

State: District of Columbia **Filing Company:** Guarantee Trust Life Insurance Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: 1400 Rider Filing
Project Name/Number: 1400 Rider Filing/GRG15CR

Filing at a Glance

Company: Guarantee Trust Life Insurance Company
Product Name: 1400 Rider Filing
State: District of Columbia
TOI: H02G Group Health - Accident Only
Sub-TOI: H02G.000 Health - Accident Only
Filing Type: Form
Date Submitted: 11/17/2016
SERFF Tr Num: GRTT-130813313
SERFF Status: Assigned
State Tr Num:
State Status:
Co Tr Num: GRG15CR, ET AL.
Implementation: On Approval
Date Requested:
Author(s): Paul Porcaro, Ann Ryan, Jane Cooper, Lynda Greenberg
Reviewer(s): Andre Beard (primary)
Disposition Date:
Disposition Status:
Implementation Date:

State: District of Columbia **Filing Company:** Guarantee Trust Life Insurance Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: 1400 Rider Filing
Project Name/Number: 1400 Rider Filing/GRG15CR

General Information

Project Name: 1400 Rider Filing Status of Filing in Domicile: Not Filed
 Project Number: GRG15CR Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Small and Large
 Group Market Type: Association Overall Rate Impact:
 Filing Status Changed: 11/18/2016
 State Status Changed: Deemer Date:
 Created By: Lynda Greenberg Submitted By: Lynda Greenberg
 Corresponding Filing Tracking Number:

Filing Description:

GRG15CR - Cancer Lump Sum Benefit Rider (with no Recurrence Benefits)
 GRG15CRW - Cancer Lump Sum Benefit Rider (WITH Recurrence Benefits)
 GRG15DV – Dental and Vision Benefit Rider:
 GRG15HAS – [Coronary Artery Bypass Surgery,] Heart Attack and Stroke Rider (with no Recurrence Benefits)
 GRG15HASW – [Coronary Artery Bypass Surgery,] Heart Attack and Stroke Rider (WITH Recurrence Benefits)
 GR15SHI - Lump Sum Sickness Hospitalization Benefit Rider
 ENR10-15– Application/Enrollment Form
 MGA-1400-1: Master Application to Group Policy MP-1400

The enclosed forms are submitted for filing and approval. These forms are new and do not replace any forms currently on file with your Department. We are submitting optional riders that will provide additional benefits for Specified Disease and Hospital Confinement. The corresponding rates have been filed under SERFF Filing GRTT-130813312.

The rider forms are designed to provide optional limited benefits that will be used with Guaranty Trust Life Insurance Company's Group Accident product MP-1400, et al., which was previously approved by your Department on 3/10/15 via SERFF Filing ID GRTT-129764792.

These rider forms are supplemental in nature, and provide optional lump sum and other benefits.

The Company reserves the right to discontinue marketing optional benefits that are not mandated under state or federal law.

The following riders provide the following limited benefits:

GRG15CR - Cancer Lump Sum Benefit Rider (with no Recurrence Benefits): This rider provides coverage for loss resulting from a first diagnosis of cancer after the effective date of coverage and any applicable waiting period. The waiting period to be used will generally be 30 days. This rider does not provide a benefit for cancer that recurs. The rider will end on the earlier of: the date the group master policy is terminated, upon request by the covered person, if the covered person no longer falls within an eligible class or when all available benefits have been provided.

GRG15CRW - Cancer Lump Sum Benefit Rider (WITH Recurrence Benefits): This rider provides coverage for loss resulting from a first diagnosis of cancer after the effective date and any applicable waiting period. The waiting period to be used will generally be 30 days. This rider provides a benefit for cancer that recurs after a period of one to five or more years. This rider does not provide a benefit for cancer that recurs. The rider will end on the earlier of: the date the group master policy is

State: District of Columbia **Filing Company:** Guarantee Trust Life Insurance Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: 1400 Rider Filing
Project Name/Number: 1400 Rider Filing/GRG15CR

terminated, upon request by the covered person, if the covered person no longer falls within an eligible class or when all available benefits have been provided.

GRG15DV – Dental and Vision Benefit Rider: The Dental & Vision Benefit Rider provides limited dental and vision benefits on an annual basis. Some benefits are subject to an annual \$100 deductible. The rider will end on the earlier of: the date the group master policy is terminated, upon request by the covered person, if the covered person no longer falls within an eligible class or when all available benefits have been provided in a calendar year.

GRG15HAS – [Coronary Artery Bypass Surgery,] Heart Attack and Stroke Rider (with no Recurrence Benefits): This limited coverage provides benefits only when certain losses occur as a result of a specified disease. The policy provides coverage for loss resulting from a first diagnosis of a heart attack or stroke. Whether the rider provides Coronary Artery Bypass Surgery benefits will be as elected by the policyholder and offered by the Company. This rider provides no benefit for recurrence. The rider will end on the earlier of the date the group master policy is terminated, upon request by the covered person, if the covered person no longer falls within an eligible class or when all available benefits have been provided.

GRG15HASW – [Coronary Artery Bypass Surgery,] Heart Attack and Stroke Rider (WITH Recurrence Benefits): This limited coverage provides benefits only when certain losses occur as a result of a specified disease. The policy provides coverage for loss resulting from a first diagnosis of a heart attack or stroke. Whether the rider provides Coronary Artery Bypass Surgery benefits will be as elected by the policyholder and offered by the Company. This rider provides a benefit for recurrence after at least one year. The rider will end on the earlier of: the date the group master policy is terminated, upon request by the covered person, if the covered person no longer falls within an eligible class or when all available benefits have been provided.

GR15SHI - Lump Sum Sickness Hospitalization Benefit Rider: Provides a lump sum benefit for hospitalization due to sickness, payable on an annual basis after at least a one day inpatient hospital stay, or the applicant may elect benefits to be split over a period of two to four days' inpatient stay.

Form ENR10-15 is the underwritten or non-underwritten Member Application that will be used to apply for the base accident certificate (which will not be underwritten) and /or additional benefit rider coverage. Whether this product will be underwritten or not depends upon the plan requested by the group policyholder and whether it contains only accident benefits (not underwritten), or additional benefit riders (which may be underwritten.)

Form MGA-1400-1 is a Group Master Application to be completed by the group policyholder.

The benefit ranges available are as indicated on the application form and in the rider Schedules. The benefit level selected for the base policy Accident and AD&D product will be the same for the Cancer, Heart & Stroke and Hospital Sickness riders.

Our target market for these coverages are eligible groups as defined in your state's group insurance laws. The issue ages are 18 to 64, with eligibility ending at age 65. Coverage will be offered by agents licensed in your state.

Bracketed material in the forms represents variability. Variations will be used to reflect policyholder selection, state mandated benefits, elections of optional benefits and changes in coverage offerings. Variability will never be used to reduce benefit levels below statutory requirements. Variations will be used only to revise benefits offered for all insureds. A Statement of Variability also is attached.

All forms are subject to minor modifications in paper size, stock, layout, format, company logo and printing specifications of the document upon issue. Some of the provisions/sections are bracketed to provide flexibility as well as to afford future flexibility to adjust to changing regulatory and market needs. We use multiple computer systems to generate forms. Therefore, actual

State: District of Columbia **Filing Company:** Guarantee Trust Life Insurance Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: 1400 Rider Filing
Project Name/Number: 1400 Rider Filing/GRG15CR

issued forms may have a different font style than the submitted forms. As a result, provisions may appear on different pages and lines may not match up exactly. The wording and its order, however, will remain identical. We do not anticipate refiling for a font style variation. We reserve the right to correct minor typographical errors that do not affect benefit levels.

We respectfully request your favorable consideration and approval of this filing. If you have questions on any aspect of this filing, please contact me via SERFF or email me at lgree@gtlic.com.

Sincerely,

Lynda Greenberg
 Product Filing Analyst
 847-904-5786
 Guarantee Trust Life Insurance Company

Company and Contact

Filing Contact Information

Lynda Greenberg, Product Filing Analyst lgree@gtlic.com
 1275 Milwaukee Ave. 847-904-5786 [Phone]
 Glenview, IL 60025 847-699-0093 [FAX]

Filing Company Information

Guarantee Trust Life Insurance Company	CoCode: 64211	State of Domicile: Illinois
1275 Milwaukee Avenue	Group Code: 687	Company Type: Mutual
1275 Milwaukee Avenue	Group Name:	State ID Number:
Glenview, IL 60025	FEIN Number: 36-1174500	
(847) 460-4772 ext. [Phone]		

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

State: District of Columbia

Filing Company:

Guarantee Trust Life Insurance Company

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name: 1400 Rider Filing

Project Name/Number: 1400 Rider Filing/GRG15CR

Form Schedule

Lead Form Number: GRG15CR

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Sickness Lump Sum Hospitalization Benefit Rider	GR15SHI	POLA	Initial		46.100	GR15SHI.pdf
2		Cancer Lump Sum Without Recurrence Benefit Rider	GRG15CR	POLA	Initial		46.020	GRG15CR.pdf
3		Cancer Lump Sum With Recurrence Benefit Rider	GRG15CR W	POLA	Initial		45.320	GRG15CRW.pdf
4		Dental and Vision Benefit Rider	GRG15DV-10	POLA	Initial		50.390	GRG15DV-10.pdf
5		Limited Specified Disease Rider Without Recurrence	GRG15HAS	POLA	Initial		46.100	GRG15HAS.pdf
6		Limited Specified Disease Rider With Recurrence	GRG15HAS W	POLA	Initial		44.500	GRG15HASW.pdf
7		Member Application	ENR10-15	AEF	Initial		46.000	ENR10-15.pdf
8		Master Application	MGA-1400-1	AEF	Initial		41.000	MGA-1400-1.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

GUARANTEE TRUST LIFE INSURANCE COMPANY

A Mutual Company

[1275 Milwaukee Avenue, Glenview, Illinois 60025]

SICKNESS LUMP SUM HOSPITAL BENEFIT RIDER

In consideration of the application and payment of the required Premium, this Rider is made a part of the Policy to which it is attached. This Rider takes effect on the Effective Date shown in the Schedule of Benefits.

TEN (10) DAY RIGHT TO RETURN THIS RIDER

If the Covered Person is not satisfied with this Rider, he or she may return it to Us within ten (10) days of its receipt. It may be returned to Us by mail or to the agent who sold it. We will then refund all premiums paid for this Rider and it will be void.

RIDER DEFINITIONS

Benefit Eligibility Period for Pre-Existing Conditions means the period of time after the Effective Date of this Rider which must elapse before We will pay a benefit for a Pre-Existing Condition.

Complications of Pregnancy: Complications of Pregnancy are considered a Sickness and are conditions which:

1. When pregnancy is not terminated, require medical treatment and the diagnosis is distinct from pregnancy but is adversely affected by or is caused by pregnancy, such as:
 - a. Acute nephritis;
 - b. Nephrosis;
 - c. Cardiac decompensation;
 - d. Missed abortion;
 - e. Eclampsia;
 - f. Puerperal infection;
 - g. R.H. Factor problems;
 - h. Severe loss of blood requiring transfusion; and
 - i. Other similar medical and surgical conditions of comparable severity related to pregnancy; or
2. When pregnancy is terminated by:
 - a. Non-elective cesarean section;
 - b. Ectopic pregnancy that is terminated; and
 - c. Spontaneous termination of pregnancy during a period of gestation in which a viable birth is not possible.
3. Complications of Pregnancy will not include:
 - a. False labor;
 - b. Occasional spotting;
 - c. Doctor-prescribed rest during the period of pregnancy;
 - d. Morning Sickness;
 - e. Preeclampsia; and
 - f. Similar conditions associated with the management of a difficult pregnancy but which are not a separate Complication of Pregnancy.

Delivery by cesarean section is considered a Complication of Pregnancy if the cesarean section is non-elective. A cesarean section will be considered non-elective if the fetus or mother is determined to be in distress and is in immediate danger of death, Sickness or Injury if a cesarean section is not performed. A cesarean section beyond one performed in any previous pregnancy will also be considered non-elective if vaginal delivery is medically inappropriate, or a vaginal delivery is attempted but discontinued due to immediate danger of death, Sickness or Injury to the child or mother.

Covered Sickness means an illness or disease which first manifests after the Rider Effective Date for the Covered Person. All related conditions and recurring symptoms of sickness for the same Covered Person will be considered one sickness. Complications of Pregnancy, and Mental or Nervous Disorders will be considered a covered Sickness.

Covered Sickness does not include an illness or disease resulting, whether directly or indirectly, from an Accident.

All benefits are subject to any applicable Maximum Calendar Year Benefits provided under this Rider. Benefits are subject to all the terms, definitions, provisions, limitations, and exclusions in this Rider and the Policy. We will not pay benefits for Hospital Confinement that occurs during the Waiting Period shown in the Schedule of Benefits.

Hospital Confinement/Confined means a Covered Person is confined to a Hospital for a minimum of 24 consecutive hours by reason of a Covered Sickness for which benefits are payable.

Mental or Nervous Disorder: Nervous, emotional and mental disease, illness, syndrome or dysfunction classified in the most recent edition of the International Classification of Diseases as a Mental Disorder on the date the medical care or treatment is rendered to a Covered Person.

Pre-Existing Condition: A Pre-Existing Condition is a condition for which:

1. Medical advice or treatment was recommended by, or received from a Doctor, within the Pre-Existing Period shown in the Schedule of Benefits; or
2. Symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the Pre-Existing Period before the Effective Date of the Covered Person's coverage. Treatment includes being prescribed or taking prescription drugs or medicines. The Pre-Existing Period is shown in the Schedule of Benefits.

Sickness Lump Sum Hospital Benefit Amount means the amount We will pay in a Calendar Year when the Covered Person is Hospital Confined for at least 24 hours. The Sickness Lump Sum Hospital Benefit Amount is shown in the Schedule of Benefits.

Waiting Period means the number of days after the Covered Person's Effective Date before we will pay a benefit for a Covered Sickness. The Waiting Period, if any, is shown in the Schedule of Benefits.

SICKNESS LUMP SUM HOSPITAL BENEFIT

We will pay the Sickness Lump Sum Hospital Benefit when a Covered Person is Hospital Confined as an inpatient for a Covered Sickness. Benefits are payable only when:

1. A Covered Sickness is incurred by a Covered Person while his or her coverage under the Policy and this Rider is in force;
2. The Waiting Period, if any, has been satisfied; and
3. Is not otherwise excluded from coverage under this Policy and Rider.

Unless specified otherwise, benefits and their limits are per Calendar Year, per Covered Person.

The Lump Sum Sickness Hospital Benefit Amount and Maximum Benefit per Calendar Year are shown in the Schedule of Benefits.

PRE-EXISTING CONDITION LIMITATION

We will not pay benefits for a Pre-Existing Condition that is diagnosed within the Pre-Existing Period stated in the Schedule of Benefits.

A Pre-Existing Condition is not eligible for benefits unless a Hospital Confinement occurs:

1. After this Rider Effective Date;
2. After the Waiting Period, if any; and
3. After the Benefit Eligibility Period for Pre-Existing Conditions has elapsed.

RIDER EXCLUSIONS

The following Rider Exclusions are in addition to any exclusions contained in the Policy to which this Rider is attached.

We won't pay benefits under this Rider for:

1. Hospital Confinement resulting from, whether directly or indirectly, an Accident or Injury;
2. Hospital Confinement during the Waiting Period;
3. Cosmetic surgery other than:
 - a) Reconstructive surgery incidental to or following surgery resulting from infection, or other diseases of the involved part; or
 - b) Reconstructive surgery because of a congenital disease or anomaly.

4. Sickness arising out of or in the course of employment or which is compensable under any Workers' Compensation or Occupational Disease Act or Law;
5. Hospital Confinement for substance abuse;
6. Hospital Confinement for custodial care or confinement in an extended care or skilled nursing facility;
7. Hospital Confinement related to infertility, maternity or pregnancy, except for Complications of Pregnancy;
8. Routine well newborn care at birth including nursery care;
9. Hospital Confinement ordered or directed by a Doctor who is a Covered Person, a Family Member, an employer of a Covered Person or a person who ordinarily resides with a Covered Person;
10. Participation in the military service of any country or international organization, including non-military units supporting such forces;
11. Hospital Confinement resulting from voluntary use of alcohol or any controlled substance, as defined by statute, except when administered in accordance with the advice of the Covered Person's Doctor;
12. Any benefit in excess of the Maximum Calendar Year Benefits shown in the Schedule of Benefits;
13. Hospital Confinement outside of the United States, its possessions or Canada resulting from a Covered Sickness occurring while on a trip lasting 60 days or longer; or
14. Hospitalization resulting from suicide or attempted suicide while sane or insane.

RENEWAL

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

TERMINATION

This Rider will terminate on the earliest of:

1. The date the Policy to which this Rider is attached is terminated;
2. The date the Covered Person asks Us, in writing, to cancel this Rider;
3. The date the Covered Person attains age 65;
4. The date the Policy lapses for non-payment of premium;

PREMIUM

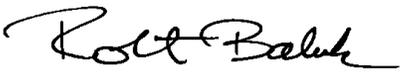
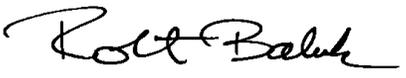
This Rider requires the payment of premium in addition to the premium due for the Policy.

We can change the premium for this Rider if We change it for all riders like this one in the Covered Person's state on a class basis. Before any change in premium becomes effective, We will provide the Covered Person with advance written notice in the time stated in the Policy.

CONDITIONS

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

Signed for Guarantee Trust Life Insurance Company in Glenview, Illinois, by:


[]
Secretary


[]
President

GUARANTEE TRUST LIFE INSURANCE COMPANY
 [1275 Milwaukee Avenue, Glenview, Illinois 60025]

SICKNESS LUMP SUM HOSPITAL BENEFIT RIDER
SCHEDULE OF BENEFITS

Rider Effective Date: [January 1, 20XX]	
[Eligible Persons:	[Persons who are members of an Eligible Class as defined by the Policyholder and agreed to by Us. Eligible Class[es] [is][are]: [Class 1: All members of [ABC Policyholder] [who are under age 65.]] [Class 2: Dependent spouses [under age 65] and eligible children of Class 1.]]
[Lump Sum Hospital Benefit Amount: [\$50 units \$2000 to \$25,000] per Hospital Confinement]	
[Lump Sum Hospital Benefit Amount: [100%] of Hospital Benefit Amount] for First Day of Hospital Confinement in a Calendar Year [[10% to 75%] of Hospital Benefit Amount for First Day of Hospital Confinement within a Calendar Year] [10% to 75%] of Hospital Benefit Amount for Second Day of Hospital Confinement within a Calendar Year] [10% to 75%] of Hospital Benefit Amount for a Third Day of Hospital Confinement within a Calendar Year] [10% to 75%] of Hospital Benefit Amount for a Fourth Day of Hospital Confinement within a Calendar Year]]	
Lump Sum Hospital Benefit Waiting Period: [1-30] Days]	
Maximum Calendar Year Benefit: [One/Two/Three/Four] Hospital Confinement[s]]	
Pre-Existing Period: [6/12/18/24] Months	
Benefit Eligibility Period for Pre-Existing Conditions: [6/12/18/24] Months after the Rider Effective Date	
<p>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 Pre-Existing Period shown above; or (b) symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the Pre-Existing Period before the Effective Date of the Covered Person's coverage. Treatment includes being prescribed or taking prescription drugs or medicines.</p> <p>A Pre-Existing Condition is not covered unless the loss begins after the Benefit Eligibility Period for Pre-Existing Conditions has elapsed.</p>	

GUARANTEE TRUST LIFE INSURANCE COMPANY
[1275 Milwaukee Avenue, Glenview, Illinois 60025]

THIS RIDER CONTAINS A PRE-EXISTING PERIOD

CANCER LUMP SUM BENEFIT RIDER

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 the Covered Person lives. If no date is shown above, it begins on the Policy's Effective Date.

TEN (10) DAY RIGHT TO RETURN THIS RIDER

If the Covered Person is not satisfied with this Rider, he or she may return it to Us within ten (10) days of its receipt. It may be returned to Us by mail or to the agent who sold it. We will then refund all premiums paid for this Rider and it will be void.

CANCER LUMP SUM BENEFIT DEFINITIONS

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

Benefit Eligibility Period for Pre-Existing Conditions means the period of time after the Effective Date of this Rider which must elapse before We will pay a benefit for a Pre-Existing Condition.

Cancer means a disease manifested by the presence of a malignancy characterized by the uncontrolled growth and abnormal spread of malignant cells and the invasion of body tissue by such malignant cells. Cancer includes Hodgkin's disease and leukemia. This definition excludes such cancers as:

1. Pre-malignant tumors or polyps;
2. Skin Cancer, except malignant melanoma; and
3. Cancer In Situ.

Cancer will not be a covered condition when advice or treatment is received within the Waiting Period, if any, or prior to the Effective Date, and such advice or treatment leads to the Diagnosis of Cancer. If tissue is extracted during the Waiting Period, if any, or prior to the Effective Date, and results in a Diagnosis of Cancer, this will not be a covered condition. If Cancer is Diagnosed and/or treated within the Waiting Period, or if medical advice is given within the Waiting Period which leads to the subsequent Diagnosis of Cancer after the Waiting Period, the Covered Person has the option to cancel the Rider and receive a refund of all premiums paid on this Rider. For the purposes of this Rider, the date of Diagnosis will be considered to be the earlier of the date of clinical Diagnosis or the date the specimen used to diagnose Cancer is taken.

Diagnosis/Diagnosed means the first time in which the earliest of the following occurs:

1. Cancer is initially 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 or Pathologist establishing the pathological diagnosis shall base his/her judgment solely on the malignancy after a study of the histocytologic architecture or suspect tumor, tissue or specimen.
2. Cancer is initially Diagnosed by clinical or non-pathological diagnosis, if diagnosis from tissue cannot be made, or where the patient has been advised by a Doctor that a diagnosis of Cancer can be determined by clinical means. A clinical or non-pathological diagnosis of Cancer will only be accepted as an initial 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 or Pathologist's statement and/or examination by a Doctor or Pathologist of Our choice at Our expense.

Doctor, for the purposes of this Rider, 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 the Covered Person or a Family Member.

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

Oncologist means a Doctor, other than the Covered Person or Family Member, specializing in the diagnosis and treatment of Cancer.

Pathologist means a licensed Doctor, other than the Covered Person or a Family Member:

1. Specializing in the interpretation and diagnosis of changes caused by disease in tissue; and
2. Certified by the American Board of Pathology to practice Pathologic Anatomy; or
3. Certified by the Osteopathic Board of Pathology.

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 Pre-Existing Period shown above; or (b) symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the Pre-Existing Period before the Effective Date of the Covered Person's coverage. Treatment includes being prescribed or taking prescription drugs or medicines. The Pre-Existing Period is shown in the Schedule of Benefits.

Positive Diagnosis (of Cancer) means a medical diagnosis of Cancer by a Doctor of Pathology. Diagnosis must be based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or postmortem.) We will accept a clinical diagnosis of Cancer when it is not medically possible to attempt a pathological diagnosis, or where the patient has been advised by a Doctor that a diagnosis of Cancer can be performed by clinical means. 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 a Positive Diagnosis of Cancer. If tissue is extracted prior to the Effective Date, and results in a Positive Diagnosis of Cancer, this will not be a covered condition. The date of Positive Diagnosis is the earlier of the date of clinical Diagnosis or the date the specimen used to diagnose Cancer is taken.

Waiting Period means the number of days, if any, after this Rider's Effective Date before We will pay benefits for loss due to Cancer. If the Initial Diagnosis of Cancer is made during the Rider Waiting Period, the Covered Person has the option to cancel this Rider and receive a refund of all premiums paid.

BENEFIT PROVISIONS

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

Cancer Lump Sum Benefit: We will pay the Cancer Lump Sum Benefit if the Covered Person is Diagnosed with Cancer after this Rider's Effective Date of coverage and while this Rider is in force, subject to the Waiting Period, if any. The Cancer Lump Sum Benefit is shown in the Schedule of Benefits.

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

ELIGIBILITY FOR BENEFITS

CANCER DIAGNOSIS: In order for a benefit to become payable under the Policy, a Positive Diagnosis of Cancer must be performed in one of the following methods:

1. **Pathological Diagnosis:** A Diagnosis by a Pathologist from the results of a microscopic study of fixed tissue or blood samples.
2. **Clinical Diagnosis:** A clinical diagnosis based on the study of symptoms. We will accept a clinical diagnosis only when:
 - (a) A pathological diagnosis is detrimental to the patient's health, or where the patient has been advised by a Doctor that a diagnosis of Cancer can be determined by clinical means;
 - (b) There is medical evidence to support the diagnosis; and
 - (c) A Doctor is treating the patient for Cancer.
3. **Other Diagnosis:** Pathologic interpretation of the histology of skin lesions will be accepted from dermatologists certified by the American Board of Dermatopathology. For lung Cancer, We will accept a cytology report in lieu of a pathology report.

PRE-EXISTING CONDITION LIMITATION

A Pre-Existing Condition is not eligible for benefits unless the Diagnosis occurs after this Rider Effective Date and the Waiting Period, if any, has expired. We will not pay benefits for a Pre-Existing Condition that is Diagnosed within the Pre-Existing Period stated in the Schedule of Benefits.

A Pre-Existing Condition is not covered unless the loss begins after the Benefit Eligibility Period for Pre-Existing Conditions has elapsed as stated in the Schedule of Benefits.

EXCLUSIONS

We will not pay benefits for:

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

TERMINATION

This Rider will terminate on the earliest of:

1. The date the Policy to which this Rider is attached is terminated;
2. The date the Covered Person asks Us, in writing, to cancel this Rider;
3. The date the Covered Person attains age 65;
4. The date the Policy lapses for non-payment of premium; or
5. The date We have paid all benefits available under this Rider.

RENEWAL AND PREMIUM

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

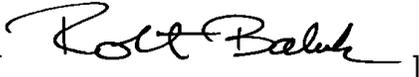
This Rider requires the payment of premium in addition to the premium due for the Policy.

We can change the premium for this Rider if We change it for all riders like this one in the Covered Person’s state on a class basis. Before any change in premium becomes effective, We will provide the Covered Person with advance written notice in the time stated in the Policy.

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

CANCER LUMP SUM BENEFIT RIDER

SCHEDULE OF BENEFITS

RIDER EFFECTIVE DATE:	[Date]
Eligible Persons:	[Persons who are members of an Eligible Class as defined by the Policyholder and agreed to by Us. Eligible Class[es] [is][are]: [Class 1: All members of [ABC Policyholder] [who are under age 65.]] [Class 2: Dependent spouses [under age 65] and eligible children of Class 1.]]
WAITING PERIOD:	[0/30/60/90] days
MAXIMUM BENEFIT AMOUNT:	[\$2,000 – 25,000]
PRE-EXISTING PERIOD:	[6/12/18/24] Months
BENEFIT ELIGIBILITY FOR PRE-EXISTING CONDITIONS:	[6/12/18/24] Months after the Rider Effective Date
<p>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 Pre-Existing Period shown above; or (b) symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the Pre-Existing Period before the Effective Date of the Covered Person’s coverage. Treatment includes being prescribed or taking prescription drugs or medicines.</p> <p>A Pre-Existing Condition is not covered unless the loss begins after the Benefit Eligibility for Pre-Existing Conditions has elapsed.</p>	

GUARANTEE TRUST LIFE INSURANCE COMPANY
[1275 Milwaukee Avenue, Glenview, Illinois 60025]

THIS RIDER CONTAINS A PRE-EXISTING PERIOD

CANCER LUMP SUM WITH RECURRENCE BENEFIT RIDER

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 the Covered Person lives. If no date is shown above, it begins on the Policy's Effective Date.

TEN (10) DAY RIGHT TO RETURN THIS RIDER

If the Covered Person is not satisfied with this Rider, he or she may return it to Us within ten (10) days of its receipt. It may be returned to Us by mail or to the agent who sold it. We will then refund all premiums paid for this Rider and it will be void.

CANCER LUMP SUM BENEFIT DEFINITIONS

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

Benefit Eligibility Period for Pre-Existing Conditions means the period of time after the Effective Date of this Rider which must elapse before We will pay a benefit for a Pre-Existing Condition.

Cancer means a disease manifested by the presence of a malignancy characterized by the uncontrolled growth and abnormal spread of malignant cells and the invasion of body tissue by such malignant cells. Cancer includes Hodgkin's disease and leukemia. This definition excludes such cancers as:

1. Pre-malignant tumors or polyps;
2. Skin Cancer, except malignant melanoma; and
3. Cancer In Situ

Cancer will not be a covered condition when advice or treatment is received within the Waiting Period, if any, or prior to the Effective Date, and such advice or treatment leads to the Diagnosis of Cancer. If tissue is extracted during the Waiting Period, if any, or prior to the Effective Date, and results in a Diagnosis of Cancer, this will not be a covered condition. If Cancer is Diagnosed and/or treated within the Waiting Period, or if medical advice is given within the Waiting Period which leads to the subsequent Diagnosis of Cancer after the Waiting Period, the Covered Person has the option to cancel the Rider and receive a refund of all premiums paid on this Rider. For the purposes of this Rider, the date of Diagnosis will be considered to be the earlier of the date of clinical Diagnosis or the date the specimen used to diagnose Cancer is taken.

Diagnosis/Diagnosed means the first time in which the earliest of the following occurs:

1. Cancer is initially 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 or Pathologist establishing the pathological diagnosis shall base his/her judgment solely on the malignancy after a study of the histocytologic architecture or suspect tumor, tissue or specimen.
2. Cancer is initially Diagnosed by clinical or non-pathological diagnosis, if diagnosis from tissue cannot be made, or where the patient has been advised by a Doctor that a diagnosis of Cancer can be determined by clinical means. A clinical or non-pathological diagnosis of Cancer will only be accepted as an initial 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 or Pathologist's statement and/or examination by a Doctor or Pathologist of Our choice at Our expense.

Doctor, for the purposes of this Rider, 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 the Covered Person or a Family Member.

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

Oncologist means a Doctor, other than the Covered Person or Family Member, specializing in the diagnosis and treatment of Cancer.

Pathologist means a licensed Doctor, other than the Covered Person or a Family Member:

1. Specializing in the interpretation and diagnosis of changes caused by disease in tissue; and
2. Certified by the American Board of Pathology to practice Pathologic Anatomy; or
3. Certified by the Osteopathic Board of Pathology.

Period of Remission means at least one (1) full year (365 consecutive days) during which time the Covered Person has been free of Cancer and treatment(s) therefore 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.

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 Pre-Existing Period shown above; or (b) symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the Pre-Existing Period before the Effective Date of the Covered Person's coverage. Treatment includes being prescribed or taking prescription drugs or medicines. The Pre-Existing Period is shown In the Schedule of Benefits.

Positive Diagnosis (of Cancer) means a medical diagnosis of Cancer by a Doctor of Pathology. Diagnosis must be based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or postmortem.) We will accept a clinical diagnosis of Cancer when it is not medically possible to attempt a pathological diagnosis, or where the patient has been advised by a Doctor that a diagnosis of Cancer can be performed by clinical means. 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 a Positive Diagnosis of Cancer. If tissue is extracted prior to the Effective Date, and results in a Positive Diagnosis of Cancer, this will not be a covered condition. For the purposes of this Rider, the date of Diagnosis will be considered to be the earlier of the date of clinical Diagnosis or the date the specimen used to diagnose Cancer is taken.

Recurrence means that a previously-diagnosed Cancer, for which We paid benefits, recurs after a Period of Remission. Recurrence also includes a new Cancer which is diagnosed after a Period of Remission.

Waiting Period means the number of days, if any, after this Rider's Effective Date before We will pay benefits for loss due to Cancer. If the Diagnosis of Cancer is made during the Rider Waiting Period, the Covered Person has the option to cancel this Rider and receive a refund of all premiums paid.

BENEFIT PROVISIONS

We will make payment based on the Cancer Benefit listed below if the Covered Person is Diagnosed with Cancer after this Rider's Effective Date of coverage, subject to the Waiting Period, if any.

Cancer Lump Sum Benefit: We will pay the Cancer Lump Sum Benefit if the Covered Person is Diagnosed with Cancer after this Rider's Effective Date of coverage and while this Rider is in force, subject to the Waiting Period, if any. The Cancer Lump Sum Benefit is shown in the Schedule of Benefits.

ELIGIBILITY FOR BENEFITS

CANCER DIAGNOSIS: In order for a benefit to become payable under the Policy, a Positive Diagnosis of Cancer must be performed in one of the following methods:

1. **Pathological Diagnosis:** A Diagnosis by a Pathologist from the results of a microscopic study of fixed tissue or blood samples.
2. **Clinical Diagnosis:** A clinical Diagnosis based on the study of symptoms. We will accept a clinical Diagnosis only when:
 - (a) A pathological diagnosis is detrimental to the patient's health, or where the patient has been advised by a Doctor that a diagnosis of Cancer can be determined by clinical means;
 - (b) There is medical evidence to support the Diagnosis; and
 - (c) A Doctor is treating the patient for Cancer.
3. **Other Diagnosis:** Pathologic interpretation of the histology of skin lesions will be accepted from dermatologists certified by the American Board of Dermatopathology. For lung Cancer, We will accept a cytology report in lieu of a pathology report.

RECURRENCE PROVISION

Recurrence Benefit: We will pay the Recurrence Benefit amount after the Covered Person has been in a Period of Remission for at least one (1) full year (365 consecutive days) after a previously Diagnosed Cancer for which We have paid a Cancer Lump Sum benefit under this Rider and the Covered Person is Diagnosed with a previously Diagnosed or newly Diagnosed Cancer. This Rider must remain in force during the Period of Remission for the Recurrence Benefit to be payable.

The Recurrence Benefit amount is a percentage of the Initial Diagnosis Cancer Lump Sum Benefit amount. The Recurrence Benefit percentages are shown in the Schedule of Benefits. Benefits payable under the Recurrence Benefit provision are not subject to a lifetime maximum. The Recurrence Benefit periods are shown in the Schedule of Benefits.

Recurrence benefits payable for the Recurrence of a previously Diagnosed Cancer or a newly 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.

PRE-EXISTING CONDITION LIMITATION

A Pre-Existing Condition is not eligible for benefits unless the Diagnosis occurs after this Rider Effective Date and the Waiting Period, if any, has expired. We will not pay benefits for a Pre-Existing Condition that is Diagnosed within the Pre-Existing Period stated in the Schedule of Benefits.

A Pre-Existing Condition is not covered unless the loss begins after the Benefit Eligibility Period for Pre-Existing Conditions has elapsed as stated in the Schedule of Benefits.

EXCLUSIONS

We will not pay benefits for:

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

TERMINATION

Coverage for a Covered Person under this Rider will terminate at 12:01 a.m. local time in the state of issue on the earliest of the following dates:

1. The date the Policy to which this Rider is attached is terminated;
2. The date the Covered Person asks Us, in writing, to cancel this Rider;
3. The date the Covered Person attains age 65; or
4. The date the Policy lapses for non-payment of premium;

RENEWAL AND PREMIUM

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

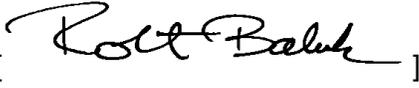
This Rider requires the payment of premium in addition to the premium due for the Policy.

We can change the premium for this Rider if We change it for all riders like this one in the Covered Person's state on a class basis. Before any change in premium becomes effective, We will provide the Covered Person with advance written notice in the time stated in the Policy.

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

CANCER LUMP SUM WITH RECURRENCE BENEFIT RIDER

SCHEDULE OF BENEFITS

RIDER EFFECTIVE DATE:		[Date]
Eligible Persons:	[Persons who are members of an Eligible Class as defined by the Policyholder and agreed to by Us. Eligible Class[es] [is][are]: [Class 1: All members of [ABC Policyholder] [who are under age 65.]] [Class 2: Dependent spouses [under age 65] and eligible children of Class 1.]]	
WAITING PERIOD:	[0/30/60/90] days	
MAXIMUM BENEFIT AMOUNT:	S[2,000 - \$25,000]	
PRE-EXISTING PERIOD:	[6/12/18/24] Months	
BENEFIT ELIGIBILITY FOR PRE-EXISTING CONDITIONS:	[6/12/18/24] Months after the Rider Effective Date	
[RECURRENCE BENEFIT:		
Number of Full Years Elapsed from the Payment of a Lump Sum Benefit:	% of Maximum Benefit:	
[Less Than 1:	0%	
1:	10%	
2:	25%	
3:	25%	
4:	50%	
5+:	100%]]	
<p>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 Pre-Existing Period shown above; or (b) symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the Pre-Existing Period before the Effective Date of the Covered Person’s coverage. Treatment includes being prescribed or taking prescription drugs or medicines.</p> <p>A Pre-Existing Condition is not covered unless the loss begins after the Benefit Eligibility for Pre-Existing Conditions has elapsed.</p>		

GUARANTEE TRUST LIFE INSURANCE COMPANY
[1275 Milwaukee Avenue, Glenview, Illinois, 60025]

**THIS RIDER PROVIDES A LIMITED BENEFIT DURING THE FIRST 12 MONTHS
AFTER THE EFFECTIVE DATE.**

DENTAL AND VISION BENEFIT RIDER

In consideration of the application and payment of the required Premium, this Rider is made a part of the Policy to which it is attached. This Rider takes effect on the Effective Date shown above. If no date is shown above, it begins on the Policy's Effective Date.

TEN (10) DAY RIGHT TO RETURN THIS RIDER

If the Covered Person is not satisfied with this Rider, he or she may return it to Us within ten (10) days of its receipt. It may be returned to Us by mail or to the agent who sold it. We will then refund all premiums paid for this Rider and it will be void.

RIDER DEFINITIONS

Dentist: Means a person who is licensed to practice dentistry in the state where services are rendered and is acting within the scope of that license. A Dentist shall also mean a licensed doctor performing dental services within the scope of that license. It does not include the Covered Person, or a Family Member.

Doctor: For the purposes of this Rider, Doctor means any licensed Dentist, Ophthalmologist and Optometrist. It does not include the Covered Person, or a Family Member.

Insured Percent: Means the percentage of covered expenses We pay for covered expenses during each Calendar Year after the Deductible is satisfied. The Insured Percent is shown in the Rider Schedule.

Dental Treatment: Dental treatment, services or supplies which are consistent with currently accepted dental practices as a valid course of treatment recognized by the American Dental Association.

Ophthalmologist: Means a physician who specializes in ophthalmology in the state where services are rendered and is acting within the scope of that license. It does not include the Covered Person, or a Family Member.

Optometrist: Means a specialist licensed to practice optometry in the state where services are rendered and is acting within the scope of that license. It does not include the Covered Person, or a Family Member.

Rider Deductible Amount: Means a dollar amount of covered expenses the Covered Person must pay each Calendar Year before We pay any benefits. The Rider Deductible Amount is shown in the Rider Schedule.

A new Rider Deductible Amount will apply each Calendar Year.

Rider Maximum Amount: Means the maximum benefit amounts for services provided by a Dentist, Ophthalmologist, Optometrist or Doctor, which are payable during the first Calendar Year and thereafter as shown in the Rider Schedule.

DENTAL AND VISION PROVISION

We will pay the Dental and Vision benefits subject to the:

1. Coverage under the Policy and this Rider being in force;
2. Rider Deductible Amount;
3. Insured Percent of covered expenses up to the Rider Maximum Amount per Calendar Year; and
4. Definitions, limitations and exclusions and other provisions of the Policy and this Rider.

DENTAL AND VISION BENEFIT

We will pay up to the Rider Maximum Amount for visits for dental and vision treatment for the services and supplies shown below. After the Covered Person satisfies the Rider Deductible Amount, We will pay the Insured Percent of covered expenses up to the Rider Maximum Amount per Calendar Year. The Rider Deductible, Insured Percent and the Rider Maximum Amounts are shown in the Rider Schedule.

1. Dental

We will pay up to the Rider Maximum Amount for services of a licensed Dentist including one annual examination and cleaning, x-rays, the cost of fillings, bridges, crowns, dentures and outpatient dental surgery prescribed by a Dentist, according to the timeframes below.

After this Rider has been in force three (3) months, We will pay the cost of one (1) dental cleaning, occurring after such three (3) month period, up to the Dental Cleaning Maximum each Calendar Year as shown in the Rider Schedule. This benefit is not subject to the Rider Deductible Amount; however, it is subject to the Rider Maximum Amount per Calendar Year.

After this Policy has been in force three (3) months, We will pay the cost of one (1) annual exam and x-rays, occurring after such three (3) month period, subject to the Policy Deductible Amount and Policy Maximum Amount per Calendar Year.

After this Rider has been in force six (6) months, We will pay benefits for fillings or root canal treatment occurring after such six (6) month period, subject to the Rider Maximum Amount per Calendar Year.

After this Rider has been in force twelve (12) months, We will pay benefits for the following:
Bridges, crowns, full dentures or partials, any services or treatment relating to the replacement of natural teeth which were missing on this rider's Effective Date, out-patient dental surgery, "full mouth" extractions or fluoride treatments occurring after such twelve (12) month period and subject to the Rider Maximum Amount per Calendar Year.

After this Rider has been in force twelve (12) months, We will pay benefits for the following:
Any replacement or repair of existing bridges or dentures occurring after such twelve (12) month period, not to exceed the Rider Maximum Amount per Calendar Year as listed in the Rider Schedule. If replacement or repair of existing bridges or dentures is needed as the result of Injury, the 12 month period is not applicable.

2. Vision

We will pay up to the Rider Maximum Amount for visits to a licensed ophthalmologist or optometrist for the purpose of eye refractions and examinations, including the cost of eyeglasses or contact lenses as prescribed by such doctor, according to the timeframes below.

After this Rider has been in force three (3) months, We will pay the cost of one (1) eye exam or one (1) eye refraction, occurring after such three (3) month period, up to the Eye Exam Maximum each Calendar Year as shown in the Rider Schedule. This benefit is not subject to the Rider Deductible Amount; however, it is subject to the Rider Maximum Amount per Calendar Year.

After this Rider has been in force six (6) months, We will pay benefits for the following:
Eyeglasses or contact lenses purchased after such six (6) month period, not to exceed the Prescription Eyewear maximum of \$200 per Calendar year as listed in the Rider Schedule. If eyeglasses or contact lenses are needed as the result of Injury, the six (6) month period is not applicable.

RIDER EXCLUSIONS

In addition to any exclusions and limitations in the Policy, benefits will not be paid for dental expenses arising from or in connection with:

- A service not furnished by a Dentist, except:
 - That performed by a Dental Hygienist under the supervision of a Dentist; and
 - X-rays ordered by a Dentist.
- Treatment, services or supplies which are:
 - Not Dental Treatment as defined in this Rider;
 - Conditions covered by Workers Compensation Services.
- Treatment by a Family Member;
- Services or supplies for which there would be no charge in the absence of insurance;

RIDER EXCLUSIONS, Continued

- A service furnished to the Covered Person for:
 - Cosmetic purposes, unless needed as a result of Injury. Facing on crowns, on pontics, posterior to the second bicuspid shall always be considered cosmetic; or
 - Dental care of congenital or developmental malformation (unless benefits for orthodontic services are specifically provided in the Schedule).
- Implants; replacement of lost or stolen appliances, replacement of orthodontic retainers, athletic mouthguards, precision or semi-precision attachments; denture duplication; or sealants.
- Oral hygiene instructions; plaque control; acid etch; or prescription for take-home fluoride.
- Overdentures and associated procedures.
- Services not completed by the end of the month in which insurance terminates.
- Orthodontic related expense, unless specifically provided.

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

- Treatment, services or supplies which are:
 - Received without charge or legal obligation to pay; or
 - Provided by any Family Member.
- Conditions covered by Worker's Compensation Services;
- Services and supplies in connection with special procedures such as: orthoptics or vision training and subnormal vision aids;
- Non-prescription (plano) eyewear;
- Medical or surgical treatments of the eyes, unless to correct refraction of the eyes; or
- Eye examinations required by an employer as a condition of employment.

RENEWAL CONDITIONS

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

TERMINATION

This Rider will terminate on the earliest of:

1. The date the Policy to which this Rider is attached is terminated;
2. The date the Covered Person asks Us, in writing, to cancel this Rider; or
3. The date the Policy lapses for non-payment of premium.

PREMIUM

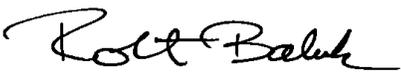
This Rider requires the payment of premium in addition to the premium due for the Policy.

We can change the premium for this Rider if We change it for all Riders of this form number in the Covered Person's state on a class basis. We'll provide the Covered Person with written notice of any change in the premium in the time required by the state.

CONDITIONS

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

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

[]
Secretary

[]
President

GUARANTEE TRUST LIFE INSURANCE COMPANY

DENTAL AND VISION BENEFIT RIDER
SCHEDULE OF BENEFITS

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.

Eligible Persons:

[Persons who are members of an Eligible Class as defined by the Policyholder and agreed to by Us. Eligible Class[es] [is][are]:

[Class 1: All members of [ABC Policyholder] [who are under age 65.]]

[Class 2: Dependent spouses [under age 65] and eligible children of Class 1.]]

Certificate Number: []

Rider Effective Date: []

Name(s) of Covered Person(s): []

[]

Dental and Vision Benefits listed below are payable per Covered Person in a Calendar Year, subject to the applicable Waiting Period, Rider Deductible and Rider Maximum Amount.

Waiting Period: [3, 6 or 12] months, depending on type of treatment provided.

	<u>Benefit Amount</u>
Dental And Vision Benefit Rider:	
Rider Deductible Amount:	[\$100.00] Per Calendar Year
Rider Maximum Amount: 1 ST Calendar Year:	[80%] up to \$[200/400/600] Per Calendar Year
2 ND Calendar Year And Thereafter:	[80%] up to \$[400/800/1200] Per Calendar Year
Dental Cleaning Maximum: (Not Subject to Rider Deductible Amount)	Up to [\$75] Per Calendar Year
Eye Exam/Refraction Maximum: (Not Subject to Rider Deductible Amount)	Up to [\$50] Per Calendar Year
Prescription Eyewear (Eyeglasses or Contacts)	Up to [\$200] Per Calendar Year

GUARANTEE TRUST LIFE INSURANCE COMPANY

[1275 Milwaukee Avenue, Glenview, Illinois 60025]

[(800-338-7452)]

LIMITED SPECIFIED DISEASE BENEFIT RIDER

Providing Benefits for

[Coronary Artery Bypass Surgery,] Heart Attack and Stroke

THIS RIDER CONTAINS A PRE-EXISTING PERIOD

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 the Covered Person lives. If no date is shown, it begins on the Certificate Effective Date.

TEN (10) DAY RIGHT TO RETURN THIS RIDER

If the Covered Person is not satisfied with this Rider, he or she may return it to Us within ten (10) days of its receipt. It may be returned to Us by mail or to the agent who sold it. We will 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.

Benefit Eligibility Period for Pre-Existing Conditions means the period of time after the Effective Date of this Rider which must elapse before We will pay a benefit for a Pre-Existing Condition.

Covered Conditions means only [Coronary Artery Bypass Surgery,] Heart Attack[,] [or] Stroke [or Transient Ischemic Attack] as defined in this Rider.

[Coronary Artery Bypass Surgery means the Covered Person undergoes bypass surgery using either a saphenous, internal mammary, radial artery or other arterial graft as determined by the treating Doctor as appropriate and viable, for the treatment of coronary artery disease to correct a severe stenosis of the coronary artery(ies) serving the myocardium (heart muscle.) Surgery may be open (requiring a division of the breastbone) or minimally invasive (through the skin's surface with a minimal incision). Surgery must be at the recommendation of a Doctor of cardiology or cardiovascular surgeon and We must receive clinical evidence of the underlying disease.

Coronary angioplasty, heart valve replacement, laser relief or other surgical or non-surgical procedures are excluded.

Coronary Heart Disease means a severe narrowing or blockage of one or more of the coronary arteries that supply blood and oxygen to the heart.]

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

1. A Heart Attack is diagnosed by a Doctor AND
2. A Heart Attack is evidenced by: (a) significant abnormal electrocardiographic (ECG) 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 Tomography (CAT scan), a Magnetic Resonance Image (MRI) and/or a Magnetic Resonance Angiograph (MRA).
- [4. A Transient Ischemic Attack (TIA) as evidenced by a diagnostic picture of temporary neurological damage provided from Computer Axial Tomography (CAT scan), or a Magnetic Resonance Angiography (MRA).]

Doctor, for the purposes of this Rider, 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 the Covered Person, or a member of the Covered Person's Immediate Family.

Heart Attack means a myocardial infarction (irreversible injury and death of a portion of the heart muscle as a result of obstruction of one or more of the coronary arteries.) Diagnosis of a Heart Attack must be supported by three (3) or more of the following:

- (a) Typical clinical symptoms, such as central chest pain;
- (b) Diagnostic increase of specific cardiac markers;
- (c) New electrocardiographic (EKG) changes indicative of infarction;
- (d) Confirmatory imaging studies; or
- (e) In the event of death, an autopsy confirmation or a death certificate that indicates Myocardial Infarction as the primary cause of death will be accepted as evidence of a Heart Attack.

Heart Attack does not mean cardiac arrest, sudden cardiac arrest, coronary artery disease, congestive heart failure, atherosclerotic heart disease, angina, or any other dysfunction of the cardiovascular system. Heart Attack also does not mean a silent/old Heart Attack, which is a prior incidence of heart attack which has few, if any, symptoms and is generally discovered at a later date through imaging tests, such as electrocardiogram (EKG) or echocardiogram (ECG).

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 Pre-Existing Period shown in the Schedule; or (b) symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the Pre-Existing Period before the Effective Date of the Covered Person's coverage. Treatment includes being prescribed or taking prescription drugs or medicines.

A Pre-Existing Condition is not covered unless the loss begins after the Benefit Eligibility for Pre-Existing Conditions has elapsed.

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

For the purposes of this Rider, Stroke does not include:

1. Chronic cerebrovascular insufficiency;
2. Transient Ischemic Attacks (TIAs);
3. Transient Global Amnesia (TGA);
4. External trauma causing Accidental Injury to the brain;
5. Brain damage due to infection, vasculitis, encephalopathy and inflammatory disease; or
6. Ischemic disorders of the vestibular system.

[**Transient Ischemic Attack (TIA)** means a temporary disruption of the blood supply to the brain causing short-term neurological symptoms which resolve within 24 hours or less. A Transient Ischemic Attack must be diagnosed by a Doctor.]

Waiting Period means the number of days, if any, after this Rider's Effective Date before We will pay benefits for loss due to a Covered Condition. If the Diagnosis of a Covered Condition is made during the Rider Waiting Period, the Covered Person has the option to cancel this Rider and receive a refund of all premiums paid.

ELIGIBILITY FOR BENEFITS

After the Waiting Period, if any, has been satisfied and while the Policy and this Rider are in force for the Covered Person, We will pay the Lump Sum Benefit Amount shown in the Schedule upon the diagnosis of a Covered Condition.

If more than one qualifying Covered Condition occurs or procedure is performed under the Additional Benefit provision, a benefit will only be provided for the first Covered Condition or Additional Benefit that is eligible for benefits. A benefit will not be provided for multiple conditions.

Benefits are payable provided the following requirements are met:

1. The Diagnosis is made while this Rider is in force; and
2. The Diagnosis is not the result of or related to a Pre-Existing Condition;
3. The Diagnosis is made after the expiration of the Waiting Period, if any, and
4. All terms and conditions of the Policy and this Rider have been met.

This Rider is subject to the Maximum Benefit Amount.

[Additional Benefit: An Additional Benefit is provided if the Covered Person is first diagnosed with and undergoes treatment for:

[Transient Ischemic Attack (TIA):	10% of the Maximum Benefit Amount]
[Heart valve replacement:	10% of the Maximum Benefit Amount]
[Angioplasty and/or stent	25% of the Maximum Benefit Amount]
[Aortic Surgery	25% of the Maximum Benefit Amount]
[Coronary Artery Bypass Surgery	25% of the Maximum Benefit Amount]

[Each Additional Benefit is payable [once/twice] per lifetime. Benefits payable for a surgical procedure are contingent upon the recommendation for surgery being given and performed after the expiration of the Waiting Period, if any.]]

PRE-EXISTING CONDITION LIMITATION

A Pre-Existing Condition is not eligible for benefits unless the Diagnosis occurs after this Rider Effective Date and the Waiting Period, if any, has expired. We will not pay benefits for a Pre-Existing Condition that is Diagnosed within the Pre-Existing Period stated in the Schedule of Benefits.

A Pre-Existing Condition is not covered unless the loss begins after the Benefit Eligibility Period for Pre-Existing Conditions has elapsed, as stated in the Schedule of Benefits.

RIDER EXCLUSIONS

We will not pay benefits for claims resulting, whether directly or indirectly, from diseases that are related to, or are resulting from any of the following:

1. Any disease if the Covered Person was previously Diagnosed any time prior to the Rider Effective Date.
2. Any disease first Diagnosed within the Waiting Period, as shown in the Schedule, immediately following the Rider Effective Date.
3. Arrhythmia resulting in a Heart Attack that occurs in association with use of an illegal drug or controlled substance, except when administered in accordance with the advice of the Covered Person's Doctor.
4. Any amount in excess of any Maximum Benefit for Covered Conditions.
5. Diseases or conditions that do not meet the definition of a Covered Condition in this Rider.
6. Suicide or attempted suicide.

RENEWAL CONDITIONS

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

WHEN THIS RIDER ENDS

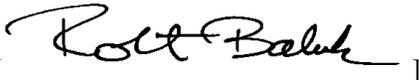
Coverage for a Covered Person under this Rider will terminate at 12:01 a.m. local time in the state of issue on the earliest of the following dates:

1. The date the Policy to which this Rider is attached is terminated;
2. The date the Covered Person asks Us, in writing, to cancel this Rider;
3. The date the Covered Person attains age 65;
4. The date the Policy lapses for non-payment of premium; or
5. The date We have paid all benefits available under this Rider.

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 for Guarantee Trust Life Insurance Company, in Glenview, Illinois, by

[]
Secretary

[]
President

LIMITED SPECIFIED DISEASE BENEFIT RIDER
Providing Benefits for
[CORONARY ARTERY BYPASS SURGERY,]HEART ATTACK AND STROKE

SCHEDULE OF BENEFITS

RIDER EFFECTIVE DATE:	[Date]
Eligible Persons:	[Persons who are members of an Eligible Class as defined by the Policyholder and agreed to by Us. Eligible Class[es] [is][are]: [Class 1: All members of [ABC Policyholder] [who are under age 65.]] [Class 2: Dependent spouses [under age 65] and eligible children of Class 1.]]
WAITING PERIOD:	[0/30/60/90] days
MAXIMUM BENEFIT AMOUNT:	[\$2,000 – 25,000]
PRE-EXISTING PERIOD:	[6/12/18/24] Months
BENEFIT ELIGIBILITY FOR PRE-EXISTING CONDITIONS:	[6/12/18/24] Months after the Rider Effective Date

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 Pre-Existing Period shown above; or (b) symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the Pre-Existing Period before the Effective Date of the Covered Person’s coverage. Treatment includes being prescribed or taking prescription drugs or medicines.

A Pre-Existing Condition is not covered unless the loss begins after the Benefit Eligibility for Pre-Existing Conditions has elapsed.

GUARANTEE TRUST LIFE INSURANCE COMPANY

[1275 Milwaukee Avenue, Glenview, Illinois 60025]

LIMITED SPECIFIED DISEASE BENEFIT RIDER

Providing Benefits for

**[CORONARY ARTERY BYPASS SURGERY,]HEART ATTACK AND STROKE
[WITH RECURRENCE]**

THIS RIDER CONTAINS A PRE-EXISTING PERIOD

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 in the Schedule at 12:01 a.m. Standard Time where the Covered Person lives. If no date is shown, it begins on the Policy Effective Date.

TEN (10) DAY RIGHT TO RETURN THIS RIDER

If the Covered Person is not satisfied with this Rider, he or she may return it to us within ten (10) days of its receipt. He or she 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.

Benefit Eligibility Period for Pre-Existing Conditions means the period of time after the Effective Date of this Rider which must elapse before We will pay a benefit for a Pre-Existing Condition.

Covered Conditions means only [Coronary Artery Bypass Surgery,] Heart Attack[,] [or] Stroke [or Transient Ischemic Attack] as defined in this Rider.

[Coronary Artery Bypass Surgery means the Covered Person undergoes bypass surgery using either a saphenous, internal mammary, radial artery or other arterial graft as determined by the treating Doctor as appropriate and viable, for the treatment of coronary artery disease to correct a severe stenosis of the coronary artery(ies) serving the myocardium (heart muscle.) Surgery may be open (requiring a division of the breastbone) or minimally invasive (through the skin's surface with a minimal incision). Surgery must be at the recommendation of a Doctor of cardiology or cardiovascular surgeon and We must receive clinical evidence of the underlying disease.

Coronary angioplasty, heart valve replacement, laser relief or other surgical or non-surgical procedures are excluded.

Coronary Heart Disease means a severe narrowing or blockage of one or more of the coronary arteries that supply blood and oxygen to the heart.]

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

1. A Heart Attack is diagnosed by a Doctor AND
2. A Heart Attack is evidenced by: (a) significant abnormal electrocardiographic (ECG) 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 Tomography (CAT scan), a Magnetic Resonance Image (MRI) and/or a Magnetic Resonance Angiograph (MRA).
- [4. A Transient Ischemic Attack (TIA) as evidenced by a diagnostic picture of temporary neurological damage provided from Computer Axial Tomography (CAT scan) or a Magnetic Resonance Angiography (MRA).]

Doctor, for the purposes of this Rider, 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 the Covered Person, or a member of the Covered Person's Immediate Family.

Heart Attack means a myocardial infarction (irreversible injury and death of a portion of the heart muscle as a result of obstruction of one or more of the coronary arteries.) Diagnosis of a Heart Attack must be supported by three (3) or more of the following:

- (a) Typical clinical symptoms, such as central chest pain;
- (b) Diagnostic increase of specific cardiac markers;
- (c) New electrocardiographic (EKG) changes indicative of infarction;
- (d) Confirmatory imaging studies; or
- (e) In the event of death, an autopsy confirmation or a death certificate that indicates Myocardial Infarction as the primary cause of death will be accepted as evidence of a Heart Attack.

Heart Attack does not mean cardiac arrest, sudden cardiac arrest, coronary artery disease, congestive heart failure, atherosclerotic heart disease, angina, or any other dysfunction of the cardiovascular system. Heart Attack also does not mean a silent/old Heart Attack, which is a prior incidence of heart attack which has few, if any, symptoms and is generally discovered at a later date through imaging tests, such as electrocardiogram (EKG) or echocardiogram (ECG).

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 Pre-Existing Period shown in the Schedule; or (b) symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the Pre-Existing Period before the Effective Date of the Covered Person's coverage. Treatment includes being prescribed or taking prescription drugs or medicines. The Pre-Existing Period is shown in the Schedule of Benefits.

A Pre-Existing Condition is not covered unless the loss begins after the Benefit Eligibility for Pre-Existing Conditions has elapsed.

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

For the purposes of this Rider, Stroke does not include:

1. Chronic cerebrovascular insufficiency;
2. Transient Ischemic Attacks (TIAs);
3. Transient Global Amnesia (TGA);
4. External trauma causing Accidental Injury to the brain;
5. Brain damage due to infection, vasculitis, encephalopathy and inflammatory disease; or
6. Ischemic disorders of the vestibular system.

[**Transient Ischemic Attack (TIA)** means a temporary disruption of the blood supply to the brain causing short-term neurological symptoms which resolve within 24 hours or less. A Transient Ischemic Attack must be diagnosed by a Doctor.]

Waiting Period means the number of days, if any, after this Rider's Effective Date before We will pay benefits for loss due to a Covered Condition. If the Diagnosis of a Covered Condition is made during the Rider Waiting Period, the Covered Person has the option to cancel this Rider and receive a refund of all premiums paid.

ELIGIBILITY FOR BENEFITS

After the Waiting Period, if any, has been satisfied and while the Policy and this Rider are in force for the Covered Person, We will pay the Lump Sum Benefit Amount shown in the Schedule upon the diagnosis of a Covered Condition.

If more than one qualifying Covered Condition occurs or procedure is performed under the Additional Benefit provision, a benefit will only be provided for the first Covered Condition or Additional Benefit that is eligible for benefits. A benefit will not be provided for multiple conditions.

Benefits are payable provided the following requirements are met:

1. The Diagnosis is made while this Rider is in force; and
2. The Diagnosis is not the result of or related to a Pre-Existing Condition;
3. The Diagnosis is made after the expiration of the Waiting Period, if any, and
4. All terms and conditions of the Policy and this Rider have been met.

This Rider is subject to the Maximum Benefit Amount.

[Additional Benefit: An Additional Benefit is provided if the Covered Person is first diagnosed with and undergoes treatment for:

[Transient Ischemic Attack (TIA):	10% of the Maximum Benefit Amount]
[Heart valve replacement:	10% of the Maximum Benefit Amount]
[Angioplasty and/or stent	25% of the Maximum Benefit Amount]
[Aortic Surgery	25% of the Maximum Benefit Amount]
[Coronary Artery Bypass Surgery	25% of the Maximum Benefit Amount]

[Each Additional Benefit is payable [once/twice] per lifetime. Benefits payable for a surgical procedure are contingent upon the recommendation for surgery being given and performed after the expiration of the Waiting Period, if any.]]

Recurrence Benefit: We will pay the Recurrence Benefit amount after the Covered Person has been free of a Heart Attack or Stroke for at least one (1) full year (365 consecutive days) after a previously diagnosed Heart Attack or Stroke for which We have paid a Lump Sum benefit under this Rider and the Covered Person is diagnosed with a new Heart Attack, or Stroke. This Rider must remain in force during the period the Covered Person is free of a Heart Attack or Stroke for the Recurrence Benefit to be payable.

The Recurrence Benefit amount is a percentage of the Heart Attack or Stroke Lump Sum Benefit amount. The Recurrence Benefit percentages are shown in the Schedule of Benefits. Benefits payable under the Recurrence Benefit provision are not subject to a Maximum Benefit Amount.

Recurrence benefits payable for a newly diagnosed Heart Attack or Stroke are subject to documented medical evidence that supports a period of freedom from a Heart Attack or Stroke during the required Number of Full Years Elapsed. We retain the right to have such documented medical evidence reviewed by a Doctor of Our choice.

PRE-EXISTING CONDITION LIMITATION

A Pre-Existing Condition is not eligible for benefits unless the Diagnosis occurs after this Rider Effective Date and the Waiting Period, if any, has expired. We will not pay benefits for a Pre-Existing Condition that is Diagnosed within the Pre-Existing Period stated in the Schedule of Benefits.

A Pre-Existing Condition is not covered unless the loss begins after the Benefit Eligibility Period for Pre-Existing Conditions has elapsed, as stated in the Schedule of Benefits.

RIDER EXCLUSIONS

We will not pay benefits for claims resulting, whether directly or indirectly, from diseases that are related to, or are resulting from any of the following:

1. Any disease if the Covered Person was previously Diagnosed any time prior to the Rider Effective Date.
2. Any disease first Diagnosed within the Waiting Period, as shown in the Schedule, immediately following the Rider Effective Date.
3. Arrhythmia resulting in a Heart Attack that occurs in association with use of an illegal drug or controlled substance, except when administered in accordance with the advice of the Covered Person's Doctor.
4. Any amount in excess of any Maximum Benefit for Covered Conditions.
5. Diseases or conditions that do not meet the definition of a Covered Condition in this Rider.
6. Suicide or attempted suicide.

RENEWAL CONDITIONS

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

WHEN THIS RIDER ENDS

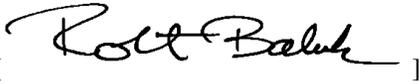
Coverage for a Covered Person under this Rider will terminate at 12:01 a.m. local time in the state of issue on the earliest of the following dates:

1. The date the Policy to which this Rider is attached is terminated;
2. The date the Covered Person asks Us, in writing, to cancel this Rider;
3. The date the Covered Person attains age 65; or
4. The date the Policy lapses for non-payment of premium;

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 for Guarantee Trust Life Insurance Company, in Glenview, Illinois, by

[]

Secretary

[]

President

LIMITED SPECIFIED DISEASE BENEFIT RIDER
Providing Benefits for
[CORONARY ARTERY BYPASS SURGERY,]HEART ATTACK AND STROKE
[WITH RECURRENCE]

SCHEDULE OF BENEFITS

RIDER EFFECTIVE DATE:		[Date]
Eligible Persons:	[Persons who are members of an Eligible Class as defined by the Policyholder and agreed to by Us. Eligible Class[es] [is][are]: [Class 1: All members of [ABC Policyholder] [who are under age 65.]] [Class 2: Dependent spouses [under age 65] and eligible children of Class 1.]]	
WAITING PERIOD:		[0/30/60/90] days
MAXIMUM BENEFIT AMOUNT		S[2,000 – 25,000]
PRE-EXISTING PERIOD:		[6/12/18/24] Months
BENEFIT ELIGIBILITY FOR PRE-EXISTING CONDITIONS:		[6/12/18/24] Months after the Rider Effective Date
[RECURRENCE BENEFIT:		
Number of Full Years Elapsed from the Payment of a Lump Sum Benefit:	% of Maximum Benefit:	
[Less Than 1:	0%	
1:	10%	
2:	25%	
3:	25%	
4:	50%	
5+:	100%]]	
<p>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 Pre-Existing Period shown above; or (b) symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the Pre-Existing Period before the Effective Date of the Covered Person’s coverage. Treatment includes being prescribed or taking prescription drugs or medicines.</p> <p>A Pre-Existing Condition is not covered unless the loss begins after the Benefit Eligibility for Pre-Existing Conditions has elapsed.</p>		

Application for Accident Based Plan 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 Increase of Benefits

If an Increase is 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 _____

[[8.] Weight _____ [9.] Height _____]

[[10.] Have you used any tobacco product in the past 12 months? Yes No]

[SPOUSE/PARTNER

[11.] Last Name _____ [12.] First _____ [13.] M.I. _____

[14.] Social Security # _____ [15.] Male Female [16.] Age _____ [17.] Date of Birth _____

[[18.] Weight _____ [19.] Height _____]

[[20.] Have you used any tobacco product in the past 12 months? Yes No]

[DEPENDENTS]

[D1. Last Name _____ First _____ M.I. _____

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

[D2. Last Name _____ First _____ M.I. _____

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

[D3. Last Name _____ First _____ M.I. _____

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

[[If more than three children are proposed for insurance, please attach a separate sheet.]]

CONTACT

[19.] Street Address _____

[20.] City _____ [21.] State _____ [22.] Zip Code _____ [23.] County _____

[24.] Telephone _____ [25.] Email Address _____

[BENEFICIARY

Primary Beneficiary _____ Relationship _____

[Contingent Beneficiary _____ Relationship _____]]

B. COVERAGE SELECTION & PREMIUMS

1. Plan Type: Individual Family]

[[2.] Accident Medical Expense [(includes AD&D)]

Deductible [\$250 \$500 \$1,000 \$1,500 \$2,000]

[Maximum Benefit \$[2,000 - 25,000] _____]]

[[3.] Cancer Lump Sum Rider

yes, with recurrence] yes]]

[[4.] Heart Attack & Stroke Lump Sum Rider]

yes, with recurrence] yes]]

[[5.] Hospital Sickness Lump Sum Rider [Yes]]

[Choose One:] [One Lump Sum

[[[Split] Benefit: [10-75%] [day 1] [10-75%] [day 2]

[10-75%] [day 3] [10-75%] [day 4]

[[6.] [Dental and Vision Rider]

\$400 \$800 \$1,200]]

[[7.] Premium Payment Mode:

[Effective Date: _____ Draft Date: _____]

Monthly Bank Draft] Credit Card]

Annual Semi-Annual Quarterly]]

[8.] Premium:

TOTAL: \$ _____

[C. PRE QUALIFICATION AND MEDICAL INFORMATION.]

[If Applying for the Hospital Lump Sum Rider, Answer All Questions.]

[If Applying for the Cancer Lump Sum Rider, Answer Questions 1, 2 and 3a.]

[If Applying for the Heart Attack and Stroke Lump Sum Rider, Answer Questions 1, 2 and 3b.]

[[1]. In the past 24 months, has anyone proposed for insurance had any abnormal diagnostic test results, awaiting test results, or been advised to have any diagnostic test, or had a medical condition, symptom or abnormality that would have caused a person to seek medical treatment or advice for but has not yet done so?	<input type="checkbox"/> Yes <input type="checkbox"/> No]]
[[2]. In the past 10 years has any person to be insured been diagnosed with, treated for, or received medical advice from a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or Human Immunosuppressive Virus (HIV) infection?	<input type="checkbox"/> Yes <input type="checkbox"/> No]]
[[3]. In the past 5 years has any person to be insured had, been diagnosed with, treated for, or received medical advice from a member of the medical profession for:	
[a. Internal cancer (other than skin), leukemia, lymphoma, malignant melanoma or brain tumor?	<input type="checkbox"/> Yes <input type="checkbox"/> No]]
[b. Disease of the heart, coronary artery disease, heart attack, bypass, stent placement or angioplasty, congestive heart failure, pacemaker or defibrillator, stroke or Transient Ischemic Attack (TIA), or diabetes treated with insulin?	<input type="checkbox"/> Yes <input type="checkbox"/> No]]
[c. Chronic Obstructive Lung Disease (COLD), Chronic Obstructive Pulmonary Disease (COPD), emphysema, chronic pulmonary disease, or asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No]]
[d. Chronic kidney disease, chronic liver disease, cirrhosis, or chronic Hepatitis B or C?	<input type="checkbox"/> Yes <input type="checkbox"/> No]]
[e. Cystic fibrosis, systemic lupus, epilepsy or seizure disorder, or organ transplant (other than corneal), drug or alcohol abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No]]
[f. A degenerative disease including but not limited to Alzheimer's disease, dementia, or cognitive or memory disorder, Parkinson's disease, ALS (Lou Gehrig's disease), multiple sclerosis, muscular dystrophy or any other neuromuscular disease or schizophrenia?	<input type="checkbox"/> Yes <input type="checkbox"/> No]]
[[4]. Is anyone proposed for insurance now pregnant, an expectant parent, in the process of adopting a child or undergoing infertility treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No]
[[5]. Name(s) of Person(s) and question number(s) that "Yes" answer(s) apply to: _____]]	

[C or 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.) If "YES," with which company? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have one of the following: ACA (Affordable Care Act), Short Term Medical, Limited Medical or Group Health Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

[AGENT'S STATEMENT

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

Agent's Name (Printed) Email Address Agent Code

Agent's Signature Date]

Acknowledgement and Authorization

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.

[I (We) understand that some benefit riders in this coverage may contain a waiting and/or pre-existing period. If I (we) received medical treatment or advice from a physician prior to the effective date of coverage or within the waiting period, I (we) understand that the illness may not be covered unless a loss is incurred after any waiting and/or pre-existing period has elapsed.]

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

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

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.

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

[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/Partner Signature (if applicable): _____

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**

Application for Group Accident Insurance is made to:

GUARANTEE TRUST LIFE INSURANCE COMPANY
Glenview, Illinois 60025

APPLICANT:	[ABC Policyholder 123 Any Street Any City, Anystate 12345]		
FOR GROUP MASTER POLICY:	[123456 providing [Accidental Death and Dismemberment Benefits,] [Accident Medical Expense Benefits,] [Accident Hospital Indemnity Benefits,]] [Optional Riders include: [Limited Specified Disease Benefit Rider Providing benefits for [Coronary Artery Bypass Surgery,] Heart Attack and Stroke [with / without Recurrence Benefit];] [Cancer Lump Sum Benefit Rider [with / without] Recurrence Benefit]; [Sickness Lump Sum Hospital Rider.] [Dental and Vision Benefit Rider]		
DESCRIPTION OF ELIGIBLE PERSONS:	[Persons who are members of an Eligible Class as defined by the Policyholder and agreed to by Us. Eligible Class[es] [is][are]: [Class 1: All members of [ABC Policyholder] [who are under age 65.]] [Class 2: Eligible dependent spouses [under age 65] and eligible children of Class 1.]]		
SCOPE OF COVERAGE	[[24-Hour-A-Day Accident Coverage,] [Automobile Accident Only Coverage,] [Travel Accident Coverage,] [Common Carrier]]		
PREMIUM PAYMENT	[All premium, charges or fees must be paid to Us at Our Home Office: <input type="checkbox"/> Prior to the start of the term for which coverage is selected; or <input type="checkbox"/> Within [20] days after the end of the month for which coverage is provided.]		
POLICYHOLDER CONTRIBUTION:	[0 - 100%]	[PREMIUM RATE GUARANTEE EXPIRATION DATE:]	[NONE]
[MINIMUM PARTICIPATION REQUIREMENTS:]	[A minimum of [two (2)] unrelated Eligible Persons or [50% - 75%] of Eligible Persons, whichever is greater. Participation is required at all times.]		

BENEFITS:

[Plan Code]	Individual/ Family/ Composite	Rate	[[*]AD&D and Loss of Sight Speech and Hearing]	[Accident Medical Expense]		[Hospital Indemnity Benefit (Accident Only)]		
				Minimum:	Maximum Amount	Deductible	Daily Benefit	Maximum Days
[XXX]	[Individual]	[\$1.20]	[\$2000]	[\$25000]	[\$250 - 2000]	[\$100]	[30 -]	[7 days]
[XXX]	[Family]	[\$3.10]	[\$2000]	[\$25,000]	[\$250 - 2000]	[\$100]	[30 -]	[7 days]

[Plan Code]	Individual/ Family/ Composite	Rate	Limited Specified Disease Benefit Rider Providing Benefits for [Coronary Artery Bypass Surgery,] Heart Attack and Stroke [<input type="checkbox"/> with Recurrence] [<input type="checkbox"/> without Recurrence]		
			Waiting Period	Pre-Existing Period	Maximum Amount
[xxx]	[Individual]	[\$X.XX]	[0/30/60 days]	[6/12/18/24 Months]	[\$2,000 – 25,000]
[xxx]	[Family]	[\$X.XX]	[0/30/60 days]	[6/12/18/24 Months]	[\$2,000 – 25,000]

[Plan Code]	Individual/ Family/ Composite	Rate	[Cancer Lump Sum Rider]		
			[<input type="checkbox"/> with Recurrence] [<input type="checkbox"/> without Recurrence]		
			Waiting Period	Pre-Existing Period	Maximum Amount
[xxx]	[Individual]	[\$X.XX]	[0/30/60 days]	[6/12/18/24 Months]	[\$2,000 – 25,000]
[xxx]	[Family]	[\$X.XX]	[0/30/60 days]	[6/12/18/24 Months]	[\$2,000 – 25,000]

[Plan Code]	Individual/ Family/ Composite	Rate	[Sickness Lump Sum Hospital Rider]		
			[Waiting Period]	[Pre-Existing Period]	[Annual] Maximum Amount
[xxx]	[Individual]	[\$X.XX]	[0/30/60 days]	[6/12/18/24 Months]	[\$2,000 – 25,000]
[xxx]	[Family]	[\$X.XX]	[0/30/60 days]	[6/12/18/24 Months]	[\$2,000 – 25,000]

[Plan Code]	Individual/ Family/ Composite	Rate	[Dental and Vision Benefit Rider]	
			[Waiting Period]	[Annual] Maximum Amount
[xxx]	[Individual]	[\$X.XX]	[3 to 12 Months,] Based on Type of Service Rendered]	[1 st Calendar Year: \$[200/400/600]] [2 nd Calendar Year and Thereafter: \$[400/800/1200]]
[xxx]	[Family]	[\$X.XX]	[3 to 12 Months,] Based on Type of Service Rendered]	[1 st Calendar Year: \$[200/400/600]] [2 nd Calendar Year and Thereafter: \$[400/800/1200]]

[*Aggregate Limit of Liability: \$[_____ \$xx,xxx _____] per Accident

[[Our liability for the [AD&D] [and][Loss of][Sight,] [Speech] [and] [Hearing] Benefit[s] arising out of any one Accident shall not exceed the Aggregate Limit of Liability. Benefits subject to the Aggregate Limit of Liability shall be calculated on the basis of the ratio of the Aggregate Limit of Liability to the total of the benefits otherwise payable for all losses arising from the Accident.]]

This Application is attached to and made a part of Group Policy No. [123456] and is effective [01/01/16]. [It cancels and replaces all other applications, if any, attached to the Group Policy.]

The following NOTICES are applicable where stated:

STANDARD NOTICE: 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.

THE EXCEPTIONS TO THE STANDARD NOTICE APPLY AS FOLLOWS:

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

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

DELAWARE: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

LOUISIANA, RHODE ISLAND and WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

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

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: **WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any intentional and materially false information; or, (2) conceals for the purpose of misleading, information concerning any material fact, may have committed a fraudulent insurance act.

PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Date

Date

Agent (Print Name)

Applicant

Agent (Signature)

Officer (Print Name)

Official Signature

Official Position

SERFF Tracking #:

GRTT-130813313

State Tracking #:

Company Tracking #:

GRG15CR, ET AL.

State:

District of Columbia

Filing Company:

Guarantee Trust Life Insurance Company

TOI/Sub-TOI:

H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name:

1400 Rider Filing

Project Name/Number:

1400 Rider Filing/GRG15CR

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking #:

GRTT-130813313

State Tracking #:**Company Tracking #:**

GRG15CR, ET AL.

State:

District of Columbia

Filing Company:

Guarantee Trust Life Insurance Company

TOI/Sub-TOI:

H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name:

1400 Rider Filing

Project Name/Number:

1400 Rider Filing/GRG15CR

Supporting Document Schedules

Satisfied - Item:	Statement of Variability
Comments:	Attached.
Attachment(s):	STATEMENT OF VARIABILITY 030216.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Readability Certification
Comments:	
Attachment(s):	Readabiity Certification.pdf
Item Status:	
Status Date:	

Guarantee Trust Life Insurance Company

STATEMENT OF VARIABILITY

Benefit Riders and Schedules of Benefits to Policy/Certificate Form GP-1400/GC-1400

- The additional specified disease or sickness benefits are optional, and offerings will be based on Policyholder selection.
- Bracketed sections for optional benefits will either be included on the form as shown, or deleted based upon Policyholder selection.
- Eligibility for issue is to age 64, and eligibility ends at age 65.
- The Rider Schedules may appear at the end of the Riders, or may be placed in the Certificate with the Certificate Schedule.

DOCUMENT (Form #)	BRACKETED ITEM	VARIABILITY
Lump Sum Sickness Hospitalization Benefit Rider (GR15SHI)	[1275 Milwaukee Avenue, Glenview, Illinois 60025]	This is our current company address as it will appear on the policy. We have bracketed in the event we move, the policies that are issued, are always issued with our correct address.
	Secretary and President Signatures	These show the signatures of our current officers. We have bracketed these fields so that issued policies can always reflect the signatures of our current applicable officers at the time a policy is issued.
Rider Schedule Page (GR15SHI)	[1275 Milwaukee Avenue, Glenview, Illinois 60025]	This is our current home office location as it will appear on the policy. We have bracketed it in the event we move; the policies that are issued, are always issued with our correct home office location.
	RIDER EFFECTIVE DATE: [JANUARY 1, 2016]	This will reflect the date the rider coverage became effective.
	Eligible Persons	Eligible Persons will vary, based on agreement between the Policyholder and Us. What we show on the form is a typical fill-in for this topic.
	Lump Sum Hospital Benefit Amount	<p>The Lump Sum Hospital Benefit Amount is variable to reflect the range of benefits offered. The current range is \$2,000-\$25,000 and amounts currently can be in increments of \$50. The increments are bracketed to reflect future options and can range from \$0-\$25,000.</p> <p>Options are bracketed to reflect the 4 disbursement offerings that can be chosen by the member upon enrollment: One Lump Sum option (100%) or 50% split option between 2 days of hospital confinement. Options are also provided for Additional benefit splits:</p> <p>[[100%] of Hospital Benefit Amount for First Day of Hospital Confinement in a Calendar Year]</p> <p style="text-align: center;">or</p> <p>[25% to 75%] of Hospital Benefit Amount for First Day of Hospital Confinement within a Calendar Year] [25% to 75%] of Hospital Benefit Amount for Second Day of Hospital Confinement within a Calendar Year] [25% to 75%] to Hospital Benefit Amount for a Third Day of Hospital Confinement within a Calendar Year] [25% to 75%] of Hospital Benefit Amount for a Fourth Day of Hospital Confinement within a Calendar Year]</p>

	Lump Sum Hospital Waiting Period	This amount is variable so in the event we decide to change or eliminate the Waiting Period for this rider going forward, we will update to reflect the current waiting period that is available at the time of issue. Please note, that the waiting period will never be longer than the maximum number of days allowed per your state. The current range is 1-30 days
	Maximum Calendar Year Benefit [One/Two/Three/Four] days of Hospital Confinement]	The benefit options for the split lump sum Hospital Benefit Amount are variable to reflect the options chosen by the policyholder at time of application.
	Pre-Existing Period	This is variable to reflect the options chosen by the policyholder. The current offerings of pre-existing coverage will be for 6, 12, 18, or 24 months
	Benefit Eligibility Period for Pre-Existing Conditions	This is variable to reflect the options chosen by the policyholder. The current offerings of Benefit Eligibility pre-existing conditions will be for 6, 12, 18, or 24 months
Cancer Lump Sum Benefit Rider (With No Recurrence Benefits) (GRG15CR)	[1275 Milwaukee Avenue, Glenview, Illinois 60025]	This is our current company address as it will appear on the policy. We have bracketed in the event we move, the policies that are issued, are always issued with our correct address.
	Secretary and President Signatures	These show the signatures of our current officers. We have bracketed these fields so that issued policies can always reflect the signatures of our current applicable officers at the time a policy is issued.
Rider Schedule Page (GRG15CR)	RIDER EFFECTIVE DATE: [JANUARY 1, 2016]	This will reflect the date the rider coverage became effective.
	Eligible Persons	Eligible Persons will vary, based on agreement between the Policyholder and Us. What we show on the form is a typical fill-in for this topic.
	Waiting Period	This amount is variable in the event we decide to change or eliminate the Waiting Period for this rider going forward, we will update to reflect the current waiting period that is available at the time of issue. Please note, that the waiting period will never be longer than the maximum number of days allowed per your state. The current range (in increments of 30 are as follows: 0, 30, 60, 90 days
	Maximum Benefit Amount \$[2,000 – 25,000]	The Maximum Benefit Amount is variable to reflect the option chosen by the policyholder. The range of benefits is from \$2,000 to \$25,000.
	Pre-Existing Period	This is variable to reflect the options chosen by the policyholder. The current offerings of pre-existing coverage will be for 6, 12, 18, or 24 months
	Benefit Eligibility Period for Pre-Existing Conditions	This is variable to reflect the options chosen by the policyholder. The current offerings of Benefit Eligibility pre-existing conditions will be for 6, 12, 18, or 24 months
Cancer Lump Sum Benefit Rider (With Recurrence Benefits) (GRG15CRW)	[1275 Milwaukee Avenue, Glenview, Illinois 60025]	This is our current company address as it will appear on the policy. We have bracketed in the event we move, the policies that are issued, are always issued with our correct address.
	Secretary and President Signatures	These show the signatures of our current officers. We have bracketed these fields so that issued policies can always reflect the signatures of our current applicable officers at the time a policy is issued.
Rider Schedule Page (GRG15CRW)	RIDER EFFECTIVE DATE: [JANUARY 1, 2016]	This will reflect the date the rider coverage became effective.

	Eligible Persons	Eligible Persons will vary, based on agreement between the Policyholder and Us. What we show on the form is a typical fill-in for this topic.												
	Waiting Period	This amount is variable so in the event we decide to change or eliminate the Waiting Period for this rider going forward, we will update to reflect the current waiting period that is available at the time of issue. Please note, that the waiting period will never be longer than the maximum number of days allowed per your state. The current range (in increments of 30 are as follows: 0, 30, 60, 90 days												
	Maximum Benefit Amount \$[2,000 – 25,000]	Maximum Benefit Amount [2,000 – 25,000] The Maximum Benefit Amount is variable to reflect the option chosen by the policyholder. The range of benefit is from \$2,000 to \$25,000.												
	Pre-Existing Period	This is variable to reflect the options chosen by the policyholder. The current offerings of pre-existing coverage will be for 6, 12, 18, or 24 months												
	Benefit Eligibility Period for Pre-Existing Conditions	This is variable to reflect the options chosen by the policyholder. The current offerings of Benefit Eligibility pre-existing conditions will be for 6, 12, 18, or 24 months												
	<p>RECURRENCE BENEFIT:</p> <p>Number of Full Years Elapsed from the Payment of a Lump Sum Benefit: % of Maximum Benefit:</p> <table border="0"> <tr> <td> [Less Than 1:</td> <td> 0%</td> </tr> <tr> <td> 1:</td> <td> 10%</td> </tr> <tr> <td> 2:</td> <td> 25%</td> </tr> <tr> <td> 3:</td> <td> 25%</td> </tr> <tr> <td> 4:</td> <td> 50%</td> </tr> <tr> <td> 5+:</td> <td> 100%]</td> </tr> </table>	[Less Than 1:	0%	1:	10%	2:	25%	3:	25%	4:	50%	5+:	100%]	The Recurrence Benefit range is variable to reflect the current offerings that are offered with this rider. The range of years and percentages may change. The range of years is 0-100 and the range of percentages is 0%-100%.
[Less Than 1:	0%													
1:	10%													
2:	25%													
3:	25%													
4:	50%													
5+:	100%]													
Dental And Vision Benefit Rider (RG15DV-10)	[1275 Milwaukee Avenue, Glenview, Illinois 60025]	This is our current company address as it will appear on the rider. We have bracketed in the event we move, the riders that are issued, are always issued with our correct address.												
	Secretary and President Signatures	These show the signatures of our current officers. We have bracketed these fields so that issued riders can always reflect the signatures of our current applicable officers at the time a rider is issued.												
	– IS ON SCHEDULE PAGE – not needed on face page of rider													
Rider Schedule Page (RG15DV)	Eligible Persons	Eligible Persons will vary, based on agreement between the Policyholder and Us. What we show on the form is a typical fill-in for this topic.												
	Rider Effective Date	This will reflect the date the rider coverage became effective.												
	Name of Covered Persons	These fields are variable as they reflect member specific details personalized to reflect identifying policy information.												
	Waiting Period: [3, 6 or 12] months]	This amount will currently stay as the 3, 6, or 12 to reflect the waiting periods depending on the treatment provided within the rider. This amount is variable so in the event we decide to change or eliminate the waiting periods for this rider going forward, we will update to reflect the current waiting period that is available at the time of issue. Please note, that the waiting period will never be longer than the maximum number of days allowed per your state.												
	RIDER DEDUCTIBLE AMOUNT: \$[100.00]	The amount is variable to reflect the current Rider Deductible Amount. This is a fixed amount, which is currently set at \$100. Range is \$50 to \$10,000,000												

	RIDER MAXIMUM AMOUNT: 1ST CALENDAR YEAR: [80%] UP TO \$[200/400/600]	This is variable to reflect the current percentage we will pay about to 1 st Calendar Year benefit amount. Currently it will be 80%, but will always reflect the current percentage amount that is being provided at the time the rider is issued. The 1 st Calendar Year benefit is variable as it will always be 50% of the benefit amount applied for, which is reflected as the amount shown for 2ND CALENDAR YEAR AND THEREAFTER: Currently, the product will be marketed offering \$400, \$800, \$1200 as the base for the Rider Maximum Amounts, however, we may elect to allow other amounts in the future, so this field will always be based upon the amount the insured applied for.
	RIDER MAXIMUM AMOUNT: 2ND CALENDAR YEAR AND THEREAFTER: [80%] UP TO \$[400/800/1200]	This is variable to reflect the current percentage we will pay about to 2 nd Calendar Year benefit amount. Currently it will be 80%, but will always reflect the current percentage amount that is being provided at the time the rider is issued. The 2 nd Calendar Year benefit is variable to reflect the base Rider Maximum Amount the insured applied for. Currently, the product will be marketed offering \$400, \$800, \$1200 as the base for the Rider Maximum Amounts, however, we may elected to allow other amounts in the future, so this field will always be based upon the amount the insured applied for.
	UP TO \$[75]	This amount is variable to reflect the maximum amount the rider will pay per covered person for a dental preventive exam and cleaning at the time the rider is issued. Range is \$50 to \$10,000,000
	UP TO \$[50]	This amount is variable to reflect the maximum amount the rider will pay per covered person for an eye exam and eye refraction at the time the rider is issued. Range is \$50 to \$10,000,000
	UP TO \$[200]	This amount is variable to reflect the maximum amount the rider will pay per covered person for prescription eyewear at the time the rider is issued. Range is \$50 to \$10,000,000
Limited Specified Disease Rider (With No Recurrence Benefits) (GRG15HAS)	[1275 Milwaukee Avenue, Glenview, Illinois 60025]	This is our current company address as it will appear on the rider. We have bracketed in the event we move, the riders that are issued, are always issued with our correct address.
	[800-338-7452]	This is our current company phone number as it will appear on the rider. We have bracketed in the event the phone number changes, the riders that are issued, are always issued with our correct phone number
	Secretary and President Signatures	These show the signatures of our current officers. We have bracketed these fields so that issued riders can always reflect the signatures of our current applicable officers at the time a rider is issued.
	[Coronary Artery Bypass Surgery,]	The Title of the form may change in the event the Company/Policyholder decides to offer the Rider without a benefit for Coronary Artery Bypass Surgery. Otherwise, the language will be used as listed.
	Covered Conditions: [Coronary Artery Bypass Surgery,] [,] [or] [or Transient Ischemic Attack]	In DEFINITIONS on page 1, the sections defining Coronary Artery Bypass Surgery and Coronary Heart Disease, and Transient Ischemic Attack may be included or omitted, depending on the Policyholder's selection and the Company's offerings. Otherwise, the language will be used as listed.

	<p>[Coronary Artery Bypass Surgery means the Covered Person undergoes bypass surgery using either a saphenous, internal mammary, radial artery or other arterial graft as determined by the treating Doctor as appropriate and viable, for the treatment of coronary artery disease to correct a severe stenosis of the coronary artery(ies) serving the myocardium (heart muscle.) Surgery may be open (requiring a division of the breastbone) or minimally invasive (through the skin's surface with a minimal incision). Surgery must be at the recommendation of a Doctor of cardiology or cardiovascular surgeon and We must receive clinical evidence of the underlying disease. Coronary angioplasty, heart valve replacement, laser relief or other surgical or non-surgical procedures are excluded.</p> <p>Coronary Heart Disease means a severe narrowing or blockage of one or more of the coronary arteries that supply blood and oxygen to the heart.]</p>	<p>In DEFINITIONS on page 1, the sections defining Coronary Artery Bypass Surgery and Coronary Heart Disease may be included or omitted, depending on the Policyholder's selection and the Company's offerings. Otherwise, the language will be used as listed.</p>										
	<p>[4. A Transient Ischemic Attack (TIA) as evidenced by a diagnostic picture of temporary neurological damage provided from Computer Axial Tomography (CAT scan), or a Magnetic Resonance Angiography (MRA).]</p>	<p>In the DEFINITIONS section, item 4 of Diagnosis may be included or omitted, depending upon whether the Policyholder selects and Company offers a benefit for Transient Ischemic Attacks. Otherwise, the language will be used as listed</p>										
	<p>[Transient Ischemic Attack (TIA) means a temporary disruption of the blood supply to the brain causing short-term neurological symptoms which resolve within 24 hours or less. A Transient Ischemic Attack must be diagnosed by a Doctor.]</p>	<p>The definition of Transient Ischemic Attack will either be included or omitted, depending upon Policyholder selection and whether the Company offers a benefit for Transient Ischemic Attacks. Otherwise, the language will be used as listed</p>										
	<p>[Additional Benefit: An Additional Benefit is provided if the Covered Person is first diagnosed with and undergoes treatment for:</p> <table border="0"> <tr> <td>[Transient Ischemic Attack (TIA):</td> <td>10% of the Maximum Benefit Amount]</td> </tr> <tr> <td>[Heart valve replacement:</td> <td>10% of the Maximum Benefit Amount]</td> </tr> <tr> <td>[Angioplasty and/or stent</td> <td>25% of the Maximum Benefit Amount]</td> </tr> <tr> <td>[Aortic Surgery</td> <td>25% of the Maximum Benefit Amount]</td> </tr> <tr> <td>[Coronary Artery Bypass Surgery</td> <td>25% of the Maximum Benefit Amount]</td> </tr> </table> <p>[Each Additional Benefit is payable [once/twice] per lifetime. Benefits payable for a surgical procedure are contingent upon the recommendation for surgery being given and performed after the expiration of the Waiting Period, if any.]]</p>	[Transient Ischemic Attack (TIA):	10% of the Maximum Benefit Amount]	[Heart valve replacement:	10% of the Maximum Benefit Amount]	[Angioplasty and/or stent	25% of the Maximum Benefit Amount]	[Aortic Surgery	25% of the Maximum Benefit Amount]	[Coronary Artery Bypass Surgery	25% of the Maximum Benefit Amount]	<p>Under ELIGIBILITY FOR BENEFITS, the Additional Benefit may be included or omitted, depending upon Policyholder selection and whether the Company offers that benefit, but text will otherwise not change.</p> <p>The last paragraph of the Additional Benefit section will either be included or omitted, depending upon Policyholder selection and whether the Company offers that benefit and how many times per lifetime the Company will provide the benefit.</p>
[Transient Ischemic Attack (TIA):	10% of the Maximum Benefit Amount]											
[Heart valve replacement:	10% of the Maximum Benefit Amount]											
[Angioplasty and/or stent	25% of the Maximum Benefit Amount]											
[Aortic Surgery	25% of the Maximum Benefit Amount]											
[Coronary Artery Bypass Surgery	25% of the Maximum Benefit Amount]											
<p>Rider Schedule Page (GRG15HAS)</p>	<p>[CORONARY ARTERY BYPASS SURGERY,]</p>	<p>The Title of the form may change in the event the Company/Policyholder decides to offer the Rider without a benefit for Coronary Artery Bypass Surgery. Otherwise, the language will be used as listed.</p>										
	<p>RIDER EFFECTIVE DATE: []</p>	<p>This will reflect the date the rider coverage became effective.</p>										
	<p>Eligible Persons</p>	<p>Eligible Persons will vary, based on agreement between the Policyholder and Us. What we show on the form is a typical fill-in for this topic.</p>										
	<p>Waiting Period: [0, 30, 60 or 90] Days</p>	<p>This amount will currently stay as the 0, 30, 60, or 90 days to reflect the waiting periods depending on the treatment provided within the rider. This amount is variable so in the event we decide to change or eliminate the waiting periods for this rider going forward, we will update to reflect the current waiting period that is available at the time of issue. Please note, that the waiting period will never be longer than the maximum number of days allowed per your state.</p>										
	<p>Maximum Benefit Amount \$[2,000 – 25,000]</p>	<p>Maximum Benefit Amount [2,000 – 25,000] The Maximum Benefit Amount is variable to reflect the option chosen by the policyholder. The range of benefit is from \$2,000 to \$25,000.</p>										
	<p>Pre-Existing Period</p>	<p>This is variable to reflect the options chosen by the policyholder. The current offerings of pre-existing coverage will be for 6, 12, 18, or 24 months</p>										
	<p>Benefit Eligibility Period for Pre-Existing Conditions</p>	<p>This is variable to reflect the options chosen by the policyholder. The current offerings of Benefit Eligibility pre-existing conditions will be for 6, 12, 18, or 24 months</p>										

Limited Specified Disease Rider (With Recurrence Benefits) (GRG15HASW)	[1275 Milwaukee Avenue, Glenview, Illinois 60025]	This is our current company address as it will appear on the rider. We have bracketed in the event we move, the riders that are issued, are always issued with our correct address.										
	Secretary and President Signatures	These show the signatures of our current officers. We have bracketed these fields so that issued riders can always reflect the signatures of our current applicable officers at the time a rider is issued.										
	[Coronary Artery Bypass Surgery,]	The Title of the form may change in the event the Company/Policyholder decides to offer the Rider without a benefit for Coronary Artery Bypass Surgery. Otherwise, the language will be used as listed.										
	Covered Conditions: [Coronary Artery Bypass Surgery,] [,] [or] [or Transient Ischemic Attack]	In DEFINITIONS on page 1, the sections defining Coronary Artery Bypass Surgery and Coronary Heart Disease, and Transient Ischemic Attack may be included or omitted, depending on the Policyholder's selection and the Company's offerings. Otherwise, the language will be used as listed.										
	<p>[Coronary Artery Bypass Surgery means the Covered Person undergoes bypass surgery using either a saphenous, internal mammary, radial artery or other arterial graft as determined by the treating Doctor as appropriate and viable, for the treatment of coronary artery disease to correct a severe stenosis of the coronary artery(ies) serving the myocardium (heart muscle.) Surgery may be open (requiring a division of the breastbone) or minimally invasive (through the skin's surface with a minimal incision). Surgery must be at the recommendation of a Doctor of cardiology or cardiovascular surgeon and We must receive clinical evidence of the underlying disease. Coronary angioplasty, heart valve replacement, laser relief or other surgical or non-surgical procedures are excluded.</p> <p>Coronary Heart Disease means a severe narrowing or blockage of one or more of the coronary arteries that supply blood and oxygen to the heart.]</p>	In DEFINITIONS on page 1, the sections defining Coronary Artery Bypass Surgery and Coronary Heart Disease may be included or omitted, depending on the Policyholder's selection and the Company's offerings. Otherwise, the language will be used as listed.										
	[4. A Transient Ischemic Attack (TIA) as evidenced by a diagnostic picture of temporary neurological damage provided from Computer Axial Tomography (CAT scan), or a Magnetic Resonance Angiography (MRA).]	In the DEFINITIONS section, item 4 of Diagnosis may be included or omitted, depending upon whether the Policyholder selects and Company offers a benefit for Transient Ischemic Attacks. Otherwise, the language will be used as listed										
	[Transient Ischemic Attack (TIA) means a temporary disruption of the blood supply to the brain causing short-term neurological symptoms which resolve within 24 hours or less. A Transient Ischemic Attack must be diagnosed by a Doctor.]	The definition of Transient Ischemic Attack will either be included or omitted, depending upon Policyholder selection and whether the Company offers a benefit for Transient Ischemic Attacks. Otherwise, the language will be used as listed										
	<p>[Additional Benefit: An Additional Benefit is provided if the Covered Person is first diagnosed with and undergoes treatment for:</p> <table border="0" data-bbox="233 1045 1142 1182"> <tr> <td>[Transient Ischemic Attack (TIA):</td> <td>10% of the Maximum Benefit Amount]</td> </tr> <tr> <td>[Heart valve replacement:</td> <td>10% of the Maximum Benefit Amount]</td> </tr> <tr> <td>[Angioplasty and/or stent</td> <td>25% of the Maximum Benefit Amount]</td> </tr> <tr> <td>[Aortic Surgery</td> <td>25% of the Maximum Benefit Amount]</td> </tr> <tr> <td>[Coronary Artery Bypass Surgery</td> <td>25% of the Maximum Benefit Amount]</td> </tr> </table> <p>[Each Additional Benefit is payable [once/twice] per lifetime. Benefits payable for a surgical procedure are contingent upon the recommendation for surgery being given and performed after the expiration of the Waiting Period, if any.]]</p>	[Transient Ischemic Attack (TIA):	10% of the Maximum Benefit Amount]	[Heart valve replacement:	10% of the Maximum Benefit Amount]	[Angioplasty and/or stent	25% of the Maximum Benefit Amount]	[Aortic Surgery	25% of the Maximum Benefit Amount]	[Coronary Artery Bypass Surgery	25% of the Maximum Benefit Amount]	<p>Under ELIGIBILITY FOR BENEFITS, the Additional Benefit may be included or omitted, depending upon Policyholder selection and whether the Company offers that benefit, but text will otherwise not change.</p> <p>The last paragraph of the Additional Benefit section will either be included or omitted, depending upon Policyholder selection and whether the Company offers that benefit and how many times per lifetime the Company will provide the benefit.</p>
[Transient Ischemic Attack (TIA):	10% of the Maximum Benefit Amount]											
[Heart valve replacement:	10% of the Maximum Benefit Amount]											
[Angioplasty and/or stent	25% of the Maximum Benefit Amount]											
[Aortic Surgery	25% of the Maximum Benefit Amount]											
[Coronary Artery Bypass Surgery	25% of the Maximum Benefit Amount]											
Rider Schedule Page (GRG15HAS)	[CORONARY ARTERY BYPASS SURGERY,]	The Title of the form may change in the event the Company/Policyholder decides to offer the Rider without a benefit for Coronary Artery Bypass Surgery. Otherwise, the language will be used as listed.										
	RIDER EFFECTIVE DATE: []	This will reflect the date the rider coverage became effective.										
	Eligible Persons	Eligible Persons will vary, based on agreement between the Policyholder and Us. What we show on the form is a typical fill-in for this topic.										

	<p>Waiting Period: [0, 30, 60 or 90] Days</p> <p>Maximum Benefit Amount \$[2,000 – 25,000]</p> <p>Pre-Existing Period</p> <p>Benefit Eligibility Period for Pre-Existing Conditions</p>	<p>This amount will currently stay as the 0, 30, 60, or 90 days to reflect the waiting periods depending on the treatment provided within the rider. This amount is variable so in the event we decide to change or eliminate the waiting periods for this rider going forward, we will update to reflect the current waiting period that is available at the time of issue. Please note, that the waiting period will never be longer than the maximum number of days allowed per your state.</p> <p>Maximum Benefit Amount [2,000 – 25,000] The Maximum Benefit Amount is variable to reflect the option chosen by the policyholder. The range of benefit is from \$2,000 to \$25,000.</p> <p>This is variable to reflect the options chosen by the policyholder. The current offerings of pre-existing coverage will be for 6, 12, 18, or 24 months</p> <p>This is variable to reflect the options chosen by the policyholder. The current offerings of Benefit Eligibility pre-existing conditions will be for 6, 12, 18, or 24 months</p>
	<p>RECURRENCE BENEFIT:</p> <p>Number of Full Years Elapsed: % of Maximum Benefit:</p> <p>[Less Than 1: 0%</p> <p>1: 10%</p> <p>2: 25%</p> <p>3: 25%</p> <p>4: 50%</p> <p>5+: 100%]</p>	<p>The Recurrence Benefit range is variable to reflect the current offerings that are offered with this rider. The range of years and percentages may change. The range of years is 0-100 and the range of percentages is 0%-100%</p>
<p>Member Application (ENR10-15)</p>	<p>[1275 N. Milwaukee Avenue, [Glenview, IL 60025, (847) 699-0600]</p> <p>APPLICANT:</p> <p>[[8.] Weight _____ [9.] Height _____]</p> <p>[[10.] Have you used any tobacco product in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No]</p> <p>[SPOUSE/PARTNER</p> <p>[11.] Last Name _____ [12.] First _____</p> <p>_____ [13.] M.I. _____</p> <p>[14.] Social Security # _____ [15.] Male Female [16.] Age _____</p> <p>[17.] Date of Birth _____</p> <p>[[18.] Weight _____ [19.] Height _____</p> <p>[[20.] Have you used any tobacco product in the past 12 months? Yes <input type="checkbox"/> NO <input type="checkbox"/>]]</p>	<p>This is our current company address and telephone number as they will appear on the policy. We have bracketed in the event we move or need to change our telephone number, the policies that are issued, are always issued with our correct address and telephone number.</p> <p>The box labelled APPLICANT may have questions 8 through 9 omitted if the product is sold on a guaranteed-issue basis. Question 10 may be included or omitted based on whether rates are tobacco distinct. In that event the remaining questions will be renumbered to be in sequential order.</p> <p>The box labelled SPOUSE/PARTNER may be included or omitted, depending on Policyholder selection and the Company's offerings. The items in this box may have their order and numbering revised if the APPLICANT box numbers are revised.</p> <p>The box labelled SPOUSE/PARTNER may have questions 18 through 19 omitted if the product is sold on a guaranteed-issue basis. Question 20 may be included or omitted based on whether rates are tobacco distinct. In that event the remaining questions will be renumbered to be in sequential order.</p>

	<p>[DEPENDENTS]</p> <p>[D1. Last Name _____ First _____ M.I. _____ Social Security # _____ Male Female Age _____ Date of Birth _____]</p> <p>[D2. Last Name _____ First _____ M.I. _____ Social Security # _____ Male Female Age _____ Date of Birth _____]</p> <p>[D3. Last Name _____ First _____ M.I. _____ Social Security # _____ Male Female Age _____ Date of Birth _____]</p> <p><i>[(If more than three children are proposed for insurance, please attach a separate sheet.)]</i></p>	<p>The box labelled DEPENDENTS may be included or omitted, based on Policyholder selection and the Company's offerings. The items in this box may have their order and numbering revised.</p> <p>The last sentence may either be included or excluded in its entirety.</p>
	<p>[BENEFICIARY</p> <p>Primary Beneficiary _____ Relationship _____</p> <p>[Contingent Beneficiary _____ Relationship _____]</p> <p>B. COVERAGE SELECTION & PREMIUMS</p>	<p>The box labelled BENEFICIARY may be included or omitted, based on Policyholder selection and whether the Company offers an AD&D benefit. A line for a Contingent Beneficiary may be included or omitted.</p> <p>The section numbers may change, based upon which riders are being offered at a given time.</p> <p>Because the benefit riders are optional, and not mandated in any state, they may be included or omitted. The Company reserves the right to discontinue marketing optional benefits not mandated under state or federal law. Benefit ranges will fall within the ranges shown on the application, in \$50 increments. The optional rider benefit amounts will coincide with the base accident policy/certificate benefit amounts.</p> <p>If a benefit type is no longer offered, the remaining section numbers will be renumbered to be in numerical order.</p>
	<p>1. Plan Type: [<input type="checkbox"/> Individual <input type="checkbox"/> Family]</p> <p>[[2.] Accident Medical Expense [(includes AD&D)]</p> <p>Deductible [<input type="checkbox"/> \$ \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input checked="" type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000]</p> <p>[Maximum Benefit \$[2,000 – 25,000] _____]]</p>	<p>Plan Type: The options of Individual and/or Family will be included or omitted.</p> <p>Accident Medical Expense: The Deductible amount and Maximum Benefit per Accident will fall within the ranges shown on the application. The AD&D benefit may be included or omitted.</p>

	<p>[3.] Cancer Lump Sum Rider <input type="checkbox"/> yes, with recurrence] <input type="checkbox"/> yes]]</p> <p>[4.] Heart Attack & Stroke Lump Sum Rider <input type="checkbox"/> yes, with recurrence] <input type="checkbox"/> yes]]</p> <p>[5.] Hospital Sickness Lump Sum Rider [<input type="checkbox"/> Yes]] [Choose One:] [One Lump Sum <input type="checkbox"/> [[<input type="checkbox"/> [Split] Benefit: [10-75%] [day 1] <input type="checkbox"/> [10-75%] [day 2] <input type="checkbox"/> [10-75%] [day 3] <input type="checkbox"/> [10-75%] [day 4] <input type="checkbox"/>]]</p> <p>[6.] Dental and Vision Rider <input type="checkbox"/> \$400 <input type="checkbox"/> \$800 <input type="checkbox"/> \$1,200]]</p>	<p>Optional benefit riders are offered as shown on the application for Cancer, Heart Attack and Stroke, Sickness Hospital Indemnity and/or Dental & Vision benefits and will either be included or omitted based on Policyholder selection and the Company's offerings. The benefit options may vary within the ranges shown.</p>
	<p>[[7.] Premium Payment Mode: [Effective Date: _____ Draft Date: _____] <input type="checkbox"/> Monthly Bank Draft] <input type="checkbox"/> Credit Card] <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly]]</p>	<p>Provides the premium payment mode options.</p>
	<p>[C. PRE QUALIFICATION AND MEDICAL INFORMATION.] [If Applying for the Hospital Lump Sum Rider, Answer All Questions.] [If Applying for the Cancer Lump Sum Rider, Answer Questions 1, 2 and 3a.] [If Applying for the Heart Attack and Stroke Lump Sum Rider, Answer Questions 1, 2 and 3b.]</p>	<p>Items in this section will either be included or excluded, depending upon the rider benefit options and policyholder selection, but will not otherwise be changed. Depending on the Rider options, not all questions may be required on the application. The medical questions may be included or excluded, depending upon the rider(s) offered, or whether we decide to market this product on a guaranteed-issue or underwritten basis. (The base accident policy/certificate will not be underwritten.)</p>
	<p>(C or D] Coverage Information</p>	<p>This section will be labelled as [C. or D.] Coverage Information, depending on whether the medical questions above this box are included or omitted.</p>
	<p>ACKNOWLEDGEMENT AND AUTHORIZATION</p>	<p>The third paragraph of the Acknowledgment and Authorization may be included or omitted, based on whether the product is offered on a guaranteed-issue or an underwritten basis. If offered on a guaranteed-issue basis, the 3rd paragraph will be included.</p> <p>The Fraud warning in the final paragraph will vary only to show state-specific text where required.</p>

	<p>[AGENT'S STATEMENT</p> <p>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.</p> <hr/> <p>Agent's Name (Printed) Email Address Agent Code</p> <hr/> <p>Agent's Signature Date]</p>	<p>This section will either be included or omitted. Otherwise, the language will be used as listed.</p>
<p>Group Master Application (MGA-1400-1)</p>	<p>[ABC Policyholder 123 Any Street Any City, Anystate 12345]</p>	<p>Applicant Section: The name and address of the Group Master Policy applicant.</p>
	<p>[123456 providing [Accidental Death and Dismemberment Benefits,] [Accident Medical Expense Benefits,] [Accident Hospital Indemnity Benefits,]]</p> <p>[Optional Riders include:</p> <p>[Limited Specified Disease Benefit Rider Providing benefits for [Coronary Artery Bypass Surgery,] Heart Attack and Stroke [with / without Recurrence Benefit];]</p> <p>[Cancer Lump Sum Benefit Rider [with / without] Recurrence Benefit];</p> <p>[Sickness Lump Sum Hospital Rider.]</p> <p>[Dental and Vision Benefit Rider]</p>	<p>Group Master Policy Section: Provides the group policy number, along with the insurance benefit options. Each option may be included or excluded, based upon agreement between the Policyholder and us.</p>
	<p>[Persons who are members of an Eligible Class as defined by the Policyholder and agreed to by Us. Eligible Class[es] [is][are]:</p> <p>[Class 1: All members of [ABC Policyholder] [who are under age 65.]]</p> <p>[Class 2: Eligible dependent spouses [under age 65] and eligible children of Class 1.]]</p>	<p>Eligible Persons will vary, based on agreement between the Policyholder and Us. What we show on the form is a typical fill-in for this topic.</p>
	<p>[[24-Hour-A-Day Accident Coverage,] [Automobile Accident Only Coverage,] [Travel Accident Coverage,] [Common Carrier]]</p>	<p>Scope of Coverage will depend on Policyholder selection, based on agreement between the Policyholder and Us.</p>
	<p>[All premium, charges or fees must be paid to Us at Our Home Office:</p> <p><input type="checkbox"/> Prior to the start of the term for which coverage is selected; or</p> <p><input type="checkbox"/> Within [20] days after the end of the month for which coverage is provided.]</p>	<p>Premium Payment For the Group Master Policyholder will vary, based on the agreement between the Policyholder and us.</p>
	<p>[0 - 100%]</p>	<p>Policyholder Contribution will include the contribution percentage as negotiated between the Company and the Policyholder.</p>
	<p>[PREMIUM RATE GUARANTEE EXPIRATION DATE:]</p>	<p>PREMIUM RATE GUARANTEE EXPIRATION DATE: This will either be in or out, as negotiated between the Company and the Policyholder.</p>
	<p>[A minimum of [two (2)] unrelated Eligible Persons or [50% - 75%] of Eligible Persons, whichever is greater. Participation is required at all times.]</p>	<p>MINIMUM PARTICIPATION REQUIREMENTS: This will be negotiated between the Company and the Policyholder.</p>

	BENEFITS:	<p>BENEFITS: The benefits listed are either new, or were previously approved under the base Master Policy. The new benefits are:</p> <ul style="list-style-type: none"> a. Limited Specified Disease Benefit Rider Providing Benefits for [Coronary Artery Bypass Surgery,] Heart Attack and Stroke b. Cancer Lump Sum Rider c. Sickness Lump Sum Hospital Rider d. Dental & Vision Benefit Rider <p>Ranges for any benefits are included on the rider policy forms as well as in the section on the statement of variability for each rider.</p>
	[*Aggregate Limit of Liability: \$[<u>\$xx,xxx</u>] per Accident	Aggregate Limit of Liability per Accident, under the base policy, will either be included or omitted based on plan design if applicable, and will vary up to \$2,000,000.
	[[Our liability for the [AD&D] [and] [Loss of][Sight,] [Speech] [and] [Hearing] Benefit[s] arising out of any one Accident shall not exceed the Aggregate Limit of Liability. Benefits subject to the Aggregate Limit of Liability shall be calculated on the basis of the ratio of the Aggregate Limit of Liability to the total of the benefits otherwise payable for all losses arising from the Accident.]]	The paragraph beneath Aggregate Limit of Liability will be included or excluded, based on the plan design and Policyholder selection, and the Company offerings.
	This Application is attached to and made a part of Group Policy No. [123456] and is effective [01/01/16]. [It cancels and replaces all other applications, if any, attached to the Group Policy.]	<p>The Group Policy Number will vary for each policyholder along with the policyholder's effective date of coverage (Once issued these items will remain constant).</p> <p>The last sentence may either be included or excluded if new benefits are added to an existing group policy.</p>

CERTIFICATE OF READABILITY

Form Number(s):

Flesch Test Score(s):

GRG15CR	45
GRG15CRW	45
GRG15DV-10	50
GRG15HI	45
GRG15HAS	41
GRG15HASW	42
ENR10-15	46
MGA-1400-1	41

I hereby certify that to the best of my knowledge and belief, the above form(s) meet the minimum reading ease requirements of your Department. The Flesch Reading Ease Test score(s) are listed above.

GUARANTEE TRUST LIFE INSURANCE COMPANY

_____

Don Abbs, Vice President

Date: April 13, 2016