GTL | GUARANTEE TRUST LIFE

# *Short-Term Home Health Care Insurance*

# AGENT RATES & UNDERWRITING GUIDE

## Basic–Annual & Monthly

*FOR AGENT USE ONLY*

**GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)**
1275 Milwaukee Avenue, Glenview, IL 60025
www.gtlic.com | 800.323.6907
**(Rev. 2/25) 15D935**

**UNDERWRITTEN BY:**
Guarantee Trust Life Insurance Company

# Guarantee Trust Life Insurance Company

## Short - Term Home Health Care

## Rate Calculation Worksheet

**Step 1.** **Determine rates for Applicant's age**

**Plan**

☐ **Option A**
☐ **Option B**
☐ **Option C**

**$**_____

**Determine rates for Spouse's age**

**Plan**

☐ **Option A**
☐ **Option B**
☐ **Option C**

**$**_____

**Step 2.** Find your $3,500 Caregiver Rate $_____

Find your $3,500 Caregiver Rate $_____

**Step 3.** Add Base + Caregiver Rate $_____

Add Base + Caregiver Rate $_____

**Step 4.** **Choose optional benefits**
*Applicant 1*

| **Accident and Sickness Hospitalization Rider*** | **Option A:** | **Option B:** | **Option C:** |
|---|---|---|---|
| Daily Benefit Amount: *(Choose one)* | ☐ **$100** | ☐ **$100**<br>☐ **$200** | ☐ **$100**<br>☐ **$200**<br>☐ **$300** |
| Benefit Period: *(Choose one)* | ☐ **3 Days**<br>☐ **6 Days** | ☐ **3 Days**<br>☐ **6 Days** | ☐ **3 Days**<br>☐ **6 Days** |
| **(HIP option must follow base option.)* | Modal Premium $_____ | | |
| **Ambulance Rider** *(Maximum issue age is 80)* | ☐ Modal Premium $_____ | | |
| **Critical Accident Rider**** | ☐ **$5,000** | ☐ **$10,000** | |
| | Modal Premium $_____ | | |
| **Dental and Vision Rider**** | ☐ **$400** | ☐ **$800** | ☐ **$1,200** |
| | Modal Premium $_____ | | |

**Choose optional benefits**
*Applicant 2*

| **Accident and Sickness Hospitalization Rider*** | **Option A:** | **Option B:** | **Option C:** |
|---|---|---|---|
| Daily Benefit Amount: *(Choose one)* | ☐ **$100** | ☐ **$100**<br>☐ **$200** | ☐ **$100**<br>☐ **$200**<br>☐ **$300** |
| Benefit Period: *(Choose one)* | ☐ **3 Days**<br>☐ **6 Days** | ☐ **3 Days**<br>☐ **6 Days** | ☐ **3 Days**<br>☐ **6 Days** |
| **(HIP option must follow base option.)* | Modal Premium $_____ | | |
| **Ambulance Rider** *(Maximum issue age is 80)* | ☐ Modal Premium $_____ | | |
| **Critical Accident Rider**** | ☐ **$5,000** | ☐ **$10,000** | |
| | Modal Premium $_____ | | |
| **Dental and Vision Rider**** | ☐ **$400** | ☐ **$800** | ☐ **$1,200** |
| | Modal Premium $_____ | | |

**Step 5.** **SUBTOTAL Base and Riders, All Applicants** *(Add total of steps 3-4 for both applicant)* **$**_____

**Step 6.** **Return of Premium Benefit Rider Factor** _____ . _____ **ROP Factor**

**Step 7.** **Return of Premium** *(If ROP elected, multiply step 5 by 6)* **$**_____

**Step 8.** **Annual Policy Fee ($20.00) / Monthly Policy Fee ($1.67) – One per applicant** **$**_____ **Total Fees**

**Step 9.** **Total Premium** *(with ROP, add steps 5,7 & 8. If no ROP, add steps 5 & 8)* **$**_____

**Step 10.** **Enter Mode Factor***** *(Annual 1.0, Semi-annual 0.50, Quarterly 0.25, Monthly Bank Draft 0.08333)* _____ . _____ **Mode Factor** *(If needed)*

**Step 11.** **Total Modal Premium**** *(multiply step 9 by step 10)* **$**_____

****Dental/Vision Rider not available in GA, MD and OR. Critical Accident Rider not available in MD, MT and WY. ROP Rider not available in GA and MD.**

***** If monthly rate sheet used, stop at step 9.**

## **STEP 1:** BASE PLAN MONTHLY RATES

**(Rates do not include a $1.67 Monthly Policy Fee.)**

| | Home Health Care Daily Benefit Options | | |
|---|---|---|---|
| | **Option A** | **Option B** | **Option C** |
| **ATTAINED AGE*** | **$150 Daily Max** | **$300 Daily Max** | **$450 Daily Max** |
| 55 | $12.55 | $25.10 | $38.40 |
| 56-60 | $14.48 | $28.97 | $44.38 |
| 61-64 | $19.42 | $38.84 | $59.76 |
| 65-70 | $22.87 | $45.74 | $70.84 |
| 71-75 | $31.18 | $62.36 | $97.76 |
| 76-80 | $41.81 | $83.63 | $134.48 |
| 81-85 | $55.59 | $111.18 | $182.21 |

***Base plan monthly rates are attained age.**

## **STEP 2:** FIND YOUR MONTHLY $3,500 CAREGIVER RATE

**(Caregiver Rates are issue age and do not increase as your client ages)**

| ISSUE AGE | Monthly | ISSUE AGE | Monthly |
|---|---|---|---|
| 55 | $3.11 | 70 | $8.62 |
| 56 | $3.30 | 71 | $9.26 |
| 57 | $3.50 | 72 | $9.95 |
| 58 | $3.72 | 73 | $10.66 |
| 59 | $3.95 | 74 | $11.40 |
| 60 | $4.21 | 75 | $12.13 |
| 61 | $4.51 | 76 | $12.89 |
| 62 | $4.81 | 77 | $13.63 |
| 63 | $5.16 | 78 | $14.36 |
| 64 | $5.53 | 79 | $15.09 |
| 65 | $5.94 | 80 | $15.59 |
| 66 | $6.39 | 81 | $16.23 |
| 67 | $6.88 | 82 | $16.83 |
| 68 | $7.42 | 83 | $17.40 |
| 69 | $8.01 | 84+ | $17.95 |

## **STEP 3:** ADD STEP 1 + 2 TO DETERMINE YOUR BASE RATE.

*(Does not include monthly policy fee of $1.67)*

# **STEP 4:** MONTHLY RIDER RATES (IF APPLICABLE)

| Accident & Sickness Hospitalization Rider— Monthly Rates | | | | | | |
|---|---|---|---|---|---|---|
| | $100 BENEFIT | | $200 BENEFIT | | $300 BENEFIT | |
| ATTAINED AGE* | 3 DAY | 6 DAY | 3 DAY | 6 DAY | 3 DAY | 6 DAY |
| 55 | $4.42 | $6.09 | $8.83 | $12.18 | $13.25 | $18.27 |
| 56 - 60 | $5.12 | $7.07 | $10.25 | $14.15 | $15.37 | $21.22 |
| 61 - 64 | $5.38 | $7.50 | $10.77 | $15.00 | $16.15 | $22.50 |
| 65 - 70 | $5.63 | $8.12 | $11.27 | $16.25 | $16.90 | $24.37 |
| 71 - 75 | $6.71 | $9.78 | $13.42 | $19.57 | $20.12 | $29.35 |
| 76 - 80 | $8.55 | $12.55 | $17.10 | $25.10 | $25.65 | $37.65 |
| 81 - 85 | $10.20 | $15.17 | $20.40 | $30.33 | $30.60 | $45.50 |

***ASH Rider monthly rates are attained age.**

| Critical Accident Rider**- Monthly Rates | | | | |
|---|---|---|---|---|
| | FEMALE | | MALE | |
| ISSUE AGE | $5,000 | $10,000 | $5,000 | $10,000 |
| 55 - 59 | $1.92 | $3.83 | $1.50 | $3.00 |
| 60 - 64 | $2.46 | $4.92 | $1.79 | $3.58 |
| 65 - 69 | $3.25 | $6.50 | $2.29 | $4.58 |
| 70 - 74 | $4.46 | $8.92 | $3.08 | $6.17 |
| 75 - 79 | $6.21 | $12.42 | $4.42 | $8.83 |
| 80 - 84 | $8.67 | $17.33 | $6.62 | $13.25 |
| 85 | $11.33 | $22.67 | $9.42 | $18.83 |

**Not available in MD, MT and WY.

| Dental and Vision Rider*** - Monthly Rates | | | |
|---|---|---|---|
| | MALE OR FEMALE | | |
| ISSUE AGE | $400 | $800 | $1,200 |
| 55 | $24.17 | $29.42 | $34.25 |
| 56 - 60 | $25.25 | $30.67 | $35.67 |
| 61 - 65 | $26.58 | $32.00 | $36.92 |
| 66 - 70 | $28.25 | $33.58 | $38.17 |
| 71 - 75 | $29.92 | $34.83 | $39.42 |
| 76 - 80 | $31.58 | $36.08 | $40.67 |
| 81 - 85 | $33.25 | $37.42 | $42.08 |

***Not available in GA, MD and OR.

| Ambulance Rider | |
|---|---|
| Issue Age | Premium |
| 55 - 59 | $2.33 |
| 60 - 69 | $3.08 |
| 70 - 80 | $4.83 |

| MODAL FACTORS | |
|---|---|
| Monthly | 0.08333 |
| Quarterly | 0.25000 |
| Semi Annual | 0.50000 |
| Annual | 1.00000 |

| Return of Premium Rider**** | |
|---|---|
| RETURN OF PREMIUM PERIOD AND ROP FACTOR | |
| Age | Upon Death |
| 55 - 59 | 0.35 |
| 60 - 64 | 0.45 |
| 65 - 69 | 0.60 |
| 70 - 75 | 0.80 |

**** Not available in GA and MD.

| MONTHLY POLICY FEE |
|---|
| $1.67 |

## **STEP 1:** BASE PLAN ANNUAL RATES

**(Rates do not include a $20 Annual Policy Fee.)**

| | Home Health Care Daily Benefit Options | | |
|---|---|---|---|
| | **Option A** | **Option B** | **Option C** |
| **ATTAINED AGE*** | **$150 Daily Max** | **$300 Daily Max** | **$450 Daily Max** |
| 55 | $150.63 | $301.26 | $460.87 |
| 56-60 | $173.80 | $347.60 | $532.60 |
| 61-64 | $233.03 | $466.06 | $717.15 |
| 65-70 | $274.45 | $548.90 | $850.07 |
| 71-75 | $374.15 | $748.30 | $1,173.13 |
| 76-80 | $501.80 | $1,003.60 | $1,613.78 |
| 81-85 | $667.12 | $1,334.24 | $2,186.60 |

***Base plan annual rates are attained age.**

## **STEP 2:** FIND YOUR ANNUAL $3,500 CAREGIVER RATE

**(Caregiver Rates are issue age and do not increase as your client ages)**

| ISSUE AGE | Annual | ISSUE AGE | Annual |
|---|---|---|---|
| 55 | $37.28 | 70 | $103.43 |
| 56 | $39.55 | 71 | $111.13 |
| 57 | $42.00 | 72 | $119.35 |
| 58 | $44.63 | 73 | $127.93 |
| 59 | $47.43 | 74 | $136.85 |
| 60 | $50.58 | 75 | $145.60 |
| 61 | $54.08 | 76 | $154.70 |
| 62 | $57.75 | 77 | $163.63 |
| 63 | $61.95 | 78 | $172.38 |
| 64 | $66.33 | 79 | $181.13 |
| 65 | $71.23 | 80 | $187.08 |
| 66 | $76.65 | 81 | $194.78 |
| 67 | $82.60 | 82 | $201.95 |
| 68 | $89.08 | 83 | $208.78 |
| 69 | $96.08 | 84+ | $215.43 |

## **STEP 3:** ADD STEP 1 + 2 TO DETERMINE YOUR BASE RATE.

*(Does not include annual policy fee of $20)*

# **STEP 4:** ANNUAL RIDER RATES (IF APPLICABLE)

| Accident & Sickness Hospitalization Rider— Annual Rates | | | | | | |
|---|---|---|---|---|---|---|
| | $100 BENEFIT | | $200 BENEFIT | | $300 BENEFIT | |
| ATTAINED AGE* | 3 DAY | 6 DAY | 3 DAY | 6 DAY | 3 DAY | 6 DAY |
| 55 | $53.00 | $73.10 | $106.00 | $146.20 | $159.00 | $219.30 |
| 56 - 60 | $61.50 | $84.90 | $123.00 | $169.80 | $184.50 | $254.70 |
| 61 - 64 | $64.60 | $90.00 | $129.20 | $180.00 | $193.80 | $270.00 |
| 65 - 70 | $67.60 | $97.50 | $135.20 | $195.00 | $202.80 | $292.50 |
| 71 - 75 | $80.50 | $117.40 | $161.00 | $234.80 | $241.50 | $352.20 |
| 76 - 80 | $102.60 | $150.60 | $205.20 | $301.20 | $307.80 | $451.80 |
| 81 - 85 | $122.40 | $182.00 | $244.80 | $364.00 | $367.20 | $546.00 |

***ASH Rider annual rates are attained age.**

| Critical Accident Rider** - Annual Rates | | | | |
|---|---|---|---|---|
| | FEMALE | | MALE | |
| ISSUE AGE | $5,000 | $10,000 | $5,000 | $10,000 |
| 55 - 59 | $23.00 | $46.00 | $18.00 | $36.00 |
| 60 - 64 | $29.50 | $59.00 | $21.50 | $43.00 |
| 65 - 69 | $39.00 | $78.00 | $27.50 | $55.00 |
| 70 - 74 | $53.50 | $107.00 | $37.00 | $74.00 |
| 75 - 79 | $74.50 | $149.00 | $53.00 | $106.00 |
| 80 - 84 | $104.00 | $208.00 | $79.50 | $159.00 |
| 85 | $136.00 | $272.00 | $113.00 | $226.00 |

**Not available in MD, MT and WY.

| Dental and Vision Rider*** - Annual Rates | | | |
|---|---|---|---|
| | MALE OR FEMALE | | |
| ISSUE AGE | $400 | $800 | $1,200 |
| 55 | $290.00 | $353.00 | $411.00 |
| 56 - 60 | $303.00 | $368.00 | $428.00 |
| 61 - 65 | $319.00 | $384.00 | $443.00 |
| 66 - 70 | $339.00 | $403.00 | $458.00 |
| 71 - 75 | $359.00 | $418.00 | $473.00 |
| 76 - 80 | $379.00 | $433.00 | $488.00 |
| 81 - 85 | $399.00 | $449.00 | $505.00 |

***Not available in GA, MD and OR.

| Ambulance Rider | |
|---|---|
| Issue Age | Premium |
| 55 - 59 | $28.00 |
| 60 - 69 | $37.00 |
| 70 - 80 | $58.00 |

| MODAL FACTORS | |
|---|---|
| Monthly | 0.08333 |
| Quarterly | 0.25000 |
| Semi Annual | 0.50000 |
| Annual | 1.00000 |

| Return of Premium Rider**** | |
|---|---|
| RETURN OF PREMIUM PERIOD AND ROP FACTOR | |
| Age | Upon Death |
| 55 - 59 | 0.35 |
| 60 - 64 | 0.45 |
| 65 - 69 | 0.60 |
| 70 - 75 | 0.80 |

**** Not available in GA and MD.

| ANNUAL POLICY FEE |
|---|
| $20.00 |

# GTL Short Term Home Health Care with T-Care/Caregiver Underwriting Guide

**Issue Ages:** 55-85
**Benefit Amounts:** $150, $300, $450 Max Per Day

1. The applicant must be a U.S. citizen or hold a "green card" (permanent resident of US). We will not consider any applicant that has a temporary visa, work or otherwise. The applicant also must have a valid social security number. We will not consider any applicant without one.
2. The agent must be health licensed and use the state approved application in the state where the applicant has permanent residency.
3. If the application is over 31 days old when received by the Company, a new currently dated Application will be required.
4. The effective date cannot be more than 90 days from the application date or prior to the application date.
5. The draft day cannot be more than 15 days before or after the effective date.
6. Insurability will be determined by the answers to the medical questions. If any answer is yes, the applicant does not qualify. Also, if the applicant has any prior GTL/UNL coverage, claim history will be reviewed in determining insurability.
7. The applicant can only have one Short Term Home Health Care in force at any one time, but replacements are allowed. If new or additional coverage is desired, a new application must be completed and the applicant must meet underwriting standards. This will also be subject to a new pre-existing and contestability period (but anything previously satisfied under the prior plan claims would be able to manually adjudicate.) (Note: We do not permit replacement of a policy written by another agent and we will not allow a GTL application replace an UNL Plan or vice versa). The current age of the applicant will be used to determine premium rates.

   Note: Commissions on increased premium will be paid on a renewal basis.
8. The Maximum coverage for this plan is Option C ($450). If the applicant wants additional home health coverage, please see the Maximum Home Health Care Benefit Chart.
9. The maximum ambulance benefit (combined between policies or combined between GTL & UNL) is $400.
10. The applicant can have only one Dental Vision Rider. If the applicant has a Dental Vision Rider (or plan) with another GTL policy, this rider cannot be sold with this plan.
11. The maximum Hospital Indemnity/Accident & Sickness Hospitalization Rider benefit for this plan is $300/day between all products (GTL & UNL) that have this same Rider.
12. Riders must be sold within the base option applied for. For example, if applying for Option A, only riders listed in Option A can be applied for.

13. The Maximum Critical Accident Benefit (combined between policies and across both companies GTL & UNL) is $10,000.
14. While the height and weight are asked for on the application, at this time they will not be used in underwriting the application.
15. A policy can be considered for reinstatement if not lapsed more than 6 months. If more than 6 months, a new application needs to be submitted.
16. The base Short-Term Home Health Care rates (and Accident & Sickness Hospitalization Rider) are based on **Attained Age** and will increase upon the policyholder anniversary date (see rate sheet). **Attained Age** increases (if applicable) will occur at age 86 and older— rates are below. Caregiver Rates are issue age and do not increase with age.
17. Return of Premium Rider only available on new policies. It cannot be added to existing policies.
18. A Power of Attorney (POA/Guardianship) is not acceptable for this product.

## Base Rates for age 86-90+:

**BASE PLAN MONTHLY RATES:**
(Rates do not include a $1.67 Monthly Policy Fee.)

| Home Health Care Daily Benefit Options | | | |
|---|---|---|---|
| | Option A | Option B | Option C |
| ATTAINED AGE* | $150 Daily Max | $300 Daily Max | $450 Daily Max |
| 86+ | $72.04 | $ 144.07 | $239.54 |

**BASE PLAN ANNUAL RATES:**
(Rates do not include a $20.00 Annual Policy Fee.)

| Home Health Care Daily Benefit Options | | | |
|---|---|---|---|
| | Option A | Option B | Option C |
| ATTAINED AGE* | $150 Daily Max | $300 Daily Max | $450 Daily Max |
| 86+ | $864.48 | $1,728.96 | $2,874.56 |

| Caregiver Rates | |
|---|---|
| ISSUE AGE | Monthly |
| 84+ | $17.95 |

| Caregiver Rates | |
|---|---|
| ISSUE AGE | Annual |
| 84+ | $215.43 |

**Add Base Plan Rates and Caregiver Rates to determine the base rate.**

| Accident & Sickness Hospitalization Rider — Monthly Rates | | | | | | |
|---|---|---|---|---|---|---|
| | $100 BENEFIT / AGES 55-85 | | $200 BENEFIT / AGES 55-85 | | $300 BENEFIT / AGES 55-85 | |
| ATTAINED AGE* | 3 DAY | 6 DAY | 3 DAY | 6 DAY | 3 DAY | 6 DAY |
| 86-90 | $13.07 | $19.50 | $26.13 | $39.00 | $39.20 | $58.50 |
| 91-95 | $18.80 | $28.17 | $37.60 | $56.33 | $56.40 | $84.50 |
| 96+ | $28.89 | $43.31 | $57.78 | $86.61 | $86.67 | $129.92 |

| Accident & Sickness Hospitalization Rider — Annual Rates | | | | | | |
|---|---|---|---|---|---|---|
| | $100 BENEFIT / AGES 55-85 | | $200 BENEFIT / AGES 55-85 | | $300 BENEFIT / AGES 55-85 | |
| ATTAINED AGE* | 3 DAY | 6 DAY | 3 DAY | 6 DAY | 3 DAY | 6 DAY |
| 86-90 | $156.80 | $234.00 | $313.60 | $468.00 | $470.40 | $702.00 |
| 91-95 | $225.60 | $338.00 | $451.20 | $676.00 | $676.80 | $1,014.00 |
| 96+ | $346.70 | $519.70 | $693.40 | $1,039.40 | $1,040.10 | $1,559.10 |

# Maximum Home Health Care Coverage Based on the Short-Term Home Health Care with T-Care/Caregiver Benefit

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

| **If Recover Cash Home Health Care Rider:** (sold in $50 increments) | **Maximum Short-Term Home Health Care with T-Care allowed:** |
|---|---|
| $1,150-$850/52 Week | Option A only |
| $800-$550/52 Week | Option A or B only |
| $500 or less/52 Week | Option A, B, or C |

| **If Prior Recover Cash Home Health Care Rider (Benefit amounts: $25-$75):** | **Recover Cash Home Health Care Rider with T-Care allowed:** |
|---|---|
| $75/180 Days | Maximum of $1,250/52 Week |

| **If Home Care Secure:** | **Maximum Short-Term Home Health Care with T-Care allowed*:** |
|---|---|
| $60,000 Maximum Benefit | Option A only |

| **If Home Care Secure:** | **Recover Cash Home Health Care Rider with T-Care allowed:** |
|---|---|
| $60,000 Maximum Benefit | $350/52 Week |

| **If Short-Term Home Health Care with T-Care:** | **Home Care Secure allowed:** |
|---|---|
| Option C | Maximum $20,000 |
| Option B | Maximum: $40,000 |
| Option A | Maximum: $60,000 |

| **If Home Care Secure:** | **Short-Term Home Health Care with T-Care:** |
|---|---|
| $60,000-$50,000 | Option A only |
| $40,000-$30,000 | Option A or B |
| $20,000 | Option A, B, or C |

| **If Short-Term Home Health Care with T-Care:** | **Recover Cash Home Health Care Rider with T-Care allowed:** |
|---|---|
| Option C | Maximum of $500/52 Week |
| Option B | Maximum of $800/52 Week |
| Option A | Maximum of $1,150/52 Week |

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

**Applicant can now have multiple Home Health Care Policies/Riders not to exceed $80,000/Year.**

Please note: If an applicant has a Long-Term Care Plan in force with GTL that offers home health care benefits, this should be considered as well when calculating the maximum home health care coverage.

# Maximum Home Health Care Coverage Based on the Short-Term Home Health Care with T-Care/Caregiver Benefit

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

**Potential combinations if an applicant has a Short-Term Home Health Care Plan <u>with</u> T-Care/Caregiver Benefits:**

| | | |
|---|---|---|
| Short-Term Home Health Care with T-Care Option C | Home Care Secure for $20,000 | Recover Cash Home Health Care Rider with T-Care for $100/52 Weeks |
| Short-Term Home Health Care with T-Care Option B | Home Care Secure for $20,000 | Recover Cash Home Health Care Rider with T-Care for $450/52 Weeks |
| Short-Term Home Health Care with T-Care Option A | Home Care Secure for $20,000 | Recover Cash Home Health Care Rider with T-Care for $800/52 Weeks |

| | | |
|---|---|---|
| Short-Term Home Health Care with T-Care Option B | Home Care Secure for $30,000 | Recover Cash Home Health Care Rider with T-Care for $250/52 Weeks |
| Short-Term Home Health Care with T-Care Option A | Home Care Secure for $30,000 | Recover Cash Home Health Care Rider with T-Care for $600/52 Weeks |

| | | |
|---|---|---|
| Short-Term Home Health Care with T-Care Option B | Home Care Secure for $40,000 | Recover Cash Home Health Care Rider with T-Care for $50/52 Weeks |
| Short-Term Home Health Care with T-Care Option A | Home Care Secure for $40,000 | Recover Cash Home Health Care Rider with T-Care for $400/52 Weeks |

| | | |
|---|---|---|
| Short-Term Home Health Care with T-Care Option A | Home Care Secure for $50,000 | Recover Cash Home Health Care Rider with T-Care for $200/52 Weeks |

# SHORT TERM HOME HEALTH CARE NEW BUSINESS PROCEDURES

**Ways to Submit an Application**

- E-Application-Agent Portal (www.gtlic.com) (Client must complete the voice verification call prior to submission. Call GTL's fully automated verification system 24/7, at the toll-free number (866) 839-5132) or use our One-Time PIN option—see below.
- E-application/Mobile Phone/Tablet: Download the GTL APP
- By email to: und@gtlic.com
- By fax to: (847) 699-8493
- By mail to: Guarantee Trust Life
  Attn: New Business 1275 Milwaukee Ave.
  Glenview, IL 60025

**You may also choose the One-Time PIN option:** Select the One-Time PIN during the application process and enter your client's cell phone number and click the Send Code button. Your client will receive a text message with a 5-digit verification code. Ask the applicant for the verification code to capture their e-Signature. Select "Confirm" to verify the one-time code. Click Save and Continue to continue with completing the application.

**Avoid Delivery Requirements**

- Be sure that the client initials any and all changes made on the paper application.
- Be sure to submit bank draft information and a signed PAC form.
- Be sure to include any special signed state required forms.

**Please be sure that we have your current email address.** You can update your email address by contacting our Sales Support Department at (800) 323-6907 or by email at agency@gtlic.com.

**Submitting an Application with a Future Effective Date**

Submit the application in same manner as listed under "Ways to Submit an Application."

- Complete all underwriting questions-where applicable.
- Include PAC authorization form if paying by bank draft.
- Note that initial payment will not draft until the effective date of the policy.
- The effective date cannot be 90 days greater than the application date.

**NEED QUICK UPDATES ON YOUR PENDING BUSINESS?**

- Please remember that GTLink is available 24/7.
- Can't access GTLink? Contact our Sales Support Department for assistance at (800) 323-6907.

**If you have any questions on an active policy please contact Customer Service Support at 800-338-7452.**

**For Underwriting Support please contact 800-635-1993 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