



Cancer, Heart Attack and Stroke Insurance

AGENT RATE AND UNDERWRITING GUIDE CONNECTICUT - ANNUAL

FOR AGENT USE ONLY

UNDERWRITTEN BY:
Guarantee Trust Life Insurance Company

GUARANTEE TRUST LIFE INSURANCE COMPANY
1275 Milwaukee Avenue, Glenview, IL 60025
www.gtlc.com | 800.323.6907
(Rev. 9/20 15D709)

CANCER COVERAGE PREMIUM CALCULATION WORKSHEET

1. Choose your coverage:	
Lump Sum Cancer Coverage <i>OR</i>	\$ _____
Lump Sum Cancer Coverage with Lump Sum Heart Attack/Stroke Rider <i>OR</i>	\$ _____
Lump Sum Cancer with Recurrence Benefit Rider <i>OR</i>	\$ _____
Lump Sum Cancer with Heart Attack/Stroke Rider and Recurrence Benefit Rider	\$ _____
2. Cancer Benefit Builder Rider (<i>Includes Skin Cancer and Annual Wellness Benefits</i>)	
3. Heart Attack/Stroke Benefit Builder Rider	\$ _____
4. Child Cancer Benefit Rider	\$ _____
5. Child Heart Attack/Stroke Benefit Rider	\$ _____
6. Intensive Care Benefit Rider	\$ _____
7. Critical Accident Benefit Rider	\$ _____
8. Dental/Vision Benefit Rider	\$ _____
9. Sub Total	\$ _____
10. Return of Premium Benefit Rider Factor	_____ · _____ ROP Factor
11. Return of Premium (<i>If ROP elected, multiply step 9 by 10</i>)	\$ _____
12. Annual Policy Fee	\$ 25.00
13. Total Premium (<i>With ROP, add steps 9, 11 & 12. If no ROP, add steps 9 & 12</i>)	\$ _____
14. Enter Modal Factor (<i>Monthly PAC=.08333, Quarterly = .25, Semi Annual = .50</i>)	_____ · _____ Mode Factor (If Needed)
15. Total Modal Premium	\$ _____

The minimum annual benefit premium must be at least \$180 (\$15 monthly) including any riders and the policy fee.

HEART ATTACK & STROKE PREMIUM CALCULATION WORKSHEET

1. Lump Sum Heart Attack/Stroke Coverage <i>OR</i> Lump Sum Heart Attack/Stroke Coverage with Recurrence Benefit Rider	\$ _____ \$ _____
2. Heart Attack/Stroke Benefit Builder Rider	\$ _____
3. Child Cancer Benefit Rider	\$ _____
4. Child Heart Attack/Stroke Benefit Rider	\$ _____
5. Intensive Care Benefit Rider	\$ _____
6. Critical Accident Benefit Rider	\$ _____
7. Dental/Vision Benefit Rider	\$ _____
8. Sub Total	\$ _____
9. Return of Premium Benefit Rider Factor	_____. ____ ROP Factor
10. Return of Premium (<i>If ROP is elected, multiply step 8 by step 9</i>)	\$ _____
11. Annual Policy Fee	\$ 25.00
12. Total Premium (<i>With ROP, add steps 8, 10 & 11. If no ROP, add steps 8 & 11</i>)	\$ _____
13. Enter Modal Factor (<i>Monthly PAC=0.08333, Quarterly = .25, Semi Annual = .50</i>)	_____. ____ Mode Factor (If Needed)
14. Total Modal Premium	\$ _____

The minimum annual benefit premium must be at least \$180 (\$15 monthly) including any riders and the policy fee.

Cancer Policy - No Recurrence - Annual Rates

Cancer Policy - No Recurrence

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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$12.50	\$25.00	\$37.50	\$50.00	\$75.00	\$100.00	\$125.00	\$150.00	\$175.00	\$200.00	\$225.00	\$250.00	\$275.00	\$300.00	\$325.00	\$350.00	\$375.00
25 - 29	\$15.00	\$30.00	\$45.00	\$60.00	\$90.00	\$120.00	\$150.00	\$180.00	\$210.00	\$240.00	\$270.00	\$300.00	\$330.00	\$360.00	\$390.00	\$420.00	\$450.00
30 - 34	\$17.50	\$35.00	\$52.50	\$70.00	\$105.00	\$140.00	\$175.00	\$210.00	\$245.00	\$280.00	\$315.00	\$350.00	\$385.00	\$420.00	\$455.00	\$490.00	\$525.00
35 - 39	\$20.00	\$40.00	\$60.00	\$80.00	\$120.00	\$160.00	\$200.00	\$240.00	\$280.00	\$320.00	\$360.00	\$400.00	\$440.00	\$480.00	\$520.00	\$560.00	\$600.00
40 - 44	\$22.50	\$45.00	\$67.50	\$90.00	\$135.00	\$180.00	\$225.00	\$270.00	\$315.00	\$360.00	\$405.00	\$450.00	\$495.00	\$540.00	\$585.00	\$630.00	\$675.00
45 - 49	\$32.50	\$65.00	\$97.50	\$130.00	\$195.00	\$260.00	\$325.00	\$390.00	\$455.00	\$520.00	\$585.00	\$650.00	\$715.00	\$780.00	\$845.00	\$910.00	\$975.00
50 - 54	\$40.00	\$80.00	\$120.00	\$160.00	\$240.00	\$320.00	\$400.00	\$480.00	\$560.00	\$640.00	\$720.00	\$800.00	\$880.00	\$960.00	\$1,040.00	\$1,120.00	\$1,200.00
55 - 59	\$50.00	\$100.00	\$150.00	\$200.00	\$300.00	\$400.00	\$500.00	\$600.00	\$700.00	\$800.00	\$900.00	\$1,000.00	\$1,100.00	\$1,200.00	\$1,300.00	\$1,400.00	\$1,500.00
60 - 64	\$60.00	\$120.00	\$180.00	\$240.00	\$360.00	\$480.00	\$600.00	\$720.00	\$840.00	\$960.00	\$1,080.00	\$1,200.00	\$1,320.00	\$1,440.00	\$1,560.00	\$1,680.00	\$1,800.00
65 - 69*	\$67.50	\$135.00	\$202.50	\$270.00	\$405.00	\$540.00	\$675.00	\$810.00	\$945.00	\$1,080.00	\$1,215.00	\$1,350.00	\$1,485.00	\$1,620.00	\$1,755.00	\$1,890.00	\$2,025.00
70 - 74*	\$75.00	\$150.00	\$225.00	\$300.00	\$450.00	\$600.00	\$750.00	\$900.00	\$1,050.00	\$1,200.00	\$1,350.00	\$1,500.00	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$85.00	\$170.00	\$255.00	\$340.00	\$510.00	\$680.00	\$850.00	\$1,020.00	\$1,190.00	\$1,360.00	\$1,530.00	\$1,700.00	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$90.00	\$180.00	\$270.00	\$360.00	\$540.00	\$720.00	\$900.00	\$1,080.00	\$1,260.00	\$1,440.00	\$1,620.00	\$1,800.00	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$100.00	\$200.00	\$300.00	\$400.00	\$600.00	\$800.00	\$1,000.00	\$1,200.00	\$1,400.00	\$1,600.00	\$1,800.00	\$2,000.00	N/A	N/A	N/A	N/A	N/A

Cancer Policy - No Recurrence

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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$12.50	\$25.00	\$37.50	\$50.00	\$75.00	\$100.00	\$125.00	\$150.00	\$175.00	\$200.00	\$225.00	\$250.00	\$275.00	\$300.00	\$325.00	\$350.00	\$375.00
25 - 29	\$15.00	\$30.00	\$45.00	\$60.00	\$90.00	\$120.00	\$150.00	\$180.00	\$210.00	\$240.00	\$270.00	\$300.00	\$330.00	\$360.00	\$390.00	\$420.00	\$450.00
30 - 34	\$15.00	\$30.00	\$45.00	\$60.00	\$90.00	\$120.00	\$150.00	\$180.00	\$210.00	\$240.00	\$270.00	\$300.00	\$330.00	\$360.00	\$390.00	\$420.00	\$450.00
35 - 39	\$20.00	\$40.00	\$60.00	\$80.00	\$120.00	\$160.00	\$200.00	\$240.00	\$280.00	\$320.00	\$360.00	\$400.00	\$440.00	\$480.00	\$520.00	\$560.00	\$600.00
40 - 44	\$25.00	\$50.00	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00	\$300.00	\$350.00	\$400.00	\$450.00	\$500.00	\$550.00	\$600.00	\$650.00	\$700.00	\$750.00
45 - 49	\$35.00	\$70.00	\$105.00	\$140.00	\$210.00	\$280.00	\$350.00	\$420.00	\$490.00	\$560.00	\$630.00	\$700.00	\$770.00	\$840.00	\$910.00	\$980.00	\$1,050.00
50 - 54	\$47.50	\$95.00	\$142.50	\$190.00	\$285.00	\$380.00	\$475.00	\$570.00	\$665.00	\$760.00	\$855.00	\$950.00	\$1,045.00	\$1,140.00	\$1,235.00	\$1,330.00	\$1,425.00
55 - 59	\$62.50	\$125.00	\$187.50	\$250.00	\$375.00	\$500.00	\$625.00	\$750.00	\$875.00	\$1,000.00	\$1,125.00	\$1,250.00	\$1,375.00	\$1,500.00	\$1,625.00	\$1,750.00	\$1,875.00
60 - 64	\$75.00	\$150.00	\$225.00	\$300.00	\$450.00	\$600.00	\$750.00	\$900.00	\$1,050.00	\$1,200.00	\$1,350.00	\$1,500.00	\$1,650.00	\$1,800.00	\$1,950.00	\$2,100.00	\$2,250.00
65 - 69*	\$85.00	\$170.00	\$255.00	\$340.00	\$510.00	\$680.00	\$850.00	\$1,020.00	\$1,190.00	\$1,360.00	\$1,530.00	\$1,700.00	\$1,870.00	\$2,040.00	\$2,210.00	\$2,380.00	\$2,550.00
70 - 74*	\$97.50	\$195.00	\$292.50	\$390.00	\$585.00	\$780.00	\$975.00	\$1,170.00	\$1,365.00	\$1,560.00	\$1,755.00	\$1,950.00	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$110.00	\$220.00	\$330.00	\$440.00	\$660.00	\$880.00	\$1,100.00	\$1,320.00	\$1,540.00	\$1,760.00	\$1,980.00	\$2,200.00	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$117.50	\$235.00	\$352.50	\$470.00	\$705.00	\$940.00	\$1,175.00	\$1,410.00	\$1,645.00	\$1,880.00	\$2,115.00	\$2,350.00	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$130.00	\$260.00	\$390.00	\$520.00	\$780.00	\$1,040.00	\$1,300.00	\$1,560.00	\$1,820.00	\$2,080.00	\$2,340.00	\$2,600.00	N/A	N/A	N/A	N/A	N/A

The minimum annual benefit premium must be at least \$180 (\$15 monthly) 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.

*Maximum Benefit for ages 66-90 is \$50,000.

Cancer Policy - with Heart Attack & Stroke Rider- No Recurrence - Annual Rates

Cancer Policy - with Heart Attack & Stroke Rider - No Recurrence

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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$17.50	\$35.00	\$52.50	\$70.00	\$105.00	\$140.00	\$175.00	\$210.00	\$245.00	\$280.00	\$315.00	\$350.00	\$385.00	\$420.00	\$455.00	\$490.00	\$525.00
25 - 29	\$22.50	\$45.00	\$67.50	\$90.00	\$135.00	\$180.00	\$225.00	\$270.00	\$315.00	\$360.00	\$405.00	\$450.00	\$495.00	\$540.00	\$585.00	\$630.00	\$675.00
30 - 34	\$27.50	\$55.00	\$82.50	\$110.00	\$165.00	\$220.00	\$275.00	\$330.00	\$385.00	\$440.00	\$495.00	\$550.00	\$605.00	\$660.00	\$715.00	\$770.00	\$825.00
35 - 39	\$32.50	\$65.00	\$97.50	\$130.00	\$195.00	\$260.00	\$325.00	\$390.00	\$455.00	\$520.00	\$585.00	\$650.00	\$715.00	\$780.00	\$845.00	\$910.00	\$975.00
40 - 44	\$40.00	\$80.00	\$120.00	\$160.00	\$240.00	\$320.00	\$400.00	\$480.00	\$560.00	\$640.00	\$720.00	\$800.00	\$880.00	\$960.00	\$1,040.00	\$1,120.00	\$1,200.00
45 - 49	\$55.00	\$110.00	\$165.00	\$220.00	\$330.00	\$440.00	\$550.00	\$660.00	\$770.00	\$880.00	\$990.00	\$1,100.00	\$1,210.00	\$1,320.00	\$1,430.00	\$1,540.00	\$1,650.00
50 - 54	\$70.00	\$140.00	\$210.00	\$280.00	\$420.00	\$560.00	\$700.00	\$840.00	\$980.00	\$1,120.00	\$1,260.00	\$1,400.00	\$1,540.00	\$1,680.00	\$1,820.00	\$1,960.00	\$2,100.00
55 - 59	\$90.00	\$180.00	\$270.00	\$360.00	\$540.00	\$720.00	\$900.00	\$1,080.00	\$1,260.00	\$1,440.00	\$1,620.00	\$1,800.00	\$1,980.00	\$2,160.00	\$2,340.00	\$2,520.00	\$2,700.00
60 - 64	\$112.50	\$225.00	\$337.50	\$450.00	\$675.00	\$900.00	\$1,125.00	\$1,350.00	\$1,575.00	\$1,800.00	\$2,025.00	\$2,250.00	\$2,475.00	\$2,700.00	\$2,925.00	\$3,150.00	\$3,375.00
65 - 69*	\$132.50	\$265.00	\$397.50	\$530.00	\$795.00	\$1,060.00	\$1,325.00	\$1,590.00	\$1,855.00	\$2,120.00	\$2,385.00	\$2,650.00	\$2,915.00	\$3,180.00	\$3,445.00	\$3,710.00	\$3,975.00
70 - 74*	\$152.50	\$305.00	\$457.50	\$610.00	\$915.00	\$1,220.00	\$1,525.00	\$1,830.00	\$2,135.00	\$2,440.00	\$2,745.00	\$3,050.00	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$185.00	\$370.00	\$555.00	\$740.00	\$1,110.00	\$1,480.00	\$1,850.00	\$2,220.00	\$2,590.00	\$2,960.00	\$3,330.00	\$3,700.00	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$220.00	\$440.00	\$660.00	\$880.00	\$1,320.00	\$1,760.00	\$2,200.00	\$2,640.00	\$3,080.00	\$3,520.00	\$3,960.00	\$4,400.00	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$250.00	\$500.00	\$750.00	\$1,000.00	\$1,500.00	\$2,000.00	\$2,500.00	\$3,000.00	\$3,500.00	\$4,000.00	\$4,500.00	\$5,000.00	N/A	N/A	N/A	N/A	N/A

Cancer Policy - with Heart Attack & Stroke Rider - No Recurrence

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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$18.00	\$36.00	\$54.00	\$72.00	\$108.00	\$144.00	\$180.00	\$216.00	\$252.00	\$288.00	\$324.00	\$360.00	\$396.00	\$432.00	\$468.00	\$504.00	\$540.00
25 - 29	\$23.25	\$46.50	\$69.75	\$93.00	\$139.50	\$186.00	\$232.50	\$279.00	\$325.50	\$372.00	\$418.50	\$465.00	\$511.50	\$558.00	\$604.50	\$651.00	\$697.50
30 - 34	\$27.25	\$54.50	\$81.75	\$109.00	\$163.50	\$218.00	\$272.50	\$327.00	\$381.50	\$436.00	\$490.50	\$545.00	\$599.50	\$654.00	\$708.50	\$763.00	\$817.50
35 - 39	\$36.75	\$73.50	\$110.25	\$147.00	\$220.50	\$294.00	\$367.50	\$441.00	\$514.50	\$588.00	\$661.50	\$735.00	\$808.50	\$882.00	\$955.50	\$1,029.00	\$1,102.50
40 - 44	\$47.75	\$95.50	\$143.25	\$191.00	\$286.50	\$382.00	\$477.50	\$573.00	\$668.50	\$764.00	\$859.50	\$955.00	\$1,050.50	\$1,146.00	\$1,241.50	\$1,337.00	\$1,432.50
45 - 49	\$64.25	\$128.50	\$192.75	\$257.00	\$385.50	\$514.00	\$642.50	\$771.00	\$899.50	\$1,028.00	\$1,156.50	\$1,285.00	\$1,413.50	\$1,542.00	\$1,670.50	\$1,799.00	\$1,927.50
50 - 54	\$85.25	\$170.50	\$255.75	\$341.00	\$511.50	\$682.00	\$852.50	\$1,023.00	\$1,193.50	\$1,364.00	\$1,534.50	\$1,705.00	\$1,875.50	\$2,046.00	\$2,216.50	\$2,387.00	\$2,557.50
55 - 59	\$112.50	\$225.00	\$337.50	\$450.00	\$675.00	\$900.00	\$1,125.00	\$1,350.00	\$1,575.00	\$1,800.00	\$2,025.00	\$2,250.00	\$2,475.00	\$2,700.00	\$2,925.00	\$3,150.00	\$3,375.00
60 - 64	\$140.50	\$281.00	\$421.50	\$562.00	\$843.00	\$1,124.00	\$1,405.00	\$1,686.00	\$1,967.00	\$2,248.00	\$2,529.00	\$2,810.00	\$3,091.00	\$3,372.00	\$3,653.00	\$3,934.00	\$4,215.00
65 - 69*	\$162.00	\$324.00	\$486.00	\$648.00	\$972.00	\$1,296.00	\$1,620.00	\$1,944.00	\$2,268.00	\$2,592.00	\$2,916.00	\$3,240.00	\$3,564.00	\$3,888.00	\$4,212.00	\$4,536.00	\$4,860.00
70 - 74*	\$184.00	\$368.00	\$552.00	\$736.00	\$1,104.00	\$1,472.00	\$1,840.00	\$2,208.00	\$2,576.00	\$2,944.00	\$3,312.00	\$3,680.00	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$221.25	\$442.50	\$663.75	\$885.00	\$1,327.50	\$1,770.00	\$2,212.50	\$2,655.00	\$3,097.50	\$3,540.00	\$3,982.50	\$4,425.00	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$258.75	\$517.50	\$776.25	\$1,035.00	\$1,552.50	\$2,070.00	\$2,587.50	\$3,105.00	\$3,622.50	\$4,140.00	\$4,657.50	\$5,175.00	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$293.00	\$586.00	\$879.00	\$1,172.00	\$1,758.00	\$2,344.00	\$2,930.00	\$3,516.00	\$4,102.00	\$4,688.00	\$5,274.00	\$5,860.00	N/A	N/A	N/A	N/A	N/A

The minimum annual benefit premium must be at least \$180 (\$15 monthly) 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.

*Maximum Benefit for ages 66-90 is \$50,000.

Cancer Policy - with Recurrence - Annual Rates

Cancer Policy - with Recurrence

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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$14.25	\$28.50	\$42.75	\$57.00	\$85.50	\$114.00	\$142.50	\$171.00	\$199.50	\$228.00	\$256.50	\$285.00	\$313.50	\$342.00	\$370.50	\$399.00	\$427.50
25 - 29	\$17.25	\$34.50	\$51.75	\$69.00	\$103.50	\$138.00	\$172.50	\$207.00	\$241.50	\$276.00	\$310.50	\$345.00	\$379.50	\$414.00	\$448.50	\$483.00	\$517.50
30 - 34	\$20.00	\$40.00	\$60.00	\$80.00	\$120.00	\$160.00	\$200.00	\$240.00	\$280.00	\$320.00	\$360.00	\$400.00	\$440.00	\$480.00	\$520.00	\$560.00	\$600.00
35 - 39	\$22.75	\$45.50	\$68.25	\$91.00	\$136.50	\$182.00	\$227.50	\$273.00	\$318.50	\$364.00	\$409.50	\$455.00	\$500.50	\$546.00	\$591.50	\$637.00	\$682.50
40 - 44	\$25.75	\$51.50	\$77.25	\$103.00	\$154.50	\$206.00	\$257.50	\$309.00	\$360.50	\$412.00	\$463.50	\$515.00	\$566.50	\$618.00	\$669.50	\$721.00	\$772.50
45 - 49	\$37.00	\$74.00	\$111.00	\$148.00	\$222.00	\$296.00	\$370.00	\$444.00	\$518.00	\$592.00	\$666.00	\$740.00	\$814.00	\$888.00	\$962.00	\$1,036.00	\$1,110.00
50 - 54	\$45.50	\$91.00	\$136.50	\$182.00	\$273.00	\$364.00	\$455.00	\$546.00	\$637.00	\$728.00	\$819.00	\$910.00	\$1,001.00	\$1,092.00	\$1,183.00	\$1,274.00	\$1,365.00
55 - 59	\$56.00	\$112.00	\$168.00	\$224.00	\$336.00	\$448.00	\$560.00	\$672.00	\$784.00	\$896.00	\$1,008.00	\$1,120.00	\$1,232.00	\$1,344.00	\$1,456.00	\$1,568.00	\$1,680.00
60 - 64	\$66.75	\$133.50	\$200.25	\$267.00	\$400.50	\$534.00	\$667.50	\$801.00	\$934.50	\$1,068.00	\$1,201.50	\$1,335.00	\$1,468.50	\$1,602.00	\$1,735.50	\$1,869.00	\$2,002.50
65 - 69*	\$75.00	\$150.00	\$225.00	\$300.00	\$450.00	\$600.00	\$750.00	\$900.00	\$1,050.00	\$1,200.00	\$1,350.00	\$1,500.00	\$1,650.00	\$1,800.00	\$1,950.00	\$2,100.00	\$2,250.00
70 - 74*	\$83.50	\$167.00	\$250.50	\$334.00	\$501.00	\$668.00	\$835.00	\$1,002.00	\$1,169.00	\$1,336.00	\$1,503.00	\$1,670.00	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$94.25	\$188.50	\$282.75	\$377.00	\$565.50	\$754.00	\$942.50	\$1,131.00	\$1,319.50	\$1,508.00	\$1,696.50	\$1,885.00	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$100.00	\$200.00	\$300.00	\$400.00	\$600.00	\$800.00	\$1,000.00	\$1,200.00	\$1,400.00	\$1,600.00	\$1,800.00	\$2,000.00	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$111.00	\$222.00	\$333.00	\$444.00	\$666.00	\$888.00	\$1,110.00	\$1,332.00	\$1,554.00	\$1,776.00	\$1,998.00	\$2,220.00	N/A	N/A	N/A	N/A	N/A

Cancer Policy - with Recurrence

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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$14.75	\$29.50	\$44.25	\$59.00	\$88.50	\$118.00	\$147.50	\$177.00	\$206.50	\$236.00	\$265.50	\$295.00	\$324.50	\$354.00	\$383.50	\$413.00	\$442.50
25 - 29	\$18.25	\$36.50	\$54.75	\$73.00	\$109.50	\$146.00	\$182.50	\$219.00	\$255.50	\$292.00	\$328.50	\$365.00	\$401.50	\$438.00	\$474.50	\$511.00	\$547.50
30 - 34	\$18.50	\$37.00	\$55.50	\$74.00	\$111.00	\$148.00	\$185.00	\$222.00	\$259.00	\$296.00	\$333.00	\$370.00	\$407.00	\$444.00	\$481.00	\$518.00	\$555.00
35 - 39	\$24.50	\$49.00	\$73.50	\$98.00	\$147.00	\$196.00	\$245.00	\$294.00	\$343.00	\$392.00	\$441.00	\$490.00	\$539.00	\$588.00	\$637.00	\$686.00	\$735.00
40 - 44	\$30.75	\$61.50	\$92.25	\$123.00	\$184.50	\$246.00	\$307.50	\$369.00	\$430.50	\$492.00	\$553.50	\$615.00	\$676.50	\$738.00	\$799.50	\$861.00	\$922.50
45 - 49	\$43.00	\$86.00	\$129.00	\$172.00	\$258.00	\$344.00	\$430.00	\$516.00	\$602.00	\$688.00	\$774.00	\$860.00	\$946.00	\$1,032.00	\$1,118.00	\$1,204.00	\$1,290.00
50 - 54	\$58.00	\$116.00	\$174.00	\$232.00	\$348.00	\$464.00	\$580.00	\$696.00	\$812.00	\$928.00	\$1,044.00	\$1,160.00	\$1,276.00	\$1,392.00	\$1,508.00	\$1,624.00	\$1,740.00
55 - 59	\$75.25	\$150.50	\$225.75	\$301.00	\$451.50	\$602.00	\$752.50	\$903.00	\$1,053.50	\$1,204.00	\$1,354.50	\$1,505.00	\$1,655.50	\$1,806.00	\$1,956.50	\$2,107.00	\$2,257.50
60 - 64	\$88.25	\$176.50	\$264.75	\$353.00	\$529.50	\$706.00	\$882.50	\$1,059.00	\$1,235.50	\$1,412.00	\$1,588.50	\$1,765.00	\$1,941.50	\$2,118.00	\$2,294.50	\$2,471.00	\$2,647.50
65 - 69*	\$98.25	\$196.50	\$294.75	\$393.00	\$589.50	\$786.00	\$982.50	\$1,179.00	\$1,375.50	\$1,572.00	\$1,768.50	\$1,965.00	\$2,161.50	\$2,358.00	\$2,554.50	\$2,751.00	\$2,947.50
70 - 74*	\$110.75	\$221.50	\$332.25	\$443.00	\$664.50	\$886.00	\$1,107.50	\$1,329.00	\$1,550.50	\$1,772.00	\$1,993.50	\$2,215.00	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$123.25	\$246.50	\$369.75	\$493.00	\$739.50	\$986.00	\$1,232.50	\$1,479.00	\$1,725.50	\$1,972.00	\$2,218.50	\$2,465.00	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$130.75	\$261.50	\$392.25	\$523.00	\$784.50	\$1,046.00	\$1,307.50	\$1,569.00	\$1,830.50	\$2,092.00	\$2,353.50	\$2,615.00	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$144.25	\$288.50	\$432.75	\$577.00	\$865.50	\$1,154.00	\$1,442.50	\$1,731.00	\$2,019.50	\$2,308.00	\$2,596.50	\$2,885.00	N/A	N/A	N/A	N/A	N/A

The minimum annual benefit premium must be at least \$180 (\$15 monthly) 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.

*Maximum Benefit for ages 66-90 is \$50,000.

Cancer Policy with Heart Attack & Stroke Rider - with Recurrence - Annual Rates

Cancer Policy - with Heart Attack & Stroke Rider - with Recurrence

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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$20.75	\$41.50	\$62.25	\$83.00	\$124.50	\$166.00	\$207.50	\$249.00	\$290.50	\$332.00	\$373.50	\$415.00	\$456.50	\$498.00	\$539.50	\$581.00	\$622.50
25 - 29	\$26.75	\$53.50	\$80.25	\$107.00	\$160.50	\$214.00	\$267.50	\$321.00	\$374.50	\$428.00	\$481.50	\$535.00	\$588.50	\$642.00	\$695.50	\$749.00	\$802.50
30 - 34	\$32.50	\$65.00	\$97.50	\$130.00	\$195.00	\$260.00	\$325.00	\$390.00	\$455.00	\$520.00	\$585.00	\$650.00	\$715.00	\$780.00	\$845.00	\$910.00	\$975.00
35 - 39	\$38.25	\$76.50	\$114.75	\$153.00	\$229.50	\$306.00	\$382.50	\$459.00	\$535.50	\$612.00	\$688.50	\$765.00	\$841.50	\$918.00	\$994.50	\$1,071.00	\$1,147.50
40 - 44	\$47.25	\$94.50	\$141.75	\$189.00	\$283.50	\$378.00	\$472.50	\$567.00	\$661.50	\$756.00	\$850.50	\$945.00	\$1,039.50	\$1,134.00	\$1,228.50	\$1,323.00	\$1,417.50
45 - 49	\$64.50	\$129.00	\$193.50	\$258.00	\$387.00	\$516.00	\$645.00	\$774.00	\$903.00	\$1,032.00	\$1,161.00	\$1,290.00	\$1,419.00	\$1,548.00	\$1,677.00	\$1,806.00	\$1,935.00
50 - 54	\$82.25	\$164.50	\$246.75	\$329.00	\$493.50	\$658.00	\$822.50	\$987.00	\$1,151.50	\$1,316.00	\$1,480.50	\$1,645.00	\$1,809.50	\$1,974.00	\$2,138.50	\$2,303.00	\$2,467.50
55 - 59	\$104.75	\$209.50	\$314.25	\$419.00	\$628.50	\$838.00	\$1,047.50	\$1,257.00	\$1,466.50	\$1,676.00	\$1,885.50	\$2,095.00	\$2,304.50	\$2,514.00	\$2,723.50	\$2,933.00	\$3,142.50
60 - 64	\$130.25	\$260.50	\$390.75	\$521.00	\$781.50	\$1,042.00	\$1,302.50	\$1,563.00	\$1,823.50	\$2,084.00	\$2,344.50	\$2,605.00	\$2,865.50	\$3,126.00	\$3,386.50	\$3,647.00	\$3,907.50
65 - 69*	\$152.75	\$305.50	\$458.25	\$611.00	\$916.50	\$1,222.00	\$1,527.50	\$1,833.00	\$2,138.50	\$2,444.00	\$2,749.50	\$3,055.00	\$3,360.50	\$3,666.00	\$3,971.50	\$4,277.00	\$4,582.50
70 - 74*	\$175.25	\$350.50	\$525.75	\$701.00	\$1,051.50	\$1,402.00	\$1,752.50	\$2,103.00	\$2,453.50	\$2,804.00	\$3,154.50	\$3,505.00	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$209.00	\$418.00	\$627.00	\$836.00	\$1,254.00	\$1,672.00	\$2,090.00	\$2,508.00	\$2,926.00	\$3,344.00	\$3,762.00	\$4,180.00	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$247.25	\$494.50	\$741.75	\$989.00	\$1,483.50	\$1,978.00	\$2,472.50	\$2,967.00	\$3,461.50	\$3,956.00	\$4,450.50	\$4,945.00	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$281.50	\$563.00	\$844.50	\$1,126.00	\$1,689.00	\$2,252.00	\$2,815.00	\$3,378.00	\$3,941.00	\$4,504.00	\$5,067.00	\$5,630.00	N/A	N/A	N/A	N/A	N/A

Cancer Policy - with Heart Attack & Stroke Rider - with Recurrence

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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$22.25	\$44.50	\$66.75	\$89.00	\$133.50	\$178.00	\$222.50	\$267.00	\$311.50	\$356.00	\$400.50	\$445.00	\$489.50	\$534.00	\$578.50	\$623.00	\$667.50
25 - 29	\$29.25	\$58.50	\$87.75	\$117.00	\$175.50	\$234.00	\$292.50	\$351.00	\$409.50	\$468.00	\$526.50	\$585.00	\$643.50	\$702.00	\$760.50	\$819.00	\$877.50
30 - 34	\$34.25	\$68.50	\$102.75	\$137.00	\$205.50	\$274.00	\$342.50	\$411.00	\$479.50	\$548.00	\$616.50	\$685.00	\$753.50	\$822.00	\$890.50	\$959.00	\$1,027.50
35 - 39	\$45.50	\$91.00	\$136.50	\$182.00	\$273.00	\$364.00	\$455.00	\$546.00	\$637.00	\$728.00	\$819.00	\$910.00	\$1,001.00	\$1,092.00	\$1,183.00	\$1,274.00	\$1,365.00
40 - 44	\$59.00	\$118.00	\$177.00	\$236.00	\$354.00	\$472.00	\$590.00	\$708.00	\$826.00	\$944.00	\$1,062.00	\$1,180.00	\$1,298.00	\$1,416.00	\$1,534.00	\$1,652.00	\$1,770.00
45 - 49	\$79.00	\$158.00	\$237.00	\$316.00	\$474.00	\$632.00	\$790.00	\$948.00	\$1,106.00	\$1,264.00	\$1,422.00	\$1,580.00	\$1,738.00	\$1,896.00	\$2,054.00	\$2,212.00	\$2,370.00
50 - 54	\$104.25	\$208.50	\$312.75	\$417.00	\$625.50	\$834.00	\$1,042.50	\$1,251.00	\$1,459.50	\$1,668.00	\$1,876.50	\$2,085.00	\$2,293.50	\$2,502.00	\$2,710.50	\$2,919.00	\$3,127.50
55 - 59	\$136.00	\$272.00	\$408.00	\$544.00	\$816.00	\$1,088.00	\$1,360.00	\$1,632.00	\$1,904.00	\$2,176.00	\$2,448.00	\$2,720.00	\$2,992.00	\$3,264.00	\$3,536.00	\$3,808.00	\$4,080.00
60 - 64	\$166.50	\$333.00	\$499.50	\$666.00	\$999.00	\$1,332.00	\$1,665.00	\$1,998.00	\$2,331.00	\$2,664.00	\$2,997.00	\$3,330.00	\$3,663.00	\$3,996.00	\$4,329.00	\$4,662.00	\$4,995.00
65 - 69*	\$188.50	\$377.00	\$565.50	\$754.00	\$1,131.00	\$1,508.00	\$1,885.00	\$2,262.00	\$2,639.00	\$3,016.00	\$3,393.00	\$3,770.00	\$4,147.00	\$4,524.00	\$4,901.00	\$5,278.00	\$5,655.00
70 - 74*	\$210.50	\$421.00	\$631.50	\$842.00	\$1,263.00	\$1,684.00	\$2,105.00	\$2,526.00	\$2,947.00	\$3,368.00	\$3,789.00	\$4,210.00	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$249.75	\$499.50	\$749.25	\$999.00	\$1,498.50	\$1,998.00	\$2,497.50	\$2,997.00	\$3,496.50	\$3,996.00	\$4,495.50	\$4,995.00	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$291.00	\$582.00	\$873.00	\$1,164.00	\$1,746.00	\$2,328.00	\$2,910.00	\$3,492.00	\$4,074.00	\$4,656.00	\$5,238.00	\$5,820.00	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$330.00	\$660.00	\$990.00	\$1,320.00	\$1,980.00	\$2,640.00	\$3,300.00	\$3,960.00	\$4,620.00	\$5,280.00	\$5,940.00	\$6,600.00	N/A	N/A	N/A	N/A	N/A

The minimum annual benefit premium must be at least \$180 (\$15 monthly) 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.

*Maximum Benefit for ages 66-90 is \$50,000.

Benefit Builder Rider - for Cancer Policy - Annual Rates

Benefit Builder Rider - for Cancer Policy

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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
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	\$68.50	\$71.00	\$73.50	\$76.00	\$78.50
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	\$82.50	\$86.00	\$89.50	\$93.00	\$96.50
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	\$101.00	\$106.00	\$111.00	\$116.00	\$121.00
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	\$121.50	\$128.00	\$134.50	\$141.00	\$147.50
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	\$147.50	\$156.00	\$164.50	\$173.00	\$181.50
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	\$173.50	\$184.00	\$194.50	\$205.00	\$215.50
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	\$206.00	\$219.00	\$232.00	\$245.00	\$258.00
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	\$236.50	\$252.00	\$267.50	\$283.00	\$298.50
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	\$264.50	\$282.00	\$299.50	\$317.00	\$334.50
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	\$288.00	\$307.00	\$326.00	\$345.00	\$364.00
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	N/A	N/A	N/A	N/A	N/A
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	N/A	N/A	N/A	N/A	N/A
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	N/A	N/A	N/A	N/A	N/A
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	N/A	N/A	N/A	N/A	N/A

Benefit Builder Rider - for Cancer Policy

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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
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	\$64.00	\$66.00	\$68.00	\$70.00	\$72.00
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	\$78.00	\$81.00	\$84.00	\$87.00	\$90.00
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	\$92.00	\$96.00	\$100.00	\$104.00	\$108.00
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	\$119.00	\$125.00	\$131.00	\$137.00	\$143.00
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	\$146.00	\$154.00	\$162.00	\$170.00	\$178.00
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	\$185.00	\$196.00	\$207.00	\$218.00	\$229.00
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	\$231.50	\$246.00	\$260.50	\$275.00	\$289.50
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	\$295.50	\$315.00	\$334.50	\$354.00	\$373.50
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	\$351.50	\$375.00	\$398.50	\$422.00	\$445.50
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	\$394.00	\$420.00	\$446.00	\$472.00	\$498.00
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	N/A	N/A	N/A	N/A	N/A
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	N/A	N/A	N/A	N/A	N/A
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	N/A	N/A	N/A	N/A	N/A
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	N/A	N/A	N/A	N/A	N/A

The minimum annual benefit premium must be at least \$180 (\$15 monthly) 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.

*Maximum Benefit for ages 66-90 is \$50,000.

Benefit Builder Rider - for Heart Attack & Stroke Policy and Rider - Annual Rates

Benef Builder Rider - for Heart Attack & Stroke Policy and 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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$0.75	\$1.50	\$2.25	\$3.00	\$4.50	\$6.00	\$7.50	\$9.00	\$10.50	\$12.00	\$13.50	\$15.00	\$16.50	\$18.00	\$19.50	\$21.00	\$22.50
25 - 29	\$0.75	\$1.50	\$2.25	\$3.00	\$4.50	\$6.00	\$7.50	\$9.00	\$10.50	\$12.00	\$13.50	\$15.00	\$16.50	\$18.00	\$19.50	\$21.00	\$22.50
30 - 34	\$1.00	\$2.00	\$3.00	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00	\$14.00	\$16.00	\$18.00	\$20.00	\$22.00	\$24.00	\$26.00	\$28.00	\$30.00
35 - 39	\$1.50	\$3.00	\$4.50	\$6.00	\$9.00	\$12.00	\$15.00	\$18.00	\$21.00	\$24.00	\$27.00	\$30.00	\$33.00	\$36.00	\$39.00	\$42.00	\$45.00
40 - 44	\$2.00	\$4.00	\$6.00	\$8.00	\$12.00	\$16.00	\$20.00	\$24.00	\$28.00	\$32.00	\$36.00	\$40.00	\$44.00	\$48.00	\$52.00	\$56.00	\$60.00
45 - 49	\$2.75	\$5.50	\$8.25	\$11.00	\$16.50	\$22.00	\$27.50	\$33.00	\$38.50	\$44.00	\$49.50	\$55.00	\$60.50	\$66.00	\$71.50	\$77.00	\$82.50
50 - 54	\$3.50	\$7.00	\$10.50	\$14.00	\$21.00	\$28.00	\$35.00	\$42.00	\$49.00	\$56.00	\$63.00	\$70.00	\$77.00	\$84.00	\$91.00	\$98.00	\$105.00
55 - 59	\$4.75	\$9.50	\$14.25	\$19.00	\$28.50	\$38.00	\$47.50	\$57.00	\$66.50	\$76.00	\$85.50	\$95.00	\$104.50	\$114.00	\$123.50	\$133.00	\$142.50
60 - 64	\$6.00	\$12.00	\$18.00	\$24.00	\$36.00	\$48.00	\$60.00	\$72.00	\$84.00	\$96.00	\$108.00	\$120.00	\$132.00	\$144.00	\$156.00	\$168.00	\$180.00
65 - 69*	\$7.50	\$15.00	\$22.50	\$30.00	\$45.00	\$60.00	\$75.00	\$90.00	\$105.00	\$120.00	\$135.00	\$150.00	\$165.00	\$180.00	\$195.00	\$210.00	\$225.00
70 - 74*	\$9.00	\$18.00	\$27.00	\$36.00	\$54.00	\$72.00	\$90.00	\$108.00	\$126.00	\$144.00	\$162.00	\$180.00	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$10.25	\$20.50	\$30.75	\$41.00	\$61.50	\$82.00	\$102.50	\$123.00	\$143.50	\$164.00	\$184.50	\$205.00	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$11.00	\$22.00	\$33.00	\$44.00	\$66.00	\$88.00	\$110.00	\$132.00	\$154.00	\$176.00	\$198.00	\$220.00	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$11.25	\$22.50	\$33.75	\$45.00	\$67.50	\$90.00	\$112.50	\$135.00	\$157.50	\$180.00	\$202.50	\$225.00	N/A	N/A	N/A	N/A	N/A

Benef Builder Rider - for Heart Attack & Stroke Policy and 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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$1.00	\$2.00	\$3.00	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00	\$14.00	\$16.00	\$18.00	\$20.00	\$22.00	\$24.00	\$26.00	\$28.00	\$30.00
25 - 29	\$1.50	\$3.00	\$4.50	\$6.00	\$9.00	\$12.00	\$15.00	\$18.00	\$21.00	\$24.00	\$27.00	\$30.00	\$33.00	\$36.00	\$39.00	\$42.00	\$45.00
30 - 34	\$2.25	\$4.50	\$6.75	\$9.00	\$13.50	\$18.00	\$22.50	\$27.00	\$31.50	\$36.00	\$40.50	\$45.00	\$49.50	\$54.00	\$58.50	\$63.00	\$67.50
35 - 39	\$3.25	\$6.50	\$9.75	\$13.00	\$19.50	\$26.00	\$32.50	\$39.00	\$45.50	\$52.00	\$58.50	\$65.00	\$71.50	\$78.00	\$84.50	\$91.00	\$97.50
40 - 44	\$4.50	\$9.00	\$13.50	\$18.00	\$27.00	\$36.00	\$45.00	\$54.00	\$63.00	\$72.00	\$81.00	\$90.00	\$99.00	\$108.00	\$117.00	\$126.00	\$135.00
45 - 49	\$6.00	\$12.00	\$18.00	\$24.00	\$36.00	\$48.00	\$60.00	\$72.00	\$84.00	\$96.00	\$108.00	\$120.00	\$132.00	\$144.00	\$156.00	\$168.00	\$180.00
50 - 54	\$7.75	\$15.50	\$23.25	\$31.00	\$46.50	\$62.00	\$77.50	\$93.00	\$108.50	\$124.00	\$139.50	\$155.00	\$170.50	\$186.00	\$201.50	\$217.00	\$232.50
55 - 59	\$10.00	\$20.00	\$30.00	\$40.00	\$60.00	\$80.00	\$100.00	\$120.00	\$140.00	\$160.00	\$180.00	\$200.00	\$220.00	\$240.00	\$260.00	\$280.00	\$300.00
60 - 64	\$12.50	\$25.00	\$37.50	\$50.00	\$75.00	\$100.00	\$125.00	\$150.00	\$175.00	\$200.00	\$225.00	\$250.00	\$275.00	\$300.00	\$325.00	\$350.00	\$375.00
65 - 69*	\$15.00	\$30.00	\$45.00	\$60.00	\$90.00	\$120.00	\$150.00	\$180.00	\$210.00	\$240.00	\$270.00	\$300.00	\$330.00	\$360.00	\$390.00	\$420.00	\$450.00
70 - 74*	\$17.25	\$34.50	\$51.75	\$69.00	\$103.50	\$138.00	\$172.50	\$207.00	\$241.50	\$276.00	\$310.50	\$345.00	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$19.00	\$38.00	\$57.00	\$76.00	\$114.00	\$152.00	\$190.00	\$228.00	\$266.00	\$304.00	\$342.00	\$380.00	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$19.75	\$39.50	\$59.25	\$79.00	\$118.50	\$158.00	\$197.50	\$237.00	\$276.50	\$316.00	\$355.50	\$395.00	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$19.75	\$39.50	\$59.25	\$79.00	\$118.50	\$158.00	\$197.50	\$237.00	\$276.50	\$316.00	\$355.50	\$395.00	N/A	N/A	N/A	N/A	N/A

The minimum annual benefit premium must be at least \$180 (\$15 monthly) 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.

*Maximum Benefit for ages 66-90 is \$50,000.

Heart Attack & Stroke Policy - No Recurrence - Annual Rates

Heart Attack & Stroke Policy - No Recurrence

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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$10.00	\$20.00	\$30.00	\$40.00	\$60.00	\$80.00	\$100.00	\$120.00	\$140.00	\$160.00	\$180.00	\$200.00	\$220.00	\$240.00	\$260.00	\$280.00	\$300.00
25 - 29	\$12.50	\$25.00	\$37.50	\$50.00	\$75.00	\$100.00	\$125.00	\$150.00	\$175.00	\$200.00	\$225.00	\$250.00	\$275.00	\$300.00	\$325.00	\$350.00	\$375.00
30 - 34	\$15.00	\$30.00	\$45.00	\$60.00	\$90.00	\$120.00	\$150.00	\$180.00	\$210.00	\$240.00	\$270.00	\$300.00	\$330.00	\$360.00	\$390.00	\$420.00	\$450.00
35 - 39	\$17.50	\$35.00	\$52.50	\$70.00	\$105.00	\$140.00	\$175.00	\$210.00	\$245.00	\$280.00	\$315.00	\$350.00	\$385.00	\$420.00	\$455.00	\$490.00	\$525.00
40 - 44	\$22.50	\$45.00	\$67.50	\$90.00	\$135.00	\$180.00	\$225.00	\$270.00	\$315.00	\$360.00	\$405.00	\$450.00	\$495.00	\$540.00	\$585.00	\$630.00	\$675.00
45 - 49	\$27.50	\$55.00	\$82.50	\$110.00	\$165.00	\$220.00	\$275.00	\$330.00	\$385.00	\$440.00	\$495.00	\$550.00	\$605.00	\$660.00	\$715.00	\$770.00	\$825.00
50 - 54	\$32.50	\$65.00	\$97.50	\$130.00	\$195.00	\$260.00	\$325.00	\$390.00	\$455.00	\$520.00	\$585.00	\$650.00	\$715.00	\$780.00	\$845.00	\$910.00	\$975.00
55 - 59	\$42.50	\$85.00	\$127.50	\$170.00	\$255.00	\$340.00	\$425.00	\$510.00	\$595.00	\$680.00	\$765.00	\$850.00	\$935.00	\$1,020.00	\$1,105.00	\$1,190.00	\$1,275.00
60 - 64	\$52.50	\$105.00	\$157.50	\$210.00	\$315.00	\$420.00	\$525.00	\$630.00	\$735.00	\$840.00	\$945.00	\$1,050.00	\$1,155.00	\$1,260.00	\$1,365.00	\$1,470.00	\$1,575.00
65 - 69*	\$65.00	\$130.00	\$195.00	\$260.00	\$390.00	\$520.00	\$650.00	\$780.00	\$910.00	\$1,040.00	\$1,170.00	\$1,300.00	\$1,430.00	\$1,560.00	\$1,690.00	\$1,820.00	\$1,950.00
70 - 74*	\$80.00	\$160.00	\$240.00	\$320.00	\$480.00	\$640.00	\$800.00	\$960.00	\$1,120.00	\$1,280.00	\$1,440.00	\$1,600.00	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$102.50	\$205.00	\$307.50	\$410.00	\$615.00	\$820.00	\$1,025.00	\$1,230.00	\$1,435.00	\$1,640.00	\$1,845.00	\$2,050.00	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$130.00	\$260.00	\$390.00	\$520.00	\$780.00	\$1,040.00	\$1,300.00	\$1,560.00	\$1,820.00	\$2,080.00	\$2,340.00	\$2,600.00	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$152.50	\$305.00	\$457.50	\$610.00	\$915.00	\$1,220.00	\$1,525.00	\$1,830.00	\$2,135.00	\$2,440.00	\$2,745.00	\$3,050.00	N/A	N/A	N/A	N/A	N/A

Heart Attack & Stroke Policy - No Recurrence

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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$12.50	\$25.00	\$37.50	\$50.00	\$75.00	\$100.00	\$125.00	\$150.00	\$175.00	\$200.00	\$225.00	\$250.00	\$275.00	\$300.00	\$325.00	\$350.00	\$375.00
25 - 29	\$15.00	\$30.00	\$45.00	\$60.00	\$90.00	\$120.00	\$150.00	\$180.00	\$210.00	\$240.00	\$270.00	\$300.00	\$330.00	\$360.00	\$390.00	\$420.00	\$450.00
30 - 34	\$17.50	\$35.00	\$52.50	\$70.00	\$105.00	\$140.00	\$175.00	\$210.00	\$245.00	\$280.00	\$315.00	\$350.00	\$385.00	\$420.00	\$455.00	\$490.00	\$525.00
35 - 39	\$22.50	\$45.00	\$67.50	\$90.00	\$135.00	\$180.00	\$225.00	\$270.00	\$315.00	\$360.00	\$405.00	\$450.00	\$495.00	\$540.00	\$585.00	\$630.00	\$675.00
40 - 44	\$27.50	\$55.00	\$82.50	\$110.00	\$165.00	\$220.00	\$275.00	\$330.00	\$385.00	\$440.00	\$495.00	\$550.00	\$605.00	\$660.00	\$715.00	\$770.00	\$825.00
45 - 49	\$32.50	\$65.00	\$97.50	\$130.00	\$195.00	\$260.00	\$325.00	\$390.00	\$455.00	\$520.00	\$585.00	\$650.00	\$715.00	\$780.00	\$845.00	\$910.00	\$975.00
50 - 54	\$40.00	\$80.00	\$120.00	\$160.00	\$240.00	\$320.00	\$400.00	\$480.00	\$560.00	\$640.00	\$720.00	\$800.00	\$880.00	\$960.00	\$1,040.00	\$1,120.00	\$1,200.00
55 - 59	\$52.50	\$105.00	\$157.50	\$210.00	\$315.00	\$420.00	\$525.00	\$630.00	\$735.00	\$840.00	\$945.00	\$1,050.00	\$1,155.00	\$1,260.00	\$1,365.00	\$1,470.00	\$1,575.00
60 - 64	\$65.50	\$131.00	\$196.50	\$262.00	\$393.00	\$524.00	\$655.00	\$786.00	\$917.00	\$1,048.00	\$1,179.00	\$1,310.00	\$1,441.00	\$1,572.00	\$1,703.00	\$1,834.00	\$1,965.00
65 - 69*	\$77.00	\$154.00	\$231.00	\$308.00	\$462.00	\$616.00	\$770.00	\$924.00	\$1,078.00	\$1,232.00	\$1,386.00	\$1,540.00	\$1,694.00	\$1,848.00	\$2,002.00	\$2,156.00	\$2,310.00
70 - 74*	\$92.50	\$185.00	\$277.50	\$370.00	\$555.00	\$740.00	\$925.00	\$1,110.00	\$1,295.00	\$1,480.00	\$1,665.00	\$1,850.00	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$112.50	\$225.00	\$337.50	\$450.00	\$675.00	\$900.00	\$1,125.00	\$1,350.00	\$1,575.00	\$1,800.00	\$2,025.00	\$2,250.00	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$141.25	\$282.50	\$423.75	\$565.00	\$847.50	\$1,130.00	\$1,412.50	\$1,695.00	\$1,977.50	\$2,260.00	\$2,542.50	\$2,825.00	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$167.50	\$335.00	\$502.50	\$670.00	\$1,005.00	\$1,340.00	\$1,675.00	\$2,010.00	\$2,345.00	\$2,680.00	\$3,015.00	\$3,350.00	N/A	N/A	N/A	N/A	N/A

The minimum annual benefit premium must be at least \$180 (\$15 monthly) 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.

*Maximum Benefit for ages 66-90 is \$50,000.

Heart Attack & Stroke Policy - with Recurrence - Annual Rates

Heart Attack & Stroke Policy - with Recurrence

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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$11.50	\$23.00	\$34.50	\$46.00	\$69.00	\$92.00	\$115.00	\$138.00	\$161.00	\$184.00	\$207.00	\$230.00	\$253.00	\$276.00	\$299.00	\$322.00	\$345.00
25 - 29	\$14.50	\$29.00	\$43.50	\$58.00	\$87.00	\$116.00	\$145.00	\$174.00	\$203.00	\$232.00	\$261.00	\$290.00	\$319.00	\$348.00	\$377.00	\$406.00	\$435.00
30 - 34	\$17.50	\$35.00	\$52.50	\$70.00	\$105.00	\$140.00	\$175.00	\$210.00	\$245.00	\$280.00	\$315.00	\$350.00	\$385.00	\$420.00	\$455.00	\$490.00	\$525.00
35 - 39	\$20.50	\$41.00	\$61.50	\$82.00	\$123.00	\$164.00	\$205.00	\$246.00	\$287.00	\$328.00	\$369.00	\$410.00	\$451.00	\$492.00	\$533.00	\$574.00	\$615.00
40 - 44	\$26.50	\$53.00	\$79.50	\$106.00	\$159.00	\$212.00	\$265.00	\$318.00	\$371.00	\$424.00	\$477.00	\$530.00	\$583.00	\$636.00	\$689.00	\$742.00	\$795.00
45 - 49	\$32.50	\$65.00	\$97.50	\$130.00	\$195.00	\$260.00	\$325.00	\$390.00	\$455.00	\$520.00	\$585.00	\$650.00	\$715.00	\$780.00	\$845.00	\$910.00	\$975.00
50 - 54	\$39.25	\$78.50	\$117.75	\$157.00	\$235.50	\$314.00	\$392.50	\$471.00	\$549.50	\$628.00	\$706.50	\$785.00	\$863.50	\$942.00	\$1,020.50	\$1,099.00	\$1,177.50
55 - 59	\$51.25	\$102.50	\$153.75	\$205.00	\$307.50	\$410.00	\$512.50	\$615.00	\$717.50	\$820.00	\$922.50	\$1,025.00	\$1,127.50	\$1,230.00	\$1,332.50	\$1,435.00	\$1,537.50
60 - 64	\$63.50	\$127.00	\$190.50	\$254.00	\$381.00	\$508.00	\$635.00	\$762.00	\$889.00	\$1,016.00	\$1,143.00	\$1,270.00	\$1,397.00	\$1,524.00	\$1,651.00	\$1,778.00	\$1,905.00
65 - 69*	\$77.75	\$155.50	\$233.25	\$311.00	\$466.50	\$622.00	\$777.50	\$933.00	\$1,088.50	\$1,244.00	\$1,399.50	\$1,555.00	\$1,710.50	\$1,866.00	\$2,021.50	\$2,177.00	\$2,332.50
70 - 74*	\$94.25	\$188.50	\$282.75	\$377.00	\$565.50	\$754.00	\$942.50	\$1,131.00	\$1,319.50	\$1,508.00	\$1,696.50	\$1,885.00	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$117.25	\$234.50	\$351.75	\$469.00	\$703.50	\$938.00	\$1,172.50	\$1,407.00	\$1,641.50	\$1,876.00	\$2,110.50	\$2,345.00	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$147.25	\$294.50	\$441.75	\$589.00	\$883.50	\$1,178.00	\$1,472.50	\$1,767.00	\$2,061.50	\$2,356.00	\$2,650.50	\$2,945.00	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$173.00	\$346.00	\$519.00	\$692.00	\$1,038.00	\$1,384.00	\$1,730.00	\$2,076.00	\$2,422.00	\$2,768.00	\$3,114.00	\$3,460.00	N/A	N/A	N/A	N/A	N/A

Heart Attack & Stroke Policy - with Recurrence

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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$14.50	\$29.00	\$43.50	\$58.00	\$87.00	\$116.00	\$145.00	\$174.00	\$203.00	\$232.00	\$261.00	\$290.00	\$319.00	\$348.00	\$377.00	\$406.00	\$435.00
25 - 29	\$17.75	\$35.50	\$53.25	\$71.00	\$106.50	\$142.00	\$177.50	\$213.00	\$248.50	\$284.00	\$319.50	\$355.00	\$390.50	\$426.00	\$461.50	\$497.00	\$532.50
30 - 34	\$21.00	\$42.00	\$63.00	\$84.00	\$126.00	\$168.00	\$210.00	\$252.00	\$294.00	\$336.00	\$378.00	\$420.00	\$462.00	\$504.00	\$546.00	\$588.00	\$630.00
35 - 39	\$26.75	\$53.50	\$80.25	\$107.00	\$160.50	\$214.00	\$267.50	\$321.00	\$374.50	\$428.00	\$481.50	\$535.00	\$588.50	\$642.00	\$695.50	\$749.00	\$802.50
40 - 44	\$33.00	\$66.00	\$99.00	\$132.00	\$198.00	\$264.00	\$330.00	\$396.00	\$462.00	\$528.00	\$594.00	\$660.00	\$726.00	\$792.00	\$858.00	\$924.00	\$990.00
45 - 49	\$39.25	\$78.50	\$117.75	\$157.00	\$235.50	\$314.00	\$392.50	\$471.00	\$549.50	\$628.00	\$706.50	\$785.00	\$863.50	\$942.00	\$1,020.50	\$1,099.00	\$1,177.50
50 - 54	\$48.50	\$97.00	\$145.50	\$194.00	\$291.00	\$388.00	\$485.00	\$582.00	\$679.00	\$776.00	\$873.00	\$970.00	\$1,067.00	\$1,164.00	\$1,261.00	\$1,358.00	\$1,455.00
55 - 59	\$63.25	\$126.50	\$189.75	\$253.00	\$379.50	\$506.00	\$632.50	\$759.00	\$885.50	\$1,012.00	\$1,138.50	\$1,265.00	\$1,391.50	\$1,518.00	\$1,644.50	\$1,771.00	\$1,897.50
60 - 64	\$78.25	\$156.50	\$234.75	\$313.00	\$469.50	\$626.00	\$782.50	\$939.00	\$1,095.50	\$1,252.00	\$1,408.50	\$1,565.00	\$1,721.50	\$1,878.00	\$2,034.50	\$2,191.00	\$2,347.50
65 - 69*	\$90.25	\$180.50	\$270.75	\$361.00	\$541.50	\$722.00	\$902.50	\$1,083.00	\$1,263.50	\$1,444.00	\$1,624.50	\$1,805.00	\$1,985.50	\$2,166.00	\$2,346.50	\$2,527.00	\$2,707.50
70 - 74*	\$105.75	\$211.50	\$317.25	\$423.00	\$634.50	\$846.00	\$1,057.50	\$1,269.00	\$1,480.50	\$1,692.00	\$1,903.50	\$2,115.00	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$127.75	\$255.50	\$383.25	\$511.00	\$766.50	\$1,022.00	\$1,277.50	\$1,533.00	\$1,788.50	\$2,044.00	\$2,299.50	\$2,555.00	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$160.25	\$320.50	\$480.75	\$641.00	\$961.50	\$1,282.00	\$1,602.50	\$1,923.00	\$2,243.50	\$2,564.00	\$2,884.50	\$3,205.00	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$190.25	\$380.50	\$570.75	\$761.00	\$1,141.50	\$1,522.00	\$1,902.50	\$2,283.00	\$2,663.50	\$3,044.00	\$3,424.50	\$3,805.00	N/A	N/A	N/A	N/A	N/A

The minimum annual benefit premium must be at least \$180 (\$15 monthly) 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.

*Maximum Benefit for ages 66-90 is \$50,000.

Cancer Policy and Heart Attack & Stroke Policy Additional Riders - Annual Rates

Accident Rider - Annual Rates

	FEMALE		MALE		
	\$5,000	\$10,000		\$5,000	\$10,000
18 - 24	\$6.50	\$13.00		\$13.00	\$26.00
25 - 29	\$6.50	\$13.00		\$13.00	\$26.00
30 - 34	\$7.00	\$14.00		\$13.00	\$26.00
35 - 39	\$8.00	\$16.00		\$13.00	\$26.00
40 - 44	\$10.00	\$20.00		\$13.00	\$26.00
45 - 49	\$12.00	\$24.00		\$13.00	\$26.00
50 - 54	\$15.00	\$30.00		\$13.50	\$27.00
55 - 59	\$19.50	\$39.00		\$15.50	\$31.00
60 - 64	\$25.50	\$51.00		\$18.50	\$37.00
65 - 69	\$33.00	\$66.00		\$23.00	\$46.00
70 - 74	\$45.50	\$91.00		\$31.50	\$63.00
75 - 79	\$63.50	\$127.00		\$45.00	\$90.00
80 - 84	\$88.00	\$176.00		\$67.50	\$135.00
85 - 90	\$116.00	\$232.00		\$96.00	\$192.00

Intensive Care Rider - Annual Rates

	FEMALE OR MALE			
	\$150	\$300	\$450	\$600
18 - 24	\$15.00	\$30.00	\$45.00	\$60.00
25 - 29	\$15.00	\$30.00	\$45.00	\$60.00
30 - 34	\$15.00	\$30.00	\$45.00	\$60.00
35 - 39	\$15.00	\$30.00	\$45.00	\$60.00
40 - 44	\$15.90	\$31.80	\$47.70	\$63.60
45 - 49	\$19.40	\$38.80	\$58.20	\$77.60
50 - 54	\$23.20	\$46.40	\$69.60	\$92.80
55 - 59	\$24.30	\$48.60	\$72.90	\$97.20
60 - 64	\$25.00	\$50.00	\$75.00	\$100.00
65 - 69	\$27.20	\$54.40	\$81.60	\$108.80
70 - 74	\$31.20	\$62.40	\$93.60	\$124.80
75 - 79	\$34.60	\$69.20	\$103.80	\$138.40
80 - 84	\$37.50	\$75.00	\$112.50	\$150.00
85 - 90	\$37.50	\$75.00	\$112.50	\$150.00

Dental / Vision Rider - Annual Rates

ISSUE AGE	MALE OR FEMALE		
	\$400	\$800	\$1,200
18 - 39	\$245.00	\$290.00	\$330.00
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

Child Rider*- Annual Rates

	Heart Attack and Stroke	
	\$5,000	\$10,000
0 - 18	\$5.00	\$10.00

Return of Premium Riders

RETURN OF PREMIUM PERIOD AND ROP FACTORS

	20 years	Death	Death up to 85
18 - 49	N/A	0.25	0.25
50 - 59	0.50	0.35	0.25
60 - 64	0.50	0.45	0.25
65 - 69	0.50	0.60	0.25
70 - 75	N/A	0.80	N/A

Child Rider*- Annual Rates

	CANCER																	
	\$2,500	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000	
0 - 18	\$3.75	\$7.50	\$11.25	\$15.00	\$22.50	\$30.00	\$37.50	\$45.00	\$52.50	\$60.00	\$67.50	\$75.00	\$82.50	\$90.00	\$97.50	\$105.00	\$112.50	

*Child Rider rate covers all children under the age of 18 listed on the application.

MODAL FACTORS

Monthly	0.08333
Quarterly	0.25000
Semi Annual	0.50000
Annual	1.00000

ANNUAL POLICY FEE

\$25.00

GUARANTEE TRUST LIFE CANCER, HEART ATTACK & STROKE UNDERWRITING GUIDE

POLICY SPECIFICATIONS

1. For ages 0 to 65, the maximum lump sum benefit amount (applied for and in force) is \$75,000 each for Cancer benefit and Heart/Stroke benefit. At ages 66 to 90, the maximum benefit is \$50,000 (applied and in force) each for Cancer benefit and Heart/Stroke benefit.
2. An applicant can have more than one Cancer or Heart Attack/Stroke policy/rider in force as long as the combined total for the base plan and any riders do not exceed the maximum benefit amount.
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.
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 which includes the base, riders and annual policy fee (if applicable) must be at least \$250.
6. There are three Return of Premium Riders available:
 - a. Return of Premium after 20 years for ages 50-65 (15 years for ages 66-70).
 - b. Return of Premium upon death (prior to age 86).
 - c. Return of Premium upon death

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

GUIDELINES FOR APPLICATION SUBMISSION

7. 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.
8. The agent must be health licensed and use the state approved application in the state where the applicant has permanent residency.
9. A Power of Attorney (POA) is not acceptable for this product.
10. If the application is over 31 days old when received by the Company, a new, currently dated application will be required.
11. The effective date cannot be more than 93 days from the application date or prior to the application date.
12. The draft date cannot be more than 10 days before or after the effective date.
13. 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.
14. Monthly list bill is available for 4 or more lives. Forms are located on our website in GTLink.

(Rev. 9/20)

REPLACEMENT GUIDELINES

15. 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.
16. 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.

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 Only	\$2,500 to \$14,999	None
0 to 65	Cancer Only	\$15,000 to \$49,999	RX
0 to 65	Cancer Only	\$50,000 to \$75,000	RX & PHI
66 to 90	Cancer Only	\$2,500 to \$14,999	None
66 to 90	Cancer Only	\$15,000 to \$34,999	RX
66 to 90	Cancer Only	\$35,000 to \$50,000	RX & PHI
0 to 65	Cancer with Heart Attack & Stroke Rider	\$15,000 to \$49,999	RX
66 to 90	Cancer with Heart Attack & Stroke Rider	\$15,000 to \$34,999	RX
0 to 65	Cancer with Heart Attack & Stroke Rider	\$50,000 to \$75,000	RX & PHI
66 to 90	Cancer with Heart Attack & Stroke Rider	\$35,000 to \$50,000	RX & PHI
0 to 65	Heart Attack & Stroke Only	\$15,000 to \$49,999	RX
66 to 90	Heart Attack & Stroke Only	\$15,000 to \$34,999	RX
0 to 65	Heart Attack & Stroke Only	\$50,000 to \$75,000	RX & PHI
66 to 90	Heart Attack & Stroke Only	\$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 GUIDELINE

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-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.

The applicant is not eligible for the Heart Attack and Stroke Policy or Heart Attack and Stroke rider in the following situations and with the following medical conditions:

- Heart disease which includes heart attack, myocardial infarction, heart bypass, angioplasty, stent placement, angina, congestive heart failure, coronary artery disease, pacemaker or defibrillator.
- Heart arrhythmia, atrial fibrillation, cardiomyopathy, unrepaired aneurysm.
- Insulin use to treat diabetes
- Blood pressure (treated or untreated) greater than 150 systolic (top number) or 95 diastolic (lower number) within 6 months of the application date. For example, if in the past 6 months the applicant had a blood pressure reading of 151/80 or 135/96, they would not qualify for the plan or rider.
- Stroke or Transient Ischemic Attack (TIA)
- Peripheral or arterial vascular disease or carotid artery disease
- Medication prescribed for the treatment of the medical conditions listed
- Symptoms or signs of heart or cerebrovascular disease or disorder that need further investigation
- Abnormal tests results that need further testing or investigation
- The applicant has or expects to make an appointment with the doctor for a condition relating to heart or cardiovascular system.

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 person is not eligible for coverage. Brand names are capitalized and generic names are not. 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	furosemide	Congestive Heart Failure	Otrexup	Cancer
abacavir	HIV	Fuzeon	AIDS, HIV	oxygen	COPD/COLD
abarelix	Cancer	Galantamine	Dementia	Paraplatin	Cancer
Adriamycin	Cancer	Gengraf	Cancer	Platinol	Cancer
AL-721	AIDS, HIV	Gleevec	Cancer	Plavix	Heart Disease
albuterol	COPD/COLD	Gleostine, CCNU	Cancer	Plenaxis	Cancer
Alkeran	Cancer	goserelin	Cancer	Pradaxa	Heart Disease
altretamine	Cancer	Granix	Cancer	Prezista	AIDS, HIV
Amen	Cancer	Herceptin	Cancer	Primacor	Heart Disease
Aptivus	AIDS, HIV	Hexalen	Cancer	Provera	Cancer
Aricept	Dementia	Hivid	AIDS, HIV	Rasuvo	Cancer
atazanavir	HIV	Hydergine	Dementia	Reminyl	Dementia
Atripla	AIDS, HIV	Hydrea	Cancer	Rescriptor	AIDS, HIV
Atrovent	COPD/COLD	hydroxyurea	Cancer	Retrovir	AIDS, HIV
AZT	AIDS, HIV	IDV	AIDS, HIV	Reyataz	HIV
BCG	Bladder Cancer	imatinib	Cancer	Rheumatrex	Cancer
bicalutamide	prostate cancer	Imdur	Heart Disease	ritonavir	AIDS, HIV
Blenoxane	Cancer	indinavir	AIDS, HIV	Rivaroxaban	Heart Disease
bleomycin	Cancer	interferon	AIDS, HIV, Cancer	Rivastigmine	Dementia
busulfan	Cancer	interferon alfa-2a	AIDS, HIV, Cancer	Roferon-A	AIDS, HIV, Cancer
Busulfex	Cancer	Invirase	AIDS, HIV	Rubex	Cancer
Caelyx	AIDS, HIV, Cancer	ipratropium	COPD/COLD	Sandimmune	Cancer
carboplatin	Cancer	Iso-Bid	Heart Disease	saquinavir	AIDS, HIV
Casodex	prostate cancer	Isordil	Heart Disease	Selzentry	HIV
chlorotrianisene	Cancer	isosorbide dinitrate	Heart Disease	Sorbitrate	Heart Disease
cisplatin	Cancer	isosorbide mononitrate	Heart Disease	Spiriva	COPD/COLD
Cognex	Dementia	Isotrate	Heart Disease	stavudine	AIDS, HIV
Clopidogrel	Heart Disease	Isotrate ER	Heart Disease	Stilphostrol	Cancer
Combivent Respimat	COPD/COLD	Kaletra	HIV	streptozocin	Cancer
Combivir	AIDS	lamivudine	AIDS, HIV	Sustiva	AIDS, HIV
Crixivan	AIDS, HIV	Lanoxin	Heart Disease	Tace	Cancer
Curretab	Cancer	Lasix	Congestive Heart Failure	Tacrine	Dementia
cyclophosphamide	Cancer	Leukeran	Cancer	tenofovir	AIDS, HIV
cyclosporine	Cancer	leuprolide	Cancer	Teslac	Cancer
Cycrin	Cancer	levamisole hydrochloride	Cancer	Tespa	Cancer
Cytoxan	Cancer	Lexiva	HIV	testolactone	Cancer
d4T	AIDS, HIV	lomustine	Cancer	THC	Cancer
darunavir	AIDS, HIV	lopinavir	HIV	TheraCyx	Bladder Cancer
ddC	AIDS, HIV	Lupron	Cancer	Thioplex	Cancer
delavirdine	AIDS, HIV	maraviroc	HIV	thiotepa	Cancer
Depo-Provera	Cancer	Marinol	Cancer	Tice BCG	Bladder Cancer
didanosine	AIDS, HIV	medroxyprogesterone acetate	Cancer	TICLID	Heart Disease
diethylstilbestrol (DES)	Cancer	Megace	Cancer	Ticlopidine HCL	Heart Disease
Digitek	Heart Disease	Mellaril	Dementia	tiotropium	COPD/COLD

MEDICATION	CONDITION	MEDICATION	CONDITION	MEDICATION	CONDITION
Digoxin	Heart Disease	megestrol	Cancer	tipranavir	AIDS, HIV
Dilatrate-SR	Heart Disease	melphalan	Cancer		
Donepezil	Dementia	Memantine	Dementia	Toposar	Cancer
doxorubicin	Cancer	methotrexate	Cancer	trastuzumab	Cancer
dronabinol	Cancer	Milrinone	Heart Disease	Trelstar	Cancer
Droxia	Cancer	mitomycin	Cancer	Trexall	Cancer
DuoNeb	COPD/COLD	mitoxantrone	Cancer	triporelin	Cancer
efavirenz	AIDS, HIV	Mutamycin	Cancer	Trizivir	HIV
Eligard	Cancer	Myleran	Cancer	Truvada	HIV
emtricitabine	HIV	Namenda	Dementia	Valcyte	HIV
Emtriva	AIDS, HIV	Namzaric	Dementia	valganciclovir	HIV
enfuvirtide	AIDS, HIV	Natrecor	Congestive Heart Failure	VePesid	Cancer
Epivir	AIDS	nelfinavir	AIDS, HIV	Videx, ddl	AIDS, HIV
Ergamisol	Cancer	Neoral	Cancer	Vincasar	Cancer
Ergoloid Mesylates	Dementia	Neosar	Cancer	vincristine	Cancer
Estinyl	Cancer	nesiritide	Congestive Heart Failure	Viracept	AIDS, HIV
ethinyl estradiol	Cancer	Neupogen	Cancer	Viramune	AIDS, HIV
Etopophos	Cancer	nevirapine	Cancer	Viread	AIDS, HIV
etoposide	Cancer	Nitro-Bid	AIDS, HIV	Xarelto	Heart Disease
Euflex	Cancer	Nitro-Dur	Heart Disease	zalcitabine	AIDS, HIV
Eulexin	Cancer	Nitroglycerin	Heart Disease	Zanosar	Cancer
Exelon	Dementia	Nitrolingual	Heart Disease	Zarxio	Cancer
filgrastim	Cancer	Nitroquick	Heart Disease	ZDV	AIDS, HIV
flutamide	Cancer	Nitrostat	Heart Disease	Zerit	AIDS, HIV
Fortovase	AIDS, HIV	Norvir	Heart Disease	Ziagen	HIV
fosamprenavir	HIV	Novantrone	Aids,HIV	zidovudine	AIDS, HIV
foscarnet sodium	AIDS, HIV	Oncovin	Cancer	Zofran	Cancer
Foscavir	AIDS, HIV	ondansetron	Cancer		

NEW BUSINESS PROCEDURES

Ways to Submit an Application

- E-Application-Agent Portal (www.gtlclic.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 on our Agent Portal, 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, please contact GTL's New Business Department at (800) 635-1993. You can also contact our Life and Health Sales Department at (800) 323-6907 or by email at agency@gtlic.com.



Cancer, Heart Attack and Stroke Insurance

AGENT RATE AND UNDERWRITING GUIDE CONNECTICUT - MONTHLY

FOR AGENT USE ONLY

UNDERWRITTEN BY:
Guarantee Trust Life Insurance Company

GUARANTEE TRUST LIFE INSURANCE COMPANY
1275 Milwaukee Avenue, Glenview, IL 60025
www.gtlc.com | 800.323.6907
(Rev. 9/20) 15D722

CANCER COVERAGE PREMIUM CALCULATION WORKSHEET

1. Choose your coverage:	
Lump Sum Cancer Coverage <i>OR</i>	\$_____
Lump Sum Cancer Coverage with Lump Sum Heart Attack/Stroke Rider <i>OR</i>	
Lump Sum Cancer with Recurrence Benefit Rider <i>OR</i>	\$_____
Lump Sum Cancer with Heart Attack/Stroke Rider and Recurrence Benefit Rider	\$_____
2. Cancer Benefit Builder Rider (<i>Includes Skin Cancer and Annual Wellness Benefits</i>)	\$_____
3. Heart Attack/Stroke Benefit Builder Rider	\$_____
4. Child Cancer Benefit Rider	\$_____
5. Child Heart Attack/Stroke Benefit Rider	\$_____
6. Intensive Care Benefit Rider	\$_____
7. Critical Accident Benefit Rider	\$_____
8. Dental/Vision Benefit Rider	\$_____
9. Sub Total	\$_____
10. Return of Premium Benefit Rider Factor	____ · ____ ROP Factor
11. Return of Premium (<i>If ROP elected, multiply step 9 by 10</i>)	\$_____
12. Monthly Policy Fee	\$2.08
13. Total Monthly Premium (<i>With ROP, add steps 9, 11 & 12. If no ROP, add steps 9 & 12</i>)	\$_____

The minimum annual benefit premium must be at least \$180 (\$15 monthly) including any riders and the policy fee.

HEART ATTACK & STROKE PREMIUM CALCULATION WORKSHEET

1. Lump Sum Heart Attack/Stroke Coverage <i>OR</i> Lump Sum Heart Attack/Stroke Coverage with Recurrence Benefit Rider	\$ _____
	\$ _____
2. Heart Attack/Stroke Benefit Builder Rider	\$ _____
3. Child Cancer Benefit Rider	\$ _____
4. Child Heart Attack/Stroke Benefit Rider	\$ _____
5. Intensive Care Benefit Rider	\$ _____
6. Critical Accident Benefit Rider	\$ _____
7. Dental/Vision Benefit Rider	\$ _____
8. Sub Total	\$ _____
9. Return of Premium Benefit Rider Factor	_____. ____ ROP Factor
10. Return of Premium (<i>If ROP is elected, multiply step 8 by step 9</i>)	\$ _____
11. Monthly Policy Fee	\$2.08
12. Total Monthly Premium (<i>With ROP, add steps 8, 10 & 11. If no ROP, add steps 8 & 11</i>)	\$ _____

The minimum annual benefit premium must be at least \$180 (\$15 monthly) including any riders and the policy fee.

Cancer Policy - No Recurrence - Monthly Rates

Cancer Policy - No Recurrence

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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$1.04	\$2.08	\$3.12	\$4.17	\$6.25	\$8.33	\$10.42	\$12.50	\$14.58	\$16.67	\$18.75	\$20.83	\$22.92	\$25.00	\$27.08	\$29.17	\$31.25
25 - 29	\$1.25	\$2.50	\$3.75	\$5.00	\$7.50	\$10.00	\$12.50	\$15.00	\$17.50	\$20.00	\$22.50	\$25.00	\$27.50	\$30.00	\$32.50	\$35.00	\$37.50
30 - 34	\$1.46	\$2.92	\$4.37	\$5.83	\$8.75	\$11.67	\$14.58	\$17.50	\$20.42	\$23.33	\$26.25	\$29.17	\$32.08	\$35.00	\$37.92	\$40.83	\$43.75
35 - 39	\$1.67	\$3.33	\$5.00	\$6.67	\$10.00	\$13.33	\$16.67	\$20.00	\$23.33	\$26.67	\$30.00	\$33.33	\$36.67	\$40.00	\$43.33	\$46.66	\$50.00
40 - 44	\$1.87	\$3.75	\$5.62	\$7.50	\$11.25	\$15.00	\$18.75	\$22.50	\$26.25	\$30.00	\$33.75	\$37.50	\$41.25	\$45.00	\$48.75	\$52.50	\$56.25
45 - 49	\$2.71	\$5.42	\$8.12	\$10.83	\$16.25	\$21.67	\$27.08	\$32.50	\$37.92	\$43.33	\$48.75	\$54.16	\$59.58	\$65.00	\$70.41	\$75.83	\$81.25
50 - 54	\$3.33	\$6.67	\$10.00	\$13.33	\$20.00	\$26.67	\$33.33	\$40.00	\$46.66	\$53.33	\$60.00	\$66.66	\$73.33	\$80.00	\$86.66	\$93.33	\$100.00
55 - 59	\$4.17	\$8.33	\$12.50	\$16.67	\$25.00	\$33.33	\$41.67	\$50.00	\$58.33	\$66.66	\$75.00	\$83.33	\$91.66	\$100.00	\$108.33	\$116.66	\$125.00
60 - 64	\$5.00	\$10.00	\$15.00	\$20.00	\$30.00	\$40.00	\$50.00	\$60.00	\$70.00	\$80.00	\$90.00	\$100.00	\$110.00	\$120.00	\$129.99	\$139.99	\$149.99
65 - 69*	\$5.62	\$11.25	\$16.87	\$22.50	\$33.75	\$45.00	\$56.25	\$67.50	\$78.75	\$90.00	\$101.25	\$112.50	\$123.75	\$134.99	\$146.24	\$157.49	\$168.74
70 - 74*	\$6.25	\$12.50	\$18.75	\$25.00	\$37.50	\$50.00	\$62.50	\$75.00	\$87.50	\$100.00	\$112.50	\$125.00	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$7.08	\$14.17	\$21.25	\$28.33	\$42.50	\$56.66	\$70.83	\$85.00	\$99.16	\$113.33	\$127.49	\$141.66	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$7.50	\$15.00	\$22.50	\$30.00	\$45.00	\$60.00	\$75.00	\$90.00	\$105.00	\$120.00	\$134.99	\$149.99	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$8.33	\$16.67	\$25.00	\$33.33	\$50.00	\$66.66	\$83.33	\$100.00	\$116.66	\$133.33	\$149.99	\$166.66	N/A	N/A	N/A	N/A	N/A

Cancer Policy - No Recurrence

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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$1.04	\$2.08	\$3.12	\$4.17	\$6.25	\$8.33	\$10.42	\$12.50	\$14.58	\$16.67	\$18.75	\$20.83	\$22.92	\$25.00	\$27.08	\$29.17	\$31.25
25 - 29	\$1.25	\$2.50	\$3.75	\$5.00	\$7.50	\$10.00	\$12.50	\$15.00	\$17.50	\$20.00	\$22.50	\$25.00	\$27.50	\$30.00	\$32.50	\$35.00	\$37.50
30 - 34	\$1.25	\$2.50	\$3.75	\$5.00	\$7.50	\$10.00	\$12.50	\$15.00	\$17.50	\$20.00	\$22.50	\$25.00	\$27.50	\$30.00	\$32.50	\$35.00	\$37.50
35 - 39	\$1.67	\$3.33	\$5.00	\$6.67	\$10.00	\$13.33	\$16.67	\$20.00	\$23.33	\$26.67	\$30.00	\$33.33	\$36.67	\$40.00	\$43.33	\$46.66	\$50.00
40 - 44	\$2.08	\$4.17	\$6.25	\$8.33	\$12.50	\$16.67	\$20.83	\$25.00	\$29.17	\$33.33	\$37.50	\$41.67	\$45.83	\$50.00	\$54.16	\$58.33	\$62.50
45 - 49	\$2.92	\$5.83	\$8.75	\$11.67	\$17.50	\$23.33	\$29.17	\$35.00	\$40.83	\$46.66	\$52.50	\$58.33	\$64.16	\$70.00	\$75.83	\$81.66	\$87.50
50 - 54	\$3.96	\$7.92	\$11.87	\$15.83	\$23.75	\$31.67	\$39.58	\$47.50	\$55.41	\$63.33	\$71.25	\$79.16	\$87.08	\$95.00	\$102.91	\$110.83	\$118.75
55 - 59	\$5.21	\$10.42	\$15.62	\$20.83	\$31.25	\$41.67	\$52.08	\$62.50	\$72.91	\$83.33	\$93.75	\$104.16	\$114.58	\$125.00	\$135.41	\$145.83	\$156.24
60 - 64	\$6.25	\$12.50	\$18.75	\$25.00	\$37.50	\$50.00	\$62.50	\$75.00	\$87.50	\$100.00	\$112.50	\$125.00	\$137.49	\$149.99	\$162.49	\$174.99	\$187.49
65 - 69*	\$7.08	\$14.17	\$21.25	\$28.33	\$42.50	\$56.66	\$70.83	\$85.00	\$99.16	\$113.33	\$127.49	\$141.66	\$155.83	\$169.99	\$184.16	\$198.33	\$212.49
70 - 74*	\$8.12	\$16.25	\$24.37	\$32.50	\$48.75	\$65.00	\$81.25	\$97.50	\$113.75	\$129.99	\$146.24	\$162.49	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$9.17	\$18.33	\$27.50	\$36.67	\$55.00	\$73.33	\$91.66	\$110.00	\$128.33	\$146.66	\$164.99	\$183.33	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$9.79	\$19.58	\$29.37	\$39.17	\$58.75	\$78.33	\$97.91	\$117.50	\$137.08	\$156.66	\$176.24	\$195.83	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$10.83	\$21.67	\$32.50	\$43.33	\$65.00	\$86.66	\$108.33	\$129.99	\$151.66	\$173.33	\$194.99	\$216.66	N/A	N/A	N/A	N/A	N/A

The minimum annual benefit premium must be at least \$180 (\$15 monthly) 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 \$2.08 Monthly Policy Fee.

*Maximum Benefit for ages 66-90 is \$50,000.

Cancer Policy with Heart Attack & Stroke Rider - No Recurrence - Monthly Rates

Cancer Policy with Heart Attack & Stroke Rider - No Recurrence

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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$1.46	\$2.91	\$4.37	\$5.84	\$8.75	\$11.66	\$14.59	\$17.50	\$20.41	\$23.34	\$26.25	\$29.16	\$32.09	\$35.00	\$37.91	\$40.84	\$43.75
25 - 29	\$1.87	\$3.75	\$5.62	\$7.50	\$11.25	\$15.00	\$18.75	\$22.50	\$26.25	\$30.00	\$33.75	\$37.50	\$41.25	\$45.00	\$48.75	\$52.50	\$56.25
30 - 34	\$2.29	\$4.59	\$6.87	\$9.16	\$13.75	\$18.34	\$22.91	\$27.50	\$32.09	\$36.66	\$41.25	\$45.84	\$50.41	\$55.00	\$59.59	\$64.16	\$68.75
35 - 39	\$2.71	\$5.41	\$8.12	\$10.84	\$16.25	\$21.66	\$27.09	\$32.50	\$37.91	\$43.34	\$48.75	\$54.16	\$59.59	\$65.00	\$70.41	\$75.83	\$81.25
40 - 44	\$3.33	\$6.67	\$9.99	\$13.33	\$20.00	\$26.67	\$33.33	\$40.00	\$46.67	\$53.33	\$60.00	\$66.67	\$73.33	\$80.00	\$86.67	\$93.33	\$100.00
45 - 49	\$4.58	\$9.17	\$13.74	\$18.33	\$27.50	\$36.67	\$45.83	\$55.00	\$64.17	\$73.33	\$82.50	\$91.66	\$100.83	\$110.00	\$119.16	\$128.33	\$137.50
50 - 54	\$5.83	\$11.67	\$17.50	\$23.33	\$35.00	\$46.67	\$58.33	\$70.00	\$81.66	\$93.33	\$105.00	\$116.66	\$128.33	\$140.00	\$151.66	\$163.33	\$175.00
55 - 59	\$7.50	\$15.00	\$22.50	\$30.00	\$45.00	\$60.00	\$75.00	\$90.00	\$104.99	\$119.99	\$135.00	\$149.99	\$164.99	\$180.00	\$194.99	\$209.99	\$225.00
60 - 64	\$9.37	\$18.75	\$28.12	\$37.50	\$56.25	\$75.00	\$93.75	\$112.50	\$131.25	\$150.00	\$168.75	\$187.50	\$206.25	\$225.00	\$243.74	\$262.49	\$281.23
65 - 69*	\$11.04	\$22.08	\$33.12	\$44.17	\$66.25	\$88.33	\$110.41	\$132.50	\$154.58	\$176.66	\$198.75	\$220.83	\$242.91	\$264.98	\$287.07	\$309.15	\$331.23
70 - 74*	\$12.71	\$25.42	\$38.12	\$50.83	\$76.25	\$101.66	\$127.08	\$152.50	\$177.91	\$203.33	\$228.75	\$254.16	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$15.41	\$30.84	\$46.25	\$61.66	\$92.50	\$123.32	\$154.16	\$185.00	\$215.82	\$246.66	\$277.48	\$308.32	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$18.33	\$36.67	\$55.00	\$73.33	\$110.00	\$146.66	\$183.33	\$219.99	\$256.66	\$293.33	\$329.98	\$366.65	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$20.83	\$41.67	\$62.50	\$83.33	\$125.00	\$166.66	\$208.33	\$249.99	\$291.65	\$333.32	\$374.98	\$416.65	N/A	N/A	N/A	N/A	N/A

Cancer Policy with Heart Attack & Stroke Rider - No Recurrence

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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$1.50	\$3.00	\$4.49	\$6.00	\$9.00	\$12.00	\$15.00	\$18.00	\$21.00	\$24.00	\$27.00	\$30.00	\$33.00	\$36.00	\$39.00	\$42.00	\$45.00
25 - 29	\$1.94	\$3.87	\$5.81	\$7.75	\$11.62	\$15.50	\$19.37	\$23.25	\$27.12	\$31.00	\$34.87	\$38.75	\$42.62	\$46.50	\$50.37	\$54.25	\$58.12
30 - 34	\$2.27	\$4.54	\$6.81	\$9.08	\$13.62	\$18.17	\$22.71	\$27.25	\$31.79	\$36.33	\$40.87	\$45.42	\$49.96	\$54.50	\$59.04	\$63.58	\$68.12
35 - 39	\$3.07	\$6.12	\$9.19	\$12.25	\$18.37	\$24.50	\$30.63	\$36.75	\$42.87	\$49.00	\$55.12	\$61.25	\$67.38	\$73.50	\$79.62	\$85.74	\$91.87
40 - 44	\$3.98	\$7.96	\$11.94	\$15.91	\$23.87	\$31.84	\$39.79	\$47.75	\$55.71	\$63.66	\$71.62	\$79.59	\$87.54	\$95.50	\$103.45	\$111.41	\$119.37
45 - 49	\$5.36	\$10.70	\$16.06	\$21.42	\$32.12	\$42.83	\$53.54	\$64.25	\$74.95	\$85.66	\$96.37	\$107.08	\$117.78	\$128.50	\$139.20	\$149.91	\$160.62
50 - 54	\$7.11	\$14.21	\$21.31	\$28.41	\$42.62	\$56.84	\$71.04	\$85.25	\$99.45	\$113.66	\$127.87	\$142.07	\$156.29	\$170.50	\$184.70	\$198.91	\$213.12
55 - 59	\$9.38	\$18.75	\$28.12	\$37.50	\$56.25	\$75.00	\$93.75	\$112.50	\$131.24	\$149.99	\$168.75	\$187.49	\$206.24	\$225.00	\$243.74	\$262.49	\$281.24
60 - 64	\$11.71	\$23.42	\$35.12	\$46.83	\$70.25	\$93.66	\$117.08	\$140.50	\$163.91	\$187.33	\$210.75	\$234.16	\$257.57	\$280.98	\$304.40	\$327.82	\$351.23
65 - 69*	\$13.50	\$27.00	\$40.50	\$54.00	\$81.00	\$107.99	\$134.99	\$162.00	\$188.99	\$215.99	\$242.99	\$269.99	\$296.99	\$323.98	\$350.99	\$377.99	\$404.98
70 - 74*	\$15.33	\$30.67	\$45.99	\$61.33	\$92.00	\$122.66	\$153.33	\$184.00	\$214.66	\$245.32	\$275.98	\$306.65	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$18.44	\$36.87	\$55.31	\$73.75	\$110.62	\$147.49	\$184.36	\$221.25	\$258.12	\$294.99	\$331.86	\$368.74	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$21.56	\$43.12	\$64.68	\$86.25	\$129.37	\$172.49	\$215.61	\$258.74	\$301.87	\$344.99	\$388.11	\$431.24	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$24.41	\$48.84	\$73.25	\$97.66	\$146.50	\$195.32	\$244.16	\$292.98	\$341.82	\$390.65	\$439.48	\$488.32	N/A	N/A	N/A	N/A	N/A

The minimum annual benefit premium must be at least \$180 (\$15 monthly) 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 \$2.08 Monthly Policy Fee.

*Maximum Benefit for ages 66-90 is \$50,000.

Cancer Policy - with Recurrence - Monthly Rates

Cancer Policy - with Recurrence

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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$1.19	\$2.37	\$3.56	\$4.75	\$7.12	\$9.50	\$11.88	\$14.25	\$16.62	\$19.00	\$21.37	\$23.75	\$26.13	\$28.50	\$30.87	\$33.25	\$35.62
25 - 29	\$1.44	\$2.87	\$4.31	\$5.75	\$8.62	\$11.50	\$14.37	\$17.25	\$20.12	\$23.00	\$25.87	\$28.75	\$31.62	\$34.50	\$37.37	\$40.25	\$43.12
30 - 34	\$1.67	\$3.34	\$4.99	\$6.66	\$10.00	\$13.34	\$16.66	\$20.00	\$23.34	\$26.66	\$30.00	\$33.34	\$36.66	\$40.00	\$43.34	\$46.66	\$50.00
35 - 39	\$1.90	\$3.79	\$5.69	\$7.59	\$11.37	\$15.16	\$18.96	\$22.75	\$26.54	\$30.34	\$34.12	\$37.91	\$41.71	\$45.50	\$49.29	\$53.08	\$56.87
40 - 44	\$2.14	\$4.29	\$6.43	\$8.58	\$12.87	\$17.17	\$21.46	\$25.75	\$30.04	\$34.33	\$38.62	\$42.92	\$47.21	\$51.50	\$55.79	\$60.08	\$64.37
45 - 49	\$3.08	\$6.17	\$9.24	\$12.33	\$18.50	\$24.67	\$30.83	\$37.00	\$43.17	\$49.33	\$55.50	\$61.66	\$67.83	\$74.00	\$80.16	\$86.33	\$92.50
50 - 54	\$3.79	\$7.59	\$11.37	\$15.16	\$22.75	\$30.34	\$37.91	\$45.50	\$53.08	\$60.66	\$68.25	\$75.83	\$83.41	\$91.00	\$98.58	\$106.16	\$113.75
55 - 59	\$4.67	\$9.33	\$14.00	\$18.67	\$28.00	\$37.33	\$46.67	\$56.00	\$65.33	\$74.66	\$84.00	\$93.33	\$102.66	\$112.00	\$121.33	\$130.66	\$140.00
60 - 64	\$5.56	\$11.12	\$16.69	\$22.25	\$33.37	\$44.50	\$55.62	\$66.75	\$77.87	\$89.00	\$100.12	\$111.25	\$122.37	\$133.50	\$144.61	\$155.74	\$166.86
65 - 69*	\$6.24	\$12.50	\$18.74	\$25.00	\$37.50	\$50.00	\$62.50	\$75.00	\$87.50	\$100.00	\$112.50	\$125.00	\$137.50	\$149.99	\$162.49	\$174.99	\$187.49
70 - 74*	\$6.96	\$13.92	\$20.87	\$27.83	\$41.75	\$55.67	\$69.58	\$83.50	\$97.42	\$111.33	\$125.25	\$139.17	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$7.85	\$15.71	\$23.56	\$31.41	\$47.12	\$62.83	\$78.54	\$94.25	\$109.95	\$125.66	\$141.36	\$157.08	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$8.33	\$16.67	\$25.00	\$33.33	\$50.00	\$66.67	\$83.33	\$100.00	\$116.67	\$133.33	\$149.99	\$166.66	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$9.25	\$18.50	\$27.75	\$37.00	\$55.50	\$73.99	\$92.50	\$111.00	\$129.49	\$148.00	\$166.49	\$184.99	N/A	N/A	N/A	N/A	N/A

Cancer Policy - with Recurrence

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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$1.23	\$2.45	\$3.68	\$4.92	\$7.37	\$9.83	\$12.29	\$14.75	\$17.20	\$19.67	\$22.12	\$24.58	\$27.04	\$29.50	\$31.95	\$34.42	\$36.87
25 - 29	\$1.52	\$3.04	\$4.56	\$6.08	\$9.12	\$12.17	\$15.21	\$18.25	\$21.29	\$24.33	\$27.37	\$30.42	\$33.46	\$36.50	\$39.54	\$42.58	\$45.62
30 - 34	\$1.54	\$3.08	\$4.62	\$6.17	\$9.25	\$12.33	\$15.42	\$18.50	\$21.58	\$24.67	\$27.75	\$30.83	\$33.92	\$37.00	\$40.08	\$43.17	\$46.25
35 - 39	\$2.04	\$4.08	\$6.12	\$8.17	\$12.25	\$16.33	\$20.42	\$24.50	\$28.58	\$32.67	\$36.75	\$40.83	\$44.92	\$49.00	\$53.08	\$57.16	\$61.25
40 - 44	\$2.56	\$5.13	\$7.69	\$10.25	\$15.37	\$20.50	\$25.62	\$30.75	\$35.88	\$41.00	\$46.12	\$51.25	\$56.37	\$61.50	\$66.62	\$71.75	\$76.87
45 - 49	\$3.59	\$7.16	\$10.75	\$14.34	\$21.50	\$28.66	\$35.84	\$43.00	\$50.16	\$57.33	\$64.50	\$71.66	\$78.83	\$86.00	\$93.16	\$100.33	\$107.50
50 - 54	\$4.83	\$9.67	\$14.49	\$19.33	\$29.00	\$38.67	\$48.33	\$58.00	\$67.66	\$77.33	\$87.00	\$96.66	\$106.33	\$116.00	\$125.66	\$135.33	\$145.00
55 - 59	\$6.27	\$12.54	\$18.81	\$25.08	\$37.62	\$50.17	\$62.70	\$75.25	\$87.78	\$100.33	\$112.87	\$125.41	\$137.95	\$150.50	\$163.03	\$175.58	\$188.11
60 - 64	\$7.35	\$14.71	\$22.06	\$29.42	\$44.12	\$58.83	\$73.54	\$88.25	\$102.96	\$117.67	\$132.37	\$147.08	\$161.78	\$176.49	\$191.20	\$205.91	\$220.61
65 - 69*	\$8.18	\$16.38	\$24.56	\$32.75	\$49.12	\$65.49	\$81.87	\$98.25	\$114.62	\$131.00	\$147.36	\$163.74	\$180.12	\$196.49	\$212.87	\$229.25	\$245.61
70 - 74*	\$9.22	\$18.46	\$27.68	\$36.92	\$55.37	\$73.83	\$92.29	\$110.75	\$129.21	\$147.66	\$166.11	\$184.57	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$10.27	\$20.54	\$30.81	\$41.09	\$61.62	\$82.16	\$102.70	\$123.25	\$143.79	\$164.33	\$184.86	\$205.41	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$10.89	\$21.79	\$32.68	\$43.59	\$65.37	\$87.16	\$108.95	\$130.75	\$152.54	\$174.33	\$196.11	\$217.91	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$12.02	\$24.04	\$36.06	\$48.08	\$72.12	\$96.16	\$120.20	\$144.24	\$168.28	\$192.33	\$216.36	\$240.41	N/A	N/A	N/A	N/A	N/A

The minimum annual benefit premium must be at least \$180 (\$15 monthly) 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 \$2.08 Monthly Policy Fee.

*Maximum Benefit for ages 66-90 is \$50,000.

Cancer Policy with Heart Attack & Stroke Rider - with Recurrence - Monthly Rates

Cancer Policy with Heart Attack & Stroke Rider- with Recurrence

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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$1.73	\$3.45	\$5.18	\$6.92	\$10.37	\$13.83	\$17.30	\$20.75	\$24.20	\$27.67	\$31.12	\$34.58	\$38.05	\$41.50	\$44.95	\$48.42	\$51.87
25 - 29	\$2.23	\$4.45	\$6.68	\$8.92	\$13.37	\$17.83	\$22.29	\$26.75	\$31.20	\$35.67	\$40.12	\$44.58	\$49.04	\$53.50	\$57.95	\$62.42	\$66.87
30 - 34	\$2.71	\$5.43	\$8.11	\$10.82	\$16.25	\$21.68	\$27.07	\$32.50	\$37.93	\$43.32	\$48.75	\$54.18	\$59.57	\$65.00	\$70.43	\$75.82	\$81.25
35 - 39	\$3.19	\$6.37	\$9.56	\$12.76	\$19.12	\$25.49	\$31.88	\$38.25	\$44.62	\$51.01	\$57.37	\$63.74	\$70.13	\$76.50	\$82.87	\$89.25	\$95.62
40 - 44	\$3.93	\$7.88	\$11.80	\$15.74	\$23.62	\$31.51	\$39.37	\$47.25	\$55.13	\$62.99	\$70.87	\$78.76	\$86.62	\$94.50	\$102.38	\$110.24	\$118.12
45 - 49	\$5.37	\$10.75	\$16.11	\$21.50	\$32.25	\$43.00	\$53.75	\$64.50	\$75.25	\$86.00	\$96.75	\$107.49	\$118.25	\$129.00	\$139.74	\$150.50	\$161.25
50 - 54	\$6.85	\$13.71	\$20.56	\$27.41	\$41.12	\$54.84	\$68.53	\$82.25	\$95.95	\$109.66	\$123.37	\$137.08	\$150.78	\$164.50	\$178.20	\$191.91	\$205.62
55 - 59	\$8.73	\$17.46	\$26.19	\$34.92	\$52.37	\$69.83	\$87.29	\$104.75	\$122.20	\$139.66	\$157.12	\$174.57	\$192.03	\$209.50	\$226.95	\$244.41	\$261.87
60 - 64	\$10.85	\$21.70	\$32.56	\$43.42	\$65.12	\$86.83	\$108.54	\$130.25	\$151.95	\$173.67	\$195.37	\$217.08	\$238.79	\$260.50	\$282.19	\$303.91	\$325.60
65 - 69*	\$12.72	\$25.45	\$38.18	\$50.92	\$76.37	\$101.83	\$127.28	\$152.75	\$178.20	\$203.66	\$229.12	\$254.58	\$280.03	\$305.48	\$330.94	\$356.40	\$381.85
70 - 74*	\$14.61	\$29.21	\$43.80	\$58.41	\$87.62	\$116.83	\$146.03	\$175.25	\$204.45	\$233.66	\$262.87	\$292.08	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$17.41	\$34.84	\$52.25	\$69.66	\$104.49	\$139.32	\$174.16	\$209.00	\$243.82	\$278.66	\$313.47	\$348.32	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$20.60	\$41.21	\$61.81	\$82.41	\$123.62	\$164.83	\$206.03	\$247.24	\$288.45	\$329.66	\$370.85	\$412.07	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$23.46	\$46.92	\$70.37	\$93.83	\$140.75	\$187.66	\$234.58	\$281.49	\$328.40	\$375.32	\$422.23	\$469.15	N/A	N/A	N/A	N/A	N/A

Cancer Policy with Heart Attack & Stroke Rider- with Recurrence

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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$1.86	\$3.70	\$5.55	\$7.42	\$11.12	\$14.83	\$18.54	\$22.25	\$25.95	\$29.67	\$33.37	\$37.08	\$40.79	\$44.50	\$48.20	\$51.92	\$55.62
25 - 29	\$2.44	\$4.87	\$7.31	\$9.75	\$14.61	\$19.50	\$24.37	\$29.25	\$34.12	\$39.00	\$43.86	\$48.75	\$53.62	\$58.50	\$63.37	\$68.25	\$73.11
30 - 34	\$2.85	\$5.70	\$8.55	\$11.42	\$17.12	\$22.83	\$28.55	\$34.25	\$39.95	\$45.67	\$51.37	\$57.08	\$62.80	\$68.50	\$74.20	\$79.92	\$85.62
35 - 39	\$3.79	\$7.58	\$11.37	\$15.17	\$22.74	\$30.33	\$37.92	\$45.50	\$53.08	\$60.67	\$68.24	\$75.83	\$83.42	\$91.00	\$98.58	\$106.16	\$113.74
40 - 44	\$4.92	\$9.84	\$14.75	\$19.66	\$29.49	\$39.34	\$49.16	\$59.00	\$68.84	\$78.66	\$88.49	\$98.34	\$108.16	\$118.00	\$127.83	\$137.66	\$147.49
45 - 49	\$6.59	\$13.15	\$19.75	\$26.34	\$39.49	\$52.66	\$65.83	\$79.00	\$92.15	\$105.33	\$118.49	\$131.66	\$144.82	\$158.00	\$171.15	\$184.33	\$197.49
50 - 54	\$8.69	\$17.38	\$26.05	\$34.74	\$52.12	\$69.51	\$86.87	\$104.25	\$121.62	\$138.99	\$156.37	\$173.74	\$191.12	\$208.50	\$225.87	\$243.24	\$260.62
55 - 59	\$11.34	\$22.66	\$34.00	\$45.33	\$67.99	\$90.67	\$113.33	\$136.00	\$158.65	\$181.32	\$203.99	\$226.66	\$249.32	\$272.00	\$294.65	\$317.32	\$339.98
60 - 64	\$13.87	\$27.75	\$41.62	\$55.50	\$83.24	\$110.99	\$138.74	\$166.50	\$194.24	\$222.00	\$249.74	\$277.49	\$305.23	\$332.98	\$360.73	\$388.49	\$416.22
65 - 69*	\$15.70	\$31.42	\$47.12	\$62.84	\$94.24	\$125.65	\$157.07	\$188.50	\$219.91	\$251.33	\$282.73	\$314.15	\$345.57	\$376.98	\$408.41	\$439.83	\$471.22
70 - 74*	\$17.53	\$35.09	\$52.61	\$70.17	\$105.24	\$140.32	\$175.41	\$210.50	\$245.58	\$280.66	\$315.72	\$350.81	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$20.81	\$41.62	\$62.43	\$83.25	\$124.86	\$166.49	\$208.11	\$249.75	\$291.37	\$332.99	\$374.60	\$416.24	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$24.24	\$48.50	\$72.74	\$97.00	\$145.49	\$193.99	\$242.48	\$290.99	\$339.50	\$387.99	\$436.48	\$484.99	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$27.50	\$55.00	\$82.50	\$109.99	\$164.99	\$219.99	\$274.99	\$329.98	\$384.98	\$439.98	\$494.97	\$549.99	N/A	N/A	N/A	N/A	N/A

The minimum annual benefit premium must be at least \$180 (\$15 monthly) 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 \$2.08 Monthly Policy Fee.

*Maximum Benefit for ages 66-90 is \$50,000.

Benefit Builder Rider - for Cancer Policy - Monthly Rates

Benefit Builder Rider - for Cancer Policy

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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$3.52	\$3.63	\$3.73	\$3.84	\$4.04	\$4.25	\$4.46	\$4.67	\$4.88	\$5.09	\$5.29	\$5.50	\$5.71	\$5.92	\$6.13	\$6.34	\$6.54
25 - 29	\$3.82	\$3.96	\$4.11	\$4.25	\$4.54	\$4.84	\$5.13	\$5.42	\$5.71	\$6.00	\$6.29	\$6.59	\$6.88	\$7.17	\$7.46	\$7.75	\$8.04
30 - 34	\$4.04	\$4.25	\$4.45	\$4.66	\$5.08	\$5.50	\$5.91	\$6.33	\$6.75	\$7.16	\$7.58	\$8.00	\$8.41	\$8.83	\$9.25	\$9.66	\$10.08
35 - 39	\$4.44	\$4.71	\$4.98	\$5.25	\$5.79	\$6.34	\$6.88	\$7.42	\$7.96	\$8.50	\$9.04	\$9.59	\$10.13	\$10.67	\$11.21	\$11.75	\$12.29
40 - 44	\$4.85	\$5.21	\$5.56	\$5.92	\$6.62	\$7.33	\$8.04	\$8.75	\$9.46	\$10.17	\$10.87	\$11.58	\$12.29	\$13.00	\$13.71	\$14.42	\$15.12
45 - 49	\$5.27	\$5.70	\$6.14	\$6.58	\$7.45	\$8.33	\$9.20	\$10.08	\$10.95	\$11.83	\$12.70	\$13.58	\$14.45	\$15.33	\$16.20	\$17.08	\$17.95
50 - 54	\$5.79	\$6.33	\$6.87	\$7.42	\$8.50	\$9.58	\$10.67	\$11.75	\$12.83	\$13.92	\$15.00	\$16.08	\$17.17	\$18.25	\$19.33	\$20.42	\$21.50
55 - 59	\$6.15	\$6.79	\$7.44	\$8.08	\$9.37	\$10.67	\$11.96	\$13.25	\$14.54	\$15.83	\$17.12	\$18.42	\$19.71	\$21.00	\$22.29	\$23.58	\$24.87
60 - 64	\$6.73	\$7.46	\$8.19	\$8.92	\$10.37	\$11.83	\$13.29	\$14.75	\$16.21	\$17.67	\$19.12	\$20.58	\$22.04	\$23.50	\$24.96	\$26.42	\$27.87
65 - 69*	\$7.37	\$8.16	\$8.95	\$9.75	\$11.33	\$12.91	\$14.50	\$16.08	\$17.66	\$19.25	\$20.83	\$22.41	\$24.00	\$25.58	\$27.16	\$28.75	\$30.33
70 - 74*	\$8.33	\$9.17	\$10.00	\$10.83	\$12.50	\$14.17	\$15.83	\$17.50	\$19.17	\$20.83	\$22.50	\$24.17	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$9.28	\$10.16	\$11.03	\$11.91	\$13.66	\$15.41	\$17.16	\$18.91	\$20.66	\$22.41	\$24.16	\$25.91	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$9.73	\$10.62	\$11.52	\$12.41	\$14.20	\$16.00	\$17.79	\$19.58	\$21.37	\$23.16	\$24.95	\$26.75	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$9.90	\$10.79	\$11.69	\$12.58	\$14.37	\$16.17	\$17.96	\$19.75	\$21.54	\$23.33	\$25.12	\$26.92	N/A	N/A	N/A	N/A	N/A

Benefit Builder Rider - for Cancer Policy

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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$3.58	\$3.67	\$3.75	\$3.83	\$4.00	\$4.17	\$4.33	\$4.50	\$4.67	\$4.83	\$5.00	\$5.17	\$5.33	\$5.50	\$5.67	\$5.83	\$6.00
25 - 29	\$3.87	\$4.00	\$4.12	\$4.25	\$4.50	\$4.75	\$5.00	\$5.25	\$5.50	\$5.75	\$6.00	\$6.25	\$6.50	\$6.75	\$7.00	\$7.25	\$7.50
30 - 34	\$4.17	\$4.33	\$4.50	\$4.67	\$5.00	\$5.33	\$5.67	\$6.00	\$6.33	\$6.67	\$7.00	\$7.33	\$7.67	\$8.00	\$8.33	\$8.67	\$9.00
35 - 39	\$4.67	\$4.92	\$5.17	\$5.42	\$5.92	\$6.42	\$6.92	\$7.42	\$7.92	\$8.42	\$8.92	\$9.42	\$9.92	\$10.42	\$10.92	\$11.42	\$11.92
40 - 44	\$5.16	\$5.50	\$5.83	\$6.16	\$6.83	\$7.50	\$8.16	\$8.83	\$9.50	\$10.16	\$10.83	\$11.50	\$12.16	\$12.83	\$13.50	\$14.16	\$14.83
45 - 49	\$5.79	\$6.25	\$6.70	\$7.16	\$8.08	\$9.00	\$9.91	\$10.83	\$11.75	\$12.66	\$13.58	\$14.50	\$15.41	\$16.33	\$17.25	\$18.16	\$19.08
50 - 54	\$6.60	\$7.21	\$7.81	\$8.42	\$9.62	\$10.83	\$12.04	\$13.25	\$14.46	\$15.67	\$16.87	\$18.08	\$19.29	\$20.50	\$21.71	\$22.92	\$24.12
55 - 59	\$7.56	\$8.37	\$9.19	\$10.00	\$11.62	\$13.25	\$14.87	\$16.50	\$18.12	\$19.75	\$21.37	\$23.00	\$24.62	\$26.25	\$27.87	\$29.50	\$31.12
60 - 64	\$8.73	\$9.71	\$10.69	\$11.67	\$13.62	\$15.58	\$17.54	\$19.50	\$21.46	\$23.42	\$25.37	\$27.33	\$29.29	\$31.25	\$33.21	\$35.17	\$37.12
65 - 69*	\$10.08	\$11.17	\$12.25	\$13.33	\$15.50	\$17.67	\$19.83	\$22.00	\$24.17	\$26.33	\$28.50	\$30.67	\$32.83	\$35.00	\$37.17	\$39.33	\$41.50
70 - 74*	\$12.25	\$13.41	\$14.58	\$15.75	\$18.08	\$20.41	\$22.75	\$25.08	\$27.41	\$29.75	\$32.08	\$34.41	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$14.52	\$15.79	\$17.06	\$18.33	\$20.87	\$23.42	\$25.96	\$28.50	\$31.04	\$33.58	\$36.12	\$38.67	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$15.33	\$16.67	\$18.00	\$19.33	\$22.00	\$24.67	\$27.33	\$30.00	\$32.67	\$35.33	\$38.00	\$40.67	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$15.95	\$17.33	\$18.70	\$20.08	\$22.83	\$25.58	\$28.33	\$31.08	\$33.83	\$36.58	\$39.33	\$42.08	N/A	N/A	N/A	N/A	N/A

The minimum annual benefit premium must be at least \$180 (\$15 monthly) 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 \$2.08 Monthly Policy Fee.

*Maximum Benefit for ages 66-90 is \$50,000.

Benefit Builder Rider - for Heart Attack & Stroke Policy and Rider - Monthly Rates

Benefit Builder Rider - for Heart Attack & Stroke Policy and 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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$0.06	\$0.12	\$0.19	\$0.25	\$0.37	\$0.50	\$0.62	\$0.75	\$0.87	\$1.00	\$1.12	\$1.25	\$1.37	\$1.50	\$1.62	\$1.75	\$1.87
25 - 29	\$0.06	\$0.12	\$0.19	\$0.25	\$0.37	\$0.50	\$0.62	\$0.75	\$0.87	\$1.00	\$1.12	\$1.25	\$1.37	\$1.50	\$1.62	\$1.75	\$1.87
30 - 34	\$0.08	\$0.17	\$0.25	\$0.33	\$0.50	\$0.67	\$0.83	\$1.00	\$1.17	\$1.33	\$1.50	\$1.67	\$1.83	\$2.00	\$2.17	\$2.33	\$2.50
35 - 39	\$0.12	\$0.25	\$0.37	\$0.50	\$0.75	\$1.00	\$1.25	\$1.50	\$1.75	\$2.00	\$2.25	\$2.50	\$2.75	\$3.00	\$3.25	\$3.50	\$3.75
40 - 44	\$0.17	\$0.33	\$0.50	\$0.67	\$1.00	\$1.33	\$1.67	\$2.00	\$2.33	\$2.67	\$3.00	\$3.33	\$3.67	\$4.00	\$4.33	\$4.67	\$5.00
45 - 49	\$0.23	\$0.46	\$0.69	\$0.92	\$1.37	\$1.83	\$2.29	\$2.75	\$3.21	\$3.67	\$4.12	\$4.58	\$5.04	\$5.50	\$5.96	\$6.42	\$6.87
50 - 54	\$0.29	\$0.58	\$0.87	\$1.17	\$1.75	\$2.33	\$2.92	\$3.50	\$4.08	\$4.67	\$5.25	\$5.83	\$6.42	\$7.00	\$7.58	\$8.17	\$8.75
55 - 59	\$0.40	\$0.79	\$1.19	\$1.58	\$2.37	\$3.17	\$3.96	\$4.75	\$5.54	\$6.33	\$7.12	\$7.92	\$8.71	\$9.50	\$10.29	\$11.08	\$11.87
60 - 64	\$0.50	\$1.00	\$1.50	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00	\$11.00	\$12.00	\$13.00	\$14.00	\$15.00
65 - 69*	\$0.62	\$1.25	\$1.87	\$2.50	\$3.75	\$5.00	\$6.25	\$7.50	\$8.75	\$10.00	\$11.25	\$12.50	\$13.75	\$15.00	\$16.25	\$17.50	\$18.75
70 - 74*	\$0.75	\$1.50	\$2.25	\$3.00	\$4.50	\$6.00	\$7.50	\$9.00	\$10.50	\$12.00	\$13.50	\$15.00	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$0.85	\$1.71	\$2.56	\$3.42	\$5.12	\$6.83	\$8.54	\$10.25	\$11.96	\$13.67	\$15.37	\$17.08	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$0.92	\$1.83	\$2.75	\$3.67	\$5.50	\$7.33	\$9.17	\$11.00	\$12.83	\$14.67	\$16.50	\$18.33	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$0.94	\$1.87	\$2.81	\$3.75	\$5.62	\$7.50	\$9.37	\$11.25	\$13.12	\$15.00	\$16.87	\$18.75	N/A	N/A	N/A	N/A	N/A

Benefit Builder Rider - for Heart Attack & Stroke Policy and 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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$0.08	\$0.17	\$0.25	\$0.33	\$0.50	\$0.67	\$0.83	\$1.00	\$1.17	\$1.33	\$1.50	\$1.67	\$1.83	\$2.00	\$2.17	\$2.33	\$2.50
25 - 29	\$0.12	\$0.25	\$0.37	\$0.50	\$0.75	\$1.00	\$1.25	\$1.50	\$1.75	\$2.00	\$2.25	\$2.50	\$2.75	\$3.00	\$3.25	\$3.50	\$3.75
30 - 34	\$0.19	\$0.37	\$0.56	\$0.75	\$1.12	\$1.50	\$1.87	\$2.25	\$2.62	\$3.00	\$3.37	\$3.75	\$4.12	\$4.50	\$4.87	\$5.25	\$5.62
35 - 39	\$0.27	\$0.54	\$0.81	\$1.08	\$1.62	\$2.17	\$2.71	\$3.25	\$3.79	\$4.33	\$4.87	\$5.42	\$5.96	\$6.50	\$7.04	\$7.58	\$8.12
40 - 44	\$0.37	\$0.75	\$1.12	\$1.50	\$2.25	\$3.00	\$3.75	\$4.50	\$5.25	\$6.00	\$6.75	\$7.50	\$8.25	\$9.00	\$9.75	\$10.50	\$11.25
45 - 49	\$0.50	\$1.00	\$1.50	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00	\$11.00	\$12.00	\$13.00	\$14.00	\$15.00
50 - 54	\$0.65	\$1.29	\$1.94	\$2.58	\$3.87	\$5.17	\$6.46	\$7.75	\$9.04	\$10.33	\$11.62	\$12.92	\$14.21	\$15.50	\$16.79	\$18.08	\$19.37
55 - 59	\$0.83	\$1.67	\$2.50	\$3.33	\$5.00	\$6.67	\$8.33	\$10.00	\$11.67	\$13.33	\$15.00	\$16.67	\$18.33	\$20.00	\$21.67	\$23.33	\$25.00
60 - 64	\$1.04	\$2.08	\$3.12	\$4.17	\$6.25	\$8.33	\$10.42	\$12.50	\$14.58	\$16.67	\$18.75	\$20.83	\$22.92	\$25.00	\$27.08	\$29.17	\$31.25
65 - 69*	\$1.25	\$2.50	\$3.75	\$5.00	\$7.50	\$10.00	\$12.50	\$15.00	\$17.50	\$20.00	\$22.50	\$25.00	\$27.50	\$30.00	\$32.50	\$35.00	\$37.50
70 - 74*	\$1.44	\$2.87	\$4.31	\$5.75	\$8.62	\$11.50	\$14.37	\$17.25	\$20.12	\$23.00	\$25.87	\$28.75	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$1.58	\$3.17	\$4.75	\$6.33	\$9.50	\$12.67	\$15.83	\$19.00	\$22.17	\$25.33	\$28.50	\$31.67	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$1.65	\$3.29	\$4.94	\$6.58	\$9.87	\$13.17	\$16.46	\$19.75	\$23.04	\$26.33	\$29.62	\$32.92	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$1.65	\$3.29	\$4.94	\$6.58	\$9.87	\$13.17	\$16.46	\$19.75	\$23.04	\$26.33	\$29.62	\$32.92	N/A	N/A	N/A	N/A	N/A

The minimum annual benefit premium must be at least \$180 (\$15 monthly) 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 \$2.08 Monthly Policy Fee.

*Maximum Benefit for ages 66-90 is \$50,000.

Heart Attack & Stroke Policy - No Recurrence - Monthly Rates

Heart Attack & Stroke Policy - No Recurrence

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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$0.83	\$1.67	\$2.50	\$3.33	\$5.00	\$6.67	\$8.33	\$10.00	\$11.67	\$13.33	\$15.00	\$16.67	\$18.33	\$20.00	\$21.67	\$23.33	\$25.00
25 - 29	\$1.04	\$2.08	\$3.12	\$4.17	\$6.25	\$8.33	\$10.42	\$12.50	\$14.58	\$16.67	\$18.75	\$20.83	\$22.92	\$25.00	\$27.08	\$29.17	\$31.25
30 - 34	\$1.25	\$2.50	\$3.75	\$5.00	\$7.50	\$10.00	\$12.50	\$15.00	\$17.50	\$20.00	\$22.50	\$25.00	\$27.50	\$30.00	\$32.50	\$35.00	\$37.50
35 - 39	\$1.46	\$2.92	\$4.37	\$5.83	\$8.75	\$11.67	\$14.58	\$17.50	\$20.42	\$23.33	\$26.25	\$29.17	\$32.08	\$35.00	\$37.92	\$40.83	\$43.75
40 - 44	\$1.87	\$3.75	\$5.62	\$7.50	\$11.25	\$15.00	\$18.75	\$22.50	\$26.25	\$30.00	\$33.75	\$37.50	\$41.25	\$45.00	\$48.75	\$52.50	\$56.25
45 - 49	\$2.29	\$4.58	\$6.87	\$9.17	\$13.75	\$18.33	\$22.92	\$27.50	\$32.08	\$36.67	\$41.25	\$45.83	\$50.41	\$55.00	\$59.58	\$64.16	\$68.75
50 - 54	\$2.71	\$5.42	\$8.12	\$10.83	\$16.25	\$21.67	\$27.08	\$32.50	\$37.92	\$43.33	\$48.75	\$54.16	\$59.58	\$65.00	\$70.41	\$75.83	\$81.25
55 - 59	\$3.54	\$7.08	\$10.62	\$14.17	\$21.25	\$28.33	\$35.42	\$42.50	\$49.58	\$56.66	\$63.75	\$70.83	\$77.91	\$85.00	\$92.08	\$99.16	\$106.25
60 - 64	\$4.37	\$8.75	\$13.12	\$17.50	\$26.25	\$35.00	\$43.75	\$52.50	\$61.25	\$70.00	\$78.75	\$87.50	\$96.25	\$105.00	\$113.75	\$122.50	\$131.24
65 - 69*	\$5.42	\$10.83	\$16.25	\$21.67	\$32.50	\$43.33	\$54.16	\$65.00	\$75.83	\$86.66	\$97.50	\$108.33	\$119.16	\$129.99	\$140.83	\$151.66	\$162.49
70 - 74*	\$6.67	\$13.33	\$20.00	\$26.67	\$40.00	\$53.33	\$66.66	\$80.00	\$93.33	\$106.66	\$120.00	\$133.33	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$8.54	\$17.08	\$25.62	\$34.17	\$51.25	\$68.33	\$85.41	\$102.50	\$119.58	\$136.66	\$153.74	\$170.83	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$10.83	\$21.67	\$32.50	\$43.33	\$65.00	\$86.66	\$108.33	\$129.99	\$151.66	\$173.33	\$194.99	\$216.66	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$12.71	\$25.42	\$38.12	\$50.83	\$76.25	\$101.66	\$127.08	\$152.49	\$177.91	\$203.33	\$228.74	\$254.16	N/A	N/A	N/A	N/A	N/A

Heart Attack & Stroke Policy - No Recurrence

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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$1.04	\$2.08	\$3.12	\$4.17	\$6.25	\$8.33	\$10.42	\$12.50	\$14.58	\$16.67	\$18.75	\$20.83	\$22.92	\$25.00	\$27.08	\$29.17	\$31.25
25 - 29	\$1.25	\$2.50	\$3.75	\$5.00	\$7.50	\$10.00	\$12.50	\$15.00	\$17.50	\$20.00	\$22.50	\$25.00	\$27.50	\$30.00	\$32.50	\$35.00	\$37.50
30 - 34	\$1.46	\$2.92	\$4.37	\$5.83	\$8.75	\$11.67	\$14.58	\$17.50	\$20.42	\$23.33	\$26.25	\$29.17	\$32.08	\$35.00	\$37.92	\$40.83	\$43.75
35 - 39	\$1.87	\$3.75	\$5.62	\$7.50	\$11.25	\$15.00	\$18.75	\$22.50	\$26.25	\$30.00	\$33.75	\$37.50	\$41.25	\$45.00	\$48.75	\$52.50	\$56.25
40 - 44	\$2.29	\$4.58	\$6.87	\$9.17	\$13.75	\$18.33	\$22.92	\$27.50	\$32.08	\$36.67	\$41.25	\$45.83	\$50.41	\$55.00	\$59.58	\$64.16	\$68.75
45 - 49	\$2.71	\$5.42	\$8.12	\$10.83	\$16.25	\$21.67	\$27.08	\$32.50	\$37.92	\$43.33	\$48.75	\$54.16	\$59.58	\$65.00	\$70.41	\$75.83	\$81.25
50 - 54	\$3.33	\$6.67	\$10.00	\$13.33	\$20.00	\$26.67	\$33.33	\$40.00	\$46.66	\$53.33	\$60.00	\$66.66	\$73.33	\$80.00	\$86.66	\$93.33	\$100.00
55 - 59	\$4.37	\$8.75	\$13.12	\$17.50	\$26.25	\$35.00	\$43.75	\$52.50	\$61.25	\$70.00	\$78.75	\$87.50	\$96.25	\$105.00	\$113.75	\$122.50	\$131.24
60 - 64	\$5.46	\$10.92	\$16.37	\$21.83	\$32.75	\$43.66	\$54.58	\$65.50	\$76.41	\$87.33	\$98.25	\$109.16	\$120.08	\$130.99	\$141.91	\$152.83	\$163.74
65 - 69*	\$6.42	\$12.83	\$19.25	\$25.67	\$38.50	\$51.33	\$64.16	\$77.00	\$89.83	\$102.66	\$115.50	\$128.33	\$141.16	\$153.99	\$166.83	\$179.66	\$192.49
70 - 74*	\$7.71	\$15.42	\$23.12	\$30.83	\$46.25	\$61.66	\$77.08	\$92.50	\$107.91	\$123.33	\$138.74	\$154.16	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$9.37	\$18.75	\$28.12	\$37.50	\$56.25	\$75.00	\$93.75	\$112.50	\$131.24	\$149.99	\$168.74	\$187.49	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$11.77	\$23.54	\$35.31	\$47.08	\$70.62	\$94.16	\$117.70	\$141.24	\$164.79	\$188.33	\$211.87	\$235.41	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$13.96	\$27.92	\$41.87	\$55.83	\$83.75	\$111.66	\$139.58	\$167.49	\$195.41	\$223.32	\$251.24	\$279.16	N/A	N/A	N/A	N/A	N/A

The minimum annual benefit premium must be at least \$180 (\$15 monthly) 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 \$2.08 Monthly Policy Fee.

*Maximum Benefit for ages 66-90 is \$50,000.

Heart Attack & Stroke Policy - with Recurrence - Monthly Rates

Heart Attack & Stroke Policy - with Recurrence

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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$0.95	\$1.92	\$2.87	\$3.83	\$5.75	\$7.67	\$9.58	\$11.50	\$13.42	\$15.33	\$17.25	\$19.17	\$21.08	\$23.00	\$24.92	\$26.83	\$28.75
25 - 29	\$1.21	\$2.41	\$3.62	\$4.84	\$7.25	\$9.66	\$12.09	\$14.50	\$16.91	\$19.34	\$21.75	\$24.16	\$26.59	\$29.00	\$31.41	\$33.84	\$36.25
30 - 34	\$1.46	\$2.92	\$4.37	\$5.83	\$8.75	\$11.67	\$14.58	\$17.50	\$20.42	\$23.33	\$26.25	\$29.17	\$32.08	\$35.00	\$37.92	\$40.83	\$43.75
35 - 39	\$1.71	\$3.42	\$5.12	\$6.83	\$10.25	\$13.67	\$17.08	\$20.50	\$23.92	\$27.33	\$30.75	\$34.17	\$37.58	\$41.00	\$44.42	\$47.83	\$51.25
40 - 44	\$2.20	\$4.42	\$6.62	\$8.83	\$13.25	\$17.67	\$22.08	\$26.50	\$30.92	\$35.33	\$39.75	\$44.17	\$48.58	\$53.00	\$57.42	\$61.83	\$66.25
45 - 49	\$2.71	\$5.41	\$8.12	\$10.84	\$16.25	\$21.66	\$27.09	\$32.50	\$37.91	\$43.34	\$48.75	\$54.16	\$59.58	\$65.00	\$70.41	\$75.83	\$81.25
50 - 54	\$3.27	\$6.54	\$9.81	\$13.08	\$19.62	\$26.17	\$32.70	\$39.25	\$45.79	\$52.33	\$58.87	\$65.41	\$71.95	\$78.50	\$85.03	\$91.58	\$98.12
55 - 59	\$4.27	\$8.54	\$12.81	\$17.09	\$25.62	\$34.16	\$42.71	\$51.25	\$59.79	\$68.33	\$76.87	\$85.41	\$93.95	\$102.50	\$111.04	\$119.58	\$128.12
60 - 64	\$5.29	\$10.58	\$15.87	\$21.17	\$31.75	\$42.33	\$52.92	\$63.50	\$74.08	\$84.67	\$95.25	\$105.83	\$116.42	\$127.00	\$137.58	\$148.17	\$158.74
65 - 69*	\$6.48	\$12.95	\$19.44	\$25.92	\$38.87	\$51.83	\$64.78	\$77.75	\$90.70	\$103.66	\$116.62	\$129.58	\$142.53	\$155.49	\$168.45	\$181.41	\$194.36
70 - 74*	\$7.86	\$15.70	\$23.56	\$31.42	\$47.12	\$62.83	\$78.53	\$94.25	\$109.95	\$125.66	\$141.37	\$157.08	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$9.77	\$19.54	\$29.31	\$39.09	\$58.62	\$78.16	\$97.70	\$117.25	\$136.79	\$156.33	\$175.86	\$195.41	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$12.27	\$24.54	\$36.81	\$49.08	\$73.62	\$98.16	\$122.70	\$147.24	\$171.78	\$196.33	\$220.86	\$245.41	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$14.42	\$28.84	\$43.24	\$57.66	\$86.50	\$115.33	\$144.16	\$172.99	\$201.83	\$230.66	\$259.49	\$288.33	N/A	N/A	N/A	N/A	N/A

Heart Attack & Stroke Policy - with Recurrence

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	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
18 - 24	\$1.21	\$2.41	\$3.62	\$4.84	\$7.25	\$9.66	\$12.09	\$14.50	\$16.91	\$19.34	\$21.75	\$24.16	\$26.59	\$29.00	\$31.41	\$33.84	\$36.25
25 - 29	\$1.48	\$2.96	\$4.44	\$5.92	\$8.87	\$11.83	\$14.79	\$17.75	\$20.71	\$23.67	\$26.62	\$29.58	\$32.54	\$35.50	\$38.46	\$41.42	\$44.37
30 - 34	\$1.75	\$3.50	\$5.24	\$7.00	\$10.50	\$14.00	\$17.50	\$21.00	\$24.50	\$28.00	\$31.50	\$35.00	\$38.50	\$42.00	\$45.50	\$49.00	\$52.50
35 - 39	\$2.22	\$4.46	\$6.68	\$8.92	\$13.37	\$17.83	\$22.29	\$26.75	\$31.21	\$35.67	\$40.12	\$44.58	\$49.04	\$53.50	\$57.96	\$62.42	\$66.87
40 - 44	\$2.75	\$5.50	\$8.24	\$11.00	\$16.50	\$22.00	\$27.50	\$33.00	\$38.50	\$44.00	\$49.50	\$55.00	\$60.49	\$66.00	\$71.50	\$76.99	\$82.50
45 - 49	\$3.27	\$6.54	\$9.81	\$13.08	\$19.62	\$26.17	\$32.70	\$39.25	\$45.79	\$52.33	\$58.87	\$65.41	\$71.95	\$78.50	\$85.03	\$91.58	\$98.12
50 - 54	\$4.04	\$8.09	\$12.12	\$16.16	\$24.25	\$32.34	\$40.41	\$48.50	\$56.58	\$64.66	\$72.75	\$80.83	\$88.91	\$97.00	\$105.08	\$113.16	\$121.25
55 - 59	\$5.27	\$10.54	\$15.81	\$21.08	\$31.62	\$42.17	\$52.71	\$63.25	\$73.79	\$84.33	\$94.87	\$105.42	\$115.96	\$126.50	\$137.04	\$147.58	\$158.11
60 - 64	\$6.52	\$13.04	\$19.56	\$26.08	\$39.12	\$52.16	\$65.20	\$78.25	\$91.28	\$104.33	\$117.37	\$130.41	\$143.45	\$156.49	\$169.53	\$182.58	\$195.61
65 - 69*	\$7.52	\$15.04	\$22.56	\$30.09	\$45.12	\$60.16	\$75.20	\$90.25	\$105.29	\$120.33	\$135.37	\$150.41	\$165.45	\$180.49	\$195.54	\$210.58	\$225.61
70 - 74*	\$8.81	\$17.63	\$26.43	\$35.25	\$52.87	\$70.49	\$88.12	\$105.75	\$123.37	\$141.00	\$158.61	\$176.24	N/A	N/A	N/A	N/A	N/A
75 - 79*	\$10.64	\$21.29	\$31.93	\$42.58	\$63.87	\$85.17	\$106.46	\$127.75	\$149.03	\$170.32	\$191.61	\$212.91	N/A	N/A	N/A	N/A	N/A
80 - 84*	\$13.35	\$26.71	\$40.06	\$53.41	\$80.12	\$106.83	\$133.53	\$160.24	\$186.96	\$213.66	\$240.37	\$267.08	N/A	N/A	N/A	N/A	N/A
85 - 90*	\$15.86	\$31.71	\$47.56	\$63.41	\$95.12	\$126.83	\$158.54	\$190.24	\$221.95	\$253.65	\$285.36	\$317.08	N/A	N/A	N/A	N/A	N/A

The minimum annual benefit premium must be at least \$180 (\$15 monthly) 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 \$2.08 Monthly Policy Fee.

*Maximum Benefit for ages 66-90 is \$50,000.

Cancer Policy and Heart Attack & Stroke Policy Additional Riders - Monthly Rates

Accident Rider - Monthly Rates

	FEMALE		MALE		
	\$5,000	\$10,000		\$5,000	\$10,000
18 - 24	\$0.54	\$1.08		\$1.08	\$2.17
25 - 29	\$0.54	\$1.08		\$1.08	\$2.17
30 - 34	\$0.58	\$1.17		\$1.08	\$2.17
35 - 39	\$0.67	\$1.33		\$1.08	\$2.17
40 - 44	\$0.83	\$1.67		\$1.08	\$2.17
45 - 49	\$1.00	\$2.00		\$1.08	\$2.17
50 - 54	\$1.25	\$2.50		\$1.12	\$2.25
55 - 59	\$1.62	\$3.25		\$1.29	\$2.58
60 - 64	\$2.12	\$4.25		\$1.54	\$3.08
65 - 69	\$2.75	\$5.50		\$1.92	\$3.83
70 - 74	\$3.79	\$7.58		\$2.62	\$5.25
75 - 79	\$5.29	\$10.58		\$3.75	\$7.50
80 - 84	\$7.33	\$14.67		\$5.62	\$11.25
85 - 90	\$9.67	\$19.33		\$8.00	\$16.00

Intensive Care Rider - Monthly Rates

	FEMALE OR MALE			
	\$150	\$300	\$450	\$600
18 - 24	\$1.25	\$2.50	\$3.75	\$5.00
25 - 29	\$1.25	\$2.50	\$3.75	\$5.00
30 - 34	\$1.25	\$2.50	\$3.75	\$5.00
35 - 39	\$1.25	\$2.50	\$3.75	\$5.00
40 - 44	\$1.32	\$2.65	\$3.97	\$5.30
45 - 49	\$1.62	\$3.23	\$4.85	\$6.47
50 - 54	\$1.93	\$3.87	\$5.80	\$7.73
55 - 59	\$2.02	\$4.05	\$6.07	\$8.10
60 - 64	\$2.08	\$4.17	\$6.25	\$8.33
65 - 69	\$2.27	\$4.53	\$6.80	\$9.07
70 - 74	\$2.60	\$5.20	\$7.80	\$10.40
75 - 79	\$2.88	\$5.77	\$8.65	\$11.53
80 - 84	\$3.12	\$6.25	\$9.37	\$12.50
85 - 90	\$3.12	\$6.25	\$9.37	\$12.50

Dental / Vision Rider - Monthly Rates

ISSUE AGE	MALE OR FEMALE		
	\$400	\$800	\$1,200
18 - 39	\$20.42	\$24.17	\$27.50
40 - 49	\$22.50	\$27.08	\$31.25
50 - 55	\$24.17	\$29.42	\$34.25
56 - 60	\$25.25	\$30.67	\$35.67
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

Child Rider* - Monthly Rates

	Heart Attack and Stroke	
	\$5,000	\$10,000
0 - 18	\$0.42	\$0.83

Return of Premium Riders

RETURN OF PREMIUM PERIOD AND ROP FACTORS

	20 years	Death	Death up to 85
18 - 49	N/A	0.25	0.25
50 - 59	0.50	0.35	0.25
60 - 64	0.50	0.45	0.25
65 - 69	0.50	0.60	0.25
70 - 75	N/A	0.80	N/A

MODAL FACTORS

Monthly	0.08333
Quarterly	0.25000
Semi Annual	0.50000
Annual	1.00000

MONTHLY/ANNUAL POLICY FEE

\$2.08/\$25.00

Child Rider* - Monthly Rates

	CANCER																
	\$2,500	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000
0 - 18	\$0.31	\$0.62	\$0.94	\$1.25	\$1.87	\$2.50	\$3.12	\$3.75	\$4.37	\$5.00	\$5.62	\$6.25	\$6.87	\$7.50	\$8.12	\$8.75	\$9.37

*Child Rider rate covers all children under the age of 18 listed on the application.

GUARANTEE TRUST LIFE CANCER, HEART ATTACK & STROKE UNDERWRITING GUIDE

POLICY SPECIFICATIONS

1. For ages 0 to 65, the maximum lump sum benefit amount (applied for and in force) is \$75,000 each for Cancer benefit and Heart/Stroke benefit. At ages 66 to 90, the maximum benefit is \$50,000 (applied and in force) each for Cancer benefit and Heart/Stroke benefit.
2. An applicant can have more than one Cancer or Heart Attack/Stroke policy/rider in force as long as the combined total for the base plan and any riders do not exceed the maximum benefit amount.
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.
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 which includes the base, riders and annual policy fee (if applicable) must be at least \$250.
6. There are three Return of Premium Riders available:
 - a. Return of Premium after 20 years for ages 50-65 (15 years for ages 66-70).
 - b. Return of Premium upon death (prior to age 86).
 - c. Return of Premium upon death

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

GUIDELINES FOR APPLICATION SUBMISSION

7. 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.
8. The agent must be health licensed and use the state approved application in the state where the applicant has permanent residency.
9. A Power of Attorney (POA) is not acceptable for this product.
10. If the application is over 31 days old when received by the Company, a new, currently dated application will be required.
11. The effective date cannot be more than 93 days from the application date or prior to the application date.
12. The draft date cannot be more than 10 days before or after the effective date.
13. 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.
14. Monthly list bill is available for 4 or more lives. Forms are located on our website in GTLink.

(Rev. 9/20)

REPLACEMENT GUIDELINES

15. 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.
16. 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.

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 Only	\$2,500 to \$14,999	None
0 to 65	Cancer Only	\$15,000 to \$49,999	RX
0 to 65	Cancer Only	\$50,000 to \$75,000	RX & PHI
66 to 90	Cancer Only	\$2,500 to \$14,999	None
66 to 90	Cancer Only	\$15,000 to \$34,999	RX
66 to 90	Cancer Only	\$35,000 to \$50,000	RX & PHI
0 to 65	Cancer with Heart Attack & Stroke Rider	\$15,000 to \$49,999	RX
66 to 90	Cancer with Heart Attack & Stroke Rider	\$15,000 to \$34,999	RX
0 to 65	Cancer with Heart Attack & Stroke Rider	\$50,000 to \$75,000	RX & PHI
66 to 90	Cancer with Heart Attack & Stroke Rider	\$35,000 to \$50,000	RX & PHI
0 to 65	Heart Attack & Stroke Only	\$15,000 to \$49,999	RX
66 to 90	Heart Attack & Stroke Only	\$15,000 to \$34,999	RX
0 to 65	Heart Attack & Stroke Only	\$50,000 to \$75,000	RX & PHI
66 to 90	Heart Attack & Stroke Only	\$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 GUIDELINE

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-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.

The applicant is not eligible for the Heart Attack and Stroke Policy or Heart Attack and Stroke rider in the following situations and with the following medical conditions:

- Heart disease which includes heart attack, myocardial infarction, heart bypass, angioplasty, stent placement, angina, congestive heart failure, coronary artery disease, pacemaker or defibrillator.
- Heart arrhythmia, atrial fibrillation, cardiomyopathy, unrepaired aneurysm.
- Insulin use to treat diabetes
- Blood pressure (treated or untreated) greater than 150 systolic (top number) or 95 diastolic (lower number) within 6 months of the application date. For example, if in the past 6 months the applicant had a blood pressure reading of 151/80 or 135/96, they would not qualify for the plan or rider.
- Stroke or Transient Ischemic Attack (TIA)
- Peripheral or arterial vascular disease or carotid artery disease
- Medication prescribed for the treatment of the medical conditions listed
- Symptoms or signs of heart or cerebrovascular disease or disorder that need further investigation
- Abnormal tests results that need further testing or investigation
- The applicant has or expects to make an appointment with the doctor for a condition relating to heart or cardiovascular system.

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 person is not eligible for coverage. Brand names are capitalized and generic names are not. 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	furosemide	Congestive Heart Failure	Otrexup	Cancer
abacavir	HIV	Fuzeon	AIDS, HIV	oxygen	COPD/COLD
abarelix	Cancer	Galantamine	Dementia	Paraplatin	Cancer
Adriamycin	Cancer	Gengraf	Cancer	Platinol	Cancer
AL-721	AIDS, HIV	Gleevec	Cancer	Plavix	Heart Disease
albuterol	COPD/COLD	Gleostine, CCNU	Cancer	Plenaxis	Cancer
Alkeran	Cancer	goserelin	Cancer	Pradaxa	Heart Disease
altretamine	Cancer	Granix	Cancer	Prezista	AIDS, HIV
Amen	Cancer	Herceptin	Cancer	Primacor	Heart Disease
Aptivus	AIDS, HIV	Hexalen	Cancer	Provera	Cancer
Aricept	Dementia	Hivid	AIDS, HIV	Rasuvo	Cancer
atazanavir	HIV	Hydergine	Dementia	Reminyl	Dementia
Atripla	AIDS, HIV	Hydrea	Cancer	Rescriptor	AIDS, HIV
Atrovent	COPD/COLD	hydroxyurea	Cancer	Retrovir	AIDS, HIV
AZT	AIDS, HIV	IDV	AIDS, HIV	Reyataz	HIV
BCG	Bladder Cancer	imatinib	Cancer	Rheumatrex	Cancer
bicalutamide	prostate cancer	Imdur	Heart Disease	ritonavir	AIDS, HIV
Blenoxane	Cancer	indinavir	AIDS, HIV	Rivaroxaban	Heart Disease
bleomycin	Cancer	interferon	AIDS, HIV, Cancer	Rivastigmine	Dementia
busulfan	Cancer	interferon alfa-2a	AIDS, HIV, Cancer	Roferon-A	AIDS, HIV, Cancer
Busulfex	Cancer	Invirase	AIDS, HIV	Rubex	Cancer
Caelyx	AIDS, HIV, Cancer	ipratropium	COPD/COLD	Sandimmune	Cancer
carboplatin	Cancer	Iso-Bid	Heart Disease	saquinavir	AIDS, HIV
Casodex	prostate cancer	Isordil	Heart Disease	Selzentry	HIV
chlorotrianisene	Cancer	isosorbide dinitrate	Heart Disease	Sorbitrate	Heart Disease
cisplatin	Cancer	isosorbide mononitrate	Heart Disease	Spiriva	COPD/COLD
Cognex	Dementia	Isotrate	Heart Disease	stavudine	AIDS, HIV
Clopidogrel	Heart Disease	Isotrate ER	Heart Disease	Stilphostrol	Cancer
Combivent Respimat	COPD/COLD	Kaletra	HIV	streptozocin	Cancer
Combivir	AIDS	lamivudine	AIDS, HIV	Sustiva	AIDS, HIV
Crixivan	AIDS, HIV	Lanoxin	Heart Disease	Tace	Cancer
Curretab	Cancer	Lasix	Congestive Heart Failure	Tacrine	Dementia
cyclophosphamide	Cancer	Leukeran	Cancer	tenofovir	AIDS, HIV
cyclosporine	Cancer	leuprolide	Cancer	Teslac	Cancer
Cycrin	Cancer	levamisole hydrochloride	Cancer	Tespa	Cancer
Cytoxan	Cancer	Lexiva	HIV	testolactone	Cancer
d4T	AIDS, HIV	lomustine	Cancer	THC	Cancer
darunavir	AIDS, HIV	lopinavir	HIV	TheraCyx	Bladder Cancer
ddC	AIDS, HIV	Lupron	Cancer	Thioplex	Cancer
delavirdine	AIDS, HIV	maraviroc	HIV	thiotepa	Cancer
Depo-Provera	Cancer	Marinol	Cancer	Tice BCG	Bladder Cancer
didanosine	AIDS, HIV	medroxyprogesterone acetate	Cancer	TICLID	Heart Disease
diethylstilbestrol (DES)	Cancer	Megace	Cancer	Ticlopidine HCL	Heart Disease
Digitek	Heart Disease	Mellaril	Dementia	tiotropium	COPD/COLD

MEDICATION	CONDITION	MEDICATION	CONDITION	MEDICATION	CONDITION
Digoxin	Heart Disease	megestrol	Cancer	tipranavir	AIDS, HIV
Dilatrate-SR	Heart Disease	melphalan	Cancer		
Donepezil	Dementia	Memantine	Dementia	Toposar	Cancer
doxorubicin	Cancer	methotrexate	Cancer	trastuzumab	Cancer
dronabinol	Cancer	Milrinone	Heart Disease	Trelstar	Cancer
Droxia	Cancer	mitomycin	Cancer	Trexall	Cancer
DuoNeb	COPD/COLD	mitoxantrone	Cancer	triporelin	Cancer
efavirenz	AIDS, HIV	Mutamycin	Cancer	Trizivir	HIV
Eligard	Cancer	Myleran	Cancer	Truvada	HIV
emtricitabine	HIV	Namenda	Dementia	Valcyte	HIV
Emtriva	AIDS, HIV	Namzaric	Dementia	valganciclovir	HIV
enfuvirtide	AIDS, HIV	Natrecor	Congestive Heart Failure	VePesid	Cancer
Epivir	AIDS	nelfinavir	AIDS, HIV	Videx, ddl	AIDS, HIV
Ergamisol	Cancer	Neoral	Cancer	Vincasar	Cancer
Ergoloid Mesylates	Dementia	Neosar	Cancer	vincristine	Cancer
Estinyl	Cancer	nesiritide	Congestive Heart Failure	Viracept	AIDS, HIV
ethinyl estradiol	Cancer	Neupogen	Cancer	Viramune	AIDS, HIV
Etopophos	Cancer	nevirapine	Cancer	Viread	AIDS, HIV
etoposide	Cancer	Nitro-Bid	AIDS, HIV	Xarelto	Heart Disease
Euflex	Cancer	Nitro-Dur	Heart Disease	zalcitabine	AIDS, HIV
Eulexin	Cancer	Nitroglycerin	Heart Disease	Zanosar	Cancer
Exelon	Dementia	Nitrolingual	Heart Disease	Zarxio	Cancer
filgrastim	Cancer	Nitroquick	Heart Disease	ZDV	AIDS, HIV
flutamide	Cancer	Nitrostat	Heart Disease	Zerit	AIDS, HIV
Fortovase	AIDS, HIV	Norvir	Heart Disease	Ziagen	HIV
fosamprenavir	HIV	Novantrone	Aids,HIV	zidovudine	AIDS, HIV
foscarnet sodium	AIDS, HIV	Oncovin	Cancer	Zofran	Cancer
Foscavir	AIDS, HIV	ondansetron	Cancer		

NEW BUSINESS PROCEDURES

Ways to Submit an Application

- E-Application-Agent Portal (www.gtllic.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 on our Agent Portal, 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, please contact GTL's New Business Department at (800) 635-1993. You can also contact our Life and Health Sales Department at (800) 323-6907 or by email at agency@gtlic.com.



HELPING PROVIDE PEACE OF MIND PROTECTION FOR OUT-OF-POCKET EXPENSES

+ BENEFITS AVAILABLE FOR EXPERIMENTAL TREATMENTS,
LATE STAGE DIAGNOSIS, SKIN CANCER AND MORE.



Cancer, Heart Attack and Stroke Insurance

Access to
online symptom
assessment service.
See page 3.



UNDERWRITTEN BY:

Guarantee Trust Life Insurance Company
ADH09-16

GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)

1275 Milwaukee Avenue, Glenview, IL 60025

www.gtlic.com | 800.338.7452

(Rev. 2/20) 15B425



+ WHY CANCER, HEART ATTACK & STROKE INSURANCE FROM GUARANTEE TRUST LIFE?

If you were diagnosed with cancer or suffered a heart attack or a stroke, the last thing you would want to worry about is your finances. Cancer, Heart Attack and Stroke coverage from Guarantee Trust Life Insurance Company (GTL) can help you receive the financial peace of mind that allows you to focus on what really matters most — your recovery.

Because out-of-pocket medical expenses are on the rise, GTL's Cancer, Heart Attack and Stroke Insurance was designed to pay cash benefits directly to you and pays regardless of any other insurance coverage you may have should you or a covered family member be diagnosed with cancer, suffer a heart attack or have a stroke.

+ EXPERIENCE YOU CAN TRUST

Founded in 1936, Guarantee Trust Life Insurance Company has a history of excellent customer service and superior insurance products. From claims paid quickly to customer service calls answered by our friendly staff in Glenview, Illinois, we make it easy for you when you need us most.

+ THE CASH BENEFITS FROM YOUR POLICY ARE PAID DIRECTLY TO YOU AND CAN BE USED TO HELP:

 Cover Medical Co-Payments and Deductibles and Prescription Drug Copays

 Pay for Experimental Treatments and Surgeries

 Supplement Lost Income



Provide Cash for Car and Mortgage Payments



Allow for Extra Time Off of Work



Take a Recuperative Trip

+ GOOD NEWS!

The chances of beating cancer are much higher than ever before!

WHY? Through research, screening and preventative care, US death rates are down 27%.



As of January 1, 2019 more than **16.9 million people** diagnosed with cancer have survived!^[2]

WHAT WILL THESE BENEFITS DO FOR YOU?

- Allow you to seek treatment that is out of network or not covered without worrying about costs.
- Help give your family peace of mind that the bills can be paid.
- Allow you and your spouse to take extra time off of work to recover.
- **Give you 24/7 access to the Ask Mayo Clinic Online support services at no extra charge.**

+ FINANCIAL IMPACT of potential treatment and recovery:^[3]

- ▶ UP TO **80%** of cancer survivors have used savings to pay for medical expenses
- ▶ UP TO **34%** of cancer survivors have to borrow money to pay for medical expenses

+ PRODUCT FEATURES & DETAILS

With Cancer, Heart Attack and Stroke Insurance coverage from GTL, a lump sum benefit amount will be paid directly to you regardless of any other health care coverage you may have, upon the diagnosis of cancer or if you suffer a heart attack or stroke.* The choice of benefit amounts are flexible, and can range up to \$75,000 for Cancer and \$75,000 for Heart Attack and Stroke (HAS) depending on your specific needs.

PLAN BENEFIT AMOUNTS:

- Age 18 to 65: Up to \$75,000
- Age 66 to 90: Up to \$50,000

ISSUE AGES:

- 18 to 90 (child rider available)

COVERAGE:

- Individual
- Children

GUARANTEED RENEWABLE FOR LIFE

GTL's Cancer, Heart Attack & Stroke Insurance can provide funds your family will need, so you can focus on recovery.

* In most states there is a 30 day waiting period, beginning on the issue date of the policy (not applicable in ID, MO, MT, SD. These states have an initial benefit period coverage on the base and certain riders.)

[1] Figure 5—Page 16, American Cancer Society, Cancer Statistics, 2019 [2] American Cancer Society, Cancer Treatment & Survivorship Facts & Figures, 2019-2021. [3] PDQ® Adult Treatment Editorial Board. PDQ Financial Toxicity (Financial Distress) and Cancer Treatment. Bethesda, MD: National Cancer Institute. Updated 11/2/2018.

The GTL Cancer, Heart Attack & Stroke Insurance **Difference** —

1 DESIGN A POLICY THAT HELPS FIT YOUR NEEDS

GTL's Cancer, Heart Attack and Stroke Insurance is flexible. Choose the policy that's right for you:

+ LUMP SUM CANCER INSURANCE POLICY

You will receive a lump sum benefit amount paid directly to you upon the diagnosis of cancer as defined in your policy. This includes a 25% Cancer In Situ benefit.

AND / OR

+ LUMP SUM HEART ATTACK AND STROKE INSURANCE POLICY

You will receive a lump sum benefit amount paid directly to you upon suffering a heart attack or a stroke, as defined in your policy.

2 ACCESS TO **ASK MAYO CLINIC ONLINE!**



With Ask Mayo Clinic online, you will have access to answers that are time-saving, cost-saving and potentially life-saving – right at your fingertips!

Ask Mayo Clinic's on-demand, private and secure web-based tool provides an easy assessment of over 300 common symptoms.

Instead of spending hours searching the internet for answers to your health-related questions, policyholders have 24/7 access to Ask Mayo Clinic online for answers to important health questions - anytime, anywhere!

Ask Mayo Clinic is a service provided to Guarantee Trust Life Insurance Company by Mayo Clinic at no cost to the consumer.

Mayo Clinic and the triple-shield Mayo Clinic logo are trademarks of Mayo Foundation for Medical Education and Research. Mayo Clinic does not endorse any third party products advertised. Availability of Ask Mayo Clinic is subject to change without prior notice. Ask Mayo Clinic does not diagnose medical conditions and is not a substitute for consulting with your own healthcare provider for the diagnosis and treatment of personal health and medical conditions.

HOW IT WORKS



SELECT A SYMPTOM



ANSWER SYMPTOM-SPECIFIC QUESTIONS



RECEIVE CARE GUIDANCE

3 EXPERIMENTAL TREATMENT BENEFITS INCLUDED!

GTL's Cancer coverage is unique in that you will **receive an additional benefit of 25 percent** of your chosen Lump Sum amount should you undergo a qualifying experimental treatment that has been approved or endorsed by the U.S. Food and Drug Administration or the National Institute of Health while being treated for cancer.

Example: If you have a \$10,000 Lump Sum cancer Policy and undergo a qualifying experimental treatment you would be paid an additional \$2,500 for a total of \$12,500.



4 GTL'S BENEFIT BUILDER RIDER CAN BOOST YOUR BENEFITS

With GTL's unique Benefit Builder package, you can access these additional benefits payable in addition to the base lump sum benefit:

CANCER

- Benefits increase by 25% for cancers diagnosed as late stage
- \$500 Skin Cancer benefit, payable three times in a lifetime
- Increases coverage for Cancer In Situ from 25% to 50% of lump sum benefit
- \$100 per year Wellness Benefit for annual physical exam (Not available in CO, MI or MN.)

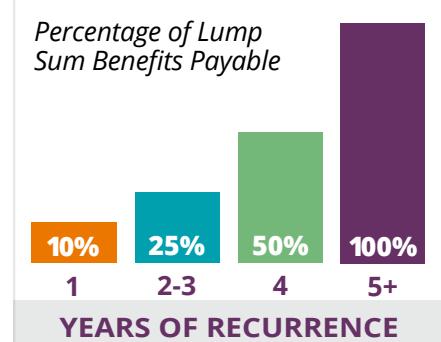
HEART ATTACK AND STROKE

- Transient Ischemic Attack (TIA) covered at 10% of lump sum benefit
- Angioplasty and/or stent covered at 10% of lump sum benefit
- Bypass covered at 25% of lump sum benefit
- Valve replacement 10% of lump sum benefit
- Aortic surgery 25% of lump sum benefit

5 GTL'S RECURRENCE BENEFIT RIDER

With GTL's Recurrence Benefit Rider, after you receive your lump sum payment your benefits are eligible to restore with the Recurrence Benefit.

The Recurrence Benefit can be applied to both the cancer and heart attack and stroke benefits. The percentage of Lump Sum benefits are shown in the chart to the right.



Policies and riders are subject to a 24-month pre-existing condition limitation.

Coverage with flexible choices.

6

COVERAGE DOESN'T STOP AT CANCER, HEART ATTACK AND STROKE

It's easy to add valuable benefits on top of your policy, including:

CANCER BENEFIT BUILDER

This rider increases the Cancer benefit amount by 25% in cases of a late stage diagnosis and boosts Cancer In Situ benefit to 50% of the Cancer benefit. It also has a \$500 per year Skin Cancer benefit up to 3 times in a lifetime. And, it includes a Wellness Benefit of \$100 per year for an annual physical examination from your doctor.

HEART ATTACK/STROKE BENEFIT BUILDER

This rider has a benefit for TIA, Transient Ischemic Attack, also known as a "mini-stroke" covered at 10% base benefit. It has an Angioplasty and/or stent benefit of 10% base benefit, a Bypass benefit of 25% of the base benefit, an Aortic Surgery benefit of 25% of the base benefit and a Valve replacement benefit of 10% of the base benefit. These benefits are payable in addition to your Heart Attack and Stroke (HAS) lump sum benefit (not available in MA).

RECURRENCE RIDER

With this rider, after you receive your lump sum payment, your benefits are eligible to restore. This rider can be applied to the cancer and heart attack and stroke benefits.

RETURN OF PREMIUM RIDER

This rider will return all premiums you have paid minus benefits paid if your policy is kept in force for at least 20 years. Return of premium on death options are also available. Refer to the outline of coverage for details (not available in GA, PA, TX & VT; no 20-year ROP in ND).

	Premium Paid	Claims Paid	Refund
Example 1	\$10,000	\$120,000 Claims	No Refund
Example 2	\$10,000	\$5,000 Claims	\$5,000
Example 3	\$10,000	\$0 Claims	\$10,000

INTENSIVE CARE RIDER

This rider pays a choice of daily benefits, in amounts up to \$600 per day, should you be confined to a hospital ICU for any reason. Benefits reduce by 50% at the attained age of 65 (not available in CO, MI, & WA.)

CRITICAL ACCIDENT RIDER

After an Emergency room visit, this rider will pay a lump sum benefit for the following types of accident injuries:

Covered Injury	\$5,000 Coverage	\$10,000 Coverage
Accidental Death	\$5,000	\$10,000
Hip or Skull Fracture	\$1,250	\$2,500
Hip Dislocation	\$1,000	\$2,000
Knee Dislocation or Knee Ligament Tear	\$500	\$1,000
Fracture, Other	\$250	\$500

(Not available in CO, MI, MN, VT & WA.)

DENTAL/VISION RIDER

This rider will pay you an annual benefit of up to \$400, \$800, or \$1,200 for services performed by a licensed dentist, ophthalmologist or optometrist after the first year, including \$200 for prescription eye glasses or contact lenses (not available in AK, CO, GA, ID, KS, MN, MO, NM, OH, VT & WA).

CHILD COVERAGE RIDERS

Provides up to \$75,000 in coverage to a dependent payable in case of a diagnosis of Cancer and if selected up to \$10,000 in coverage for Heart Attack and Stroke. Available for issue to ages 0 – 18. Coverage ends at age 25.



Help protect yourself and your family
so you can focus on what matters most.

DEFINITIONS

CANCER (INVASIVE) MEANS: A disease manifested by the presence of a malignancy characterized by the uncontrolled growth and abnormal spread of malignant cells and the invasion of body tissue by such malignant cells. Cancer includes Hodgkin's disease and leukemia. This definition excludes such conditions as: Pre-malignant tumors or polyps; and Skin Cancer, except malignant melanoma.

CANCER IN SITU, OR STAGE 0 CANCER MEANS: An early stage Cancer that is defined as "in place" and which has not spread beyond the tissue type, mucosal layer, lining, duct or cellular layer in which it originated. It may be staged as Stage 0, T0, Tis, or notated with a staging system appropriate to the cancer type and utilized by a recognized medical authority, such as the American Joint Cancer Committee.

HEART ATTACK MEANS: A myocardial infarction (irreversible injury and death of a portion of the heart muscle as a result of obstruction of one or more of the coronary arteries.) Diagnosis of a Heart Attack must be supported by three (3) or more of the following: Typical clinical symptoms, such as central chest pain; Diagnostic increase of specific cardiac markers; New electrocardiographic (EKG) changes indicative of infarction; Confirmatory imaging studies; or In the event of death, an autopsy confirmation or death certificate identifying Heart Attack (myocardial infarction) as the primary cause of death.

"Heart Attack" does not mean cardiac arrest, sudden cardiac arrest, coronary artery disease, congestive heart failure, atherosclerotic heart disease, angina, or any other dysfunction of the cardiovascular system.

Heart Attack also does not mean a silent/old Heart Attack, which is a prior incidence of heart attack which has few, if any, symptoms and is generally discovered at a later date through imaging tests, such as electrocardiogram (EKG) or echocardiogram (ECG).

STROKE MEANS: An acute cerebrovascular accident or incident, embolism, thrombosis or hemorrhage which results in paralysis or other measurable objective neurological deficit lasting more than twenty-four (24) hours. A cerebrovascular accident is a sudden, unexpected interference in brain function caused by insufficient blood flow to part of the brain. Diagnosis must include imaging documentation of new brain tissue infarction in association with acute onset of symptoms consistent with central nervous system neurological damage.

For the purposes of this Policy, Stroke does not include: Chronic cerebrovascular insufficiency; Transient Ischemic Attacks (TIAs); Transient Global Amnesia (TGA); External trauma causing accidental injury to the brain; Brain damage due to infection, vasculitis, encephalopathy and inflammatory disease; or Ischemic disorders of the vestibular system.

PRE-EXISTING CONDITION: A pre-existing condition is a condition for which: (a) Medical advice or treatment was recommended by, or received from a Doctor, within the 24-month period before the Policy Effective Date; or (b) symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 24-month period before the Policy's Effective Date. Treatment includes being prescribed or taking prescription drugs or medicines.

A pre-existing condition is not covered unless the loss begins more than 24-months after the Policy Effective Date (12 months in IN, NC (not applicable to insureds age 65 and over), RI, WI; 6 months in UT).

Cancer, Heart Attack and Stroke Insurance, specified disease insurance, is issued on Form Series G1530/G1531 and Rider Form Series, RG15CBB, RG15HSBB, RG15RC, RG15RP20, RG15RPD, RG15RPDL, RG15IC, RG15RHS, RG15HAS, RG15CA, RG15DV, RG15HSC, & RG15CC by Guarantee Trust Life Insurance Company. This product, its features, and riders are subject to state availability and may vary by state. Certain exclusions and limitations may apply. For cost and complete details of coverage, please refer to the outline of coverage.

+ EXCLUSIONS

We will not pay benefits for:

1. A Positive Diagnosis of any Cancer or Cancer In Situ before the Policy Effective Date;
2. Any loss due to injury, disease or incapacity, unless related to or attributable to Cancer or Cancer In Situ as defined;
3. Any Cancer or Cancer In Situ when advice or treatment is received during the Waiting Period or prior to the Effective Date, and such advice or treatment results in a Positive Diagnosis of Cancer or Cancer In Situ. If tissue is extracted during the Waiting Period or prior to the Effective Date, and results in a Positive Diagnosis of Cancer or Cancer In Situ, this will not be a covered condition. The date of a Positive Diagnosis of Cancer or Cancer In Situ is the earlier of the date of clinical diagnosis or the date the specimen used to diagnose Cancer or Cancer In Situ is taken. If a Positive Diagnosis of Cancer or Cancer In Situ is made and/or Cancer In Situ is treated within the Waiting Period, OR if medical advice is given within the Waiting Period which leads to the subsequent Positive Diagnosis of Cancer or Cancer In Situ after the Waiting Period, the Insured has the option to cancel the Policy and receive a refund of all premiums paid on the Policy and attached riders.
4. Heart Attack or Stroke Diagnosed before the Policy Effective Date;
5. Any loss due to injury, disease or incapacity, unless related to or attributable to Heart Attack or Stroke as defined; or
6. A Heart Attack or Stroke when advice or treatment is received during the Waiting Period. If a Heart Attack or Stroke is Diagnosed and or treated within the Waiting Period, OR if medical advice is given within the Waiting Period which leads to the subsequent Diagnosis of a Heart Attack or Stroke after the Waiting Period, the Insured has the option to cancel this Policy and receive a refund of all premiums paid for this Policy and attached riders.



1275 Milwaukee Avenue, Glenview, IL 60025
www.gtlc.com | 800-338-7452

GUARANTEE TRUST LIFE INSURANCE COMPANY

Guarantee Trust Life Insurance Company is a mutual legal reserve company located in Glenview, Illinois and licensed to conduct business in 49 states and the District of Columbia.

Application for: **New Coverage** **Increase of Benefits**

If Increase requested, please list GTL policy/certificate number(s) affected: _____

SECTION I APPLICANT(S) INFORMATION

SEND DOCUMENTS TO: **AGENT** **INSURED**

Applicant 1

Last Name _____ First Name _____ M.I. _____

Social Security # _____ Male Female Age _____ Date of Birth _____

Weight _____ lbs. Height _____ ft. _____ in.

Have you used any tobacco products in the last 12 months? Yes No

Requested Effective Date _____ Requested Draft Date _____

Draft day cannot be more than 10 days before or after the effective date.

Beneficiary's Full Name _____ Relationship _____

Applicant 2

Last Name _____ First Name _____ M.I. _____

Social Security # _____ Male Female Age _____ Date of Birth _____

Weight _____ lbs. Height _____ ft. _____ in.

Have you used any tobacco products in the last 12 months? Yes No

Requested Effective Date _____ Requested Draft Date _____

Draft day cannot be more than 10 days before or after the effective date.

Beneficiary's Full Name _____ Relationship _____

Dependents (*If more than two children are proposed for insurance, please attach a separate sheet.*)

Last Name _____ First Name _____ M.I. _____

Male Female Age _____ Date of Birth _____

Last Name _____ First Name _____ M.I. _____

Male Female Age _____ Date of Birth _____

Contact Information

Home Address _____

City _____ State _____ Zip Code _____

Telephone # _____ Email Address _____

SECTION II – COVERAGE SELECTION & PREMIUMS

Premium Payment Mode	Applicant 1		Applicant 2	
	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly		<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	
CANCER COVERAGE				
Lump Sum Cancer Coverage	Benefit Amount \$ _____	Modal Premium \$ _____	Benefit Amount \$ _____	Modal Premium \$ _____
Cancer Recurrence Benefit Rider	<input type="checkbox"/>	Modal Premium \$ _____	<input type="checkbox"/>	Modal Premium \$ _____
Cancer Benefit Builder Rider <i>(Includes Skin Cancer and Annual Wellness Benefits)</i>	<input type="checkbox"/>	Modal Premium \$ _____	<input type="checkbox"/>	Modal Premium \$ _____
Child Cancer Benefit Rider	Benefit Amount \$ _____	Modal Premium \$ _____		

HEART ATTACK/STROKE COVERAGE				
Lump Sum Heart Attack/Stroke Coverage	Benefit Amount \$ _____	Modal Premium \$ _____	Benefit Amount \$ _____	Modal Premium \$ _____
Heart Attack/Stroke Recurrence Benefit Rider	<input type="checkbox"/>	Modal Premium \$ _____	<input type="checkbox"/>	Modal Premium \$ _____
Heart Attack/Stroke Benefit Builder Rider	<input type="checkbox"/>	Modal Premium \$ _____	<input type="checkbox"/>	Modal Premium \$ _____
Child Heart Attack/Stroke Benefit Rider	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	Modal Premium \$ _____		

Intensive Care Benefit Rider	<input type="checkbox"/> \$150 <input type="checkbox"/> \$450 <input type="checkbox"/> \$300 <input type="checkbox"/> \$600	Modal Premium \$ _____	<input type="checkbox"/> \$150 <input type="checkbox"/> \$450 <input type="checkbox"/> \$300 <input type="checkbox"/> \$600	Modal Premium \$ _____
Critical Accident Benefit Rider	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	Modal Premium \$ _____	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	Modal Premium \$ _____
Dental/Vision Benefit Rider	<input type="checkbox"/> \$400 <input type="checkbox"/> \$800 <input type="checkbox"/> \$1,200	Modal Premium \$ _____	<input type="checkbox"/> \$400 <input type="checkbox"/> \$800 <input type="checkbox"/> \$1,200	Modal Premium \$ _____
Sub Total: Base plus riders	\$ _____		\$ _____	
Return of Premium Benefit Rider	<input type="checkbox"/> 20 Year <input type="checkbox"/> ROP at Death <input type="checkbox"/> ROP at Death Prior to 86	ROP Factor _____	<input type="checkbox"/> 20 Year <input type="checkbox"/> ROP at Death <input type="checkbox"/> ROP at Death Prior to 86	ROP Factor _____

Modal Premium <i>(Multiply sub total by ROP factor)</i>	\$ _____	\$ _____
Annual Policy Fee <i>(modalize if needed), if applicable</i>	\$ _____	\$ _____
Total Modal Premium	\$ _____	\$ _____

SECTION III – HEALTH QUESTIONS	APPLICANT 1	APPLICANT 2	DEPENDENT(S)
<p>For Questions 1 through 5, in the past 5 years has any person to be insured, had, been diagnosed as having, received medication for or been treated by a medical professional for:</p> <ol style="list-style-type: none"> 1. Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), or AIDS Related Complex (ARC)? 2. Chronic Obstructive Pulmonary/Lung Disease (COPD/COLD), Emphysema or Chronic Bronchitis requiring the use of two or more medications or oxygen therapy? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If YES for 1 or 2, that person is not eligible for any coverage.</p> <p>If dependent(s) answered YES, please provide name of dependent(s) _____</p>			
CANCER COVERAGE (complete if applying for Cancer benefits and/or Cancer Benefit Builder Rider and/or Intensive Care Benefit Rider)			
<ol style="list-style-type: none"> 3. Leukemia, Hodgkin's or Non-Hodgkin's disease, lymphoma, malignant melanoma, or any internal cancer, a pre-leukemic or pre-malignant condition? 4. PSA reading greater than 4.0 or abnormal mammogram test results where cancer has not been ruled out? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If YES for 3 or 4, that person is not eligible for Cancer Coverage.</p> <p>If dependent(s) answered YES, please provide name of dependent(s) _____</p>			
HEART ATTACK/STROKE COVERAGE (complete if applying for Heart Attack/Stroke benefit and/or Heart Benefit Builder Rider and/or Intensive Care Benefit Rider)			
<ol style="list-style-type: none"> 5. Heart attack, heart bypass, angioplasty, stent placement, coronary artery disease, angina, heart disease, congestive heart failure, pacemaker or defibrillator, heart arrhythmia, peripheral vascular disease, carotid artery disease, stroke, Transient Ischemic Attack (TIA), aortic valve disease or in the past 6 months had a blood pressure reading greater than 150 systolic or 95 diastolic? 6. Has any person applying for coverage had diabetes treated with insulin before age 45? 7. Has any person applying for coverage had diabetes treated with insulin starting at age 45 or older? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If YES for 5 or 6, that person(s) is not eligible for Heart Attack/Stroke coverage. For question 7, if YES, that person(s) may be eligible for coverage with modified benefits.</p> <p>If dependent(s) answered YES, please provide name of dependent(s) _____</p>			
ALL APPLICANTS MUST ANSWER #8			
<ol style="list-style-type: none"> 8. For any of the medical conditions listed above, within the past 24 months has any person to be insured had any abnormal diagnostic test results, awaiting test results, or been advised to have any diagnostic test, or had a medical condition, symptom or abnormality that would have caused a person to seek medical treatment or advice for but has not yet done so? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If YES, that person is not eligible for any coverage.</p> <p>If dependent(s) answered YES, please provide name of dependent(s) _____</p>			

SECTION IV – REPLACEMENT OF EXISTING COVERAGE	APPLICANT 1	APPLICANT 2
<p>1. Will any existing specified disease or other accident and health insurance be replaced or changed if the proposed coverage is issued? (If "YES," please complete the Replacement Form, if required in your state.)</p> <p>If "YES," with which company? (Applicant 1) _____</p> <p>If "YES," with which company? (Applicant 2) _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

AGENT'S STATEMENT

I certify that I have accurately recorded the information supplied by the Applicant. I am not aware of any additional information which may have a bearing on the insurability of anyone proposed for insurance on this application and any supplement to it. I have advised the applicant not to withhold any information relative to this application and its questions. I have advised the applicant to review the application for completeness and accuracy and that no coverage is in effect until they are notified in writing by Guarantee Trust Life Insurance Company.

Agent's Name (Printed)

Email Address

Agent Code

Agent's Signature

Date

APPLICANT ACKNOWLEDGEMENTS

ALL STATEMENTS MADE IN THIS APPLICATION ARE FULL, COMPLETE AND TRUE, TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF. I (WE) UNDERSTAND THAT THE STATEMENTS FORM THE BASIS UPON WHICH INSURANCE WILL BE MADE EFFECTIVE. I (WE) UNDERSTAND THAT FRAUDULENT AND MATERIAL OMISSIONS, INTENTIONAL MISREPRESENTATIONS OR MISSTATEMENTS COULD RESULT IN DENIAL OF AN OTHERWISE VALID CLAIM AND/OR RESCISSION, VOIDING, OR REFORMATION OF INSURANCE.

I (We) understand that any changes in my (our) health conditions, from the date of this application until insurance becomes effective, may result in the declination of my (our) coverage. No agent or other representative of GTL has required, permitted, or encouraged me (us) to answer any question inaccurately or has waived any conditions of this application. I (We) have received a copy of the Pre-Notice which describes how information is obtained and used by GTL. I (We) have received an Outline of Coverage. If this application is completed electronically, I (we) understand the Outline of Coverage will be delivered electronically or with the policy. If the application is completed over the phone the Outline of Coverage will be delivered with the policy.

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I (We) authorize Guarantee Trust Life Insurance Company (herein referred to as the "Company"), insurance support organizations, authorized representatives, and any reinsurers, to obtain information as to the diagnosis, treatment, or prognosis of my (our) physical condition, other coverage and criminal or motor vehicle records needed to underwrite my (our) application for insurance. Upon presentation of this Authorization, or a photocopy of it, the Company may obtain, without restriction (except psychotherapy notes,) such information or records from any doctor, health professional, hospital, clinic, the Veterans Administration, insurance company, pharmacy benefit manager, pharmacies or pharmacy-related facility which have such information including any medical information provided to any affiliate insurance company on previous applications and medical information provided to our health division for underwriting or claim servicing purposes. The Company and its reinsurers may also obtain such information from MIB, Inc. I (We) authorize the Company, or its reinsurers, to make a brief report of my (our) personal health information to MIB, Inc. This Authorization includes all information about drugs, alcoholism, and mental illness. I (We) understand and agree that the Company or its representatives may conduct a phone interview or face-to face assessment as part of the underwriting process. Although federal regulations require that the Company inform me (us) of the potential that information disclosed pursuant to this authorization may be subject to re-disclosure and no longer be protected if such information is disclosed to a person or entity not covered by the federal privacy regulation, all such information received by the Company pursuant to this authorization will be protected by federal and state privacy laws and regulations. I (We) agree this authorization will be valid for 24 months from the date signed. I (We) or my (our) authorized representative may have a photocopy of it. In the event my (our) application is approved and coverage is issued, I (We) acknowledge this authorization may also be used to obtain information or records, as stated above, as necessary to process a claim that is submitted within the timeframe during which this authorization remains valid.

I (We) understand that I (we) have the right to revoke this Authorization, in writing, at any time by sending written notification to my (our) agent or to the Company at the above address. I (We) understand that a revocation will not be effective to the extent the Company has relied on the use or disclosure of the protected health information or so long as GTL has a legal right to contest a claim under the coverage or the coverage itself. Revocation requests should be sent in writing to my (our) agent or to the attention of the Underwriting Manager. I (We) understand once information is disclosed pursuant to this Authorization, such information will continue to be protected by GTL in accordance with federal or state law. I (We) also understand that my (our) application for insurance can be declined if I (we) choose not to sign this Authorization.

This application may be completed by electronic or telephonic means. I (We) acknowledge that the Company or its agent has verified my (our) identity for this purpose in accordance with any applicable law or regulation and that if completed by electronic means, I (We) have provided my (our) consent and authorization to complete an electronic transaction to apply for coverage. This authorization shall constitute an electronic signature, which is legally binding, and has the same effect as if I (we) had physically signed this application. If this application is completed by phone, I (we) authorize the Company or its agent to accept my (our) voice signature response.

I (We) agree that I (we) may receive my (our) policy and other GTL correspondence in electronic format. I (We) acknowledge receipt of the Electronic Delivery and Communications Disclosure, which describes the requirements for Electronic Policy Fulfillment and Communications, as well as my (our) right to opt-out of Electronic Policy Fulfillment and receive a paper copy of my (our) policy (policies), free of charge.

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information may be guilty of insurance fraud which is a crime.

Applicant 1 Signature: _____

Signed at: City and State: _____ Date: _____

Applicant 2 Signature: (if applicable) _____

Signed at: City and State: _____ Date: _____

MONTHLY PRE-AUTHORIZED PREMIUM PAYMENT PLAN

Authorization to Honor Withdrawals to be drawn by Guarantee Trust Life Insurance Company.

TO _____

Name of my Bank _____ My Bank's Address _____ City _____ State _____ Zip Code _____

As a convenience to me, I request and authorize you to charge the account shown below for premiums drawn by and payable to the order of Guarantee Trust Life Insurance Company, Glenview, Illinois provided there are sufficient funds in my account to pay the same upon presentation.

Account # _____ Bank Routing # _____

Account Type: Checking Account (*Attach a Voided "Sample" check*)
 Savings Account (*Attach a Voided "Sample" check if applicable, or a Deposit slip*)

I agree that my rights in respect to each payment shall be the same as if it were drawn by me and signed personally by me. This authority is to remain in effect until revoked by me in writing and until you receive notice for which you agree you will be fully protected in honoring such requests. I agree that if any such payment is not honored, whether with or without cause and whether intentionally, or inadvertently, you shall be under no liability at all although such action could result in the forfeiture of insurance.

Printed name(s) of insured(s) if different from premium payer _____

Premium payer's signature, as it appears on bank records _____

RECEIPT**DATE** _____

Received of _____ the sum of \$_____ and application for insurance to Guarantee Trust Life Insurance Company. If for any reason the application is declined this payment will be refunded. No liability is created or assumed by the company, except for refund of this payment, until the insurance applied for has been issued.

Agent's Signature : _____

If you do not receive your policy/certificate within 60 days from the date of your application, please write to:

Guarantee Trust Life Insurance Company, 1275 Milwaukee Avenue Glenview, IL 60025

MAKE CHECK PAYABLE TO: GUARANTEE TRUST LIFE INSURANCE COMPANY

NOTICE TO APPLICANT – PARTS 1 AND 2

Part 1: Fair Credit Reporting Act and Privacy Act Pre-Notification

The application you completed for insurance with us, in most cases, gives us all the information we need. In certain cases, we may need more information.

If we need more information, we may get it by talking to other persons you know including, but not limited to, your agent or other insurance companies you have applied to. We may ask an independent “consumer reporting agency” to help us verify facts or get additional facts.

We may collect information concerning your health, job and financial situation, as well as your character, general reputation and mode of living. We will not collect information relating to your sexual orientation.

The personal information we obtain about you is treated as confidential and will not be discussed to other persons or organizations without your written authorization except to the extent necessary as permitted by law, for the conduct of our business. But any information collected by a “consumer reporting agency” may be shared by the agency with others who use such information, but only to the extent which the Fair Credit Reporting Act Permits. You have a right of access, and right of correction, concerning recorded personal information obtained in our file. In order to exercise these rights, you must contact us in writing requesting access or correction.

You have no access right to privileged information. If we used a “consumer reporting agency,” you have the right to: (1) ask to talk with them and (2) ask them about their report. You may write us for the name and address of the agency. This paragraph is not intended as a complete description of your right of access and correction. If you would like a more complete description of our insurance information and Privacy Protection Practices, please write: Guarantee Trust Life Insurance Company, 1275 Milwaukee Avenue Glenview, IL 60025.

Part 2: Notification Regarding MIB, Inc.

Information regarding your insurability will be treated as confidential. Guarantee Trust Life Insurance Company or its reinsurers may, however, make a brief report thereon to MIB, Inc., a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, Inc., upon request, will supply such company with the information in its file. Upon receipt of a request from you, MIB, Inc., will arrange disclosure of any information it may have in your file. If you question the accuracy of the information in MIB, Inc.’s file, you may contact MIB, Inc., and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address to the MIB, Inc. information office is 50 Braintree Hill Park, Suite 400, Braintree Massachusetts 02184-8734, telephone number (866) 692-6901, e-mail address infoline@mib.com.

Guarantee Trust Life Insurance Company or its reinsurers may also release information in its file to its reinsurer(s) and to other life insurance companies to whom you may also apply for life or health insurance, or to whom a claim for benefits may be submitted.



Guarantee Trust Life Insurance Company
1275 Milwaukee Avenue
Glenview, Illinois 60025

GUARANTEE TRUST LIFE INSURANCE COMPANY
Electronic Delivery and Communications Disclosure

Unless otherwise requested by you, all documents that form our insurance relationship will be provided to you in electronic format. These documents include:

- Application(s) and related forms
- Policy or certificate insurance fulfillment documents
- Disclosures, where required by state and / or federal law

In order to access the documents electronically, you will need to:

1. Have access to the internet and be able to view, save and print PDF files (such as Adobe® Reader® 5.0 or higher.)
2. Maintain a valid designated e-mail address. (We reserve the right to validate the e-mail address you provide us.)

You are responsible for accessing, opening and reading communication we send in electronic format. We will consider Electronic Communications to be received by you upon successful delivery to the designated e-mail address you provide. To ensure our Electronic Communications are not blocked in e-mail or spam filters, please add our domain, “gtlic.com”, to your safe sender list.

Access to Paper Copies

To ensure you have them when you need them, you should print copies of the documents we send through Electronic Communication. However, you may request from us one paper copy of your policy / certificate fulfillment package free of charge. Except where prohibited by law, we may charge a nominal fee for additional copies requested after the first. You may contact us with your request in writing, by phone, or email as indicated in our Company Contact Information, shown below.

Our Right to Send Paper

We reserve the right to provide paper copies in lieu of Electronic Communication. We would do this in the event of, but not limited to, a system outage, if we suspect fraud, or where the designated email address you have provided to us does not accept emails from us.

Changes to the Terms and Conditions of Electronic Communication

At our discretion, we reserve the right to modify the terms and conditions stated herein. This includes modifying the terms to include additional instances for Electronic Communication other than policy or certificate fulfillment. If we do, we will provide you with notice of such change, its effective date electronically and your choices under the new terms and conditions.

Withdrawal of Consent

You may elect to withdraw your Consent for Electronic Delivery and Communications at any time by contacting us in writing, by phone, or through the Customer Service link on our website. Please see Company Contact Information, below.

Company Contact Information

1. Write us at...
Guarantee Trust Life Insurance Company
ATTN: Policyholder Service
1275 Milwaukee Avenue
Glenview, IL 60025
2. Call us toll-free at...
1-800-338-7452
3. Contact us by email by visiting our website...
Go to www.gtlic.com. Click on the Policyholder tab at the top of the screen. Choose “Customer Service” from the list of options to communicate with us.

GUARANTEE TRUST LIFE INSURANCE COMPANY

Glenview, Illinois

NOTICE TO APPLICANT REGARDING REPLACEMENT OF ACCIDENT AND SICKNESS INSURANCE

According to your application, you intend to lapse or otherwise terminate existing accident and sickness insurance and replace it with a policy to be issued by The Guarantee Trust Life Insurance Company. Your new policy provides 10 days within which you may decide without cost whether you desire to keep the policy. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

- (1.) Health conditions which you may presently have (pre-existing) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.
- (2.) You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interests to make sure you understand all the relevant factors involved in replacing your present coverage.
- (3.) If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical/ health history. Failure to include all material medical information on any application may provide basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, re-read it carefully to be certain that all information has been properly recorded.

The above "Notice to Applicant" was delivered to me on _____
Date _____

Applicant's Signature

GUARANTEE TRUST LIFE INSURANCE COMPANY

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice tells you the different ways in which Guarantee Trust Life Insurance Company (“GTL”) may use and disclose your protected health information.

Among other things, the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires us to:

- Maintain the privacy of your protected health information.
- Provide notice of GTL’s legal duties and privacy practices with respect to your protected health information.
- Comply with the terms of the Notice currently in effect; and
- Provide you with this Notice.

You have a right to a paper copy of this Notice which will be provided to you upon request, even if this Notice was provided to you electronically.

Protected health information is information about you that is either held or transmitted by GTL, including demographic information, that identifies you (or can reasonably be used to identify you), and that relates to (i) your past, present or future physical or mental health or condition, (ii) the provision of health care to you, or (iii) the past, present or future payment for the provision of health care to you.

GTL understands that your protected health information is personal. We protect the privacy of that information in accordance with all federal and state privacy laws. If a use or disclosure of protected health information described within this Notice, which is required by federal law, is prohibited or materially restricted by state law, GTL will abide by the more stringent law.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION WITH YOUR WRITTEN AUTHORIZATION

GTL will not use or disclose your protected health information without your written authorization unless the use or disclosure is described within this Notice.

If you have given us written authorization to use or disclose your protected health information, you have the right to revoke that authorization, at any time, except to the extent that: (1) we have already acted in reliance on the authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, other law provides us with the right to contest a claim under the policy or the policy itself. Your written request to revoke an authorization should be directed to the address listed in the “Contact Information” section below.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

For Payment

We may request, use and disclose your protected health information, as needed, to determine or fulfill our responsibility for coverage and reimbursement for the provision of benefits under your health plan. This may include, but is not limited to:

- determinations of eligibility of coverage (including coordination of benefits with other insurers or the determination of cost sharing amounts) and adjudication or subrogation of health benefit claims;
- risk adjusting based on enrollee health status and demographic characteristics;
- billing, claims management, collection activities, obtaining payment under a contract for reinsurance;
- review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care or justification of charges;
- utilization review activities, including pre-certification and pre-authorization of services, concurrent and retrospective review of services;

- disclosure to consumer reporting agencies of any of the following protected health information relating to collection of premiums or reimbursement: name and address; date of birth; social security number; payment history; policy/account number; and name and address of the health care provider and /or health plan.

For example, if your coverage has a coordination of benefits or other type of cost sharing provision, we may request and disclose protected health information about you to the other health plan carrier to determine the benefits due under the terms of your health plan with us. We may also contact your provider regarding your medical treatments and request details to determine if your coverage will pay for the treatments.

For Health Care Operations

We may use and disclose protected health information about you to support our business operations or the business operations of another insurer. These uses and disclosures are necessary to run the company and make sure all of our policyholders receive the services and benefits provided by their health plan coverage. These activities include, but are not limited to:

- underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, however, we are prohibited from using or disclosing genetic information about you for underwriting purposes;
- ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance);
- conducting or arranging for medical review, legal services, and auditing functions, including fraud investigations;
- business planning and development, such as conducting cost-management studies and analyses related to managing and operating the company, including development or improvement of methods of payment or coverage policies; and
- business management and general administrative activities of the company, including, but not limited to:
 - customer service, including the provision of data analyses for policyholders, plan sponsors, or other customers;
 - resolution of internal grievances; and
 - the offer of an enhancement or upgrade to your existing coverage.

To Individuals Involved in Your Care

We may use and disclose your protected health information with your family, friends, personal representative or other individual you identify who are involved in your care or payment of a claim, unless you object. In addition, GTL may use and disclose your protected health information to persons requesting such information if we can reasonably infer from the circumstances that you would not object to the disclosure. If you are not available to give your consent to a disclosure, or in an emergency, we may disclose your protected health information that is directly relevant to such person's involvement in your care or payment for such care.

To Our Business Associates

We may also share your protected health information to an affiliate or business associate outside of GTL if they need protected health information in order to provide services to us (e.g., billing, claim adjudication and underwriting services.) Whenever an arrangement between GTL and a business associate involves the use or disclosure of your protected health information we will have a written contract that sets forth the terms regarding the use and disclosure of your protected health information and will require them to follow the HIPAA rules relating to the protection of protected health information.

For Other Uses and Disclosures

In addition to the above, we are permitted or required by law to use or disclose your protected health information, without your permission, for the following:

- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order. We may disclose protected health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement:** We may release medical information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar process. We may also disclose your protected health information if we suspect child abuse or neglect; we may also disclose your protected health information if we believe you to be a victim of abuse, neglect, or domestic violence.

- **Health Oversight Activities:** We may disclose protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

You have the following rights with respect to the protected health information we maintain about you.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. To inspect and copy protected health information that may be used to make decisions about you, you must submit your request in writing to us or to the business associate who maintains the medical information. If we would prefer to send you a summary or explanation of your medical information rather than the actual records, we may do so only with your consent and your agreement in advance to the fees imposed, if any. You may request your records be in paper or electronic format. We may charge a fee for the costs of copying, mailing or other supplies associated with mailing or copying your protected health information. We may deny your request in whole or in part to inspect and copy records in certain circumstances. If you are denied access to medical information, we will provide a written notice explaining the basis for the denial. You may also request that the denial be reviewed. Such request for review will either be approved or denied based on the grounds for denial. If the initial denial is reviewable, the person conducting the review will not be the same person who denied your original request. We will comply with the determination of the representative performing the review.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of payment or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request and we retain the right to terminate an agreed to restriction. Such termination is only effective with respect to protected health information created or received after GTL has informed the individual of its termination of the restriction. Additionally requesting certain limitations may affect payment of benefits under your health plan. To request restrictions, you must make your request in writing to our Customer Service Department. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

You have the right to request and receive confidential communications. We will accommodate reasonable requests to send your protected health information to you at a different address, or other method of contact. We will not request an explanation from you as to the basis for the request. For example, you can ask that we only contact you at work or by mail. Requests for confidential communications must be made in writing, signed by you and sent to GTL. Your request must specify how or where you wish to be contacted.

You have the right to request an amendment of your protected health information. You may request an amendment of your health information contained in a designated record set for as long as the information is kept by GTL or any of our business associates. To request an amendment, you must send us your request in writing to the address included in the "Contact Information" section below, giving details of your request and why you are making it. If we deny your request for amendment in whole or in part, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement. We will provide you with a copy of any such rebuttal. In certain cases, we may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the designated record set kept by us; (3) is not part of the information which you would be permitted to inspect and copy; or (4) is accurate and complete.

You have the right to receive an accounting of certain disclosures. You have the right to request an accounting of most disclosures of protected health information made by us during the six years prior to the date the accounting is requested, subject to certain exceptions. Your request must be in writing. If you request such an accounting more than once in a 12-month period, we may charge a cost-based reasonable fee.

You have the right to be notified following a breach of unsecured protected health information. You have the right to and will receive a notification of a breach of your unsecured protected health information from GTL, or one of its business associates.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint in writing to us at the address shown below in the "Contact Information" section. You may also file a complaint in writing with the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

THIS NOTICE IS SUBJECT TO CHANGE

We reserve the right to change the terms of this Notice and our privacy policies at any time. If we do, the new terms will be effective for all protected health information maintained by us, including protected health information received by GTL before the effective date of the new terms. If we do revise our privacy notice, a copy of the new notice will be posted on our web site at www.glic.com and/or sent to you if the changes are material.

EFFECTIVE DATE

This Notice is effective September 23, 2013.

CONTACT INFORMATION

If you have questions regarding this Notice or require further information, you may contact our Customer Service Department at 1-800-338-7452. Any written complaints should be directed to Guarantee Trust Life Insurance Company, Attention: Privacy Office, 1275 Milwaukee Avenue, Glenview, Illinois 60025.

**IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

This is not Medicare Supplement Insurance

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits because Medicare generally pays for most of the expenses for the diagnosis and treatment of the specific conditions or diagnoses named in the policy.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice
- outpatient prescription drugs if you are enrolled in Medicare Part D
- other approved items and services

Before You Buy This Insurance

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

GUARANTEE TRUST LIFE INSURANCE COMPANY
1275 Milwaukee Avenue, Glenview, Illinois 60025
(847) 699-0600

SPECIFIED DISEASE POLICY

**OUTLINE OF COVERAGE
FOR POLICY FORM SERIES G1530-CT**

KEEP THIS OUTLINE FOR YOUR RECORDS

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

THIS IS A LIMITED BENEFIT POLICY – PLEASE READ YOUR POLICY CAREFULLY - This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. Your policy sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

SPECIFIED DISEASE COVERAGE – Policies of this category are designed to provide persons insured, restricted coverage paying benefits ONLY when certain losses occur as a result of specified disease. Coverage is not provided for basic hospital, basic medical-surgical, or major medical or comprehensive expenses.

LUMP SUM CANCER POLICY BENEFITS

Cancer Lump Sum Benefit: \$_____

CANCER DIAGNOSIS: We will pay the selected Cancer Lump Sum Benefit upon a Positive Diagnosis of invasive Cancer.

CANCER IN SITU DIAGNOSIS: We will pay a percentage, 25% of the selected Cancer Lump Sum Benefit upon a Positive Diagnosis of Cancer In Situ.

EXPERIMENTAL TREATMENT: We will pay the Cancer Lump Sum Benefit for Experimental Treatment received in the United States upon a Positive Diagnosis of Cancer.

LIMITATIONS:

Pre-existing condition: A pre-existing condition is a condition for which medical advice or treatment was recommended by a doctor, or received from a Doctor, within a twelve (12) month period preceding the Policy Effective Date of the coverage of the Insured person.

Waiting Period: Benefits are subject to a 30 day Waiting Period. The Waiting Period is the number of days after your policy's Effective Date before benefits are payable for a Positive Diagnosis of Cancer.

Benefit Payment: Policy benefits are limited to one payment for each of the following: (1) a Positive Diagnosis of Cancer; (2) a Positive Diagnosis of Cancer In Situ; and (3) Experimental Treatment received upon a Positive Diagnosis of Cancer.

EXCLUSIONS: We will not pay benefits for:

1. A Positive Diagnosis of any Cancer or Cancer In Situ before the Policy Effective Date;
2. Any loss due to injury, disease or incapacity, unless related to or attributable to Cancer or Cancer In Situ as defined;

3. Any Cancer or Cancer In Situ when advice or treatment is received during the Waiting Period or prior to the Effective Date, and such advice or treatment results in a Positive Diagnosis of Cancer or Cancer In Situ. If tissue is extracted during the Waiting Period or prior to the Effective Date, and results in a Positive Diagnosis of Cancer or Cancer In Situ, this will not be a covered condition. The date of a Positive Diagnosis of Cancer or Cancer In Situ is the earlier of the date of clinical diagnosis or the date the specimen used to diagnose Cancer or Cancer In Situ is taken. If a Positive Diagnosis of Cancer or Cancer In Situ is made and/or Cancer or Cancer In Situ is treated within the Waiting Period, OR if medical advice is given within the Waiting Period which leads to the subsequent Positive Diagnosis of Cancer or Cancer In Situ after the Waiting Period, you will have the option to cancel the Policy and receive a refund of all premiums paid on the Policy and attached riders.

OPTIONAL BENEFIT RIDERS

Unless stated otherwise, all optional benefit riders are subject to the pre-existing condition limitation and waiting period. Waiting Periods may vary by benefit rider as shown below.

BENEFIT BUILDER RIDER (Cancer) - Form RG15CBB

This Rider pays an additional one-time benefit equal to 25% of the selected Cancer Lump Sum Benefit when invasive Cancer is Diagnosed in an Advanced Stage. It also pays an additional one-time benefit equal to 25% of the selected Cancer Lump Sum Benefit for a Diagnosis of Cancer-in-Situ. Benefits are in addition to those benefits payable in the policy. Benefits are subject to a 30 day Waiting Period.

CANCER RECURRENCE BENEFIT RIDER - Form RG15RC

This Rider pays a Recurrence Benefit for a previously diagnosed or newly diagnosed Cancer. Benefit payment is subject to the recurrence being separated by a period of remission for at least one full year from a previously diagnosed Cancer for which we paid benefits. For benefit eligibility, recurrence must be separated by at least one full year from the date we paid benefits for a Diagnosis of Cancer, or the year in which a new cancer is diagnosed.

The Recurrence Benefit is a percentage (10% to 100%, depending upon the number of years elapsed) of the selected Cancer Lump Sum Benefit amount. The Recurrence Benefit is not subject to a lifetime maximum.

SKIN CANCER BENEFIT RIDER – Form RG15SC

This Rider pays a benefit of \$500 upon a Positive Diagnosis of Skin Cancer (squamous cell or basal cell skin cancer.) A Skin Cancer benefit is payable only once per Calendar Year, up to a lifetime maximum of three Skin Cancer Benefit payments. Benefits are subject to a 30 day Waiting Period.

HEART ATTACK OR STROKE LUMP SUM BENEFIT RIDER - Form RG15HAS-CT

Heart Attack or Stroke Lump Sum Benefit: \$_____

This Rider pays the selected Heart Attack or Stroke Lump Sum Benefit upon a Diagnosis of Heart Attack or Stroke.

BENEFIT LIMITATIONS: Benefits are subject to a 30 day Waiting Period and are limited to only one payment for a Diagnosis of a Heart Attack **OR** a Diagnosis of Stroke.

EXCLUSIONS: This Rider does not provide benefits for:

1. any loss due to injury, disease or incapacity, unless related to or attributable to Heart Attack or Stroke as defined in this Policy and subject to this Policy's Pre-Existing Condition limitation provision.

BENEFIT BUILDER RIDER (*Heart Attack and Stroke*) – Form RG15HSBB

This Rider pays benefits for the following Covered Events: Aorta Graft Surgery; Coronary Angioplasty and/or stent placement; Coronary Artery Bypass Surgery, Heart Valve Replacement/Repair; and Transient Ischemic Attack. Benefits equal to 25% of the selected Heart Attack or Stroke Lump Sum Benefit are payable for Aorta Graft Surgery and Coronary Artery Bypass Surgery. All other Covered Events will have benefits payable at 10% of the selected Heart Attack or Stroke Lump Sum Benefit. Benefit payment is subject to a 30 day Waiting Period. In the event more than one surgery is performed at the same time, we will pay only one benefit, which will be for the greater benefit amount of the eligible surgeries. Each eligible Covered Event is limited to no more than one benefit payment while this Rider is in force.

HEART ATTACK AND STROKE RECURRENCE BENEFIT RIDER – Form RG15RHS

This Rider pays a Recurrence Benefit in the event of a recurrence of a Heart Attack or Stroke. For benefit eligibility, recurrence must be separated by at least one full year from the date we paid benefits for a Diagnosis of Heart Attack or Stroke. The Recurrence Benefit is a percentage (10% to 100%, depending upon the number of years elapsed) of the selected Heart Attack or Stroke Lump Sum Benefit amount. The Recurrence Benefit is not subject to a lifetime maximum.

ANNUAL WELLNESS BENEFIT RIDER – Form RG15W

This rider pays a benefit of \$100 when you have an annual physical examination performed by a Doctor. The benefit is limited to one payment per calendar year. Benefit payment is subject to a 30 day Waiting Period.

INTENSIVE CARE BENEFIT RIDER – Form RG15IC

ICU Benefit: \$_____

This Rider pays the ICU Benefit in the event of confinement in an Intensive Care Unit due to injury or sickness. Benefits are limited to 30 days per Calendar Year. Benefit payment is subject to a 30 day Waiting Period. The ICU Benefit is reduced by 50% upon attaining age 65.

EXCLUSIONS: This Rider does not provide benefits for:

1. Intentionally self-inflicted Injury;
2. Injury by acts of war, whether declared or not.
3. Attempted suicide while sane or insane.
4. Injury sustained while committing or attempting to commit a felony; violating or attempting to violate any duly enacted law.
5. Injury sustained while voluntarily participating in a riot, or civil commotion or disturbance of any kind.
6. Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs.
7. Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Doctor.

CRITICAL ACCIDENT BENEFIT RIDER – Form RG15CAMaximum Benefit Amount per Accident: \$5,000 \$10,000

This Rider pays limited benefits for the following types of Injuries: hip and knee dislocation; fractures; and knee ligament and meniscus tears. To be eligible for benefits, you must receive Medically Necessary services in an Emergency Room or Urgent Care Facility to treat such Injuries within 48 hours of a covered Accident. Benefit payment is subject to a 30 day Waiting Period. Benefits are paid as a percentage of the Maximum Benefit Amount Per Accident:

Covered Injury	Percentage of Maximum Benefit Amount Per Accident That Will be Payable
Dislocation, hip	20%
Dislocation, knee	10%
Fracture, hip or skull	25%
Fracture, all other	5%
Tear, knee ligament or meniscus	10%

If more than one Fracture, Dislocation and / or Knee Ligament/Meniscus Tear is sustained as a result of a covered Injury, only one benefit is payable. The benefit payable will be that of the highest benefit amount associated with the sustained Fracture, Dislocation, or Knee Ligament/Meniscus Tear.

A Loss of Life Benefit is payable in the event of death as a result of Injuries sustained in a covered Accident. The Loss of Life Benefit is equal to the Maximum Benefit Amount Per Accident.

EXCLUSIONS: This rider does not provide benefits for:

1. Treatment, services or supplies which:
 - A. Are not prescribed by a doctor to treat an injury;
 - B. Are determined to be experimental/investigational in nature;
 - C. Are received without charge or legal obligation to pay;
 - D. Are received from persons employed or retained by any family member; or
 - E. Are provided outside of an emergency room or urgent care facility.
2. Fracture of fingers, toes, ribs or coccyx;
3. Intentionally self-inflicted injury, violating or attempting to violate any duly enacted law.
4. Injury being exposed to war or any act of war, declared or not, or participating in or contracting with the armed forces (including coast guard) of any country or international authority.
5. Injury received while traveling or operating, learning to operate, serving as a crewmember on, or jumping or falling from any aircraft including those, which are not motor-driven.
6. Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
7. Dental treatment.
8. Treatment of sickness, disease or degenerative process, including degenerative joint disease and/or non-traumatic arthritis. We also will not pay benefits for any related medical treatments or diagnostic procedures.
9. Treatment of vegetation or ptomaine poisoning or bacterial infections, except pyogenic infections due to accidental open cuts; or accidental ingestion of contaminated substances.
10. Suicide or attempted suicide while sane; or self-destruction or an attempt to self-destroy while insane.
11. Injury resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the injury occurs; or being under the influence of any illegal drugs or narcotic unless administered on the advice and as directed by a doctor.
12. Injury resulting from testing cars/trucks on any racetrack or speedway.
13. Injury resulting from participation in intercollegiate sports.
14. Injury sustained while taking part in any of the following activities: as a rider in or driving in competitive motor sport, water sport races, stunt show or speed test, or while testing any vehicle on any racecourse or speedway; spelunking (exploring caves); mountaineering, scaling up or down cliffs or mountain walls; practice for or participation in a rodeo; flying in an ultralight, hang gliding, parachuting, parasailing, para kiting, bungee cord jumping.
15. Participating in any sporting event for pay or prize money.

16. Injuries incurred and resulting from hazardous occupations such as circus workers, commercial fishermen, crop dusters, farm laborers, firefighters, lumberjacks, oil field workers, police, quarry workers, rodeo riders, security guards, underground miners, or window washers.
17. Injuries arising out of or in the course of employment and which is payable or covered under any workers' compensation or occupational disease act or law.
18. Injuries incurred more than 40 miles outside the territorial limits of the United States or Canada, unless such loss is incurred while you are on a trip of not more than 60 days.

DENTAL AND VISION BENEFIT RIDER - Form RG15DV

Rider Maximum Amount Selected:

\$400 \$800 \$1,200

This Rider pays benefits for: (a) non-preventative dental services; and (b) preventative dental and vision services. Preventative dental services are covered with a Calendar Year maximum benefit of \$75. An annual eye examination or eye refraction is covered with a Calendar Year maximum benefit of \$50. Coverage for prescription eyeglasses is provided up to an annual maximum of \$200 per Calendar Year.

Dental and Vision benefits are subject to the:

1. Annual Rider Deductible Amount of \$100;
2. Insured Percent of covered expenses; and
3. The selected Calendar Year Rider Maximum Amount.

The Rider Deductible Amount and Insured Percent of covered expenses do not apply to preventative dental or eye examination / eye refraction services.

This rider provides limited benefits during the first 12 months after the rider effective date. Please read the rider carefully.

EXCLUSIONS:

Benefits will not be paid for dental expenses arising from or in connection with:

1. A service not furnished by a Dentist, except:
 - a. That performed by a Dental Hygienist under the supervision of a Dentist; and
 - b. X-rays ordered by a Dentist.
2. Treatment, services or supplies which are:
 - a. Not Necessary Dental Treatment, except as provided herein;
 - b. Experimental/Investigational in nature;
 - c. Conditions covered by Workers Compensation Services;
3. Treatment by a Family Member;
4. Services or supplies for which there would be no charge in the absence of insurance;
5. A service furnished to You for:
 - a. Cosmetic purposes, unless needed as a result of Injury. Facing on crowns, on pontics, posterior to the second bicuspid shall always be considered cosmetic; or
 - b. Dental care of congenital or developmental malformation (unless benefits for orthodontic services are specifically provided in the Schedule.)
6. Implants; replacement of lost or stolen appliances, replacement of orthodontic retainers, athletic mouth guards, precision or semi-precision attachments; denture duplication; or sealants;
7. Oral hygiene instructions; plaque control; acid etch; or prescription for take-home fluoride;
8. Over dentures and associated procedures;
9. Services not completed by the end of the month in which insurance terminates;
10. Orthodontic related expense, unless specifically provided.

Benefits will not be paid for vision expenses arising from or in connection with:

1. Treatment, services or supplies which:
 - a. Are Experimental/Investigational in nature;
 - b. Are received without charge or legal obligation to pay; or
 - c. Treatment by any Family Member.
2. Conditions covered by Worker's Compensation Services;
3. Services and supplies in connection with special procedures such as: orthoptics or vision training and subnormal vision aids;
4. Non-prescription (plano) eyewear;
5. Medical or surgical treatments of the eyes, unless to correct refraction of the eyes; or
6. Eye examinations required by an employer as a condition of employment.

RETURN OF PREMIUM BENEFIT RIDER – Form RG15RP20

This Rider will provide a return of premium benefit. The actual amount of premium that will be returned, if any, will equal:

1. The sum of all premiums paid for the policy during the Return of Premium Period, including premiums paid for this rider and any other benefits riders attached to the policy (unless expressly excluded), while this rider is in force (except for any application and annual policy fees.) The sum of all premiums is without interest accumulation. MINUS
2. The sum of all benefit paid or then payable under the policy, including benefits paid or then payable under any attached benefit riders while the rider was in force.

Your age at the start of the Return of Premium Period will determine when the Return of Premium Benefit is eligible for payout based on the table below.

Your age at the start of the Return of Premium Period:	Return of Premium Period	Payout Condition
18 – 65	Minimum Return of Premium Period: Twenty (20) years from the Effective Date of this Rider.	You request full Policy termination after the Policy (with this Rider) has been in force for a minimum of twenty (20) years.
66 – 70	Minimum Return of Premium Period: Fifteen (15) years from the Effective Date of this Rider, or upon Your attaining age 85, whichever is later.	You request full Policy termination after the Policy (with this Rider) has been in force at least fifteen (15) years, or upon Your attaining age 85, whichever is later.

RETURN OF PREMIUM UPON DEATH (PRIOR TO AGE 86) BENEFIT RIDER – Form RG15RPD

This rider pays a return of premium benefit in the event of your death prior to attaining age 86. The actual amount of premium that will be returned, if any, will equal:

1. The sum of all premiums paid for the policy, including premiums paid for this rider and any other benefits riders attached to the policy (unless expressly excluded), while this rider is in force (except for any application and annual policy fees.) The sum of all premiums is without interest accumulation. MINUS
2. The sum of all benefit paid or then payable under the policy, including benefits paid or then payable under any attached benefit riders while the rider was in force.

RETURN OF PREMIUM UPON DEATH BENEFIT RIDER – Form RG15RPDL

This rider pays a return of premium benefit in the event of your death. The actual amount of premium that will be returned, if any, will equal:

1. The sum of all premiums paid for the policy, including premiums paid for this rider and any other benefits riders attached to the policy (unless expressly excluded), while this rider is in force (except for any application and annual policy fees.) The sum of all premiums is without interest accumulation. MINUS
2. The sum of all benefit paid or then payable under the policy, including benefits paid or then payable under any attached benefit riders while the rider was in force.

CANCER LUMP SUM BENEFIT RIDER (FOR CHILD DEPENDENTS) – Form RG15CC-CT

Lump Sum Benefit: \$ _____

This Rider pays the selected Lump Sum Benefit in the event a Covered Child is Diagnosed with Cancer. Benefit payment is subject to a 30 day Waiting Period. Benefits are limited to one Lump Sum Benefit per Covered Child.

EXCLUSIONS: This rider does not provide benefits for:

1. A Positive Diagnosis of Cancer before the Effective Date of the Covered Child's coverage under this Rider;
2. Any loss due to injury, disease or incapacity, unless related to or attributable to Cancer as defined;
3. Any Cancer when advice or treatment is received during the Rider Waiting Period or prior to the Effective Date, and such advice or treatment results in a Positive Diagnosis of Cancer. If tissue is extracted during the Rider Waiting Period or prior to the Effective Date, and results in a Positive Diagnosis of Cancer, this will not be a covered condition. The date of a Positive Diagnosis of Cancer is the earlier of the date of clinical diagnosis or the date the specimen used to diagnose Cancer is taken. If a Positive Diagnosis of Cancer is made and/or Cancer is treated within the Rider Waiting Period, OR if medical advice is given within the Rider Waiting Period which leads to the subsequent Positive Diagnosis of Cancer after the Rider Waiting Period, the Insured has the option to cancel this Rider and receive a refund of all premiums paid for this Rider.

HEART ATTACK OR STROKE LUMP SUM BENEFIT RIDER (FOR CHILD DEPENDENTS) – Form RG15HSC-CT

Lump Sum Benefit: \$ _____

This Rider pays the selected Lump Sum Benefit upon Diagnosis of Heart Attack or Stroke for a Covered Child. Benefit payment is subject to a 30 day Waiting Period. Benefits are limited to one Lump Sum Benefit per Covered Child for a Diagnosis of Heart Attack **OR** Stroke.

EXCLUSIONS: This rider does not provide benefits for:

1. any loss due to injury, disease or incapacity, unless related to or attributable to Heart Attack or Stroke as defined in this Policy and subject to this Policy's Pre-Existing Condition limitation provision.

RENEWABILITY - This policy is guaranteed renewable for life. This means you may keep the policy in force during your lifetime by paying premiums when due or within the 31 days that follow.

PREMIUMS ARE SUBJECT TO CHANGE - We may change the premium rates for this policy, but only if we change it on a class basis for all policies of this class in the state it was issued.

INITIAL PREMIUM

COVERAGE DESCRIPTION	PREMIUM
Cancer Lump Sum Policy <input type="checkbox"/> With Recurrence Benefit Rider	\$ _____
Benefit Builder Rider – Cancer <input type="checkbox"/> With Skin Cancer and Annual Wellness Riders	\$ _____
Heart Attack and Stroke Benefit Rider <input type="checkbox"/> With Recurrence Benefit Rider	\$ _____
Benefit Builder Rider – Heart Attack and Stroke	\$ _____
Intensive Care Benefit Rider	\$ _____
Critical Accident Benefit Rider	\$ _____
Dental/Vision Benefit Rider	\$ _____
Cancer Lump Sum Benefit Rider - Child	\$ _____
Heart Attack or Stroke Lump Sum Benefit Rider - Child	\$ _____
Return of Premium Upon Death Benefit Rider – <i>Prior to Attained Age 86</i>	\$ _____
Return of Premium Upon Death Benefit Rider	\$ _____
Return of Premium Benefit Rider	\$ _____

GUARANTEE TRUST LIFE INSURANCE COMPANY
1275 Milwaukee Avenue, Glenview, Illinois 60025
(847) 699-0600

SPECIFIED DISEASE POLICY

**OUTLINE OF COVERAGE
FOR POLICY FORM SERIES G1531-CT**

KEEP THIS OUTLINE FOR YOUR RECORDS

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

THIS IS A LIMITED BENEFIT POLICY – PLEASE READ YOUR POLICY CAREFULLY - This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. Your policy sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

SPECIFIED DISEASE COVERAGE – Policies of this category are designed to provide persons insured, restricted coverage paying benefits ONLY when certain losses occur as a result of specified disease. Coverage is not provided for basic hospital, basic medical-surgical, or major medical or comprehensive expenses.

HEART ATTACK OR STROKE SUM POLICY BENEFITS

Heart Attack or Stroke Lump Sum Benefit: \$ _____

This policy pays benefits upon a Diagnosis of a Heart Attack **OR** a Stroke.

LIMITATIONS:

Pre-existing condition: A pre-existing condition is a condition for which medical advice or treatment was recommended by a doctor, or received from a Doctor, within a twelve (12) month period preceding the Policy Effective Date of the coverage of the Insured person.

Waiting Period: Benefits are subject to a 30 day Waiting Period. The Waiting Period is the number of days after your policy's Effective Date before benefits are payable for a Diagnosis of Heart Attack or Stroke.

Benefit Payment: Policy benefits are limited to one payment during your lifetime for a Diagnosis of Heart Attack **OR** Stroke.

EXCLUSIONS: We will not pay benefits for:

any loss due to injury, disease or incapacity, unless related to or attributable to Heart Attack or Stroke as defined in this Policy and subject to this Policy's Pre-Existing Condition limitation provision.

OPTIONAL BENEFIT RIDERS

Unless stated otherwise, all optional benefit riders are subject to the pre-existing condition limitation and waiting period. Waiting Periods may vary by benefit rider as shown below.

BENEFIT BUILDER RIDER (*Heart Attack and Stroke*) – Form RG15HSBB

This Rider pays benefits for the following Covered Events: Aorta Graft Surgery; Coronary Angioplasty and/or stent placement; Coronary Artery Bypass Surgery, Heart Valve Replacement/Repair; and Transient Ischemic Attack. Benefits equal to 25% of the selected Heart Attack or Stroke Lump Sum Benefit are payable for Aorta Graft Surgery and Coronary Artery Bypass Surgery. All other Covered Events will have benefits payable at 10% of the selected Heart Attack or Stroke Lump Sum Benefit. Benefit payment is subject to a 30 day Waiting Period. In the event more than one surgery is performed at the same time, we will pay only one benefit, which will be for the greater benefit amount of the eligible surgeries. Each eligible Covered Event is limited to no more than one benefit payment while this Rider is in force.

HEART ATTACK AND STROKE RECURRENCE BENEFIT RIDER – Form RG15RHS

This Rider pays a Reoccurrence Benefit in the event of a recurrence of a Heart Attack or Stroke. For benefit eligibility, reoccurrence must be separated by at least one full year from the date we paid benefits for a Diagnosis of Heart Attack or Stroke. The Reoccurrence Benefit is a percentage (10% to 100%, depending upon the number of years elapsed) of the selected Heart Attack or Stroke Lump Sum Benefit amount. The Reoccurrence Benefit is not subject to a lifetime maximum.

INTENSIVE CARE BENEFIT RIDER – Form RG15IC

ICU Benefit: \$_____

This Rider pays the ICU Benefit in the event of confinement in an Intensive Care Unit due to injury or sickness. Benefits are limited to 30 days per Calendar Year. Benefit payment is subject to a 30 day Waiting Period. The ICU Benefit is reduced by 50% upon attaining age 65.

EXCLUSIONS: This Rider does not provide benefits for:

1. Intentionally self-inflicted Injury;
2. Injury by acts of war, whether declared or not.
3. Attempted suicide while sane or insane.
4. Injury sustained while committing or attempting to commit a felony; violating or attempting to violate any duly enacted law.
5. Injury sustained while voluntarily participating in a riot, or civil commotion or disturbance of any kind.
6. Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs.
7. Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Doctor.

CRITICAL ACCIDENT BENEFIT RIDER – Form RG15CA

Maximum Benefit Amount per Accident: \$5,000 \$10,000

This Rider pays limited benefits for the following types of Injuries: hip and knee dislocation; fractures; and knee ligament and meniscus tears. To be eligible for benefits, you must receive Medically Necessary services in an Emergency Room or Urgent Care Facility to treat such Injuries within 48 hours of a covered Accident. Benefit payment is subject to a 30 day Waiting Period. Benefits are paid as a percentage of the Maximum Benefit Amount Per Accident:

Covered Injury	Percentage of Maximum Benefit Amount Per Accident That Will be Payable
Dislocation, hip	20%
Dislocation, knee	10%
Fracture, hip or skull	25%
Fracture, all other	5%
Tear, knee ligament or meniscus	10%

If more than one Fracture, Dislocation and / or Knee Ligament/Meniscus Tear is sustained as a result of a covered Injury, only one benefit is payable. The benefit payable will be that of the highest benefit amount associated with the sustained Fracture, Dislocation, or Knee Ligament/Meniscus Tear.

A Loss of Life Benefit is payable in the event of death as a result of Injuries sustained in a covered Accident. The Loss of Life Benefit is equal to the Maximum Benefit Amount Per Accident.

EXCLUSIONS: This rider does not provide benefits for:

1. Treatment, services or supplies which:
 - A. Are not prescribed by a doctor to treat an injury;
 - B. Are determined to be experimental/investigational in nature;
 - C. Are received without charge or legal obligation to pay;
 - D. Are received from persons employed or retained by any family member; or
 - E. Are provided outside of an emergency room or urgent care facility.
2. Fracture of fingers, toes, ribs or coccyx;
3. Intentionally self-inflicted injury, violating or attempting to violate any duly enacted law.
4. Injury being exposed to war or any act of war, declared or not, or participating in or contracting with the armed forces (including coast guard) of any country or international authority.
5. Injury received while traveling or operating, learning to operate, serving as a crewmember on, or jumping or falling from any aircraft including those, which are not motor-driven.
6. Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
7. Dental treatment.
8. Treatment of sickness, disease or degenerative process, including degenerative joint disease and/or non-traumatic arthritis. We also will not pay benefits for any related medical treatments or diagnostic procedures.
9. Treatment of vegetation or ptomaine poisoning or bacterial infections, except pyogenic infections due to accidental open cuts; or accidental ingestion of contaminated substances.
10. Suicide or attempted suicide while sane; or self-destruction or an attempt to self-destroy while insane.
11. Injury resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the injury occurs; or being under the influence of any illegal drugs or narcotic unless administered on the advice and as directed by a doctor.
12. Injury resulting from testing cars/trucks on any racetrack or speedway.
13. Injury resulting from participation in intercollegiate sports.
14. Injury sustained while taking part in any of the following activities: as a rider in or driving in competitive motor sport, water sport races, stunt show or speed test, or while testing any vehicle on any racecourse or speedway; spelunking (exploring caves); mountaineering, scaling up or down cliffs or mountain walls; practice for or participation in a rodeo; flying in an ultralight, hang gliding, parachuting, parasailing, para kiting, bungee cord jumping.
15. Participating in any sporting event for pay or prize money.
16. Injuries incurred and resulting from hazardous occupations such as circus workers, commercial fishermen, crop dusters, farm laborers, firefighters, lumberjacks, oil field workers, police, quarry workers, rodeo riders, security guards, underground miners, or window washers.
17. Injuries arising out of or in the course of employment and which is payable or covered under any workers' compensation or occupational disease act or law.
18. Injuries incurred more than 40 miles outside the territorial limits of the United States or Canada, unless such loss is incurred while you are on a trip of not more than 60 days.

DENTAL AND VISION BENEFIT RIDER - Form RG15DV

Rider Maximum Amount Selected:

\$400 \$800 \$1,200

This Rider pays benefits for: (a) non-preventative dental services; and (b) preventative dental and vision services. Preventative dental services are covered with a Calendar Year maximum benefit of \$75. An annual eye examination or eye refraction is covered with a Calendar Year maximum benefit of \$50. Coverage for prescription eyeglasses is provided up to an annual maximum of \$200 per Calendar Year.

Dental and Vision benefits are subject to the:

1. Annual Rider Deductible Amount of \$100;
2. Insured Percent of covered expenses; and
3. The selected Calendar Year Rider Maximum Amount.

The Rider Deductible Amount and Insured Percent of covered expenses do not apply to preventative dental or eye examination / eye refraction services.

This rider provides limited benefits during the first 12 months after the rider effective date. Please read the rider carefully.

EXCLUSIONS:

Benefits will not be paid for dental expenses arising from or in connection with:

1. A service not furnished by a Dentist, except:
 - a. That performed by a Dental Hygienist under the supervision of a Dentist; and
 - b. X-rays ordered by a Dentist.
2. Treatment, services or supplies which are:
 - a. Not Necessary Dental Treatment, except as provided herein;
 - b. Experimental/Investigational in nature;
 - c. Conditions covered by Workers Compensation Services;
3. Treatment by a Family Member;
4. Services or supplies for which there would be no charge in the absence of insurance;
5. A service furnished to You for:
 - a. Cosmetic purposes, unless needed as a result of Injury. Facing on crowns, on pontics, posterior to the second bicuspid shall always be considered cosmetic; or
 - b. Dental care of congenital or developmental malformation (unless benefits for orthodontic services are specifically provided in the Schedule.)
6. Implants; replacement of lost or stolen appliances, replacement of orthodontic retainers, athletic mouth guards, precision or semi-precision attachments; denture duplication; or sealants;
7. Oral hygiene instructions; plaque control; acid etch; or prescription for take-home fluoride;
8. Over dentures and associated procedures;
9. Services not completed by the end of the month in which insurance terminates;
10. Orthodontic related expense, unless specifically provided.

Benefits will not be paid for vision expenses arising from or in connection with:

1. Treatment, services or supplies which:
 - a. Are Experimental/Investigational in nature;
 - b. Are received without charge or legal obligation to pay; or
 - c. Treatment by any Family Member.
2. Conditions covered by Worker's Compensation Services;
3. Services and supplies in connection with special procedures such as: orthoptics or vision training and subnormal vision aids;
4. Non-prescription (plano) eyewear;
5. Medical or surgical treatments of the eyes, unless to correct refraction of the eyes; or
6. Eye examinations required by an employer as a condition of employment.

RETURN OF PREMIUM BENEFIT RIDER – Form RG15RP20

This Rider will provide a return of premium benefit. The actual amount of premium that will be returned, if any, will equal:

1. The sum of all premiums paid for the policy during the Return of Premium Period, including premiums paid for this rider and any other benefits riders attached to the policy (unless expressly excluded), while this rider is in force (except for any application and annual policy fees.) The sum of all premiums is without interest accumulation. MINUS
2. The sum of all benefit paid or then payable under the policy, including benefits paid or then payable under any attached benefit riders while the rider was in force.

Your age at the start of the Return of Premium Period will determine when the Return of Premium Benefit is eligible for payout based on the table below.

Your age at the start of the Return of Premium Period:	Return of Premium Period	Payout Condition
18 – 65	Minimum Return of Premium Period: Twenty (20) years from the Effective Date of this Rider.	You request full Policy termination after the Policy (with this Rider) has been in force for a minimum of twenty (20) years.
66 – 70	Minimum Return of Premium Period: Fifteen (15) years from the Effective Date of this Rider, or upon Your attaining age 85, whichever is later.	You request full Policy termination after the Policy (with this Rider) has been in force at least fifteen (15) years, or upon Your attaining age 85, whichever is later.

RETURN OF PREMIUM UPON DEATH (PRIOR TO AGE 86) BENEFIT RIDER – Form RG15RPD

This rider pays a return of premium benefit in the event of your death prior to attaining age 86. The actual amount of premium that will be returned, if any, will equal:

1. The sum of all premiums paid for the policy, including premiums paid for this rider and any other benefits riders attached to the policy (unless expressly excluded), while this rider is in force (except for any application and annual policy fees.) The sum of all premiums is without interest accumulation. MINUS
2. The sum of all benefit paid or then payable under the policy, including benefits paid or then payable under any attached benefit riders while the rider was in force.

RETURN OF PREMIUM UPON DEATH BENEFIT RIDER – Form RG15RPDL

This rider pays a return of premium benefit in the event of your death. The actual amount of premium that will be returned, if any, will equal:

1. The sum of all premiums paid for the policy, including premiums paid for this rider and any other benefits riders attached to the policy (unless expressly excluded), while this rider is in force (except for any application and annual policy fees.) The sum of all premiums is without interest accumulation. MINUS
2. The sum of all benefit paid or then payable under the policy, including benefits paid or then payable under any attached benefit riders while the rider was in force.

CANCER LUMP SUM BENEFIT RIDER (FOR CHILD DEPENDENTS) – Form RG15CC-CT

Lump Sum Benefit: \$5,000 \$10,000

This Rider pays the selected Lump Sum Benefit in the event a Covered Child is Diagnosed with Cancer. Benefit payment is subject to a 30 day Waiting Period. Benefits are limited to one Lump Sum Benefit per Covered Child.

EXCLUSIONS: This rider does not provide benefits for:

1. A Positive Diagnosis of Cancer before the Effective Date of the Covered Child's coverage under this Rider;
2. Any loss due to injury, disease or incapacity, unless related to or attributable to Cancer as defined;
3. Any Cancer when advice or treatment is received during the Rider Waiting Period or prior to the Effective Date, and such advice or treatment results in a Positive Diagnosis of Cancer. If tissue is extracted during the Rider Waiting Period or prior to the Effective Date, and results in a Positive Diagnosis of Cancer, this will not be a covered condition. The date of a Positive Diagnosis of Cancer is the earlier of the date of clinical

diagnosis or the date the specimen used to diagnose Cancer is taken. If a Positive Diagnosis of Cancer is made and/or Cancer is treated within the Rider Waiting Period, OR if medical advice is given within the Rider Waiting Period which leads to the subsequent Positive Diagnosis of Cancer after the Rider Waiting Period, the Insured has the option to cancel this Rider and receive a refund of all premiums paid for this Rider.

**HEART ATTACK OR STROKE LUMP SUM BENEFIT RIDER (FOR CHILD DEPENDENTS) –
Form RG15HSC-CT**

Lump Sum Benefit: \$5,000 \$10,000

This Rider pays the selected Lump Sum Benefit upon Diagnosis of Heart Attack or Stroke for a Covered Child. Benefit payment is subject to a 30 day Waiting Period. Benefits are limited to one Lump Sum Benefit per Covered Child for a Diagnosis of Heart Attack **OR** Stroke.

EXCLUSIONS: This rider does not provide benefits for:

any loss due to injury, disease or incapacity, unless related to or attributable to Heart Attack or Stroke as defined in this Policy and subject to this Policy's Pre-Existing Condition limitation provision.

RENEWABILITY - This policy is guaranteed renewable for life. This means you may keep the policy in force during your lifetime by paying premiums when due or within the 31 days that follow.

PREMIUMS ARE SUBJECT TO CHANGE - We may change the premium rates for this policy, but only if we change it on a class basis for all policies of this class in the state it was issued.

INITIAL PREMIUM

COVERAGE DESCRIPTION	PREMIUM
Heart Attack or Stroke Lump Sum Policy <input type="checkbox"/> With Recurrence Benefit Rider	\$ _____
Benefit Builder Rider – Heart Attack and Stroke	\$ _____
Intensive Care Benefit Rider	\$ _____
Critical Accident Benefit Rider	\$ _____
Dental/Vision Benefit Rider	\$ _____
Cancer Lump Sum Benefit Rider - Child	\$ _____
Heart Attack or Stroke Lump Sum Benefit Rider - Child	\$ _____
Return of Premium Upon Death Benefit Rider – <i>Prior to Attained Age 86</i>	\$ _____
Return of Premium Upon Death Benefit Rider	\$ _____
Return of Premium Benefit Rider	\$ _____