GTL | GUARANTEE TRUST LIFE

Recover Cash

Short-Term Nursing Home Care Indemnity Insurance

AGENT RATE AND UNDERWRITING GUIDE

Basic – Annual

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FOR AGENT USE ONLY

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

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

UNDERWRITTEN BY:
Guarantee Trust Life Insurance Company

(Rev. 10/24) 15D917

Guarantee Trust Life Insurance Company
Short-Term Skilled Nursing Facility Care Individual Rates
Daily Benefit Amounts available—$50-$300 (in $10 increments)
Recover Cash Basic Rates

Base Rates (Tobacco)

Tobacco Rates • No Inflation

0 Day Elimination Period							20 Day Elimination Period						
Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period	Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period
40-50	3.30	4.40	5.39	7.48	15.51	24.97	40-50	2.75	3.74	4.51	6.27	13.97	22.44
51	3.74	4.84	6.00	8.31	15.51	24.97	51	3.19	4.07	5.06	6.99	13.97	22.44
52	4.18	5.28	6.60	9.13	15.51	24.97	52	3.52	4.40	5.61	7.70	13.97	22.44
53	4.40	5.39	6.82	9.46	16.06	25.96	53	3.74	4.62	5.83	8.03	14.52	23.32
54	4.51	5.61	7.04	9.79	16.61	27.06	54	3.85	4.84	6.05	8.36	15.07	24.31
55	4.62	5.83	7.26	10.12	17.27	28.16	55	3.96	5.06	6.27	8.69	15.62	25.30
56	4.73	6.05	7.48	10.45	17.93	29.26	56	4.07	5.17	6.49	9.02	16.17	26.40
57	4.84	6.27	7.70	10.78	18.59	30.47	57	4.18	5.39	6.71	9.35	16.72	27.50
58	5.17	6.71	8.36	11.66	20.13	32.78	58	4.51	5.83	7.26	10.12	18.04	29.70
59	5.61	7.26	9.02	12.54	21.67	35.42	59	4.84	6.27	7.81	10.89	19.47	32.12
60	6.05	7.81	9.79	13.53	23.32	38.28	60	5.28	6.82	8.47	11.77	21.01	34.65
61	6.49	8.47	10.56	14.63	25.08	41.36	61	5.61	7.37	9.24	12.76	22.66	37.40
62	6.93	9.13	11.44	15.73	27.06	44.66	62	6.05	8.03	10.01	13.75	24.42	40.37
63	7.59	10.01	12.54	17.27	29.70	49.17	63	6.60	8.69	10.89	15.07	26.84	44.33
64	8.36	11.00	13.75	18.92	32.67	54.01	64	7.37	9.68	12.10	16.61	29.48	48.73
65	9.13	12.10	15.07	20.79	35.97	59.29	65	8.03	10.67	13.20	18.26	32.34	53.57
66	10.01	13.31	16.50	22.77	39.60	65.12	66	8.80	11.66	14.52	20.02	35.53	58.85
67	11.00	14.63	18.15	24.97	43.56	71.50	67	9.68	12.87	15.95	22.00	39.05	64.68
68	11.88	15.95	19.80	27.39	47.63	78.21	68	10.45	14.08	17.38	24.09	42.68	70.84
69	12.87	17.38	21.67	29.92	52.03	85.58	69	11.33	15.29	19.03	26.29	46.64	77.44
70	13.97	19.03	23.65	32.67	56.87	93.72	70	12.32	16.72	20.79	28.71	51.04	84.70
71	15.18	20.79	25.85	35.75	62.15	102.63	71	13.31	18.26	22.77	31.46	55.88	92.62
72	16.50	22.77	28.27	39.05	67.87	112.31	72	14.52	20.13	24.97	34.43	61.16	101.31
73	18.15	24.97	30.91	42.68	74.36	123.09	73	16.06	22.11	27.28	37.73	66.99	110.88
74	20.02	27.39	33.77	46.64	81.40	134.75	74	17.71	24.20	29.92	41.25	73.37	121.44
75	22.00	30.03	36.85	51.04	89.10	147.51	75	19.47	26.51	32.56	45.10	80.30	132.99
76	24.20	33.00	40.26	55.88	97.57	161.48	76	21.34	29.15	35.53	49.39	87.89	145.64
77	26.62	36.19	44.00	61.16	106.81	176.88	77	23.54	32.01	38.94	54.12	96.25	159.50
78	28.93	39.05	47.63	66.22	115.61	191.40	78	25.52	34.54	42.13	58.52	104.06	172.48
79	31.35	42.13	51.48	71.61	125.07	207.02	79	27.72	37.29	45.54	63.36	112.53	186.67
80	33.99	45.54	55.66	77.44	135.30	223.96	80	30.03	40.26	49.28	68.53	121.77	201.96
81	36.85	49.17	60.17	83.82	146.41	242.33	81	32.56	43.45	53.24	74.14	131.78	218.57
82	39.93	53.13	65.12	90.64	158.40	262.13	82	35.31	46.97	57.64	80.19	142.56	236.50
83	42.24	55.99	68.97	95.81	167.42	277.53	83	37.29	49.50	60.94	84.70	150.70	250.03
84	44.77	59.07	73.04	101.42	176.99	293.81	84	39.49	52.14	64.46	89.54	159.39	264.33

MODAL FACTORS
Semi-Annual: 0.515
Quarterly: 0.26
Monthly (Bank Draft): 0.084

ADDITIONAL PREMIUM RATE FACTORS
Spouse Discount Factor: 0.9

Annual Policy Fee $25 for each applicant

Guarantee Trust Life Insurance Company
Short-Term Skilled Nursing Facility Care Individual Rates
Daily Benefit Amounts available—$50-$300 (in $10 increments)
Recover Cash Basic Rates

Non-Tobacco Rates • No Inflation

Base Rates (Non-Tobacco)

0 Day Elimination Period							20 Day Elimination Period						
Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period	Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period
40-50	3.00	4.00	4.90	6.80	14.10	22.70	40-50	2.50	3.40	4.10	5.70	12.70	20.40
51	3.40	4.40	5.45	7.55	14.10	22.70	51	2.90	3.70	4.60	6.35	12.70	20.40
52	3.80	4.80	6.00	8.30	14.10	22.70	52	3.20	4.00	5.10	7.00	12.70	20.40
53	4.00	4.90	6.20	8.60	14.60	23.60	53	3.40	4.20	5.30	7.30	13.20	21.20
54	4.10	5.10	6.40	8.90	15.10	24.60	54	3.50	4.40	5.50	7.60	13.70	22.10
55	4.20	5.30	6.60	9.20	15.70	25.60	55	3.60	4.60	5.70	7.90	14.20	23.00
56	4.30	5.50	6.80	9.50	16.30	26.60	56	3.70	4.70	5.90	8.20	14.70	24.00
57	4.40	5.70	7.00	9.80	16.90	27.70	57	3.80	4.90	6.10	8.50	15.20	25.00
58	4.70	6.10	7.60	10.60	18.30	29.80	58	4.10	5.30	6.60	9.20	16.40	27.00
59	5.10	6.60	8.20	11.40	19.70	32.20	59	4.40	5.70	7.10	9.90	17.70	29.20
60	5.50	7.10	8.90	12.30	21.20	34.80	60	4.80	6.20	7.70	10.70	19.10	31.50
61	5.90	7.70	9.60	13.30	22.80	37.60	61	5.10	6.70	8.40	11.60	20.60	34.00
62	6.30	8.30	10.40	14.30	24.60	40.60	62	5.50	7.30	9.10	12.50	22.20	36.70
63	6.90	9.10	11.40	15.70	27.00	44.70	63	6.00	7.90	9.90	13.70	24.40	40.30
64	7.60	10.00	12.50	17.20	29.70	49.10	64	6.70	8.80	11.00	15.10	26.80	44.30
65	8.30	11.00	13.70	18.90	32.70	53.90	65	7.30	9.70	12.00	16.60	29.40	48.70
66	9.10	12.10	15.00	20.70	36.00	59.20	66	8.00	10.60	13.20	18.20	32.30	53.50
67	10.00	13.30	16.50	22.70	39.60	65.00	67	8.80	11.70	14.50	20.00	35.50	58.80
68	10.80	14.50	18.00	24.90	43.30	71.10	68	9.50	12.80	15.80	21.90	38.80	64.40
69	11.70	15.80	19.70	27.20	47.30	77.80	69	10.30	13.90	17.30	23.90	42.40	70.40
70	12.70	17.30	21.50	29.70	51.70	85.20	70	11.20	15.20	18.90	26.10	46.40	77.00
71	13.80	18.90	23.50	32.50	56.50	93.30	71	12.10	16.60	20.70	28.60	50.80	84.20
72	15.00	20.70	25.70	35.50	61.70	102.10	72	13.20	18.30	22.70	31.30	55.60	92.10
73	16.50	22.70	28.10	38.80	67.60	111.90	73	14.60	20.10	24.80	34.30	60.90	100.80
74	18.20	24.90	30.70	42.40	74.00	122.50	74	16.10	22.00	27.20	37.50	66.70	110.40
75	20.00	27.30	33.50	46.40	81.00	134.10	75	17.70	24.10	29.60	41.00	73.00	120.90
76	22.00	30.00	36.60	50.80	88.70	146.80	76	19.40	26.50	32.30	44.90	79.90	132.40
77	24.20	32.90	40.00	55.60	97.10	160.80	77	21.40	29.10	35.40	49.20	87.50	145.00
78	26.30	35.50	43.30	60.20	105.10	174.00	78	23.20	31.40	38.30	53.20	94.60	156.80
79	28.50	38.30	46.80	65.10	113.70	188.20	79	25.20	33.90	41.40	57.60	102.30	169.70
80	30.90	41.40	50.60	70.40	123.00	203.60	80	27.30	36.60	44.80	62.30	110.70	183.60
81	33.50	44.70	54.70	76.20	133.10	220.30	81	29.60	39.50	48.40	67.40	119.80	198.70
82	36.30	48.30	59.20	82.40	144.00	238.30	82	32.10	42.70	52.40	72.90	129.60	215.00
83	38.40	50.90	62.70	87.10	152.20	252.30	83	33.90	45.00	55.40	77.00	137.00	227.30
84	40.70	53.70	66.40	92.20	160.90	267.10	84	35.90	47.40	58.60	81.40	144.90	240.30

MODAL FACTORS
Semi-Annual: 0.515
Quarterly: 0.26
Monthly (Bank Draft): 0.084

ADDITIONAL PREMIUM RATE FACTORS
Spouse Discount Factor: 0.9

Annual Policy Fee $25 for each applicant

Guarantee Trust Life Insurance Company
Short-Term Nursing Home Care Individual Rates
Daily Benefit Amounts available—$50-$300 (in $10 increments)
Recover Cash With Simple Inflation Rates

Tobacco Rates with 5% Simple Inflation

0 Day Elimination Period							20 Day Elimination Period						
Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period	Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period
40-50	6.60	8.80	10.78	14.96	31.02	49.94	40-50	5.50	7.48	9.02	12.54	27.94	44.88
51	7.48	9.68	11.99	16.61	31.02	49.94	51	6.38	8.14	10.12	13.97	27.94	44.88
52	8.36	10.56	13.20	18.26	31.02	49.94	52	7.04	8.80	11.22	15.40	27.94	44.88
53	8.47	10.67	13.42	18.59	31.79	51.15	53	7.15	9.13	11.44	15.73	28.71	45.98
54	8.58	10.89	13.64	18.92	32.45	52.36	54	7.37	9.35	11.77	16.17	29.48	47.08
55	8.69	11.11	13.86	19.25	33.11	53.68	55	7.48	9.68	11.99	16.50	29.92	48.18
56	8.80	11.33	14.08	19.58	33.77	55.00	56	7.59	9.68	12.21	16.94	30.47	49.61
57	8.91	11.55	14.30	19.91	34.43	56.32	57	7.70	9.90	12.43	17.27	31.02	50.82
58	9.46	12.32	15.29	21.23	36.85	60.17	58	8.25	10.67	13.31	18.48	33.00	54.56
59	10.12	13.20	16.39	22.77	39.38	64.46	59	8.69	11.44	14.19	19.80	35.42	58.41
60	10.78	14.08	17.60	24.31	42.13	69.08	60	9.46	12.32	15.18	21.12	37.95	62.48
61	11.55	15.07	18.92	26.07	44.99	74.03	61	10.01	13.09	16.61	22.77	40.70	66.99
62	12.32	16.17	20.35	27.94	48.07	79.31	62	10.78	14.19	17.82	24.42	43.34	71.72
63	13.31	17.60	22.00	30.25	52.03	85.80	63	11.55	15.29	19.14	26.40	46.97	77.33
64	14.41	19.03	23.76	32.67	56.43	92.95	64	12.65	16.72	20.90	28.71	50.93	83.82
65	15.62	20.57	25.63	35.31	61.16	100.65	65	13.75	18.15	22.44	31.02	55.00	90.97
66	16.83	22.22	27.72	38.17	66.33	109.01	66	14.85	19.47	24.42	33.55	59.51	98.56
67	18.15	24.09	29.92	41.25	71.83	118.03	67	15.95	21.23	26.29	36.30	64.35	106.81
68	19.25	25.85	32.12	44.33	77.11	126.83	68	16.94	22.77	28.16	38.94	69.08	114.84
69	20.46	27.72	34.43	47.52	82.72	136.18	69	18.04	24.42	30.25	41.80	74.14	123.20
70	21.78	29.70	36.96	50.93	88.66	146.19	70	19.25	26.07	32.45	44.77	79.53	132.11
71	23.21	31.90	39.60	54.67	95.04	156.97	71	20.35	28.05	34.87	48.07	85.47	141.68
72	24.75	34.21	42.46	58.63	101.86	168.52	72	21.78	30.25	37.51	51.70	91.74	152.02
73	26.62	36.74	45.32	62.81	109.23	180.73	73	23.54	32.56	40.04	55.55	98.45	162.80
74	28.71	39.49	48.51	67.32	117.04	193.82	74	25.41	34.87	43.01	59.51	105.49	174.68
75	30.91	42.35	51.92	72.05	125.51	207.79	75	27.39	37.40	45.87	63.69	113.08	187.33
76	33.33	45.43	55.55	77.11	134.53	222.75	76	29.37	40.15	49.06	68.20	121.22	200.86
77	35.97	48.84	59.40	82.61	144.21	238.81	77	31.79	43.23	52.58	73.15	129.91	215.38
78	38.39	51.92	63.36	88.00	153.67	254.43	78	33.88	45.87	55.99	77.77	138.27	229.24
79	41.03	55.22	67.43	93.72	163.68	271.04	79	36.30	48.84	59.62	82.94	147.29	244.42
80	43.78	58.74	71.83	99.88	174.35	288.75	80	38.72	51.92	63.58	88.44	156.97	260.37
81	46.75	62.48	76.45	106.37	185.79	307.56	81	41.36	55.22	67.65	94.05	167.20	277.42
82	49.94	66.44	81.40	113.30	198.00	327.69	82	44.11	58.74	72.05	100.21	178.20	295.68
83	52.80	69.96	86.24	119.79	209.33	346.94	83	46.64	61.82	76.23	105.93	188.43	312.51
84	55.99	73.81	91.30	126.83	221.21	367.29	84	49.39	65.12	80.63	111.98	199.21	330.44

Base Rates Simple Inflation (Tobacco)

MODAL FACTORS
Semi-Annual: 0.515
Quarterly: 0.26
Monthly (Bank Draft): 0.084

ADDITIONAL PREMIUM RATE FACTORS
Spouse Discount Factor: 0.9

Annual Policy Fee $25 for each applicant

Guarantee Trust Life Insurance Company
Short-Term Nursing Home Care Individual Rates
Daily Benefit Amounts available—$50-$300 (in $10 increments)
Recover Cash With Simple Inflation Rates

Non-Tobacco Rates with 5% Simple Inflation

0 Day Elimination Period							20 Day Elimination Period						
Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period	Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period
40-50	6.00	8.00	9.80	13.60	28.20	45.40	40-50	5.00	6.80	8.20	11.40	25.40	40.80
51	6.80	8.80	10.90	15.10	28.20	45.40	51	5.80	7.40	9.20	12.70	25.40	40.80
52	7.60	9.60	12.00	16.60	28.20	45.40	52	6.40	8.00	10.20	14.00	25.40	40.80
53	7.70	9.70	12.20	16.90	28.90	46.50	53	6.50	8.30	10.40	14.30	26.10	41.80
54	7.80	9.90	12.40	17.20	29.50	47.60	54	6.70	8.50	10.70	14.70	26.80	42.80
55	7.90	10.10	12.60	17.50	30.10	48.80	55	6.80	8.80	10.90	15.00	27.20	43.80
56	8.00	10.30	12.80	17.80	30.70	50.00	56	6.90	8.80	11.10	15.40	27.70	45.10
57	8.10	10.50	13.00	18.10	31.30	51.20	57	7.00	9.00	11.30	15.70	28.20	46.20
58	8.60	11.20	13.90	19.30	33.50	54.70	58	7.50	9.70	12.10	16.80	30.00	49.60
59	9.20	12.00	14.90	20.70	35.80	58.60	59	7.90	10.40	12.90	18.00	32.20	53.10
60	9.80	12.80	16.00	22.10	38.30	62.80	60	8.60	11.20	13.80	19.20	34.50	56.80
61	10.50	13.70	17.20	23.70	40.90	67.30	61	9.10	11.90	15.10	20.70	37.00	60.90
62	11.20	14.70	18.50	25.40	43.70	72.10	62	9.80	12.90	16.20	22.20	39.40	65.20
63	12.10	16.00	20.00	27.50	47.30	78.00	63	10.50	13.90	17.40	24.00	42.70	70.30
64	13.10	17.30	21.60	29.70	51.30	84.50	64	11.50	15.20	19.00	26.10	46.30	76.20
65	14.20	18.70	23.30	32.10	55.60	91.50	65	12.50	16.50	20.40	28.20	50.00	82.70
66	15.30	20.20	25.20	34.70	60.30	99.10	66	13.50	17.70	22.20	30.50	54.10	89.60
67	16.50	21.90	27.20	37.50	65.30	107.30	67	14.50	19.30	23.90	33.00	58.50	97.10
68	17.50	23.50	29.20	40.30	70.10	115.30	68	15.40	20.70	25.60	35.40	62.80	104.40
69	18.60	25.20	31.30	43.20	75.20	123.80	69	16.40	22.20	27.50	38.00	67.40	112.00
70	19.80	27.00	33.60	46.30	80.60	132.90	70	17.50	23.70	29.50	40.70	72.30	120.10
71	21.10	29.00	36.00	49.70	86.40	142.70	71	18.50	25.50	31.70	43.70	77.70	128.80
72	22.50	31.10	38.60	53.30	92.60	153.20	72	19.80	27.50	34.10	47.00	83.40	138.20
73	24.20	33.40	41.20	57.10	99.30	164.30	73	21.40	29.60	36.40	50.50	89.50	148.00
74	26.10	35.90	44.10	61.20	106.40	176.20	74	23.10	31.70	39.10	54.10	95.90	158.80
75	28.10	38.50	47.20	65.50	114.10	188.90	75	24.90	34.00	41.70	57.90	102.80	170.30
76	30.30	41.30	50.50	70.10	122.30	202.50	76	26.70	36.50	44.60	62.00	110.20	182.60
77	32.70	44.40	54.00	75.10	131.10	217.10	77	28.90	39.30	47.80	66.50	118.10	195.80
78	34.90	47.20	57.60	80.00	139.70	231.30	78	30.80	41.70	50.90	70.70	125.70	208.40
79	37.30	50.20	61.30	85.20	148.80	246.40	79	33.00	44.40	54.20	75.40	133.90	222.20
80	39.80	53.40	65.30	90.80	158.50	262.50	80	35.20	47.20	57.80	80.40	142.70	236.70
81	42.50	56.80	69.50	96.70	168.90	279.60	81	37.60	50.20	61.50	85.50	152.00	252.20
82	45.40	60.40	74.00	103.00	180.00	297.90	82	40.10	53.40	65.50	91.10	162.00	268.80
83	48.00	63.60	78.40	108.90	190.30	315.40	83	42.40	56.20	69.30	96.30	171.30	284.10
84	50.90	67.10	83.00	115.30	201.10	333.90	84	44.90	59.20	73.30	101.80	181.10	300.40

Base Rates Simple Inflation (Non-Tobacco)

MODAL FACTORS	ADDITIONAL PREMIUM RATE FACTORS	Annual Policy Fee $25 for each applicant
Semi-Annual: 0.515 Quarterly: 0.26 Monthly (Bank Draft): 0.084	Spouse Discount Factor: 0.9	

Guarantee Trust Life Insurance Company
Short-Term Nursing Home Care Individual Rates
Daily Benefit Amounts available—$50-$300 (in $10 increments)
Recover Cash With Compound Inflation Rates

Tobacco Rates with 5% Compound Inflation

0 Day Elimination Period							20 Day Elimination Period						
Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period	Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period
40-50	9.24	12.32	15.07	20.90	43.45	69.96	40-50	7.70	10.45	12.65	17.49	39.16	62.92
51	10.45	13.53	16.78	23.21	43.45	69.96	51	8.91	11.33	14.19	19.47	39.16	62.92
52	11.66	14.74	18.48	25.52	43.45	69.96	52	9.79	12.32	15.73	21.56	39.16	62.92
53	11.66	14.96	18.70	25.96	44.33	71.72	53	9.90	12.87	15.95	22.00	40.04	64.46
54	11.88	15.29	19.03	26.40	45.32	73.48	54	10.12	13.20	16.39	22.55	41.14	66.00
55	12.10	15.62	19.36	26.95	46.31	75.35	55	10.34	13.53	16.72	23.10	41.91	67.65
56	12.32	15.95	19.69	27.50	47.30	77.22	56	10.56	13.64	17.05	23.76	42.68	69.63
57	12.54	16.28	20.02	28.05	48.29	79.20	57	10.78	13.97	17.49	24.31	43.45	71.50
58	13.31	17.38	21.34	29.92	51.37	84.59	58	11.66	15.07	18.48	25.96	46.09	76.67
59	14.19	18.48	22.88	31.90	54.78	90.20	59	12.21	15.95	19.80	27.72	49.17	81.84
60	15.07	19.69	24.42	33.99	58.41	96.25	60	13.20	17.16	21.12	29.59	52.58	87.12
61	15.95	21.01	26.18	36.19	62.26	102.63	61	13.75	18.26	22.88	31.57	56.21	92.84
62	16.94	22.33	28.05	38.50	66.33	109.45	62	14.74	19.69	24.53	33.66	59.84	98.89
63	17.93	23.65	29.59	40.70	70.40	116.05	63	15.62	20.57	25.74	35.53	63.58	104.61
64	19.03	25.08	31.35	43.12	74.69	123.09	64	16.83	22.11	27.61	37.84	67.43	111.10
65	20.13	26.62	33.22	45.65	79.31	130.46	65	17.71	23.43	29.15	40.04	71.28	117.92
66	21.34	28.27	35.09	48.29	84.15	138.27	66	18.81	24.75	30.91	42.46	75.46	124.96
67	22.55	30.03	37.18	51.15	89.32	146.63	67	19.80	26.40	32.67	45.10	80.08	132.66
68	23.65	31.57	39.27	54.01	94.27	155.10	68	20.79	27.83	34.43	47.52	84.48	140.47
69	24.75	33.33	41.47	57.09	99.55	164.01	69	21.78	29.37	36.41	50.16	89.21	148.39
70	25.96	35.20	43.78	60.28	105.05	173.36	70	22.88	30.91	38.50	53.02	94.27	156.64
71	27.17	37.18	46.20	63.69	110.88	183.26	71	23.87	32.67	40.70	56.10	99.66	165.44
72	28.49	39.27	48.73	67.32	117.04	193.71	72	25.08	34.76	43.01	59.40	105.49	174.79
73	30.36	41.69	51.59	71.39	124.19	205.59	73	26.84	36.96	45.54	63.14	111.87	185.24
74	32.34	44.33	54.67	75.68	131.78	218.24	74	28.60	39.16	48.40	66.88	118.80	196.68
75	34.54	47.19	57.86	80.19	139.81	231.66	75	30.58	41.69	51.15	70.84	125.95	208.89
76	36.85	50.16	61.27	85.03	148.39	245.85	76	32.45	44.33	54.12	75.13	133.65	221.76
77	39.27	53.35	64.90	90.20	157.52	260.92	77	34.76	47.19	57.42	79.86	141.90	235.29
78	41.47	55.99	68.20	94.82	165.44	274.12	78	36.63	49.50	60.28	83.82	148.94	247.06
79	43.67	58.74	71.61	99.66	173.91	287.98	79	38.61	52.03	63.36	88.22	156.42	259.71
80	45.98	61.60	75.24	104.72	182.82	302.61	80	40.59	54.45	66.66	92.62	164.56	272.91
81	48.40	64.57	79.09	110.00	192.17	318.01	81	42.79	57.09	69.96	97.35	172.92	286.88
82	50.93	67.76	83.05	115.61	201.96	334.18	82	44.99	59.95	73.48	102.30	181.72	301.51
83	53.68	71.06	87.56	121.66	212.63	352.44	83	47.41	62.81	77.33	107.58	191.40	317.57
84	56.87	75.02	92.73	128.81	224.73	373.12	84	50.16	66.22	81.84	113.74	202.40	335.72

Base Rates Compound Inflation (Tobacco)

MODAL FACTORS
Semi-Annual: 0.515
Quarterly: 0.26
Monthly (Bank Draft): 0.084

ADDITIONAL PREMIUM RATE FACTORS
Spouse Discount Factor: 0.9

Annual Policy Fee $25 for each applicant

Guarantee Trust Life Insurance Company
Short-Term Nursing Home Care Individual Rates
Daily Benefit Amounts available—$50-$300 (in $10 increments)
Recover Cash With Compound Inflation Rates

Non-Tobacco Rates with 5% Compound Inflation

0 Day Elimination Period							20 Day Elimination Period						
Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period	Issue Age	30 Day Benefit Period	45 Day Benefit Period	60 Day Benefit Period	90 Day Benefit Period	180 Day Benefit Period	360 Day Benefit Period
40-50	8.40	11.20	13.70	19.00	39.50	63.60	40-50	7.00	9.50	11.50	15.90	35.60	57.20
51	9.50	12.30	15.25	21.10	39.50	63.60	51	8.10	10.30	12.90	17.70	35.60	57.20
52	10.60	13.40	16.80	23.20	39.50	63.60	52	8.90	11.20	14.30	19.60	35.60	57.20
53	10.60	13.60	17.00	23.60	40.30	65.20	53	9.00	11.70	14.50	20.00	36.40	58.60
54	10.80	13.90	17.30	24.00	41.20	66.80	54	9.20	12.00	14.90	20.50	37.40	60.00
55	11.00	14.20	17.60	24.50	42.10	68.50	55	9.40	12.30	15.20	21.00	38.10	61.50
56	11.20	14.50	17.90	25.00	43.00	70.20	56	9.60	12.40	15.50	21.60	38.80	63.30
57	11.40	14.80	18.20	25.50	43.90	72.00	57	9.80	12.70	15.90	22.10	39.50	65.00
58	12.10	15.80	19.40	27.20	46.70	76.90	58	10.60	13.70	16.80	23.60	41.90	69.70
59	12.90	16.80	20.80	29.00	49.80	82.00	59	11.10	14.50	18.00	25.20	44.70	74.40
60	13.70	17.90	22.20	30.90	53.10	87.50	60	12.00	15.60	19.20	26.90	47.80	79.20
61	14.50	19.10	23.80	32.90	56.60	93.30	61	12.50	16.60	20.80	28.70	51.10	84.40
62	15.40	20.30	25.50	35.00	60.30	99.50	62	13.40	17.90	22.30	30.60	54.40	89.90
63	16.30	21.50	26.90	37.00	64.00	105.50	63	14.20	18.70	23.40	32.30	57.80	95.10
64	17.30	22.80	28.50	39.20	67.90	111.90	64	15.30	20.10	25.10	34.40	61.30	101.00
65	18.30	24.20	30.20	41.50	72.10	118.60	65	16.10	21.30	26.50	36.40	64.80	107.20
66	19.40	25.70	31.90	43.90	76.50	125.70	66	17.10	22.50	28.10	38.60	68.60	113.60
67	20.50	27.30	33.80	46.50	81.20	133.30	67	18.00	24.00	29.70	41.00	72.80	120.60
68	21.50	28.70	35.70	49.10	85.70	141.00	68	18.90	25.30	31.30	43.20	76.80	127.70
69	22.50	30.30	37.70	51.90	90.50	149.10	69	19.80	26.70	33.10	45.60	81.10	134.90
70	23.60	32.00	39.80	54.80	95.50	157.60	70	20.80	28.10	35.00	48.20	85.70	142.40
71	24.70	33.80	42.00	57.90	100.80	166.60	71	21.70	29.70	37.00	51.00	90.60	150.40
72	25.90	35.70	44.30	61.20	106.40	176.10	72	22.80	31.60	39.10	54.00	95.90	158.90
73	27.60	37.90	46.90	64.90	112.90	186.90	73	24.40	33.60	41.40	57.40	101.70	168.40
74	29.40	40.30	49.70	68.80	119.80	198.40	74	26.00	35.60	44.00	60.80	108.00	178.80
75	31.40	42.90	52.60	72.90	127.10	210.60	75	27.80	37.90	46.50	64.40	114.50	189.90
76	33.50	45.60	55.70	77.30	134.90	223.50	76	29.50	40.30	49.20	68.30	121.50	201.60
77	35.70	48.50	59.00	82.00	143.20	237.20	77	31.60	42.90	52.20	72.60	129.00	213.90
78	37.70	50.90	62.00	86.20	150.40	249.20	78	33.30	45.00	54.80	76.20	135.40	224.60
79	39.70	53.40	65.10	90.60	158.10	261.80	79	35.10	47.30	57.60	80.20	142.20	236.10
80	41.80	56.00	68.40	95.20	166.20	275.10	80	36.90	49.50	60.60	84.20	149.60	248.10
81	44.00	58.70	71.90	100.00	174.70	289.10	81	38.90	51.90	63.60	88.50	157.20	260.80
82	46.30	61.60	75.50	105.10	183.60	303.80	82	40.90	54.50	66.80	93.00	165.20	274.10
83	48.80	64.60	79.60	110.60	193.30	320.40	83	43.10	57.10	70.30	97.80	174.00	288.70
84	51.70	68.20	84.30	117.10	204.30	339.20	84	45.60	60.20	74.40	103.40	184.00	305.20

Base Rates Compound Inflation (Non-Tobacco)

MODAL FACTORS
Semi-Annual: 0.515
Quarterly: 0.26
Monthly (Bank Draft): 0.084

ADDITIONAL PREMIUM RATE FACTORS
Spouse Discount Factor: 0.9

Annual Policy Fee $25 for each applicant

Home Health Care and Caregiver Benefit Riders*

Weekly Benefit Amounts available—$50-$1,400 (in $50 increments)
Caregiver Benefit-$3,500 Lump Sum
***Below are examples of weekly benefits–for your customized weekly benefits, please use our on-line calculation tool.**

$500 Per Week — Annual Premium Tobacco Rates

Issue Age	Benefit Period			
	26 Weeks	52 Weeks	26 Weeks	52 Weeks
	0 Day Elimination		20 Day Elimination	
40-50	196.57	273.57	185.57	251.57
51	198.11	275.11	187.11	253.11
52	199.84	276.84	188.84	254.84
53	201.77	278.77	190.77	256.77
54	203.89	280.89	192.89	258.89
55	206.00	283.00	195.00	261.00
56	208.51	285.51	197.51	263.51
57	211.20	288.20	200.20	266.20
58	214.09	291.09	203.09	269.09
59	217.17	294.17	206.17	272.17
60	220.63	297.63	209.63	275.63
61	224.48	301.48	213.48	279.48
62	228.53	305.53	217.53	283.53
63	233.15	310.15	222.15	288.15
64	237.96	314.96	226.96	292.96
65	243.35	320.35	232.35	298.35
66	249.32	326.32	238.32	304.32
67	255.86	341.66	244.86	314.16
68	275.08	368.58	259.68	339.98
69	290.48	397.18	272.88	358.68
70	307.37	429.47	283.17	373.37
71	355.44	468.74	334.54	435.74
72	400.79	504.19	378.79	467.89
73	439.92	551.02	415.72	513.62
74	467.34	593.84	442.04	547.64
75	484.66	645.26	457.16	570.46
76	560.67	700.37	530.97	653.07
77	627.69	775.09	593.59	724.49
78	685.71	844.11	650.51	789.11
79	725.04	895.54	686.54	835.04
80	748.08	968.08	706.28	862.48
81	808.25	1046.95	763.15	931.45
82	848.05	1130.75	799.65	995.45
83	873.15	1219.65	822.55	1076.65
84	885.97	1313.87	830.97	1163.17

$750 Per Week — Annual Premium Tobacco Rates

Issue Age	Benefit Period			
	26 Weeks	52 Weeks	26 Weeks	52 Weeks
	0 Day Elimination		20 Day Elimination	
40-50	279.07	394.57	262.57	361.57
51	280.61	396.11	264.11	363.11
52	282.34	397.84	265.84	364.84
53	284.27	399.77	267.77	366.77
54	286.39	401.89	269.89	368.89
55	288.50	404.00	272.00	371.00
56	291.01	406.51	274.51	373.51
57	293.70	409.20	277.20	376.20
58	296.59	412.09	280.09	379.09
59	299.67	415.17	283.17	382.17
60	303.13	418.63	286.63	385.63
61	306.98	422.48	290.48	389.48
62	311.03	426.53	294.53	393.53
63	315.65	431.15	299.15	398.15
64	320.46	435.96	303.96	402.96
65	325.85	441.35	309.35	408.35
66	331.82	447.32	315.32	414.32
67	338.36	467.06	321.86	425.81
68	363.63	503.88	340.53	460.98
69	382.88	542.93	356.48	485.18
70	404.17	587.32	367.87	503.17
71	472.04	641.99	440.69	592.49
72	535.54	690.64	502.54	636.19
73	589.52	756.17	553.22	700.07
74	625.74	815.49	587.79	746.19
75	646.91	887.81	605.66	775.61
76	755.92	965.47	711.37	894.52
77	851.54	1072.64	800.39	996.74
78	933.76	1171.36	880.96	1088.86
79	987.94	1243.69	930.19	1152.94
80	1019.23	1349.23	956.53	1190.83
81	1105.25	1463.30	1037.60	1290.05
82	1161.00	1585.05	1088.40	1382.10
83	1194.90	1714.65	1119.00	1500.15
84	1210.47	1852.32	1127.97	1626.27

Home Health Care/ Caregiver Rider $500 & $750 (Tobacco)

MODAL FACTORS
Semi-Annual: 0.515
Quarterly: 0.26
Monthly (Bank Draft): 0.084

ADDITIONAL PREMIUM RATE FACTORS
Spouse Discount Factor: 0.9

Annual Policy Fee $25 for each applicant

Home Health Care and Caregiver Benefit Riders*

Weekly Benefit Amounts available—$50-$1,400 (in $50 increments)
Caregiver Benefit-$3,500 Lump Sum
***Below are examples of weekly benefits–for your customized weekly benefits, please use our on-line calculation tool.**

$1,000 Per Week — Annual Premium Tobacco Rates

Issue Age	Benefit Period			
	26 Weeks	52 Weeks	26 Weeks	52 Weeks
	0 Day Elimination		20 Day Elimination	
40-50	361.57	515.57	339.57	471.57
51	363.11	517.11	341.11	473.11
52	364.84	518.84	342.84	474.84
53	366.77	520.77	344.77	476.77
54	368.89	522.89	346.89	478.89
55	371.00	525.00	349.00	481.00
56	373.51	527.51	351.51	483.51
57	376.20	530.20	354.20	486.20
58	379.09	533.09	357.09	489.09
59	382.17	536.17	360.17	492.17
60	385.63	539.63	363.63	495.63
61	389.48	543.48	367.48	499.48
62	393.53	547.53	371.53	503.53
63	398.15	552.15	376.15	508.15
64	402.96	556.96	380.96	512.96
65	408.35	562.35	386.35	518.35
66	414.32	568.32	392.32	524.32
67	420.86	592.46	398.86	537.46
68	452.18	639.18	421.38	581.98
69	475.28	688.68	440.08	611.68
70	500.97	745.17	452.57	632.97
71	588.64	815.24	546.84	749.24
72	670.29	877.09	626.29	804.49
73	739.12	961.32	690.72	886.52
74	784.14	1037.14	733.54	944.74
75	809.16	1130.36	754.16	980.76
76	951.17	1230.57	891.77	1135.97
77	1075.39	1370.19	1007.19	1268.99
78	1181.81	1498.61	1111.41	1388.61
79	1250.84	1591.84	1173.84	1470.84
80	1290.38	1730.38	1206.78	1519.18
81	1402.25	1879.65	1312.05	1648.65
82	1473.95	2039.35	1377.15	1768.75
83	1516.65	2209.65	1415.45	1923.65
84	1534.97	2390.77	1424.97	2089.37

$1,400 Per Week — Annual Premium Tobacco Rates

Issue Age	Benefit Period			
	26 Weeks	52 Weeks	26 Weeks	52 Weeks
	0 Day Elimination		20 Day Elimination	
40-50	493.57	709.17	462.77	647.57
51	495.11	710.71	464.31	649.11
52	496.84	712.44	466.04	650.84
53	498.77	714.37	467.97	652.77
54	500.89	716.49	470.09	654.89
55	503.00	718.60	472.20	657.00
56	505.51	721.11	474.71	659.51
57	508.20	723.80	477.40	662.20
58	511.09	726.69	480.29	665.09
59	514.17	729.77	483.37	668.17
60	517.63	733.23	486.83	671.63
61	521.48	737.08	490.68	675.48
62	525.53	741.13	494.73	679.53
63	530.15	745.75	499.35	684.15
64	534.96	750.56	504.16	688.96
65	540.35	755.95	509.55	694.35
66	546.32	761.92	515.52	700.32
67	552.86	793.10	522.06	716.10
68	593.86	855.66	550.74	775.58
69	623.12	921.88	573.84	814.08
70	655.85	997.73	588.09	840.65
71	775.20	1092.44	716.68	1000.04
72	885.89	1175.41	824.29	1073.77
73	978.48	1289.56	910.72	1184.84
74	1037.58	1391.78	966.74	1262.42
75	1068.76	1518.44	991.76	1309.00
76	1263.57	1654.73	1180.41	1522.29
77	1433.55	1846.27	1338.07	1704.59
78	1578.69	2022.21	1480.13	1868.21
79	1671.48	2148.88	1563.68	1979.48
80	1724.22	2340.22	1607.18	2044.54
81	1877.45	2545.81	1751.17	2222.41
82	1974.67	2766.23	1839.15	2387.39
83	2031.45	3001.65	1889.77	2601.25
84	2054.17	3252.29	1900.17	2830.33

Home Health Care/ Caregiver Rider $1,00 & $1,400 (Tobacco)

MODAL FACTORS
Semi-Annual: 0.515
Quarterly: 0.26
Monthly (Bank Draft): 0.084

ADDITIONAL PREMIUM RATE FACTORS
Spouse Discount Factor: 0.9

Annual Policy Fee $25 for each applicant

Home Health Care and Caregiver Benefit Riders*

Weekly Benefit Amounts available—$50-$1,400 (in $50 increments)
Caregiver Benefit-$3,500 Lump Sum
***Below are examples of weekly benefits–for your customized weekly benefits, please use our on-line calculation tool.**

$500 Per Week — Annual Premium Non-Tobacco Rates

Issue Age	Benefit Period			
	26 Weeks	52 Weeks	26 Weeks	52 Weeks
	0 Day Elimination		20 Day Elimination	
40-50	178.70	248.70	168.70	228.70
51	180.10	250.10	170.10	230.10
52	181.68	251.68	171.68	231.68
53	183.43	253.43	173.43	233.43
54	185.35	255.35	175.35	235.35
55	187.28	257.28	177.28	237.28
56	189.55	259.55	179.55	239.55
57	192.00	262.00	182.00	242.00
58	194.63	264.63	184.63	244.63
59	197.43	267.43	187.43	247.43
60	200.58	270.58	190.58	250.58
61	204.08	274.08	194.08	254.08
62	207.75	277.75	197.75	257.75
63	211.95	281.95	201.95	261.95
64	216.33	286.33	206.33	266.33
65	221.23	291.23	211.23	271.23
66	226.65	296.65	216.65	276.65
67	232.60	310.60	222.60	285.60
68	250.08	335.08	236.08	309.08
69	264.08	361.08	248.08	326.08
70	279.43	390.43	257.43	339.43
71	323.13	426.13	304.13	396.13
72	364.35	458.35	344.35	425.35
73	399.93	500.93	377.93	466.93
74	424.85	539.85	401.85	497.85
75	440.60	586.60	415.60	518.60
76	509.70	636.70	482.70	593.70
77	570.63	704.63	539.63	658.63
78	623.38	767.38	591.38	717.38
79	659.13	814.13	624.13	759.13
80	680.08	880.08	642.08	784.08
81	734.78	951.78	693.78	846.78
82	770.95	1027.95	726.95	904.95
83	793.78	1108.78	747.78	978.78
84	805.43	1194.43	755.43	1057.43

$750 Per Week — Annual Premium Non-Tobacco Rates

Issue Age	Benefit Period			
	26 Weeks	52 Weeks	26 Weeks	52 Weeks
	0 Day Elimination		20 Day Elimination	
40-50	253.70	358.70	238.70	328.70
51	255.10	360.10	240.10	330.10
52	256.68	361.68	241.68	331.68
53	258.43	363.43	243.43	333.43
54	260.35	365.35	245.35	335.35
55	262.28	367.28	247.28	337.28
56	264.55	369.55	249.55	339.55
57	267.00	372.00	252.00	342.00
58	269.63	374.63	254.63	344.63
59	272.43	377.43	257.43	347.43
60	275.58	380.58	260.58	350.58
61	279.08	384.08	264.08	354.08
62	282.75	387.75	267.75	357.75
63	286.95	391.95	271.95	361.95
64	291.33	396.33	276.33	366.33
65	296.23	401.23	281.23	371.23
66	301.65	406.65	286.65	376.65
67	307.60	424.60	292.60	387.10
68	330.58	458.08	309.58	419.08
69	348.08	493.58	324.08	441.08
70	367.43	533.93	334.43	457.43
71	429.13	583.63	400.63	538.63
72	486.85	627.85	456.85	578.35
73	535.93	687.43	502.93	636.43
74	568.85	741.35	534.35	678.35
75	588.10	807.10	550.60	705.10
76	687.20	877.70	646.70	813.20
77	774.13	975.13	727.63	906.13
78	848.88	1064.88	800.88	989.88
79	898.13	1130.63	845.63	1048.13
80	926.58	1226.58	869.58	1082.58
81	1004.78	1330.28	943.28	1172.78
82	1055.45	1440.95	989.45	1256.45
83	1086.28	1558.78	1017.28	1363.78
84	1100.43	1683.93	1025.43	1478.43

Home Health Care/ Caregiver Rider $500 & $750 (Non-Tobacco)

MODAL FACTORS
Semi-Annual: 0.515
Quarterly: 0.26
Monthly (Bank Draft): 0.084

ADDITIONAL PREMIUM RATE FACTORS
Spouse Discount Factor: 0.9

Annual Policy Fee $25 for each applicant

Home Health Care and Caregiver Benefit Riders*

Weekly Benefit Amounts available—$50-$1,400 (in $50 increments)
Caregiver Benefit-$3,500 Lump Sum
***Below are examples of weekly benefits–for your customized weekly benefits, please use our on-line calculation tool.**

$1,000 Per Week — Annual Premium Non-Tobacco Rates

Issue Age	Benefit Period			
	26 Weeks	52 Weeks	26 Weeks	52 Weeks
	0 Day Elimination		20 Day Elimination	
40-50	328.70	468.70	308.70	428.70
51	330.10	470.10	310.10	430.10
52	331.68	471.68	311.68	431.68
53	333.43	473.43	313.43	433.43
54	335.35	475.35	315.35	435.35
55	337.28	477.28	317.28	437.28
56	339.55	479.55	319.55	439.55
57	342.00	482.00	322.00	442.00
58	344.63	484.63	324.63	444.63
59	347.43	487.43	327.43	447.43
60	350.58	490.58	330.58	450.58
61	354.08	494.08	334.08	454.08
62	357.75	497.75	337.75	457.75
63	361.95	501.95	341.95	461.95
64	366.33	506.33	346.33	466.33
65	371.23	511.23	351.23	471.23
66	376.65	516.65	356.65	476.65
67	382.60	538.60	362.60	488.60
68	411.08	581.08	383.08	529.08
69	432.08	626.08	400.08	556.08
70	455.43	677.43	411.43	575.43
71	535.13	741.13	497.13	681.13
72	609.35	797.35	569.35	731.35
73	671.93	873.93	627.93	805.93
74	712.85	942.85	666.85	858.85
75	735.60	1027.60	685.60	891.60
76	864.70	1118.70	810.70	1032.70
77	977.63	1245.63	915.63	1153.63
78	1074.38	1362.38	1010.38	1262.38
79	1137.13	1447.13	1067.13	1337.13
80	1173.08	1573.08	1097.08	1381.08
81	1274.78	1708.78	1192.78	1498.78
82	1339.95	1853.95	1251.95	1607.95
83	1378.78	2008.78	1286.78	1748.78
84	1395.43	2173.43	1295.43	1899.43

$1,400 Per Week — Annual Premium Non-Tobacco Rates

Issue Age	Benefit Period			
	26 Weeks	52 Weeks	26 Weeks	52 Weeks
	0 Day Elimination		20 Day Elimination	
40-50	448.70	644.70	420.70	588.70
51	450.10	646.10	422.10	590.10
52	451.68	647.68	423.68	591.68
53	453.43	649.43	425.43	593.43
54	455.35	651.35	427.35	595.35
55	457.28	653.28	429.28	597.28
56	459.55	655.55	431.55	599.55
57	462.00	658.00	434.00	602.00
58	464.63	660.63	436.63	604.63
59	467.43	663.43	439.43	607.43
60	470.58	666.58	442.58	610.58
61	474.08	670.08	446.08	614.08
62	477.75	673.75	449.75	617.75
63	481.95	677.95	453.95	621.95
64	486.33	682.33	458.33	626.33
65	491.23	687.23	463.23	631.23
66	496.65	692.65	468.65	636.65
67	502.60	721.00	474.60	651.00
68	539.88	777.88	500.68	705.08
69	566.48	838.08	521.68	740.08
70	596.23	907.03	534.63	764.23
71	704.73	993.13	651.53	909.13
72	805.35	1068.55	749.35	976.15
73	889.53	1172.33	827.93	1077.13
74	943.25	1265.25	878.85	1147.65
75	971.60	1380.40	901.60	1190.00
76	1148.70	1504.30	1073.10	1383.90
77	1303.23	1678.43	1216.43	1549.63
78	1435.18	1838.38	1345.58	1698.38
79	1519.53	1953.53	1421.53	1799.53
80	1567.48	2127.48	1461.08	1858.68
81	1706.78	2314.38	1591.98	2020.38
82	1795.15	2514.75	1671.95	2170.35
83	1846.78	2728.78	1717.98	2364.78
84	1867.43	2956.63	1727.43	2573.03

Home Health Care/ Caregiver Rider $1,000 & $1,400 (Non-Tobacco)

MODAL FACTORS
Semi-Annual: 0.515
Quarterly: 0.26
Monthly (Bank Draft): 0.084

ADDITIONAL PREMIUM RATE FACTORS
Spouse Discount Factor: 0.9

Annual Policy Fee $25 for each applicant

Premium Calculation Worksheet

Step 1. Determine the plan that suits your client's needs:

☒ Recover Cash Basic Rates ☐ Recover Cash With Simple Inflation ☐ Recover Cash With Compound Inflation

Step 2. Determine if your client is a tobacco user:

☒ Non-Tobacco ☐ Tobacco

Step 3. Using the appropriate rate sheet, determine your Rate Amount:

Applicant Age: **65** Choose Benefit Period: **180** Choose Elimination Period: **0**

= Rate Amount **$32.70** (A)

Step 4. Choose a Daily Benefit Amount between $50 and $300 *(in $10 Increments)*: **$300**

divide by 10 = **30** *(Daily Benefit Amount Factor)*

(Use the Rate Amount from Box (A) and multiply by the Daily Benefit Amount Factor)

= Annual Premium **$981.00** (B)

Step 5. (Optional) Determine The Home Health Care & Caregiver Rider Premium

- Choose Home Health Care Benefit amount *($50-$1,400/week)*: **$500**
- Choose Elimination Period *(0 or 20 Days)*: **0**
- Choose Benefit Period *(26 or 52 weeks)*: **26**

= Home Health Care Rider **$221.23** (C)

(Add box B and C) **= Subtotal** **$1,202.23** (D)

Step 6. To calculate the 10% Spousal Discount, multiply box (D) by 0.9 **= Subtotal with Discount** **$1,082.01** (E)

Step 7. Add $25 Annual Policy Fee **$25.00** (F)

Step 8. Add box (E) and box (F) **= Total Annual Premium** **$1,107.01** (G)

Step 9. To determine the Total Modal Premium multiply by the Modal Factor:

(Monthly= 0.084 Quarterly= 0.26 Semi-Annual= 0.515) **= Total Monthly Premium** **$92.99** (H)

Calculation Worksheet	Applicant 1		
Annual Premium	$981.00		
(Optional) **Home Health Care & Caregiver Rider**	+ $221.23		
Subtotal	=		$1,202.23
Subtotal With Discount *(if client has a Spouse/Domestic Partner multiply subtotal by 0.9)*	x	0.9	$1,082.01
Annual Policy Fee	+		$25.00
Total Annual Premium	=		$1,107.01
Modal Factor *(Monthly= 0.084 Quarterly= 0.26, Semi-Annual= 0.515)*	x		0.084
Total Monthly Premium	=		$92.99

Calculation Worksheet	Applicant 2		
Annual Premium			
(Optional) **Home Health Care Rider**	+		
Subtotal	=		
Subtotal With Discount *(if client has a Spouse/Domestic Partner multiply subtotal by 0.9)*	x	0.9	
Annual Policy Fee	+		$25.00
Total Annual Premium	=		
Modal Factor *(Monthly= 0.084 Quarterly= 0.26, Semi-Annual= 0.515)*	x		
Total Monthly Premium	=		$

Product Features, Riders, and Policy Fee May Vary By State.

Premium Calculation Worksheet

Step 1. Determine the plan that suits your client's needs:

☐ Recover Cash Basic Rates ☐ Recover Cash With Simple Inflation ☐ Recover Cash With Compound Inflation

Step 2. Determine if your client is a tobacco user:

☐ Non-Tobacco ☐ Tobacco

Step 3. Using the appropriate rate sheet, determine your Rate Amount:

Applicant Age:_____ Choose Benefit Period:_____ Choose Elimination Period:_____

= Rate Amount (A)

Step 4. Choose a Daily Benefit Amount between $50 and $300 *(in $10 Increments)*:_____

divide by 10 =_____ *(Daily Benefit Amount Factor)*

(Use the Rate Amount from Box (A) and multiply by the Daily Benefit Amount Factor)

= Annual Premium (B)

Step 5. (Optional) Determine The Home Health Care & Caregiver Rider Premium

- Choose Home Health Care Benefit amount *($50-$1,400/week)*:_____
- Choose Elimination Period *(0 or 20 Days)*:_____
- Choose Benefit Period *(26 or 52 weeks)*:_____

= Home Health Care Rider (C)

(Add box B and C)
= Subtotal (D)

Step 6. To calculate the 10% Spousal Discount, multiply box (D) by 0.9 **= Subtotal with Discount** (E)

Step 7. Add $25 Annual Policy Fee **$25.00** (F)

Step 8. Add box (E) and box (F) **= Total Annual Premium** (G)

Step 9. To determine the Total Modal Premium multiply by the Modal Factor:

(Monthly= 0.084 Quarterly= 0.26 Semi-Annual= 0.515) **= Total Monthly Premium** (H)

Calculation Worksheet	Applicant 1		
Annual Premium			
(Optional) **Home Health Care & Caregiver Rider**	+		
Subtotal	=		
Subtotal With Discount *(if client has a Spouse/Domestic Partner multiply subtotal by 0.9)*	x	0.9	
Annual Policy Fee	+		$25.00
Total Annual Premium	=		
Modal Factor *(Monthly= 0.084 Quarterly= 0.26, Semi-Annual= 0.515)*	x		
Total Monthly Premium	=		

Calculation Worksheet	Applicant 2		
Annual Premium			
(Optional) **Home Health Care Rider**	+		
Subtotal	=		
Subtotal With Discount *(if client has a Spouse/Domestic Partner multiply subtotal by 0.9)*	x	0.9	
Annual Policy Fee	+		$25.00
Total Annual Premium	=		
Modal Factor *(Monthly= 0.084 Quarterly= 0.26, Semi-Annual= 0.515)*	x		
Total Monthly Premium	=		$

Product Features, Riders, and Policy Fee May Vary By State.

GTL | GUARANTEE TRUST LIFE

GUARANTEE TRUST LIFE
RECOVER CASH® UNDERWRITING GUIDE

Issue Ages: 40 - 84
Benefit Amounts: $50-$300 Per Day ($10 increments)
0 & 20 Day Elimination Period
30, 45, 60, 90, 180 & 360 Day Benefit Period

RIDERS:

- The Inflation Rider applies to only the base daily benefit amount.

UNDERWRITING:

Generally, acceptance will be based on the answers given on the application. However, the following underwriting requirements will or may apply:

- A Prescription Drug History Check and Medical Data will be required for all proposed insureds.
- A Personal History Interview (PHI) will be requested on all proposed insureds 75 and older.
- A Personal History Interview (PHI) may be requested based on underwriting discretion.
- A Medical Record Report (APS) may be required in order to clarify a proposed insured for coverage, however the proposed insured will need to provide those records to us without expense to the Company.

The proposed insured must meet the build chart requirements to apply for coverage. (See height and weight chart.)

Tobacco use means cigarettes, cigar, pipe, snuff, and chewing tobacco, nicotine delivery systems such as electric cigarettes, or Nicolette gum or patch used in the 12 months prior to the application date. We will consider non tobacco rates if the applicant has stopped using tobacco products for at least 2 years after the policy was issued. A Cotinine test will need to be completed (at insured's own expense) and the results sent in to GTL for consideration.

If the proposed insured is taking any of the medication(s) prescribed by a medical professional that are taken for a medical condition listed on the application, they do not qualify for coverage. (See also the Medication List on page 4 & 5.)

If approved for the Nursing Home / Assisted Living Facility benefit and they applied for the Home Health Care / Caregiver Benefit Riders, this rider will be subject to underwriting approval.

Even though both spouses can be written on one application, each spouse will be issued their own Policy if approved for coverage and the annual fee must be calculated for each spouse.

To qualify for the 10% spousal discount, a policy must be issued on both proposed insureds. The proposed insureds must be legally married, be in a civil union or domestic partner relationship that is recognized by their resident state. If common law, the state must recognize common law marriage. The 10% discount applies to both proposed insured's policies.

If the proposed insured has any prior GTL/UNL coverage, claim history will be reviewed in determining insurability. If the proposed insured has the maximum benefit amount for this plan, or similar coverage, the proposed insured does not qualify for additional coverage. (See Maximum Home Health Care Benefits chart.)

APPLICATION:

All required fields must be filled out: complete name, address, phone number, email address, Social Security Number*, DOB/age, gender, height and weight, occupation, and tobacco question.

Secondary Address is optional.

Beneficiary information is required including the relationship. Need a beneficiary other than "self". All beneficiaries must equal 100% Share.

Replacement Question must be answered. If an external replacement, the proper replacement form is required for that state.

We do not allow replacement of another GTL/UNL agent's business.

METHOD OF SUBMITTING APPLICATION:

Portal: www.gtlic.com
Mobile Phone/Tablet: Download the GTL e-App

A voice verification is required at time of application on all portal applications (and iPad without a legal signature.) The voice verification must be completed by the proposed insured only. Each proposed insured must complete their own voice verification.

GTL Voice Verification Number: 866-839-5132.

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.

ADMINISTRATION:

- If the application is over 31 days old when received by the Company, a new currently dated application will be required.
- The effective date cannot be more than 90 days from the application date or prior to the application date.
- If a specific draft date is being requested: cannot be more than 15 days before or after the effective date.
- **A Power of Attorney (POA)/Guardianship is not acceptable for this product.**
- The proposed insured must be a U.S. citizen or hold a "green card" (permanent resident of U.S.). We will not consider any proposed insured that has a temporary visa, work or otherwise. The proposed insured also must have a valid social security number and we will not consider any proposed insured without one. *

PAYMENT METHOD:

- If Monthly: This will be bank draft only.

A completed PAC (pre-authorized check) form must be submitted with the paper application.

» We do not allow an employer or a business to pay the premiums.

» No Credit or Debit Cards allowed.

If the proposed insured does not want to do bank draft as an option, they can select Quarterly, Semi-Annual, or Annual direct bill (unless the banking information is provided.)

If one of these options is selected, the premium must be received by GTL prior to the policy being issued.

- Provided the proposed insured qualifies, we will pend the file for 30 days for the initial premium.

If the premium is not received within 30 days, Underwriting/New Business will close the file.

INCREASE OF BENEFITS:

If the proposed insured wants to increase the base plan, we need a new current dated application. Apply for just the increase amount, and submit to underwriting for approval.

If the application is approved, we will generate a second policy for the additional coverage.

DECREASE OF BENEFITS:

A written request from the Insured is required to decrease benefits. This request must be signed and dated by the proposed insured.

This will be handled by Policy Owner Services department.

REINSTATEMENT:

A policy can be considered for reinstatement if it is not lapsed for more than 6 months. If lapsed more than 6 months, a new application needs to be submitted.

HEIGHT AND WEIGHT CHART

If the proposed insured's build is less than the minimum or greater than the maximum, the proposed insured does not qualify for the plan. This chart is for both Male and Female proposed insureds.

Height	Min Weight	Max Weight
4'8"	80	172
4'9"	83	178
4'10"	85	184
4'11"	88	190
5'0"	91	197
5'1"	94	207
5'2"	97	210
5'3"	101	217
5'4"	104	224
5'5"	107	231
5'6"	111	238
5'7"	114	245
5'8"	118	253
5'9"	121	260
5'10"	125	268
5'11"	128	276
6'0"	132	283
6'1"	135	291
6'2"	139	299
6'3"	143	308
6'4"	147	316
6'5"	151	324
6'6"	155	333
6'7"	159	341
6'8"	164	350
6'9"	168	358
6'10"	171	367
6'11"	175	375

If the applicant is taking or been prescribed any of the following medications or had taken a medication within the time period listed in the health questions on the application, the person is not eligible for coverage. Please note that this list is **not all inclusive** and may be changed from time to time as medications are added and removed.

MEDICATION	MEDICATION	MEDICATION	MEDICATION	MEDICATION	MEDICATION
Abilify	Busulfex	Droxja	Hetin	Melphalan	Paricalcitol
Actimmune	Calcium acetate	Dygase	Histrelin	Memantine	Parlodel
Actigall	Campath	Edrophonlum	Humira	Mercaptopurine	Pegfilgrastim
Adriamycin	Capecitabine	Efudex	Humulin	Methotrexate	Peg-interferon
Adrucil	Carbidopa	Eidepryl	Hyderglne	Mirapex	Pegin 1ron
Agrylin	Carvedilol	Eligard	Hydrea	Mitomycin	Pertzye
Akineton	Casodey	Eloyatin	Hydroxyurea	Mitotane	Phenelzine
Alemtuzumab	Caenu	Emcyt	Imatinib	Moban	Phoslo
Aileron	Cerubidine	Encron 10	Interferon	Moderiba	Pimozide
Alkeran	Cerefolin	Enlon	Interferon Alpha 2A	Molindone	Plaretase
Amantadine	Chlormabucil	Entacapone	Interferon Alpha 2B	Mustargen	Platinol
Ambenonium	Chlorpromazine	Entresto	Interferon Beta	Mutamycin	Pramipexole
Anagrelide	Cisplatin	Epoetin Alfa	Intron A	Myieran	Prezista
Anandron	Clozapine	Epogen	Invega	Mytelase	Procarbazine
Anastrazote	Clozaril	Erlotinib	Iressa	Namenda	Prochlorperazine
Antabuse	Cogentin	Ergolold Mesylates	Itemadrin	Nardil	Procrit
Aredia	Combivir	Eskalith	Kutrase	Navane	Prolixin
Aricept	Compazine	Estramustine	Ku-Zyme	Neostigmine	Protilase
Arimidex	Comtan	Etidronate	Lantus	Nesiritide	Prostigmin
Aripiprazole	Copaxone	Etoposide	Lapase	Neulasta	Purinethol 6Mp
Aromasin	Copegus	Eulexin	Larodopa	Neupogen	Purixan
Artane	Coreg	Exelon	Lasbt	Nilandron	Pyridostigmine
Arzerra	Cosmegen	Exemestane	Latuda	Nilutamide	Quetiapine
Asenapine	Cotazym	Fareston	Lenalidomide	Novolog	Rasagiline
Aspart	Creon	Faslodex	Letrozole	Nph	Raxaayne
Atamet	Cyclophosphamide	Famara	Leukeran	Olanzapine	Rebetol
Atripla	Cytarabine	Fiasp	Leuprolide	Oncovin	Rebif
Avastin	Cytosar	Filgrastim	Levemir	Onxol	Reclast
Avonex	Cytoxan	Floxuridine	Levodopa	Orap	Reminyl
Azt	Dactinomycin	Fluorouracil	Lioresal	Ormazine	Requip
Azilect	Dantrium	Fluoxetine	Lipram	Oxaliplatln	Retrovir
Baclofen	Dantrolene	Fluphenazine	Lithane	Paclitaxel	Revlimid
Basaglar	Darbepoetin Alfa	Flutamlde	Lithium	Palcaps	Ribapak
Benztropine	Daunorubicin	Foscarnet Sodium	Lithobid	Paliperidone	Ribasphere
Betaseron	Demadex	FUDR	Lysozyme	Pamidronate	Ribavirin
Bexxar	Didanosine	Fulvestrant	Lodosyn	Panase	Rilutek
Bicalutamide	Dideoxyinosine	Furosemide	Lomustine	Pancrease	Riluzole
Blenoxame	Didronel	Gabtofen	Loxapine	Pantreaze	Riperdal
Blenoxane	Disulfiram	Galantamine	Loxitane	Pancrecarb	Risperidone
Bleomycin	Dotefrez	Gefitinib	Lupron	Pancrelipase	Rituxan
Bloxiverz	Docetaxel	Geodon	Lysodren	Pancron	Rituximab
Bromocriptine	Donepezil	Gleevec	Matuiane	Pangestyme	Rivastigmine
Bumetanide	Dopar	Goserelin	Mechlorethamine	Panocaps	Roferon-A
Bumex	Doxil	Haldol	Megace	Panokase	Ropinirole
Busulfan	Doxorubicin	Haloperidol	Megestrol	Parcopa	Saphris

MEDICATION	MEDICATION	MEDICATION	MEDICATION	MEDICATION
Selegiline	Taxol	Tositumomab	Videx	Zenpep
Seroquel	Taxotere	Toujeo	Viibryd	Zidovudine
Sinemet	Tensilon	Trelstar La	Vinblastine	Ziprasidone
Stelazine	Thalidomide	Trifluoperazine	Vincasar	Zoladex
Sunitinib	Thalomld	Trilafon	Vincristine	Zoledronlc Acid
Suppreline	Theracys	Trihaxane	Viokace	Zometa
Sutent	Tioguanine	Trihexyphenidyl	Vio Moore	Zymase
Sycrest	Thioridazin	Triptorellne Pamoate	Vladur	Zyprexa
Symbyax	Thiotepa	Truvada	Vilazodone	
Symmetrel	Thiothixene	Ultresa	Viokase	
Tabloid	Thorazine	Vantas	Vio Moore	
Tarabine Pfs	Tice Bcg Live	Velasulin	Xeloda	
Tarceva	Toremifene	Velban	Zelapar	
Tasmar	Torsemide	Vepesid	Zemplar	

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	Plan A only
$1,300/week or less	Plan A or B only
$1,250/week or less	Plan 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:
Plan C	Maximum of $1,250/week
Plan B	Maximum of $1,300/week
Plan A	Maximum of $1,350/week
If Home Care Secure:	**Maximum Short-Term Home Health Care allowed*:**
$60,000 Maximum Benefit	Plan 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

RECOVER CASH® 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 see also our One-Time PIN option on page 2.)
- 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

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.
- Be sure to include any special 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 certificate.
- 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 or agency@gtlic.com.

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.

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