benefit across all products is \$400.
Outpatient Surgical Rider	Maximum benefit across all products is \$1,000.
Outpatient Therapy Rider	Only 1 rider is allowed.
Skilled Nursing Facility Riders*	Not allowed if another existing product with similar benefits and cannot duplicate this rider. *Maximum benefit of \$300 Only available for Advantage Plus Elite Plans. Other Products: Long-Term Care, Recover Cash/Recuperation Plus
Lump Sum Hospital Rider	Maximum benefit across all products is \$750.
Critical Accident Rider	Maximum benefit of \$10,000 is allowed between all products with this rider.
Lump Sum Cancer Riders	Limit combined Lump Sum benefit with riders under other products to: \$50,000 for applicant ages 18 to 90 for GTL \$35,000 for applicant ages 18-85 for UNL
Dental-Vision Rider	Not allowed in combination with any other GTL or UNL Dental coverage.
Guaranteed Purchase Option Benefit Rider/Wellness Benefit (max issue Age: 79)	Only 1 rider is allowed. Available upon issue only GPO Benefit rider can be removed from the policy but cannot add back. Only available for Advantage Plus Elite Plans.

STATE SPECIFIC REQUIREMENTS

Please refer to this list for your state's Advantage Plus Elite product variances.

CONNECTICUT: Own Dental/Vision Policy; No Cancer, Outpatient Therapy, Critical Accident or Outpatient Surgical Riders.

GEORGIA: No Dental/Vision or Cancer with Recurrence Riders.

KANSAS: Own Dental/Vision Policy; No Cancer, Skilled Nursing Home or Outpatient Therapy Riders.

MARYLAND: No Dental/Vision or Skilled Nursing Home Option 2 (Days 21-100); No Waiting Periods.

MINNESOTA: No Cancer, Dental/Vision or Skilled Nursing Facility Riders.

MISSOURI: No Dental/Vision Rider.

MISSISSIPPI: \$6.00 Annual Policy Fee.

NORTH CAROLINA: No Pre-Existing Waiting Period.

NORTH DAKOTA: No Dental/Vision Rider.

PENNSYLVANIA: Special Initial Benefit Period of \$15/day for the remainder of 31 days.

RHODE ISLAND: No Cancer Riders.

SOUTH DAKOTA: No Short Duration Hospital Stay Benefit.

TENNESSEE: No Dental/Vision Rider.

TEXAS: Special Initial Benefit Period of \$15/day for the remainder of 31 days.

UTAH: Not Guaranteed Issue between age 64 1/2 and up to 70.

VIRGINIA: No Cancer or Dental/Vision Riders.

ADVANTAGE PLUS® ELITE
Hospital Indemnity Insurance

ADMINISTRATION

1. For policies that will draft the first premium, the draft date must be within 15 days of the effective date.
2. The policy can be considered for reinstatement within 6 months of the lapse date. After 6 months a new application will be required.

POLICY CHANGES

1. If the applicant wants additional daily benefit or rider coverage, a new, completed application must be submitted. Only the requested additional coverage is required to be submitted. **However, Advantage Plus Elite Riders cannot be added to any previous Advantage Plus product versions.**
2. If the applicant only wants to add a benefit rider, a new application needs to be completed and sent to the Underwriting department for review. If approved, the rider will be added to the policy as of the next paid due date or next month after approval (if on direct billing). A new policy will not be issued when adding benefit riders.
3. You can increase your client's existing Advantage Plus coverage directly on the e-App, Agent Portal, or via paper.
4. The Dental/Vision rider is Guaranteed Issue and can be added to an existing policy. The insured can call GTL's New Business at 1-800-635-1993 to request the Dental/Vision rider be added to their policy. Or, the insured and agent can fill out the Dental/Vision Rider Addition Form and mail, email und@gtlic.com or fax it to GTL's New Business at 1-847-699-8493. The form will be available on GTLink.

ADVANTAGE PLUS 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 One-Time PIN option—see below.
- E-application/Mobile Phone/Tablet
- 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 One-Time PIN option: Select the One-Time PIN during the application process and enter your client's cell phone number and click the Send Code button. Your client will receive a text message with a 5-digit verification code. Ask the applicant for the verification code to capture their e-Signature. Select "Confirm" to verify the one-time code. Click Save and Continue to 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 90 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.

GTL's Automated **VERIFICATION SYSTEM**

Your client(s) must complete a quick verification call **ONLY IF**: They are not present to sign the application, or are unable to use the text-to-sign or digital signature feature.

ONLY THE INSURED(S) CAN COMPLETE THE VERIFICATION CALL — NOT THE AGENT, POWER OF ATTORNEY, OR ANYONE ELSE OTHER THAN THE INSURED

PLEASE CALL
866-839-5132

If at any time you want a question repeated, please press the # sign.

1. Please say your full name: _____

2. Please say or enter the last 4 digits of your social security number: _____

*"You entered **** – if this is correct, say YES or press 1, if not, say NO or press 2"*

3. Please say your date of birth, for example: January 1, 1990: _____

"You said January 1st 1990, if this is correct, say YES or press 1, if not, say NO or press 2."

4. Is there a second applicant on the application, please say their name: _____

"If not, say NO or press 2."

5. Please say the name of the product for which you are applying (circle below):

- a. Hospital Indemnity Coverage
- b. Cancer Coverage
- c. Critical Illness Coverage
- d. Short-Term Care Coverage

"Sounds like you said..... if this is correct, say YES or press 1, if not, say NO or press 2."

6. If you are you applying for an additional product, please say YES or press 1, if not, say NO or press 2.

Please say the name of the product for which you are applying:

- Hospital Indemnity Coverage
- Cancer Coverage
- Critical Illness Coverage
- Short-Term Care Coverage

"Sounds like you said..... if this is correct, say YES or press 1, if not, say NO or press 2."

7. Please say the name of your Agent: _____

8. Do you confirm all questions are answered truthfully on your application?: _____

9. Do you understand you are making regular premium payments to maintain coverage?: _____

**Your voice verification is now complete, thank you again for applying for coverage
offered by Guarantee Trust Life Insurance Company!**

HELPFUL TIPS

Voice Verification Calls

- Make copies of this Voice Verification Guide for your clients and fill in each answer prior to them making the phone call so the answers are right there for them
- Circle the product(s) they are applying for, make sure they only list one product at a time when prompted, they will have an opportunity to list any others later in the call
- Have them respond only once to a given question and have them wait patiently for the next question
- Ask them not to speak over the recorded prompts
 - If they remain quiet the next question will follow
 - If they don't understand a question, they can press the # sign and the question will be repeated
- Keep background noise to a minimum during the recording (no paper shuffling, whispered prompts, etc.) and have them speak clearly, not too quickly or too slowly

FAQS

Why do applicants have to complete a verification call?

The verification call is only necessary if your client is not present to sign, or is not able to use the text-to-sign or digital signature option on our e-applications. If they are able to digitally sign their full, legal signature or hand write it on our paper applications, a verification call is NOT required.

How long does the average verification call take to complete?

3 minutes.

What number do applicants call to complete the verification call?

The toll-free phone number is (866) 839-5132.

Is the call toll-free?

Yes.

What hours is the verification system available?

GTL's automated verification system is available 24/7.

Who has to complete the verification call?

Any adult applicant(s) listed on the application for coverage. If a spouse applies for coverage on the same application, one verification call may be completed to confirm both applicants' information. Only the applicant(s) can complete the verification call – NOT the agent or anyone else present.

Do children need to complete the verification call?

No. Children applying for coverage via a child policy or child rider do not need to complete a verification call.

Does the applicant have to complete a separate verification call for each product applied for?

No. If the applicant(s) is applying for more than one GTL product at the same time, only one verification call need be completed. The applicant may verbally state all product names/types being applied for.

What if my applicant refuses to complete the verification call?

Use our e-app on a device that allows a finger signature, try our digital signature option on our e-app via pc or laptop, or submit a paper application with the client(s) written legal signature.

Who do I call if my applicant has a problem completing the verification call?

Contact the GTL Sales Support Department at (800) 323-6907 during normal business hours. (Monday through Thursday 7AM to 5PM or Friday 8AM to 12PM Central Time).

Can I submit the application before my applicants complete the verification call?

Yes. Keep in mind, however, that GTL will not begin underwriting the e-Signature application until the verification call has been completed and the e-application has been received.

For additional information regarding the sales verification call process, please contact:

The GTL Sales Support Department at (800) 323-6907 during normal business hours.
Monday through Thursday 7AM to 5PM | Friday 8AM to 12PM Central Time