

**COMPARISON OF EXISTING COVERAGE TO BE REPLACED
AND
APPLIED FOR COVERAGE**

Notice to Agent: You are required by the agency regulating Accident and Health Insurance within the state of South Carolina to compare the coverage the applicant intends to replace with the applied for coverage. One copy of this form is to remain with the applicant, and the other copy forwarded to Guarantee Trust Life Insurance with the application.

EXISTING (IN FORCE) COVERAGE

APPLIED FOR COVERAGE

1. Name and address of insurance carrier existing coverage is with:

NAME: _____

ADDRESS: _____

Name and address of insurance carrier applied for coverage with:

NAME: Guarantee Trust Life Insurance Co.

ADDRESS: 1275 Milwaukee Avenue
Glenview, Illinois 60025

2. Policy Number: _____

Policy Number: (N/A)

3. Type of Coverage: _____

Type of Coverage: _____

4. How long has coverage been in force? _____ years

How long has coverage been in force? (N/A)

5. Policy Benefits:

Policy Benefits:

6. Elimination Period: _____ days

Elimination Period: _____ days

7. Deductible/Co-Pay Amount: \$ _____ / \$ _____

Deductible/Co-Pay Amount: \$ _____ / \$ _____

8. Daily Benefit: \$ _____ Benefit Period: _____

Daily Benefit: \$ _____ Benefit Period _____

9. Pre-existing Conditions Covered? ____ Yes ____ No

Pre-Existing Conditions Covered: ____ Yes ____ No

10. Annual Premium: \$ _____

Annual Premium: \$ _____

11. Renewability: _____

Renewability: _____

12. Qualifying for Benefits: _____

Qualifying for Benefits: _____

13. Other considerations: (Agent shall list here other benefits attached by rider or endorsement.)

Other considerations: (Agent shall list here any additional benefit coverage that is being added to the applied for coverage.)

