

Short-Term Home Health Care Insurance

AGENT RATES & UNDERWRITING GUIDE Basic

IN, KS, MT

FOR AGENT USE ONLY

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

(Rev. 4/24) 15D923

Guarantee Trust Life Insurance Company

Short - Term Home Health Care

Rate Calculation Worksheet

Step 1. Determine rates for Applicant's age				Step 1. Determine rates for Spouse's age			
Plan <input type="checkbox"/> Option A <input type="checkbox"/> Option B <input type="checkbox"/> Option C \$ _____				Plan <input type="checkbox"/> Option A <input type="checkbox"/> Option B <input type="checkbox"/> Option C \$ _____			
Step 2. Choose optional benefits Applicant 1				Step 2. Choose optional benefits Applicant 2			
Accident and Sickness Hospitalization Rider*	Option A:	Option B:	Option C:	Accident and Sickness Hospitalization Rider*	Option A:	Option B:	Option C:
Daily Benefit Amount: (Choose one)	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100 <input type="checkbox"/> \$200	<input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$300	Daily Benefit Amount: (Choose one)	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100 <input type="checkbox"/> \$200	<input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$300
Benefit Period: (Choose one) <small>*(HIP option must follow base option.)</small>	<input type="checkbox"/> 3 Days <input type="checkbox"/> 6 Days	<input type="checkbox"/> 3 Days <input type="checkbox"/> 6 Days	<input type="checkbox"/> 3 Days <input type="checkbox"/> 6 Days	Benefit Period: (Choose one) <small>*(HIP option must follow base option.)</small>	<input type="checkbox"/> 3 Days <input type="checkbox"/> 6 Days	<input type="checkbox"/> 3 Days <input type="checkbox"/> 6 Days	<input type="checkbox"/> 3 Days <input type="checkbox"/> 6 Days
	Modal Premium \$ _____				Modal Premium \$ _____		
Ambulance Rider <small>(Maximum issue age is 80)</small>	<input type="checkbox"/> Modal Premium \$ _____			Ambulance Rider <small>(Maximum issue age is 80)</small>	<input type="checkbox"/> Modal Premium \$ _____		
Critical Accident Rider**	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000		Critical Accident Rider**	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	
	Modal Premium \$ _____				Modal Premium \$ _____		
Dental and Vision Rider	<input type="checkbox"/> \$400	<input type="checkbox"/> \$800	<input type="checkbox"/> \$1,200	Dental and Vision Rider**	<input type="checkbox"/> \$400	<input type="checkbox"/> \$800	<input type="checkbox"/> \$1,200
	Modal Premium \$ _____				Modal Premium \$ _____		

**Critical Accident Rider not available in MT.

Step 3.	SUBTOTAL Base and Riders, All Applicants (Add total of steps 1-2 for both applicant)	\$ _____
Step 4.	Return of Premium Benefit Rider Factor	_____ . _____ ROP Factor
Step 5.	Return of Premium (If ROP elected, multiply step 3 by 4)	\$ _____
Step 6.	Annual Policy Fee (\$20.00) / Monthly Policy Fee (\$1.67) – One per applicant	\$ _____
	Total Fees	
Step 7.	Total Premium (with ROP, add steps 3,5 & 6. If no ROP, add steps 3 & 6)	\$ _____
Step 8.	Enter Mode Factor*** (Annual 1.0, Semi-annual 0.50, Quarterly 0.25, Monthly Bank Draft 0.08333)	_____ . _____ Mode Factor (If needed)
Step 9.	Total Modal Premium** (multiply step 7 by step 8)	\$ _____

*** If monthly rate sheet used, stop at step 7.

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	\$19.42	\$38.84	\$59.76
65 - 70	\$22.87	\$45.74	\$70.84
71 - 75	\$31.18	\$62.36	\$97.76
76 - 80	\$41.81	\$83.63	\$134.48
81 - 85	\$55.59	\$111.18	\$182.21

***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				
ATTAINED AGE*	\$100 BENEFIT		\$200 BENEFIT		\$300 BENEFIT		ISSUE AGE	FEMALE		MALE	
	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY		\$5,000	\$10,000	\$5,000	\$10,000
61 - 64	\$5.38	\$7.50	\$10.77	\$15.00	\$16.15	\$22.50	61 - 64	\$2.46	\$4.92	\$1.79	\$3.58
65 - 70	\$5.63	\$8.12	\$11.27	\$16.25	\$16.90	\$24.37	65 - 69	\$3.25	\$6.50	\$2.29	\$4.58
71 - 75	\$6.71	\$9.78	\$13.42	\$19.57	\$20.12	\$29.35	70 - 74	\$4.46	\$8.92	\$3.08	\$6.17
76 - 80	\$8.55	\$12.55	\$17.10	\$25.10	\$25.65	\$37.65	75 - 79	\$6.21	\$12.42	\$4.42	\$8.83
81 - 85	\$10.20	\$15.17	\$20.40	\$30.33	\$30.60	\$45.50	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.** **Not available in MT.

Dental and Vision Rider - Monthly Rates			
	MALE OR FEMALE		
ISSUE AGE	\$400	\$800	\$1,200
61 - 65	\$26.58	\$32.00	\$36.92
66 - 70	\$28.25	\$33.58	\$38.17
71 - 75	\$29.92	\$34.83	\$39.42
76 - 80	\$31.58	\$36.08	\$40.67
81 - 85	\$33.25	\$37.42	\$42.08

Ambulance Rider	
Issue Age	Premium
61 - 69	\$3.08
70 - 80	\$4.83

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	\$233.03	\$466.06	\$717.15
65 - 70	\$274.45	\$548.90	\$850.07
71 - 75	\$374.15	\$748.30	\$1,173.13
76 - 80	\$501.80	\$1,003.60	\$1,613.78
81 - 85	\$667.12	\$1,334.24	\$2,186.60

***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				
ATTAINED AGE*	\$100 BENEFIT		\$200 BENEFIT		\$300 BENEFIT		ISSUE AGE	FEMALE		MALE	
	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY		\$5,000	\$10,000	\$5,000	\$10,000
61 - 64	\$64.60	\$90.00	\$129.20	\$180.00	\$193.80	\$270.00	61 - 64	\$29.50	\$59.00	\$21.50	\$43.00
65 - 70	\$67.60	\$97.50	\$135.20	\$195.00	\$202.80	\$292.50	65 - 69	\$39.00	\$78.00	\$27.50	\$55.00
71 - 75	\$80.50	\$117.40	\$161.00	\$234.80	\$241.50	\$352.20	70 - 74	\$53.50	\$107.00	\$37.00	\$74.00
76 - 80	\$102.60	\$150.60	\$205.20	\$301.20	\$307.80	\$451.80	75 - 79	\$74.50	\$149.00	\$53.00	\$106.00
81 - 85	\$122.40	\$182.00	\$244.80	\$364.00	\$367.20	\$546.00	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.**

**Not available in MT.

Dental and Vision Rider - Annual Rates			
	MALE OR FEMALE		
ISSUE AGE	\$400	\$800	\$1,200
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

Ambulance Rider	
Issue Age	Premium
61 - 69	\$37.00
70 - 80	\$58.00

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 86-90+:

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+	\$72.04	\$144.07	\$239.54

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+	\$864.48	\$1,728.96	\$2,874.56

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	\$13.07	\$19.50	\$26.13	\$39.00	\$39.20	\$58.50
91-95	\$18.80	\$28.17	\$37.60	\$56.33	\$56.40	\$84.50
96+	\$28.89	\$43.31	\$57.78	\$86.61	\$86.67	\$129.92

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	\$156.80	\$234.00	\$313.60	\$468.00	\$470.40	\$702.00
91-95	\$225.60	\$338.00	\$451.20	\$676.00	\$676.80	\$1,014.00
96+	\$346.70	\$519.70	\$693.40	\$1,039.40	\$1,040.10	\$1,559.10

MAXIMUM HOME HEALTH CARE COVERAGE

(Products not available in all states. Please check out GTLIC.com for state availability.)

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
If Home Care Secure:	Maximum Short-Term Home Health Care allowed*:
\$60,000 Maximum Benefit	Option C

If Home Care Secure:	New Recover Cash Home Health Care allowed:
\$60,000 Maximum Benefit	\$200/week

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

**Proposed Insureds can now have multiple
Home Health Care Policies/Riders not to exceed \$72,800/Year.**

Example: A proposed insured can apply for the following potential combinations:

Short-Term Home Health Care Option C	Home Care Secure for \$60,000	New Recover Cash Home Health Care Rider for \$100/52 Weeks
Short-Term Home Health Care Option B	Home Care Secure for \$60,000	New Recover Cash Home Health Care Rider for \$150/52 Weeks
Short-Term Home Health Care Option A	Home Care Secure for \$60,000	New Recover Cash Home Health Care Rider for \$200/52 Weeks

Short-Term Home Health Care Option C	Home Care Secure for \$50,000	New Recover Cash Home Health Care Rider for \$250/52 Weeks
Short-Term Home Health Care Option B	Home Care Secure for \$50,000	New Recover Cash Home Health Care Rider for \$300/52 Weeks
Short-Term Home Health Care Option A	Home Care Secure for \$50,000	New Recover Cash Home Health Care Rider for \$350/52 Weeks

Short-Term Home Health Care Option C	Home Care Secure for \$40,000	New Recover Cash Home Health Care Rider for \$450/52 Weeks
Short-Term Home Health Care Option B	Home Care Secure for \$40,000	New Recover Cash Home Health Care Rider for \$500/52 Weeks
Short-Term Home Health Care Option A	Home Care Secure for \$40,000	New Recover Cash Home Health Care Rider for \$550/52 Weeks

Short-Term Home Health Care Option C	Home Care Secure for \$30,000	New Recover Cash Home Health Care Rider for \$650/52 Weeks
Short-Term Home Health Care Option B	Home Care Secure for \$30,000	New Recover Cash Home Health Care Rider for \$700/52 Weeks
Short-Term Home Health Care Option A	Home Care Secure for \$30,000	New Recover Cash Home Health Care Rider for \$750/52 Weeks

Short-Term Home Health Care Option C	Home Care Secure for \$20,000	New Recover Cash Home Health Care Rider for \$850/52 Weeks
Short-Term Home Health Care Option B	Home Care Secure for \$20,000	New Recover Cash Home Health Care Rider for \$900/52 Weeks
Short-Term Home Health Care Option A	Home Care Secure for \$20,000	New Recover Cash Home Health Care Rider for \$950/52 Weeks

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 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 or email und@gtlic.com.

AGENT PORTAL

VERIFICATION CALL INFORMATION

GTL designed the Agent Portal around you, our valued Agent, in order to provide an efficient and dependable means of submitting e-Signature applications. When it's time to verify the sale, your applicant(s) will find the process simple and reliable. They can complete the verification call either before or after you enter the online e-Signature application. **Keep in mind, however, that GTL will not begin underwriting the e-Signature application until the verification call has been completed.**

Please advise your applicant(s) to call the toll-free number (866) 839-5132 to complete the verification call. For their convenience, GTL's fully-automated verification system is available 24 hours a day and 7 days a week. The call takes approximately 3 minutes to complete.

APPLICANT INFORMATION VERIFIED DURING THE CALL

1. Full name
2. Last 4 digits of social security number
3. Date of birth
4. Second applicant's name (if applicable)
5. Name of GTL product being applied for and if there any additional products
6. Agent of Record's name
7. Verbal response acknowledging they understood the questions on the application and answered them truthfully.
8. Verbal response acknowledging they understand that, if their application for insurance coverage is approved, regular premium payments are required to maintain coverage.
9. For certain products, an additional authorization for GTL to obtain the applicant's medical and prescription history information.

FAQ'S

Why do applicants have to complete a verification call?

The verification call is a necessary step in our e-Signature application process. It gives GTL the authority to perform the necessary underwriting, creates a recorded validation of the applicant's knowledge of applying for coverage, affirms their understanding of the type of coverage applied for and the necessity of periodic premium payments to retain their coverage.

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. Children applying for coverage via a child policy or child rider do not need to complete a verification call.

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?

Please complete and submit a paper application.

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 e-Signature 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 1-800-323-6907 during normal business hours.

Monday through Thursday 7AM to 5PM

Friday 8AM to 12PM Central Time

THANK YOU FOR YOUR BUSINESS!