

Advantage Plus® Hospital Indemnity Insurance

AGENT RATE AND UNDERWRITING GUIDE Colorado – Annual

FOR AGENT USE ONLY

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

UNDERWRITTEN BY:
Guarantee Trust Life Insurance Company

GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)
1275 Milwaukee Avenue, Glenview, IL 60025
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(Rev. 6/2022) 15D912

Guarantee Trust Life Insurance Company

Advantage 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

☐ 10 ☐ 21

Daily Benefit for a 10 or 21 day plan is \$100 to \$600

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

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Step 2:

Choose Optional Riders Applicant 1

Choose Optional Riders Applicant 2

Ambulance Benefit Rider ☐ \$
\$200 per service
(Maximum Issue Age is 80)

Skilled Nursing Facility Rider ☐ \$120/day for Days 21-100
\$

Lump Sum Cancer Rider ☐ \$2,500 ☐ \$5,000 ☐ \$7,500
☐ \$10,000
\$

Outpatient Surgical Rider ☐ \$250 ☐ \$500 ☐ \$750
☐ \$1,000
\$

Lump Sum Hospital Confinement Rider ☐ \$250 ☐ \$500 ☐ \$750

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Step 3:

Total Annual Premium Applicant 1 \$

Total Annual Premium Applicant 1 \$

Step 4:

Premium Payment Mode: ☐ Annual ☐ Semi-Annual (.520) ☐ Quarterly (.265) ☐ Monthly PAC (.084)

Step 5:

Total Mode Premium for Applicant 1 \$
Application Fee (if applicable) \$

Total Mode Premium for Applicant 2 \$
One-Time fee is \$20.00.

10-Day Hospital Confinement Benefits (per \$10/Day)				21-Day Benefits (per \$10/Day)			Lump Sum Hospital Confinement Rider		
AGE	\$50-170	\$180-240	\$250-600	\$50-170	\$180-240	\$250-600	\$250	\$500	\$750
64 1/2	7.23	6.53	6.12	10.49	9.67	9.23	132.53	251.69	369.94
65	7.23	6.53	6.12	10.49	9.67	9.23	132.53	251.69	369.94
66	7.51	6.80	6.40	10.96	10.13	9.68	136.97	260.34	382.65
67	7.78	7.07	6.66	11.43	10.58	10.12	141.69	269.10	395.60
68	8.06	7.35	6.93	11.89	11.02	10.56	146.28	278.01	408.71
69	8.38	7.67	7.24	12.40	11.52	11.03	150.99	286.91	421.80
70	8.67	7.95	7.51	12.87	11.98	11.48	155.71	295.82	434.90
71	8.97	8.25	7.80	13.41	12.50	11.98	160.41	304.72	447.99
72	9.26	8.55	8.09	13.90	12.98	12.46	165.00	313.50	460.82
73	9.57	8.85	8.38	14.37	13.45	12.91	169.46	322.01	473.40
74	9.84	9.11	8.64	14.83	13.89	13.34	173.78	330.26	485.44
75	10.10	9.36	8.89	15.25	14.30	13.74	177.97	338.12	497.09
76	10.32	9.59	9.12	15.64	14.67	14.11	181.90	345.72	508.09
77	10.56	9.81	9.32	16.01	15.02	14.44	185.69	352.78	518.57
78	10.72	9.99	9.50	16.32	15.33	14.75	189.09	359.34	528.26
79	10.90	10.16	9.67	16.60	15.61	15.02	192.37	365.49	537.30
80	11.04	10.31	9.82	16.86	15.85	15.25	195.25	370.99	545.41
81	11.17	10.43	9.93	17.04	16.03	15.44	197.87	376.09	552.88
82	11.27	10.52	10.03	17.21	16.19	15.59	200.22	380.55	559.30
83	11.38	10.63	10.12	17.38	16.35	15.74	202.32	384.34	564.93
84	11.47	10.72	10.22	17.53	16.50	15.89	203.90	387.49	569.51
85	11.57	10.83	10.31	17.71	16.68	16.06	205.21	389.84	573.05

Lump Sum Cancer Rider					Skilled Nursing Facility Rider (Days 21-100)
AGE	\$2,500	\$5,000	\$7,500	\$10,000	\$120/Day
64 1/2	69.80	139.60	209.40	279.20	92.38
65	69.80	139.60	209.40	279.20	92.38
66	69.80	139.60	209.40	279.20	102.62
67	69.80	139.60	209.40	279.20	114.52
68	69.80	139.60	209.40	279.20	128.33
69	69.80	139.60	209.40	279.20	144.05
70	79.58	159.15	238.73	318.30	161.79
71	79.58	159.15	238.73	318.30	183.10
72	79.58	159.15	238.73	318.30	205.83
73	79.58	159.15	238.73	318.30	230.24
74	79.58	159.15	238.73	318.30	256.90
75	86.05	172.10	258.15	344.20	285.83
76	86.05	172.10	258.15	344.20	317.62
77	86.05	172.10	258.15	344.20	352.50
78	86.05	172.10	258.15	344.20	390.95
79	86.05	172.10	258.15	344.20	432.98
80	N/A	N/A	N/A	N/A	479.40
81	N/A	N/A	N/A	N/A	532.74
82	N/A	N/A	N/A	N/A	592.14
83	N/A	N/A	N/A	N/A	658.33
84	N/A	N/A	N/A	N/A	731.90
85	N/A	N/A	N/A	N/A	813.21

Outpatient Surgical Rider					Ambulance Rider
AGE	\$250	\$500	\$750	\$1,000	\$200 per service
64 1/2	177.50	355.00	532.50	710.00	40.00
65	177.50	355.00	532.50	710.00	40.00
66	180.25	360.50	540.75	721.00	40.00
67	183.25	366.50	549.75	733.00	40.00
68	186.25	372.50	558.75	745.00	40.00
69	189.25	378.50	567.75	757.00	40.00
70	192.00	384.00	576.00	768.00	40.00
71	192.25	384.50	576.75	769.00	40.00
72	192.50	385.00	577.50	770.00	40.00
73	192.50	385.00	577.50	770.00	40.00
74	192.75	385.50	578.25	771.00	40.00
75	193.00	386.00	579.00	772.00	40.00
76	193.00	386.00	579.00	772.00	40.00
77	193.00	386.00	579.00	772.00	40.00
78	193.00	386.00	579.00	772.00	40.00
79	193.00	386.00	579.00	772.00	40.00
80	193.00	386.00	579.00	772.00	40.00
81	193.00	386.00	579.00	772.00	N/A
82	193.00	386.00	579.00	772.00	N/A
83	193.00	386.00	579.00	772.00	N/A
84	193.00	386.00	579.00	772.00	N/A
85	193.00	386.00	579.00	772.00	N/A

GUARANTEE TRUST LIFE ADVANTAGE PLUS UNDERWRITING GUIDE

UNDERWRITING

1. The maximum benefit amount is \$600/day. The minimum amount varies by state.
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 93 days from the application date or prior to the application date.
4. If both spouses apply for coverage, only one application fee is required.
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. If available in the applicant's state, the medical questions do not need to be answered if the applicant is between the ages of 64 ½ and 65 ½ 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. The agent must be health licensed and use the state approved application in the state where the applicant has permanent residency.
7. Applicant must be a U.S. citizen or hold a "green card" (permanent resident of US).
8. 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.
9. A Power of Attorney (POA) is not acceptable for this product.

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 coverage, a new, completed application must be submitted.
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. We can add the Cancer rider to an existing policy in the states where the rider is approved. A currently dated application needs to be completed to request the addition of the Cancer rider. The Cancer rider cannot exceed the allowable benefit for all policies in force or applied for.

CANCEL/REWRITES

1. If the policyholder wants to change to a 3 or 6 day benefit period, we will cancel/rewrite with the following provisions: Commissions will be paid on a renewal basis and contestability starts over.

ADVANTAGE PLUS 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.)
- E-application/Mobile Phone/Tablet/PC-Windows 10 (Download the GTL APP)
- 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

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.**