

**The ancillary health products your clients need.
The expedient claim processing they deserve.**

**Hospital Indemnity
Cancer
Heart Attack & Stroke
Home Health Care
Assisted Living & Nursing Home Care**

GTL | **GUARANTEE
TRUST
LIFE**

Welcome to Guarantee Trust (GTL)

Solid Insurance Carrier

Experience You Can **Trust**

- Located in Glenview, IL
- Founded in 1936
- Mutual Company
- Licensed in 49 states
- AM Best Rating A- (Excellent)
- \$0 debt

What do you need?

Solid Insurance Carrier

Best Coverage In Class



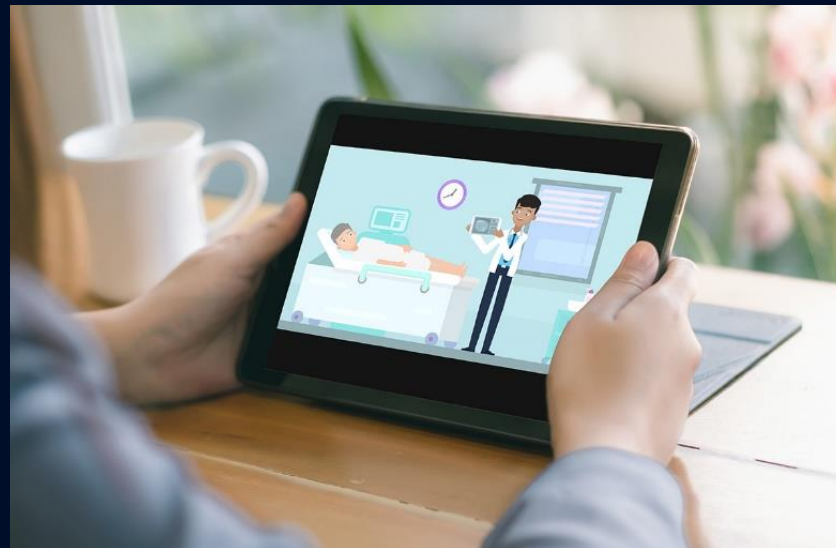
Today's product focus...
Short-Term Home Health Care

What do you need?

Solid Insurance Carrier

Best In Class Coverage

Great Cross Selling Tools



What do you need?

Solid Insurance Carrier

Best In Class Coverage

Great Cross Selling Tools

e-Application Platforms



GTL E-App

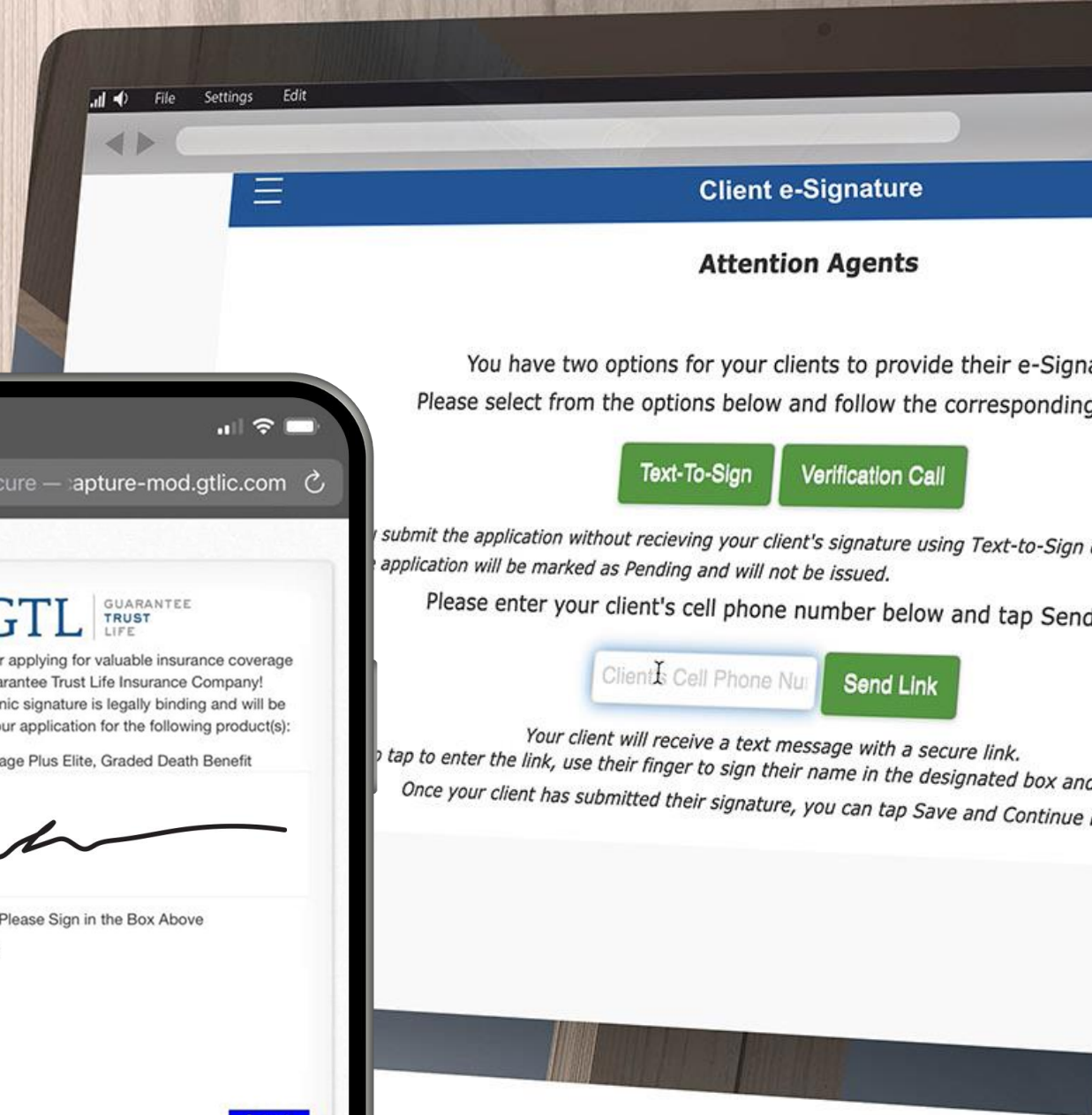
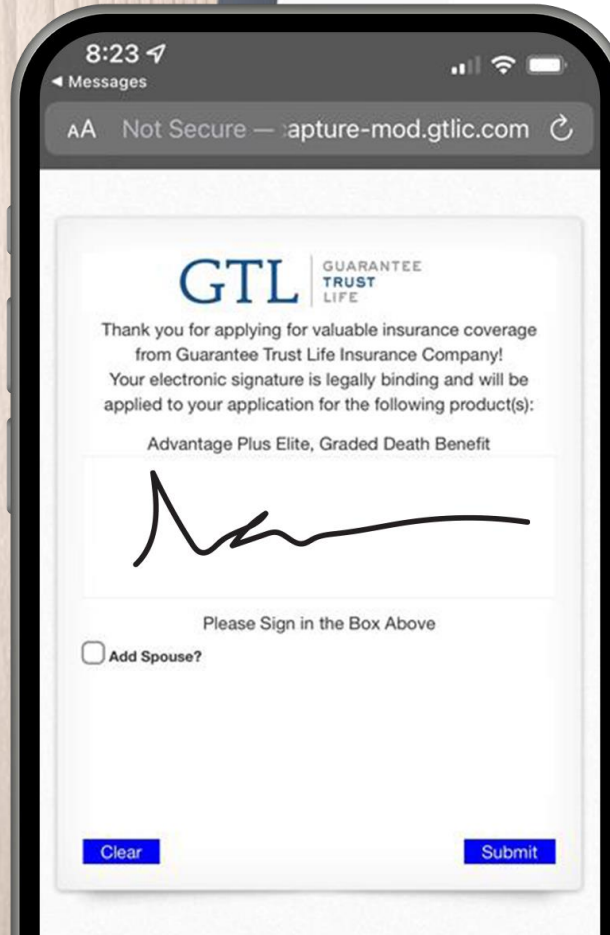


*Not meeting in person?
No problem!
Choice of **Text To Sign**
or **Verification Call**
when using our
PC Platform!*

Available on GTL's Agent Portal...

Text-to-Sign!

- ✓ Save time and **bypass the Voice Verification Call** on GTL's Agent Portal.
- ✓ Send a text message to your client's phone to have them **securely sign** their application.



State availability



- Alabama
- Alaska
- Arizona
- Arkansas
- Colorado
- Delaware
- Dist. Of Columbia
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky*
- Louisiana
- Maryland
- Michigan

- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- North Carolina
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- Tennessee
- Texas
- West Virginia
- Wyoming

If you have clients that...

- ✓ Are currently taking prescription drugs
- ✓ Have not planned for future care
- ✓ Cannot afford or qualify for a LTC policy
- ✓ Their parents may count on them for future care
- ✓ Are not already receiving care and do not have difficulty with ADL's or a cognitive impairment

...then they will be glad you are here today!

Underwriting

Step 3: Pre-Qualification and Medical Information		Applicant 1	Applicant 2
<i>If any answer to questions 1-3 is YES (or 1-4 if applying for Option C), do not submit the application.</i>			
1. Is the applicant currently (i) living in a nursing home or assisted living facility or (ii) receiving home health care or similar type of care?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the applicant require the assistance or supervision of another person or a device of any kind for any one of the following routine Activities of Daily Living (bathing, dressing, eating, continence, toileting or transferring to or from a bed or chair)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Within the past 12 months has the applicant been diagnosed as having, been prescribed medication for, or received medical advice or treatment from a licensed healthcare professional for Alzheimer's disease, dementia, or memory loss?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If applying for Option C:			
4. In the next 60 calendar days, is the applicant (i) scheduled for or (ii) anticipating the scheduling of: A. Admission to a hospital, nursing home or assisted living facility; or B. Home health care services; or C. Surgery?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

~~MIB check~~
~~Phone interview~~
~~Medical Records~~

~~Rx Check~~
~~Medical Exam~~
~~Hassle!!!~~

Three Base Plans To Choose From

Issue age range from 61 to 85
Unisex rates for base plans



Three Base Plans To Choose From

GTL will pay a benefit each day you receive the following benefits from an approved practitioner up to a daily maximum which varies by plan*.

HOME HEALTH CARE BENEFITS

	Plan A	Plan B	Plan C
Skilled nursing care, RN	\$75	\$150	\$200
General nursing care, (LPN, LVN)	\$60	\$120	\$200
Physical Therapy	\$75	\$150	\$200
Speech Pathology	\$75	\$150	\$200
Occupational Therapy	\$75	\$150	\$200
Chemotherapy Specialist	\$60	\$120	\$200
Enterostomal Therapy	\$50	\$100	\$200
Respirational Therapy	\$50	\$100	\$200
Medical Social Services	\$100	\$200	\$300

*The combined maximum daily benefit for Plan A is \$150, for Plan B is \$300 and for Plan C is \$450.

HOME HEALTH CARE AIDE BENEFIT

Plan A	Plan B	Plan C
\$40	\$80	\$120
<i>Per Day</i>	<i>Per Day</i>	<i>Per Day</i>

PRESCRIPTION DRUG BENEFIT

	\$10	\$25
	<i>Generic</i>	<i>Brand Name</i>

Plan A up to	Plan B up to	Plan C up to
\$300	\$600	\$900
<i>Per Year</i>	<i>Per Year</i>	<i>Per Year</i>

Base Plan Benefit Details

PRESCRIPTION DRUG BENEFIT



- ❑ GTL will pay a benefit amount of \$10 for each generic or \$25 for each brand name prescription drug up to a policy year maximum of \$300 for Plan A, \$600 for Plan B or \$900 for Plan C.
 - The Prescription Drug benefit is not subject to the Pre-Existing Condition Limitation and is payable without regard to eligibility for Covered Home Health Care services.

Base Plan Benefit Details

PRESCRIPTION DRUG BENEFIT

PRESCRIPTION DRUG BENEFIT



\$10 | **\$25**
Generic | Brand Name

Plan A up to	Plan B up to	Plan C up to
\$300	\$600	\$900
Per Year	Per Year	Per Year

Claim example: 65 Year old with Plan A
5 brand name prescriptions
and
10 generic prescriptions
over a 12-month period.

Brand name prescriptions = \$125 (5 x \$25)
Generic prescriptions = \$100 (10 x \$10)
Total benefits paid = \$225

Annual Policy Premium = \$294.45*

\$294.45 Annual policy premium*
~~-\$225.00~~ Annual prescription drug benefits received
**\$69.45 Net cost of Short-Term Home Health
Care policy for this 12-month period**

* Annual premium mode

Rx Benefit FAQ's



Policy Form G1670

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Rx Benefit FAQ's



Does the \$25 per brand name Rx benefit include refills?



Until the maximum **annual Rx benefit** is reached

Rx Benefit FAQ's



Does the \$10 per generic Rx benefit work the same way?



Until the maximum **annual Rx benefit** is reached

Rx Benefit FAQ's



Is a **3-month Rx supply** filled at the same time payable as **1 or 3 benefits?**

1

Suggestion:
Have Rx's filled on a monthly basis!

Rx Benefit FAQ's

Yes

Do I receive the
\$25 per brand name
and
\$10 per generic name
benefits even if my
Rx co-pay is less?

Short-Term Home Health Care Benefit Details

GTL will pay a benefit each day you receive the following benefits from an approved practitioner up to a daily maximum which varies by plan*.

	Plan A	Plan B	Plan C
Skilled nursing care, RN	\$75	\$150	\$200
General nursing care, (LPN, LVN)	\$60	\$120	\$200
Physical Therapy	\$75	\$150	\$200
Speech Pathology	\$75	\$150	\$200
Occupational Therapy	\$75	\$150	\$200
Chemotherapy Specialist	\$60	\$120	\$200
Enterostomal Therapy	\$50	\$100	\$200
Respirational Therapy	\$50	\$100	\$200
Medical Social Services	\$100	\$200	\$300

*The combined maximum daily benefit for Plan A is \$150, for Plan B is \$300 and for Plan C is \$450.

To qualify for benefits, a Licensed Health Care Practitioner must certify you as having a **cognitive impairment** or **functional impairment** (Inability to perform at least two (2) of six (6) activities of daily living without substantial assistance).

Texas policy benefit note: No restoration of HHC benefits.

Short-Term Home Health Care Benefit Details

GTL will pay a benefit each day you receive the following benefits from an approved practitioner up to a daily maximum which varies by plan*.

	Plan A	Plan B	Plan C
Skilled nursing care, ^{DN}	\$75	\$150	\$200
General nursing care	\$60	\$120	\$200
Physical Therapy		\$150	\$200
Speech Pathology		\$150	\$200
Occupational Therapy		\$150	\$200
Chemotherapy Specialist		\$120	\$200
Enterostomal Therapy	\$50	\$100	\$200
Respirational Therapy	\$50	\$100	\$200
Medical Social Services	\$100	\$200	\$300

*The combined maximum daily benefit for Plan A is \$150, for Plan B is \$300 and for Plan C is \$450.

\$54,000
Maximum Benefit

\$108,000
Maximum Benefit

\$162,000
Maximum Benefit

The maximum benefit period for Short-Term Home Health Care is **360 days**.
This means 360 days of benefit payments! Has nothing to do with the calendar year.

Texas policy benefit note: No restoration of HHC benefits.

Short-Term Home Health Care Benefit Details

GTL will pay a benefit each day you receive the following benefits from an approved practitioner up to a daily maximum which varies by plan*.

	<u>Plan A</u>	<u>Plan B</u>	<u>Plan C</u>
Skilled nursing care, RN	\$75	\$150	\$200
General nursing care, (LPN, LVN)	\$60	\$120	\$200
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Enterostomal Therapy	\$50	\$100	\$200
Respirational Therapy	\$50	\$100	\$200
Medical Social Services	\$100	\$200	\$300

**The combined maximum daily benefit for Plan A is \$150, for Plan B is \$300 and for Plan C is \$450.*

Claim example: 65 Year old with Plan A
 Policyholder suffers a stroke and receives
10 Speech Pathology
 and
10 Physical Therapy
 treatments over a 10-day period.

Speech Pathology benefits = \$750 (10 x \$75)

Physical Therapy benefits = \$750 (10 x \$75)

Total benefits paid = \$1,500

Annual Policy Premium = \$294.45*

* Annual premium mode

Health Care Aide Benefit Details

HOME HEALTH CARE AIDE BENEFIT		
Plan A	Plan B	Plan C
\$40	\$80	\$120
<i>Per Day</i>	<i>Per Day</i>	<i>Per Day</i>

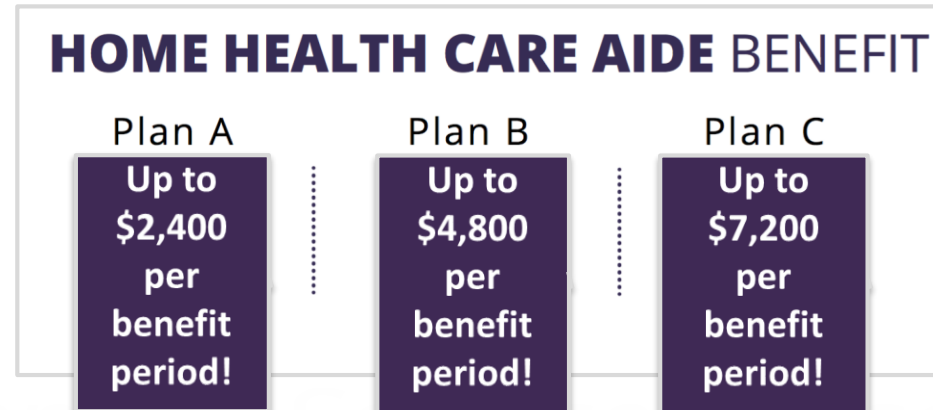
- ❑ GTL will pay a daily benefit for each day you require the services of a Home Health Care Aide, depending on the Plan you choose.
 - Benefits are payable should you have the inability to perform two or more Activities of Daily Living (ADLs) or have cognitive impairment.
 - **A prior hospitalization stay is not required!**
 - The maximum benefit period is 60 days.

This means 60 days of benefit payments!
Has nothing to do with the calendar year.

❖ Benefits restore once benefits have not been paid or required for 180 consecutive days and a Licensed Health Care Practitioner has certified that You have sufficiently recovered enough to no longer qualify as having a Functional or Cognitive Impairment and have been advised that You no longer require Covered Home Health Care or other nursing or home care services, whether or not such services are covered under the terms of this policy.

Texas policy benefit note: No restoration of HHC Aide benefits.

Health Care Aide Benefit Details



- ❑ GTL will pay a daily benefit for each day you require the services of a Home Health Care Aide, depending on the Plan you choose.
 - Benefits are payable should you have the inability to perform two or more Activities of Daily Living (ADLs) or have cognitive impairment.
 - **A prior hospitalization stay is not required!**
 - The maximum benefit period is 60 days.

This means 60 days of benefit payments!
Has nothing to do with the calendar year.

❖ Benefits restore once benefits have not been paid or required for 180 consecutive days and a Licensed Health Care Practitioner has certified that You have sufficiently recovered enough to no longer qualify as having a Functional or Cognitive Impairment and have been advised that You no longer require Covered Home Health Care or other nursing or home care services, whether or not such services are covered under the terms of this policy.

Texas policy benefit note: No restoration of HHC Aide benefits.

Who Can Provide the Care?

The Caregiver must...

- 1. be registered/certified to perform services by the state.**
- 2. work for a licensed agency that can provide a bill of service and details of each visit.**

That's it!

Home Health Care/Aide Benefit Details

6-Month Pre-existing Condition example:

Applicant was diagnosed with cancer or receiving treatment for cancer within 6-months prior to completing the GTL Short-Term Home Health Care Plan application for coverage **and** can answer the application questions “No.” Applicant is not currently in need of Home Health Care, Assisted Living or Nursing Home services.

- If the Policyholder requires Home Health Care or Home Health Care Aide benefits due to the cancer diagnosed within the first 6 months of their policy being in force, the claim is invalid. After the policy has been in force for 6 months, future benefits stemming from the need for Home Health Care or Home Health Care Aide due to the cancer diagnosis would be valid.
- If the Policyholder were to fall and break their hip immediately after their policy became “active” necessitating home health care or home health care aide, claim benefits would be available immediately.

SHORT-TERM HOME HEALTH CARE INSURANCE

All plan choices include Ask benefits!

Short-Term Home Health Care Daily Benefit Options – Monthly Rates

	Plan A	Plan B	Plan C
	\$150 Daily Max	\$300 Daily Max	\$450 Daily Max
Policyholder premium rates based upon <u>attained age</u> .			
<u>Premium rates increase on the policy anniversary when Policyholder enters into the next age band</u>			
61-64	\$21.09	\$40.51	\$45.11
65-70	\$24.54	\$47.41	\$54.22
71-75	\$32.85	\$64.03	\$76.94
76-80	\$43.48	\$85.30	\$112.92
81-85	\$57.26	\$112.85	\$160.07

Policy Form G1670

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SHORT-TERM HOME HEALTH CARE INSURANCE

All plan choices include Ask benefits!

Short-Term Home Health Care Daily Benefit Options – Monthly Rates

	Plan A	Plan B	Plan C
	\$150 Daily Max	\$300 Daily Max	\$450 Daily Max
86+	\$72.04	\$144.07	\$215.73

These are the base plan rates for Policyholders age 86 and higher.

○ **Payment types and modes:**

- Bank draft modes: Monthly, Quarterly, Semi-annual and Annual
- Direct Bill modes: Quarterly, Semi-annual and Annual
(Use paper application & collect premium)
- No credit cards

SHORT-TERM HOME HEALTH CARE INSURANCE

SHORT-TERM HOME HEALTH CARE INSURANCE

GTL GUARANTEE TRUST LIFE

GTL's Short-Term Home Health Care Insurance is **more affordable** than most other plan of care policies and it **pays benefits directly to you, regardless of any other insurance you have.** Home Health Care benefits kick in if you suffer a cognitive disability or can't perform 2 of the 6 Activities of Daily Living (ADL).



And with only 2 or 3 underwriting questions, you don't have to worry about a long application process or medical exams!

WHAT BENEFITS ARE INCLUDED?

<p>HOME HEALTH CARE BENEFIT Your chosen plan pays a benefit for up to 360 payments for a variety of services including skilled nursing, physical therapy and general nursing care.</p> <table border="1"> <tr> <td>PLAN A</td> <td>PLAN B</td> <td>PLAN C</td> </tr> <tr> <td>\$150</td> <td>\$300</td> <td>\$450</td> </tr> <tr> <td>DAILY BENEFIT AMOUNT</td> <td>DAILY BENEFIT AMOUNT</td> <td>DAILY BENEFIT AMOUNT</td> </tr> <tr> <td>MAXIMUM</td> <td>MAXIMUM</td> <td>MAXIMUM</td> </tr> </table>	PLAN A	PLAN B	PLAN C	\$150	\$300	\$450	DAILY BENEFIT AMOUNT	DAILY BENEFIT AMOUNT	DAILY BENEFIT AMOUNT	MAXIMUM	MAXIMUM	MAXIMUM	<p>HOME HEALTH CARE AIDE BENEFIT Your chosen plan pays benefits for up to 60 days. You can receive a daily benefit for each day you require the services of a Home Health Care Aide, depending on your chosen plan - and no hospitalization stay is required!</p> <table border="1"> <tr> <td>PLAN A</td> <td>PLAN B</td> <td>PLAN C</td> </tr> <tr> <td>\$40</td> <td>\$80</td> <td>\$120</td> </tr> <tr> <td>PER DAY</td> <td>PER DAY</td> <td>PER DAY</td> </tr> </table>	PLAN A	PLAN B	PLAN C	\$40	\$80	\$120	PER DAY	PER DAY	PER DAY
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MAXIMUM	MAXIMUM	MAXIMUM																				
PLAN A	PLAN B	PLAN C																				
\$40	\$80	\$120																				
PER DAY	PER DAY	PER DAY																				

HOME HEALTH CARE BENEFITS INCLUDE:

SKILLED NURSING CARE, RN	GENERAL NURSING CARE, LPN/LVN	PHYSICAL THERAPY
SPEECH PATHOLOGY	OCCUPATIONAL THERAPY	CHEMOTHERAPY SPECIALIST
ENTEROSTOMAL THERAPY	RESPIRATIONAL THERAPY	MEDICAL SOCIAL SERVICES

GAD15-18

(Rev. 3/18) 15B461

PRESCRIPTION DRUG BENEFIT
Most likely you're taking at least one prescription medication. With the Prescription Drug Benefit, you can receive benefits for any prescriptions that are filled after the policy is in effect. Just filling your normal prescriptions can help offset the cost of the policy itself!

\$10 GENERIC	\$25 BRAND NAME	
PLAN A \$300 MAXIMUM PER YEAR	PLAN B \$600 MAXIMUM PER YEAR	PLAN C \$600 MAXIMUM PER YEAR



ACCESS TO ASK MAYO CLINIC

24/7 access to symptom assessment and critical illness support services

ADDITIONAL RIDERS AVAILABLE

- + ACCIDENT AND SICKNESS HOSPITALIZATION RIDER
- + CRITICAL ACCIDENT RIDER
- + AMBULANCE BENEFIT RIDER
- + DENTAL AND VISION RIDER



PLEASE CONTACT:

Your contact info here!

This is not long-term care insurance. Short-term home health care insurance, is issued on Policy Form Series G1670 and Rider Form Series RG16ASH, RG15CA, RG16ASH, RG16ASB, RG12DV by Guarantee Trust Life Insurance Company, Glenview, IL. This product, its features, and riders are subject to state availability and may vary by state. Certain exclusions and limitations may apply. For cost and complete details of coverage, please refer to the outline of coverage. Exclusions are for the base home health care only. See policy and rider forms for specifics.

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ABOUT US

Experience You Can Trust- With more than 80 years of experience in the insurance industry, Guarantee Trust Life Insurance Company has a proud heritage of providing excellent service and superior insurance products. Guarantee Trust Life is a mutual legal reserve company located in Glenview, Illinois and licensed to conduct business in 49 states and the District of Columbia.



Hospital Indemnity Rider

If choosing:	HHC Plan A	HHC Plan B	HHC Plan C
Hospitalization Benefit Amount	\$100 A Day	\$100 or \$200 A Day	\$100 or \$200 or \$300 A Day
Benefit Period	3 or 6 Days	3 or 6 Days	3 or 6 Days

- ✓ Receive benefits of up to \$300 per day should you be confined to a hospital
 - Choose a 3-day or 6-day benefit period
 - Benefit period restores after 60 days of no hospital confinement
 - Unlimited benefit period restorations!
 - 30-day waiting period for “sickness” hospitalization benefits to start

Policyholder premium rates based upon attained age.
Premium rates increase as Policyholder ages into the next age band

Hospital Indemnity Rider

If choosing:	HHC Plan A	HHC Plan B	HHC Plan C
Hospitalization Benefit Amount	\$100 A Day	\$100 or \$200 A Day	\$100 \$200 or \$300 A Day
Benefit Period	3 or 6 Days	3 or 6 Days	3 or 6 Days

The Policy is subject to a 6 month Pre-existing Condition. Pre-existing conditions are those medical conditions disclosed or not disclosed on the application for which medical advice or treatment was recommended or received from a doctor within 6 months prior to the Policy's Effective Date. Any loss due to a Pre-existing Condition isn't covered unless the loss begins more than 6 months after the Policy's Effective Date.

Policyholder premium rates based upon attained age.
Premium rates increase as Policyholder ages into the next age band

Additional Rider Options

AMBULANCE RIDER BENEFITS:

- ❑ \$200 benefit for ambulance service to or from a medical facility
 - Benefit payable up to 4 times per calendar year
 - Lifetime benefit maximum of \$2,500
 - No hospital admittance required!

CRITICAL ACCIDENT RIDER BENEFITS:

- ❑ After an Emergency room visit, this rider will pay a lump sum benefit for the types of accident injuries listed to the right.
 - 30-day waiting period.

Covered Event	\$5,000 Plan	\$10,000 Plan
Accidental Death	\$5,000	\$10,000
Hip or Skull Fracture	\$1,250	\$2,500
Hip Dislocation	\$1,000	\$2,000
Knee Dislocation or Knee Ligament Tear	\$500	\$1,000
Fracture, Other	\$250	\$500

RETURN OF PREMIUM RIDER BENEFITS: ROP rider not available in Texas.

- ❑ Payable upon death before reaching the age of 86.

Premium rates based upon issue age.
Premium rates do not increase as Policyholder ages.

How to File A Claim

PRESCRIPTION DRUG BENEFITS

- ✓ Write your GTL policy number on the Rx receipt
- ✓ Submit a copy of your Rx receipt(s) to GTL
- ❖ *Suggested frequency of submitting claim is annually*



HOME HEALTH CARE AND HEALTH CARE AIDE BENEFITS

- ✓ Complete claim form
- ✓ Include Plan of Care from licensed Physician
- ✓ Include Proof of Service
- ❖ *A new claim form need not be submitted for subsequent services to the initial claim*
- ❖ *Suggested frequency of submitting subsequent claims is monthly*

ADDITIONAL RIDER BENEFITS (Ambulance, Hospital Indemnity, Dental/Vision, Accident)

- ✓ Complete claim form
- ✓ Include Proof of Service
- ❖ *Suggested frequency of submitting is per event*

SHORT-TERM HOME HEALTH CARE INSURANCE



Ink the deal!



Quote on the fly!

GTL GUARANTEE TRUST LIFE

GTL E-App User Guide

GET IT ON Google Play

Available on the App Store

Available on any device!

De-signed for convenience!



It's up to you!



SHORT-TERM HOME HEALTH CARE INSURANCE



GTL's App is available on Apple & Android Devices

Search for **GTL E-App**



Product

or

Process Questions?

Life and Health Sales Support Reps

Toll-free: 800-323-6907

Email: agency@gtlic.com

Text to chat: 800-323-6907

*Thanks for
your business!*

