

GUARANTEE TRUST LIFE INSURANCE COMPANY
1275 Milwaukee Avenue, Glenview, Illinois 60025 (847) 699-0600

1. a. You normally do not require more than one of the same type of policy.
b. If you purchase this policy, you may want to evaluate your existing health insurance and decide if you need multiple coverages.
c. You may be eligible for benefits under Medicaid or Medicare and may not need another health insurance policy. If you are eligible for Medicare, you may want to purchase a Medicare supplement insurance policy.
d. If you are eligible for Medicare due to age or disability, counseling services are available in Colorado to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, Health First Colorado.

2. To the best of your knowledge:

a. Do you have another health insurance policy or contract in force? Yes No

(1) If so, with which company? _____

(2) If so, do you intend to replace your current health insurance policy or contract with this policy? Yes No

b. Do you have any other health insurance that provides benefits similar to this accident and sickness policy?

Yes No

(1) If so, with which company? _____

(2) What kind of policy? _____

c. Are you covered for medical assistance through the state Medicaid program, Health First Colorado?

(1) As a Specified Low-Income Medicare Beneficiary (SLMB)? Yes No

(2) As a Qualified Medicare Beneficiary (QMB)? Yes No

(3) For other Medicaid medical benefits? Yes No

B. Producers must list all other accident and sickness insurance policies or contracts they have sold to the applicant.

1. List policies and/or contracts sold which are still in force; and

2. List policies and/or contracts sold in the past five (5) years which are no longer in force.

C. In the case of a direct response carrier, a copy of the application or supplemental form, signed by the applicant, and acknowledged by the carrier, shall be returned to the applicant by the carrier upon delivery of the policy.

NOTICE TO APPLICANT REGARDING REPLACEMENT OF ACCIDENT AND SICKNESS INSURANCE

According to your application or the information furnished by you, you intend to lapse or otherwise terminate your present policy and replace it with a policy to be issued by Guarantee Trust Life Insurance Company. Your new policy will provide 10, 15 or 30 days within which you may decide without cost whether you want to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find the purchase of this accident and sickness coverage is a wise decision, you should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

STATEMENT TO APPLICANT BY CARRIER OR PRODUCER:

I have reviewed your current health coverage. To the best of my knowledge, this accident and sickness policy will not duplicate your existing coverage because you intend to terminate your existing coverage. The replacement policy is being purchased for the following reason(s) (check one):

Additional benefits

No change in benefits, but lower premiums

Fewer benefits and lower premiums

Other. (Please specify) _____

1. Health conditions which you may presently have (pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in the denial or delay of a claim for benefits under the new policy, whereas a similar claim may have been payable under your present policy.

2. If you wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded. (*Not applicable to guaranteed issue policies.*)

Do not cancel your current policy until you have received your new policy and are sure that you want to keep it.

(Signature of Producer or Other Representative) *

Typed Name and Address of Carrier, Producer, or Other Representative:

Carrier: Guarantee Trust Life Insurance Company, 1275 Milwaukee Avenue, Glenview, Illinois 60025

Producer or Other Representative: _____

(Carrier Acknowledgement of Receipt and Review) **

Date: _____

(Applicant's Signature) _____ (Date) _____

* Signature not required for direct response sales.

** For use by direct response carriers.