

SERFF Tracking Number: GRTT-127808960 State: District of Columbia  
 Filing Company: Guarantee Trust Life Insurance Company State Tracking Number:  
 Company Tracking Number:  
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002 Dread Disease  
 Product Name: G1130 / G1131 Lump Sum  
 Project Name/Number: G1130/

## Form Schedule

### Lead Form Number: G1130

| Schedule Item Status | Form Number | Form Type Form Name   | Action  | Action Specific Data | Readability | Attachment    |
|----------------------|-------------|---|---------|----------------------|-------------|---------------|
|                      | G1130       | Policy/Cont Cancer - Lump Sum<br>ract/Fratern and Reoccurrence<br>al Benefits<br>Certificate  | Initial |                      | 52.300      | G1130.pdf     |
|                      | G1131       | Policy/Cont Heart Attack or<br>ract/Fratern Stroke - Lump Sum<br>al and Reoccurrence<br>Certificate Benefits  | Initial |                      | 52.900      | G1131.pdf     |
|                      | RG11LSHAS   | Policy/Cont Heart Attack or<br>ract/Fratern Stroke - Lump Sum<br>al and Reoccurrence<br>Certificate: Benefits<br>Amendmen<br>t, Insert<br>Page,<br>Endorseme<br>nt or Rider | Initial |                      | 46.200      | RG11LSHAS.pdf |
|                      | APPH2-11    | Application/ Enrollment Form<br>Application for Specified Disease<br>Lump Sum Policies  | Initial |                      | 42.000      | APPH2-11.pdf  |
|                      | OCG1130     | Outline of Coverage<br>Coverage for Policy Form<br>G1130  | Initial |                      |             | OCG1130.pdf   |
|                      | OCG1131     | Outline of Coverage<br>Coverage for Policy Form<br>G1131  | Initial |                      |             | OCG1131.pdf   |
|                      | RG10CTW     | Policy/Cont Therapy and<br>ract/Fratern Wellness Benefit<br>al Rider<br>Certificate:  | Initial |                      | 43.300      | RG10CTW.pdf   |

SERFF Tracking Number: GRIT-127808960 State: District of Columbia  
 Filing Company: Guarantee Trust Life Insurance Company State Tracking Number:  
 Company Tracking Number:  
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease  
 Limited Benefit  
 Product Name: G1130 / G1131 Lump Sum  
 Project Name/Number: G1130/

|               |  |         |        |                   |
|---------------|--|---------|--------|-------------------|
|               | Amendmen<br>t, Insert<br>Page,<br>Endorseme<br>nt or Rider   |         |        |                   |
| RG10IC        | Policy/Cont Intensive Care<br>ract/Fratern Benefit Rider<br>al<br>Certificate:<br>Amendmen<br>t, Insert<br>Page,<br>Endorseme<br>nt or Rider                         | Initial | 50.900 | RG10IC.pdf        |
| RG10ROP<br>15 | Policy/Cont Return of Premium - Initial<br>ract/Fratern 15 Years - Benefit<br>al Rider<br>Certificate:<br>Amendmen<br>t, Insert<br>Page,<br>Endorseme<br>nt or Rider |         | 49.900 | RG10ROP15.<br>pdf |
| RG10ROP<br>20 | Policy/Cont Return of Premium - Initial<br>ract/Fratern 20 Years<br>al<br>Certificate:<br>Amendmen<br>t, Insert<br>Page,<br>Endorseme<br>nt or Rider                 |         | 49.900 | RG10ROP20.<br>pdf |
| RG10ROP<br>25 | Policy/Cont Return of Premium - Initial<br>ract/Fratern 25 Years<br>al<br>Certificate:<br>Amendmen   |         | 49.900 | RG10ROP25.<br>pdf |

SERFF Tracking Number: *GRTT-127808960* State: *District of Columbia*  
 Filing Company: *Guarantee Trust Life Insurance Company* State Tracking Number:  
 Company Tracking Number:  
 TOI: *H071 Individual Health - Specified Disease - Limited Benefit* Sub-TOI: *H071.002 Dread Disease*  
 Product Name: *G1130 / G1131 Lump Sum*  
 Project Name/Number: *G1130/*

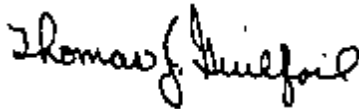
|                      |   |                |               |                          |
|----------------------|---|----------------|---------------|--------------------------|
| <p>RG10ROP<br/>D</p> | <p>Policy/Cont<br/>ract/Fratern<br/>Upon Death<br/>al<br/>Certificate:<br/>Amendmen<br/>t, Insert<br/>Page,<br/>Endorseme<br/>nt or Rider</p> | <p>Initial</p> | <p>48.900</p> | <p>RG10ROPD.p<br/>df</p> |
|----------------------|---|----------------|---------------|--------------------------|

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

**CANCER POLICY  
LUMP SUM BENEFITS**  
*FIRST DIAGNOSIS  
AND REOCCURRENCE  
BENEFIT PAYMENTS*

**THIS IS A LEGAL  
CONTRACT BETWEEN  
YOU AND US. READ YOUR  
POLICY CAREFULLY.**

Signed for Guarantee Trust Life  
Insurance Company, at its Home  
Office, by:



Secretary



President

Licensed Resident  
Agent

**WE PROMISE** to insure all Covered Persons for the benefits described in this Policy, subject to the Policy definitions, provisions, limitations and exclusions. This Policy is issued in consideration of the application and payment of the first Premium. The application is attached to and made a part of this Policy.

**GUARANTEED RENEWABLE FOR LIFE:** You may keep this Policy in force during Your entire lifetime by paying Premiums when due or within the grace period. We cannot cancel or refuse to renew this Policy or place any restrictions on it if You pay Your Premiums on time.

**YOUR RIGHT TO EXAMINE THIS POLICY FOR 10 DAYS:** It is important to us that you are satisfied with this Policy. If you are not satisfied with this Policy, you may return it to us within ten (10) days of its receipt. Upon Our receipt of Your returned Policy, We will cancel the Policy as of the Effective Date and return any premiums You have paid.

**PREMIUMS SUBJECT TO CHANGE:** We may change Your premium rates for this Policy. We will give You at least thirty-one (31) days prior written notice of any change in the renewal premium. We can change the premium this way only if We change it on a class basis for all policies issued on this form in Your state.

**IMPORTANT NOTICE**

Please read the copy of the application attached to this Policy. Carefully check the application and write to Us at the address shown above within ten (10) days if any information shown on it is not correct and complete. If any past medical history has been left out, this Policy may not cover your claim. The application is a part of this Policy and this Policy was issued on the basis that the answers to all questions and the information shown on the application are correct and complete.

**THIS POLICY CONTAINS A PRE-EXISTING CONDITION LIMITATION**

**THIS IS A LIMITED BENEFIT POLICY - PLEASE READ IT CAREFULLY**

**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.**



TABLE OF CONTENTS

|  |           |
|--|-----------|
| Policy Schedule .....                                      | Page 3    |
| Definitions .....  | Pages 4-5 |
| Eligibility for Coverage.....                              | Pages 5-6 |
| Termination, Continuation and Conversion of Coverage ..... | Pages 6-7 |
| Eligibility for Benefits .....                             | Page 7    |
| Benefit Provisions .....                                   | Pages 7-8 |
| Exclusions and Limitations .....                           | Page 8    |
| Premium and Reinstatement .....                            | Page 8    |
| Claim Provisions .....                                     | Pages 8-9 |
| General Provisions .....                                   | Page 9    |

## POLICY DEFINITIONS

---

**Cancer** means a malignant tumor which meets the diagnosis criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen. It is characterized by the uncontrolled growth and spread of malignant cells and the invasion of body tissue by such malignant cells. Cancer includes leukemia and Cancer In Situ. Excluded are Cancers such as:

1. Pre-malignant tumors or polyps;
2. Skin Cancer, except malignant melanoma

**Cancer In Situ** is an early stage Cancer that involves only the site of origin and which has not spread beyond the organ or tissue in which it originated.

**Covered Person** means a person:

1. Who is eligible for coverage as the Insured or as a Dependent on Couple, Family or Single Parent Type of Coverage;
2. Who has been accepted for coverage or has been automatically added;
3. Who has paid the required premium; and
4. Whose coverage has become effective and has not terminated.

**Dependent:** A person who is the Insured's:

1. lawful spouse, residing with the Insured.
2. child who is dependent upon the Insured for support and maintenance and is under the age of nineteen (19).
3. child who is dependent upon the Insured for support and maintenance, is nineteen (19) through twenty-five (25) years of age and is attending school full time, as determined by the school the Dependent is attending, including colleges and vocational, technical, vocational-technical or trade schools or institutes.

The term child refers to Your and Your spouse's unmarried:

1. natural child;
2. stepchild; a stepchild is a Dependent on the date the Insured marries the child's parent; and
3. adopted child, including a child placed with the Insured for the purpose of adoption, from the moment of placement as certified by the agency making the placement.

The term "Dependent" is applicable to Couple, Family, or Single Parent Type of Coverage.

**Doctor** means any licensed practitioner of the healing arts acting within the scope of his or her license in treating an injury or illness. It doesn't include You, or a member of Your Immediate Family.

**Documented Medical Evidence** includes but is not limited to appropriate radiology, diagnostic testing, laboratory testing, and physical examination by an Oncologist.

**Effective Date** means the date shown on the Policy Schedule for all persons accepted for coverage at the time of issue. Coverage is not effective until We have received and accepted Your application, We issue the Policy and receive the first premium, if applicable. For persons accepted for coverage under this Policy after it is issued, the Effective Date of coverage will be shown by endorsement.

**First Diagnosis** means the first time in which the earliest of the following takes place:

1. Cancer is first diagnosed by a pathologist. A pathological diagnosis must be based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or postmortem). The Doctor establishing the pathological diagnosis shall base his/her judgement solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or suspect tumor, tissue or specimen.
2. Cancer is first diagnosed by clinical or non-pathological diagnosis, if diagnosis from tissue cannot be made. A clinical or non-pathological diagnosis of Cancer will only be accepted as a First Diagnosis when it is not medically possible to attempt a pathological diagnosis. Proof that it is not medically possible to attempt a pathological diagnosis must be satisfactory to Us. We reserve the right to request additional information, an additional Doctor's statement and/or examination by a Doctor of Our choice at Our expense.

Cancer will not be a covered condition when advice or treatment is received prior to the Effective Date, and such advice or treatment results in the First Diagnosis of Cancer. If tissue is extracted prior to the Effective Date, and results in a First Diagnosis of Cancer, this will not be a covered condition. The date of diagnosis is the earlier of the date of clinical diagnosis or the date the specimen used to diagnose Cancer is taken.

## POLICY DEFINITIONS (Continued)

**First Diagnosis Lump Sum Benefit** means the benefit amount We will pay during each Covered Person's lifetime under the terms of this Policy upon a First Diagnosis of Cancer or Cancer In Situ. The Lump Sum Benefit amount is shown in the Policy Schedule.

**Immediate Family** means You or, Your spouse, and the parents, grandparents, children, or siblings by blood or marriage of either You, or Your spouse.

**Insured** means the person named in the Policy application and Policy Schedule.

**Oncologist** means a medical Doctor, other than You or a member of Your Immediate Family, specializing in the diagnosis and treatment of Cancer.

**Pathologist** means a licensed Doctor, other than You or a member of Your Immediate Family, specializing in the interpretation and diagnosis of changes caused by disease in tissue, who is certified by the American Board of Pathology to practice Pathologic Anatomy, or certified by the Osteopathic Board of Pathology.

**Period of Remission** means for at least one (1) full year during which a Covered Person has been free of Cancer treatment(s) as supported by Documented Medical Evidence. Cancer treatment does not include follow-up visits or testing that is performed for purposes that confirm Cancer is in remission.

**Policy** means this document, the application, and any attachments that form this contract between you and us.

**Premium** means the amount of money You are required to pay Us in return for the insurance provided by this Policy.

**Reoccurrence Benefit** means the benefit amount We will pay when Cancer reoccurs after a Period of Remission from a previously diagnosed Cancer and for which We have paid benefits under this Policy. This benefit is payable for a previously diagnosed or newly diagnosed Cancer. For benefit eligibility, reoccurrence must be separated by at least one full year (365 days) from the date We paid benefits for a First Diagnosis of Cancer.

The Reoccurrence Benefit amount is a percentage of the First Diagnosis Lump Sum Benefit. The Reoccurrence Benefit percentages are shown in the Policy Schedule.

**Skin Cancer** means Basal cell or squamous cell carcinoma.

**Type of Coverage** determines who is insured under this Policy. The Type of Coverage is shown on the policy Schedule and is limited to the following plans:

1. Individual means coverage is provided only for You, the person named in the Policy application and shown as the Insured on the Policy Schedule.
2. Couple means coverage is provided only for You and Your spouse as Dependent.
  3. Single Parent means coverage is provided for You and all of Your Dependent children.
4. Family means coverage is provided for You, Your spouse, and all Dependent children.

**We, Us, Our Company** means Guarantee Trust Life Insurance Company.

**You, Your and Yours** means the Insured shown in the Policy Schedule.

## ELIGIBILITY FOR COVERAGE

---

### CONSIDERATION

We have issued this Policy in consideration of the application and payment of the first premium. The application and Schedule are made a part of this Policy.

### ELIGIBILITY OF DEPENDENTS

You may apply to include Your Dependents as Covered Persons under this Policy. A Dependent will become a Covered Person subject to:

1. Your written application for that Dependent to be added to Your Policy; and
2. Except for Your newborn child, evidence satisfactory to Us of insurability and eligibility of the Dependent to be added; and
3. The payment of any required premium.



## **ELIGIBILITY FOR COVERAGE (Continued)**

### **ELIGIBILITY OF DEPENDENTS** (Continued):

Except where the Type of Coverage is already a Family Plan or a Single Parent Plan, the addition of any child Dependent to this Policy will cause a change to the Type of Coverage and, therefore, a change to this Policy's premium. An Individual Plan which adds a spouse Dependent will also cause a change to the Type of Coverage and, therefore, a change to this Policy's premium.

A Dependent is deemed to be acquired as follows:

Spouse: On the date of Your marriage.

Natural child: On the date of birth.

Adopted child: On the date You are a party in a suit in which the adoption of the child by You is sought.

Stepchild: On the date of Your marriage to the child's parent.

For any Dependent, except Your newborn child, added after the effective date of this Policy, coverage will:

1. Become effective as of the next monthly premium due date following the date We approve the application for the Dependent; and
2. Be subject to this Policy's Pre-Existing Condition limitation.

Dependents added after the Effective Date of this Policy must be added by endorsement.

### **NEWBORN DEPENDENTS**

Your newborn child will be covered from the moment of birth without requiring a written application, subject to the applicable provision, shown below, for the Type of Coverage You currently have in effect at the time of birth.

1. Type of Coverage: Individual or Couple. If Your Policy's Type of Coverage is Individual or Couple, adding your newborn child will require Us to convert coverage from an Individual or Couple Plan to a Family or Single Parent Plan. You must notify Us and pay the additional premium within sixty (60) days of such birth in order for Us to continue coverage for the newborn child beyond the sixty (60) day period. If timely notice is not received, We may refuse to continue coverage beyond the sixty (60) day period.
2. Type of Coverage: Family or Single Parent. If coverage is already a Family or Single Parent Plan, notice of the addition of Your newborn child is not required. In the event of the addition of a newborn child to a Family or Single Parent Plan where We have not been notified of the birth, We may require proof of eligibility at the time of claim. Failure to provide proof of eligibility as a Dependent, as defined in this Policy may result in a denial of a claim.

### **DEPENDENT TERMINATION OF COVERAGE**

If this is a Family or Single Parent Plan, a child will cease to be covered on the premium due date that follows the earlier of such child's:

1. Nineteenth (19<sup>th</sup>) birthday, or twenty-fifth (25<sup>th</sup>) birthday if a full time student; or
2. Date of marriage.

The coverage of a child will not terminate if that child is both:

1. Incapable of self-sustaining employment because of mental retardation or physical handicap; and
2. Currently dependent upon You.

Proof of continued incapacity and dependency must be furnished to Us by You within thirty-one (31) days of the child's nineteenth (19<sup>th</sup>) birthday. Afterwards, proof of continued incapacity and dependency must be furnished to Us, at Our request, by You but not more frequently than annually after the two (2) year period following the child's nineteenth (19<sup>th</sup>) birthday, unless such information is requested as a part of Our claim processing.

Coverage of Your spouse shall cease on the premium due date that follows the date of entry of a valid judgment of dissolution of marriage. The ex-spouse may apply for coverage under the Conversion Privilege provision. Any Dependent children may continue coverage under either parent's policy, but not under both policies.

Termination of coverage because a person ceases to be a Covered Person is without prejudice to any claim originating prior to termination of coverage.

## ELIGIBILITY FOR COVERAGE (Continued)

### **CONVERSION PRIVILEGE**

A covered Dependent may apply for a Conversion policy if coverage under this Policy terminates for such person, except for non-payment of premium, as set forth in the Dependent Termination of Coverage provision. The Conversion policy will be issued without proof of good health, subject to the following conditions:

1. A written application for the Conversion policy is sent to Us within thirty-one (31) days of the date on which such person's coverage under this Policy ends. The Effective Date of the Conversion policy shall be the date such person's coverage ended under this Policy. The premium for the Conversion policy will be the premium payable on the Effective Date of the Conversion policy for the form and amount of coverage provided based on attained age.
2. The Conversion policy will be this or a similar form currently in use by Us.
3. The Conversion policy may exclude any condition excluded by this Policy with respect to the covered Dependent at the time of the termination of coverage under this Policy. We will not pay benefits under the Conversion policy for loss incurred while this Policy is in force.
4. Any benefit amounts paid for a covered Dependent under this Policy will be applied to any benefit limits under the Conversion policy.

Another Pre-Existing condition limitation in the Conversion policy will not apply, except to the extent such Pre-existing condition has not been met under this Policy.

### **CONTINUATION OF INSURANCE**

If this Policy's Type of Coverage is Couple or Family and if You die, Your covered spouse will become the Insured. The spouse may continue coverage for all Covered Persons under this Policy. A written request for continuation of coverage for all Covered Persons and the appropriate premium must be received by Us within thirty-one (31) days after Your death. We will terminate this Policy if the written request for continuation and the appropriate premium is not received by Us within thirty-one (31) days after Your death.

---

## ELIGIBILITY FOR BENEFITS

---

**DIAGNOSIS:** In order for a benefit to become payable under this Policy, Cancer must be First Diagnosed in one of the following ways:

### **1. Pathological Diagnosis**

A pathological diagnosis is made from the results of a microscopic study of fixed tissue or blood samples. This type of diagnosis must be made by a Pathologist certified by the American Board of Pathology or the American Osteopathic College of Pathologists. A pathological diagnosis can be made before or after death.

### **2. Clinical Diagnosis**

Clinical diagnosis is based on the study of symptoms. We accept a clinical diagnosis only when a pathological diagnosis is detrimental to the patient's health, when there is medical evidence to support the diagnosis, and when a Doctor is treating the patient for Cancer.

### **3. Other Diagnosis**

We accept the pathological interpretation of the histology of skin lesions from dermatologists certified by the American Board of Dermatology. In the case of lung Cancer, we accept a cytology report in lieu of a pathology report.

---

## BENEFIT PROVISIONS

---

Subject to all terms, conditions, definitions, limitations, exclusions, and other provisions of this Policy, benefits under this Policy are payable as follows:

**FIRST DIAGNOSIS CANCER LUMP SUM BENEFIT:** We will pay the First Diagnosis Cancer Lump Sum benefit if the Covered Person is First Diagnosed with Cancer after such person's Effective Date of coverage and while this Policy is in force. The First Diagnosis Cancer Lump Sum benefit is shown in the Policy Schedule.

Benefits under this provision are limited to one (1) First Diagnosis Lump Sum Benefit payment per Covered Person's lifetime.

**REOCCURRENCE BENEFIT:** We will pay the Reoccurrence Benefit amount after a Covered Person has been in a Period of Remission for at least one (1) full year from a previously diagnosed Cancer and for which We have paid benefits under this Policy. This Reoccurrence Benefit is payable for a previously diagnosed or newly diagnosed Cancer.

For benefit eligibility, reoccurrence must be separated by at least one full year (365 days) from the date We paid benefits for a First Diagnosis of Cancer, or the year in which a new cancer is diagnosed.

## BENEFIT PROVISIONS (Continued)

### **REOCCURRENCE BENEFIT** (Continued):

The Reoccurrence Benefit amount is a percentage of the First Diagnosis Lump Sum Benefit amount. The Reoccurrence Benefit percentages are shown in the Policy Schedule. Benefits payable under the Reoccurrence Benefit provision are not subject to a lifetime maximum.

Benefits for the reoccurrence of a previously diagnosed Cancer are subject to Documented Medical Evidence that supports a Cancer's Period of Remission. We retain the right to have such Documented Medical Evidence reviewed by an Oncologist of our choice.

---

## EXCLUSIONS AND LIMITATIONS

**EXCLUSIONS:** We will not pay a benefit for:

1. any Cancer diagnosed before the Effective Date of the Covered Person's coverage under the Policy; or
2. any loss due to injury, disease or incapacity, unless related to or attributable to Cancer as defined.

**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 Effective Date of the Covered Person's coverage; or (b) symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 24 month period before the Effective Date of the Covered Person's coverage.

A pre-existing condition is not covered unless the loss begins more than 24 months after the Effective Date of the Covered Person's coverage.

---

## PREMIUM AND REINSTATEMENT

**PREMIUM:** The first Premium is due on the Effective Date. Each Premium after the first is due on the last day of the term for which the most recent Premium was paid and must be accepted by Us at Our home office.

This Policy will not be in force until the first Premium is accepted by Us. If We accept a Premium, this Policy will continue in force until the end of the term for which that Premium was due.

The amount of the first Premium is shown in the Policy Schedule and is based on Your initial mode of payment. The amount of each Premium after the first is based on Your then current mode of payment and the Premium then being charged for policies of this form number and Premium classification issued in the same state.

**GRACE PERIOD:** You may pay Premium up to thirty-one days after it is due. This Policy stays in force during such time. If the Premium is not paid before the end of the grace period, the Policy will terminate as of the initial due date for that Premium.

**LAPSE AND REINSTATEMENT:** If a Premium is not paid before the grace period ends, this Policy will lapse. If We later accept the Premium without asking for an application for reinstatement, the Policy will be reinstated within forty-five (45) days of receipt of due Premium.

If reinstated, the Policy will cover only Cancer diagnosed more than 10 days after the date of reinstatement. In all other ways, Your rights, and Ours will remain the same, subject to any provisions of the reinstatement. Premium will be applied as of the date of reinstatement.

---

## CLAIM PROVISIONS

**NOTICE OF CLAIM:** Written notice of claim must be given to Us within 30 days after the start of a loss or as soon as reasonably possible. The notice must be sent to Us at Our home office or to an authorized agent. The notice should include Your name and Policy number.

**CLAIM FORMS:** When We receive notice of a claim, We will send forms for filing proof of loss. If We do not send these forms within 15 days, You will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time stated in the proof of loss section.

## CLAIM PROVISIONS (Continued)

**PROOF OF LOSS:** You must give Us written proof satisfactory to Us within 90 days after the loss for which You are seeking benefits. If it is not reasonably possible to give written proof in the time required, We will not reduce or deny benefits for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the date of loss, unless You were legally incapacitated during that time.

One or more of the following together with Your written statement may, at Our sole discretion, be required as proof of loss:

1. a fully completed claim form;
2. a Pathologist's report; or
3. a Doctor's statement.

**TIME OF PAYMENT OF CLAIM:** After We receive satisfactory written proof of loss, We will pay the benefit then due.

**PAYMENT OF CLAIMS:** Benefits will be paid to you. Any benefit unpaid at the time of your death will be paid to your estate. If benefits are payable to your estate, we will pay up to \$1,000 to anyone related to you by blood or marriage, whom we consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

**ASSIGNMENT:** No assignment of this Policy or its benefit, by You or Your legal representative, will affect Us unless it is in writing and sent to Us at Our home office. We are not responsible for the validity of the assignment. Any payment We make in good faith will end Our liability to the extent of the payment.

**UNPAID PREMIUM:** When a claim is paid, any Premium due and unpaid may, at Our sole discretion, be deducted from the claim payment. Our deduction for such Premium will be made and the Policy will end.

**PHYSICAL EXAMINATION AND AUTOPSY:** We have the right to have a Covered Person examined as often as reasonably necessary while Your claim is pending. We can require an autopsy where allowed by law. Either will be done at Our expense.

**LEGAL ACTION:** You cannot bring legal action within 60 days from the date written proof of loss is given. You cannot bring it after 3 years from the date written proof of loss is required.

**CHANGE OF BENEFICIARY:** Unless You make an irrevocable designation of beneficiary, the right to change a beneficiary is reserved to You. The consent of a beneficiary shall not be required for assignment of this Policy, for any change of beneficiary, or to any other changes in this Policy.

## GENERAL PROVISIONS

---

**ENTIRE CONTRACT:** The entire contract of insurance consists of the Policy, the Policy Schedule, the application, and any attachments. No change to this Policy is valid unless it is in writing, endorsed by one of Our officers, and attached to this Policy. No one else has the authority to change this Policy or to waive any of its provisions.

**DATE OF ISSUE:** This Policy starts at 12:01 a.m., Standard Time, at the State of Issue on the Effective Date shown in the Policy Schedule.

**MISSTATEMENT OF AGE:** If any Covered Person's age or date of birth is misstated in the application, the benefits will be such as the Premium paid would have purchased at the correct age. If based on the correct age We would not have issued this Policy, then Our only responsibility will be to refund any Premium paid.

**TIME LIMIT ON CERTAIN DEFENSES:** We rely on the statements made in the application when issuing this insurance. After this insurance has been in force for two (2) years, only fraudulent misstatements in the application may be used to void this Policy or deny any claim for loss which starts after the two (2) year period.

No claim for loss incurred which starts after two (2) years from the date a Covered Person is insured under this Policy will be reduced or denied because of disease or physical condition, not excluded by name or specific description before the date of loss, had existed before the Effective Date of Your insurance.

**CONFORMITY WITH STATE STATUTES:** Any provision of this Policy which, on the Effective Date, is in conflict with the laws of the state in which You reside is amended to conform to the minimum requirements of those laws.

**ANNUAL MEETING:** The annual meeting of Our Policyholders will be held in Our home office. It will start at 10:00 a.m. on the first Monday in July. It will be held on Tuesday if Monday is a legal holiday. We will elect Directors and transact other business that is brought before the meeting.

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

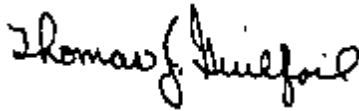
**CANCER POLICY  
LUMP SUM BENEFITS**  
*(FIRST DIAGNOSIS  
AND REOCCURRENCE  
BENEFIT PAYMENTS)*

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


**HEART ATTACK OR  
STROKE POLICY  
LUMP SUM BENEFITS**  
*FIRST DIAGNOSIS  
AND REOCCURRENCE  
BENEFIT PAYMENTS*

**THIS IS A LEGAL  
CONTRACT BETWEEN  
YOU AND US. READ YOUR  
POLICY CAREFULLY.**

Signed for Guarantee Trust Life  
Insurance Company, at its Home  
Office, by:



Secretary



President

Licensed Resident  
Agent

**WE PROMISE** to insure all Covered Persons for the benefits described in this Policy, subject to the Policy definitions, provisions, limitations and exclusions. This Policy is issued in consideration of the application and payment of the first Premium. The application is attached to and made a part of this Policy.

**GUARANTEED RENEWABLE FOR LIFE:** You may keep this Policy in force during Your entire lifetime by paying Premiums when due or within the grace period. We cannot cancel or refuse to renew this Policy or place any restrictions on it if You pay Your Premiums on time.

**YOUR RIGHT TO EXAMINE THIS POLICY FOR 10 DAYS:** It is important to us that you are satisfied with this Policy. If you are not satisfied with this Policy, you may return it to us within ten (10) days of its receipt. Upon Our receipt of Your returned Policy, We will cancel the Policy as of the Effective Date and return any premiums You have paid.

**PREMIUMS SUBJECT TO CHANGE:** We may change Your premium rates for this Policy. We will give You at least thirty-one (31) days prior written notice of any change in the renewal premium. We can change the premium this way only if We change it on a class basis for all policies issued on this form in Your state.

**IMPORTANT NOTICE**

Please read the copy of the application attached to this Policy. Carefully check the application and write to Us at the address shown above within ten (10) days if any information shown on it is not correct and complete. If any past medical history has been left out, this Policy may not cover your claim. The application is a part of this Policy and this Policy was issued on the basis that the answers to all questions and the information shown on the application are correct and complete.

**THIS POLICY CONTAINS A PRE-EXISTING CONDITION LIMITATION**

**THIS IS A LIMITED BENEFIT POLICY - PLEASE READ IT CAREFULLY**

**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.**

TABLE OF CONTENTS

|  |           |
|--|-----------|
| Policy Schedule .....                                      | Page 3    |
| Definitions .....  | Pages 4-5 |
| Eligibility for Coverage.....                              | Pages 5-7 |
| Termination, Continuation and Conversion of Coverage ..... | Pages 6-7 |
| Benefit Provisions .....                                   | Page 7    |
| Exclusions and Limitations .....                           | Page 7    |
| Premium and Reinstatement .....                            | Page 8    |
| Claim Provisions .....                                     | Page 8    |
| General Provisions .....                                   | Page 9    |





## POLICY DEFINITIONS

---

**Coronary Angioplasty** means a procedure used to open blocked or narrowed coronary arteries in order to improve blood flow to the heart muscle.

**Coronary Artery Bypass Surgery** means open-heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts.

**Covered Person** means a person:

1. Who is eligible for coverage as the Insured or as a Dependent on Couple, Family or Single Parent Type of Coverage;
2. Who has been accepted for coverage or has been automatically added;
3. Who has paid the required premium; and
4. Whose coverage has become effective and has not terminated.

**Dependent:** A person who is the Insured's:

1. lawful spouse, residing with the Insured.
2. child who is dependent upon the Insured for support and maintenance and is under the age of nineteen (19).
3. child who is dependent upon the Insured for support and maintenance, is nineteen (19) through twenty-five (25) years of age and is attending school full time, as determined by the school the Dependent is attending, including colleges and vocational, technical, vocational-technical or trade schools or institutes.

The term child refers to Your and Your spouse's unmarried:

1. natural child;
2. stepchild; a stepchild is a Dependent on the date the Insured marries the child's parent; and
3. adopted child, including a child placed with the Insured for the purpose of adoption, from the moment of placement as certified by the agency making the placement.

The term "Dependent" is applicable to Couple, Family, or Single Parent Type of Coverage.

**Doctor** means any licensed practitioner of the healing arts acting within the scope of his or her license in treating an injury or illness. It doesn't include You, or a member of Your Immediate Family.

**Effective Date** means the date shown on the Policy Schedule for all persons accepted for coverage at the time of issue. Coverage is not effective until We have received and accepted Your application, We issue the Policy and receive the first premium, if applicable. For persons accepted for coverage under this Policy after it is issued, the Effective Date of coverage will be shown by endorsement.

**First Diagnosis** means the first time in which the earliest of the following takes place:

1. A Heart Attack is first diagnosed by a Doctor AND
2. A Heart Attack is evidenced by: (a) significant abnormal electrocardiographic findings; and/or (b) clinical findings and cardiac blood enzyme abnormalities.
3. A Stroke is evidenced by a diagnostic picture of permanent neurological damage provided from Computer Axial Tomograph (CAT scan), a Magnetic Resonance Image (MRI) and/or a Magnetic Resonance Angiography (MRA).

A Heart Attack or Stroke will not be covered conditions when any advice or treatment is received by the Covered Person prior to the Effective Date.

**First Diagnosis Lump Sum Benefit** means the benefit amount We will pay during each Covered Person's lifetime under the terms of this Policy upon a First Diagnosis of Heart Attack or Stroke. The Lump Sum Benefit amount is shown in the Policy Schedule.

**Heart Attack** mean an acute myocardial infarction (irreversible injury and death of a portion of the myocardium or heart muscle) detected by the rise and/or fall of cardiac biomarkers (preferably troponin) with at least one value above the 99<sup>th</sup> percentile of the upper reference limit (URL) together with evidence of myocardial ischaemia with at least one of the following:

- Symptoms of ischaemia;
- ECG changes indicative of new ischaemia [new ST-T changes or new left bundle branch block (LBBB)];
- Development of pathological Q waves in the ECG;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

Heart Attack does not include any other disease or injury involving the cardiovascular system. Cardiac arrest not caused by a myocardial infarction is not a Heart Attack.

## POLICY DEFINITIONS (Continued)

**Immediate Family** means You or, Your spouse, and the parents, grandparents, children, or siblings by blood or marriage of either You, or Your spouse.

**Insured** means the person named in the Policy application and Policy Schedule.

**Policy** means this document, the application, and any attachments that form this contract between you and us.

**Premium** means the amount of money You are required to pay Us in return for the insurance provided by this Policy.

**Reoccurrence Benefit** means the benefit amount We will pay a Covered Person who experiences a reoccurrence of a Heart Attack or Stroke. In order for benefits to be payable, such reoccurrence must be at least one (1) full year (365 days) from the date We paid the First Diagnosis Lump Sum Benefit.

The Reoccurrence Benefit amount is a percentage of the First Diagnosis Lump Sum Benefit and is based upon the number of years between the prior Heart Attack or Stroke event and the year the subsequent Heart Attack or Stroke event occurs / reoccurs. The Reoccurrence Benefit percentages are shown in the Policy Schedule.

**Stroke** means an acute cerebrovascular accident or incident, which results in paralysis or other measurable objective neurological deficit lasting more than 24 hours. A cerebrovascular accident is a sudden, unexpected interference in brain function caused by insufficient blood flow to part of the brain. Stroke does not mean a head injury, transient ischemic attack or chronic cerebrovascular insufficiency.

**Type of Coverage** determines who is insured under this Policy. The Type of Coverage is shown on the policy Schedule and is limited to the following plans:

1. Individual means coverage is provided only for You, the person named in the Policy application and shown as the Insured on the Policy Schedule.
2. Couple means coverage is provided only for You and Your spouse as Dependent.
3. Single Parent means coverage is provided for You and all of Your Dependent children.
4. Family means coverage is provided for You, Your spouse, and all Dependent children.

**We, Us, Our Company** means Guarantee Trust Life Insurance Company.

**You, Your and Yours** means the Insured shown in the Policy Schedule.

## ELIGIBILITY FOR COVERAGE

### CONSIDERATION

We have issued this Policy in consideration of the application and payment of the first premium. The application and Schedule are made a part of this Policy.

### ELIGIBILITY OF DEPENDENTS

You may apply to include Your Dependents as Covered Persons under this Policy. A Dependent will become a Covered Person subject to:

1. Your written application for that Dependent to be added to Your Policy; and
2. Except for Your newborn child, evidence satisfactory to Us of insurability and eligibility of the Dependent to be added; and
3. The payment of any required premium.

Except where the Type of Coverage is already a Family Plan or a Single Parent Plan, the addition of any child Dependent to this Policy will cause a change to the Type of Coverage and, therefore, a change to this Policy's premium. An Individual Plan which adds a spouse Dependent will also cause a change to the Type of Coverage and, therefore, a change to this Policy's premium.

A Dependent is deemed to be acquired as follows:

Spouse: On the date of Your marriage.

Natural child: On the date of birth.

Adopted child: On the date You are a party in a suit in which the adoption of the child by You is sought.

Stepchild: On the date of Your marriage to the child's parent.

## **ELIGIBILITY FOR COVERAGE (Continued)**

### **ELIGIBILITY OF DEPENDENTS** (Continued):

For any Dependent, except Your newborn child, added after the effective date of this Policy, coverage will:

1. Become effective as of the next monthly premium due date following the date We approve the application for the Dependent; and
2. Be subject to this Policy's Pre-Existing Condition limitation.

Dependents added after the Effective Date of this Policy must be added by endorsement.

### **NEWBORN DEPENDENTS**

Your newborn child will be covered from the moment of birth without requiring a written application, subject to the applicable provision, shown below, for the Type of Coverage You currently have in effect at the time of birth.

1. Type of Coverage: Individual or Couple. If Your Policy's Type of Coverage is Individual or Couple, adding your newborn child will require Us to convert coverage from an Individual or Couple Plan to a Family or Single Parent Plan. You must notify Us and pay the additional premium within sixty (60) days of such birth in order for Us to continue coverage for the newborn child beyond the sixty (60) day period. If timely notice is not received, We may refuse to continue coverage beyond the sixty (60) day period.
2. Type of Coverage: Family or Single Parent. If coverage is already a Family or Single Parent Plan, notice of the addition of Your newborn child is not required. In the event of the addition of a newborn child to a Family or Single Parent Plan where We have not been notified of the birth, We may require proof of eligibility at the time of claim. Failure to provide proof of eligibility as a Dependent, as defined in this Policy may result in a denial of a claim.

### **DEPENDENT TERMINATION OF COVERAGE**

If this is a Family or Single Parent Plan, a child will cease to be covered on the premium due date that follows the earlier of such child's:

1. Nineteenth (19<sup>th</sup>) birthday, or twenty-fifth (25<sup>th</sup>) birthday if a full time student; or
2. Date of marriage.

The coverage of a child will not terminate if that child is both:

1. Incapable of self-sustaining employment because of mental retardation or physical handicap; and
2. Currently dependent upon You.

Proof of continued incapacity and dependency must be furnished to Us by You within thirty-one (31) days of the child's nineteenth (19<sup>th</sup>) birthday. Afterwards, proof of continued incapacity and dependency must be furnished to Us, at Our request, by You but not more frequently than annually after the two (2) year period following the child's nineteenth (19<sup>th</sup>) birthday, unless such information is requested as a part of Our claim processing.

Coverage of Your spouse shall cease on the premium due date that follows the date of entry of a valid judgment of dissolution of marriage. The ex-spouse may apply for coverage under the Conversion Privilege provision. Any Dependent children may continue coverage under either parent's policy, but not under both policies.

Termination of coverage because a person ceases to be a Covered Person is without prejudice to any claim originating prior to termination of coverage.

### **CONVERSION PRIVILEGE**

A covered Dependent may apply for a Conversion policy if coverage under this Policy terminates for such person, except for non-payment of premium, as set forth in the Dependent Termination of Coverage provision. The Conversion policy will be issued without proof of good health, subject to the following conditions:

1. A written application for the Conversion policy is sent to Us within thirty-one (31) days of the date on which such person's coverage under this Policy ends. The Effective Date of the Conversion policy shall be the date such person's coverage ended under this Policy. The premium for the Conversion policy will be the premium payable on the Effective Date of the Conversion policy for the form and amount of coverage provided based on attained age.
2. The Conversion policy will be this or a similar form currently in use by Us.

## ELIGIBILITY FOR COVERAGE (Continued)

### CONVERSION PRIVILEGE (Continued):

3. The Conversion policy may exclude any condition excluded by this Policy with respect to the covered Dependent at the time of the termination of coverage under this Policy. We will not pay benefits under the Conversion policy for loss incurred while this Policy is in force.
4. Any benefit amounts paid for a covered Dependent under this Policy will be applied to any benefit limits under the converted policy.

Another Pre-Existing condition limitation in the Conversion policy will not apply, except to the extent such Pre-existing condition has not been met under this Policy.

### CONTINUATION OF INSURANCE

If this Policy's Type of Coverage is Couple or Family and if You die, Your covered spouse will become the Insured. The spouse may continue coverage for all Covered Persons under this Policy. A written request for continuation of coverage for all Covered Persons and the appropriate premium must be received by Us within thirty-one (31) days after Your death. We will terminate this Policy if the written request for continuation and the appropriate premium is not received by Us within thirty-one (31) days after Your death.

## BENEFIT PROVISIONS

---

Subject to all terms, conditions, definitions, limitations, exclusions, and other provisions of this Policy, benefits under this Policy are payable as follows:

**FIRST DIAGNOSIS LUMP SUM BENEFIT:** We will pay the First Diagnosis Lump Sum benefit amount if the Covered Person is First Diagnosed with Heart Attack or Stroke after the Effective Date of the Covered Person's coverage and while this Policy is in force. The First Diagnosis Lump Sum benefit amount is shown in the Policy Schedule. Benefits under this provision are limited to one payment during each Covered Person's lifetime.

**REOCCURRENCE BENEFIT:** We will pay the Reoccurrence Benefit amount when a Covered Person experiences a reoccurrence of a Heart Attack or Stroke. In order for benefits to be payable, such reoccurrence must be separated by at least one (1) full year (365 days) from the date We paid benefits for a First Diagnosis Heart Attack or Stroke. The Reoccurrence Benefit amount is a percentage of the First Diagnosis Lump Sum Benefit amount and is based upon the number of years between the prior Heart Attack or Stroke event and the year the subsequent Heart Attack or Stroke event occurs / reoccurs. The Reoccurrence Benefit percentages are shown in the Policy Schedule.

Benefits payable under this provision are subject to the Covered Person being free of treatment (except for follow-up examinations) for at least one (1) full year prior (365 days) from the date of the initial Heart Attack or Stroke event.

### **CORONARY ANGIOPLASTY OR CORONARY ARTERY BYPASS SURGERY:**

We will pay the Coronary Angioplasty or Coronary Artery Bypass Surgery Benefit Amount, as shown in the Policy Schedule, when a Covered Person undergoes a Coronary Angioplasty or Coronary Artery Bypass Surgery. To be eligible for the benefit payment:

1. Medical advice to undergo Coronary Angioplasty or Coronary Artery Bypass Surgery must be received after the Policy Effective Date;
2. Coronary Angioplasty or Coronary Artery Bypass Surgery must be performed while insured under this Policy; and
3. Coronary Angioplasty or Coronary Artery Bypass Surgery must not be performed as a direct result of a Heart Attack which immediately preceded the Coronary Angioplasty procedure.

## EXCLUSIONS AND LIMITATIONS

---

**EXCLUSIONS:** We will not pay benefits for:

1. A Heart Attack or Stroke if First Diagnosed before the Effective Date of the Covered Person's coverage under this Policy;
2. A Coronary Angioplasty or Coronary Artery Bypass Surgery where medical advice to undergo such procedure or surgery was received before this Policy's Effective Date; or
3. Any loss due to injury, disease or incapacity, unless related to or attributable to Heart Attack or Stroke as defined.

**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 Effective Date of the Covered Person's coverage; or (b) symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 24 month period before the Effective Date of the Covered Person's coverage.

A pre-existing condition is not covered unless the loss begins more than 24 months after the Effective Date of the Covered Person's coverage.

## PREMIUM AND REINSTATEMENT

---

**PREMIUM:** The first Premium is due on the Effective Date. Each Premium after the first is due on the last day of the term for which the most recent Premium was paid and must be accepted by Us at Our home office.

This Policy will not be in force until the first Premium is accepted by Us. If We accept a Premium, this Policy will continue in force until the end of the term for which that Premium was due.

The amount of the first Premium is shown in the Policy Schedule and is based on Your initial mode of payment. The amount of each Premium after the first is based on Your then current mode of payment and the Premium then being charged for policies of this form number and Premium classification issued in the same state.

**GRACE PERIOD:** You may pay Premium up to thirty-one days after it is due. This Policy stays in force during such time. If the Premium is not paid before the end of the grace period, the Policy will terminate as of the initial due date for that Premium.

**LAPSE AND REINSTATEMENT:** If a Premium is not paid before the grace period ends, this Policy will lapse. If We later accept the Premium without asking for an application for reinstatement, the Policy will be reinstated within forty-five (45) days of receipt of due Premium.

If reinstated, the Policy will cover only (a) Heart Attack or Stroke diagnosed more than 10 days after the date of reinstatement; or (b) coronary angioplasty or coronary artery bypass surgery performed more than 10 days after the date of reinstatement. In all other ways, Your rights, and Ours will remain the same, subject to any provisions of the reinstatement. Premium will be applied as of the date of reinstatement.

## CLAIM PROVISIONS

---

**NOTICE OF CLAIM:** Written notice of claim must be given to Us within 30 days after the start of a loss or as soon as reasonably possible. The notice must be sent to Us at Our home office or to an authorized agent. The notice should include Your name and Policy number.

**CLAIM FORMS:** When We receive notice of a claim, We will send forms for filing proof of loss. If We do not send these forms within 15 days, You will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time stated in the proof of loss section.

**PROOF OF LOSS:** You must give Us written proof satisfactory to Us within 90 days after the loss for which You are seeking benefits. If it is not reasonably possible to give written proof in the time required, We will not reduce or deny benefits for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the date of loss, unless You were legally incapacitated during that time.

One or more of the following together with Your written statement may, at Our sole discretion, be required as proof of loss:

1. a fully completed claim form; and / or
2. a Doctor's statement.

**TIME OF PAYMENT OF CLAIM:** After We receive satisfactory written proof of loss, We will pay the benefit then due.

**PAYMENT OF CLAIMS:** Benefits will be paid to you. Any benefit unpaid at the time of your death will be paid to your estate. If benefits are payable to your estate, we will pay up to \$1,000 to anyone related to you by blood or marriage, whom we consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

**ASSIGNMENT:** No assignment of this Policy or its benefit, by You or Your legal representative, will affect Us unless it is in writing and sent to Us at Our home office. We are not responsible for the validity of the assignment. Any payment We make in good faith will end Our liability to the extent of the payment.

**UNPAID PREMIUM:** When a claim is paid, any Premium due and unpaid may, at Our sole discretion, be deducted from the claim payment. Our deduction for such Premium will be made and the Policy will end.

**PHYSICAL EXAMINATION AND AUTOPSY:** We have the right to have a Covered Person examined as often as reasonably necessary while Your claim is pending. We can require an autopsy where allowed by law. Either will be done at Our expense.

**LEGAL ACTION:** You cannot bring legal action within 60 days from the date written proof of loss is given. You cannot bring it after 3 years from the date written proof of loss is required.

**CHANGE OF BENEFICIARY:** Unless You make an irrevocable designation of beneficiary, the right to change a beneficiary is reserved to You. The consent of a beneficiary shall not be required for assignment of this Policy, for any change of beneficiary, or to any other changes in this Policy.

## GENERAL PROVISIONS

---

**ENTIRE CONTRACT:** The entire contract of insurance consists of the Policy, the Policy Schedule, the application, and any attachments. No change to this Policy is valid unless it is in writing, endorsed by one of Our officers, and attached to this Policy. No one else has the authority to change this Policy or to waive any of its provisions.

**DATE OF ISSUE:** This Policy starts at 12:01 a.m., Standard Time, at the State of Issue on the Effective Date shown in the Policy Schedule.

**MISSTATEMENT OF AGE:** If any Covered Person's age or date of birth is misstated in the application, the benefits will be such as the Premium paid would have purchased at the correct age. If based on the correct age We would not have issued this Policy, then Our only responsibility will be to refund any Premium paid.

**TIME LIMIT ON CERTAIN DEFENSES:** We rely on the statements made in the application when issuing this insurance. After this insurance has been in force for two (2) years, only fraudulent misstatements in the application may be used to void this Policy or deny any claim for loss which starts after the two (2) year period.

No claim for loss incurred which starts after two (2) years from the date a Covered Person is insured under this Policy will be reduced or denied because of disease or physical condition, not excluded by name or specific description before the date of loss, had existed before the Effective Date of Your insurance.

**CONFORMITY WITH STATE STATUTES:** Any provision of this Policy which, on the Effective Date, is in conflict with the laws of the state in which You reside is amended to conform to the minimum requirements of those laws.

**ANNUAL MEETING:** The annual meeting of Our Policyholders will be held in Our home office. It will start at 10:00 a.m. on the first Monday in July. It will be held on Tuesday if Monday is a legal holiday. We will elect Directors and transact other business that is brought before the meeting.

**GUARANTEE TRUST LIFE  
INSURANCE COMPANY**

**A Mutual Company**  
1275 Milwaukee Avenue,  
Glenview, Illinois 60025  
(847) 699-0600

**HEART ATTACK OR  
STROKE POLICY  
LUMP SUM BENEFITS**

*(FIRST DIAGNOSIS  
AND REOCCURRENCE  
BENEFIT PAYMENTS)*

**HEART ATTACK OR STROKE LUMP SUM BENEFIT RIDER**  
*(FIRST DIAGNOSIS AND REOCCURRENCE BENEFIT PAYMENTS)*

**EFFECTIVE DATE:** \_\_\_\_\_

This Rider is attached to and made a part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. This Rider takes effect on the Effective Date shown at 12:01 a.m. Standard Time where you live. If no date is shown above, it begins on the Policy's Effective Date.

**YOUR TEN (10) DAY RIGHT TO RETURN THIS RIDER**

If you are not satisfied with this Rider, you may return it to us within ten (10) days of its receipt. You may return it to us by mail or to the agent who sold it. We'll then refund all premiums paid for this Rider and it will be void.

**DEFINITIONS**

The following definitions and those applicable definitions contained in the Policy will apply wherever the terms are used in the Rider.

**Coronary Angioplasty** means a procedure used to open blocked or narrowed coronary arteries in order to improve blood flow to the heart muscle.

**Coronary Artery Bypass Surgery** means open-heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts.

**First Diagnosis** means the first time in which the earliest of the following takes place:

1. A Heart Attack is first diagnosed by a Doctor AND
2. A Heart Attack is evidenced by: (a) significant abnormal electrocardiographic findings; and/or (b) clinical findings and cardiac blood enzyme abnormalities.
3. A Stroke is evidenced by a diagnostic picture of permanent neurological damage provided from Computer Axial Tomograph (CAT scan), a Magnetic Resonance Image (MRI) and/or a Magnetic Resonance Angiography (MRA).

A Heart Attack or Stroke will not be covered conditions when any advice or treatment is received by the Covered Person prior to the Effective Date.

**First Diagnosis Lump Sum Benefit** means the benefit amount We will pay during each Covered Person's lifetime under the terms of this Rider upon a First Diagnosis of Heart Attack or Stroke. The Lump Sum Benefit amount is shown in the Rider Schedule. This benefit is limited to one (1) First Diagnosis Lump Sum Benefit payment per Covered Person's lifetime.

**Heart Attack** mean an acute myocardial infarction (irreversible injury and death of a portion of the myocardium or heart muscle) detected by the rise and/or fall of cardiac biomarkers (preferably troponin) with at least one value above the 99<sup>th</sup> percentile of the upper reference limit (URL) together with evidence of myocardial ischaemia with at least one of the following:

- Symptoms of ischaemia;
- ECG changes indicative of new ischaemia [new ST-T changes or new left bundle branch block (LBBB)];
- Development of pathological Q waves in the ECG;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.
- 

Heart Attack does not include any other disease or injury involving the cardiovascular system. Cardiac arrest not caused by a myocardial infarction is not a Heart Attack.

**Reoccurrence Benefit** means the benefit amount We will pay a Covered Person who experiences a reoccurrence of a Heart Attack or Stroke. In order for benefits to be payable, such reoccurrence must be at least one (1) full year after payment of the First Diagnosis Lump Sum Benefit. The Reoccurrence Benefit amount is a percentage of the First Diagnosis Lump Sum Benefit and is based upon the number of years between the prior Heart Attack or Stroke event and the year the subsequent Heart Attack or Stroke event occurs / reoccurs. The Reoccurrence Benefit percentages are shown in the Rider Schedule.

**Stroke** means an acute cerebrovascular accident or incident, which results in paralysis or other measurable objective neurological deficit lasting more than 24 hours. A cerebrovascular accident is a sudden, unexpected interference in brain function caused by insufficient blood flow to part of the brain. Stroke does not mean a head injury, transient ischemic attack or chronic cerebrovascular insufficiency.



## BENEFITS

**FIRST DIAGNOSIS LUMP SUM BENEFIT:** We will pay the First Diagnosis Lump Sum benefit amount if the Covered Person is First Diagnosed with Heart Attack or Stroke after the Effective Date of the Covered Person's coverage and while this Rider is in force. The First Diagnosis Lump Sum benefit amount is shown in the Rider Schedule. Benefits under this provision are limited to one First Diagnosis Lump Sum Benefit payment per Covered Person's lifetime.

**REOCCURRENCE BENEFIT:** We will pay the Reoccurrence Benefit amount when a Covered Person experiences a reoccurrence of a Heart Attack or Stroke. In order for benefits to be payable, such reoccurrence must be at least one (1) full year after payment of the First Diagnosis Lump Sum Benefit. The Reoccurrence Benefit amount is a percentage of the First Diagnosis Lump Sum Benefit and is based upon the number of years between the prior Heart Attack or Stroke event and the year the subsequent Heart Attack or Stroke event occurs / reoccurs. The Reoccurrence Benefit percentages are shown in the Rider Schedule.

Benefits payable under this provision are subject to the Covered Person being free of treatment (except for maintenance medication(s) and follow-up examinations) for at least one (1) full year prior to the reoccurrence.

### **CORONARY ANGIOPLASTY OR CORONARY ARTERY BYPASS SURGERY:**

We will pay the Coronary Angioplasty or Coronary Artery Bypass Surgery Benefit Amount, as shown on the Rider Schedule, when a Covered Person undergoes a Coronary Angioplasty or Coronary Artery Bypass Surgery. To be eligible for the benefit payment:

1. Medical advice to undergo Coronary Angioplasty or Coronary Artery Bypass Surgery must be received after the Rider Effective Date;
2. Coronary Angioplasty or Coronary Artery Bypass Surgery must be performed while insured under this Rider; and
3. Coronary Angioplasty or Coronary Artery Bypass Surgery must not be performed as a direct result of a Heart Attack which immediately preceded the procedure or surgery.

## EXCLUSIONS

### **This Rider does not pay benefits for:**

1. Heart Attack or Stroke if First Diagnosed before the Effective Date of the Covered Person's coverage under this rider;
2. Coronary Angioplasty or Coronary Artery Bypass Surgery where medical advice to undergo such procedure or surgery was received before this Rider's Effective Date; or
3. any loss due to injury, disease or incapacity, unless related to or attributable to Heart Attack or Stroke as defined.

**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 Effective Date of the Covered Person's coverage; or (b) symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 24 month period before the Effective Date of the Covered Person's coverage.

A pre-existing condition is not covered unless the loss begins more than 24 months after the Effective Date of the Covered Person's coverage.

## RENEWAL CONDITIONS

This Rider is renewed when the Policy to which it is attached is renewed.

## PREMIUM

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this benefit rider is shown on the Policy Schedule.

We can change the premium for this Rider if we change it for all riders like yours in your state on a class basis. If a premium change is needed, we will notify you in writing at least thirty-one (31) days before the change becomes effective.

## LAPSE AND REINSTATEMENT

If a Premium is not paid before the grace period ends, this Rider and the Policy to which it is attached will lapse. If We later accept the Premium without asking for an application for reinstatement, the Policy with this Rider will be reinstated within forty-five (45) days of receipt of due Premium.

If reinstated, this Rider will cover only: (a) Heart Attack or Stroke diagnosed more than 10 days after the date of reinstatement; and (b) coronary angioplasty or coronary artery bypass surgery performed more than 10 days after the date of reinstatement. In all other ways, Your rights, and Ours will remain the same, subject to any provisions of the reinstatement. Premium will be applied as of the date of reinstatement.

**CONTINUATION OF INSURANCE**

If the Insured dies, the covered spouse, if any, will become the Insured. The spouse may continue coverage for all Covered Persons under this Rider as long as the Policy to which it is attached is in force. A written request for continuation of coverage for all Covered Persons and the appropriate premium must be received by us within thirty-one (31) days after the death of the Insured. We will terminate this Rider if the written request for continuation and the appropriate premium is not received by Us within thirty-one (31) days after the Insured's death.

**WHEN THIS RIDER ENDS**

This Rider ends and any benefits payable under it cease upon the date the Policy to which this Rider is attached ends.

**CONDITIONS**

This Rider is subject to all terms, provisions, exclusions and limitations of the Policy to which it is attached, except, where specifically changed by this Rider.

Signed for Guarantee Trust Life Insurance Company , at its Home Office, by



Secretary



President

**HEART ATTACK OR STROKE LUMP SUM BENEFIT RIDER**

**RIDER BENEFITS SCHEDULE**

This is a summary of Rider benefits. Please read the entire contract for a full explanation of Policy and Rider Benefits and limitations. All benefits are per Covered Person.

**BENEFIT AMOUNT**

FIRST DIAGNOSIS HEART ATTACK OR STROKE LUMP SUM BENEFIT [\$ ]

**REOCCURRENCE BENEFIT:**

| <b>YEAR OF REOCCURRENCE<br/>AFTER 1 FULL YEAR</b> | <b>% OF FIRST DIAGNOSIS BENEFIT</b> |
|---|-------------------------------------|
| 2-3   | 10%                                 |
| 4-5   | 25%                                 |
| 6+  | 50%                                 |
|   | 100%                                |

CORONARY ANGIOPLASTY / CORONARY ARTERY BYPASS SURGERY BENEFIT [\$ ]

**Application for Cancer Insurance to: Guarantee Trust Life Insurance Company**  
1275 Milwaukee Avenue, Glenview, IL 60025 (800) 338-7452

**AGENT NOTE: Please pre-qualify the Applicant (s) with Section C prior to completing the application.**

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

If Reinstatement or Increase requested, please list GTL policy/certificate number(s) affected: \_\_\_\_\_

**A. APPLICANT(S) INFORMATION**

**MAIL POLICY TO:**    **AGENT**    **INSURED**

**APPLICANT:**

1. Last Name \_\_\_\_\_ 2. First \_\_\_\_\_ 3. M.I. \_\_\_\_\_  
4. Social Security # \_\_\_\_\_ 5.  Male    Female   6. Age \_\_\_\_\_ 7. Date of Birth \_\_\_\_\_

**SPOUSE:**

8. Last Name \_\_\_\_\_ 9. First \_\_\_\_\_ 10. M.I. \_\_\_\_\_  
11. Social Security # \_\_\_\_\_ 12.  Male    Female   13. Age \_\_\_\_\_ 14. Date of Birth \_\_\_\_\_

**DEPENDENTS:**

Spouse:

D1. Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
 Male    Female   Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

D2. Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
 Male    Female   Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

D3. Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
 Male    Female   Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

**CONTACT:**

15. Street Address \_\_\_\_\_  
16. City \_\_\_\_\_ 17. State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_  
20. Telephone \_\_\_\_\_ 21. Email Address \_\_\_\_\_

**BENEFICIARY:**

Primary Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_  
Contingent Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

**B. COVERAGE SELECTION & PREMIUMS**

**1. Plan Type:**

Individual    Single Parent    Couple    Family

**2. Stand Alone Cancer Policy:**

Lump Sum Benefit Selected: \_\_\_\_\_ \*

\*Min: \$10,000 Increments of \$5,000. Maximum not to exceed \$75,000.

**3. Heart Attack and Stroke Rider:**

Lump Sum Benefit Selected: \_\_\_\_\_ \*

\*Min: \$10,000 Increments of \$5,000. Maximum not to exceed \$75,000.

**4. Stand Alone Heart Attack and Stroke Policy:**

Lump Sum Benefit Selected: \_\_\_\_\_ \*

\*Min: \$10,000 Increments of \$5,000. Maximum not to exceed \$75,000.

**5. Therapy and Wellness Rider**

1 Unit    2 Units    3 Units    4 Units

**6. Intensive Care Rider:**

1 Unit    2 Units    3 Units    4 Units

**7. Return of Premium Rider:**  

**8. Premium Payment Mode:**

Effective Date: \_\_\_\_\_ Draft Date: \_\_\_\_\_  
 Monthly Bank Draft    Credit Card  
 Annual    Semi-Annual    Quarterly

**9. Modal Premium:**

(Premiums include \$20 Annual Policy Fee.)

**TOTAL: \$** \_\_\_\_\_

**C. PRE QUALIFICATION, MEDICAL INFORMATION & EXCLUSIONS**

1. 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 practitioner for:
  - a) Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS related condition (ARC)?
  - b) Leukemia, Hodgkin’s disease, malignant melanoma, sarcoma or any internal cancer, or had radiation or chemotherapy for any of these conditions?
  - c) Heart attack, heart bypass, angioplasty, angina, stroke or Transient Ischemic Attack (TIA)?
2. For any of the above conditions which benefits are being applied for, within the past 24 months, has any person to be insured been advised to seek treatment or medical advice from a medical practitioner but not have done so or experienced any symptoms that would have caused a person to seek medical advice from a medical practitioner?

**Applicant’s Answers**

| Question | YES                      | NO                       | Action   |
|----------|--------------------------|--------------------------|--|
| 1.a.     | <input type="checkbox"/> | <input type="checkbox"/> | If “YES,” do not submit the application.   |
| 1.b.     | <input type="checkbox"/> | <input type="checkbox"/> | If “YES,” the Applicant does not qualify for Cancer Plan benefits. Apply for the Heart Attack/Stroke Plan. |
| 1.c.     | <input type="checkbox"/> | <input type="checkbox"/> | If “YES,” the Applicant does not qualify for Heart Attack/Stroke Plan or                                   |
| 2.       | <input type="checkbox"/> | <input type="checkbox"/> | If “YES,” do not submit the application.   |

**Spouse’s Answer**

| Question | YES                      | NO                       | Action  |
|----------|--------------------------|--------------------------|---|
| 1.a.     | <input type="checkbox"/> | <input type="checkbox"/> | If “YES,” the Spouse does not qualify for the Plan.                             |
| 1.b.     | <input type="checkbox"/> | <input type="checkbox"/> | If “YES,” the Spouse does not qualify for the Cancer benefits.                  |
| 1.c.     | <input type="checkbox"/> | <input type="checkbox"/> | If “YES,” the Spouse does not qualify for Heart Attack/Stroke Plan or benefits. |
| 2.       | <input type="checkbox"/> | <input type="checkbox"/> | If “YES,” the Spouse does not qualify for the Plan.                             |

**Dependent’s Answer**

| Question | YES                      | NO                       | Action  |
|----------|--------------------------|--------------------------|---|
| 1.a.     | <input type="checkbox"/> | <input type="checkbox"/> | If “YES,” dependent(s) _____ does (do) not qualify for the Plan.                              |
| 1.b.     | <input type="checkbox"/> | <input type="checkbox"/> | If “YES,” dependent(s) _____ does (do) not qualify for Cancer benefits.                       |
| 1.c.     | <input type="checkbox"/> | <input type="checkbox"/> | If “YES,” dependent (s) _____ does (do) not qualify for Heart Attack/Stroke Plan or benefits. |
| 2.       | <input type="checkbox"/> | <input type="checkbox"/> | If “YES,” dependent(s) _____ does (do) not qualify for the Plan.                              |

**D. COVERAGE INFORMATION**

**APPLICANT:**

1. Will any existing in force hospital, medical, or major medical insurance be replaced or changed if the proposed coverage is issued? (If “YES,” please complete the Replacement Form.) YES  NO   
 If “YES,” with which company? \_\_\_\_\_

**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. To the best of my knowledge and belief, the insurance applied for  is or  is not likely to replace or change existing insurance or annuities.

\_\_\_\_\_  
 Agent’s Name (Printed) E-mail Address Agent Code

\_\_\_\_\_  
 Agent’s Signature Date

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 OMISSIONS, 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 or that of my (our) dependents (if applying for dependent coverage), 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.

**AUTHORIZATION:** 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 any other information needed to underwrite my (our) application for insurance such as criminal or motor vehicle records. 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, Veterans Administration, insurance company, pharmacy benefit managers, pharmacies, pharmacy-related facilities or other person or organization which has such information including any information provided to any affiliate insurance company on previous applications and any information provided to our health division for underwriting or claim servicing purposes. The Company and its reinsurers may also obtain such information from the Medical Information Bureau. 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 that this Authorization will be valid for 24 months from the date signed, and know that I (We) or my (our) authorized representative may have a photocopy of it.

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.

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Signed at \_\_\_\_\_  
Date \_\_\_\_\_ City and State \_\_\_\_\_  
\_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Spouse Signature (if applicable) \_\_\_\_\_

APPH2-11

**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**

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

**SPECIFIED DISEASE POLICY**  
*First Diagnosis and Reoccurrence Benefits*

OUTLINE OF COVERAGE  
FOR POLICY FORM G1130

**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 details 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.

**CANCER LUMP SUM BENEFIT**

We will pay a lump sum benefit, as shown below, if a covered person is diagnosed with cancer after the Effective Date of coverage and while the policy is in force.

**FIRST DIAGNOSIS BENEFIT:** The First Diagnosis Cancer Lump Sum benefit is limited to one Lump Sum benefit amount during each covered person's lifetime under the Policy.

**REOCCURRENCE BENEFIT:** We will pay a Reoccurrence Benefit for a previously diagnosed or newly diagnosed Cancer. Benefit payment is subject to a covered person having been in a period of remission for at least one full year from a previously diagnosed Cancer for which we have previously paid benefits under this policy. For benefit eligibility, reoccurrence must be separated by at least one full year from the date we paid benefits for a first diagnosis of Cancer, or the year in which a new cancer is diagnosed.

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

Benefits for the reoccurrence of a previously diagnosed Cancer are subject to documented medical evidence that supports a Cancer's period of remission.

**This policy is subject to a pre-existing condition limitation.** 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 effective date of the covered person's coverage; or (b) symptoms existed which would have caused an ordinarily prudent person to seek diagnosis, care or treatment within the 24-month period before the effective date of the covered person's coverage.

## [ OPTIONAL BENEFIT RIDERS ]

**[HEART ATTACK OR STROKE LUMP SUM BENEFIT RIDER:** We will pay a lump sum benefit, as shown below, if a covered person is diagnosed with a Heart Attack or Stroke after the Effective Date of coverage and while the policy is in force with this rider. **This rider is subject to a pre-existing condition limitation.** (Please refer to the description of a pre-existing condition limitation shown on page 1.)

**FIRST DIAGNOSIS BENEFIT:** The First Diagnosis Lump Sum benefit is limited to one Lump Sum benefit amount during each covered person's lifetime under the Policy.

**REOCCURRENCE BENEFIT:** We will pay a Reoccurrence Benefit when a covered person experiences a least one full year after payment of the First Diagnosis Lump Sum Benefit under this rider.

The Reoccurrence Benefit is a percentage (10% to 100%) and is based upon the number of years between the prior Heart Attack or Stroke event and the year the subsequent Heart Attack or Stroke event occurs / reoccurs. treatment (except for maintenance medication(s) and follow-up examinations) for at least one full year prior to the reoccurrence.

**CORONARY ANGIOPLASTY OR CORONARY ARTERY BYPASS SURGERY BENEFIT:** This benefit is payable when a covered person undergoes a Coronary Angioplasty or Coronary Artery Bypass Surgery. To be eligible for this benefit:

- a. Medical advice to undergo Coronary Angioplasty or Coronary Artery Bypass Surgery must be received after the rider's effective date;
- b. Coronary Angioplasty or Coronary Artery Bypass Surgery must be performed while insured under this rider; and
- c. Coronary Angioplasty or Coronary Artery Bypass Surgery must not be performed as a direct result of a Heart Attack which immediately preceded the procedure or surgery.]

**[ THERAPY AND WELLNESS BENEFIT RIDER:** This rider pays an indemnity benefit for specified health and wellness screenings. The benefit is limited to one payment per calendar year per covered person. The rider also provides benefits for therapy (physical, speech, hearing and occupational), educational services, mental health, healthy lifestyle programs and alternative care.]

**[ INTENSIVE CARE BENEFIT RIDER:** This rider pays an indemnity benefit for confinement in an intensive care unit due to injury or sickness. A benefit of 50% for a step down unit is available. The benefit is doubled if confinement is due to and within 48 hours of an accident. **This rider is subject to a 30-day waiting period limitation.** This means rider benefits are payable when an intensive care confinement begins at least 30 days after a covered person's effective date of coverage.]

**[ RETURN OF PREMIUM BENEFIT RIDER** (Payable Upon Completion of Specified Return of Premium Period): This rider may provide a return of premium benefit in the event your policy remains in force for [ 15 ] [ 20 ] [25 ] full years. The actual amount of premium that will be returned, if any, will be equal to 100% of all premiums you paid for the policy and any other benefit riders attached to the policy (unless expressly excluded), while this rider was in force (except for any application or annual policy fee) MINUS all benefits paid or then payable under the policy for you or any dependent(s). NOTE: The sum of all premiums is without interest accumulation.

At the end of the Return of Premium Period, you will have the option of renewing this rider. Renewal is conditioned upon the new Return of Premium Period beginning before your attained age 80.]

**[RETURN OF PREMIUM UPON DEATH BENEFIT RIDER:** The rider provides for a return of premium in the event of your death within 10 years of this rider's effective date, or death occurring prior to your age 85, whichever is later. The actual amount of premium that will be returned, if any, will be equal to 100% of all premiums you paid for the policy and any other benefit riders attached to the policy (unless expressly excluded), while this rider was in force (except for any application or annual policy fee) MINUS all benefits paid or then payable under the policy for you or any dependent(s). NOTE: The sum of all premiums is without interest accumulation. ]



## POLICY EXCLUSIONS

We will not pay a benefit for:

1. Any Cancer diagnosed before the effective date of the covered person's coverage under the policy; or
2. Any loss due to injury, disease, or incapacity, unless related to or attributable to cancer, as defined.

[The following are exclusions that apply to the optional benefit riders.]

### [Heart Attack or Stroke Lump Sum Benefit Rider

We will not pay a benefit for:

1. Heart Attack or Stroke if first diagnosed before the effective date of the covered person's coverage under the rider;
2. Coronary Angioplasty or Coronary Artery Bypass Surgery where medical advice to undergo such procedure or surgery was received before the rider's effective date; or
3. Any loss due to injury, disease or incapacity, unless related to or attributable to Heart Attack or Stroke.]

### [Therapy and Wellness AND] [ Intensive Care Benefit Riders]

1. [Intentionally self-inflicted injury, violating or attempting to violate any duly enacted law.
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.
5. Injury sustained while voluntarily participating in a riot, or civil commotion or disturbance of any kind.
6. Loss of 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.]

**RENEWABILITY** - You may keep the policy and riders, if attached, in force during your entire lifetime by paying premiums when due or within the grace period. We cannot cancel or refuse to renew the policy or place any restrictions on it if you pay your premiums on time.

**PREMIUMS ARE SUBJECT TO CHANGE** - We may change your premium rates by giving you at least 31 days prior written notice. We can change the premium this way only if we change it on a class basis for all policies and riders of this class in your state.

## INITIAL PREMIUM

| COVERAGE DESCRIPTION                           | BENEFIT (AMOUNT/UNITS/TERM)  | PREMIUM   |
|--|--|-----------|
| Cancer Lump Sum Policy                         | Amount: \$ _____   | \$ _____  |
| [Heart Attack or Stroke Lump Sum Benefit Rider | Amount: \$ _____   | \$ _____] |
| [Return of Premium Benefit Rider               | <input type="checkbox"/> [15] [20] [25] Years<br><input type="checkbox"/> [Upon Death] | \$ _____] |
| [Intensive Care Benefit Rider                  | Units: _____   | \$ _____] |
| [Therapy & Wellness Benefit Rider              | Units: _____   | \$ _____] |
| Annual Policy Fee:                             |  | \$ 20.00  |
| <b>TOTAL ANNUAL PREMIUM: \$ _____</b>          |  |           |

*Filing note: Bracketed text is indicated for those benefit summaries/premium information lines which are being filed as variable. These benefits are not currently mandated to be offered and the Company reserves the right to discontinue marketing these riders in the future and therefore, removing them from this outline of coverage.*

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

**SPECIFIED DISEASE POLICY**  
*First Diagnosis and Reoccurrence Benefits*

OUTLINE OF COVERAGE  
FOR POLICY FORM G1131

**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 details 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 LUMP SUM BENEFIT**

We will pay a lump sum benefit, as shown below, if a covered person is diagnosed with a Heart Attack or Stroke after the Effective Date of coverage and while the policy is in force.

**FIRST DIAGNOSIS BENEFIT:** The First Diagnosis Lump Sum benefit is limited to one Lump Sum benefit amount during each covered person's lifetime under the Policy.

**REOCCURRENCE BENEFIT:** We will pay a Reoccurrence Benefit when a covered person experiences a least one full year after payment of the First Diagnosis Lump Sum Benefit under this rider.

The Reoccurrence Benefit is a percentage (10% to 100%) and is based upon the number of years between the prior Heart Attack or Stroke event and the year the subsequent Heart Attack or Stroke event occurs / reoccurs. treatment (except for maintenance medication(s) and follow-up examinations) for at least one full year prior to the reoccurrence.

**CORONARY ANGIOPLASTY OR CORONARY ARTERY BYPASS SURGERY BENEFIT:** This benefit is payable when a covered person undergoes a Coronary Angioplasty or Coronary Artery Bypass Surgery. To be eligible for this benefit:

- a. Medical advice to undergo Coronary Angioplasty or Coronary Artery Bypass Surgery must be received after the rider's effective date;
- b. Coronary Angioplasty or Coronary Artery Bypass Surgery must be performed while insured under this rider; and
- c. Coronary Angioplasty or Coronary Artery Bypass Surgery must not be performed as a direct result of a Heart Attack which immediately preceded the procedure or surgery.]

**This policy is subject to a pre-existing condition limitation.** 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 effective date of the covered person's coverage; or (b) symptoms existed which would have caused an ordinarily prudent person to seek diagnosis, care or treatment within the 24-month period before the effective date of the covered person's coverage.

## [ OPTIONAL BENEFIT RIDERS ]

[ **THERAPY AND WELLNESS BENEFIT RIDER:** This rider pays an indemnity benefit for specified health and wellness screenings. The benefit is limited to one payment per calendar year per covered person. The rider also provides benefits for therapy (physical, speech, hearing and occupational), educational services, mental health, healthy lifestyle programs and alternative care.]

[ **INTENSIVE CARE BENEFIT RIDER:** This rider pays an indemnity benefit for confinement in an intensive care unit due to injury or sickness. A benefit of 50% for a step down unit is available. The benefit is doubled if confinement is due to and within 48 hours of an accident. **This rider is subject to a 30-day waiting period limitation.** This means rider benefits are payable when an intensive care confinement begins at least 30 days after a covered person's effective date of coverage.]

[ **RETURN OF PREMIUM BENEFIT RIDER** (*Payable Upon Completion of Specified Return of Premium Period*): This rider may provide a return of premium benefit in the event your policy remains in force for [ 15 ] [ 20 ] [25 ] full years. The actual amount of premium that will be returned, if any, will be equal to 100% of all premiums you paid for the policy and any other benefit riders attached to the policy (unless expressly excluded), while this rider was in force (except for any application or annual policy fee) MINUS all benefits paid or then payable under the policy for you or any dependent(s). NOTE: The sum of all premiums is without interest accumulation.

At the end of the Return of Premium Period, you will have the option of renewing this rider. Renewal is conditioned upon the new Return of Premium Period beginning before your attained age 80.]

[**RETURN OF PREMIUM UPON DEATH BENEFIT RIDER:** The rider provides for a return of premium in the event of your death within 10 years of this rider's effective date, or death occurring prior to your age 85, whichever is later. The actual amount of premium that will be returned, if any, will be equal to 100% of all premiums you paid for the policy and any other benefit riders attached to the policy (unless expressly excluded), while this rider was in force (except for any application or annual policy fee) MINUS all benefits paid or then payable under the policy for you or any dependent(s). NOTE: The sum of all premiums is without interest accumulation. ]

## POLICY EXCLUSIONS

We will not pay a benefit for:

1. Heart Attack or Stroke if first diagnosed before the effective date of the covered person's coverage under the policy;
2. Coronary Angioplasty or Coronary Artery Bypass Surgery where medical advice to undergo such procedure or surgery was received before the policy's effective date; or
3. Any loss due to injury, disease or incapacity, unless related to or attributable to Heart Attack or Stroke.

[The following are exclusions that apply to the optional benefit riders.]

### [Therapy and Wellness AND] [ Intensive Care Benefit Riders]

1. [Intentionally self-inflicted Injury, violating or attempting to violate any duly enacted law.
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.
5. Injury sustained while voluntarily participating in a riot, or civil commotion or disturbance of any kind.
6. Loss of 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.]

**RENEWABILITY** - You may keep the policy and riders, if attached, in force during your entire lifetime by paying premiums when due or within the grace period. We cannot cancel or refuse to renew the policy or place any restrictions on it if you pay your premiums on time.

**PREMIUMS ARE SUBJECT TO CHANGE** - We may change your premium rates by giving you at least 31 days prior written notice. We can change the premium this way only if we change it on a class basis for all policies and riders of this class in your state.

**INITIAL PREMIUM**

| COVERAGE DESCRIPTION                    | BENEFIT (AMOUNT/UNITS/TERM)  | PREMIUM    |
|---|--|------------|
| Heart Attack or Stroke Lump Sum Benefit | Amount: \$ _____   | \$ _____   |
| [Return of Premium Benefit Rider        | <input type="checkbox"/> [15] [20] [25] Years<br><input type="checkbox"/> [Upon Death] | \$ _____ ] |
| [Intensive Care Benefit Rider           | Units: _____   | \$ _____ ] |
| [Therapy & Wellness Benefit Rider       | Units: _____   | \$ _____ ] |
| Annual Policy Fee:                      |  | \$ 20.00   |
| <b>TOTAL ANNUAL PREMIUM: \$ _____</b>   |  |            |

*Filing note: Bracketed text is indicated for those benefit summaries/premium information lines which are being filed as variable. These benefits are not currently mandated to be offered and the Company reserves the right to discontinue marketing these riders in the future and therefore, removing them from this outline of coverage.*

**GUARANTEE TRUST LIFE INSURANCE COMPANY**

1275 Milwaukee Avenue, Glenview, Illinois 60025

[(847) 699-0600]

**THERAPY AND WELLNESS BENEFIT RIDER**

**EFFECTIVE DATE:** \_\_\_\_\_

This Rider is part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the Policy’s Effective Date.

**YOUR TEN (10) DAY RIGHT TO RETURN THIS RIDER**

If You are not satisfied with this Rider, You may return it to Us within ten (10) days of its receipt. You may return it to Us by mail or to the agent who sold it. We’ll then refund all premiums paid for this Rider and it will be void.

**RIDER DEFINITIONS**

The following definitions and those applicable definitions contained in the Policy will apply wherever the terms are used in the Rider.

**Accident:** A sudden and unforeseeable event that results in an Injury.

**Injury:** Bodily injury due to an Accident which:

- Results directly and independently of disease, bodily infirmity or any other causes;
- Solely, directly and independently of all other causes results in medical expenses;
- Occurs after the effective date of this Covered Person’s coverage under this Rider; and
- Occurs while this Rider is in force.

All Injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these Injuries, and are considered a single Injury.

**Program:** For the purposes of this Rider means a Covered Person makes a healthy lifestyle choice by joining a gym, participating in a smoking cessation program or joins a weight loss program.

**Sickness:** Illness or disease.

**RIDER BENEFITS**

**Health and Wellness**

We will pay the Health and Wellness Benefit Amount, as shown on the Rider Benefits Schedule, if a Covered Person receives any of the following tests. This Health and Wellness benefit is limited to one (1) payment per Calendar Year per Covered Person. Additional payment will not be made should a Covered Person have more than one (1) of the allowable test performed per Calendar Year.

- |  |  |
|--|--|
| Mammogram                                    | CEA (Blood Test for Colon Cancer)              |
| Breast Ultrasound                            | CA 125 (Blood Test for Ovarian Cancer)         |
| Breast MRI (Magnetic Resonance Imaging)      | PSA (Blood Test for Prostate Cancer)           |
| CA 15-3 (Blood Test for Breast Cancer Tumor) | Testicular Ultrasound                          |
| Pap Smear                                    | Thermograph                                    |
| Thin Prep                                    | Colonoscopy                                    |
| Biopsy                                       | Virtual Colonoscopy                            |
| Flexible Sigmoidoscopy                       | Serum Protein Electrophoresis                  |
| Hemoccult Stool Specimen (Lab Confirmed)     | Echocardiogram                                 |
| Chest X-Ray                                  | Blood Test to Confirm Elevated Cardiac Enzymes |
| MRI (Magnetic Resonance Imaging)             | Neuroimaging Studies                           |
| CAT Scan                                     | Thallium Scan                                  |
| Electrocardiogram                            | Angiogram                                      |
| Heart Catheterization                        |  |

## **RIDER BENEFITS CONTINUED**

### **Educational Services**

We will pay the Educational Services Benefit Amount, as shown on the Rider Benefits Schedule, when a Covered Person and their primary caregiver attend programs designed to educate or counsel individuals on specific diseases or medical conditions. Benefit payment is limited to sessions directly related to covered conditions for which a Covered Person has received other benefits under the Policy to which this Rider is attached. Benefit payment is per session, with a maximum benefit payment of twelve (12) sessions per Calendar Year.

### **Hearing, Occupational, Physical, and Speech Therapies**

We will pay the Therapy Benefit Amount, as shown on the Rider Benefits Schedule, for each day a Covered Person receives hearing, occupational, physical, or speech therapy needed as a result of a covered condition for which a Covered Person has received other benefits under the Policy to which this Rider is attached. The Therapy Benefit Amount is paid on a daily basis without regard to the number of different therapy sessions received.

### **Mental Health**

We will pay the Mental Health Benefit Amount, as shown on the Rider Benefits Schedule, when a Covered Person attends counseling sessions for mental and nervous disorders or emotional disease or disorder that is the result of a covered condition for which a Covered Person has received other benefits under the Policy to which this Rider is attached. Benefit payment is per session, with a maximum benefit payment of five (5) sessions per Calendar Year.

### **Healthy Lifestyle**

We will pay the Healthy Lifestyle Benefit Amount, as shown on the Rider Benefits Schedule, when a Covered Person participates in a program designed to promote a healthy lifestyle choice. Such programs are limited to, weight loss, smoking cessation, and physical fitness. Benefit payment is limited to once per Calendar Year per Covered Person over the age of seventeen (17).

### **Alternative Care Rider**

We will pay the Alternative Care Benefit Amount, as shown on the Rider Benefit Schedule for a Covered Person for the following types of alternative care:

- Integrative Assessment and Education: This is a one-time benefit for assessment and / or education services performed by an accredited practitioner.
- Ameliorative Services: Acupuncture, massage therapy, biofeedback and hypnosis are covered services. Benefits are limited to twenty (20) visits per Calendar Year with an accredited practitioner.
- Lifestyle services: Yoga, meditation, relaxation techniques, Tai-Chi, nutritional counseling and smoking cessation are covered services. Benefits are limited to twenty (20) visits per Calendar Year with an accredited practitioner.

Continued benefit payment for Ameliorative and Lifestyle services, as shown above, are subject to a Covered Person providing proof for Injury or Sickness.

## **RIDER EXCLUSIONS**

This rider does not provide benefits for:

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

**RENEWAL CONDITIONS AND PREMIUM**

This rider is renewed when the Policy to which it is attached is renewed.

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this Rider is shown on the Policy Schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. Before any change in premium becomes effective, We'll provide You with advance written notice in the time required by Your state.

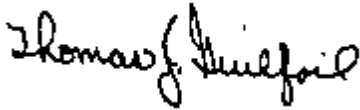
**WHEN THIS RIDER ENDS**

This Rider ends and any benefits payable under it cease the date the Policy to which this Rider is attached ends.

**CONDITIONS**

This Rider is subject to all terms, definitions, provisions, limitations and exclusions of the Policy to which it is attached, except, where specifically changed by this Rider.

Signed at Guarantee Trust Life Insurance Company in Glenview, Illinois by



Secretary



President

## **THERAPY AND WELLNESS BENEFIT RIDER**

### **RIDER BENEFITS SCHEDULE**

This is a summary of Rider benefits. Please read the entire contract for a full explanation of Policy and Rider benefits and limitations. All benefits are per Covered Person.

|  | Benefit Amount  |
|--|-----------------|
| Health and Wellness  | \$[XX]/Year     |
| Educational Services - Limit 12 sessions per Calendar Year | \$[XX]/Session  |
| Hearing, Occupational, Physical, and Speech Therapies      | \$[XX]/Day      |
| Mental Health - Limit 5 sessions per Calendar Year         | \$[XX]/Session  |
| Healthy Lifestyle  | \$[XX]/Year     |
| Alternative Care   |                 |
| Integrative Assessment and Education Benefit               | \$[XX]/Lifetime |
| Ameliorative Benefit - Limit 20 visits per Calendar Year   | \$[XX]/Visit    |
| Lifestyle Benefit - Limit 20 visits per Calendar Year      | \$[XX]/Visit    |



**GUARANTEE TRUST LIFE INSURANCE COMPANY**

1275 Milwaukee Avenue, Glenview, Illinois 60025

[(847) 699-0600]

**INTENSIVE CARE BENEFIT RIDER**

**EFFECTIVE DATE:** \_\_\_\_\_

This Rider is part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the Policy's Effective Date.

**YOUR TEN (10) DAY RIGHT TO RETURN THIS RIDER**

If You are not satisfied with this Rider, You may return it to Us within ten (10) days of its receipt. You may return it to Us by mail or to the agent who sold it. We'll then refund all premiums paid for this Rider and it will be void.

**RIDER DEFINITIONS**

The following definitions and those applicable definitions contained in the Policy will apply wherever the terms are used in the Rider.

**Accident:** A sudden and unforeseeable event that results in an Injury.

**Intensive Care Unit:** A specifically designed facility of the Hospital that provides the highest level of medical care; and which is restricted to those patients who are critically ill or injured. Such facility must be separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement. They must be permanently equipped with special life-saving equipment for the care of the critically ill or injured; and under constant and continuous observation by nursing staff assigned on a full-time basis, exclusively to the Intensive Care Unit. Intensive Care Unit does not mean any of these Step-Down Units: progressive care; sub-acute intensive care; intermediate care units; private monitored rooms; observation units; or other facilities which do not meet the standards for Intensive Care. Intensive Care Unit does include a Step-Down Unit.

**Step Down Unit:** A specifically designed unit of the Hospital in which the patient needs constant monitoring, but does not meet the full standards for Intensive Care. A Step-Down Unit includes progressive care units; sub-acute intensive care units; intermediate care units; private monitored rooms; observation units; or other facilities which do not meet the standards for Intensive Care.

**Injury:** Bodily injury due to an Accident which:

- Results directly and independently of disease, bodily infirmity or any other causes;
- Solely, directly and independently of all other causes results in medical expenses;
- Occurs after the effective date of this Covered Person's coverage under this Rider; and
- Occurs while this Rider is in force.

All Injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these Injuries, and are considered a single Injury.

**Motor Vehicle:** An automobile, motor home, bus, motorcycle, or a truck with a load capacity of two-thousand (2,000) pounds or less.

**Sickness:** Illness or disease.

**INTENSIVE CARE BENEFIT**

Subject to this Rider's thirty (30) day waiting period limitation, We will pay the benefit amount shown in the Rider Benefits Schedule for each day of a Covered Person's:

1. Intensive Care Unit Confinement;
2. Step-Down Unit Confinement; or
3. Intensive Care Unit Confinement Due To Motor Vehicle Accident.

## **INTENSIVE CARE BENEFIT CONTINUED**

The benefit paid is subject to the following:

**Intensive Care Unit Confinement:** The benefit amount is paid for each day a Covered Person is confined in an Intensive Care Unit. Rider benefits are payable for an Intensive Care Unit confinement due to Injury or Sickness.

**Step-Down Unit Confinement:** If a Covered Person is confined in a Step-Down Unit, the benefit will be one-half (1/2) the amount of the Intensive Care Benefit Amount otherwise payable.

**Intensive Care Unit Confinement Due to Motor Vehicle Accident:** We will pay twice the amount of the Intensive Care Unit Benefit Amount otherwise payable if the Covered Person is confined within forty-eight (48) hours of an Accident in which the Covered Person is: (1) the operator or passenger of a Motor Vehicle; or (2) a fare paying passenger on any vehicle, boat, ship, aircraft or train. The amount paid for such confinement is in lieu of the Intensive Care Unit Benefit Amount otherwise payable.

The Intensive Care Benefit is limited to thirty (30) days of continuous confinement in connection with any one Hospital admission.

The Intensive Care Benefit Amount will be reduced by fifty percent (50%) at a Covered Person's attained age seventy (70).

### **RIDER EXCLUSIONS**

This Rider does not provide benefits for:

- Intentionally self-inflicted Injury, violating or attempting to violate any duly enacted law.
- Injury by acts of war, whether declared or not.
- Attempted suicide while sane or insane.
- Injury sustained while committing or attempting to commit a felony.
- Injury sustained while voluntarily participating in a riot, or civil commotion or disturbance of any kind.
- 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.
- Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Doctor.

### **WAITING PERIOD LIMITATION**

This Rider has a thirty (30) day waiting period limitation. This means Rider benefits are payable when an Intensive Care confinement begins at least 30 days after a Covered Person's Effective Date of coverage under this Rider.

### **RENEWAL CONDITIONS AND PREMIUM**

This rider is renewed when the Policy to which it is attached is renewed.

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this Rider is shown on the Policy Schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. Before any change in premium becomes effective, We'll provide You with advance written notice in the time required by Your state.

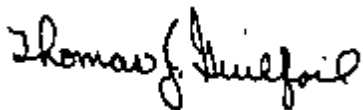
### **WHEN THIS RIDER ENDS**

This Rider ends and any benefits payable under it cease of the date the Policy to which this Rider is attached ends.

**CONDITIONS**

This Rider is subject to all terms, definitions, provisions, limitations and exclusions of the Policy to which it is attached, except, where specifically changed by this Rider.

Signed at Guarantee Trust Life Insurance Company in Glenview, Illinois by



Secretary



President

**INTENSIVE CARE BENEFIT RIDER**

**RIDER BENEFITS SCHEDULE**

This is a summary of Rider benefits. Please read the entire contract for a full explanation of Policy and Rider benefits and limitations. All benefits are per Covered Person.

|  | Benefit Amount |
|--|----------------|
| Intensive Care Unit Confinement  | \$[XXX]/Day    |
| Step-Down Unit Confinement - Benefit payable at 50% of Intensive Care benefit amount | \$[XX]/Day     |
| Intensive Care Unit Confinement Due to Motor Vehicle Accident                        | \$[XXX]/Day    |

Benefits are subject to a 30-day waiting period. Benefits are limited to 30 days of confinement per any one hospital admission. Benefit amounts listed above will reduce by 50% when a Covered Person attains age 70.

**GUARANTEE TRUST LIFE INSURANCE COMPANY**

1275 Milwaukee Avenue, Glenview, Illinois 60025

[(847) 699-0600]

**15 YEAR RETURN OF PREMIUM BENEFIT RIDER**

**EFFECTIVE DATE:** \_\_\_\_\_

This Rider is a part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the policy’s Effective Date.

**RIDER DEFINITION**

**Return of Premium Period:** The Return of Premium Period begins on the Effective Date of this Rider and ends when the Rider is eligible for payment in 15 years. The Return of Premium Period will begin automatically again as long as you are less than age 80.

**RETURN OF PREMIUM BENEFIT**

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

1. The sum of all premiums You paid for the Policy during each Return of Premium Period, including premiums paid for this Rider and any other benefit Rider(s) attached to the Policy (unless expressly excluded), while this Rider was 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 benefits paid or then payable under the Policy, including benefits paid or payable under any attached benefit Riders, to You or on Your behalf while this Rider was in force.

When the Return of Premium Benefit is eligible for payout is based upon Your age at the start of the Return of Premium Period (see table, below)

| <b>Age at Start of Return of Premium Period</b> | <b>Return of Premium Period</b>  | <b>Payout Condition</b>                                   |
|---|--|---|
| 18 – 65   | 15 years or until attaining age 75, whichever is earlier                               | You are alive at the end of each Return of Premium Period |
| 66 – 79   | Within 10 years of this Rider’s Effective Date, or prior to age 85, whichever is later | You die during the Return of Premium Period               |
| 80+   | Not Available  | Not Available   |

The **Return of Premium Period** will start again automatically as long as You are less than age 80.

If We receive a claim for benefits after proceeds have been paid under the terms of this Rider, the amount of claim benefits due, if any, will be reduced by the amount of the Return of Premium Benefit that has already been paid.

**EFFECT OF WAIVER OF PREMIUM ON RETURN OF PREMIUM**

Premiums waived under any Waiver of Premium Benefit provision of the Policy will be treated both as premiums paid and claims incurred for purposes of calculating the Return of Premium benefit amount.

**CLAIM PROVISIONS**

Proof of Death: Any benefits payable upon death will be paid when We receive completed proof of claim forms along with a certified copy of the insured’s death certificate. Such proof should be sent to Our Home Office within ninety (90) days of the date of death, but no later than one (1) year from date of death. Claim forms will be made available to the beneficiary upon request.

Benefit Payment: Any benefit due will be paid in a lump sum within ninety (90) days of Our receipt of the due written proof of death. Benefits will be paid according to any beneficiary designation in effect at time of payment. If none is then in effect, We’ll pay benefits as follows: (a) to Your spouse, if living, otherwise (b) equally to Your then living lawful children, including stepchildren and adopted children, if any, otherwise (c) to Your estate.

If benefits are payable to Your estate or a beneficiary who can’t give a valid release, We can pay up to one-thousand dollars (\$1,000) to anyone related to You or Your beneficiary by blood or marriage, whom We consider to be entitled to the benefits. We’ll be discharged to the extent of any such payment made in good faith.

**RENEWAL CONDITIONS**

This Rider is renewed when the policy to which it is attached is renewed.

**PREMIUM**

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this benefit Rider is shown in the Policy schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. If a premium change is needed, We will provide You with advance written notice in the time required by Your state.

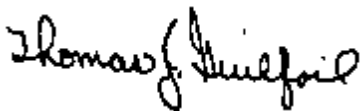
**RIDER TERMINATION**

This Rider ends when the Policy to which it is attached ends.

**CONDITIONS**

This Rider is subject to all terms, provisions, limitations and exclusions of the Policy except where specifically changed by this Rider.

Signed for Guarantee Trust Life Insurance Company at Glenview, Illinois by



Secretary



President

**GUARANTEE TRUST LIFE INSURANCE COMPANY**

1275 Milwaukee Avenue, Glenview, Illinois 60025

[(847) 699-0600]

**20 YEAR RETURN OF PREMIUM BENEFIT RIDER**

**EFFECTIVE DATE:** \_\_\_\_\_

This Rider is a part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the policy’s Effective Date.

**RIDER DEFINITION**

**Return of Premium Period:** The Return of Premium Period begins on the Effective Date of this Rider and ends when the Rider is eligible for payment in 20 years. The Return of Premium Period will begin automatically again as long as you are less than age 80.

**RETURN OF PREMIUM BENEFIT**

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

1. The sum of all premiums You paid for the Policy during each Return of Premium Period, including premiums paid for this Rider and any other benefit Rider(s) attached to the Policy (unless expressly excluded), while this Rider was 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 benefits paid or then payable under the Policy, including benefits paid or payable under any attached benefit Riders, to You or on Your behalf while this Rider was in force.

When the Return of Premium Benefit is eligible for payout is based upon Your age at the start of the Return of Premium Period (see table, below)

| <b>Age at Start of Return of Premium Period</b> | <b>Return of Premium Period</b>  | <b>Payout Condition</b>                                   |
|---|--|---|
| 18 – 65   | 20 years or until attaining age 75, whichever is earlier                               | You are alive at the end of each Return of Premium Period |
| 66 – 79   | Within 10 years of this Rider’s Effective Date, or prior to age 85, whichever is later | You die during the Return of Premium Period               |
| 80+   | Not Available  | Not Available   |

The Return of Premium Period will start again automatically as long as You are less than age 80.

If We receive a claim for benefits after proceeds have been paid under the terms of this Rider, the amount of claim benefits due, if any, will be reduced by the amount of the Return of Premium Benefit that has already been paid.

**EFFECT OF WAIVER OF PREMIUM ON RETURN OF PREMIUM**

Premiums waived under any Waiver of Premium Benefit provision of the Policy will be treated both as premiums paid and claims incurred for purposes of calculating the Return of Premium benefit amount.

**CLAIM PROVISIONS**

Proof of Death: Any benefits payable upon death will be paid when We receive completed proof of claim forms along with a certified copy of the insured’s death certificate. Such proof should be sent to Our Home Office within ninety (90) days of the date of death, but no later than one (1) year from date of death. Claim forms will be made available to the beneficiary upon request.

Benefit Payment: Any benefit due will be paid in a lump sum within ninety (90) days of Our receipt of the due written proof of death. Benefits will be paid according to any beneficiary designation in effect at time of payment. If none is then in effect, We’ll pay benefits as follows: (a) to Your spouse, if living, otherwise (b) equally to Your then living lawful children, including stepchildren and adopted children, if any, otherwise (c) to Your estate.

If benefits are payable to Your estate or a beneficiary who can’t give a valid release, We can pay up to one-thousand dollars (\$1,000) to anyone related to You or Your beneficiary by blood or marriage, whom We consider to be entitled to the benefits. We’ll be discharged to the extent of any such payment made in good faith.

**RENEWAL CONDITIONS**

This Rider is renewed when the policy to which it is attached is renewed.

**PREMIUM**

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this benefit Rider is shown in the Policy schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. If a premium change is needed, We’ll provide You with advance written notice in the time required by Your state.

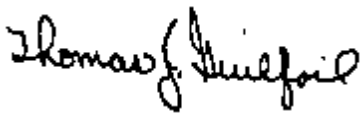
**RIDER TERMINATION**

This Rider ends on when the Policy to which it is attached ends.

**CONDITIONS**

This Rider is subject to all terms, provisions, limitations and exclusions of the Policy except where specifically changed by this Rider.

Signed for Guarantee Trust Life Insurance Company at Glenview, Illinois by



Secretary



President



**GUARANTEE TRUST LIFE INSURANCE COMPANY**

1275 Milwaukee Avenue, Glenview, Illinois 60025

[(847) 699-0600]

**25 YEAR RETURN OF PREMIUM BENEFIT RIDER**

**EFFECTIVE DATE:** \_\_\_\_\_

This Rider is a part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the policy’s Effective Date.

**RIDER DEFINITION**

**Return of Premium Period:** The Return of Premium Period begins on the Effective Date of this Rider and ends when the Rider is eligible for payment in 25 years. The Return of Premium Period will begin automatically again as long as you are less than age 80.

**RETURN OF PREMIUM BENEFIT**

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

1. The sum of all premiums You paid for the Policy during each Return of Premium Period, including premiums paid for this Rider and any other benefit Rider(s) attached to the Policy (unless expressly excluded), while this Rider was 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 benefits paid or then payable under the Policy, including benefits paid or payable under any attached benefit Riders, to You or on Your behalf while this Rider was in force.

When the Return of Premium Benefit is eligible for payout is based upon Your age at the start of the Return of Premium Period (see table, below)

| Age at Start of Return of Premium Period | Return of Premium Period   | Payout Condition  |
|--|--|---|
| 18 – 65                                  | 25 years or until attaining age 75, whichever is earlier                               | You are alive at the end of each Return of Premium Period |
| 66 – 79                                  | Within 10 years of this Rider’s Effective Date, or prior to age 85, whichever is later | You die during the Return of Premium Period               |
| 80+                                      | Not Available  | Not Available   |

The Return of Premium Period will start again automatically as long as You are less than age 80.

If We receive a claim for benefits after proceeds have been paid under the terms of this Rider, the amount of claim benefits due, if any, will be reduced by the amount of the Return of Premium Benefit that has already been paid.

**EFFECT OF WAIVER OF PREMIUM ON RETURN OF PREMIUM**

Premiums waived under any Waiver of Premium Benefit provision of the Policy will be treated both as premiums paid and claims incurred for purposes of calculating the Return of Premium benefit amount.

**CLAIM PROVISIONS**

Proof of Death: Any benefits payable upon death will be paid when We receive completed proof of claim forms along with a certified copy of the insured’s death certificate. Such proof should be sent to Our Home Office within ninety (90) days of the date of death, but no later than one (1) year from date of death. Claim forms will be made available to the beneficiary upon request.

Benefit Payment: Any benefit due will be paid in a lump sum within ninety (90) days of Our receipt of the due written proof of death. Benefits will be paid according to any beneficiary designation in effect at time of payment. If none is then in effect, We’ll pay benefits as follows: (a) to Your spouse, if living, otherwise (b) equally to Your then living lawful children, including stepchildren and adopted children, if any, otherwise (c) to Your estate.

If benefits are payable to Your estate or a beneficiary who can’t give a valid release, We can pay up to one-thousand dollars (\$1,000) to anyone related to You or Your beneficiary by blood or marriage, whom We consider to be entitled to the benefits. We’ll be discharged to the extent of any such payment made in good faith.

**RENEWAL CONDITIONS**

This Rider is renewed when the policy to which it is attached is renewed.

**PREMIUM**

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this benefit Rider is shown in the Policy schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. If a premium change is needed, We’ll provide You with advance written notice in the time required by Your state.

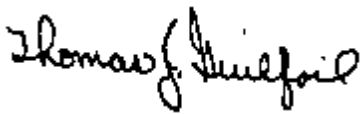
**RIDER TERMINATION**

This Rider ends when the Policy to which it is attached ends.

**CONDITIONS**

This Rider is subject to all terms, provisions, limitations and exclusions of the Policy except where specifically changed by this Rider.

Signed for Guarantee Trust Life Insurance Company at Glenview, Illinois by



Secretary



President

**GUARANTEE TRUST LIFE INSURANCE COMPANY**

1275 Milwaukee Avenue, Glenview, Illinois 60025

[(847) 699-0600]

**RETURN OF PREMIUM UPON DEATH BENEFIT RIDER**

**EFFECTIVE DATE:** \_\_\_\_\_

This Rider is a part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the policy's Effective Date.

**RETURN OF PREMIUM BENEFIT**

This Rider provides a return of premium benefit in the event of Your death within ten (10) years of this Rider's Effective date, or death occurs prior to Your age eighty-five (85), whichever is later.

The actual amount of premium that will be returned, if any, will equal:

1. The sum of all premiums You paid for the Policy, including premiums paid for this Rider and any other benefit Rider(s) attached to the Policy (unless expressly excluded), while this Rider was 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 benefits paid or then payable under the Policy, including benefits paid or payable under any attached benefit Riders, to You or on Your behalf while this Rider was in force.

If We receive a claim for benefits after proceeds have been paid under the terms of this Rider, the amount of claim benefits due, if any, will be reduced by the amount of the Return of Premium Benefit Upon Death Benefit that has already been paid.

**EFFECT OF WAIVER OF PREMIUM ON RETURN OF PREMIUM**

Premiums waived under any Waiver of Premium Benefit provision of the Policy will be treated both as premiums paid and claims incurred for purposes of calculating the Return of Premium benefit amount.

**CLAIM PROVISIONS**

**Proof of Death:** Any benefits payable upon terms of this Rider will be paid when We receive completed proof of claim forms along with a certified copy of the insured's death certificate. Such proof should be sent to Our Home Office within ninety (90) days of the date of death, but no later than one (1) year from date of death. Claim forms will be made available to the beneficiary upon request.

**Benefit Payment:** Any benefit due will be paid in a lump sum within ninety (90) days of Our receipt of the due written proof of death. Benefits will be paid according to any beneficiary designation in effect at time of payment. If none is then in effect, We'll pay benefits as follows: (a) to Your spouse, if living, otherwise (b) equally to Your then living lawful children, including stepchildren and adopted children, if any, otherwise (c) to Your estate.

If benefits are payable to Your estate or a beneficiary who can't give a valid release, We can pay up to one-thousand dollars (\$1,000) to anyone related to You or Your beneficiary by blood or marriage, whom We consider to be entitled to the benefits. We'll be discharged to the extent of any such payment made in good faith.

**RENEWAL CONDITIONS**

This Rider is renewed when the policy to which it is attached is renewed.

## **PREMIUM**

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this benefit Rider is shown in the Policy schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. If a premium change is needed, We'll provide You with advance written notice in the time required by Your state.

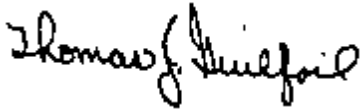
## **RIDER TERMINATION**

This Rider ends when the Policy to which it is attached ends.

## **CONDITIONS**

This Rider is subject to all terms, provisions, limitations and exclusions of the Policy except where specifically changed by this Rider.

Signed for Guarantee Trust Life Insurance Company at Glenview, Illinois by



Secretary



President

SERFF Tracking Number: *GRTT-127808960* State: *District of Columbia*  
 Filing Company: *Guarantee Trust Life Insurance Company* State Tracking Number:  
 Company Tracking Number:  
 TOI: *H071 Individual Health - Specified Disease - Limited Benefit* Sub-TOI: *H071.002 Dread Disease*  
 Product Name: *G1130 / G1131 Lump Sum*  
 Project Name/Number: *G1130/*

**Rate Information**

Rate data applies to filing.

**Filing Method:** SERFF  
**Rate Change Type:** Neutral  
**Overall Percentage of Last Rate Revision:** 0.000%  
**Effective Date of Last Rate Revision:**  
**Filing Method of Last Filing:** NA

**Company Rate Information**

| Company Name:                             | Overall %<br>Indicated<br>Change: | Overall % Rate<br>Impact: | Written<br>Premium<br>Change for<br>this Program: | # of Policy<br>Holders<br>Affected for this<br>Program: | Written<br>Premium for<br>this Program: | Maximum %<br>Change (where<br>required): | Minimum %<br>Change (where<br>required): |
|---|-----------------------------------|---------------------------|---|---|---|--|--|
| Guarantee Trust Life<br>Insurance Company | %                                 | %                         |   |   |   | %  | %  |

SERFF Tracking Number: GRTT-127808960 State: District of Columbia  
 Filing Company: Guarantee Trust Life Insurance Company State Tracking Number:  
 Company Tracking Number:  
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002 Dread Disease  
 Product Name: G1130 / G1131 Lump Sum  
 Project Name/Number: G1130/

## Rate/Rule Schedule

| Schedule Item Status: | Document Name:                             | Affected Form Numbers:<br>(Separated with commas)  | Rate Action: | Rate Action Information: | Attachments                                       |
|-----------------------|--|--|--------------|--------------------------|---|
|                       | G1130, G1131, and benefit rider rate pages | G1130-DC, G1131-DC, RG11LSHAS-DC, RG10CTW-DC, RG10IC-DC, RG10ROP15-DC, RG10ROP20-DC, RG10ROP25-DC, RG10ROPD-DC | New          |                          | G1130_G1131_R G11LSHAS Premium Rates - 50% LR.pdf |

**GUARANTEE TRUST LIFE INSURANCE COMPANY**  
**Lump Sum Policy**  
**Exhibit B - Annual Premium Rates per \$5,000 of Benefit**

| <b><u>Cancer Policy (G1130)*</u></b>                       |                   |                      |               |               |
|--|-------------------|----------------------|---------------|---------------|
| <u>Issue Age</u>   | <u>Individual</u> | <u>Single Parent</u> | <u>Couple</u> | <u>Family</u> |
| 0-39   | 57.00             | 71.50                | 97.00         | 108.50        |
| 40-44  | 69.50             | 87.00                | 118.00        | 132.00        |
| 45-49  | 74.00             | 92.50                | 126.00        | 140.50        |
| 50-54  | 87.00             | 109.00               | 148.00        | 165.50        |
| 55-59  | 102.00            | 127.50               | 173.50        | 194.00        |
| 60-64  | 122.50            | 153.00               | 208.50        | 233.00        |
| 65-69  | 136.50            | 170.50               | 232.00        | 259.50        |
| 70-74  | 170.00            | 212.50               | 289.00        | 323.00        |
| 75-79  | 184.50            | 230.50               | 313.50        | 350.50        |
| 80-85  | 197.00            | 246.50               | 335.00        | 374.50        |
| <b><u>Cancer (G1130)* with Heart Rider (RG11LSHAS)</u></b> |                   |                      |               |               |
| <u>Issue Age</u>   | <u>Individual</u> | <u>Single Parent</u> | <u>Couple</u> | <u>Family</u> |
| 0-39   | 75.00             | 94.00                | 127.50        | 142.50        |
| 40-44  | 97.00             | 121.50               | 165.00        | 184.50        |
| 45-49  | 103.00            | 129.00               | 175.00        | 195.50        |
| 50-54  | 133.00            | 166.50               | 226.00        | 252.50        |
| 55-59  | 162.00            | 202.50               | 275.50        | 308.00        |
| 60-64  | 195.50            | 244.50               | 332.50        | 371.50        |
| 65-69  | 222.00            | 277.50               | 377.50        | 422.00        |
| 70-74  | 278.00            | 347.50               | 472.50        | 528.00        |
| 75-79  | 306.50            | 383.00               | 521.00        | 582.50        |
| 80-85  | 330.50            | 413.00               | 562.00        | 628.00        |
| <b><u>Stand-alone Heart Policy (G1131)*</u></b>            |                   |                      |               |               |
| <u>Issue Age</u>   | <u>Individual</u> | <u>Single Parent</u> | <u>Couple</u> | <u>Family</u> |
| 0-39   | 23.00             | 29.00                | 39.00         | 43.50         |
| 40-44  | 34.50             | 43.00                | 58.50         | 65.50         |
| 45-49  | 36.50             | 45.50                | 62.00         | 69.50         |
| 50-54  | 58.50             | 73.00                | 99.50         | 111.00        |
| 55-59  | 76.00             | 95.00                | 129.00        | 144.50        |
| 60-64  | 92.50             | 115.50               | 157.50        | 176.00        |
| 65-69  | 108.50            | 135.50               | 184.50        | 206.00        |
| 70-74  | 137.00            | 171.50               | 233.00        | 260.50        |
| 75-79  | 154.50            | 193.00               | 262.50        | 293.50        |
| 80-85  | 169.00            | 211.50               | 287.50        | 321.00        |

Modal factors                      Monthly:    0.090  
    Quarterly:    0.265  
    Semi Annual: 0.520  
    Annual:        1.000

\* Annual Policy Fee = \$20.00

**GUARANTEE TRUST LIFE INSURANCE COMPANY**

**Exhibit B - Annual Premium Rates per Unit  
Per Unit Issued**

| Coverage  | Issue Age    | Per Unit Issued   |                      |               |               |
|---|--------------|-------------------|----------------------|---------------|---------------|
|   |              | <i>Individual</i> | <i>Single Parent</i> | <i>Couple</i> | <i>Family</i> |
| <b>Intensive<br/>Care Benefit<br/>Rider<br/>(RG10IC)</b>        | 0-39         | 10.50             | 13.00                | 18.00         | 20.00         |
|   | 40-44        | 11.50             | 14.50                | 19.50         | 22.00         |
|   | 45-49        | 12.00             | 15.00                | 20.50         | 23.00         |
|   | 50-54        | 17.00             | 21.50                | 29.00         | 32.50         |
|   | 55-59        | 21.00             | 26.50                | 35.50         | 40.00         |
|   | 60-64        | 24.50             | 30.50                | 41.50         | 46.50         |
|   | 65-69        | 29.00             | 36.50                | 49.50         | 55.00         |
|   | 70-74        | 32.50             | 40.50                | 55.50         | 62.00         |
|   | 75-79        | 36.00             | 45.00                | 61.00         | 68.50         |
| 80-85   | 39.00        | 49.00             | 66.50                | 74.00         |               |
| <b>Therapy and<br/>Wellness<br/>Benefit Rider<br/>(RG10CTW)</b> | 0-39         | 18.00             | 22.50                | 30.50         | 34.00         |
|   | 40-44        | 20.00             | 25.00                | 34.00         | 38.00         |
|   | 45-49        | 20.50             | 25.50                | 35.00         | 39.00         |
|   | 50-54        | 21.50             | 27.00                | 36.50         | 41.00         |
|   | 55-59        | 23.00             | 29.00                | 39.00         | 43.50         |
|   | 60-64        | 24.00             | 30.00                | 41.00         | 45.50         |
|   | 65-69        | 26.00             | 32.50                | 44.00         | 49.50         |
|   | 70-74        | 28.00             | 35.00                | 47.50         | 53.00         |
|   | 75-79        | 30.00             | 37.50                | 51.00         | 57.00         |
| 80-85   | 31.50        | 39.50             | 53.50                | 60.00         |               |
| Modal factors   | Monthly:     | 0.090             |                      |               |               |
|   | Quarterly:   | 0.265             |                      |               |               |
|   | Semi Annual: | 0.520             |                      |               |               |
|   | Annual:      | 1.000             |                      |               |               |



GUARANTEE TRUST LIFE INSURANCE COMPANY

Exhibit B - Return of Premium Upon Death Benefit Rider (RG10ROPD)

| Issue<br><u>Age</u> | Rate per \$1<br>of annual<br><u>premium*</u> |
|---------------------|--|
| 0-79                | 0.25   |

\* Rider factor applied to total policy premium including any other riders

GUARANTEE TRUST LIFE INSURANCE COMPANY

Exhibit B - Return of Premium Rider (RG10ROP15, RG10ROP20, & RG10ROP25)

| <u>Issue Age*</u> | <u>Return of Premium Period</u> | <u>Rate per \$1 of annual premium**</u> |
|-------------------|---------------------------------|---|
| 0-65              | 15 years                        | 0.80                                    |
|                   | 20 years                        | 0.55                                    |
|                   | 25 years                        | 0.40                                    |

\* Rates applied based on original issue age of policy  
\*\* Rider factor applied to total policy premium including any other riders

SERFF Tracking Number: GRTT-127808960 State: District of Columbia  
 Filing Company: Guarantee Trust Life Insurance Company State Tracking Number:  
 Company Tracking Number:  
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease  
 Limited Benefit  
 Product Name: G1130 / G1131 Lump Sum  
 Project Name/Number: G1130/

## Supporting Document Schedules

|  | <b>Item Status:</b> | <b>Status<br/>Date:</b> |
|--|---------------------|-------------------------|
| <b>Satisfied - Item:</b> Actuarial Justification                 |                     |                         |
| <b>Comments:</b>   |                     |                         |
| <b>Attachment:</b><br>GTL GN Cancer Hrt Lump Sum AJ 50% 8 19.pdf |                     |                         |

|  | <b>Item Status:</b> | <b>Status<br/>Date:</b> |
|--|---------------------|-------------------------|
| <b>Satisfied - Item:</b> G1130-DC (Cancer Policy - Lump Sum and Reoccurrence Benefits) |                     |                         |
| <b>Comments:</b>   |                     |                         |
| <b>Attachment:</b><br>G1130-DC.pdf   |                     |                         |

|   | <b>Item Status:</b> | <b>Status<br/>Date:</b> |
|---|---------------------|-------------------------|
| <b>Satisfied - Item:</b> G1131-DC (Heart Attack and Stroke Policy - Lump Sum and Reoccurrence Benefits) |                     |                         |
| <b>Comments:</b>  |                     |                         |
| <b>Attachment:</b><br>G1131-DC.pdf  |                     |                         |

|  | <b>Item Status:</b> | <b>Status<br/>Date:</b> |
|--|---------------------|-------------------------|
| <b>Satisfied - Item:</b> RG11LSHAS-DC (Heart Attack and Stroke Rider - Lump Sum and Reoccurrence Benefits) |                     |                         |
| <b>Comments:</b>   |                     |                         |
| <b>Attachment:</b><br>RG11LSHAS-DC.pdf   |                     |                         |

SERFF Tracking Number: GRTT-127808960 State: District of Columbia  
Filing Company: Guarantee Trust Life Insurance Company State Tracking Number:  
Company Tracking Number:  
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease  
Limited Benefit  
Product Name: G1130 / G1131 Lump Sum  
Project Name/Number: G1130/

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** RG10CTW-DC - Therapy and  
Wellness Benefit Rider

**Comments:**

**Attachment:**

RG10CTW-DC.pdf

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** RG10IC-DC - Intensive Care  
Benefit Rider

**Comments:**

**Attachment:**

RG10IC-DC.pdf

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Return of Premium Benefit Riders  
(15, 20, 25 Years and Upon Death  
Options)

**Comments:**

**Attachments:**

RG10ROP15-DC.pdf

RG10ROP20-DC.pdf

RG10ROP25-DC.pdf

RG10ROPD-DC.pdf

**ACTUARIAL JUSTIFICATION OF PREMIUM RATES**  
**GUARANTEE TRUST LIFE INSURANCE COMPANY**  
Individual Cancer Product / Individual Heart Attack or Stroke Product

**Lump Sum Cancer Benefit Policy Form Number G1130 and Riders**  
**Lump Sum Heart Attack or Stroke Benefit Policy Form Number G1131 and Riders**

**1. SCOPE AND PURPOSE OF FILING**

The purpose of this filing is to demonstrate that the anticipated loss ratio for this form meets the minimum requirements of this state and to certify that benefits are reasonable in relationship to the premiums charged. This filing is not intended to be used for any other purpose.

**2. DESCRIPTION OF BENEFITS**

BASE POLICY - First Diagnosis Cancer Lump Sum Benefit Policy - Per Unit (G1130)

Lump Sum Benefit

Pays an indemnity benefit of \$5000 per unit when a Covered Person is diagnosed as having Internal Cancer or Cancer in Situ. This benefit is payable only once for each Covered Person. Separate benefits are payable for the diagnosis of internal cancer and cancer in situ. This benefit is not payable for Skin Cancer.

Re-occurrence Benefit

Re-occurrence of cancer whether it is a previously diagnosed cancer or newly diagnosed cancer is covered provided that the insured has been cancer free and did not have treatment for cancer during the 365 days prior to the subsequent diagnosis of cancer. The lump sum benefit payable varies with the year of re-occurrence as follows:

| <u>Number of Full Years Elapsed</u> | <u>% of First Diagnosis Benefit</u> |
|-------------------------------------|-------------------------------------|
| Less than 1                         | 0%                                  |
| 1                                   | 10%                                 |
| 2-3                                 | 25%                                 |
| 4                                   | 50%                                 |
| 5+                                  | 100%                                |

BASE POLICY - First Diagnosis Heart Attack or Stroke Lump Sum Benefit Policy - Per Unit (G1131)

Lump Sum Benefit

Pays an indemnity benefit of \$5000 per unit when a Covered Person is diagnosed as having a heart attack or stroke. This benefit is payable only once for each Covered Person.

Re-occurrence Benefit

After 365 days have passed following payment of the indemnity benefit for a heart attack or stroke, benefits for a subsequent heart attack or stroke are payable subject to the following schedule:

| <u>Number of Full Years Elapsed</u> | <u>% of First Diagnosis Benefit</u> |
|-------------------------------------|-------------------------------------|
| Less than 1                         | 0%                                  |
| 1                                   | 10%                                 |
| 2-3                                 | 25%                                 |
| 4                                   | 50%                                 |
| 5+                                  | 100%                                |

Coronary Angioplasty or Bypass

Pays an indemnity benefit of \$500 per unit when a Covered Person undergoes Coronary Angioplasty or Bypass. This benefit is not payable if the Coronary Angioplasty or Bypass is performed as a direct result of a Heart Attack which immediately preceded the procedure.

**ACTUARIAL JUSTIFICATION OF PREMIUM RATES**  
**GUARANTEE TRUST LIFE INSURANCE COMPANY**  
Individual Cancer Product / Individual Heart Attack or Stroke Product

**Lump Sum Cancer Benefit Policy Form Number G1130 and Riders**  
**Lump Sum Heart Attack or Stroke Benefit Policy Form Number G1131 and Riders**

RIDERS

First Diagnosis Heart Attack or Stroke Lump Sum Benefit Rider - Per Unit (RG11LSHAS)

This rider is only available with the First Diagnosis Cancer Lump Sum Benefit Policy (G1130).

Benefits for this policy are the same as the stand alone First Diagnosis Heart Attack or Stroke Lump Sum Benefit Policy (G1131). See above for a description of benefits.

Therapy and Wellness Benefit Rider - Per Unit (RG10CTW)

Health and Wellness Benefit

Pays an indemnity benefit of \$50 per unit per year for the following tests:

- mammogram
- breast ultrasound
- breast MRI (magnetic resonance imaging)
- CA15-3 (blood test for breast Cancer tumor)
- Pap smear
- Thin Prep
- biopsy
- flexible sigmoidoscopy
- hemoccult stool specimen (lab confirmed)
- Chest X-ray
- MRI
- CAT Scan
- Electrocardiograms
- Heart Catheterization
- CEA (blood test for colon Cancer)
- CA 125 (blood test for ovarian Cancer)
- PSA (blood test for prostate Cancer)
- testicular ultrasound
- thermography
- colonoscopy
- virtual colonoscopy
- serum protein electrophoresis
- Echocardiograms
- Blood Test to confirm elevated cardiac enzymes
- Neuroimaging Studies
- Thallium Scan
- Angiogram

This benefit is payable once per calendar year per covered person. Additional payment shall not be made should a covered person have more than one of the allowable tests performed per calendar year.

Educational Services Benefit

Pays an indemnity benefit of \$50 per unit per session for a self-management education and counseling program provided to educate the Covered Person and their primary caregiver, when needed, to care for the Covered Person's needs as the result of Covered Condition(s) for which a Covered Person has received other benefits under this Policy. This benefit is limited to 12 sessions per year.

Hearing, Occupational, Physical and Speech Therapy Benefit

Pays an indemnity benefit of \$25 per unit per day for hearing, occupational, physical, and/or speech therapy needed as a result of a Covered Condition(s) for which the Covered Person receives other benefits under this Policy. The amount payable for covered therapy benefits is shown in the benefit Schedule.

Mental Health Benefit

Pays an indemnity benefit of \$50 per session per unit for counseling for mental and nervous disorders such as neurosis, psychoneurosis, psychopathy, psychosis, or emotional disease or disorder needed as the result of Covered Condition(s) for which a Covered Person received other benefits under this Policy. This benefit is limited to 5 sessions per calendar year.

Healthy Lifestyle Benefit

Pays an indemnity benefit of \$25 per unit per calendar year for making healthy lifestyle choices. This benefit is payable if a covered person joins a gym, participates in a smoking cessation program or joins a weight loss program. This benefit is payable once per calendar year per covered person that is over the age of 17.

**ACTUARIAL JUSTIFICATION OF PREMIUM RATES  
GUARANTEE TRUST LIFE INSURANCE COMPANY  
Individual Cancer Product / Individual Heart Attack or Stroke Product**

**Lump Sum Cancer Benefit Policy Form Number G1130 and Riders  
Lump Sum Heart Attack or Stroke Benefit Policy Form Number G1131 and Riders**

Alternative Care Benefit

1. Integrative Assessment and Education Benefit: A one-time benefit of \$75 per unit is payable for assessment/education services performed by an Accredited Practitioner.
2. Ameliorative Benefit: We will pay an indemnity benefit of \$25 per unit per visit to an Accredited Practitioner, for up to 20 visits per year for Acupuncture, Massage Therapy, Biofeedback and Hypnosis.
3. Lifestyle Benefit: We will pay an indemnity benefit of \$25 per unit per visit up to 20 visits per year to an Accredited Practitioner for the following types of alternative care: smoking cessation, Yoga, meditation, relaxation techniques, Tai-Chi and nutritional counseling.

Intensive Care Rider - Per Unit (RG10IC)

Intensive Care Benefit

Pays an indemnity benefit of \$150 per unit per day for confinement in an Intensive Care Unit. Pays one half (1/2) the amount for confinement in a Step-Down unit. Benefits are doubled if confinement occurs within 48 hours of an accident in which any covered insured is the operator or passenger of; an automobile, motor home, bus, motorcycle, or any truck with a load capacity of 2,000 or less or as a fare paying passenger on any vehicle, boat, ship, aircraft, or train. Benefits are limited to 30 days of confinement in connection with any one hospital admission. Benefits reduce by 50% at age 70.

Return of Premium Upon Death Benefit Rider (RG10ROPD)

This rider provides a return of premium benefit upon death within 10 years or death prior to attained age 85, whichever is later. The actual amount of premium that will be returned, if any, will be equal to:

1. The sum of all premiums paid for the Policy, including premiums paid for this Rider and any other benefit rider(s) attached to the Policy while this Rider is in force (except for any application and annual policy fees);
2. Minus the sum of all benefits paid or then payable under the Policy, including benefits paid or then payable under any attached benefit riders while this rider was in force.

Return of Premium Benefit Rider (RG10ROP15, RG10ROP20, & RG10ROP25)

This rider provides a return of premium benefit. The actual amount of premium that will be returned, if any, will be equal

1. The sum of all premiums paid for the Policy, including premiums paid for this Rider and any other benefit rider(s) attached to the Policy while this Rider is in force (except for any application and annual policy fees);
2. Minus the sum of all benefits paid or then payable under the Policy, including benefits paid or then payable under any attached benefit riders while this rider was in force.

Age at Start of Return  
of Premium Period

Return of Premium Period

Payout Conditions

|       |  |          |
|-------|--|----------|
| 0-65  | The Return of Premium period is 20 years* or until attained age 75, whichever comes first. | Survival |
| 66-79 | Within 10 years of issue or prior to age 85, whichever is later.                           | Death    |
| 80+   | N/A  | N/A      |

The Return of Premium Period will start again automatically as long as the insured is less than attained age 80.

\* 15 year and 25 year Return of Premium Riders may also be available.

**ACTUARIAL JUSTIFICATION OF PREMIUM RATES**  
**GUARANTEE TRUST LIFE INSURANCE COMPANY**  
Individual Cancer Product / Individual Heart Attack or Stroke Product

Lump Sum Cancer Benefit Policy Form Number G1130 and Riders  
Lump Sum Heart Attack or Stroke Benefit Policy Form Number G1131 and Riders

**3. UNDERWRITING**

This policy is underwritten on a simplified issue basis.

**4. MARKETING METHOD**

This policy will be marketed to individuals by contracted agents and brokers.

**5. ISSUE AGES AND RENEWABILITY**

Policies will be issued to people from 0 to 85 years of age. Return of Premium rider is not available for issue ages above 79. Premiums may be changed on the first anniversary and each due date thereafter. The policy is guaranteed renewable for life.

**6. GROSS PREMIUM ASSUMPTIONS**

The GGY AXIS Disability Insurance Module was used to conduct statutory projections for this product. The pricing assumptions used for statutory projection purposes and calculation of gross premiums are attached as Exhibit A. The premiums vary by coverage and plan type and age at issue.

**7. PREMIUMS**

Based upon the anticipated sales distribution, the expected nationwide average annual premium per policy, excluding the return of premium rider, is \$1,158.

Annual gross premiums are attached in Exhibit B.

**8. ANTICIPATED LOSS RATIO**

The lifetime anticipated loss ratio is 50.02% for these forms. This exceeds 50%, which is the minimum required loss ratio for this type of coverage in your state. The lifetime anticipated loss ratio is calculated as the present value of future benefits divided by the present value of future premiums. Active life reserves are not included in the calculation of the incurred loss ratio. The anticipated loss ratios are attached to this memorandum as Exhibit C.



**ACTUARIAL JUSTIFICATION OF PREMIUM RATES**  
**GUARANTEE TRUST LIFE INSURANCE COMPANY**  
Individual Cancer Product / Individual Heart Attack or Stroke Product

**Lump Sum Cancer Benefit Policy Form Number G1130 and Riders**  
**Lump Sum Heart Attack or Stroke Benefit Policy Form Number G1131 and Riders**

**9. ACTUARIAL CERTIFICATION**

I hereby certify that, to the best of my knowledge and belief, the rate filing submitted herein is in compliance with all applicable laws of this state and Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans"; that the anticipated loss ratio submitted herein is expected to develop over the period for which rates are computed to provide coverage; and that the benefits are reasonable in relation to the premiums charged. In my opinion, the rates are not excessive, inadequate, or unfairly discriminatory.

Respectfully submitted,



Benjamin M. Cohen, F.S.A., M.A.A.A.  
Principal & Consulting Actuary  
Wakely Actuarial Services, Inc.  
Palm Harbor, FL

August 19, 2011

Attachments:

- Exhibit A - Pricing Assumptions
- Exhibit B - Annual Gross Premium Rates
- Exhibit C - Anticipated Loss Ratios

**GUARANTEE TRUST LIFE INSURANCE COMPANY**  
**Individual Cancer Product / Individual Heart Attack or Stroke Product**  
**Exhibit A - Pricing Assumptions**

1). Mortality and Lapses

a) Voluntary lapse rates

| Policy<br>Year | Issue Age |     |
|----------------|-----------|-----|
|                | 0-44      | 45+ |
| 1              | 40%       | 19% |
| 2              | 15%       | 8%  |
| 3              | 12%       | 6%  |
| 4              | 10%       | 5%  |
| 5              | 8%        | 4%  |
| 6              | 6%        | 4%  |
| 7+             | 5%        | 4%  |

b) Mortality

100% of the 1994 GAM Tables (blended 50% male/ 50% female).

2) Interest

4% pre-tax investment earnings rate, after expenses.

3) Claim Costs

Pricing claim costs were derived from Wakely Actuarial Services, Inc. Claim Cost Guidelines, client company experience, and published industry data. Assumed a 50/50 male/female distribution. Selection factors were applied to account for underwriting.

4) Contingency and Risk Margin

This product has a 4.7% contingency and risk margin included in the pricing.

5) Reserves

Statutory: Gross unearned premiums plus the tabular reserves will be held. Tabular reserves are calculated under a 2 year full preliminary term method, 2001 CSO Mortality Table C and a 4% interest rate. Voluntary lapse rates are used in the calculation of the tabular reserve.

Return of Premium Reserves: Tabular reserves are calculated under a 1 year full preliminary term method.

**GUARANTEE TRUST LIFE INSURANCE COMPANY**  
**Lump Sum Policy**  
**Exhibit B - Annual Premium Rates per \$5,000 of Benefit**

| <b><u>Cancer Policy (G1130)*</u></b> |                   |                      |               |               |
|--------------------------------------|-------------------|----------------------|---------------|---------------|
| <u>Issue Age</u>                     | <u>Individual</u> | <u>Single Parent</u> | <u>Couple</u> | <u>Family</u> |
| 0-39                                 | 57.00             | 71.50                | 97.00         | 108.50        |
| 40-44                                | 69.50             | 87.00                | 118.00        | 132.00        |
| 45-49                                | 74.00             | 92.50                | 126.00        | 140.50        |
| 50-54                                | 87.00             | 109.00               | 148.00        | 165.50        |
| 55-59                                | 102.00            | 127.50               | 173.50        | 194.00        |
| 60-64                                | 122.50            | 153.00               | 208.50        | 233.00        |
| 65-69                                | 136.50            | 170.50               | 232.00        | 259.50        |
| 70-74                                | 170.00            | 212.50               | 289.00        | 323.00        |
| 75-79                                | 184.50            | 230.50               | 313.50        | 350.50        |
| 80-85                                | 197.00            | 246.50               | 335.00        | 374.50        |

| <b><u>Cancer (G1130)* with Heart Rider (RG11LSHAS)</u></b> |                   |                      |               |               |
|--|-------------------|----------------------|---------------|---------------|
| <u>Issue Age</u>   | <u>Individual</u> | <u>Single Parent</u> | <u>Couple</u> | <u>Family</u> |
| 0-39   | 75.00             | 94.00                | 127.50        | 142.50        |
| 40-44  | 97.00             | 121.50               | 165.00        | 184.50        |
| 45-49  | 103.00            | 129.00               | 175.00        | 195.50        |
| 50-54  | 133.00            | 166.50               | 226.00        | 252.50        |
| 55-59  | 162.00            | 202.50               | 275.50        | 308.00        |
| 60-64  | 195.50            | 244.50               | 332.50        | 371.50        |
| 65-69  | 222.00            | 277.50               | 377.50        | 422.00        |
| 70-74  | 278.00            | 347.50               | 472.50        | 528.00        |
| 75-79  | 306.50            | 383.00               | 521.00        | 582.50        |
| 80-85  | 330.50            | 413.00               | 562.00        | 628.00        |

| <b><u>Stand-alone Heart Policy (G1131)*</u></b> |                   |                      |               |               |
|---|-------------------|----------------------|---------------|---------------|
| <u>Issue Age</u>                                | <u>Individual</u> | <u>Single Parent</u> | <u>Couple</u> | <u>Family</u> |
| 0-39  | 23.00             | 29.00                | 39.00         | 43.50         |
| 40-44   | 34.50             | 43.00                | 58.50         | 65.50         |
| 45-49   | 36.50             | 45.50                | 62.00         | 69.50         |
| 50-54   | 58.50             | 73.00                | 99.50         | 111.00        |
| 55-59   | 76.00             | 95.00                | 129.00        | 144.50        |
| 60-64   | 92.50             | 115.50               | 157.50        | 176.00        |
| 65-69   | 108.50            | 135.50               | 184.50        | 206.00        |
| 70-74   | 137.00            | 171.50               | 233.00        | 260.50        |
| 75-79   | 154.50            | 193.00               | 262.50        | 293.50        |
| 80-85   | 169.00            | 211.50               | 287.50        | 321.00        |

Modal factors            Monthly:    0.090  
    Quarterly:    0.265  
    Semi Annual: 0.520  
    Annual:       1.000

\* Annual Policy Fee = \$20.00

**GUARANTEE TRUST LIFE INSURANCE COMPANY**

**Exhibit B - Annual Premium Rates per Unit  
Per Unit Issued**

| Coverage  | Issue Age    | Per Unit Issued   |                      |               |               |
|---|--------------|-------------------|----------------------|---------------|---------------|
|   |              | <i>Individual</i> | <i>Single Parent</i> | <i>Couple</i> | <i>Family</i> |
| <b>Intensive<br/>Care Benefit<br/>Rider<br/>(RG10IC)</b>        | 0-39         | 10.50             | 13.00                | 18.00         | 20.00         |
|   | 40-44        | 11.50             | 14.50                | 19.50         | 22.00         |
|   | 45-49        | 12.00             | 15.00                | 20.50         | 23.00         |
|   | 50-54        | 17.00             | 21.50                | 29.00         | 32.50         |
|   | 55-59        | 21.00             | 26.50                | 35.50         | 40.00         |
|   | 60-64        | 24.50             | 30.50                | 41.50         | 46.50         |
|   | 65-69        | 29.00             | 36.50                | 49.50         | 55.00         |
|   | 70-74        | 32.50             | 40.50                | 55.50         | 62.00         |
|   | 75-79        | 36.00             | 45.00                | 61.00         | 68.50         |
|   | 80-85        | 39.00             | 49.00                | 66.50         | 74.00         |
| <b>Therapy and<br/>Wellness<br/>Benefit Rider<br/>(RG10CTW)</b> | 0-39         | 18.00             | 22.50                | 30.50         | 34.00         |
|   | 40-44        | 20.00             | 25.00                | 34.00         | 38.00         |
|   | 45-49        | 20.50             | 25.50                | 35.00         | 39.00         |
|   | 50-54        | 21.50             | 27.00                | 36.50         | 41.00         |
|   | 55-59        | 23.00             | 29.00                | 39.00         | 43.50         |
|   | 60-64        | 24.00             | 30.00                | 41.00         | 45.50         |
|   | 65-69        | 26.00             | 32.50                | 44.00         | 49.50         |
|   | 70-74        | 28.00             | 35.00                | 47.50         | 53.00         |
|   | 75-79        | 30.00             | 37.50                | 51.00         | 57.00         |
|   | 80-85        | 31.50             | 39.50                | 53.50         | 60.00         |
| Modal factors   | Monthly:     | 0.090             |                      |               |               |
|   | Quarterly:   | 0.265             |                      |               |               |
|   | Semi Annual: | 0.520             |                      |               |               |
|   | Annual:      | 1.000             |                      |               |               |

GUARANTEE TRUST LIFE INSURANCE COMPANY

Exhibit B - Return of Premium Upon Death Benefit Rider (RG10ROPD)

| Issue<br><u>Age</u> | Rate per \$1<br>of annual<br><u>premium*</u> |
|---------------------|--|
| 0-79                | 0.25   |

\* Rider factor applied to total policy premium including any other riders

GUARANTEE TRUST LIFE INSURANCE COMPANY

Exhibit B - Return of Premium Rider (RG10ROP15, RG10ROP20, & RG10ROP25)

| <u>Issue Age*</u> | <u>Return of Premium Period</u> | <u>Rate per \$1 of annual premium**</u> |
|-------------------|---------------------------------|---|
| 0-65              | 15 years                        | 0.80                                    |
|                   | 20 years                        | 0.55                                    |
|                   | 25 years                        | 0.40                                    |

\* Rates applied based on original issue age of policy  
\*\* Rider factor applied to total policy premium including any other riders

EXHIBIT C - ANTICIPATED LOSS RATIOS

**GUARANTEE TRUST LIFE INSURANCE COMPANY**

Aggregate Cancer and Heart Attack or Stroke Policies with Riders

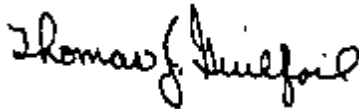
| Policy Year             | Expected Earned Premiums | Expected Incurred Claims | Expected Incurred Claim Loss Ratio |
|-------------------------|--------------------------|--------------------------|------------------------------------|
| 1                       | 1,173,732                | 173,555                  | 14.8%                              |
| 2                       | 963,229                  | 248,812                  | 25.8%                              |
| 3                       | 872,569                  | 261,241                  | 29.9%                              |
| 4                       | 803,702                  | 270,766                  | 33.7%                              |
| 5                       | 747,742                  | 265,363                  | 35.5%                              |
| 6                       | 699,480                  | 272,991                  | 39.0%                              |
| 7                       | 653,994                  | 279,709                  | 42.8%                              |
| 8                       | 610,524                  | 285,529                  | 46.8%                              |
| 9                       | 568,737                  | 287,722                  | 50.6%                              |
| 10                      | 528,150                  | 288,840                  | 54.7%                              |
| 11                      | 489,211                  | 285,430                  | 58.3%                              |
| 12                      | 452,556                  | 284,485                  | 62.9%                              |
| 13                      | 417,571                  | 282,475                  | 67.6%                              |
| 14                      | 383,511                  | 267,344                  | 69.7%                              |
| 15                      | 351,131                  | 265,508                  | 75.6%                              |
| 16                      | 321,455                  | 263,176                  | 81.9%                              |
| 17                      | 293,432                  | 259,584                  | 88.5%                              |
| 18                      | 267,067                  | 254,845                  | 95.4%                              |
| 19                      | 241,498                  | 233,901                  | 96.9%                              |
| 20                      | 217,538                  | 227,915                  | 104.8%                             |
| 21                      | 196,311                  | 210,100                  | 107.0%                             |
| 22                      | 176,616                  | 203,501                  | 115.2%                             |
| 23                      | 158,421                  | 196,092                  | 123.8%                             |
| 24                      | 141,018                  | 176,462                  | 125.1%                             |
| 25                      | 125,000                  | 168,946                  | 135.2%                             |
| 26                      | 111,194                  | 161,822                  | 145.5%                             |
| 27                      | 98,638                   | 154,102                  | 156.2%                             |
| 28                      | 87,260                   | 145,878                  | 167.2%                             |
| 29                      | 76,642                   | 129,063                  | 168.4%                             |
| 30                      | 67,052                   | 121,372                  | 181.0%                             |
| 31                      | 58,887                   | 113,646                  | 193.0%                             |
| 32                      | 51,599                   | 106,303                  | 206.0%                             |
| 33                      | 45,115                   | 98,679                   | 218.7%                             |
| 34                      | 39,083                   | 82,420                   | 210.9%                             |
| 35                      | 33,707                   | 77,185                   | 229.0%                             |
| 36                      | 29,301                   | 71,422                   | 243.8%                             |
| 37                      | 25,425                   | 66,025                   | 259.7%                             |
| 38                      | 22,022                   | 60,733                   | 275.8%                             |
| 39                      | 18,859                   | 48,451                   | 256.9%                             |
| 40                      | 16,066                   | 44,975                   | 279.9%                             |
| 41                      | 13,844                   | 40,525                   | 292.7%                             |
| 42                      | 11,912                   | 36,904                   | 309.8%                             |
| 43                      | 10,234                   | 33,451                   | 326.9%                             |
| 44                      | 8,731                    | 27,839                   | 318.8%                             |
| 45                      | 7,426                    | 25,254                   | 340.1%                             |
| 46                      | 6,359                    | 22,838                   | 359.1%                             |
| 47                      | 5,443                    | 20,569                   | 377.9%                             |
| 48                      | 4,659                    | 18,491                   | 396.9%                             |
| 49                      | 3,955                    | 14,769                   | 373.4%                             |
| 50                      | 3,348                    | 13,416                   | 400.7%                             |
| Present Values @ 4.00%: | 9,056,277                | 4,530,041                | 50.02%                             |

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

**CANCER POLICY  
LUMP SUM BENEFITS**  
*FIRST DIAGNOSIS  
AND REOCCURRENCE  
BENEFIT PAYMENTS*

**THIS IS A LEGAL  
CONTRACT BETWEEN  
YOU AND US. READ YOUR  
POLICY CAREFULLY.**

Signed for Guarantee Trust Life  
Insurance Company, at its Home  
Office, by:



Secretary



President

Licensed Resident  
Agent

**WE PROMISE** to insure all Covered Persons for the benefits described in this Policy, subject to the Policy definitions, provisions, limitations and exclusions. This Policy is issued in consideration of the application and payment of the first Premium. The application is attached to and made a part of this Policy.

**GUARANTEED RENEWABLE FOR LIFE:** You may keep this Policy in force during Your entire lifetime by paying Premiums when due or within the grace period. We cannot cancel or refuse to renew this Policy or place any restrictions on it if You pay Your Premiums on time.

**YOUR RIGHT TO EXAMINE THIS POLICY FOR 10 DAYS:** It is important to us that you are satisfied with this Policy. If you are not satisfied with this Policy, you may return it to us within ten (10) days of its receipt. Upon Our receipt of Your returned Policy, We will cancel the Policy as of the Effective Date and return any premiums You have paid.

**PREMIUMS SUBJECT TO CHANGE:** We may change Your premium rates for this Policy. We will give You at least thirty-one (31) days prior written notice of any change in the renewal premium. We can change the premium this way only if We change it on a class basis for all policies issued on this form in Your state.

**IMPORTANT NOTICE**

Please read the copy of the application attached to this Policy. Carefully check the application and write to Us at the address shown above within ten (10) days if any information shown on it is not correct and complete. If any past medical history has been left out, this Policy may not cover your claim. The application is a part of this Policy and this Policy was issued on the basis that the answers to all questions and the information shown on the application are correct and complete.

**THIS POLICY CONTAINS A PRE-EXISTING CONDITION LIMITATION**

**THIS IS A LIMITED BENEFIT POLICY - PLEASE READ IT CAREFULLY**

**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.**



TABLE OF CONTENTS

|  |           |
|--|-----------|
| Policy Schedule .....                                      | Page 3    |
| Definitions .....  | Pages 4-5 |
| Eligibility for Coverage.....                              | Pages 5-6 |
| Termination, Continuation and Conversion of Coverage ..... | Pages 6-7 |
| Eligibility for Benefits .....                             | Page 7    |
| Benefit Provisions .....                                   | Pages 7-8 |
| Exclusions and Limitations .....                           | Page 8    |
| Premium and Reinstatement .....                            | Page 8    |
| Claim Provisions .....                                     | Pages 8-9 |
| General Provisions .....                                   | Page 9    |



## POLICY DEFINITIONS

---

**Cancer** means a malignant tumor which meets the diagnosis criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen. It is characterized by the uncontrolled growth and spread of malignant cells and the invasion of body tissue by such malignant cells. Cancer includes leukemia and Cancer In Situ. Excluded are Cancers such as:

1. Pre-malignant tumors or polyps;
2. Skin Cancer, except malignant melanoma

**Cancer In Situ** is an early stage Cancer that involves only the site of origin and which has not spread beyond the organ or tissue in which it originated.

**Covered Person** means a person:

1. Who is eligible for coverage as the Insured or as a Dependent on Couple, Family or Single Parent Type of Coverage;
2. Who has been accepted for coverage or has been automatically added;
3. Who has paid the required premium; and
4. Whose coverage has become effective and has not terminated.

**Dependent:** A person who is the Insured's:

1. lawful spouse, residing with the Insured.
2. child who is dependent upon the Insured for support and maintenance and is under the age of nineteen (19).
3. child who is dependent upon the Insured for support and maintenance, is nineteen (19) through twenty-five (25) years of age and is attending school full time, as determined by the school the Dependent is attending, including colleges and vocational, technical, vocational-technical or trade schools or institutes.

The term child refers to Your and Your spouse's unmarried:

1. natural child;
2. stepchild; a stepchild is a Dependent on the date the Insured marries the child's parent; and
3. adopted child, including a child placed with the Insured for the purpose of adoption, from the moment of placement as certified by the agency making the placement.

The term "Dependent" is applicable to Couple, Family, or Single Parent Type of Coverage.

**Doctor** means any licensed practitioner of the healing arts acting within the scope of his or her license in treating an injury or illness. It doesn't include You, or a member of Your Immediate Family.

**Documented Medical Evidence** includes but is not limited to appropriate radiology, diagnostic testing, laboratory testing, and physical examination by an Oncologist.

**Effective Date** means the date shown on the Policy Schedule for all persons accepted for coverage at the time of issue. Coverage is not effective until We have received and accepted Your application, We issue the Policy and receive the first premium, if applicable. For persons accepted for coverage under this Policy after it is issued, the Effective Date of coverage will be shown by endorsement.

**First Diagnosis** means the first time in which the earliest of the following takes place:

1. Cancer is first diagnosed by a pathologist. A pathological diagnosis must be based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or postmortem). The Doctor establishing the pathological diagnosis shall base his/her judgement solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or suspect tumor, tissue or specimen.
2. Cancer is first diagnosed by clinical or non-pathological diagnosis, if diagnosis from tissue cannot be made. A clinical or non-pathological diagnosis of Cancer will only be accepted as a First Diagnosis when it is not medically possible to attempt a pathological diagnosis. Proof that it is not medically possible to attempt a pathological diagnosis must be satisfactory to Us. We reserve the right to request additional information, an additional Doctor's statement and/or examination by a Doctor of Our choice at Our expense.

Cancer will not be a covered condition when advice or treatment is received prior to the Effective Date, and such advice or treatment results in the First Diagnosis of Cancer. If tissue is extracted prior to the Effective Date, and results in a First Diagnosis of Cancer, this will not be a covered condition. The date of diagnosis is the earlier of the date of clinical diagnosis or the date the specimen used to diagnose Cancer is taken.

## POLICY DEFINITIONS (Continued)

**First Diagnosis Lump Sum Benefit** means the benefit amount We will pay during each Covered Person's lifetime under the terms of this Policy upon a First Diagnosis of Cancer or Cancer In Situ. The Lump Sum Benefit amount is shown in the Policy Schedule.

**Immediate Family** means You or, Your spouse, and the parents, grandparents, children, or siblings by blood or marriage of either You, or Your spouse.

**Insured** means the person named in the Policy application and Policy Schedule.

**Oncologist** means a medical Doctor, other than You or a member of Your Immediate Family, specializing in the diagnosis and treatment of Cancer.

**Pathologist** means a licensed Doctor, other than You or a member of Your Immediate Family, specializing in the interpretation and diagnosis of changes caused by disease in tissue, who is certified by the American Board of Pathology to practice Pathologic Anatomy, or certified by the Osteopathic Board of Pathology.

**Period of Remission** means for at least one (1) full year during which a Covered Person has been free of Cancer treatment(s) as supported by Documented Medical Evidence. Cancer treatment does not include follow-up visits or testing that is performed for purposes that confirm Cancer is in remission.

**Policy** means this document, the application, and any attachments that form this contract between you and us.

**Premium** means the amount of money You are required to pay Us in return for the insurance provided by this Policy.

**Reoccurrence Benefit** means the benefit amount We will pay when Cancer reoccurs after a Period of Remission from a previously diagnosed Cancer and for which We have paid benefits under this Policy. This benefit is payable for a previously diagnosed or newly diagnosed Cancer. For benefit eligibility, reoccurrence must be separated by at least one full year (365 days) from the date We paid benefits for a First Diagnosis of Cancer.

The Reoccurrence Benefit amount is a percentage of the First Diagnosis Lump Sum Benefit. The Reoccurrence Benefit percentages are shown in the Policy Schedule.

**Skin Cancer** means Basal cell or squamous cell carcinoma.

**Type of Coverage** determines who is insured under this Policy. The Type of Coverage is shown on the policy Schedule and is limited to the following plans:

1. Individual means coverage is provided only for You, the person named in the Policy application and shown as the Insured on the Policy Schedule.
2. Couple means coverage is provided only for You and Your spouse as Dependent.
3. Single Parent means coverage is provided for You and all of Your Dependent children.
4. Family means coverage is provided for You, Your spouse, and all Dependent children.

**We, Us, Our Company** means Guarantee Trust Life Insurance Company.

**You, Your and Yours** means the Insured shown in the Policy Schedule.

## ELIGIBILITY FOR COVERAGE

---

### CONSIDERATION

We have issued this Policy in consideration of the application and payment of the first premium. The application and Schedule are made a part of this Policy.

### ELIGIBILITY OF DEPENDENTS

You may apply to include Your Dependents as Covered Persons under this Policy. A Dependent will become a Covered Person subject to:

1. Your written application for that Dependent to be added to Your Policy; and
2. Except for Your newborn child, evidence satisfactory to Us of insurability and eligibility of the Dependent to be added; and
3. The payment of any required premium.

## **ELIGIBILITY FOR COVERAGE (Continued)**

### **ELIGIBILITY OF DEPENDENTS** (Continued):

Except where the Type of Coverage is already a Family Plan or a Single Parent Plan, the addition of any child Dependent to this Policy will cause a change to the Type of Coverage and, therefore, a change to this Policy's premium. An Individual Plan which adds a spouse Dependent will also cause a change to the Type of Coverage and, therefore, a change to this Policy's premium.

A Dependent is deemed to be acquired as follows:

Spouse: On the date of Your marriage.

Natural child: On the date of birth.

Adopted child: On the date You are a party in a suit in which the adoption of the child by You is sought.

Stepchild: On the date of Your marriage to the child's parent.

For any Dependent, except Your newborn child, added after the effective date of this Policy, coverage will:

1. Become effective as of the next monthly premium due date following the date We approve the application for the Dependent; and
2. Be subject to this Policy's Pre-Existing Condition limitation.

Dependents added after the Effective Date of this Policy must be added by endorsement.

### **NEWBORN DEPENDENTS**

Your newborn child will be covered from the moment of birth without requiring a written application, subject to the applicable provision, shown below, for the Type of Coverage You currently have in effect at the time of birth.

1. Type of Coverage: Individual or Couple. If Your Policy's Type of Coverage is Individual or Couple, adding your newborn child will require Us to convert coverage from an Individual or Couple Plan to a Family or Single Parent Plan. You must notify Us and pay the additional premium within sixty (60) days of such birth in order for Us to continue coverage for the newborn child beyond the sixty (60) day period. If timely notice is not received, We may refuse to continue coverage beyond the sixty (60) day period.
2. Type of Coverage: Family or Single Parent. If coverage is already a Family or Single Parent Plan, notice of the addition of Your newborn child is not required. In the event of the addition of a newborn child to a Family or Single Parent Plan where We have not been notified of the birth, We may require proof of eligibility at the time of claim. Failure to provide proof of eligibility as a Dependent, as defined in this Policy may result in a denial of a claim.

### **DEPENDENT TERMINATION OF COVERAGE**

If this is a Family or Single Parent Plan, a child will cease to be covered on the premium due date that follows the earlier of such child's:

1. Nineteenth (19<sup>th</sup>) birthday, or twenty-fifth (25<sup>th</sup>) birthday if a full time student; or
2. Date of marriage.

The coverage of a child will not terminate if that child is both:

1. Incapable of self-sustaining employment because of mental retardation or physical handicap; and
2. Currently dependent upon You.

Proof of continued incapacity and dependency must be furnished to Us by You within thirty-one (31) days of the child's nineteenth (19<sup>th</sup>) birthday. Afterwards, proof of continued incapacity and dependency must be furnished to Us, at Our request, by You but not more frequently than annually after the two (2) year period following the child's nineteenth (19<sup>th</sup>) birthday, unless such information is requested as a part of Our claim processing.

Coverage of Your spouse shall cease on the premium due date that follows the date of entry of a valid judgment of dissolution of marriage. The ex-spouse may apply for coverage under the Conversion Privilege provision. Any Dependent children may continue coverage under either parent's policy, but not under both policies.

Termination of coverage because a person ceases to be a Covered Person is without prejudice to any claim originating prior to termination of coverage.

## ELIGIBILITY FOR COVERAGE (Continued)

### **CONVERSION PRIVILEGE**

A covered Dependent may apply for a Conversion policy if coverage under this Policy terminates for such person, except for non-payment of premium, as set forth in the Dependent Termination of Coverage provision. The Conversion policy will be issued without proof of good health, subject to the following conditions:

1. A written application for the Conversion policy is sent to Us within thirty-one (31) days of the date on which such person's coverage under this Policy ends. The Effective Date of the Conversion policy shall be the date such person's coverage ended under this Policy. The premium for the Conversion policy will be the premium payable on the Effective Date of the Conversion policy for the form and amount of coverage provided based on attained age.
2. The Conversion policy will be this or a similar form currently in use by Us.
3. The Conversion policy may exclude any condition excluded by this Policy with respect to the covered Dependent at the time of the termination of coverage under this Policy. We will not pay benefits under the Conversion policy for loss incurred while this Policy is in force.
4. Any benefit amounts paid for a covered Dependent under this Policy will be applied to any benefit limits under the Conversion policy.

Another Pre-Existing condition limitation in the Conversion policy will not apply, except to the extent such Pre-existing condition has not been met under this Policy.

### **CONTINUATION OF INSURANCE**

If this Policy's Type of Coverage is Couple or Family and if You die, Your covered spouse will become the Insured. The spouse may continue coverage for all Covered Persons under this Policy. A written request for continuation of coverage for all Covered Persons and the appropriate premium must be received by Us within thirty-one (31) days after Your death. We will terminate this Policy if the written request for continuation and the appropriate premium is not received by Us within thirty-one (31) days after Your death.

---

## ELIGIBILITY FOR BENEFITS

---

**DIAGNOSIS:** In order for a benefit to become payable under this Policy, Cancer must be First Diagnosed in one of the following ways:

### **1. Pathological Diagnosis**

A pathological diagnosis is made from the results of a microscopic study of fixed tissue or blood samples. This type of diagnosis must be made by a Pathologist certified by the American Board of Pathology or the American Osteopathic College of Pathologists. A pathological diagnosis can be made before or after death.

### **2. Clinical Diagnosis**

Clinical diagnosis is based on the study of symptoms. We accept a clinical diagnosis only when a pathological diagnosis is detrimental to the patient's health, when there is medical evidence to support the diagnosis, and when a Doctor is treating the patient for Cancer.

### **3. Other Diagnosis**

We accept the pathological interpretation of the histology of skin lesions from dermatologists certified by the American Board of Dermatology. In the case of lung Cancer, we accept a cytology report in lieu of a pathology report.

---

## BENEFIT PROVISIONS

---

Subject to all terms, conditions, definitions, limitations, exclusions, and other provisions of this Policy, benefits under this Policy are payable as follows:

**FIRST DIAGNOSIS CANCER LUMP SUM BENEFIT:** We will pay the First Diagnosis Cancer Lump Sum benefit if the Covered Person is First Diagnosed with Cancer after such person's Effective Date of coverage and while this Policy is in force. The First Diagnosis Cancer Lump Sum benefit is shown in the Policy Schedule.

Benefits under this provision are limited to one (1) First Diagnosis Lump Sum Benefit payment per Covered Person's lifetime.

**REOCCURRENCE BENEFIT:** We will pay the Reoccurrence Benefit amount after a Covered Person has been in a Period of Remission for at least one (1) full year from a previously diagnosed Cancer and for which We have paid benefits under this Policy. This Reoccurrence Benefit is payable for a previously diagnosed or newly diagnosed Cancer.

For benefit eligibility, reoccurrence must be separated by at least one full year (365 days) from the date We paid benefits for a First Diagnosis of Cancer, or the year in which a new cancer is diagnosed.

## BENEFIT PROVISIONS (Continued)

### **REOCCURRENCE BENEFIT** (Continued):

The Reoccurrence Benefit amount is a percentage of the First Diagnosis Lump Sum Benefit amount. The Reoccurrence Benefit percentages are shown in the Policy Schedule. Benefits payable under the Reoccurrence Benefit provision are not subject to a lifetime maximum.

Benefits for the reoccurrence of a previously diagnosed Cancer are subject to Documented Medical Evidence that supports a Cancer's Period of Remission. We retain the right to have such Documented Medical Evidence reviewed by an Oncologist of our choice.

## EXCLUSIONS AND LIMITATIONS

---

**EXCLUSIONS:** We will not pay a benefit for:

1. any Cancer diagnosed before the Effective Date of the Covered Person's coverage under the Policy; or
2. any loss due to injury, disease or incapacity, unless related to or attributable to Cancer as defined.

**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 Effective Date of the Covered Person's coverage; or (b) symptoms existed which would cause a person to seek diagnosis, care or treatment within the 24 month period before the Effective Date of the Covered Person's coverage.

A pre-existing condition is not covered unless the loss begins more than 24 months after the Effective Date of the Covered Person's coverage.

## PREMIUM AND REINSTATEMENT

---

**PREMIUM:** The first Premium is due on the Effective Date. Each Premium after the first is due on the last day of the term for which the most recent Premium was paid and must be accepted by Us at Our home office.

This Policy will not be in force until the first Premium is accepted by Us. If We accept a Premium, this Policy will continue in force until the end of the term for which that Premium was due.

The amount of the first Premium is shown in the Policy Schedule and is based on Your initial mode of payment. The amount of each Premium after the first is based on Your then current mode of payment and the Premium then being charged for policies of this form number and Premium classification issued in the same state.

**GRACE PERIOD:** You may pay Premium up to thirty-one days after it is due. This Policy stays in force during such time. If the Premium is not paid before the end of the grace period, the Policy will terminate as of the initial due date for that Premium.

**LAPSE AND REINSTATEMENT:** If a Premium is not paid before the grace period ends, this Policy will lapse. If We later accept the Premium without asking for an application for reinstatement, the Policy will be reinstated within forty-five (45) days of receipt of due Premium.

If reinstated, the Policy will cover only Cancer diagnosed more than 10 days after the date of reinstatement. In all other ways, Your rights, and Ours will remain the same, subject to any provisions of the reinstatement. Premium will be applied as of the date of reinstatement.

## CLAIM PROVISIONS

---

**NOTICE OF CLAIM:** Written notice of claim must be given to Us within 30 days after the start of a loss or as soon as reasonably possible. The notice must be sent to Us at Our home office or to an authorized agent. The notice should include Your name and Policy number.

**CLAIM FORMS:** When We receive notice of a claim, We will send forms for filing proof of loss. If We do not send these forms within 15 days, You will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time stated in the proof of loss section.

## CLAIM PROVISIONS (Continued)

**PROOF OF LOSS:** You must give Us written proof satisfactory to Us within 90 days after the loss for which You are seeking benefits. If it is not reasonably possible to give written proof in the time required, We will not reduce or deny benefits for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the date of loss, unless You were legally incapacitated during that time.

One or more of the following together with Your written statement may, at Our sole discretion, be required as proof of loss:

1. a fully completed claim form;
2. a Pathologist's report; or
3. a Doctor's statement.

**TIME OF PAYMENT OF CLAIM:** After We receive satisfactory written proof of loss, We will pay the benefit then due.

**PAYMENT OF CLAIMS:** Benefits will be paid to you. Any benefit unpaid at the time of your death will be paid to your estate. If benefits are payable to your estate, we will pay up to \$1,000 to anyone related to you by blood or marriage, whom we consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

**ASSIGNMENT:** No assignment of this Policy or its benefit, by You or Your legal representative, will affect Us unless it is in writing and sent to Us at Our home office. We are not responsible for the validity of the assignment. Any payment We make in good faith will end Our liability to the extent of the payment.

**UNPAID PREMIUM:** When a claim is paid, any Premium due and unpaid may, at Our sole discretion, be deducted from the claim payment. Our deduction for such Premium will be made and the Policy will end.

**PHYSICAL EXAMINATION AND AUTOPSY:** We have the right to have a Covered Person examined as often as reasonably necessary while Your claim is pending. We can require an autopsy where allowed by law. Either will be done at Our expense.

**LEGAL ACTION:** You cannot bring legal action within 60 days from the date written proof of loss is given. You cannot bring it after 3 years from the date written proof of loss is required.

**CHANGE OF BENEFICIARY:** Unless You make an irrevocable designation of beneficiary, the right to change a beneficiary is reserved to You. The consent of a beneficiary shall not be required for assignment of this Policy, for any change of beneficiary, or to any other changes in this Policy.

## GENERAL PROVISIONS

---

**ENTIRE CONTRACT:** The entire contract of insurance consists of the Policy, the Policy Schedule, the application, and any attachments. No change to this Policy is valid unless it is in writing, endorsed by one of Our officers, and attached to this Policy. No one else has the authority to change this Policy or to waive any of its provisions.

**DATE OF ISSUE:** This Policy starts at 12:01 a.m., Standard Time, at the State of Issue on the Effective Date shown in the Policy Schedule.

**MISSTATEMENT OF AGE:** If any Covered Person's age or date of birth is misstated in the application, the benefits will be such as the Premium paid would have purchased at the correct age. If based on the correct age We would not have issued this Policy, then Our only responsibility will be to refund any Premium paid.

**TIME LIMIT ON CERTAIN DEFENSES:** We rely on the statements made in the application when issuing this insurance. After this insurance has been in force for two (2) years, only fraudulent misstatements in the application may be used to void this Policy or deny any claim for loss which starts after the two (2) year period.

No claim for loss incurred which starts after two (2) years from the date a Covered Person is insured under this Policy will be reduced or denied because of disease or physical condition, not excluded by name or specific description before the date of loss, had existed before the Effective Date of Your insurance.

**CONFORMITY WITH STATE STATUTES:** Any provision of this Policy which, on the Effective Date, is in conflict with the laws of the state in which You reside is amended to conform to the minimum requirements of those laws.

**ANNUAL MEETING:** The annual meeting of Our Policyholders will be held in Our home office. It will start at 10:00 a.m. on the first Monday in July. It will be held on Tuesday if Monday is a legal holiday. We will elect Directors and transact other business that is brought before the meeting.



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

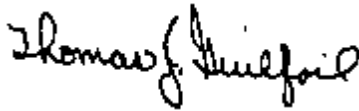
**CANCER POLICY  
LUMP SUM BENEFITS**  
*(FIRST DIAGNOSIS  
AND REOCCURRENCE  
BENEFIT PAYMENTS)*

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

**HEART ATTACK OR  
STROKE POLICY**  
**LUMP SUM BENEFITS**  
*FIRST DIAGNOSIS  
AND REOCCURRENCE  
BENEFIT PAYMENTS*

**THIS IS A LEGAL  
CONTRACT BETWEEN  
YOU AND US. READ YOUR  
POLICY CAREFULLY.**

Signed for Guarantee Trust Life  
Insurance Company, at its Home  
Office, by:



Secretary



President

Licensed Resident  
Agent

**WE PROMISE** to insure all Covered Persons for the benefits described in this Policy, subject to the Policy definitions, provisions, limitations and exclusions. This Policy is issued in consideration of the application and payment of the first Premium. The application is attached to and made a part of this Policy.

**GUARANTEED RENEWABLE FOR LIFE:** You may keep this Policy in force during Your entire lifetime by paying Premiums when due or within the grace period. We cannot cancel or refuse to renew this Policy or place any restrictions on it if You pay Your Premiums on time.

**YOUR RIGHT TO EXAMINE THIS POLICY FOR 10 DAYS:** It is important to us that you are satisfied with this Policy. If you are not satisfied with this Policy, you may return it to us within ten (10) days of its receipt. Upon Our receipt of Your returned Policy, We will cancel the Policy as of the Effective Date and return any premiums You have paid.

**PREMIUMS SUBJECT TO CHANGE:** We may change Your premium rates for this Policy. We will give You at least thirty-one (31) days prior written notice of any change in the renewal premium. We can change the premium this way only if We change it on a class basis for all policies issued on this form in Your state.

**IMPORTANT NOTICE**

Please read the copy of the application attached to this Policy. Carefully check the application and write to Us at the address shown above within ten (10) days if any information shown on it is not correct and complete. If any past medical history has been left out, this Policy may not cover your claim. The application is a part of this Policy and this Policy was issued on the basis that the answers to all questions and the information shown on the application are correct and complete.

**THIS POLICY CONTAINS A PRE-EXISTING CONDITION LIMITATION**

**THIS IS A LIMITED BENEFIT POLICY - PLEASE READ IT CAREFULLY**

**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.**

TABLE OF CONTENTS

|  |           |
|--|-----------|
| Policy Schedule .....                                      | Page 3    |
| Definitions .....  | Pages 4-5 |
| Eligibility for Coverage.....                              | Pages 5-7 |
| Termination, Continuation and Conversion of Coverage ..... | Pages 6-7 |
| Benefit Provisions .....                                   | Page 7    |
| Exclusions and Limitations .....                           | Page 7    |
| Premium and Reinstatement .....                            | Page 8    |
| Claim Provisions .....                                     | Page 8    |
| General Provisions .....                                   | Page 9    |



## POLICY DEFINITIONS

---

**Coronary Angioplasty** means a procedure used to open blocked or narrowed coronary arteries in order to improve blood flow to the heart muscle.

**Coronary Artery Bypass Surgery** means open-heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts.

**Covered Person** means a person:

1. Who is eligible for coverage as the Insured or as a Dependent on Couple, Family or Single Parent Type of Coverage;
2. Who has been accepted for coverage or has been automatically added;
3. Who has paid the required premium; and
4. Whose coverage has become effective and has not terminated.

**Dependent:** A person who is the Insured's:

1. lawful spouse, residing with the Insured.
2. child who is dependent upon the Insured for support and maintenance and is under the age of nineteen (19).
3. child who is dependent upon the Insured for support and maintenance, is nineteen (19) through twenty-five (25) years of age and is attending school full time, as determined by the school the Dependent is attending, including colleges and vocational, technical, vocational-technical or trade schools or institutes.

The term child refers to Your and Your spouse's unmarried:

1. natural child;
2. stepchild; a stepchild is a Dependent on the date the Insured marries the child's parent; and
3. adopted child, including a child placed with the Insured for the purpose of adoption, from the moment of placement as certified by the agency making the placement.

The term "Dependent" is applicable to Couple, Family, or Single Parent Type of Coverage.

**Doctor** means any licensed practitioner of the healing arts acting within the scope of his or her license in treating an injury or illness. It doesn't include You, or a member of Your Immediate Family.

**Effective Date** means the date shown on the Policy Schedule for all persons accepted for coverage at the time of issue. Coverage is not effective until We have received and accepted Your application, We issue the Policy and receive the first premium, if applicable. For persons accepted for coverage under this Policy after it is issued, the Effective Date of coverage will be shown by endorsement.

**First Diagnosis** means the first time in which the earliest of the following takes place:

1. A Heart Attack is first diagnosed by a Doctor AND
2. A Heart Attack is evidenced by: (a) significant abnormal electrocardiographic findings; and/or (b) clinical findings and cardiac blood enzyme abnormalities.
3. A Stroke is evidenced by a diagnostic picture of permanent neurological damage provided from Computer Axial Tomograph (CAT scan), a Magnetic Resonance Image (MRI) and/or a Magnetic Resonance Angiography (MRA).

A Heart Attack or Stroke will not be covered conditions when any advice or treatment is received by the Covered Person prior to the Effective Date.

**First Diagnosis Lump Sum Benefit** means the benefit amount We will pay during each Covered Person's lifetime under the terms of this Policy upon a First Diagnosis of Heart Attack or Stroke. The Lump Sum Benefit amount is shown in the Policy Schedule.

**Heart Attack** mean an acute myocardial infarction (irreversible injury and death of a portion of the myocardium or heart muscle) detected by the rise and/or fall of cardiac biomarkers (preferably troponin) with at least one value above the 99<sup>th</sup> percentile of the upper reference limit (URL) together with evidence of myocardial ischaemia with at least one of the following:

- Symptoms of ischaemia;
- ECG changes indicative of new ischaemia [new ST-T changes or new left bundle branch block (LBBB)];
- Development of pathological Q waves in the ECG;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

Heart Attack does not include any other disease or injury involving the cardiovascular system. Cardiac arrest not caused by a myocardial infarction is not a Heart Attack.

## POLICY DEFINITIONS (Continued)

**Immediate Family** means You or, Your spouse, and the parents, grandparents, children, or siblings by blood or marriage of either You, or Your spouse.

**Insured** means the person named in the Policy application and Policy Schedule.

**Policy** means this document, the application, and any attachments that form this contract between you and us.

**Premium** means the amount of money You are required to pay Us in return for the insurance provided by this Policy.

**Reoccurrence Benefit** means the benefit amount We will pay a Covered Person who experiences a reoccurrence of a Heart Attack or Stroke. In order for benefits to be payable, such reoccurrence must be at least one (1) full year (365 days) from the date We paid the First Diagnosis Lump Sum Benefit.

The Reoccurrence Benefit amount is a percentage of the First Diagnosis Lump Sum Benefit and is based upon the number of years between the prior Heart Attack or Stroke event and the year the subsequent Heart Attack or Stroke event occurs / reoccurs. The Reoccurrence Benefit percentages are shown in the Policy Schedule.

**Stroke** means an acute cerebrovascular accident or incident, which results in paralysis or other measurable objective neurological deficit lasting more than 24 hours. A cerebrovascular accident is a sudden, unexpected interference in brain function caused by insufficient blood flow to part of the brain. Stroke does not mean a head injury, transient ischemic attack or chronic cerebrovascular insufficiency.

**Type of Coverage** determines who is insured under this Policy. The Type of Coverage is shown on the policy Schedule and is limited to the following plans:

1. Individual means coverage is provided only for You, the person named in the Policy application and shown as the Insured on the Policy Schedule.
2. Couple means coverage is provided only for You and Your spouse as Dependent.
3. Single Parent means coverage is provided for You and all of Your Dependent children.
4. Family means coverage is provided for You, Your spouse, and all Dependent children.

**We, Us, Our Company** means Guarantee Trust Life Insurance Company.

**You, Your and Yours** means the Insured shown in the Policy Schedule.

## ELIGIBILITY FOR COVERAGE

### CONSIDERATION

We have issued this Policy in consideration of the application and payment of the first premium. The application and Schedule are made a part of this Policy.

### ELIGIBILITY OF DEPENDENTS

You may apply to include Your Dependents as Covered Persons under this Policy. A Dependent will become a Covered Person subject to:

1. Your written application for that Dependent to be added to Your Policy; and
2. Except for Your newborn child, evidence satisfactory to Us of insurability and eligibility of the Dependent to be added; and
3. The payment of any required premium.

Except where the Type of Coverage is already a Family Plan or a Single Parent Plan, the addition of any child Dependent to this Policy will cause a change to the Type of Coverage and, therefore, a change to this Policy's premium. An Individual Plan which adds a spouse Dependent will also cause a change to the Type of Coverage and, therefore, a change to this Policy's premium.

A Dependent is deemed to be acquired as follows:

Spouse: On the date of Your marriage.

Natural child: On the date of birth.

Adopted child: On the date You are a party in a suit in which the adoption of the child by You is sought.

Stepchild: On the date of Your marriage to the child's parent.

## **ELIGIBILITY FOR COVERAGE (Continued)**

### **ELIGIBILITY OF DEPENDENTS** (Continued):

For any Dependent, except Your newborn child, added after the effective date of this Policy, coverage will:

1. Become effective as of the next monthly premium due date following the date We approve the application for the Dependent; and
2. Be subject to this Policy's Pre-Existing Condition limitation.

Dependents added after the Effective Date of this Policy must be added by endorsement.

### **NEWBORN DEPENDENTS**

Your newborn child will be covered from the moment of birth without requiring a written application, subject to the applicable provision, shown below, for the Type of Coverage You currently have in effect at the time of birth.

1. Type of Coverage: Individual or Couple. If Your Policy's Type of Coverage is Individual or Couple, adding your newborn child will require Us to convert coverage from an Individual or Couple Plan to a Family or Single Parent Plan. You must notify Us and pay the additional premium within sixty (60) days of such birth in order for Us to continue coverage for the newborn child beyond the sixty (60) day period. If timely notice is not received, We may refuse to continue coverage beyond the sixty (60) day period.
2. Type of Coverage: Family or Single Parent. If coverage is already a Family or Single Parent Plan, notice of the addition of Your newborn child is not required. In the event of the addition of a newborn child to a Family or Single Parent Plan where We have not been notified of the birth, We may require proof of eligibility at the time of claim. Failure to provide proof of eligibility as a Dependent, as defined in this Policy may result in a denial of a claim.

### **DEPENDENT TERMINATION OF COVERAGE**

If this is a Family or Single Parent Plan, a child will cease to be covered on the premium due date that follows the earlier of such child's:

1. Nineteenth (19<sup>th</sup>) birthday, or twenty-fifth (25<sup>th</sup>) birthday if a full time student; or
2. Date of marriage.

The coverage of a child will not terminate if that child is both:

1. Incapable of self-sustaining employment because of mental retardation or physical handicap; and
2. Currently dependent upon You.

Proof of continued incapacity and dependency must be furnished to Us by You within thirty-one (31) days of the child's nineteenth (19<sup>th</sup>) birthday. Afterwards, proof of continued incapacity and dependency must be furnished to Us, at Our request, by You but not more frequently than annually after the two (2) year period following the child's nineteenth (19<sup>th</sup>) birthday, unless such information is requested as a part of Our claim processing.

Coverage of Your spouse shall cease on the premium due date that follows the date of entry of a valid judgment of dissolution of marriage. The ex-spouse may apply for coverage under the Conversion Privilege provision. Any Dependent children may continue coverage under either parent's policy, but not under both policies.

Termination of coverage because a person ceases to be a Covered Person is without prejudice to any claim originating prior to termination of coverage.

### **CONVERSION PRIVILEGE**

A covered Dependent may apply for a Conversion policy if coverage under this Policy terminates for such person, except for non-payment of premium, as set forth in the Dependent Termination of Coverage provision. The Conversion policy will be issued without proof of good health, subject to the following conditions:

1. A written application for the Conversion policy is sent to Us within thirty-one (31) days of the date on which such person's coverage under this Policy ends. The Effective Date of the Conversion policy shall be the date such person's coverage ended under this Policy. The premium for the Conversion policy will be the premium payable on the Effective Date of the Conversion policy for the form and amount of coverage provided based on attained age.
2. The Conversion policy will be this or a similar form currently in use by Us.

## ELIGIBILITY FOR COVERAGE (Continued)

### CONVERSION PRIVILEGE (Continued):

3. The Conversion policy may exclude any condition excluded by this Policy with respect to the covered Dependent at the time of the termination of coverage under this Policy. We will not pay benefits under the Conversion policy for loss incurred while this Policy is in force.
4. Any benefit amounts paid for a covered Dependent under this Policy will be applied to any benefit limits under the converted policy.

Another Pre-Existing condition limitation in the Conversion policy will not apply, except to the extent such Pre-existing condition has not been met under this Policy.

### CONTINUATION OF INSURANCE

If this Policy's Type of Coverage is Couple or Family and if You die, Your covered spouse will become the Insured. The spouse may continue coverage for all Covered Persons under this Policy. A written request for continuation of coverage for all Covered Persons and the appropriate premium must be received by Us within thirty-one (31) days after Your death. We will terminate this Policy if the written request for continuation and the appropriate premium is not received by Us within thirty-one (31) days after Your death.

## BENEFIT PROVISIONS

---

Subject to all terms, conditions, definitions, limitations, exclusions, and other provisions of this Policy, benefits under this Policy are payable as follows:

**FIRST DIAGNOSIS LUMP SUM BENEFIT:** We will pay the First Diagnosis Lump Sum benefit amount if the Covered Person is First Diagnosed with Heart Attack or Stroke after the Effective Date of the Covered Person's coverage and while this Policy is in force. The First Diagnosis Lump Sum benefit amount is shown in the Policy Schedule. Benefits under this provision are limited to one payment during each Covered Person's lifetime.

**REOCCURRENCE BENEFIT:** We will pay the Reoccurrence Benefit amount when a Covered Person experiences a reoccurrence of a Heart Attack or Stroke. In order for benefits to be payable, such reoccurrence must be separated by at least one (1) full year (365 days) from the date We paid benefits for a First Diagnosis Heart Attack or Stroke. The Reoccurrence Benefit amount is a percentage of the First Diagnosis Lump Sum Benefit amount and is based upon the number of years between the prior Heart Attack or Stroke event and the year the subsequent Heart Attack or Stroke event occurs / reoccurs. The Reoccurrence Benefit percentages are shown in the Policy Schedule.

Benefits payable under this provision are subject to the Covered Person being free of treatment (except for follow-up examinations) for at least one (1) full year prior (365 days) from the date of the initial Heart Attack or Stroke event.

### **CORONARY ANGIOPLASTY OR CORONARY ARTERY BYPASS SURGERY:**

We will pay the Coronary Angioplasty or Coronary Artery Bypass Surgery Benefit Amount, as shown in the Policy Schedule, when a Covered Person undergoes a Coronary Angioplasty or Coronary Artery Bypass Surgery. To be eligible for the benefit payment:

1. Medical advice to undergo Coronary Angioplasty or Coronary Artery Bypass Surgery must be received after the Policy Effective Date;
2. Coronary Angioplasty or Coronary Artery Bypass Surgery must be performed while insured under this Policy; and
3. Coronary Angioplasty or Coronary Artery Bypass Surgery must not be performed as a direct result of a Heart Attack which immediately preceded the Coronary Angioplasty procedure.

## EXCLUSIONS AND LIMITATIONS

---

**EXCLUSIONS:** We will not pay benefits for:

1. A Heart Attack or Stroke if First Diagnosed before the Effective Date of the Covered Person's coverage under this Policy;
2. A Coronary Angioplasty or Coronary Artery Bypass Surgery where medical advice to undergo such procedure or surgery was received before this Policy's Effective Date; or
3. Any loss due to injury, disease or incapacity, unless related to or attributable to Heart Attack or Stroke as defined.

**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 Effective Date of the Covered Person's coverage; or (b) symptoms existed which would cause a person to seek diagnosis, care or treatment within the 24 month period before the Effective Date of the Covered Person's coverage.

A pre-existing condition is not covered unless the loss begins more than 24 months after the Effective Date of the Covered Person's coverage.



## PREMIUM AND REINSTATEMENT

---

**PREMIUM:** The first Premium is due on the Effective Date. Each Premium after the first is due on the last day of the term for which the most recent Premium was paid and must be accepted by Us at Our home office.

This Policy will not be in force until the first Premium is accepted by Us. If We accept a Premium, this Policy will continue in force until the end of the term for which that Premium was due.

The amount of the first Premium is shown in the Policy Schedule and is based on Your initial mode of payment. The amount of each Premium after the first is based on Your then current mode of payment and the Premium then being charged for policies of this form number and Premium classification issued in the same state.

**GRACE PERIOD:** You may pay Premium up to thirty-one days after it is due. This Policy stays in force during such time. If the Premium is not paid before the end of the grace period, the Policy will terminate as of the initial due date for that Premium.

**LAPSE AND REINSTATEMENT:** If a Premium is not paid before the grace period ends, this Policy will lapse. If We later accept the Premium without asking for an application for reinstatement, the Policy will be reinstated within forty-five (45) days of receipt of due Premium.

If reinstated, the Policy will cover only (a) Heart Attack or Stroke diagnosed more than 10 days after the date of reinstatement; or (b) coronary angioplasty or coronary artery bypass surgery performed more than 10 days after the date of reinstatement. In all other ways, Your rights, and Ours will remain the same, subject to any provisions of the reinstatement. Premium will be applied as of the date of reinstatement.

## CLAIM PROVISIONS

---

**NOTICE OF CLAIM:** Written notice of claim must be given to Us within 30 days after the start of a loss or as soon as reasonably possible. The notice must be sent to Us at Our home office or to an authorized agent. The notice should include Your name and Policy number.

**CLAIM FORMS:** When We receive notice of a claim, We will send forms for filing proof of loss. If We do not send these forms within 15 days, You will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time stated in the proof of loss section.

**PROOF OF LOSS:** You must give Us written proof satisfactory to Us within 90 days after the loss for which You are seeking benefits. If it is not reasonably possible to give written proof in the time required, We will not reduce or deny benefits for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the date of loss, unless You were legally incapacitated during that time.

One or more of the following together with Your written statement may, at Our sole discretion, be required as proof of loss:

1. a fully completed claim form; and / or
2. a Doctor's statement.

**TIME OF PAYMENT OF CLAIM:** After We receive satisfactory written proof of loss, We will pay the benefit then due.

**PAYMENT OF CLAIMS:** Benefits will be paid to you. Any benefit unpaid at the time of your death will be paid to your estate. If benefits are payable to your estate, we will pay up to \$1,000 to anyone related to you by blood or marriage, whom we consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

**ASSIGNMENT:** No assignment of this Policy or its benefit, by You or Your legal representative, will affect Us unless it is in writing and sent to Us at Our home office. We are not responsible for the validity of the assignment. Any payment We make in good faith will end Our liability to the extent of the payment.

**UNPAID PREMIUM:** When a claim is paid, any Premium due and unpaid may, at Our sole discretion, be deducted from the claim payment. Our deduction for such Premium will be made and the Policy will end.

**PHYSICAL EXAMINATION AND AUTOPSY:** We have the right to have a Covered Person examined as often as reasonably necessary while Your claim is pending. We can require an autopsy where allowed by law. Either will be done at Our expense.

**LEGAL ACTION:** You cannot bring legal action within 60 days from the date written proof of loss is given. You cannot bring it after 3 years from the date written proof of loss is required.

**CHANGE OF BENEFICIARY:** Unless You make an irrevocable designation of beneficiary, the right to change a beneficiary is reserved to You. The consent of a beneficiary shall not be required for assignment of this Policy, for any change of beneficiary, or to any other changes in this Policy.

## GENERAL PROVISIONS

---

**ENTIRE CONTRACT:** The entire contract of insurance consists of the Policy, the Policy Schedule, the application, and any attachments. No change to this Policy is valid unless it is in writing, endorsed by one of Our officers, and attached to this Policy. No one else has the authority to change this Policy or to waive any of its provisions.

**DATE OF ISSUE:** This Policy starts at 12:01 a.m., Standard Time, at the State of Issue on the Effective Date shown in the Policy Schedule.

**MISSTATEMENT OF AGE:** If any Covered Person's age or date of birth is misstated in the application, the benefits will be such as the Premium paid would have purchased at the correct age. If based on the correct age We would not have issued this Policy, then Our only responsibility will be to refund any Premium paid.

**TIME LIMIT ON CERTAIN DEFENSES:** We rely on the statements made in the application when issuing this insurance. After this insurance has been in force for two (2) years, only fraudulent misstatements in the application may be used to void this Policy or deny any claim for loss which starts after the two (2) year period.

No claim for loss incurred which starts after two (2) years from the date a Covered Person is insured under this Policy will be reduced or denied because of disease or physical condition, not excluded by name or specific description before the date of loss, had existed before the Effective Date of Your insurance.

**CONFORMITY WITH STATE STATUTES:** Any provision of this Policy which, on the Effective Date, is in conflict with the laws of the state in which You reside is amended to conform to the minimum requirements of those laws.

**ANNUAL MEETING:** The annual meeting of Our Policyholders will be held in Our home office. It will start at 10:00 a.m. on the first Monday in July. It will be held on Tuesday if Monday is a legal holiday. We will elect Directors and transact other business that is brought before the meeting.

**GUARANTEE TRUST LIFE  
INSURANCE COMPANY**

**A Mutual Company**  
1275 Milwaukee Avenue,  
Glenview, Illinois 60025  
(847) 699-0600

**HEART ATTACK OR  
STROKE POLICY  
LUMP SUM BENEFITS**

*(FIRST DIAGNOSIS  
AND REOCCURRENCE  
BENEFIT PAYMENTS)*

**HEART ATTACK OR STROKE LUMP SUM BENEFIT RIDER**  
(FIRST DIAGNOSIS AND REOCCURRENCE BENEFIT PAYMENTS)

**EFFECTIVE DATE:** \_\_\_\_\_

**Limited Benefit, Please Read Carefully**

This Rider is attached to and made a part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. This Rider takes effect on the Effective Date shown at 12:01 a.m. Standard Time where you live. If no date is shown above, it begins on the Policy's Effective Date.

**YOUR TEN (10) DAY RIGHT TO RETURN THIS RIDER**

If you are not satisfied with this Rider, you may return it to us within ten (10) days of its receipt. You may return it to us by mail or to the agent who sold it. We'll then refund all premiums paid for this Rider and it will be void.

**DEFINITIONS**

The following definitions and those applicable definitions contained in the Policy will apply wherever the terms are used in the Rider.

**Coronary Angioplasty** means a procedure used to open blocked or narrowed coronary arteries in order to improve blood flow to the heart muscle.

**Coronary Artery Bypass Surgery** means open-heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts.

**First Diagnosis** means the first time in which the earliest of the following takes place:

1. A Heart Attack is first diagnosed by a Doctor AND
2. A Heart Attack is evidenced by: (a) significant abnormal electrocardiographic findings; and/or (b) clinical findings and cardiac blood enzyme abnormalities.
3. A Stroke is evidenced by a diagnostic picture of permanent neurological damage provided from Computer Axial Tomograph (CAT scan), a Magnetic Resonance Image (MRI) and/or a Magnetic Resonance Angiography (MRA).

A Heart Attack or Stroke will not be covered conditions when any advice or treatment is received by the Covered Person prior to the Effective Date.

**First Diagnosis Lump Sum Benefit** means the benefit amount We will pay during each Covered Person's lifetime under the terms of this Rider upon a First Diagnosis of Heart Attack or Stroke. The Lump Sum Benefit amount is shown in the Rider Schedule. This benefit is limited to one (1) First Diagnosis Lump Sum Benefit payment per Covered Person's lifetime.

**Heart Attack** mean an acute myocardial infarction (irreversible injury and death of a portion of the myocardium or heart muscle) detected by the rise and/or fall of cardiac biomarkers (preferably troponin) with at least one value above the 99<sup>th</sup> percentile of the upper reference limit (URL) together with evidence of myocardial ischaemia with at least one of the following:

- Symptoms of ischaemia;
- ECG changes indicative of new ischaemia [new ST-T changes or new left bundle branch block (LBBB)];
- Development of pathological Q waves in the ECG;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.
- 

Heart Attack does not include any other disease or injury involving the cardiovascular system. Cardiac arrest not caused by a myocardial infarction is not a Heart Attack.

**Reoccurrence Benefit** means the benefit amount We will pay a Covered Person who experiences a reoccurrence of a Heart Attack or Stroke. In order for benefits to be payable, such reoccurrence must be at least one (1) full year after payment of the First Diagnosis Lump Sum Benefit. The Reoccurrence Benefit amount is a percentage of the First Diagnosis Lump Sum Benefit and is based upon the number of years between the prior Heart Attack or Stroke event and the year the subsequent Heart Attack or Stroke event occurs / reoccurs. The Reoccurrence Benefit percentages are shown in the Rider Schedule.

**Stroke** means an acute cerebrovascular accident or incident, which results in paralysis or other measurable objective neurological deficit lasting more than 24 hours. A cerebrovascular accident is a sudden, unexpected interference in brain function caused by insufficient blood flow to part of the brain. Stroke does not mean a head injury, transient ischemic attack or chronic cerebrovascular insufficiency.

## BENEFITS

**FIRST DIAGNOSIS LUMP SUM BENEFIT:** We will pay the First Diagnosis Lump Sum benefit amount if the Covered Person is First Diagnosed with Heart Attack or Stroke after the Effective Date of the Covered Person's coverage and while this Rider is in force. The First Diagnosis Lump Sum benefit amount is shown in the Rider Schedule. Benefits under this provision are limited to one First Diagnosis Lump Sum Benefit payment per Covered Person's lifetime.

**REOCCURRENCE BENEFIT:** We will pay the Reoccurrence Benefit amount when a Covered Person experiences a reoccurrence of a Heart Attack or Stroke. In order for benefits to be payable, such reoccurrence must be at least one (1) full year after payment of the First Diagnosis Lump Sum Benefit. The Reoccurrence Benefit amount is a percentage of the First Diagnosis Lump Sum Benefit and is based upon the number of years between the prior Heart Attack or Stroke event and the year the subsequent Heart Attack or Stroke event occurs / reoccurs. The Reoccurrence Benefit percentages are shown in the Rider Schedule.

Benefits payable under this provision are subject to the Covered Person being free of treatment (except for maintenance medication(s) and follow-up examinations) for at least one (1) full year prior to the reoccurrence.

### **CORONARY ANGIOPLASTY OR CORONARY ARTERY BYPASS SURGERY:**

We will pay the Coronary Angioplasty or Coronary Artery Bypass Surgery Benefit Amount, as shown on the Rider Schedule, when a Covered Person undergoes a Coronary Angioplasty or Coronary Artery Bypass Surgery. To be eligible for the benefit payment:

1. Medical advice to undergo Coronary Angioplasty or Coronary Artery Bypass Surgery must be received after the Rider Effective Date;
2. Coronary Angioplasty or Coronary Artery Bypass Surgery must be performed while insured under this Rider; and
3. Coronary Angioplasty or Coronary Artery Bypass Surgery must not be performed as a direct result of a Heart Attack which immediately preceded the procedure or surgery.

## EXCLUSIONS

### **This Rider does not pay benefits for:**

1. Heart Attack or Stroke if First Diagnosed before the Effective Date of the Covered Person's coverage under this rider;
2. Coronary Angioplasty or Coronary Artery Bypass Surgery where medical advice to undergo such procedure or surgery was received before this Rider's Effective Date; or
3. any loss due to injury, disease or incapacity, unless related to or attributable to Heart Attack or Stroke as defined.

**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 Effective Date of the Covered Person's coverage; or (b) symptoms existed which would cause a person to seek diagnosis, care or treatment within the 24 month period before the Effective Date of the Covered Person's coverage.

A pre-existing condition is not covered unless the loss begins more than 24 months after the Effective Date of the Covered Person's coverage.

## RENEWAL CONDITIONS

This Rider is renewed when the Policy to which it is attached is renewed.

## PREMIUM

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this benefit rider is shown on the Policy Schedule.

We can change the premium for this Rider if we change it for all riders like yours in your state on a class basis. If a premium change is needed, we will notify you in writing at least thirty-one (31) days before the change becomes effective.

## LAPSE AND REINSTATEMENT

If a Premium is not paid before the grace period ends, this Rider and the Policy to which it is attached will lapse. If We later accept the Premium without asking for an application for reinstatement, the Policy with this Rider will be reinstated within forty-five (45) days of receipt of due Premium.

If reinstated, this Rider will cover only: (a) Heart Attack or Stroke diagnosed more than 10 days after the date of reinstatement; and (b) coronary angioplasty or coronary artery bypass surgery performed more than 10 days after the date of reinstatement. In all other ways, Your rights, and Ours will remain the same, subject to any provisions of the reinstatement. Premium will be applied as of the date of reinstatement.

**CONTINUATION OF INSURANCE**

If the Insured dies, the covered spouse, if any, will become the Insured. The spouse may continue coverage for all Covered Persons under this Rider as long as the Policy to which it is attached is in force. A written request for continuation of coverage for all Covered Persons and the appropriate premium must be received by us within thirty-one (31) days after the death of the Insured. We will terminate this Rider if the written request for continuation and the appropriate premium is not received by Us within thirty-one (31) days after the Insured's death.

**WHEN THIS RIDER ENDS**

This Rider ends and any benefits payable under it cease upon the date the Policy to which this Rider is attached ends.

**CONDITIONS**

This Rider is subject to all terms, provisions, exclusions and limitations of the Policy to which it is attached, except, where specifically changed by this Rider.

Signed for Guarantee Trust Life Insurance Company , at its Home Office, by



Secretary



President

**HEART ATTACK OR STROKE LUMP SUM BENEFIT RIDER**

**RIDER BENEFITS SCHEDULE**

This is a summary of Rider benefits. Please read the entire contract for a full explanation of Policy and Rider Benefits and limitations. All benefits are per Covered Person.

|   | BENEFIT AMOUNT   |
|---|------------------|
| FIRST DIAGNOSIS HEART ATTACK OR STROKE LUMP SUM BENEFIT           | [\$            ] |
| CORONARY ANGIOPLASTY OR CORONARY ARTERY<br>BYPASS SURGERY BENEFIT | [\$            ] |

REOCCURRENCE BENEFIT:

| YEAR OF REOCCURRENCE<br>AFTER 1 FULL YEAR | % OF FIRST DIAGNOSIS BENEFIT |
|---|------------------------------|
| 2-3                                       | 10%                          |
| 4-5                                       | 25%                          |
| 6+  | 50%                          |
|   | 100%                         |

|   |                  |
|---|------------------|
| CORONARY ANGIOPLASTY / CORONARY ARTERY BYPASS SURGERY BENEFIT | [\$            ] |
|---|------------------|

**GUARANTEE TRUST LIFE INSURANCE COMPANY**

1275 Milwaukee Avenue, Glenview, Illinois 60025

(847) 699-0600

**THERAPY AND WELLNESS BENEFIT RIDER**

**EFFECTIVE DATE:** \_\_\_\_\_

**Limited Benefit, Please Read Carefully**

This Rider is part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the Policy’s Effective Date.

**YOUR TEN (10) DAY RIGHT TO RETURN THIS RIDER**

If You are not satisfied with this Rider, You may return it to Us within ten (10) days of its receipt. You may return it to Us by mail or to the agent who sold it. We’ll then refund all premiums paid for this Rider and it will be void.

**RIDER DEFINITIONS**

The following definitions and those applicable definitions contained in the Policy will apply wherever the terms are used in the Rider.

**Accident:** A sudden and unforeseeable event that results in an Injury.

**Injury:** Bodily injury due to an Accident which:

- Results directly and independently of disease, bodily infirmity or any other causes;
- Solely, directly and independently of all other causes results in medical expenses;
- Occurs after the effective date of this Covered Person’s coverage under this Rider; and
- Occurs while this Rider is in force.

All Injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these Injuries, and are considered a single Injury.

**Program:** For the purposes of this Rider means a Covered Person makes a healthy lifestyle choice by joining a gym, participating in a smoking cessation program or joins a weight loss program.

**Sickness:** Illness or disease.

**RIDER BENEFITS**

**Health and Wellness**

We will pay the Health and Wellness Benefit Amount, as shown on the Rider Benefits Schedule, if a Covered Person receives any of the following tests. This Health and Wellness benefit is limited to one (1) payment per Calendar Year per Covered Person. Additional payment will not be made should a Covered Person have more than one (1) of the allowable test performed per Calendar Year.

- Mammogram
- Breast Ultrasound
- Breast MRI (Magnetic Resonance Imaging)
- CA 15-3 (Blood Test for Breast Cancer Tumor)
- Pap Smear
- Thin Prep
- Biopsy
- Flexible Sigmoidoscopy
- Hemoccult Stool Specimen (Lab Confirmed)
- Chest X-Ray
- MRI (Magnetic Resonance Imaging)
- CAT Scan
- Electrocardiogram
- Heart Catheterization

- CEA (Blood Test for Colon Cancer)
- CA 125 (Blood Test for Ovarian Cancer)
- PSA (Blood Test for Prostate Cancer)
- Testicular Ultrasound
- Thermograph
- Colonoscopy
- Virtual Colonoscopy
- Serum Protein Electrophoresis
- Echocardiogram
- Blood Test to Confirm Elevated Cardiac Enzymes
- Neuroimaging Studies
- Thallium Scan
- Angiogram



## **RIDER BENEFITS CONTINUED**

### **Educational Services**

We will pay the Educational Services Benefit Amount, as shown on the Rider Benefits Schedule, when a Covered Person and their primary caregiver attend programs designed to educate or counsel individuals on specific diseases or medical conditions. Benefit payment is limited to sessions directly related to covered conditions for which a Covered Person has received other benefits under the Policy to which this Rider is attached. Benefit payment is per session, with a maximum benefit payment of twelve (12) sessions per Calendar Year.

### **Hearing, Occupational, Physical, and Speech Therapies**

We will pay the Therapy Benefit Amount, as shown on the Rider Benefits Schedule, for each day a Covered Person receives hearing, occupational, physical, or speech therapy needed as a result of a covered condition for which a Covered Person has received other benefits under the Policy to which this Rider is attached. The Therapy Benefit Amount is paid on a daily basis without regard to the number of different therapy sessions received.

### **Mental Health**

We will pay the Mental Health Benefit Amount, as shown on the Rider Benefits Schedule, when a Covered Person attends counseling sessions for mental and nervous disorders or emotional disease or disorder that is the result of a covered condition for which a Covered Person has received other benefits under the Policy to which this Rider is attached. Benefit payment is per session, with a maximum benefit payment of five (5) sessions per Calendar Year.

### **Healthy Lifestyle**

We will pay the Healthy Lifestyle Benefit Amount, as shown on the Rider Benefits Schedule, when a Covered Person participates in a program designed to promote a healthy lifestyle choice. Such programs are limited to, weight loss, smoking cessation, and physical fitness. Benefit payment is limited to once per Calendar Year per Covered Person over the age of seventeen (17).

### **Alternative Care Rider**

We will pay the Alternative Care Benefit Amount, as shown on the Rider Benefit Schedule for a Covered Person for the following types of alternative care:

- Integrative Assessment and Education: This is a one-time benefit for assessment and / or education services performed by an accredited practitioner.
- Ameliorative Services: Acupuncture, massage therapy, biofeedback and hypnosis are covered services. Benefits are limited to twenty (20) visits per Calendar Year with an accredited practitioner.
- Lifestyle services: Yoga, meditation, relaxation techniques, Tai-Chi, nutritional counseling and smoking cessation are covered services. Benefits are limited to twenty (20) visits per Calendar Year with an accredited practitioner.

Continued benefit payment for Ameliorative and Lifestyle services, as shown above, are subject to a Covered Person providing proof for Injury or Sickness.

## **RIDER EXCLUSIONS**

This rider does not provide benefits for:

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

**RENEWAL CONDITIONS AND PREMIUM**

This rider is renewed when the Policy to which it is attached is renewed.

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this Rider is shown on the Policy Schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. Before any change in premium becomes effective, We'll provide You with advance written notice in the time required by Your state.

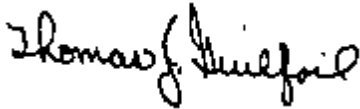
**WHEN THIS RIDER ENDS**

This Rider ends and any benefits payable under it cease the date the Policy to which this Rider is attached ends.

**CONDITIONS**

This Rider is subject to all terms, definitions, provisions, limitations and exclusions of the Policy to which it is attached, except, where specifically changed by this Rider.

Signed at Guarantee Trust Life Insurance Company in Glenview, Illinois by



Secretary



President

## **THERAPY AND WELLNESS BENEFIT RIDER**

### **RIDER BENEFITS SCHEDULE**

This is a summary of Rider benefits. Please read the entire contract for a full explanation of Policy and Rider benefits and limitations. All benefits are per Covered Person.

|  | Benefit Amount  |
|--|-----------------|
| Health and Wellness  | \$[XX]/Year     |
| Educational Services - Limit 12 sessions per Calendar Year | \$[XX]/Session  |
| Hearing, Occupational, Physical, and Speech Therapies      | \$[XX]/Day      |
| Mental Health - Limit 5 sessions per Calendar Year         | \$[XX]/Session  |
| Healthy Lifestyle  | \$[XX]/Year     |
| Alternative Care   |                 |
| Integrative Assessment and Education Benefit               | \$[XX]/Lifetime |
| Ameliorative Benefit - Limit 20 visits per Calendar Year   | \$[XX]/Visit    |
| Lifestyle Benefit - Limit 20 visits per Calendar Year      | \$[XX]/Visit    |

**GUARANTEE TRUST LIFE INSURANCE COMPANY**

1275 Milwaukee Avenue, Glenview, Illinois 60025

(847) 699-0600

**INTENSIVE CARE BENEFIT RIDER**

**EFFECTIVE DATE:** \_\_\_\_\_

**Limited Benefit, Please Read Carefully**

This Rider is part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the Policy's Effective Date.

**YOUR TEN (10) DAY RIGHT TO RETURN THIS RIDER**

If You are not satisfied with this Rider, You may return it to Us within ten (10) days of its receipt. You may return it to Us by mail or to the agent who sold it. We'll then refund all premiums paid for this Rider and it will be void.

**RIDER DEFINITIONS**

The following definitions and those applicable definitions contained in the Policy will apply wherever the terms are used in the Rider.

**Accident:** A sudden and unforeseeable event that results in an Injury.

**Intensive Care Unit:** A specifically designed facility of the Hospital that provides the highest level of medical care; and which is restricted to those patients who are critically ill or injured. Such facility must be separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement. They must be permanently equipped with special life-saving equipment for the care of the critically ill or injured; and under constant and continuous observation by nursing staff assigned on a full-time basis, exclusively to the Intensive Care Unit. Intensive Care Unit does not mean any of these Step-Down Units: progressive care; sub-acute intensive care; intermediate care units; private monitored rooms; observation units; or other facilities which do not meet the standards for Intensive Care. Intensive Care Unit does include a Step-Down Unit.

**Step Down Unit:** A specifically designed unit of the Hospital in which the patient needs constant monitoring, but does not meet the full standards for Intensive Care. A Step-Down Unit includes progressive care units; sub-acute intensive care units; intermediate care units; private monitored rooms; observation units; or other facilities which do not meet the standards for Intensive Care.

**Injury:** Bodily injury due to an Accident which:

- Results directly and independently of disease, bodily infirmity or any other causes;
- Solely, directly and independently of all other causes results in medical expenses;
- Occurs after the effective date of this Covered Person's coverage under this Rider; and
- Occurs while this Rider is in force.

All Injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these Injuries, and are considered a single Injury.

**Motor Vehicle:** An automobile, motor home, bus, motorcycle, or a truck with a load capacity of two-thousand (2,000) pounds or less.

**Sickness:** Illness or disease.

**INTENSIVE CARE BENEFIT**

Subject to this Rider's thirty (30) day waiting period limitation, We will pay the benefit amount shown in the Rider Benefits Schedule for each day of a Covered Person's:

1. Intensive Care Unit Confinement;
2. Step-Down Unit Confinement; or
3. Intensive Care Unit Confinement Due To Motor Vehicle Accident.

## INTENSIVE CARE BENEFIT CONTINUED

The benefit paid is subject to the following:

**Intensive Care Unit Confinement:** The benefit amount is paid for each day a Covered Person is confined in an Intensive Care Unit. Rider benefits are payable for an Intensive Care Unit confinement due to Injury or Sickness.

**Step-Down Unit Confinement:** If a Covered Person is confined in a Step-Down Unit, the benefit will be one-half (1/2) the amount of the Intensive Care Benefit Amount otherwise payable.

**Intensive Care Unit Confinement Due to Motor Vehicle Accident:** We will pay twice the amount of the Intensive Care Unit Benefit Amount otherwise payable if the Covered Person is confined within forty-eight (48) hours of an Accident in which the Covered Person is: (1) the operator or passenger of a Motor Vehicle; or (2) a fare paying passenger on any vehicle, boat, ship, aircraft or train. The amount paid for such confinement is in lieu of the Intensive Care Unit Benefit Amount otherwise payable.

The Intensive Care Benefit is limited to thirty (30) days of continuous confinement in connection with any one Hospital admission.

The Intensive Care Benefit Amount will be reduced by fifty percent (50%) at a Covered Person's attained age seventy (70).

## RIDER EXCLUSIONS

This Rider does not provide benefits for:

- Intentionally self-inflicted Injury, violating or attempting to violate any duly enacted law.
- Injury by acts of war, whether declared or not.
- Attempted suicide while sane or insane.
- Injury sustained while committing or attempting to commit a felony.
- Injury sustained while voluntarily participating in a riot, or civil commotion or disturbance of any kind.
- 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.
- Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Doctor.

## WAITING PERIOD LIMITATION

This Rider has a thirty (30) day waiting period limitation. This means Rider benefits are payable when an Intensive Care confinement begins at least 30 days after a Covered Person's Effective Date of coverage under this Rider.

## RENEWAL CONDITIONS AND PREMIUM

This rider is renewed when the Policy to which it is attached is renewed.

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this Rider is shown on the Policy Schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. Before any change in premium becomes effective, We'll provide You with advance written notice in the time required by Your state.

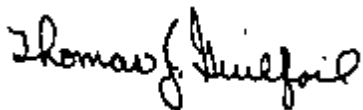
## WHEN THIS RIDER ENDS

This Rider ends and any benefits payable under it cease of the date the Policy to which this Rider is attached ends.

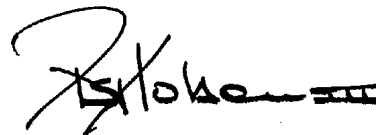
**CONDITIONS**

This Rider is subject to all terms, definitions, provisions, limitations and exclusions of the Policy to which it is attached, except, where specifically changed by this Rider.

Signed at Guarantee Trust Life Insurance Company in Glenview, Illinois by



Secretary



President

## **INTENSIVE CARE BENEFIT RIDER**

### **RIDER BENEFITS SCHEDULE**

This is a summary of Rider benefits. Please read the entire contract for a full explanation of Policy and Rider benefits and limitations. All benefits are per Covered Person.

|  | Benefit Amount |
|--|----------------|
| Intensive Care Unit Confinement  | \$[XXX]/Day    |
| Step-Down Unit Confinement - Benefit payable at 50% of Intensive Care benefit amount | \$[XX]/Day     |
| Intensive Care Unit Confinement Due to Motor Vehicle Accident                        | \$[XXX]/Day    |

Benefits are subject to a 30-day waiting period. Benefits are limited to 30 days of confinement per any one hospital admission. Benefit amounts listed above will reduce by 50% when a Covered Person attains age 70.

**GUARANTEE TRUST LIFE INSURANCE COMPANY**

1275 Milwaukee Avenue, Glenview, Illinois 60025

(847) 699-0600

**15 YEAR RETURN OF PREMIUM BENEFIT RIDER**

**EFFECTIVE DATE:** \_\_\_\_\_

**Limited Benefit, Please Read Carefully**

This Rider is a part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the policy’s Effective Date.

**RIDER DEFINITION**

**Return of Premium Period:** The Return of Premium Period begins on the Effective Date of this Rider and ends when the Rider is eligible for payment in 15 years. The Return of Premium Period will begin automatically again as long as you are less than age 80.

**RETURN OF PREMIUM BENEFIT**

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

1. The sum of all premiums You paid for the Policy during each Return of Premium Period, including premiums paid for this Rider and any other benefit Rider(s) attached to the Policy (unless expressly excluded), while this Rider was 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 benefits paid or then payable under the Policy, including benefits paid or payable under any attached benefit Riders, to You or on Your behalf while this Rider was in force.

When the Return of Premium Benefit is eligible for payout is based upon Your age at the start of the Return of Premium Period (see table, below)

| <b>Age at Start of Return of Premium Period</b> | <b>Return of Premium Period</b>  | <b>Payout Condition</b>                                   |
|---|--|---|
| 18 – 65   | 15 years or until attaining age 75, whichever is earlier                               | You are alive at the end of each Return of Premium Period |
| 66 – 79   | Within 10 years of this Rider’s Effective Date, or prior to age 85, whichever is later | You die during the Return of Premium Period               |
| 80+   | Not Available  | Not Available   |

The **Return of Premium Period** will start again automatically as long as You are less than age 80.

If We receive a claim for benefits after proceeds have been paid under the terms of this Rider, the amount of claim benefits due, if any, will be reduced by the amount of the Return of Premium Benefit that has already been paid.

**EFFECT OF WAIVER OF PREMIUM ON RETURN OF PREMIUM**

Premiums waived under any Waiver of Premium Benefit provision of the Policy will be treated both as premiums paid and claims incurred for purposes of calculating the Return of Premium benefit amount.



**CLAIM PROVISIONS**

Proof of Death: Any benefits payable upon death will be paid when We receive completed proof of claim forms along with a certified copy of the insured’s death certificate. Such proof should be sent to Our Home Office within ninety (90) days of the date of death, but no later than one (1) year from date of death. Claim forms will be made available to the beneficiary upon request.

Benefit Payment: Any benefit due will be paid in a lump sum within ninety (90) days of Our receipt of the due written proof of death. Benefits will be paid according to any beneficiary designation in effect at time of payment. If none is then in effect, We’ll pay benefits as follows: (a) to Your spouse, if living, otherwise (b) equally to Your then living lawful children, including stepchildren and adopted children, if any, otherwise (c) to Your estate.

If benefits are payable to Your estate or a beneficiary who can’t give a valid release, We can pay up to one-thousand dollars (\$1,000) to anyone related to You or Your beneficiary by blood or marriage, whom We consider to be entitled to the benefits. We’ll be discharged to the extent of any such payment made in good faith.

**RENEWAL CONDITIONS**

This Rider is renewed when the policy to which it is attached is renewed.

**PREMIUM**

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this benefit Rider is shown in the Policy schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. If a premium change is needed, We will provide You with advance written notice in the time required by Your state.

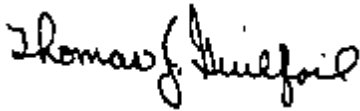
**RIDER TERMINATION**

This Rider ends when the Policy to which it is attached ends.

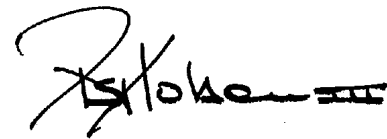
**CONDITIONS**

This Rider is subject to all terms, provisions, limitations and exclusions of the Policy except where specifically changed by this Rider.

Signed for Guarantee Trust Life Insurance Company at Glenview, Illinois by



Secretary



President

**GUARANTEE TRUST LIFE INSURANCE COMPANY**

1275 Milwaukee Avenue, Glenview, Illinois 60025

(847) 699-0600

**20 YEAR RETURN OF PREMIUM BENEFIT RIDER**

**EFFECTIVE DATE:** \_\_\_\_\_

**Limited Benefit, Please Read Carefully**

This Rider is a part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the policy’s Effective Date.

**RIDER DEFINITION**

**Return of Premium Period:** The Return of Premium Period begins on the Effective Date of this Rider and ends when the Rider is eligible for payment in 20 years. The Return of Premium Period will begin automatically again as long as you are less than age 80.

**RETURN OF PREMIUM BENEFIT**

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

1. The sum of all premiums You paid for the Policy during each Return of Premium Period, including premiums paid for this Rider and any other benefit Rider(s) attached to the Policy (unless expressly excluded), while this Rider was 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 benefits paid or then payable under the Policy, including benefits paid or payable under any attached benefit Riders, to You or on Your behalf while this Rider was in force.

When the Return of Premium Benefit is eligible for payout is based upon Your age at the start of the Return of Premium Period (see table, below)

| <b>Age at Start of Return of Premium Period</b> | <b>Return of Premium Period</b>  | <b>Payout Condition</b>                                   |
|---|--|---|
| 18 – 65   | 20 years or until attaining age 75, whichever is earlier                               | You are alive at the end of each Return of Premium Period |
| 66 – 79   | Within 10 years of this Rider’s Effective Date, or prior to age 85, whichever is later | You die during the Return of Premium Period               |
| 80+   | Not Available  | Not Available   |

The Return of Premium Period will start again automatically as long as You are less than age 80.

If We receive a claim for benefits after proceeds have been paid under the terms of this Rider, the amount of claim benefits due, if any, will be reduced by the amount of the Return of Premium Benefit that has already been paid.

**EFFECT OF WAIVER OF PREMIUM ON RETURN OF PREMIUM**

Premiums waived under any Waiver of Premium Benefit provision of the Policy will be treated both as premiums paid and claims incurred for purposes of calculating the Return of Premium benefit amount.

**CLAIM PROVISIONS**

Proof of Death: Any benefits payable upon death will be paid when We receive completed proof of claim forms along with a certified copy of the insured’s death certificate. Such proof should be sent to Our Home Office within ninety (90) days of the date of death, but no later than one (1) year from date of death. Claim forms will be made available to the beneficiary upon request.

Benefit Payment: Any benefit due will be paid in a lump sum within ninety (90) days of Our receipt of the due written proof of death. Benefits will be paid according to any beneficiary designation in effect at time of payment. If none is then in effect, We’ll pay benefits as follows: (a) to Your spouse, if living, otherwise (b) equally to Your then living lawful children, including stepchildren and adopted children, if any, otherwise (c) to Your estate.

If benefits are payable to Your estate or a beneficiary who can’t give a valid release, We can pay up to one-thousand dollars (\$1,000) to anyone related to You or Your beneficiary by blood or marriage, whom We consider to be entitled to the benefits. We’ll be discharged to the extent of any such payment made in good faith.

**RENEWAL CONDITIONS**

This Rider is renewed when the policy to which it is attached is renewed.

**PREMIUM**

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this benefit Rider is shown in the Policy schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. If a premium change is needed, We’ll provide You with advance written notice in the time required by Your state.

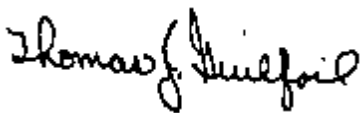
**RIDER TERMINATION**

This Rider ends on when the Policy to which it is attached ends.

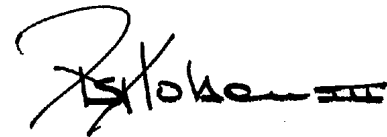
**CONDITIONS**

This Rider is subject to all terms, provisions, limitations and exclusions of the Policy except where specifically changed by this Rider.

Signed for Guarantee Trust Life Insurance Company at Glenview, Illinois by



Secretary



President

**GUARANTEE TRUST LIFE INSURANCE COMPANY**

1275 Milwaukee Avenue, Glenview, Illinois 60025  
(847) 699-0600

**25 YEAR RETURN OF PREMIUM BENEFIT RIDER**

**EFFECTIVE DATE:** \_\_\_\_\_

**Limited Benefit, Please Read Carefully**

This Rider is a part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the policy’s Effective Date.

**RIDER DEFINITION**

**Return of Premium Period:** The Return of Premium Period begins on the Effective Date of this Rider and ends when the Rider is eligible for payment in 25 years. The Return of Premium Period will begin automatically again as long as you are less than age 80.

**RETURN OF PREMIUM BENEFIT**

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

1. The sum of all premiums You paid for the Policy during each Return of Premium Period, including premiums paid for this Rider and any other benefit Rider(s) attached to the Policy (unless expressly excluded), while this Rider was 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 benefits paid or then payable under the Policy, including benefits paid or payable under any attached benefit Riders, to You or on Your behalf while this Rider was in force.

When the Return of Premium Benefit is eligible for payout is based upon Your age at the start of the Return of Premium Period (see table, below)

| <b>Age at Start of Return of Premium Period</b> | <b>Return of Premium Period</b>  | <b>Payout Condition</b>                                   |
|---|--|---|
| 18 – 65   | 25 years or until attaining age 75, whichever is earlier                               | You are alive at the end of each Return of Premium Period |
| 66 – 79   | Within 10 years of this Rider’s Effective Date, or prior to age 85, whichever is later | You die during the Return of Premium Period               |
| 80+   | Not Available  | Not Available   |

The Return of Premium Period will start again automatically as long as You are less than age 80.

If We receive a claim for benefits after proceeds have been paid under the terms of this Rider, the amount of claim benefits due, if any, will be reduced by the amount of the Return of Premium Benefit that has already been paid.

**EFFECT OF WAIVER OF PREMIUM ON RETURN OF PREMIUM**

Premiums waived under any Waiver of Premium Benefit provision of the Policy will be treated both as premiums paid and claims incurred for purposes of calculating the Return of Premium benefit amount.

**CLAIM PROVISIONS**

Proof of Death: Any benefits payable upon death will be paid when We receive completed proof of claim forms along with a certified copy of the insured’s death certificate. Such proof should be sent to Our Home Office within ninety (90) days of the date of death, but no later than one (1) year from date of death. Claim forms will be made available to the beneficiary upon request.

Benefit Payment: Any benefit due will be paid in a lump sum within ninety (90) days of Our receipt of the due written proof of death. Benefits will be paid according to any beneficiary designation in effect at time of payment. If none is then in effect, We’ll pay benefits as follows: (a) to Your spouse, if living, otherwise (b) equally to Your then living lawful children, including stepchildren and adopted children, if any, otherwise (c) to Your estate.

If benefits are payable to Your estate or a beneficiary who can’t give a valid release, We can pay up to one-thousand dollars (\$1,000) to anyone related to You or Your beneficiary by blood or marriage, whom We consider to be entitled to the benefits. We’ll be discharged to the extent of any such payment made in good faith.

**RENEWAL CONDITIONS**

This Rider is renewed when the policy to which it is attached is renewed.

**PREMIUM**

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this benefit Rider is shown in the Policy schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. If a premium change is needed, We’ll provide You with advance written notice in the time required by Your state.

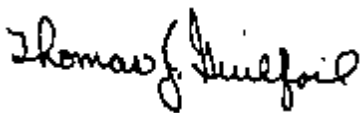
**RIDER TERMINATION**

This Rider ends when the Policy to which it is attached ends.

**CONDITIONS**

This Rider is subject to all terms, provisions, limitations and exclusions of the Policy except where specifically changed by this Rider.

Signed for Guarantee Trust Life Insurance Company at Glenview, Illinois by



Secretary



President

**GUARANTEE TRUST LIFE INSURANCE COMPANY**

1275 Milwaukee Avenue, Glenview, Illinois 60025  
(847) 699-0600

**RETURN OF PREMIUM UPON DEATH BENEFIT RIDER**

**EFFECTIVE DATE:** \_\_\_\_\_

**Limited Benefit, Please Read Carefully**

This Rider is a part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the policy's Effective Date.

**RETURN OF PREMIUM BENEFIT**

This Rider provides a return of premium benefit in the event of Your death within ten (10) years of this Rider's Effective date, or death occurs prior to Your age eighty-five (85), whichever is later.

The actual amount of premium that will be returned, if any, will equal:

1. The sum of all premiums You paid for the Policy, including premiums paid for this Rider and any other benefit Rider(s) attached to the Policy (unless expressly excluded), while this Rider was 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 benefits paid or then payable under the Policy, including benefits paid or payable under any attached benefit Riders, to You or on Your behalf while this Rider was in force.

If We receive a claim for benefits after proceeds have been paid under the terms of this Rider, the amount of claim benefits due, if any, will be reduced by the amount of the Return of Premium Benefit Upon Death Benefit that has already been paid.

**EFFECT OF WAIVER OF PREMIUM ON RETURN OF PREMIUM**

Premiums waived under any Waiver of Premium Benefit provision of the Policy will be treated both as premiums paid and claims incurred for purposes of calculating the Return of Premium benefit amount.

**CLAIM PROVISIONS**

**Proof of Death:** Any benefits payable upon terms of this Rider will be paid when We receive completed proof of claim forms along with a certified copy of the insured's death certificate. Such proof should be sent to Our Home Office within ninety (90) days of the date of death, but no later than one (1) year from date of death. Claim forms will be made available to the beneficiary upon request.

**Benefit Payment:** Any benefit due will be paid in a lump sum within ninety (90) days of Our receipt of the due written proof of death. Benefits will be paid according to any beneficiary designation in effect at time of payment. If none is then in effect, We'll pay benefits as follows: (a) to Your spouse, if living, otherwise (b) equally to Your then living lawful children, including stepchildren and adopted children, if any, otherwise (c) to Your estate.

If benefits are payable to Your estate or a beneficiary who can't give a valid release, We can pay up to one-thousand dollars (\$1,000) to anyone related to You or Your beneficiary by blood or marriage, whom We consider to be entitled to the benefits. We'll be discharged to the extent of any such payment made in good faith.

**RENEWAL CONDITIONS**

This Rider is renewed when the policy to which it is attached is renewed.

## **PREMIUM**

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this benefit Rider is shown in the Policy schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. If a premium change is needed, We'll provide You with advance written notice in the time required by Your state.

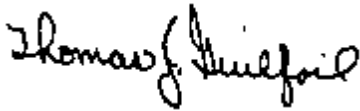
## **RIDER TERMINATION**

This Rider ends when the Policy to which it is attached ends.

## **CONDITIONS**

This Rider is subject to all terms, provisions, limitations and exclusions of the Policy except where specifically changed by this Rider.

Signed for Guarantee Trust Life Insurance Company at Glenview, Illinois by



Secretary



President