

Precision Care™

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

FOR AGENT USE ONLY

UNDERWRITTEN BY:
Guarantee Trust Life Insurance Company

GUARANTEE TRUST LIFE INSURANCE COMPANY
1275 Milwaukee Avenue, Glenview, IL 60025
www.gtlic.com | 800.323.6907

(Rev. 7/23) 15D832

CANCER COVERAGE PREMIUM CALCULATION WORKSHEET

| | |
|---|--|
| 1. Choose your coverage: Lump Sum Cancer Coverage & Precision Care Benefit | \$ _____ |
| 2. Cancer Benefit Builder Rider <i>(Includes Skin Cancer and Annual Wellness Benefits)</i> | \$ _____ |
| 3. Child Cancer Benefit Rider | \$ _____ |
| 4. Sub Total | \$ _____ |
| 5. Annual Policy Fee | \$ 25.00 |
| 6. Total Premium | \$ _____ |
| 7. Enter Modal Factor <i>(Monthly PAC=0.08333, Quarterly = .25, Semi Annual = .50)</i> | _____ . _____ Mode Factor (If Needed) |
| 8. 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 | \$38.50 | \$51.00 | \$63.50 | \$76.00 | \$101.00 | \$126.00 | \$151.00 | \$176.00 | \$201.00 | \$226.00 | \$251.00 | \$276.00 |
| 25 - 29 | \$43.50 | \$61.00 | \$78.50 | \$96.00 | \$131.00 | \$166.00 | \$201.00 | \$236.00 | \$271.00 | \$306.00 | \$341.00 | \$376.00 |
| 30 - 34 | \$43.50 | \$61.00 | \$78.50 | \$96.00 | \$131.00 | \$166.00 | \$201.00 | \$236.00 | \$271.00 | \$306.00 | \$341.00 | \$376.00 |
| 35 - 39 | \$59.00 | \$79.00 | \$99.00 | \$119.00 | \$159.00 | \$199.00 | \$239.00 | \$279.00 | \$319.00 | \$359.00 | \$399.00 | \$439.00 |
| 40 - 44 | \$77.00 | \$102.00 | \$127.00 | \$152.00 | \$202.00 | \$252.00 | \$302.00 | \$352.00 | \$402.00 | \$452.00 | \$502.00 | \$552.00 |
| 45 - 49 | \$97.50 | \$130.00 | \$162.50 | \$195.00 | \$260.00 | \$325.00 | \$390.00 | \$455.00 | \$520.00 | \$585.00 | \$650.00 | \$715.00 |
| 50 - 54 | \$120.50 | \$163.00 | \$205.50 | \$248.00 | \$333.00 | \$418.00 | \$503.00 | \$588.00 | \$673.00 | \$758.00 | \$843.00 | \$928.00 |
| 55 - 59 | \$143.50 | \$196.00 | \$248.50 | \$301.00 | \$406.00 | \$511.00 | \$616.00 | \$721.00 | \$826.00 | \$931.00 | \$1,036.00 | \$1,141.00 |
| 60 - 64 | \$173.00 | \$235.50 | \$298.00 | \$360.50 | \$485.50 | \$610.50 | \$735.50 | \$860.50 | \$985.50 | \$1,110.50 | \$1,235.50 | \$1,360.50 |
| 65 - 69 | \$187.00 | \$257.00 | \$327.00 | \$397.00 | \$537.00 | \$677.00 | \$817.00 | \$957.00 | \$1,097.00 | \$1,237.00 | \$1,377.00 | \$1,517.00 |
| 70 - 74 | \$197.00 | \$277.00 | \$357.00 | \$437.00 | \$597.00 | \$757.00 | \$917.00 | \$1,077.00 | \$1,237.00 | \$1,397.00 | \$1,557.00 | \$1,717.00 |
| 75 - 79 | \$204.50 | \$292.00 | \$379.50 | \$467.00 | \$642.00 | \$817.00 | \$992.00 | \$1,167.00 | \$1,342.00 | \$1,517.00 | \$1,692.00 | \$1,867.00 |
| 80 - 84 | \$212.00 | \$307.00 | \$402.00 | \$497.00 | \$687.00 | \$877.00 | \$1,067.00 | \$1,257.00 | \$1,447.00 | \$1,637.00 | \$1,827.00 | \$2,017.00 |
| 85 - 90 | \$222.00 | \$327.00 | \$432.00 | \$537.00 | \$747.00 | \$957.00 | \$1,167.00 | \$1,377.00 | \$1,587.00 | \$1,797.00 | \$2,007.00 | \$2,217.00 |

| 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 | \$38.50 | \$51.00 | \$63.50 | \$76.00 | \$101.00 | \$126.00 | \$151.00 | \$176.00 | \$201.00 | \$226.00 | \$251.00 | \$276.00 |
| 25 - 29 | \$41.00 | \$56.00 | \$71.00 | \$86.00 | \$116.00 | \$146.00 | \$176.00 | \$206.00 | \$236.00 | \$266.00 | \$296.00 | \$326.00 |
| 30 - 34 | \$43.50 | \$61.00 | \$78.50 | \$96.00 | \$131.00 | \$166.00 | \$201.00 | \$236.00 | \$271.00 | \$306.00 | \$341.00 | \$376.00 |
| 35 - 39 | \$59.00 | \$79.00 | \$99.00 | \$119.00 | \$159.00 | \$199.00 | \$239.00 | \$279.00 | \$319.00 | \$359.00 | \$399.00 | \$439.00 |
| 40 - 44 | \$77.00 | \$102.00 | \$127.00 | \$152.00 | \$202.00 | \$252.00 | \$302.00 | \$352.00 | \$402.00 | \$452.00 | \$502.00 | \$552.00 |
| 45 - 49 | \$100.00 | \$135.00 | \$170.00 | \$205.00 | \$275.00 | \$345.00 | \$415.00 | \$485.00 | \$555.00 | \$625.00 | \$695.00 | \$765.00 |
| 50 - 54 | \$138.50 | \$186.00 | \$233.50 | \$281.00 | \$376.00 | \$471.00 | \$566.00 | \$661.00 | \$756.00 | \$851.00 | \$946.00 | \$1,041.00 |
| 55 - 59 | \$182.00 | \$247.00 | \$312.00 | \$377.00 | \$507.00 | \$637.00 | \$767.00 | \$897.00 | \$1,027.00 | \$1,157.00 | \$1,287.00 | \$1,417.00 |
| 60 - 64 | \$214.00 | \$291.50 | \$369.00 | \$446.50 | \$601.50 | \$756.50 | \$911.50 | \$1,066.50 | \$1,221.50 | \$1,376.50 | \$1,531.50 | \$1,686.50 |
| 65 - 69 | \$246.00 | \$336.00 | \$426.00 | \$516.00 | \$696.00 | \$876.00 | \$1,056.00 | \$1,236.00 | \$1,416.00 | \$1,596.00 | \$1,776.00 | \$1,956.00 |
| 70 - 74 | \$258.50 | \$361.00 | \$463.50 | \$566.00 | \$771.00 | \$976.00 | \$1,181.00 | \$1,386.00 | \$1,591.00 | \$1,796.00 | \$2,001.00 | \$2,206.00 |
| 75 - 79 | \$268.50 | \$381.00 | \$493.50 | \$606.00 | \$831.00 | \$1,056.00 | \$1,281.00 | \$1,506.00 | \$1,731.00 | \$1,956.00 | \$2,181.00 | \$2,406.00 |
| 80 - 84 | \$278.50 | \$401.00 | \$523.50 | \$646.00 | \$891.00 | \$1,136.00 | \$1,381.00 | \$1,626.00 | \$1,871.00 | \$2,116.00 | \$2,361.00 | \$2,606.00 |
| 85 - 90 | \$291.00 | \$426.00 | \$561.00 | \$696.00 | \$966.00 | \$1,236.00 | \$1,506.00 | \$1,776.00 | \$2,046.00 | \$2,316.00 | \$2,586.00 | \$2,856.00 |

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 | \$42.25 | \$43.50 | \$44.75 | \$46.00 | \$48.50 | \$51.00 | \$53.50 | \$56.00 | \$58.50 | \$61.00 | \$63.50 | \$66.00 |
| 25 - 29 | \$45.75 | \$47.50 | \$49.25 | \$51.00 | \$54.50 | \$58.00 | \$61.50 | \$65.00 | \$68.50 | \$72.00 | \$75.50 | \$79.00 |
| 30 - 34 | \$48.50 | \$51.00 | \$53.50 | \$56.00 | \$61.00 | \$66.00 | \$71.00 | \$76.00 | \$81.00 | \$86.00 | \$91.00 | \$96.00 |
| 35 - 39 | \$53.25 | \$56.50 | \$59.75 | \$63.00 | \$69.50 | \$76.00 | \$82.50 | \$89.00 | \$95.50 | \$102.00 | \$108.50 | \$115.00 |
| 40 - 44 | \$58.25 | \$62.50 | \$66.75 | \$71.00 | \$79.50 | \$88.00 | \$96.50 | \$105.00 | \$113.50 | \$122.00 | \$130.50 | \$139.00 |
| 45 - 49 | \$63.25 | \$68.50 | \$73.75 | \$79.00 | \$89.50 | \$100.00 | \$110.50 | \$121.00 | \$131.50 | \$142.00 | \$152.50 | \$163.00 |
| 50 - 54 | \$69.50 | \$76.00 | \$82.50 | \$89.00 | \$102.00 | \$115.00 | \$128.00 | \$141.00 | \$154.00 | \$167.00 | \$180.00 | \$193.00 |
| 55 - 59 | \$73.75 | \$81.50 | \$89.25 | \$97.00 | \$112.50 | \$128.00 | \$143.50 | \$159.00 | \$174.50 | \$190.00 | \$205.50 | \$221.00 |
| 60 - 64 | \$80.75 | \$89.50 | \$98.25 | \$107.00 | \$124.50 | \$142.00 | \$159.50 | \$177.00 | \$194.50 | \$212.00 | \$229.50 | \$247.00 |
| 65 - 69 | \$88.50 | \$98.00 | \$107.50 | \$117.00 | \$136.00 | \$155.00 | \$174.00 | \$193.00 | \$212.00 | \$231.00 | \$250.00 | \$269.00 |
| 70 - 74 | \$100.00 | \$110.00 | \$120.00 | \$130.00 | \$150.00 | \$170.00 | \$190.00 | \$210.00 | \$230.00 | \$250.00 | \$270.00 | \$290.00 |
| 75 - 79 | \$111.50 | \$122.00 | \$132.50 | \$143.00 | \$164.00 | \$185.00 | \$206.00 | \$227.00 | \$248.00 | \$269.00 | \$290.00 | \$311.00 |
| 80 - 84 | \$116.75 | \$127.50 | \$138.25 | \$149.00 | \$170.50 | \$192.00 | \$213.50 | \$235.00 | \$256.50 | \$278.00 | \$299.50 | \$321.00 |
| 85 - 90 | \$118.75 | \$129.50 | \$140.25 | \$151.00 | \$172.50 | \$194.00 | \$215.50 | \$237.00 | \$258.50 | \$280.00 | \$301.50 | \$323.00 |

| 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 | \$43.00 | \$44.00 | \$45.00 | \$46.00 | \$48.00 | \$50.00 | \$52.00 | \$54.00 | \$56.00 | \$58.00 | \$60.00 | \$62.00 |
| 25 - 29 | \$46.50 | \$48.00 | \$49.50 | \$51.00 | \$54.00 | \$57.00 | \$60.00 | \$63.00 | \$66.00 | \$69.00 | \$72.00 | \$75.00 |
| 30 - 34 | \$50.00 | \$52.00 | \$54.00 | \$56.00 | \$60.00 | \$64.00 | \$68.00 | \$72.00 | \$76.00 | \$80.00 | \$84.00 | \$88.00 |
| 35 - 39 | \$56.00 | \$59.00 | \$62.00 | \$65.00 | \$71.00 | \$77.00 | \$83.00 | \$89.00 | \$95.00 | \$101.00 | \$107.00 | \$113.00 |
| 40 - 44 | \$62.00 | \$66.00 | \$70.00 | \$74.00 | \$82.00 | \$90.00 | \$98.00 | \$106.00 | \$114.00 | \$122.00 | \$130.00 | \$138.00 |
| 45 - 49 | \$69.50 | \$75.00 | \$80.50 | \$86.00 | \$97.00 | \$108.00 | \$119.00 | \$130.00 | \$141.00 | \$152.00 | \$163.00 | \$174.00 |
| 50 - 54 | \$79.25 | \$86.50 | \$93.75 | \$101.00 | \$115.50 | \$130.00 | \$144.50 | \$159.00 | \$173.50 | \$188.00 | \$202.50 | \$217.00 |
| 55 - 59 | \$90.75 | \$100.50 | \$110.25 | \$120.00 | \$139.50 | \$159.00 | \$178.50 | \$198.00 | \$217.50 | \$237.00 | \$256.50 | \$276.00 |
| 60 - 64 | \$104.75 | \$116.50 | \$128.25 | \$140.00 | \$163.50 | \$187.00 | \$210.50 | \$234.00 | \$257.50 | \$281.00 | \$304.50 | \$328.00 |
| 65 - 69 | \$121.00 | \$134.00 | \$147.00 | \$160.00 | \$186.00 | \$212.00 | \$238.00 | \$264.00 | \$290.00 | \$316.00 | \$342.00 | \$368.00 |
| 70 - 74 | \$147.00 | \$161.00 | \$175.00 | \$189.00 | \$217.00 | \$245.00 | \$273.00 | \$301.00 | \$329.00 | \$357.00 | \$385.00 | \$413.00 |
| 75 - 79 | \$174.25 | \$189.50 | \$204.75 | \$220.00 | \$250.50 | \$281.00 | \$311.50 | \$342.00 | \$372.50 | \$403.00 | \$433.50 | \$464.00 |
| 80 - 84 | \$184.00 | \$200.00 | \$216.00 | \$232.00 | \$264.00 | \$296.00 | \$328.00 | \$360.00 | \$392.00 | \$424.00 | \$456.00 | \$488.00 |
| 85 - 90 | \$191.50 | \$208.00 | \$224.50 | \$241.00 | \$274.00 | \$307.00 | \$340.00 | \$373.00 | \$406.00 | \$439.00 | \$472.00 | \$505.00 |

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.

Precision Care Additional Riders - Annual Rates

| 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 | \$7.50 | \$15.00 |

*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 0 to 65, the maximum lump sum benefit amount (applied for and in force) is \$75,000. At ages 66 to 90, the maximum benefit is \$50,000 (applied and in force).
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.)
4. The spouse or dependents 18 years and older must apply for their own policy. If the husband and wife apply, a dependent can only be added to one policy, not both. 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.

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

GUIDELINES FOR APPLICATION SUBMISSION

6. 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.
7. The agent must be health licensed and use the state approved application in the state where the applicant has permanent residency.
8. A Power of Attorney (POA) is not acceptable for this product.
9. If the application is over 31 days old when received by the Company, a new, currently dated application will be required.
10. The effective date cannot be more than 93 days from the application date or prior to the application date.

11. The draft date cannot be more than 15 days before or after the effective date.
12. 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.
13. Monthly list bill is available for 4 or more lives. Forms are located on our website in GTLink.

REPLACEMENT GUIDELINES

14. If an existing GTL cancer plan will be replaced by this plan, we will only pay first year commission on the additional premium. The balance of the premium will be paid at the same rate as the existing plan.
15. In general, 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 |
|-----------|---------------------|----------------------|---------------------|
| 0 to 65 | Cancer | \$2,500 to \$14,999 | None |
| 0 to 65 | Cancer | \$15,000 to \$49,999 | RX |
| 0 to 65 | Cancer | \$50,000 to \$75,000 | RX & PHI |
| 66 to 90 | Cancer | \$2,500 to \$14,999 | None |
| 66 to 90 | Cancer | \$15,000 to \$34,999 | RX |
| 66 to 90 | Cancer | \$35,000 to \$50,000 | RX & PHI |

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 inclusive and may be changed from time to time.
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 6 months. If more than 6 months, a new application should 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 |
| Cytrin | Cancer | Mellaril | Dementia | VePesid | Cancer |
| Cytosan | Cancer | megestrol | Cancer | Videx, ddl | AIDS, HIV |
| d4T | AIDS, HIV | melphalan | 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) (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
- 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.

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.

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.

FAQ'S

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!