

*Precision Care™*

**AGENT RATE AND  
UNDERWRITING GUIDE**  
Colorado - Annual

*FOR AGENT USE ONLY*

## CANCER COVERAGE PREMIUM CALCULATION WORKSHEET

<b>1. Choose your coverage:</b> Lump Sum Cancer Coverage & Precision Care Benefit	\$ _____
<b>2.</b> Cancer Benefit Builder Rider <i>(Includes Skin Cancer Benefit)</i>	\$ _____
<b>3.</b> Child Cancer Benefit Rider	\$ _____
<b>4.</b> Sub Total	\$ _____
<b>5.</b> Return of Premium Benefit Rider Factor	_____ . _____ ROP Factor
<b>6.</b> Return of Premium <i>(If ROP elected, multiply step 4 by 5)</i>	\$ _____
<b>7.</b> Annual Policy Fee	\$ 25.00
<b>8.</b> Total Premium <i>(With ROP, add steps 4, 6 &amp; 7. If no ROP, add steps 4 &amp; 7)</i>	\$ _____
<b>9.</b> Enter Modal Factor <i>(Monthly PAC=0.08333, Quarterly = .25, Semi Annual = .50)</i>	_____ . _____ Mode Factor (If Needed)
<b>10.</b> Total Modal Premium	\$ _____

**The minimum annual benefit premium for new business must be at least \$180  
including any riders and the policy fee.**

## Precision Care - Annual Rates

Precision Care Base Plan												
FEMALE												
Issue Age	\$2,500	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18 - 24	\$34.85	\$47.60	\$60.35	\$73.10	\$98.60	\$124.10	\$149.60	\$175.10	\$200.60	\$226.10	\$251.60	\$277.10
25 - 29	\$36.98	\$51.85	\$66.73	\$81.60	\$111.35	\$141.10	\$170.85	\$200.60	\$230.35	\$260.10	\$289.85	\$319.60
30 - 34	\$39.10	\$56.10	\$73.10	\$90.10	\$124.10	\$158.10	\$192.10	\$226.10	\$260.10	\$294.10	\$328.10	\$362.10
35 - 39	\$52.28	\$71.40	\$90.53	\$109.65	\$147.90	\$186.15	\$224.40	\$262.65	\$300.90	\$339.15	\$377.40	\$415.65
40 - 44	\$65.45	\$86.70	\$107.95	\$129.20	\$171.70	\$214.20	\$256.70	\$299.20	\$341.70	\$384.20	\$426.70	\$469.20
45 - 49	\$85.00	\$114.75	\$144.50	\$174.25	\$233.75	\$293.25	\$352.75	\$412.25	\$471.75	\$531.25	\$590.75	\$650.25
50 - 54	\$104.55	\$142.80	\$181.05	\$219.30	\$295.80	\$372.30	\$448.80	\$525.30	\$601.80	\$678.30	\$754.80	\$831.30
55 - 59	\$124.10	\$170.85	\$217.60	\$264.35	\$357.85	\$451.35	\$544.85	\$638.35	\$731.85	\$825.35	\$918.85	\$1,012.35
60 - 64	\$149.18	\$204.43	\$259.68	\$314.93	\$425.43	\$535.93	\$646.43	\$756.93	\$867.43	\$977.93	\$1,088.43	\$1,198.93
65 - 69	\$161.08	\$222.70	\$284.33	\$345.95	\$469.20	\$592.45	\$715.70	\$838.95	\$962.20	\$1,085.45	\$1,208.70	\$1,331.95
70 - 74	\$169.58	\$239.70	\$309.83	\$379.95	\$520.20	\$660.45	\$800.70	\$940.95	\$1,081.20	\$1,221.45	\$1,361.70	\$1,501.95
75 - 79	\$178.08	\$256.70	\$335.33	\$413.95	\$571.20	\$728.45	\$885.70	\$1,042.95	\$1,200.20	\$1,357.45	\$1,514.70	\$1,671.95
80 - 84	\$184.45	\$269.45	\$354.45	\$439.45	\$609.45	\$779.45	\$949.45	\$1,119.45	\$1,289.45	\$1,459.45	\$1,629.45	\$1,799.45
85 - 90	\$192.95	\$286.45	\$379.95	\$473.45	\$660.45	\$847.45	\$1,034.45	\$1,221.45	\$1,408.45	\$1,595.45	\$1,782.45	\$1,969.45

Precision Care Base Plan												
MALE												
Issue Age	\$2,500	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18 - 24	\$32.73	\$43.35	\$53.98	\$64.60	\$85.85	\$107.10	\$128.35	\$149.60	\$170.85	\$192.10	\$213.35	\$234.60
25 - 29	\$34.85	\$47.60	\$60.35	\$73.10	\$98.60	\$124.10	\$149.60	\$175.10	\$200.60	\$226.10	\$251.60	\$277.10
30 - 34	\$36.98	\$51.85	\$66.73	\$81.60	\$111.35	\$141.10	\$170.85	\$200.60	\$230.35	\$260.10	\$289.85	\$319.60
35 - 39	\$50.15	\$67.15	\$84.15	\$101.15	\$135.15	\$169.15	\$203.15	\$237.15	\$271.15	\$305.15	\$339.15	\$373.15
40 - 44	\$67.58	\$90.95	\$114.33	\$137.70	\$184.45	\$231.20	\$277.95	\$324.70	\$371.45	\$418.20	\$464.95	\$511.70
45 - 49	\$87.13	\$119.00	\$150.88	\$182.75	\$246.50	\$310.25	\$374.00	\$437.75	\$501.50	\$565.25	\$629.00	\$692.75
50 - 54	\$119.85	\$162.35	\$204.85	\$247.35	\$332.35	\$417.35	\$502.35	\$587.35	\$672.35	\$757.35	\$842.35	\$927.35
55 - 59	\$156.83	\$214.20	\$271.58	\$328.95	\$443.70	\$558.45	\$673.20	\$787.95	\$902.70	\$1,017.45	\$1,132.20	\$1,246.95
60 - 64	\$186.15	\$256.28	\$326.40	\$396.53	\$536.78	\$677.03	\$817.28	\$957.53	\$1,097.78	\$1,238.03	\$1,378.28	\$1,518.53
65 - 69	\$213.35	\$294.10	\$374.85	\$455.60	\$617.10	\$778.60	\$940.10	\$1,101.60	\$1,263.10	\$1,424.60	\$1,586.10	\$1,747.60
70 - 74	\$223.98	\$315.35	\$406.73	\$498.10	\$680.85	\$863.60	\$1,046.35	\$1,229.10	\$1,411.85	\$1,594.60	\$1,777.35	\$1,960.10
75 - 79	\$234.60	\$336.60	\$438.60	\$540.60	\$744.60	\$948.60	\$1,152.60	\$1,356.60	\$1,560.60	\$1,764.60	\$1,968.60	\$2,172.60
80 - 84	\$243.10	\$353.60	\$464.10	\$574.60	\$795.60	\$1,016.60	\$1,237.60	\$1,458.60	\$1,679.60	\$1,900.60	\$2,121.60	\$2,342.60
85 - 90	\$253.73	\$374.85	\$495.98	\$617.10	\$859.35	\$1,101.60	\$1,343.85	\$1,586.10	\$1,828.35	\$2,070.60	\$2,312.85	\$2,555.10

**The minimum annual benefit premium for new business must be at least \$180 including any riders and the policy fee.**

Modal Factors: Semi-Annual 0.5000, Quarterly 0.25000, Monthly Bank Draft 0.08333  
Rates Do Not Include A \$25.00 Annual Policy Fee.

## Benefit Builder Rider\* - Annual Rates

Benefit Builder Rider												
FEMALE												
	\$2,500	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18 - 24	\$2.76	\$3.83	\$4.89	\$5.95	\$8.08	\$10.20	\$12.33	\$14.45	\$16.58	\$18.70	\$20.83	\$22.95
25 - 29	\$4.04	\$5.53	\$7.01	\$8.50	\$11.48	\$14.45	\$17.43	\$20.40	\$23.38	\$26.35	\$29.33	\$32.30
30 - 34	\$5.53	\$7.65	\$9.78	\$11.90	\$16.15	\$20.40	\$24.65	\$28.90	\$33.15	\$37.40	\$41.65	\$45.90
35 - 39	\$7.86	\$10.63	\$13.39	\$16.15	\$21.68	\$27.20	\$32.73	\$38.25	\$43.78	\$49.30	\$54.83	\$60.35
40 - 44	\$10.41	\$14.03	\$17.64	\$21.25	\$28.48	\$35.70	\$42.93	\$50.15	\$57.38	\$64.60	\$71.83	\$79.05
45 - 49	\$12.96	\$17.43	\$21.89	\$26.35	\$35.28	\$44.20	\$53.13	\$62.05	\$70.98	\$79.90	\$88.83	\$97.75
50 - 54	\$16.58	\$22.10	\$27.63	\$33.15	\$44.20	\$55.25	\$66.30	\$77.35	\$88.40	\$99.45	\$110.50	\$121.55
55 - 59	\$19.34	\$25.93	\$32.51	\$39.10	\$52.28	\$65.45	\$78.63	\$91.80	\$104.98	\$118.15	\$131.33	\$144.50
60 - 64	\$23.59	\$31.03	\$38.46	\$45.90	\$60.78	\$75.65	\$90.53	\$105.40	\$120.28	\$135.15	\$150.03	\$164.90
65 - 69	\$28.48	\$36.55	\$44.63	\$52.70	\$68.85	\$85.00	\$101.15	\$117.30	\$133.45	\$149.60	\$165.75	\$181.90
70 - 74	\$36.55	\$45.05	\$53.55	\$62.05	\$79.05	\$96.05	\$113.05	\$130.05	\$147.05	\$164.05	\$181.05	\$198.05
75 - 79	\$45.48	\$54.40	\$63.33	\$72.25	\$90.10	\$107.95	\$125.80	\$143.65	\$161.50	\$179.35	\$197.20	\$215.05
80 - 84	\$49.94	\$59.08	\$68.21	\$77.35	\$95.63	\$113.90	\$132.18	\$150.45	\$168.73	\$187.00	\$205.28	\$223.55
85 - 90	\$51.64	\$60.78	\$69.91	\$79.05	\$97.33	\$115.60	\$133.88	\$152.15	\$170.43	\$188.70	\$206.98	\$225.25

Benefit Builder Rider												
MALE												
	\$2,500	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18 - 24	\$3.40	\$4.25	\$5.10	\$5.95	\$7.65	\$9.35	\$11.05	\$12.75	\$14.45	\$16.15	\$17.85	\$19.55
25 - 29	\$4.68	\$5.95	\$7.23	\$8.50	\$11.05	\$13.60	\$16.15	\$18.70	\$21.25	\$23.80	\$26.35	\$28.90
30 - 34	\$6.80	\$8.50	\$10.20	\$11.90	\$15.30	\$18.70	\$22.10	\$25.50	\$28.90	\$32.30	\$35.70	\$39.10
35 - 39	\$10.20	\$12.75	\$15.30	\$17.85	\$22.95	\$28.05	\$33.15	\$38.25	\$43.35	\$48.45	\$53.55	\$58.65
40 - 44	\$13.60	\$17.00	\$20.40	\$23.80	\$30.60	\$37.40	\$44.20	\$51.00	\$57.80	\$64.60	\$71.40	\$78.20
45 - 49	\$18.28	\$22.95	\$27.63	\$32.30	\$41.65	\$51.00	\$60.35	\$69.70	\$79.05	\$88.40	\$97.75	\$107.10
50 - 54	\$24.86	\$31.03	\$37.19	\$43.35	\$55.68	\$68.00	\$80.33	\$92.65	\$104.98	\$117.30	\$129.63	\$141.95
55 - 59	\$33.79	\$42.08	\$50.36	\$58.65	\$75.23	\$91.80	\$108.38	\$124.95	\$141.53	\$158.10	\$174.68	\$191.25
60 - 64	\$43.99	\$53.98	\$63.96	\$73.95	\$93.93	\$113.90	\$133.88	\$153.85	\$173.83	\$193.80	\$213.78	\$233.75
65 - 69	\$56.10	\$67.15	\$78.20	\$89.25	\$111.35	\$133.45	\$155.55	\$177.65	\$199.75	\$221.85	\$243.95	\$266.05
70 - 74	\$76.50	\$88.40	\$100.30	\$112.20	\$136.00	\$159.80	\$183.60	\$207.40	\$231.20	\$255.00	\$278.80	\$302.60
75 - 79	\$98.81	\$111.78	\$124.74	\$137.70	\$163.63	\$189.55	\$215.48	\$241.40	\$267.33	\$293.25	\$319.18	\$345.10
80 - 84	\$107.10	\$120.70	\$134.30	\$147.90	\$175.10	\$202.30	\$229.50	\$256.70	\$283.90	\$311.10	\$338.30	\$365.50
85 - 90	\$113.48	\$127.50	\$141.53	\$155.55	\$183.60	\$211.65	\$239.70	\$267.75	\$295.80	\$323.85	\$351.90	\$379.95

**The minimum annual benefit premium for new business must be at least \$180 including any riders and the policy fee.**

Modal Factors: Semi-Annual 0.5000, Quarterly 0.25000, Monthly Bank Draft 0.08333

Rates Do Not Include A \$25.00 Annual Policy Fee.

\*Does not include Wellness Benefit.

## Precision Care Additional Riders - Annual Rates

Return of Premium Riders			
RETURN OF PREMIUM PERIOD AND ROP FACTORS			
	20 years*	Death	Death up to 85
18 - 49	N/A	0.25	0.25
50 - 59	0.50	0.35	0.25
60 - 64	0.50	0.45	0.25
65 - 69	0.50	0.60	0.25
70 - 75	N/A	0.80	N/A

MODAL FACTORS	
Monthly	0.08333
Quarterly	0.25000
Semi Annual	0.50000
Annual	1.00000

ANNUAL POLICY FEE
\$25.00

Child Rider* - Annual Rates		
CANCER		
	\$5,000	\$10,000
0 - 18	\$6.38	\$12.75

\*Child Rider rate covers all children under the age of 18 listed on the application.

## **GUARANTEE TRUST LIFE PRECISION CARE CANCER PLAN UNDERWRITING GUIDE**

### **POLICY SPECIFICATIONS**

1. For ages 18 to 90, the maximum lump sum benefit amount (applied for and in force) is \$50,000. Child rider provides up to \$10,000 in coverage for Cancer.
2. An applicant can have more than one Cancer policy/rider in force as long as the combined total for the base plan and any riders do not exceed the maximum benefit amount.
  - 2a. An additional Precision Care policy can be issued without minimum premium requirements. The existing Cancer policy must remain in force.
  - 2b. **\*For an existing insured that has the maximum cancer coverage and wants to add Precision Care Cancer coverage, they can apply for \$2,500 or \$5,000 of coverage in addition to their current coverage.**
3. Dependents who are 17 years or younger can be added as a dependent to the policy. A dependent is defined as the natural born child of the applicant or dependents who are legally adopted or the applicant is the legal guardian. A dependent child cannot have more coverage than the parent. (Child Rider rates cover all children under the age of 18 listed on the application.) If the husband and wife apply, a dependent can only be added to one policy, not both. (Coverage ends at age 25.)
4. An annual policy fee (if applicable) is required on each policy.
5. The minimum annual benefit premium for new business which includes the base, riders and annual policy fee (if applicable) must be at least \$180.
6. There are three Return of Premium Riders available:
  - a. Return of Premium after 20 years ages 50-65 (15 years for ages 66-70)
  - b. Return of Premium upon death (prior to age 86)
  - c. Return of Premium upon death

Refer to the outline of coverage for details and state availability.

**(No ROP in GA, PA and TX . No 20 year in ND.)**

### **GUIDELINES FOR APPLICATION SUBMISSION**

7. The applicant and any dependents 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.
8. The agent must be health licensed and use the state approved application in the state where the applicant has permanent residency.
9. A Power of Attorney (POA) and Guardianship are not acceptable for this product.
10. If the application is over 31 days old when received by the Company, a new, currently dated application will be required.

11. The effective date cannot be more than 90 days from the application date or prior to the application date.
12. The draft date cannot be more than 15 days before or after the effective date.
13. Even though there are no non tobacco/tobacco rates, this question must be answered by the applicant. Tobacco use means cigarettes, cigar, pipe, snuff, chewing tobacco, nicotine delivery systems such as electric cigarettes, nicotine gum or patch.
14. Monthly list bill is available for 4 or more lives. Forms are located on our website in GTLink.

## **REPLACEMENT GUIDELINES**

15. We do not permit replacement of another GTL agent's business. Contact our Agency/Marketing department if you have any questions regarding these types of replacements.
16. If a Precision Care policy is sold to an insured that lapsed a CHS policy either before or after the sale of Precision Care , we will not pay full first year commissions. Rather, commissions will be paid based on the duration of the lapsed policy.

## **UNDERWRITING REQUIREMENTS**

17. See the guide below for the underwriting required based on the benefit applied for and the benefit amount. The Company does reserve the right to do an RX check and a telephone interview (PHI) for any applicant if needed to determine the person's insurability.

Issue Age	Benefit Applied For	Benefit Amount	Routine Requirement
18-90	Cancer	\$2,500 to \$15,000	None
18-90	Cancer	\$15,001 to \$25,000	RX
18-90	Cancer	\$25,001 to \$50,000	RX, PHI & MD (Medical Data)

18. The applicant is not eligible if any of the medications listed in the Medication List are being taken or have been taken in the last 5 years. This list is not an all inclusive list.
19. The Company reserves the right to obtain or request any underwriting requirement to determine the insurability of the applicant.

## **REINSTATEMENT GUIDELINES**

20. A policy can be considered for reinstatement (subject to a reinstatement application) if not lapsed more than 90 days. If more than 90 days, a new application needs to be submitted.

## UNDERWRITING GUIDELINES

- An application for the Cancer Policy should not be taken in the following situations
  - Leukemia, Hodgkin's or Non-Hodgkin's disease, lymphoma, malignant melanoma, sarcoma, or any internal cancer; a pre-malignant condition or a condition with malignant potential
    - A pre-leukemic condition is also known as Myelodysplastic Syndrome (MDS). This is a blood related condition where not enough blood cells are produced by the bone marrow.
    - A pre-malignant condition or condition with malignant potential examples include Barrett's esophagus, adenomatous polyps, adenomas, dysplasia, Monoclonal Gammopathy of Undetermined Significance (MGUS) or cervical intraepithelial neoplasia.
- Medication prescribed for the treatment of internal cancer or malignant melanoma
- 2 or more medications for Chronic Obstructive Lung/Pulmonary disease, Chronic Bronchitis or Emphysema. It does not include asthma.
- PSA reading greater than 4.0
- Abnormal mammogram where cancer has not been ruled out
- Other test results for cancer or symptoms or signs of cancer that need further investigation
- The applicant has or expects to make an appointment with the doctor for a condition relating to cancer

### Height and Weight Chart

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

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 any of the following medications or had taken a medication within the time period listed in the health questions on the application, the applicant is not eligible for coverage. Brand names are capitalized and generic names are in small caps. With regard to COPD/COLD, the applicant does not qualify if 2 or more medications or oxygen is used. Please note that this list is not all inclusive and may be changed from time to time as medications are added and removed.

MEDICATION	CONDITION	MEDICATION	CONDITION	MEDICATION	CONDITION
3TC	AIDS	Fuzeon	AIDS, HIV	Sandimmune	Cancer
abacavir	HIV	Galantamine	Dementia	saquinavir	AIDS, HIV
abarelix	Cancer	Gengraf	Cancer	Selzentry	HIV
Adriamycin	Cancer	Gleevec	Cancer	Sandimmune	Cancer
AL-721	AIDS, HIV	Gleostine, CCNU	Cancer	saquinavir	AIDS, HIV
albuterol	COPD/COLD	goserelin	Cancer	Selzentry	HIV
Alkeran	Cancer	Granix	Cancer	Spiriva	COPD/COLD
altretamine	Cancer	Herceptin	Cancer	stavudine	AIDS, HIV
Amen	Cancer	Hexalen	Cancer	Stilphostrol	Cancer
Aptivus	AIDS, HIV	Hivid	AIDS, HIV	streptozocin	Cancer
Aricept	Dementia	Hydergine	Dementia	Sustiva	AIDS, HIV
atazanavir	HIV	Hydrea	Cancer	Tace	Cancer
Atripla	AIDS, HIV	hydroxyurea	Cancer	Tacrine	Dementia
Atrovent	COPD/COLD	IDV	AIDS, HIV	tenofovir	AIDS, HIV
AZT	AIDS, HIV	imatinib	Cancer	Teslac	Cancer
BCG	Bladder Cancer	indinavir	AIDS, HIV	Tespa	Cancer
bicalutamide	prostate cancer	interferon	AIDS, HIV, Cancer	testolactone	Cancer
Blenoxane	Cancer	interferon alfa-2a	AIDS, HIV, Cancer	THC	Cancer
bleomycin	Cancer	Invirase	AIDS, HIV	TheraCyx	Bladder Cancer
busulfan	Cancer	ipratropium	COPD/COLD	Thioplex	Cancer
Busulfex	Cancer	Kaletra	HIV	thiotepa	Cancer
Caelyx	AIDS, HIV, Cancer	lamivudine	AIDS, HIV	Tice BCG	Bladder Cancer
carboplatin	Cancer	Leukeran	Cancer	tiotropium	COPD/COLD
Casodex	prostate cancer	leuprolide	Cancer	tipranavir	AIDS, HIV
chlorotrianisene	Cancer	levamisole hydrochloride	Cancer	Toposar	Cancer
cisplatin	Cancer	Lexiva	HIV	trastuzumab	Cancer
Cognex	Dementia	lomustine	Cancer	Trelstar	Cancer
Combivent Respimat	COPD/COLD	lopinavir	HIV	Trexall	Cancer
Combivir	AIDS	Lupron	Cancer	triptorelin	Cancer
Crixivan	AIDS, HIV	maraviroc	HIV	Trizivir	HIV
Curretab	Cancer	Marinol	Cancer	Truvada	HIV
cyclophosphamide	Cancer	medroxyprogesterone acetate	Cancer	Valcyte	HIV
cyclosporine	Cancer	Megace	Cancer	valganciclovir	HIV
Cycrin	Cancer	Mellaril	Dementia	VePesid	Cancer
Cytosan	Cancer	megestrol	Cancer	Videx, ddl	AIDS, HIV
d4T	AIDS, HIV	melfhalan	Cancer	Vincasar	Cancer
darunavir	AIDS, HIV	Memantine	Dementia	vincristine	Cancer
ddC	AIDS, HIV	methotrexate	Cancer	Viracept	AIDS, HIV
delavirdine	AIDS, HIV	mitomycin	Cancer	Viramune	AIDS, HIV
Depo-Provera	Cancer	mitoxantrone	Cancer	Viread	AIDS, HIV
didanosine	AIDS, HIV	Mutamycin	Cancer	zalcitabine	AIDS, HIV
diethylstilbestrol (DES)	Cancer	Myleran	Cancer	Zanosar	Cancer
Donepezil	Dementia	Namenda	Dementia	Zarxio	Cancer
doxorubicin	Cancer	Namzaric	Dementia	ZDV	AIDS, HIV

MEDICATION	CONDITION	MEDICATION	CONDITION	MEDICATION	CONDITION
Donepezil	Dementia	nelfinavir	AIDS, HIV	ZDV	AIDS, HIV
doxorubicin	Cancer	Neoral	Cancer	Zerit	AIDS, HIV
dronabinol	Cancer	Neosar	Cancer	Ziagen	HIV
Droxia	Cancer	Neupogen	Cancer	zidovudine	AIDS, HIV
DuoNeb	COPD/COLD	nevirapine	Cancer	Zofran	Cancer
efavirenz	AIDS, HIV	Nitro-Bid	AIDS, HIV		
Eligard	Cancer	Novantrone	Aids,HIV		
emtricitabine	HIV	Oncovin	Cancer		
Emtriva	AIDS, HIV	ondansetron	Cancer		
enfuvirtide	AIDS, HIV	Otrexup	Cancer		
Epivir	AIDS	oxygen	COPD/COLD		
Ergamisol	Cancer	Paraplatin	Cancer		
Ergoloid Mesylates	Dementia	Platinol	Cancer		
Estinyl	Cancer	Plenaxis	Cancer		
ethinyl estradiol	Cancer	Prezista	AIDS, HIV		
Etopophos	Cancer	Provera	Cancer		
etoposide	Cancer	Rasuvo	Cancer		
Euflex	Cancer	Reminyl	Dementia		
Eulexin	Cancer	Rescriptor	AIDS, HIV		
Exelon	Dementia	Retrovir	AIDS, HIV		
filgrastim	Cancer	Reyataz	HIV		
flutamide	Cancer	Rheumatrex	Cancer		
Fortovase	AIDS, HIV	ritonavir	AIDS, HIV		
fosamprenavir	HIV	Rivastigmine	Dementia		
foscarnet sodium	AIDS, HIV	Roferon-A	AIDS, HIV, Cancer		
Foscavir	AIDS, HIV	Rubex	Cancer		

# NEW BUSINESS PROCEDURES

## Ways to Submit an Application

- E-Application-Agent Portal ([www.gtlic.com](http://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 Text-to-Sign option—see below.
- E-application/Mobile Phone/Tablet
- By email to: [und@gtlic.com](mailto: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 Text-to-Sign option:** Select Text-to-Sign during the application process and enter your client's cell phone number and click the Send Link button.

Your client will receive a text message with a secure link to sign their application. The link will be valid for 30 minutes and must be completed to continue the application. Your client will sign inside the window and then tap submit. A second signature can be added by checking the bottom box. **(NOTE: Please make sure your client writes their signature as legibly as possible. Dots and lines will NOT be accepted. To get a larger area to sign, hold the phone horizontally.)**

Your client will receive a thank you message and can then close the window. You will receive a message on the Agent Portal that the signature was captured and can 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](mailto: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 93 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](mailto:und@gtlic.com).**

## AGENT PORTAL

### VERIFICATION CALL INFORMATION

GTL designed the Agent Portal around you, our valued Agent, in order to provide an efficient and dependable means of submitting e-Signature applications. When it's time to verify the sale, your applicant(s) will find the process simple and reliable. They can complete the verification call either before or after you enter the online e-Signature application. **Keep in mind, however, that GTL will not begin underwriting the e-Signature application until the verification call has been completed.**

**Please advise your applicant(s) to call the toll-free number (866) 839-5132 to complete the verification call.** For their convenience, GTL's fully-automated verification system is available 24 hours a day and 7 days a week. The call takes approximately 3 minutes to complete.

### APPLICANT INFORMATION VERIFIED DURING THE CALL

1. Full name
2. Last 4 digits of social security number
3. Date of birth
4. Second applicant's name (if applicable)
5. Name of GTL product being applied for and if there any additional products
6. Agent of Record's name
7. Verbal response acknowledging they understood the questions on the application and answered them truthfully.
8. Verbal response acknowledging they understand that, if their application for insurance coverage is approved, regular premium payments are required to maintain coverage.
9. For certain products, an additional authorization for GTL to obtain the applicant's medical and prescription history information.

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### FAQ'S

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#### **Why do applicants have to complete a verification call?**

The verification call is a necessary step in our e-Signature application process. It gives GTL the authority to perform the necessary underwriting, creates a recorded validation of the applicant's knowledge of applying for coverage, affirms their understanding of the type of coverage applied for and the necessity of periodic premium payments to retain their coverage.

#### **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. Children applying for coverage via a child policy or child rider do not need to complete a verification call.

**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?**

Please complete and submit a paper application.

**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 e-Signature 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 1-800-323-6907 during normal business hours.

Monday through Thursday 7AM to 5PM

Friday 8AM to 12PM Central Time

**THANK YOU FOR YOUR BUSINESS!**