

# **INDEMNITY PLUS**

— E L I T E —

*Hospital Indemnity Insurance*

## **AGENT RATES AND UNDERWRITING GUIDE**

Florida – Annual

*FOR AGENT USE ONLY*

**The GTL APP for e-Application is also available to download  
on Apple and Android devices.**

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

**GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)**  
1275 Milwaukee Avenue, Glenview, IL 60025  
[www.gtlic.com](http://www.gtlic.com) | 800.323.6907

**(Rev. 9/23) 15D909**

# Guarantee Trust Life Insurance Company

## Indemnity Plus Hospital Indemnity Insurance

### Rate Calculation Worksheet

#### Step 1: Determine Rates for Applicant's Age

#### Determine Rates for Spouse's Age

##### Applicant 1

##### Applicant 2

#### Daily Hospital Confinement Benefit-To calculate the base annual premium:

Choose amount in \$10 increments  
And number of days payable per Benefit Period

☐ 1 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 15

Daily Benefit for a 1 day plan is \$1,000 to \$2,500

Daily Benefit for a 3, 4, 5, 6, 7, 8, 9, 10 or 15 day plan is \$100-\$750

\$            ÷ 10 =             
Per Day Units  
           x            = \$             
Units Rate Annual Base Premium

#### Daily Hospital Confinement Benefit-To calculate the base annual premium:

Choose amount in \$10 increments  
And number of days payable per Benefit Period

☐ 1 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 15

Daily Benefit for a 1 day plan is \$1,000 to \$2,500

Daily Benefit for a 3, 4, 5, 6, 7, 8, 9, 10 or 15 day plan is \$100-\$750

\$            ÷ 10 =             
Per Day Units  
           x            = \$             
Units Rate Annual Base Premium

#### Step 2:

#### Choose Optional Riders Applicant 1

#### Choose Optional Riders Applicant 2

##### Ambulance Service Benefit Rider

\$50 per unit, up to 8 units ☐ \$             
(Maximum Issue Age is 80)

##### Outpatient Therapy Benefit Rider

Choose Calendar Year Benefit of 15 or 30 Days ☐ 15 days ☐ 30 days  
\$           

##### Skilled Nursing Facility Benefit Rider

Choose one Option and choose an amount in \$10 increments from \$100 to \$220  
OPTION 1 \$             
OPTION 2 \$           

##### Lump Sum Cancer Benefit Rider (Includes \$500 Basal Cell/Squamous Cell Skin Carcinoma benefit)

☐ \$2,500 ☐ \$5,000 ☐ \$7,500  
☐ \$10,000 ☐ \$15,000 ☐ \$20,000  
☐ With 100% Recurrence Benefit  
\$           

##### Critical Accident Benefit Rider

☐ \$5,000 ☐ \$10,000  
\$           

##### Lump Sum Hospital Benefit Rider (Not available if the 1 Day Benefit Period is chosen.)

☐ \$250 ☐ \$500 ☐ \$750

##### Outpatient Surgical Benefit Rider

☐ \$250 ☐ \$500 ☐ \$750  
☐ \$1,000  
\$           

##### Dental and Vision Benefit Rider

☐ \$400 ☐ \$800 ☐ \$1,200  
\$           

##### Ambulance Service Benefit Rider

\$50 per unit, up to 8 units ☐ \$             
(Maximum Issue Age is 80)

##### Outpatient Therapy Benefit Rider

Choose Calendar Year Benefit of 15 or 30 Days ☐ 15 days ☐ 30 days  
\$           

##### Skilled Nursing Facility Benefit Rider

Choose one Option and choose an amount in \$10 increments from \$100 to \$220  
OPTION 1 \$             
OPTION 2 \$           

##### Lump Sum Cancer Benefit Rider (Includes \$500 Basal Cell/Squamous Cell Skin Carcinoma benefit)

☐ \$2,500 ☐ \$5,000 ☐ \$7,500  
☐ \$10,000 ☐ \$15,000 ☐ \$20,000  
☐ With 100% Recurrence Benefit  
\$           

##### Critical Accident Benefit Rider

☐ \$5,000 ☐ \$10,000  
\$           

##### Lump Sum Hospital Benefit Rider (Not available if the 1 Day Benefit Period is chosen.)

☐ \$250 ☐ \$500 ☐ \$750

##### Outpatient Surgical Benefit Rider

☐ \$250 ☐ \$500 ☐ \$750  
☐ \$1,000  
\$           

##### Dental and Vision Benefit Rider

☐ \$400 ☐ \$800 ☐ \$1,200  
\$           

#### Step 3:

#### Total Annual Premium Applicant 1

\$           

#### Policy Fee (if applicable)\*

\$           

#### Total Annual Premium Applicant 2

\$           

#### Policy Fee (if applicable)\*

\$           

#### Step 4:

Premium Payment Mode: ☐ Annual ☐ Semi-Annual (.520)

☐ Quarterly (.265) ☐ Monthly PAC (.084)

#### Step 5:

#### Total Mode Premium for Applicant 1

\$           

#### Total Mode Premium for Applicant 2

\$           

\*\$20 Annual Policy Fee

# Annual Rates

Rates do not include the SBSA Association Membership Dues of: \$3.50 Monthly

PAC/\$10.50 Quarterly/\$21 Semi-Annual/\$42.00 Annual

Issue Age Per \$10/ Day*	1-Day Hospital Benefit	3-Day Hospital Benefit	4-Day Hospital Benefit	5-Day Hospital Benefit	6-Day Hospital Benefit	7-Day Hospital Benefit	8-Day Hospital Benefit	9-Day Hospital Benefit	10-Day Hospital Benefit	15-Day Hospital Benefit
40 - 65	\$4.37	\$7.44	\$8.08	\$8.76	\$9.48	\$10.03	\$10.62	\$11.19	\$11.74	\$14.99
66	\$4.41	\$7.52	\$8.17	\$8.87	\$9.60	\$10.16	\$10.75	\$11.33	\$11.90	\$15.20
67	\$4.44	\$7.61	\$8.27	\$8.98	\$9.72	\$10.29	\$10.88	\$11.47	\$12.07	\$15.40
68	\$4.47	\$7.65	\$8.36	\$9.09	\$9.84	\$10.42	\$11.01	\$11.62	\$12.23	\$15.60
69	\$4.51	\$7.71	\$8.46	\$9.19	\$9.95	\$10.54	\$11.15	\$11.77	\$12.40	\$15.82
70	\$4.62	\$7.71	\$8.68	\$9.42	\$10.20	\$10.82	\$11.44	\$11.82	\$12.74	\$16.26
71	\$4.82	\$8.06	\$9.05	\$9.83	\$10.64	\$11.29	\$11.93	\$12.34	\$13.32	\$17.00
72	\$5.00	\$8.38	\$9.42	\$10.23	\$11.08	\$11.75	\$12.44	\$12.84	\$13.89	\$17.72
73	\$5.18	\$8.72	\$9.81	\$10.65	\$11.53	\$12.24	\$12.94	\$13.36	\$14.47	\$18.47
74	\$5.39	\$9.11	\$10.21	\$11.08	\$12.00	\$12.74	\$13.47	\$13.96	\$15.08	\$19.24
75	\$5.58	\$9.45	\$10.60	\$11.52	\$12.47	\$13.23	\$14.00	\$14.48	\$15.69	\$20.01
76	\$5.79	\$9.82	\$11.01	\$11.97	\$12.96	\$13.76	\$14.55	\$15.05	\$16.33	\$20.85
77	\$5.99	\$10.19	\$11.44	\$12.43	\$13.46	\$14.30	\$15.11	\$15.62	\$16.98	\$21.67
78	\$6.21	\$10.56	\$11.90	\$12.93	\$14.01	\$14.88	\$15.69	\$16.18	\$17.69	\$22.58
79	\$6.43	\$10.88	\$12.37	\$13.44	\$14.57	\$15.47	\$16.18	\$16.68	\$18.23	\$23.28
80	\$6.64	\$11.19	\$12.83	\$13.99	\$15.16	\$15.98	\$16.65	\$17.15	\$18.74	\$23.91
81	\$6.90	\$11.48	\$13.15	\$14.50	\$15.71	\$16.38	\$17.06	\$17.59	\$19.20	\$24.51
82	\$7.17	\$11.74	\$13.45	\$14.83	\$16.07	\$16.76	\$17.45	\$17.99	\$19.63	\$25.05
83	\$7.44	\$11.96	\$13.71	\$15.13	\$16.39	\$17.08	\$17.79	\$18.33	\$19.99	\$25.52
84	\$7.70	\$12.17	\$13.95	\$15.39	\$16.67	\$17.37	\$18.10	\$18.65	\$20.33	\$25.96
85	\$7.94	\$12.36	\$14.17	\$15.63	\$16.92	\$17.64	\$18.37	\$18.94	\$20.62	\$26.31

The Base policy includes a Short Duration Hospital Stay benefit, Observation Stay, Emergency Room & Mental Health Benefits.

Above rates include a \$15 Daily Benefit for the remainder of the 31 Day Maximum Benefit Period

\*Minimum/maximum daily benefit range available for 3-day to 15-day plan is \$100 to \$750.

Minimum/maximum benefit range available for 1-day plan is \$1,000 to \$2,500.

Minimum Annual Premium with any rider and policy fee is \$240. Annual Policy Fee is \$20.00.

Premium Payment Mode Factors available: Semi-Annual (.520) Quarterly (.265) Monthly Pre-Authorized Check (PAC - .084)

# Annual Rates

Rates do not include the SBSA Association Membership Dues of: \$3.50 Monthly PAC/\$10.50 Quarterly/\$21 Semi-Annual/\$42.00 Annual

## Lump Sum Cancer Rider

## Lump Sum Cancer Rider with Recurrence Benefit

AGE	\$2,500	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	AGE	\$2,500	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000
40	\$31.48	\$54.85	\$78.23	\$101.60	\$148.35	\$195.10	40	\$34.98	\$61.85	\$88.73	\$115.60	\$169.35	\$223.10
41	\$33.69	\$58.81	\$83.94	\$109.06	\$159.31	\$209.56	41	\$37.46	\$66.36	\$95.26	\$124.16	\$181.96	\$239.76
42	\$35.45	\$61.90	\$88.35	\$114.80	\$167.70	\$220.60	42	\$39.43	\$69.85	\$100.28	\$130.70	\$191.55	\$252.40
43	\$37.53	\$65.48	\$93.43	\$121.38	\$177.28	\$233.18	43	\$41.73	\$73.88	\$106.03	\$138.18	\$202.48	\$266.78
44	\$39.86	\$69.61	\$99.36	\$129.11	\$188.61	\$248.11	44	\$44.34	\$78.56	\$112.79	\$147.01	\$215.46	\$283.91
45	\$42.54	\$74.29	\$106.04	\$137.79	\$201.29	\$264.79	45	\$47.32	\$83.84	\$120.37	\$156.89	\$229.94	\$302.99
46	\$44.92	\$78.42	\$111.92	\$145.42	\$212.42	\$279.42	46	\$49.95	\$88.47	\$127.00	\$165.52	\$242.57	\$319.62
47	\$47.77	\$83.34	\$118.92	\$154.49	\$225.64	\$296.79	47	\$53.09	\$93.99	\$134.89	\$175.79	\$257.59	\$339.39
48	\$50.47	\$88.04	\$125.62	\$163.19	\$238.34	\$313.49	48	\$56.09	\$99.29	\$142.49	\$185.69	\$272.09	\$358.49
49	\$53.64	\$93.51	\$133.39	\$173.26	\$253.01	\$332.76	49	\$59.61	\$105.46	\$151.31	\$197.16	\$288.86	\$380.56
50	\$56.76	\$98.96	\$141.16	\$183.36	\$267.76	\$352.16	50	\$63.09	\$111.61	\$160.14	\$208.66	\$305.71	\$402.76
51	\$60.01	\$104.46	\$148.91	\$193.36	\$282.26	\$371.16	51	\$66.69	\$117.81	\$168.94	\$220.06	\$322.31	\$424.56
52	\$63.17	\$109.92	\$156.67	\$203.42	\$296.92	\$390.42	52	\$70.20	\$123.97	\$177.75	\$231.52	\$339.07	\$446.62
53	\$66.45	\$115.45	\$164.45	\$213.45	\$311.45	\$409.45	53	\$73.80	\$130.15	\$186.50	\$242.85	\$355.55	\$468.25
54	\$70.08	\$121.65	\$173.23	\$224.80	\$327.95	\$431.10	54	\$77.80	\$137.10	\$196.40	\$255.70	\$374.30	\$492.90
55	\$73.72	\$127.84	\$181.97	\$236.09	\$344.34	\$452.59	55	\$81.84	\$144.09	\$206.34	\$268.59	\$393.09	\$517.59
56	\$77.42	\$134.12	\$190.82	\$247.52	\$360.92	\$474.32	56	\$85.92	\$151.12	\$216.32	\$281.52	\$411.92	\$542.32
57	\$81.36	\$140.81	\$200.26	\$259.71	\$378.61	\$497.51	57	\$90.29	\$158.66	\$227.04	\$295.41	\$432.16	\$568.91
58	\$85.16	\$147.16	\$209.16	\$271.16	\$395.16	\$519.16	58	\$94.46	\$165.76	\$237.06	\$308.36	\$450.96	\$593.56
59	\$89.08	\$153.65	\$218.23	\$282.80	\$411.95	\$541.10	59	\$98.75	\$173.00	\$247.25	\$321.50	\$470.00	\$618.50
60	\$93.02	\$160.14	\$227.27	\$294.39	\$428.64	\$562.89	60	\$103.09	\$180.29	\$257.49	\$334.69	\$489.09	\$643.49
61	\$97.15	\$166.85	\$236.55	\$306.25	\$445.65	\$585.05	61	\$107.60	\$187.75	\$267.90	\$348.05	\$508.35	\$668.65
62	\$101.30	\$173.50	\$245.70	\$317.90	\$462.30	\$606.70	62	\$112.13	\$195.15	\$278.18	\$361.20	\$527.25	\$693.30
63	\$105.61	\$180.36	\$255.11	\$329.86	\$479.36	\$628.86	63	\$116.84	\$202.81	\$288.79	\$374.76	\$546.71	\$718.66
64	\$110.05	\$187.37	\$264.70	\$342.02	\$496.67	\$651.32	64	\$121.65	\$210.57	\$299.50	\$388.42	\$566.27	\$744.12
65	\$114.61	\$194.48	\$274.36	\$354.23	\$513.98	\$673.73	65	\$126.58	\$218.43	\$310.28	\$402.13	\$585.83	\$769.53
66	\$118.37	\$199.82	\$281.27	\$362.72	\$525.62	\$688.52	66	\$130.60	\$224.27	\$317.95	\$411.62	\$598.97	\$786.32
67	\$123.07	\$206.82	\$290.57	\$374.32	\$541.82	\$709.32	67	\$135.65	\$231.97	\$328.30	\$424.62	\$617.27	\$809.92
68	\$127.82	\$213.64	\$299.47	\$385.29	\$556.94	\$728.59	68	\$140.69	\$239.39	\$338.09	\$436.79	\$634.19	\$831.59
69	\$132.62	\$220.24	\$307.87	\$395.49	\$570.74	\$745.99	69	\$145.77	\$246.54	\$347.32	\$448.09	\$649.64	\$851.19
70	\$137.79	\$227.16	\$316.54	\$405.91	\$584.66	\$763.41	70	\$151.19	\$253.96	\$356.74	\$459.51	\$665.06	\$870.61
71	\$143.15	\$233.85	\$324.55	\$415.25	\$596.65	\$778.05	71	\$156.75	\$261.05	\$365.35	\$469.65	\$678.25	\$886.85
72	\$149.85	\$242.85	\$335.85	\$428.85	\$614.85	\$800.85	72	\$163.80	\$270.75	\$377.70	\$484.65	\$698.55	\$912.45
73	\$156.67	\$251.74	\$346.82	\$441.89	\$632.04	\$822.19	73	\$170.92	\$280.24	\$389.57	\$498.89	\$717.54	\$936.19
74	\$163.51	\$260.38	\$357.26	\$454.13	\$647.88	\$841.63	74	\$178.03	\$289.43	\$400.83	\$512.23	\$735.03	\$957.83
75	\$170.48	\$269.18	\$367.88	\$466.58	\$663.98	\$861.38	75	\$185.28	\$298.78	\$412.28	\$525.78	\$752.78	\$979.78
76	\$176.03	\$275.28	\$374.53	\$473.78	\$672.28	\$870.78	76	\$190.93	\$305.08	\$419.23	\$533.38	\$761.68	\$989.98
77	\$181.88	\$282.70	\$383.53	\$484.35	\$686.00	\$887.65	77	\$197.00	\$312.95	\$428.90	\$544.85	\$776.75	\$1,008.65
78	\$185.75	\$287.82	\$389.90	\$491.97	\$696.12	\$900.27	78	\$201.05	\$318.42	\$435.80	\$553.17	\$787.92	\$1,022.67
79	\$188.24	\$291.61	\$394.99	\$498.36	\$705.11	\$911.86	79	\$203.74	\$322.61	\$441.49	\$560.36	\$798.11	\$1,035.86
80	\$190.55	\$295.25	\$399.95	\$504.65	\$714.05	\$923.45	80	\$206.25	\$326.65	\$447.05	\$567.45	\$808.25	\$1,049.05
81	\$191.60	\$296.30	\$401.00	\$505.70	\$715.10	\$924.50	81	\$207.30	\$327.70	\$448.10	\$568.50	\$809.30	\$1,050.10
82	\$193.46	\$298.91	\$404.36	\$509.81	\$720.71	\$931.61	82	\$209.29	\$330.56	\$451.84	\$573.11	\$815.66	\$1,058.21
83	\$195.65	\$302.10	\$408.55	\$515.00	\$727.90	\$940.80	83	\$211.63	\$334.05	\$456.48	\$578.90	\$823.75	\$1,068.60
84	\$197.67	\$304.87	\$412.07	\$519.27	\$733.67	\$948.07	84	\$213.75	\$337.02	\$460.30	\$583.57	\$830.12	\$1,076.67
85	\$200.05	\$308.30	\$416.55	\$524.80	\$741.30	\$957.80	85	\$216.30	\$340.80	\$465.30	\$589.80	\$838.80	\$1,087.80

Minimum Annual Premium with any rider and policy fee is \$240. Annual Policy Fee is \$20.00.

Premium Payment Mode Factors available: Semi-Annual (.520) Quarterly (.265) Monthly Pre-Authorized Check (PAC - .084)

# Annual Rates

Rates do not include the SBSA Association Membership Dues of: \$3.50 Monthly  
PAC/\$10.50 Quarterly/\$21 Semi-Annual/\$42.00 Annual

## Ambulance Benefit Rider Benefit Amount Per Ambulance Service

Issue Age	\$50	\$100	\$150	\$200	\$250	\$300	\$350	\$400
40-69	\$4.25	\$8.50	\$12.75	\$17.00	\$21.25	\$25.50	\$29.75	\$34.00
70-74	\$5.25	\$10.50	\$15.75	\$21.00	\$26.25	\$31.50	\$36.75	\$42.00
75-79	\$6.75	\$13.50	\$20.25	\$27.00	\$33.75	\$40.50	\$47.25	\$54.00
80	\$8.50	\$17.00	\$25.50	\$34.00	\$42.50	\$51.00	\$59.50	\$68.00

## Dental & Vision Benefit Rider

Issue Age	\$400	\$800	\$1,200
40 - 49	\$270.00	\$325.00	\$375.00
50 - 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

## Critical Accident Benefit Rider

Issue Age	FEMALE		MALE	
	\$5,000	\$10,000	\$5,000	\$10,000
40 - 44	\$11.50	\$23.00	\$15.00	\$30.00
45 - 49	\$14.00	\$28.00	\$15.00	\$30.00
50 - 54	\$18.00	\$36.00	\$16.00	\$32.00
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

## Outpatient Therapy Benefit Rider \$50 Benefit Per Day

	Option A	Option B
Issue Age	15 days	30 days
40-85	\$72.18	\$83.20

## Outpatient Surgical Benefit Rider

Issue Age	\$250	\$500	\$750	\$1,000
40-85	\$74.00	\$148.00	\$222.00	\$296.00

Minimum Annual Premium with any rider and policy fee is \$240. Annual Policy Fee is \$20.00.  
Premium Payment Mode Factors available: Semi-Annual (.520) Quarterly (.265) Monthly Pre-Authorized Check (PAC - .084)

# Annual Rates

**Rates do not include the SBSA Association Membership Dues of:  
\$3.50 Monthly PAC/\$10.50 Quarterly/\$21 Semi-Annual/\$42.00 Annual**

## Skilled Nursing Facility Benefit Rider

Issue Age	Option 1 Days 1-50 Annual Rate per \$10 Benefit for \$100-\$220			Issue Age	Option 2 Days 21-100 Annual Rate per \$10 Benefit for \$100-\$220		
	Issue Age				Issue Age		
40	\$2.61	63	\$12.05	40	\$1.44	63	\$6.95
41	\$2.73	64	\$12.46	41	\$1.47	64	\$7.70
42	\$2.84	65	\$12.86	42	\$1.51	65	\$7.70
43	\$2.95	66	\$13.27	43	\$1.56	66	\$8.55
44	\$3.07	67	\$13.67	44	\$1.61	67	\$9.54
45	\$3.18	68	\$15.28	45	\$1.67	68	\$10.69
46	\$3.30	69	\$16.88	46	\$1.73	69	\$12.00
47	\$3.41	70	\$18.49	47	\$1.81	70	\$13.48
48	\$3.62	71	\$20.09	48	\$1.90	71	\$15.26
49	\$3.84	72	\$21.70	49	\$2.00	72	\$17.15
50	\$4.05	73	\$24.09	50	\$2.11	73	\$19.19
51	\$4.27	74	\$26.48	51	\$2.24	74	\$21.41
52	\$4.48	75	\$28.87	52	\$2.38	75	\$23.82
53	\$4.85	76	\$31.26	53	\$2.54	76	\$26.47
54	\$5.23	77	\$33.65	54	\$2.72	77	\$29.38
55	\$5.60	78	\$39.97	55	\$2.92	78	\$32.58
56	\$5.98	79	\$46.29	56	\$3.14	79	\$36.08
57	\$6.35	80	\$52.61	57	\$3.38	80	\$39.95
58	\$7.41	81	\$58.93	58	\$3.65	81	\$44.40
59	\$8.47	82	\$65.25	59	\$3.94	82	\$49.35
60	\$9.53	83	\$71.57	60	\$4.69	83	\$54.86
61	\$10.59	84	\$77.89	61	\$5.44	84	\$60.99
62	\$11.65	85	\$84.21	62	\$6.20	85	\$67.77

## Lump Sum Hospital Confinement Benefit Rider\*

Issue Age	\$250	\$500	\$750
40-65	\$70.00	\$140.00	\$210.00
66	\$71.50	\$143.00	\$214.50
67	\$72.75	\$145.50	\$218.25
68	\$74.25	\$148.50	\$222.75
69	\$75.25	\$150.50	\$225.75
70	\$75.75	\$151.50	\$227.25
71	\$76.25	\$152.50	\$228.75
72	\$77.00	\$154.00	\$231.00
73	\$77.75	\$155.50	\$233.25
74	\$79.00	\$158.00	\$237.00
75	\$80.75	\$161.50	\$242.25
76	\$82.25	\$164.50	\$246.75
77	\$84.25	\$168.50	\$252.75
78	\$86.25	\$172.50	\$258.75
79	\$89.00	\$178.00	\$267.00
80	\$91.75	\$183.50	\$275.25
81	\$95.75	\$191.50	\$287.25
82	\$98.00	\$196.00	\$294.00
83	\$100.25	\$200.50	\$300.75
84	\$102.25	\$204.50	\$306.75
85	\$105.75	\$211.50	\$317.25

\*Not available with a 1-Day Benefit Period.

Minimum Annual Premium with any rider and policy fee is \$240. Annual Policy Fee is \$20.00.

Premium Payment Mode Factors available: Semi-Annual (.520) Quarterly (.265) Monthly Pre-Authorized Check (PAC - .084)

## GUARANTEE TRUST LIFE INDEMNITY PLUS ELITE UNDERWRITING GUIDE

**Issue Ages:** 40-85

**Benefit Amounts:** 1 Day - \$1,000 - \$2,500

3-15 Day - \$100 - \$750 Per Day

### UNDERWRITING

#### 1. Benefit Maximums

The maximum daily benefit amount per application is \$750/day for benefit periods between 3 to 15-days. Applicants can have more than 1 policy in force as long as they do not exceed the total maximum benefit of **\$1,000/Day Hospital Confinement**.

For a 1-day benefit period, the maximum amount is \$2,500 but no additional benefit amount can be applied for, either a policy or rider. Likewise, if the applicant has a policy with a benefit period between 3 to 15-days, the applicant cannot apply for a 1-day benefit.

#### Benefit Increases/New Policy

If increasing the Daily Hospital benefit amount or changing the benefit period or adding a rider, a new application needs to be completed (e-App, Agent Portal or paper) and will be subject to evidence of insurability.

If a second application is submitted, the underwriting team will email the agent to verify the intentions of the new application. Based on the response we get from the agent, we will determine how we are going to process the new application.

\*We will not allow any of the new benefits to be added to an old Indemnity Plus plan.

**A cancel/rewrite** will apply on the following situation:

If changing the benefit period (increasing or decreasing).

This will get treated as a cancel/rewrite. We will terminate the old policy as of the paid to date and issue the new plan as of the paid to date of the old coverage. We will cancel/rewrite with the following provisions: Commissions will be paid on a renewal basis. The pre-existing waiting period and contestability period starts over. A new policy will get generated.

#### Replacements

We do not permit replacement of a policy written by another agent. A new policy can be written (except if the current policy is a 1-day benefit) as long as it will be in addition to existing coverage.

**Guarantee Trust will not allow existing Indemnity Plus policyholders to replace their existing coverage with Indemnity Plus Elite.**

2. If the application is over 31 days old when received by the Company, we will require a new currently dated application.
3. The effective date cannot be more than 90 days from the application date or prior to the application date.
4. If both spouses apply for coverage, a separate annual policy fee is required for both.
5. The final decision will be based on the answers to the medical questions. If all the medical questions are answered "NO" the applicant will be eligible, subject to claim review if there is or was another health policy with GTL. The medical questions do not need to be answered if the applicant is between the ages of 64 ½ up to 70 as of the application date. However if the cancer rider is applied for, the applicant must answer the medical questions for this rider regardless of age.
6. **Pre-Existing Condition:** A Pre-existing Condition is a sickness or injury, disclosed or not disclosed on the application, for which medical care, treatment, diagnosis or advice was received or recommended within the six (6) month period immediately prior to your client's effective date of coverage under their policy; or the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the six (6) months prior to their effective date of coverage under their policy. Treatment includes the taking of prescription drugs or medicines. Pre-existing conditions are not covered unless the loss begins more than **six (6) months after their effective date of coverage**. The Pre-existing Condition period may differ in some states, **and still applies during the Guaranteed Issue period**.
7. The agent must be health licensed and use the state approved application in the state where the applicant has permanent residency.
8. Applicant must be a U.S. citizen or hold a "green card" (permanent resident of US).
9. The applicant must have a valid social security number. We cannot issue a policy to an applicant who does not have a social security number.
10. A Power of Attorney (POA)/Guardianship is not acceptable for this product.
11. The total Critical Accident Rider benefit amount per insured, across all GTL policies, cannot exceed \$10,000.
12. **The Minimum Annual Premium with any rider and policy fee is \$240.**

## Restrictions Related to Overlapping Benefits with Other GTL Products

Base Hospital Confinement	Maximum Limit combined daily benefit with riders under other products is \$1,000.
Ambulance Rider	Maximum benefit across all products is \$400.
Outpatient Surgical Rider	Maximum benefit across all products is \$1,000.
Outpatient Therapy Rider	Only 1 rider is allowed.
Skilled Nursing Facility Riders*	Not allowed if another existing product with similar benefits. *Cannot replace an old SNF rider with the new one
Lump Sum Hospital Rider	Maximum benefit across all products is \$750.
Critical Accident Rider	Maximum benefit of \$10,000 is allowed between all products with this rider.
Lump Sum Cancer Riders	Limit combined Lump Sum benefit with riders under other products to: \$50,000 for applicant ages 18 to 90 <b>Other Product:</b> Precision Care Cancer
Dental-Vision Rider	Not allowed in combination with any other GTL/UNL Dental coverage. <b>Other Products:</b> Stand-alone Dental-Vision-Hearing and Precision Care Cancer



## ADMINISTRATION

1. For policies that will draft the first premium, the draft date must be within 15 days of the effective date.
2. The policy can be considered for reinstatement within 6 months of the lapse date. After 6 months a new application will be required.

## POLICY CHANGES

1. If the applicant wants additional daily benefit or rider coverage, a new, completed application must be submitted. Only the requested additional coverage is required to be submitted. **However, Indemnity Plus Elite Riders cannot be added to any previous Indemnity Plus product versions.**
2. If the applicant only wants to add a benefit rider, a new application needs to be completed and sent to the Underwriting department for review. If approved, the rider will be added to the policy as of the next paid due date or next month after approval (if on direct billing). A new policy will not be issued when adding benefit riders.
3. You can increase your client's existing Indemnity Plus coverage directly on the e-App, Agent Portal, or via paper.
4. The Dental/Vision rider is Guarantee Issue and can be added to an existing policy. The insured can call GTL's New Business at 1-800-635-1993 to request the Dental/Vision rider be added to their policy. Or, the insured and agent can fill out the Dental/Vision Rider Addition Form and mail, email [und@gtlic.com](mailto:und@gtlic.com) or fax it to GTL's New Business at 1-847-699-8493. The form will be available on GTLink.

# INDEMNITY PLUS 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.**

## 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!**