

Critical Care

Your Plan, Your Cash, Your Choice

AGENT RATE AND UNDERWRITING GUIDE OHIO

FOR AGENT USE ONLY

UNDERWRITTEN BY:
Guarantee Trust Life Insurance Company

GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)
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(REV. 3/18) 15D590

Plan A - Critical Care

Annual Rates

Rates include the Monthly Base Benefit Amount, ALF Benefit and NH Benefit

6 month Benefit Period												
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000	ROP
Dependent	7.78	Dependent benefit is \$500 →										1.10
18 - 29	18.00	27.00	36.00	45.00	54.00	63.00	68.48	77.04	85.60	94.16	102.72	1.10
30 - 39	28.06	42.09	56.12	70.15	84.18	98.21	106.72	120.06	133.40	146.74	160.08	1.10
40 - 49	57.24	85.86	114.48	143.10	171.72	200.34	217.60	244.80	272.00	299.20	326.40	1.15
50 - 54	93.92	140.88	187.84	234.80	281.76	328.72	357.28	401.94	446.60	491.26	535.92	1.15
55 - 59	129.06	193.59	258.12	322.65	387.18	451.71	491.12	552.51	613.90	675.29	736.68	1.20
60 - 64	171.98	257.97	343.96	429.95	515.94	601.93	654.88	736.74	818.60	900.46	982.32	1.25
65 - 69	221.08	331.62	442.16	552.70	663.24	773.78	842.56	947.88	1,053.20	1,158.52	1,263.84	1.25
70 - 74	271.08	406.62	542.16	677.70	813.24	948.78	1,034.40	1,163.70	1,293.00	1,422.30	1,551.60	N/A
75 - 79	320.16	480.24	640.32	800.40	960.48	1,120.56	1,223.60	1,376.55	1,529.50	1,682.45	1,835.40	N/A
80 - 84	354.64	531.96	709.28	886.60	1,063.92	1,241.24	1,358.16	1,527.93	1,697.70	1,867.47	2,037.24	N/A

12 month Benefit Period												
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000	ROP
Dependent	14.06	Dependent benefit is \$500 →										1.10
18 - 29	32.46	48.69	64.92	81.15	97.38	113.61	123.44	138.87	154.30	169.73	185.16	1.10
30 - 39	50.54	75.81	101.08	126.35	151.62	176.89	192.16	216.18	240.20	264.22	288.24	1.10
40 - 49	103.12	154.68	206.24	257.80	309.36	360.92	392.08	441.09	490.10	539.11	588.12	1.15
50 - 54	169.22	253.83	338.44	423.05	507.66	592.27	643.68	724.14	804.60	885.06	965.52	1.15
55 - 59	232.52	348.78	465.04	581.30	697.56	813.82	884.88	995.49	1,106.10	1,216.71	1,327.32	1.20
60 - 64	309.88	464.82	619.76	774.70	929.64	1,084.58	1,179.92	1,327.41	1,474.90	1,622.39	1,769.88	1.25
65 - 69	398.36	597.54	796.72	995.90	1,195.08	1,394.26	1,518.24	1,708.02	1,897.80	2,087.58	2,277.36	1.25
70 - 74	488.42	732.63	976.84	1,221.05	1,465.26	1,709.47	1,863.68	2,096.64	2,329.60	2,562.56	2,795.52	N/A
75 - 79	576.86	865.29	1,153.72	1,442.15	1,730.58	2,019.01	2,204.64	2,480.22	2,755.80	3,031.38	3,306.96	N/A
80 - 84	638.98	958.47	1,277.96	1,597.45	1,916.94	2,236.43	2,447.12	2,753.01	3,058.90	3,364.79	3,670.68	N/A

18 month Benefit Period												
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000	ROP
Dependent	19.96	Dependent benefit is \$500 →										1.10
18 - 29	46.08	69.12	92.16	115.20	138.24	161.28	175.20	197.10	219.00	240.90	262.80	1.10
30 - 39	71.78	107.67	143.56	179.45	215.34	251.23	272.96	307.08	341.20	375.32	409.44	1.10
40 - 49	146.42	219.63	292.84	366.05	439.26	512.47	556.72	626.31	695.90	765.49	835.08	1.15
50 - 54	240.28	360.42	480.56	600.70	720.84	840.98	914.00	1,028.25	1,142.50	1,256.75	1,371.00	1.15
55 - 59	330.20	495.30	660.40	825.50	990.60	1,155.70	1,256.64	1,413.72	1,570.80	1,727.88	1,884.96	1.20
60 - 64	440.02	660.03	880.04	1,100.05	1,320.06	1,540.07	1,675.44	1,884.87	2,094.30	2,303.73	2,513.16	1.25
65 - 69	565.66	848.49	1,131.32	1,414.15	1,696.98	1,979.81	2,155.84	2,425.32	2,694.80	2,964.28	3,233.76	1.25
70 - 74	693.56	1,040.34	1,387.12	1,733.90	2,080.68	2,427.46	2,646.48	2,977.29	3,308.10	3,638.91	3,969.72	N/A
75 - 79	819.14	1,228.71	1,638.28	2,047.85	2,457.42	2,866.99	3,130.56	3,521.88	3,913.20	4,304.52	4,695.84	N/A
80 - 84	907.36	1,361.04	1,814.72	2,268.40	2,722.08	3,175.76	3,474.96	3,909.33	4,343.70	4,778.07	5,212.44	N/A

24 month Benefit Period												
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000	ROP
Dependent	25.48	Dependent benefit is \$500 →										1.10
18 - 29	58.88	88.32	117.76	147.20	176.64	206.08	223.92	251.91	279.90	307.89	335.88	1.10
30 - 39	91.74	137.61	183.48	229.35	275.22	321.09	348.80	392.40	436.00	479.60	523.20	1.10
40 - 49	187.18	280.77	374.36	467.95	561.54	655.13	711.68	800.64	889.60	978.56	1,067.52	1.15
50 - 54	307.14	460.71	614.28	767.85	921.42	1,074.99	1,168.32	1,314.36	1,460.40	1,606.44	1,752.48	1.15
55 - 59	422.04	633.06	844.08	1,055.10	1,266.12	1,477.14	1,606.16	1,806.93	2,007.70	2,208.47	2,409.24	1.20
60 - 64	562.42	843.63	1,124.84	1,406.05	1,687.26	1,968.47	2,141.52	2,409.21	2,676.90	2,944.59	3,212.28	1.25
65 - 69	723.02	1,084.53	1,446.04	1,807.55	2,169.06	2,530.57	2,755.60	3,100.05	3,444.50	3,788.95	4,133.40	1.25
70 - 74	886.48	1,329.72	1,772.96	2,216.20	2,659.44	3,102.68	3,382.56	3,805.38	4,228.20	4,651.02	5,073.84	N/A
75 - 79	1,047.02	1,570.53	2,094.04	2,617.55	3,141.06	3,664.57	4,001.52	4,501.71	5,001.90	5,502.09	6,002.28	N/A
80 - 84	1,159.76	1,739.64	2,319.52	2,899.40	3,479.28	4,059.16	4,441.60	4,996.80	5,552.00	6,107.20	6,662.40	N/A

Modal Factors: Semi-Annual 0.52, Quarterly .265, Monthly Bank Draft .09

Rates Do Not Include A \$25 Annual Policy Fee

Plan B - Cancer Care Plus

Annual Rates

Rates include the Monthly Base Benefit Amount, ALF Benefit and NH Benefit

6 Month Benefit Period												
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000	ROP
Dependent	5.18	Dependent benefit is \$500 →										1.10
18 - 29	11.26	16.89	22.52	28.15	33.78	39.41	42.80	48.15	53.50	58.85	64.20	1.10
30 - 39	15.78	23.67	31.56	39.45	47.34	55.23	60.00	67.50	75.00	82.50	90.00	1.10
40 - 49	38.20	57.30	76.40	95.50	114.60	133.70	145.28	163.44	181.60	199.76	217.92	1.15
50 - 54	63.28	94.92	126.56	158.20	189.84	221.48	240.72	270.81	300.90	330.99	361.08	1.15
55 - 59	87.70	131.55	175.40	219.25	263.10	306.95	333.68	375.39	417.10	458.81	500.52	1.20
60 - 64	115.14	172.71	230.28	287.85	345.42	402.99	438.40	493.20	548.00	602.80	657.60	1.25
65 - 69	143.86	215.79	287.72	359.65	431.58	503.51	548.16	616.68	685.20	753.72	822.24	1.25
70 - 74	172.34	258.51	344.68	430.85	517.02	603.19	657.36	739.53	821.70	903.87	986.04	N/A
75 - 79	205.32	307.98	410.64	513.30	615.96	718.62	784.24	882.27	980.30	1,078.33	1,176.36	N/A
80 - 84	229.16	343.74	458.32	572.90	687.48	802.06	876.72	986.31	1,095.90	1,205.49	1,315.08	N/A

12 Month Benefit Period												
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000	ROP
Dependent	9.32	Dependent benefit is \$500 →										1.10
18 - 29	20.28	30.42	40.56	50.70	60.84	70.98	77.12	86.76	96.40	106.04	115.68	1.10
30 - 39	28.44	42.66	56.88	71.10	85.32	99.54	108.16	121.68	135.20	148.72	162.24	1.10
40 - 49	68.88	103.32	137.76	172.20	206.64	241.08	261.92	294.66	327.40	360.14	392.88	1.15
50 - 54	114.12	171.18	228.24	285.30	342.36	399.42	434.08	488.34	542.60	596.86	651.12	1.15
55 - 59	158.16	237.24	316.32	395.40	474.48	553.56	601.84	677.07	752.30	827.53	902.76	1.20
60 - 64	207.84	311.76	415.68	519.60	623.52	727.44	791.36	890.28	989.20	1,088.12	1,187.04	1.25
65 - 69	259.84	389.76	519.68	649.60	779.52	909.44	990.16	1,113.93	1,237.70	1,361.47	1,485.24	1.25
70 - 74	311.56	467.34	623.12	778.90	934.68	1,090.46	1,188.64	1,337.22	1,485.80	1,634.38	1,782.96	N/A
75 - 79	371.62	557.43	743.24	929.05	1,114.86	1,300.67	1,419.68	1,597.14	1,774.60	1,952.06	2,129.52	N/A
80 - 84	415.40	623.10	830.80	1,038.50	1,246.20	1,453.90	1,589.60	1,788.30	1,987.00	2,185.70	2,384.40	N/A

18 Month Benefit Period												
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000	ROP
Dependent	13.26	Dependent benefit is \$500 →										1.10
18 - 29	28.82	43.23	57.64	72.05	86.46	100.87	109.60	123.30	137.00	150.70	164.40	1.10
30 - 39	40.38	60.57	80.76	100.95	121.14	141.33	153.60	172.80	192.00	211.20	230.40	1.10
40 - 49	97.84	146.76	195.68	244.60	293.52	342.44	372.08	418.59	465.10	511.61	558.12	1.15
50 - 54	162.12	243.18	324.24	405.30	486.36	567.42	616.64	693.72	770.80	847.88	924.96	1.15
55 - 59	224.74	337.11	449.48	561.85	674.22	786.59	855.20	962.10	1,069.00	1,175.90	1,282.80	1.20
60 - 64	295.36	443.04	590.72	738.40	886.08	1,033.76	1,124.64	1,265.22	1,405.80	1,546.38	1,686.96	1.25
65 - 69	369.38	554.07	738.76	923.45	1,108.14	1,292.83	1,407.68	1,583.64	1,759.60	1,935.56	2,111.52	1.25
70 - 74	443.14	664.71	886.28	1,107.85	1,329.42	1,550.99	1,690.80	1,902.15	2,113.50	2,324.85	2,536.20	N/A
75 - 79	528.82	793.23	1,057.64	1,322.05	1,586.46	1,850.87	2,020.40	2,272.95	2,525.50	2,778.05	3,030.60	N/A
80 - 84	591.52	887.28	1,183.04	1,478.80	1,774.56	2,070.32	2,263.84	2,546.82	2,829.80	3,112.78	3,395.76	N/A

24 Month Benefit Period												
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000	ROP
Dependent	16.94	Dependent benefit is \$500 →										1.10
18 - 29	36.84	55.26	73.68	92.10	110.52	128.94	140.08	157.59	175.10	192.61	210.12	1.10
30 - 39	51.66	77.49	103.32	129.15	154.98	180.81	196.48	221.04	245.60	270.16	294.72	1.10
40 - 49	125.06	187.59	250.12	312.65	375.18	437.71	475.52	534.96	594.40	653.84	713.28	1.15
50 - 54	207.28	310.92	414.56	518.20	621.84	725.48	788.48	887.04	985.60	1,084.16	1,182.72	1.15
55 - 59	287.36	431.04	574.72	718.40	862.08	1,005.76	1,093.52	1,230.21	1,366.90	1,503.59	1,640.28	1.20
60 - 64	377.72	566.58	755.44	944.30	1,133.16	1,322.02	1,438.32	1,618.11	1,797.90	1,977.69	2,157.48	1.25
65 - 69	472.50	708.75	945.00	1,181.25	1,417.50	1,653.75	1,800.72	2,025.81	2,250.90	2,475.99	2,701.08	1.25
70 - 74	567.02	850.53	1,134.04	1,417.55	1,701.06	1,984.57	2,163.52	2,433.96	2,704.40	2,974.84	3,245.28	N/A
75 - 79	676.94	1,015.41	1,353.88	1,692.35	2,030.82	2,369.29	2,586.48	2,909.79	3,233.10	3,556.41	3,879.72	N/A
80 - 84	757.54	1,136.31	1,515.08	1,893.85	2,272.62	2,651.39	2,899.52	3,261.96	3,624.40	3,986.84	4,349.28	N/A

Modal Factors: Semi-Annual 0.52, Quarterly .265, Monthly Bank Draft .09

Rates Do Not Include A \$25 Annual Policy Fee

Plan C - Cardiac Care Plus

Annual Rates

Rates include the Monthly Base Benefit Amount, ALF Benefit and NH Benefit

6 Month Benefit Period												
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000	ROP
Dependent	3.40	Dependent benefit is \$500 →										1.10
18 - 29	7.96	11.94	15.92	19.90	23.88	27.86	30.32	34.11	37.90	41.69	45.48	1.10
30 - 39	11.36	17.04	22.72	28.40	34.08	39.76	43.20	48.60	54.00	59.40	64.80	1.10
40 - 49	23.88	35.82	47.76	59.70	71.64	83.58	90.88	102.24	113.60	124.96	136.32	1.15
50 - 54	42.72	64.08	85.44	106.80	128.16	149.52	162.64	182.97	203.30	223.63	243.96	1.15
55 - 59	63.28	94.92	126.56	158.20	189.84	221.48	241.12	271.26	301.40	331.54	361.68	1.20
60 - 64	90.80	136.20	181.60	227.00	272.40	317.80	346.32	389.61	432.90	476.19	519.48	1.25
65 - 69	128.50	192.75	257.00	321.25	385.50	449.75	490.72	552.06	613.40	674.74	736.08	1.25
70 - 74	171.60	257.40	343.20	429.00	514.80	600.60	656.24	738.27	820.30	902.33	984.36	N/A
75 - 79	221.20	331.80	442.40	553.00	663.60	774.20	847.52	953.46	1,059.40	1,165.34	1,271.28	N/A
80 - 84	257.32	385.98	514.64	643.30	771.96	900.62	988.24	1,111.77	1,235.30	1,358.83	1,482.36	N/A

12 Month Benefit Period												
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000	ROP
Dependent	6.08	Dependent benefit is \$500 →										1.10
18 - 29	14.28	21.42	28.56	35.70	42.84	49.98	54.32	61.11	67.90	74.69	81.48	1.10
30 - 39	20.44	30.66	40.88	51.10	61.32	71.54	77.76	87.48	97.20	106.92	116.64	1.10
40 - 49	42.96	64.44	85.92	107.40	128.88	150.36	163.44	183.87	204.30	224.73	245.16	1.15
50 - 54	76.78	115.17	153.56	191.95	230.34	268.73	292.32	328.86	365.40	401.94	438.48	1.15
55 - 59	113.72	170.58	227.44	284.30	341.16	398.02	433.28	487.44	541.60	595.76	649.92	1.20
60 - 64	163.00	244.50	326.00	407.50	489.00	570.50	621.60	699.30	777.00	854.70	932.40	1.25
65 - 69	230.38	345.57	460.76	575.95	691.14	806.33	879.52	989.46	1,099.40	1,209.34	1,319.28	1.25
70 - 74	307.28	460.92	614.56	768.20	921.84	1,075.48	1,174.72	1,321.56	1,468.40	1,615.24	1,762.08	N/A
75 - 79	395.34	593.01	790.68	988.35	1,186.02	1,383.69	1,514.16	1,703.43	1,892.70	2,081.97	2,271.24	N/A
80 - 84	458.80	688.20	917.60	1,147.00	1,376.40	1,605.80	1,761.20	1,981.35	2,201.50	2,421.65	2,641.80	N/A

18 Month Benefit Period												
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000	ROP
Dependent	8.64	Dependent benefit is \$500 →										1.10
18 - 29	20.28	30.42	40.56	50.70	60.84	70.98	77.12	86.76	96.40	106.04	115.68	1.10
30 - 39	29.02	43.53	58.04	72.55	87.06	101.57	110.40	124.20	138.00	151.80	165.60	1.10
40 - 49	60.98	91.47	121.96	152.45	182.94	213.43	232.00	261.00	290.00	319.00	348.00	1.15
50 - 54	109.00	163.50	218.00	272.50	327.00	381.50	414.96	466.83	518.70	570.57	622.44	1.15
55 - 59	161.36	242.04	322.72	403.40	484.08	564.76	614.80	691.65	768.50	845.35	922.20	1.20
60 - 64	231.24	346.86	462.48	578.10	693.72	809.34	881.76	991.98	1,102.20	1,212.42	1,322.64	1.25
65 - 69	326.74	490.11	653.48	816.85	980.22	1,143.59	1,247.36	1,403.28	1,559.20	1,715.12	1,871.04	1.25
70 - 74	435.62	653.43	871.24	1,089.05	1,306.86	1,524.67	1,665.20	1,873.35	2,081.50	2,289.65	2,497.80	N/A
75 - 79	560.18	840.27	1,120.36	1,400.45	1,680.54	1,960.63	2,145.28	2,413.44	2,681.60	2,949.76	3,217.92	N/A
80 - 84	649.74	974.61	1,299.48	1,624.35	1,949.22	2,274.09	2,493.92	2,805.66	3,117.40	3,429.14	3,740.88	N/A

24 Month Benefit Period												
	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000	ROP
Dependent	11.04	Dependent benefit is \$500 →										1.10
18 - 29	25.94	38.91	51.88	64.85	77.82	90.79	98.64	110.97	123.30	135.63	147.96	1.10
30 - 39	37.08	55.62	74.16	92.70	111.24	129.78	141.04	158.67	176.30	193.93	211.56	1.10
40 - 49	77.94	116.91	155.88	194.85	233.82	272.79	296.48	333.54	370.60	407.66	444.72	1.15
50 - 54	139.28	208.92	278.56	348.20	417.84	487.48	530.24	596.52	662.80	729.08	795.36	1.15
55 - 59	206.20	309.30	412.40	515.50	618.60	721.70	785.60	883.80	982.00	1,080.20	1,178.40	1.20
60 - 64	295.46	443.19	590.92	738.65	886.38	1,034.11	1,126.64	1,267.47	1,408.30	1,549.13	1,689.96	1.25
65 - 69	417.46	626.19	834.92	1,043.65	1,252.38	1,461.11	1,593.60	1,792.80	1,992.00	2,191.20	2,390.40	1.25
70 - 74	556.48	834.72	1,112.96	1,391.20	1,669.44	1,947.68	2,127.20	2,393.10	2,659.00	2,924.90	3,190.80	N/A
75 - 79	715.44	1,073.16	1,430.88	1,788.60	2,146.32	2,504.04	2,739.76	3,082.23	3,424.70	3,767.17	4,109.64	N/A
80 - 84	829.64	1,244.46	1,659.28	2,074.10	2,488.92	2,903.74	3,184.24	3,582.27	3,980.30	4,378.33	4,776.36	N/A

Modal Factors: Semi-Annual 0.52, Quarterly .265, Monthly Bank Draft .09
Rates Do Not Include A \$25 Annual Policy Fee

Guarantee Trust Life Insurance Company

Critical Care, Critical Illness Product

Rate Calculation

Critical Care - Cancer Care Plus - Cardiac Care Plus

1. Underwriting will include a prescription drug check.
2. Tobacco use means any use of a substance containing nicotine. Tobacco factor is 1.5 times the applicable annual rate. (Except for Dependents)
3. Return of premium benefit is 100% of premiums paid, less claims, upon death before the first policy anniversary after age 80.
4. For the family plan, each member may choose any plan they qualify for. (Dependent Benefit is \$500 a month)

To find the base rate:

- 1 Choose Plan A, B or C 2 Choose Benefit Period 3 Choose Base Monthly Benefit amount 4 Use age to determine base rate

Step 1. Find base rate for Applicants' age (If tobacco user, multiply times 1.5)

Plan: (check one) Critical Care **A** Cancer Care Plus **B** Cardiac Care Plus **C**

Benefit Period: (check one) 6 12 18 24 months

Monthly Base Benefit \$ _____

\$

Step 2. If married, find base rate for Spouse's age (If tobacco user, multiply times 1.5)

Plan: (check one) Critical Care **A** Cancer Care Plus **B** Cardiac Care Plus **C**

Benefit Period: (check one) 6 12 18 24 months

Monthly Base Benefit \$ _____

\$

Step 3. Dependents (Plan selected may be different from client or other dependents)

Dependent 1: _____ \$ _____

Plan: (check one) Critical Care **A** Cancer Care Plus **B** Cardiac Care Plus **C** Benefit Period: _____ months

Dependent 2 : _____ \$ _____

Plan: (check one) Critical Care **A** Cancer Care Plus **B** Cardiac Care Plus **C** Benefit Period: _____ months

Dependent 3 : _____ \$ _____

Plan: (check one) Critical Care **A** Cancer Care Plus **B** Cardiac Care Plus **C** Benefit Period: _____ months

Total Dependents Premium:

\$

Step 4. Annual Premium (Add total of steps 1, 2 and 3)

\$

Step 5. Optional Return of Premium Factor (Base upon client's age)

Step 6. Annual Premium with ROP (If ROP selected, multiply step 4 times step 5)

\$

Step 7. Annual Policy Fee

\$

25.00

Step 8. Total Annual Premium (If ROP selected, add step 6 and step 7)(If no ROP selected add steps 4 & 7)

\$

Step 9. Enter Modal Factor (Semi-annual 0.52, Quarterly 0.265, Monthly Bank Draft: 0.09)

Step 10. Modal Premium (Multiply step 8 times step 9)

\$

Medication Guide

If the applicant is taking any of the following medications for the conditions listed, the applicant is not eligible for the plan or a benefit rider (see footnote below). This is not an all inclusive list and maybe subject to change from time to time.

Medication Color Key

 - Applicant would **NOT** be eligible for any of the coverage options

 - Applicant would **NOT** be eligible for Plan B – Cancer Care or Critical Care

 - Applicant would **NOT** be eligible for Plan C – Cardiac Care or Critical Care

3TC-A	AIDS-
A.Z.T.-A	HIV, AIDS
Acamprosate-A	Alcohol Abuse
Akineton-A	Parkinson's Disease
AL-721-A	HIV, AIDS
Amantadine-A	Parkinson's Disease
Anabuse-A	Alcoholism
Apokyn-A	Parkinson's Disease
Aptivus-A	Parkinson's Disease
Aricept-A	Dementia
Artane-A	Parkinson's Disease
Atripila-A	HIV, AIDS
Avonex-A	Multiple Sclerosis
Azilect-A	Parkinson's Disease
Baclofen-A	Multiple Sclerosis
Betaseron-A	Multiple Sclerosis
Campra-A	Alcoholism
Capaxone-A	Multiple Sclerosis
Carbidopa-A	Parkinson's Disease
Cerefolin-A	Dementia
Cogentin-A	Parkinson's Disease
Cognex-A	Dementia
Combivir-A	HIV, AIDS
Comtan-A	Parkinson's Disease
Copaxone-A	Multiple Sclerosis
Crixivan-A	HIV, AIDS
Cyloserine-A	Dementia
D.D.I.-A	HIV, AIDS
D4T-A	HIV, AIDS
Dantium-A	Multiple Sclerosis
DDC-A	HIV, AIDS
Donepezil-A	Dementia
Dopar-A	Parkinson's Disease
DuoNeb-A	COPD
Eldepryl-A	Parkinson's Disease
Emtriva-A	HIV, AIDS
Epivir-A	HIV, AIDS
Epogen-A	Kidney Failure, AIDS
Ergoloid-A	Dementia
IpratropiumBromide-A	COPD
Kaletra-A	HIV
Kemadrin-A	Parkinson's Disease
Kenadrin-A	Parkinson's Disease
Larodopa-A	Parkinson's Disease
L-Dopa-A	Parkinson's Disease
Levodopa-A	Parkinson's Disease
Levsin-A	Parkinson's Disease
Lexiva-A	HIV, AIDS
Lioresal-A	Multiple Sclerosis
Memantine-A	Alzheimer's Disease
Metrifonate-A	Dementia
Mirapex-A	Parkinson's Disease
Naltrexone-A	Alcoholism

Namenda-A	Alzheimer's Disease
Nelfinavir-A	HIV, AIDS
Neupro-A	Parkinson's Disease
Norvir-A	HIV, AIDS
Novatrone-A	Parkinson's Disease
Oxygen Therapy-A	COPD
Parlodel-A	Parkinson's Disease
Parsidol-A	Parkinson's Disease
Permax-A	Parkinson's Disease
Prezista-A	AIDS
Procrit-A	Kidney Failure, AIDS
Razadyne-A	Dementia
Rebif-A	Multiple Sclerosis
Reminyl-A	Dementia
Requip-A	Parkinson's Disease
Rescripto-A	AIDS
Exelon-A	Dementia
Foscarnet-A	HIV, AIDS
Fuzeon-A	HIV, AIDS
Galantamine-A	Dementia
Hydergine-A	Dementia
Indinavir-A	HIV, AIDS
Interferon-A	AIDS, Hepatitis
Invirase-A	HIV, AIDS
Reyataz-A	HIV
Riluzole-A	ALS
Ritonavir-A	AIDS
Rivastigmine-A	Dementia
Roferon-A	HIV, AIDS
Ropinerole-A	Parkinson's Disease
Selzentry-A	HIV
Sinemet-A	Parkinson's Disease
Spiriva-A	COPD
Stalevo-A	Parkinson's Disease
Sustiva-A	AIDS
Symmetrel-A	Parkinson's Disease
Tacrine-A	Dementia
Tasmar-A	Parkinson's Disease
Trizivir-A	HIV
Truvada-A	HIV
Tysabri-A	Multiple Sclerosis
Valycte-A	HIV
Videx-A	HIV
Viracept-A	HIV
Viramune-A	AIDS
Viread-A	HIV
Wellferon-A	HIV, AIDS
Zelapar-A	Parkinson's Disease
Zerit-A	HIV
Ziagen-A	HIV
Zidovudine-A	HIV, AIDS

Adriamycin-B	Malignant Tumors
Alkeran-B	Cancer
BCG-B	Bladder Cancer
Blenoxane-B	Cancer
Cyclosporine-B	Cancer
Cytosan-B	Cancer

DES-B	Cancer
Doxorubicin-B	Cancer
Dronabinol-B	Cancer
Ergaisol-B	Cancer
Estinyl-B	Cancer
Eulexin-B	Cancer
Ganite-B	Cancer
Gleevic-B	Cancer
Hexalen-B	Cancer
Hydrea-B	Cancer
Hydroxyurea-B	Melanoma, Leukemia, Cancer
Kineret-B	Cancer
Leukeran-B	Cancer
Lomustine-B	Cancer
Lupron-B	Cancer
Megace -B	Cancer
Megestrol-B	Cancer
Melphalan-B	Cancer
Mutamycin-B	Cancer
Myletan-B	Cancer
Neosar-B	Cancer
Neupogen-B	Cancer
Paraplatin-B	Cancer
Platinol-B	Cancer
Plenaxis-B	Cancer
Tace-B	Cancer
Trelstar-LA-B	Prostate Cancer
Teslac-B	Cancer
Thiotepa-B	Cancer
VePesid-B	Cancer
Vincristine-B	Cancer
Zanosar-B	Cancer
Zofran-B	Cancer
Zoladex-B	Cancer

Accuretic-C	Heart & Circulatory
Aldactazide-C	Heart & Circulatory
Bumex-C	Heart & Circulatory
Capozide-C	Heart & Circulatory
Cardarone-C	Heart & Circulatory
Coreg-C	Heart & Circulatory
Coumadin-C	Heart & Circulatory
Dilacor XR-C	Heart & Circulatory
Imdur-C	Heart & Circulatory
Insulin-C	Diabetes
Isordil-C	Heart & Circulatory
Lasix-C	Heart & Circulatory
Lopressor-C	Heart & Circulatory
Lotrel-C	Heart & Circulatory
Lozol-C	Heart & Circulatory
Minipress-C	Heart & Circulatory
Natrecor-C	Congestive Heart Failure
Nitro-Bid-C	Heart & Circulatory
Nitro-Dur-C	Heart & Circulatory
Nitrostat-C	Heart & Circulatory
Persantine-C	Heart & Circulatory
Plavix-C	Heart & Circulatory
Prinivil-C	Heart & Circulatory
Rythmol-C	Heart & Circulatory
Tambocor-C	Heart & Circulatory
Tenex-C	Heart & Circulatory
Ticlid-C	Heart & Circulatory
Trental-C	Heart & Circulatory
Ziac-C	Heart & Circulatory

Guarantee Trust Life Critical Care Underwriting Guide

1. Generally, acceptance will be based on the answers given on the application and a prescription drug history check. As every person applying will have the drug check, we must have a social security number. If the person does not have a social security number, we cannot consider that person for coverage.
2. Persons residing in an assisted living facility are not eligible for this coverage and should not be solicited.
3. Each person must be a U.S. citizen or hold a "green card" (permanent resident of US).
4. In some cases, a personal history telephone interview may be conducted to clarify information. If so, the interview will be ordered by the Home Office.
5. If a medical report is required in order to clarify an applicant's medical history, we will request that the records be obtained at no expense to the Company. Or the applicant will be given the option to delete the benefit rider, if appropriate.
6. If the applicant is taking any of the medications listed on the Medication List, the applicant will not qualify for the plan or benefit rider.
7. If an application is over 31 days old when received by the Company, we will require a new currently dated application.
8. The effective date cannot be more than 90 days from the application date.
9. The applicants must be legally married or if common law, the state must recognize common law marriage. States that recognize civil unions or domestic partnerships are granted the same rights as a spouse as it applies to health insurance coverage. In this case, they must complete the common law form and submit it with the application. If the state does not recognize common law marriage, each person must submit their own application. Each person must also pay the annual policy fee.
10. The Primary, Spouse and dependent children can apply for different benefits on the same application. However, the benefit period for the dependent children must be equal to or less than parent(s) with greater coverage.
11. If other than annual mode, the policy fee should be modalized and added to the modal premium.
12. For dependent children (age 0-25), use the 0-17 (dependent) rate band.
13. Tobacco use means cigarettes, cigar, pipe, snuff, and chewing tobacco, nicotine delivery systems such as electric cigarettes, or Nicorette gum or patch used in the 12 months prior to the application date. Note use a factor of 1.5 of the premium (excluding the policy fee) to calculate the tobacco rate. (Except for Dependents)