

Short-Term Home Health Care Insurance

AGENT RATES & UNDERWRITING GUIDE Basic–Annual & Monthly

FOR AGENT USE ONLY

UNDERWRITTEN BY:
Guarantee Trust Life Insurance Company

GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)
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(Rev. 2/24) 15D935

Guarantee Trust Life Insurance Company

Short - Term Home Health Care

Rate Calculation Worksheet

Step 1. Determine rates for Applicant's age				Step 1. Determine rates for Spouse's age			
Plan <input type="checkbox"/> Option A <input type="checkbox"/> Option B <input type="checkbox"/> Option C				Plan <input type="checkbox"/> Option A <input type="checkbox"/> Option B <input type="checkbox"/> Option C			
\$ _____				\$ _____			
Step 2. Find your \$3,500 Caregiver Rate \$ _____				Find your \$3,500 Caregiver Rate \$ _____			
Step 3. Add Base + Caregiver Rate \$ _____				Add Base + Caregiver Rate \$ _____			
Step 4. Choose optional benefits Applicant 1				Choose optional benefits Applicant 2			
Accident and Sickness Hospitalization Rider*	Option A:	Option B:	Option C:	Accident and Sickness Hospitalization Rider*	Option A:	Option B:	Option C:
Daily Benefit Amount: (Choose one)	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100 <input type="checkbox"/> \$200	<input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$300	Daily Benefit Amount: (Choose one)	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100 <input type="checkbox"/> \$200	<input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$300
Benefit Period: (Choose one)	<input type="checkbox"/> 3 Days <input type="checkbox"/> 6 Days	<input type="checkbox"/> 3 Days <input type="checkbox"/> 6 Days	<input type="checkbox"/> 3 Days <input type="checkbox"/> 6 Days	Benefit Period: (Choose one)	<input type="checkbox"/> 3 Days <input type="checkbox"/> 6 Days	<input type="checkbox"/> 3 Days <input type="checkbox"/> 6 Days	<input type="checkbox"/> 3 Days <input type="checkbox"/> 6 Days
*(HIP option must follow base option.)				*(HIP option must follow base option.)			
Modal Premium \$ _____				Modal Premium \$ _____			
Ambulance Rider (Maximum issue age is 80)	<input type="checkbox"/> Modal Premium \$ _____			Ambulance Rider (Maximum issue age is 80)	<input type="checkbox"/> Modal Premium \$ _____		
Critical Accident Rider**	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000		Critical Accident Rider**	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	
Modal Premium \$ _____				Modal Premium \$ _____			
Dental and Vision Rider**	<input type="checkbox"/> \$400	<input type="checkbox"/> \$800	<input type="checkbox"/> \$1,200	Dental and Vision Rider**	<input type="checkbox"/> \$400	<input type="checkbox"/> \$800	<input type="checkbox"/> \$1,200
Modal Premium \$ _____				Modal Premium \$ _____			

**Dental/Vision Rider not available in GA, MD, MO, and OR. Critical Accident Rider not available in MI, MD, MT and WY.
ROP Rider not available in GA and MD.

Step 5.	SUBTOTAL Base and Riders, All Applicants (Add total of steps 3-4 for both applicant)	\$ _____
Step 6.	Return of Premium Benefit Rider Factor	_____ . _____ ROP Factor
Step 7.	Return of Premium (If ROP elected, multiply step 5 by 6)	\$ _____
Step 8.	Annual Policy Fee (\$20.00) / Monthly Policy Fee (\$1.67) – One per applicant	\$ _____
	Total Fees	
Step 9.	Total Premium (with ROP, add steps 5, 7 & 8. If no ROP, add steps 5 & 8)	\$ _____
Step 10.	Enter Mode Factor*** (Annual 1.0, Semi-annual 0.50, Quarterly 0.25, Monthly Bank Draft 0.08333)	_____ . _____ Mode Factor (If needed)
Step 11.	Total Modal Premium** (multiply step 9 by step 10)	\$ _____

*** If monthly rate sheet used, stop at step 9.

STEP 1: BASE PLAN MONTHLY RATES

(Rates do not include a \$1.67 Monthly Policy Fee.)

	Home Health Care Daily Benefit Options		
	Option A	Option B	Option C
ATTAINED AGE*	\$150 Daily Max	\$300 Daily Max	\$450 Daily Max
61-64	\$19.42	\$38.84	\$59.76
65-70	\$22.87	\$45.74	\$70.84
71-75	\$31.18	\$62.36	\$97.76
76-80	\$41.81	\$83.63	\$134.48
81-85	\$55.59	\$111.18	\$182.21

***Base plan monthly rates are attained age.**

STEP 2: FIND YOUR MONTHLY \$3,500 CAREGIVER RATE

(Caregiver Rates are issue age and do not increase as your client ages)

ISSUE AGE	Monthly	ISSUE AGE	Monthly
61	\$4.51	73	\$10.66
62	\$4.81	74	\$11.40
63	\$5.16	75	\$12.13
64	\$5.53	76	\$12.89
65	\$5.94	77	\$13.63
66	\$6.39	78	\$14.36
67	\$6.88	79	\$15.09
68	\$7.42	80	\$15.59
69	\$8.01	81	\$16.23
70	\$8.62	82	\$16.83
71	\$9.26	83	\$17.40
72	\$9.95	84+	\$17.95

STEP 3: ADD STEP 1 + 2 TO DETERMINE YOUR BASE RATE.

(Does not include monthly policy fee of \$1.67)

STEP 4: MONTHLY RIDER RATES (IF APPLICABLE)

Accident & Sickness Hospitalization Rider— Monthly Rates						
ATTAINED AGE*	\$100 BENEFIT		\$200 BENEFIT		\$300 BENEFIT	
	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY
61 - 64	\$5.38	\$7.50	\$10.77	\$15.00	\$16.15	\$22.50
65 - 70	\$5.63	\$8.12	\$11.27	\$16.25	\$16.90	\$24.37
71 - 75	\$6.71	\$9.78	\$13.42	\$19.57	\$20.12	\$29.35
76 - 80	\$8.55	\$12.55	\$17.10	\$25.10	\$25.65	\$37.65
81 - 85	\$10.20	\$15.17	\$20.40	\$30.33	\$30.60	\$45.50

Critical Accident Rider**- Monthly Rates				
ISSUE AGE	FEMALE		MALE	
	\$5,000	\$10,000	\$5,000	\$10,000
61 - 64	\$2.46	\$4.92	\$1.79	\$3.58
65 - 69	\$3.25	\$6.50	\$2.29	\$4.58
70 - 74	\$4.46	\$8.92	\$3.08	\$6.17
75 - 79	\$6.21	\$12.42	\$4.42	\$8.83
80 - 84	\$8.67	\$17.33	\$6.62	\$13.25
85	\$11.33	\$22.67	\$9.42	\$18.83

*ASH Rider monthly rates are attained age.

**Not available in MI, MD, MT and WY.

Dental and Vision Rider*** - Monthly Rates			
ISSUE AGE	MALE OR FEMALE		
	\$400	\$800	\$1,200
61 - 65	\$26.58	\$32.00	\$36.92
66 - 70	\$28.25	\$33.58	\$38.17
71 - 75	\$29.92	\$34.83	\$39.42
76 - 80	\$31.58	\$36.08	\$40.67
81 - 85	\$33.25	\$37.42	\$42.08

***Not available in GA, MD, MO and OR.

Ambulance Rider	
Issue Age	Premium
61 - 69	\$3.08
70 - 80	\$4.83

MODAL FACTORS	
Monthly	0.08333
Quarterly	0.25000
Semi Annual	0.50000
Annual	1.00000

Return of Premium Rider****	
RETURN OF PREMIUM PERIOD AND ROP FACTOR	
Age	Upon Death
61-64	0.45
65-69	0.60
70-75	0.80

**** Not available in GA and MD.

MONTHLY POLICY FEE	
\$1.67	

STEP 1: BASE PLAN ANNUAL RATES

(Rates do not include a \$20 Annual Policy Fee.)

	Home Health Care Daily Benefit Options		
	Option A	Option B	Option C
ATTAINED AGE*	\$150 Daily Max	\$300 Daily Max	\$450 Daily Max
61-64	\$233.03	\$466.06	\$717.15
65-70	\$274.45	\$548.90	\$850.07
71-75	\$374.15	\$748.30	\$1,173.13
76-80	\$501.80	\$1,003.60	\$1,613.78
81-85	\$667.12	\$1,334.24	\$2,186.60

***Base plan annual rates are attained age.**

STEP 2: FIND YOUR ANNUAL \$3,500 CAREGIVER RATE

(Caregiver Rates are issue age and do not increase as your client ages)

ISSUE AGE	Annual	ISSUE AGE	Annual
61	\$54.08	73	\$127.93
62	\$57.75	74	\$136.85
63	\$61.95	75	\$145.60
64	\$66.33	76	\$154.70
65	\$71.23	77	\$163.63
66	\$76.65	78	\$172.38
67	\$82.60	79	\$181.13
68	\$89.08	80	\$187.08
69	\$96.08	81	\$194.78
70	\$103.43	82	\$201.95
71	\$111.13	83	\$208.78
72	\$119.35	84+	\$215.43

STEP 3: ADD STEP 1 + 2 TO DETERMINE YOUR BASE RATE.

(Does not include annual policy fee of \$20)

STEP 4: ANNUAL RIDER RATES (IF APPLICABLE)

Accident & Sickness Hospitalization Rider— Annual Rates						
ATTAINED AGE*	\$100 BENEFIT		\$200 BENEFIT		\$300 BENEFIT	
	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY
61 - 64	\$64.60	\$90.00	\$129.20	\$180.00	\$193.80	\$270.00
65 - 70	\$67.60	\$97.50	\$135.20	\$195.00	\$202.80	\$292.50
71 - 75	\$80.50	\$117.40	\$161.00	\$234.80	\$241.50	\$352.20
76 - 80	\$102.60	\$150.60	\$205.20	\$301.20	\$307.80	\$451.80
81 - 85	\$122.40	\$182.00	\$244.80	\$364.00	\$367.20	\$546.00

Critical Accident Rider** - Annual Rates				
ISSUE AGE	FEMALE		MALE	
	\$5,000	\$10,000	\$5,000	\$10,000
61 - 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

***ASH Rider annual rates are attained age.**

****Not available in MI, MD, MT and WY.**

Dental and Vision Rider*** - Annual Rates			
ISSUE AGE	MALE OR FEMALE		
	\$400	\$800	\$1,200
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

*****Not available in GA, MD, MO and OR.**

Ambulance Rider	
Issue Age	Premium
61 - 69	\$37.00
70 - 80	\$58.00

MODAL FACTORS	
Monthly	0.08333
Quarterly	0.25000
Semi Annual	0.50000
Annual	1.00000

Return of Premium Rider****	
RETURN OF PREMIUM PERIOD AND ROP FACTOR	
Age	Upon Death
61-64	0.45
65-69	0.60
70-75	0.80

****** Not available in GA and MD.**

ANNUAL POLICY FEE
\$20.00

GTL Short Term Home Health Care with T-Care/Caregiver Underwriting Guide

Issue Ages: 61-85

Benefit Amounts: \$150, \$300, \$450 Max Per Day

1. The applicant 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. We will not consider any applicant without one.
2. The agent must be health licensed and use the state approved application in the state where the applicant has permanent residency.
3. If the application is over 31 days old when received by the Company, a new currently dated Application will be required.
4. The effective date cannot be more than 90 days from the application date or prior to the application date.
5. The draft day cannot be more than 15 days before or after the effective date.
6. Insurability will be determined by the answers to the medical questions. If any answer is yes, the applicant does not qualify. Also, if the applicant has any prior GTL/UNL coverage, claim history will be reviewed in determining insurability.
7. The applicant can only have one Short Term Home Health Care in force at any one time, but replacements are allowed. If new or additional coverage is desired, a new application must be completed and the applicant must meet underwriting standards. This will also be subject to a new pre-existing and contestability period (but anything previously satisfied under the prior plan claims would be able to manually adjudicate.) (Note: We do not permit replacement of a policy written by another agent.) The current age of the applicant will be used to determine premium rates.

Note: Commissions on increased premium will be paid on a renewal basis.

8. The Maximum coverage for this plan is Option C (\$450). If the applicant wants additional home health coverage, please see the Maximum Home Health Care Benefit Chart.
9. The maximum ambulance benefit (combined between two policies or combined between GTL & UNL) is \$400.
10. The applicant can have only one Dental Vision Rider. If the applicant has a Dental Vision Rider (or plan) with another GTL policy, this rider cannot be sold with this plan.
11. The maximum Hospital Indemnity/Accident & Sickness Hospitalization Rider benefit for this plan is \$300/day between all products (GTL & UNL) that have this same Rider.
12. Riders must be sold within the base option applied for. For example, if applying for Option A, only riders listed in Option A can be applied for.

13. While the height and weight are asked for on the application, at this time they will not be used in underwriting the application.
14. A policy can be considered for reinstatement if not lapsed more than 6 months. If more than 6 months, a new application needs to be submitted.
15. The base Short-Term Home Health Care rates (and Accident & Sickness Hospitalization Rider) are based on **Attained Age** and will increase upon the policyholder anniversary date (see rate sheet). **Attained Age** increases (if applicable) will occur at age 86 and older— rates are below. Caregiver Rates are issue age and do not increase with age.
16. Return of Premium Rider only available on new policies. It cannot be added to existing policies.
17. A Power of Attorney (POA/Guardianship) is not acceptable for this product.

Base Rates for age 86-90+:

BASE PLAN MONTHLY RATES:

(Rates do not include a \$1.67 Annual Policy Fee.)

Home Health Care Daily Benefit Options			
	Option A	Option B	Option C
ATTAINED AGE*	\$150 Daily Max	\$300 Daily Max	\$450 Daily Max
86+	\$72.04	\$ 144.07	\$239.54

BASE PLAN ANNUAL RATES:

(Rates do not include a \$20.00 Annual Policy Fee.)

Home Health Care Daily Benefit Options			
	Option A	Option B	Option C
ATTAINED AGE*	\$150 Daily Max	\$300 Daily Max	\$450 Daily Max
86+	\$864.48	\$1,728.96	\$2,874.56

Caregiver Rates	
ISSUE AGE	Monthly
84+	\$17.95

Caregiver Rates	
ISSUE AGE	Annual
84+	\$215.43

Add Base Plan Rates and Caregiver Rates to determine the base rate.

Accident & Sickness Hospitalization Rider — Monthly Rates						
ATTAINED AGE*	\$100 BENEFIT / AGES 61-85		\$200 BENEFIT / AGES 61-85		\$300 BENEFIT / AGES 61-85	
	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY
86-90	\$13.07	\$19.50	\$26.13	\$39.00	\$39.20	\$58.50
91-95	\$18.80	\$28.17	\$37.60	\$56.33	\$56.40	\$84.50
96+	\$28.89	\$43.31	\$57.78	\$86.61	\$86.67	\$129.92

Accident & Sickness Hospitalization Rider — Annual Rates						
ATTAINED AGE*	\$100 BENEFIT / AGES 61-85		\$200 BENEFIT / AGES 61-85		\$300 BENEFIT / AGES 61-85	
	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY
86-90	\$156.80	\$234.00	\$313.60	\$468.00	\$470.40	\$702.00
91-95	\$225.60	\$338.00	\$451.20	\$676.00	\$676.80	\$1,014.00
96+	\$346.70	\$519.70	\$693.40	\$1,039.40	\$1,040.10	\$1,559.10

MAXIMUM HOME HEALTH CARE COVERAGE BASED ON THE SHORT-TERM HOME HEALTH CARE WITH T-CARE/CAREGIVER BENEFIT

(Products not available in all states. Please check out GTLIC.com for state availability.)

If Recover Cash Home Health Care Rider:	
\$1,100-\$1,400/week	NO other Home Health Care Coverage/Riders Allowed

If Recover Cash Home Health Care Rider: (sold in \$50 increments)	Maximum Short-Term Home Health Care with T-Care allowed:
\$750-\$1,050/week	Option A only
\$400-\$700/week	Option A or B only
\$350 or less/week	Option A, B, or C

If Prior Recover Cash Home Health Care Rider (Benefit amounts: \$25-\$75):	Recover Cash Home Health Care Rider with T-Care allowed:
\$75/180 Days	Maximum of \$1,100/week

If Short-Term Home Health Care with T-Care:	Recover Cash Home Health Care Rider with T-Care allowed:
Option C	Maximum of \$350/week
Option B	Maximum of \$700/week
Option A	Maximum of \$1,050/week
If Home Care Secure:	Recover Cash Home Health Care Rider with T-Care allowed:
\$60,000 Maximum Benefit	\$200/week

If Short-Term Home Health Care with T-Care:	Home Care Secure allowed:
Option C	N/A
Option B	Maximum HCS: \$30,000
Option A	Maximum HCS: \$50,000

If Home Care Secure:	Short-Term Home Health Care with T-Care:
\$60,000	N/A
\$50,000-\$40,000	Option A only
\$30,000 or less	Option A or B

Applicant can now have multiple Home Health Care Policies/Riders not to exceed \$72,800/Year.

SHORT TERM HOME HEALTH CARE 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!