

MEDICARE SUPPLEMENT INSURANCE

AGENT RATE AND UNDERWRITING GUIDE IDAHO

FOR AGENT USE ONLY

UNDERWRITTEN BY:
Guarantee Trust Life Insurance Company

GUARANTEE TRUST LIFE INSURANCE COMPANY
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Guarantee Trust Life Insurance Company
Standardized Medicare Supplement Issue Age Premium Rates
Form G1041A, G1041F, G1041G, G1041N
Idaho Monthly Rates - Effective 2017

Issue Age	Zips All Zips Preferred				Issue Age	Zips All Zips Standard			
	Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
	Under 65	\$516.44	\$734.71	\$616.06		\$504.71	Under 65	\$806.94	\$1,147.99
65	\$107.86	\$144.32	\$121.04	\$99.19	65	\$168.53	\$225.51	\$189.12	\$154.99
66	\$108.97	\$145.77	\$122.23	\$100.13	66	\$170.26	\$227.76	\$190.98	\$156.45
67	\$109.39	\$147.98	\$124.10	\$101.66	67	\$170.92	\$231.22	\$193.90	\$158.84
68	\$112.11	\$151.72	\$127.15	\$104.21	68	\$175.17	\$237.06	\$198.68	\$162.82
69	\$114.58	\$155.80	\$130.64	\$107.01	69	\$179.02	\$243.44	\$204.12	\$167.20
70	\$116.87	\$159.71	\$133.87	\$109.73	70	\$182.61	\$249.54	\$209.17	\$171.45
71	\$118.91	\$163.36	\$137.01	\$112.20	71	\$185.80	\$255.26	\$214.09	\$175.31
72	\$120.70	\$166.85	\$139.90	\$114.58	72	\$188.59	\$260.70	\$218.60	\$179.02
73	\$122.48	\$171.01	\$143.39	\$117.47	73	\$191.38	\$267.21	\$224.05	\$183.54
74	\$124.27	\$174.84	\$146.62	\$120.10	74	\$194.16	\$273.18	\$229.09	\$187.66
75	\$126.13	\$178.75	\$149.85	\$122.82	75	\$197.09	\$279.29	\$234.14	\$191.91
76	\$128.00	\$182.83	\$153.25	\$125.54	76	\$200.01	\$285.67	\$239.45	\$196.16
77	\$129.87	\$186.91	\$156.65	\$128.34	77	\$202.93	\$292.04	\$244.76	\$200.54
78	\$131.83	\$191.07	\$160.22	\$131.23	78	\$205.98	\$298.55	\$250.34	\$205.05
79	\$133.70	\$195.41	\$163.79	\$134.21	79	\$208.91	\$305.32	\$255.92	\$209.70
80	\$135.74	\$199.74	\$167.44	\$137.18	80	\$212.09	\$312.10	\$261.63	\$214.35
81	\$137.69	\$204.25	\$171.27	\$140.33	81	\$215.15	\$319.14	\$267.61	\$219.26
82	\$139.05	\$206.29	\$172.88	\$141.69	82	\$217.27	\$322.32	\$270.13	\$221.39
83	\$140.41	\$208.24	\$174.58	\$143.05	83	\$219.40	\$325.38	\$272.79	\$223.51
84	\$141.77	\$210.28	\$176.28	\$144.49	84	\$221.52	\$328.56	\$275.44	\$225.77
85	\$143.22	\$212.41	\$178.07	\$145.85	85	\$223.78	\$331.89	\$278.23	\$227.90
86	\$144.58	\$214.45	\$179.77	\$147.30	86	\$225.91	\$335.07	\$280.89	\$230.15
87	\$146.02	\$216.57	\$181.55	\$148.74	87	\$228.16	\$338.39	\$283.68	\$232.41
88	\$147.47	\$218.70	\$183.34	\$150.19	88	\$230.42	\$341.71	\$286.47	\$234.67
89	\$148.91	\$220.82	\$185.12	\$151.72	89	\$232.68	\$345.03	\$289.25	\$237.06
90	\$150.36	\$223.03	\$186.99	\$153.16	90	\$234.94	\$348.49	\$292.18	\$239.32
91	\$150.36	\$223.03	\$186.99	\$153.16	91	\$234.94	\$348.49	\$292.18	\$239.32
92	\$150.36	\$223.03	\$186.99	\$153.16	92	\$234.94	\$348.49	\$292.18	\$239.32
93	\$150.36	\$223.03	\$186.99	\$153.16	93	\$234.94	\$348.49	\$292.18	\$239.32
94	\$150.36	\$223.03	\$186.99	\$153.16	94	\$234.94	\$348.49	\$292.18	\$239.32
95	\$150.36	\$223.03	\$186.99	\$153.16	95	\$234.94	\$348.49	\$292.18	\$239.32
96	\$150.36	\$223.03	\$186.99	\$153.16	96	\$234.94	\$348.49	\$292.18	\$239.32
97	\$150.36	\$223.03	\$186.99	\$153.16	97	\$234.94	\$348.49	\$292.18	\$239.32
98	\$150.36	\$223.03	\$186.99	\$153.16	98	\$234.94	\$348.49	\$292.18	\$239.32
99	\$150.36	\$223.03	\$186.99	\$153.16	99	\$234.94	\$348.49	\$292.18	\$239.32

Modal Factors:
Annual = 1.00000
Semi-annual = 0.50000
Quarterly = 0.25000
Monthly = 0.08333

Add a One-Time Policy Fee of \$25
A household discount factor of .93 is applied to applicants who reside together and are both applying for/currently have a GTL Medicare Supplement policy.

Guarantee Trust Life Insurance Company
Standardized Medicare Supplement Issue Age Premium Rates
Form G1041A, G1041F, G1041G, G1041N
Idaho Annual Rates - Effective 2017

Zips All Zips					Zips All Zips				
Issue Age	Preferred				Issue Age	Standard			
	Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
Under 65	\$6,197.52	\$8,816.88	\$7,392.96	\$6,056.76	Under 65	\$7,746.90	\$11,021.10	\$9,241.20	\$7,570.95
65	\$1,294.38	\$1,731.96	\$1,452.48	\$1,190.34	65	\$1,617.98	\$2,164.95	\$1,815.60	\$1,487.93
66	\$1,307.64	\$1,749.30	\$1,466.76	\$1,201.56	66	\$1,634.55	\$2,186.63	\$1,833.45	\$1,501.95
67	\$1,312.74	\$1,775.82	\$1,489.20	\$1,219.92	67	\$1,640.93	\$2,219.78	\$1,861.50	\$1,524.90
68	\$1,345.38	\$1,820.70	\$1,525.92	\$1,250.52	68	\$1,681.73	\$2,275.88	\$1,907.40	\$1,563.15
69	\$1,374.96	\$1,869.66	\$1,567.74	\$1,284.18	69	\$1,718.70	\$2,337.08	\$1,959.68	\$1,605.23
70	\$1,402.50	\$1,916.58	\$1,606.50	\$1,316.82	70	\$1,753.13	\$2,395.73	\$2,008.13	\$1,646.03
71	\$1,426.98	\$1,960.44	\$1,644.24	\$1,346.40	71	\$1,783.73	\$2,450.55	\$2,055.30	\$1,683.00
72	\$1,448.40	\$2,002.26	\$1,678.92	\$1,374.96	72	\$1,810.50	\$2,502.83	\$2,098.65	\$1,718.70
73	\$1,469.82	\$2,052.24	\$1,720.74	\$1,409.64	73	\$1,837.28	\$2,565.30	\$2,150.93	\$1,762.05
74	\$1,491.24	\$2,098.14	\$1,759.50	\$1,441.26	74	\$1,864.05	\$2,622.68	\$2,199.38	\$1,801.58
75	\$1,513.68	\$2,145.06	\$1,798.26	\$1,473.90	75	\$1,892.10	\$2,681.33	\$2,247.83	\$1,842.38
76	\$1,536.12	\$2,194.02	\$1,839.06	\$1,506.54	76	\$1,920.15	\$2,742.53	\$2,298.83	\$1,883.18
77	\$1,558.56	\$2,242.98	\$1,879.86	\$1,540.20	77	\$1,948.20	\$2,803.73	\$2,349.83	\$1,925.25
78	\$1,582.02	\$2,292.96	\$1,922.70	\$1,574.88	78	\$1,977.53	\$2,866.20	\$2,403.38	\$1,968.60
79	\$1,604.46	\$2,344.98	\$1,965.54	\$1,610.58	79	\$2,005.58	\$2,931.23	\$2,456.93	\$2,013.23
80	\$1,628.94	\$2,397.00	\$2,009.40	\$1,646.28	80	\$2,036.18	\$2,996.25	\$2,511.75	\$2,057.85
81	\$1,652.40	\$2,451.06	\$2,055.30	\$1,684.02	81	\$2,065.50	\$3,063.83	\$2,569.13	\$2,105.03
82	\$1,668.72	\$2,475.54	\$2,074.68	\$1,700.34	82	\$2,085.90	\$3,094.43	\$2,593.35	\$2,125.43
83	\$1,685.04	\$2,499.00	\$2,095.08	\$1,716.66	83	\$2,106.30	\$3,123.75	\$2,618.85	\$2,145.83
84	\$1,701.36	\$2,523.48	\$2,115.48	\$1,734.00	84	\$2,126.70	\$3,154.35	\$2,644.35	\$2,167.50
85	\$1,718.70	\$2,548.98	\$2,136.90	\$1,750.32	85	\$2,148.38	\$3,186.23	\$2,671.13	\$2,187.90
86	\$1,735.02	\$2,573.46	\$2,157.30	\$1,767.66	86	\$2,168.78	\$3,216.83	\$2,696.63	\$2,209.58
87	\$1,752.36	\$2,598.96	\$2,178.72	\$1,785.00	87	\$2,190.45	\$3,248.70	\$2,723.40	\$2,231.25
88	\$1,769.70	\$2,624.46	\$2,200.14	\$1,802.34	88	\$2,212.13	\$3,280.58	\$2,750.18	\$2,252.93
89	\$1,787.04	\$2,649.96	\$2,221.56	\$1,820.70	89	\$2,233.80	\$3,312.45	\$2,776.95	\$2,275.88
90	\$1,804.38	\$2,676.48	\$2,244.00	\$1,838.04	90	\$2,255.48	\$3,345.60	\$2,805.00	\$2,297.55
91	\$1,804.38	\$2,676.48	\$2,244.00	\$1,838.04	91	\$2,255.48	\$3,345.60	\$2,805.00	\$2,297.55
92	\$1,804.38	\$2,676.48	\$2,244.00	\$1,838.04	92	\$2,255.48	\$3,345.60	\$2,805.00	\$2,297.55
93	\$1,804.38	\$2,676.48	\$2,244.00	\$1,838.04	93	\$2,255.48	\$3,345.60	\$2,805.00	\$2,297.55
94	\$1,804.38	\$2,676.48	\$2,244.00	\$1,838.04	94	\$2,255.48	\$3,345.60	\$2,805.00	\$2,297.55
95	\$1,804.38	\$2,676.48	\$2,244.00	\$1,838.04	95	\$2,255.48	\$3,345.60	\$2,805.00	\$2,297.55
96	\$1,804.38	\$2,676.48	\$2,244.00	\$1,838.04	96	\$2,255.48	\$3,345.60	\$2,805.00	\$2,297.55
97	\$1,804.38	\$2,676.48	\$2,244.00	\$1,838.04	97	\$2,255.48	\$3,345.60	\$2,805.00	\$2,297.55
98	\$1,804.38	\$2,676.48	\$2,244.00	\$1,838.04	98	\$2,255.48	\$3,345.60	\$2,805.00	\$2,297.55
99	\$1,804.38	\$2,676.48	\$2,244.00	\$1,838.04	99	\$2,255.48	\$3,345.60	\$2,805.00	\$2,297.55

Modal Factors:
Annual = 1.00000
Semi-annual = 0.50000
Quarterly = 0.25000
Monthly = 0.08333

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A household discount factor of .93 is applied to applicants who reside together and are both applying for/currently have a GTL Medicare Supplement policy.

Guarantee Trust Life Insurance Company
Standardized Medicare Supplement Issue Age Premium Rates
Form G1041A, G1041F, G1041G, G1041N
Idaho Semi-Annual Rates - Effective 2017

Zips All Zips					Zips All Zips				
Issue Age	Preferred				Issue Age	Standard			
	Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
Under 65	\$3,098.76	\$4,408.44	\$3,696.48	\$3,028.38	Under 65	\$4,841.81	\$6,888.19	\$5,775.75	\$4,731.84
65	\$647.19	\$865.98	\$726.24	\$595.17	65	\$1,011.23	\$1,353.09	\$1,134.75	\$929.95
66	\$653.82	\$874.65	\$733.38	\$600.78	66	\$1,021.59	\$1,366.64	\$1,145.91	\$938.72
67	\$656.37	\$887.91	\$744.60	\$609.96	67	\$1,025.58	\$1,387.36	\$1,163.44	\$953.06
68	\$672.69	\$910.35	\$762.96	\$625.26	68	\$1,051.08	\$1,422.42	\$1,192.13	\$976.97
69	\$687.48	\$934.83	\$783.87	\$642.09	69	\$1,074.19	\$1,460.67	\$1,224.80	\$1,003.27
70	\$701.25	\$958.29	\$803.25	\$658.41	70	\$1,095.70	\$1,497.33	\$1,255.08	\$1,028.77
71	\$713.49	\$980.22	\$822.12	\$673.20	71	\$1,114.83	\$1,531.59	\$1,284.56	\$1,051.88
72	\$724.20	\$1,001.13	\$839.46	\$687.48	72	\$1,131.56	\$1,564.27	\$1,311.66	\$1,074.19
73	\$734.91	\$1,026.12	\$860.37	\$704.82	73	\$1,148.30	\$1,603.31	\$1,344.33	\$1,101.28
74	\$745.62	\$1,049.07	\$879.75	\$720.63	74	\$1,165.03	\$1,639.17	\$1,374.61	\$1,125.98
75	\$756.84	\$1,072.53	\$899.13	\$736.95	75	\$1,182.56	\$1,675.83	\$1,404.89	\$1,151.48
76	\$768.06	\$1,097.01	\$919.53	\$753.27	76	\$1,200.09	\$1,714.08	\$1,436.77	\$1,176.98
77	\$779.28	\$1,121.49	\$939.93	\$770.10	77	\$1,217.63	\$1,752.33	\$1,468.64	\$1,203.28
78	\$791.01	\$1,146.48	\$961.35	\$787.44	78	\$1,235.95	\$1,791.38	\$1,502.11	\$1,230.38
79	\$802.23	\$1,172.49	\$982.77	\$805.29	79	\$1,253.48	\$1,832.02	\$1,535.58	\$1,258.27
80	\$814.47	\$1,198.50	\$1,004.70	\$823.14	80	\$1,272.61	\$1,872.66	\$1,569.84	\$1,286.16
81	\$826.20	\$1,225.53	\$1,027.65	\$842.01	81	\$1,290.94	\$1,914.89	\$1,605.70	\$1,315.64
82	\$834.36	\$1,237.77	\$1,037.34	\$850.17	82	\$1,303.69	\$1,934.02	\$1,620.84	\$1,328.39
83	\$842.52	\$1,249.50	\$1,047.54	\$858.33	83	\$1,316.44	\$1,952.34	\$1,636.78	\$1,341.14
84	\$850.68	\$1,261.74	\$1,057.74	\$867.00	84	\$1,329.19	\$1,971.47	\$1,652.72	\$1,354.69
85	\$859.35	\$1,274.49	\$1,068.45	\$875.16	85	\$1,342.73	\$1,991.39	\$1,669.45	\$1,367.44
86	\$867.51	\$1,286.73	\$1,078.65	\$883.83	86	\$1,355.48	\$2,010.52	\$1,685.39	\$1,380.98
87	\$876.18	\$1,299.48	\$1,089.36	\$892.50	87	\$1,369.03	\$2,030.44	\$1,702.13	\$1,394.53
88	\$884.85	\$1,312.23	\$1,100.07	\$901.17	88	\$1,382.58	\$2,050.36	\$1,718.86	\$1,408.08
89	\$893.52	\$1,324.98	\$1,110.78	\$910.35	89	\$1,396.13	\$2,070.28	\$1,735.59	\$1,422.42
90	\$902.19	\$1,338.24	\$1,122.00	\$919.02	90	\$1,409.67	\$2,091.00	\$1,753.13	\$1,435.97
91	\$902.19	\$1,338.24	\$1,122.00	\$919.02	91	\$1,409.67	\$2,091.00	\$1,753.13	\$1,435.97
92	\$902.19	\$1,338.24	\$1,122.00	\$919.02	92	\$1,409.67	\$2,091.00	\$1,753.13	\$1,435.97
93	\$902.19	\$1,338.24	\$1,122.00	\$919.02	93	\$1,409.67	\$2,091.00	\$1,753.13	\$1,435.97
94	\$902.19	\$1,338.24	\$1,122.00	\$919.02	94	\$1,409.67	\$2,091.00	\$1,753.13	\$1,435.97
95	\$902.19	\$1,338.24	\$1,122.00	\$919.02	95	\$1,409.67	\$2,091.00	\$1,753.13	\$1,435.97
96	\$902.19	\$1,338.24	\$1,122.00	\$919.02	96	\$1,409.67	\$2,091.00	\$1,753.13	\$1,435.97
97	\$902.19	\$1,338.24	\$1,122.00	\$919.02	97	\$1,409.67	\$2,091.00	\$1,753.13	\$1,435.97
98	\$902.19	\$1,338.24	\$1,122.00	\$919.02	98	\$1,409.67	\$2,091.00	\$1,753.13	\$1,435.97
99	\$902.19	\$1,338.24	\$1,122.00	\$919.02	99	\$1,409.67	\$2,091.00	\$1,753.13	\$1,435.97

Modal Factors:
Annual = 1.00000
Semi-annual = 0.50000
Quarterly = 0.25000
Monthly = 0.08333

Add a One-Time Policy Fee of \$25
A household discount factor of .93 is applied to applicants who reside together and are both applying for/currently have a GTL Medicare Supplement policy.

Guarantee Trust Life Insurance Company
Standardized Medicare Supplement Issue Age Premium Rates
Form G1041A, G1041F, G1041G, G1041N
Idaho Quarterly Rates - Effective 2017

Zips All Zips					Zips All Zips				
Issue Age	Preferred				Issue Age	Standard			
	Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
Under 65	\$1,549.38	\$2,204.22	\$1,848.24	\$1,514.19	Under 65	\$2,420.91	\$3,444.09	\$2,887.88	\$2,365.92
65	\$323.60	\$432.99	\$363.12	\$297.59	65	\$505.62	\$676.55	\$567.38	\$464.98
66	\$326.91	\$437.33	\$366.69	\$300.39	66	\$510.80	\$683.32	\$572.95	\$469.36
67	\$328.19	\$443.96	\$372.30	\$304.98	67	\$512.79	\$693.68	\$581.72	\$476.53
68	\$336.35	\$455.18	\$381.48	\$312.63	68	\$525.54	\$711.21	\$596.06	\$488.48
69	\$343.74	\$467.42	\$391.94	\$321.05	69	\$537.09	\$730.34	\$612.40	\$501.63
70	\$350.63	\$479.15	\$401.63	\$329.21	70	\$547.85	\$748.66	\$627.54	\$514.38
71	\$356.75	\$490.11	\$411.06	\$336.60	71	\$557.41	\$765.80	\$642.28	\$525.94
72	\$362.10	\$500.57	\$419.73	\$343.74	72	\$565.78	\$782.13	\$655.83	\$537.09
73	\$367.46	\$513.06	\$430.19	\$352.41	73	\$574.15	\$801.66	\$672.16	\$550.64
74	\$372.81	\$524.54	\$439.88	\$360.32	74	\$582.52	\$819.59	\$687.30	\$562.99
75	\$378.42	\$536.27	\$449.57	\$368.48	75	\$591.28	\$837.91	\$702.45	\$575.74
76	\$384.03	\$548.51	\$459.77	\$376.64	76	\$600.05	\$857.04	\$718.38	\$588.49
77	\$389.64	\$560.75	\$469.97	\$385.05	77	\$608.81	\$876.16	\$734.32	\$601.64
78	\$395.51	\$573.24	\$480.68	\$393.72	78	\$617.98	\$895.69	\$751.05	\$615.19
79	\$401.12	\$586.25	\$491.39	\$402.65	79	\$626.74	\$916.01	\$767.79	\$629.13
80	\$407.24	\$599.25	\$502.35	\$411.57	80	\$636.30	\$936.33	\$784.92	\$643.08
81	\$413.10	\$612.77	\$513.83	\$421.01	81	\$645.47	\$957.45	\$802.85	\$657.82
82	\$417.18	\$618.89	\$518.67	\$425.09	82	\$651.84	\$967.01	\$810.42	\$664.20
83	\$421.26	\$624.75	\$523.77	\$429.17	83	\$658.22	\$976.17	\$818.39	\$670.57
84	\$425.34	\$630.87	\$528.87	\$433.50	84	\$664.59	\$985.73	\$826.36	\$677.34
85	\$429.68	\$637.25	\$534.23	\$437.58	85	\$671.37	\$995.70	\$834.73	\$683.72
86	\$433.76	\$643.37	\$539.33	\$441.92	86	\$677.74	\$1,005.26	\$842.70	\$690.49
87	\$438.09	\$649.74	\$544.68	\$446.25	87	\$684.52	\$1,015.22	\$851.06	\$697.27
88	\$442.43	\$656.12	\$550.04	\$450.59	88	\$691.29	\$1,025.18	\$859.43	\$704.04
89	\$446.76	\$662.49	\$555.39	\$455.18	89	\$698.06	\$1,035.14	\$867.80	\$711.21
90	\$451.10	\$669.12	\$561.00	\$459.51	90	\$704.84	\$1,045.50	\$876.56	\$717.98
91	\$451.10	\$669.12	\$561.00	\$459.51	91	\$704.84	\$1,045.50	\$876.56	\$717.98
92	\$451.10	\$669.12	\$561.00	\$459.51	92	\$704.84	\$1,045.50	\$876.56	\$717.98
93	\$451.10	\$669.12	\$561.00	\$459.51	93	\$704.84	\$1,045.50	\$876.56	\$717.98
94	\$451.10	\$669.12	\$561.00	\$459.51	94	\$704.84	\$1,045.50	\$876.56	\$717.98
95	\$451.10	\$669.12	\$561.00	\$459.51	95	\$704.84	\$1,045.50	\$876.56	\$717.98
96	\$451.10	\$669.12	\$561.00	\$459.51	96	\$704.84	\$1,045.50	\$876.56	\$717.98
97	\$451.10	\$669.12	\$561.00	\$459.51	97	\$704.84	\$1,045.50	\$876.56	\$717.98
98	\$451.10	\$669.12	\$561.00	\$459.51	98	\$704.84	\$1,045.50	\$876.56	\$717.98
99	\$451.10	\$669.12	\$561.00	\$459.51	99	\$704.84	\$1,045.50	\$876.56	\$717.98

Modal Factors:
Annual = 1.00000
Semi-annual = 0.50000
Quarterly = 0.25000
Monthly = 0.08333

Add a One-Time Policy Fee of \$25
A household discount factor of .93 is applied to applicants who reside together and are both applying for/currently have a GTL Medicare Supplement policy.

GUARANTEE TRUST LIFE MEDICARE SUPPLEMENT UNDERWRITING GUIDE

1. Generally, unless in open enrollment or guarantee issue, acceptance will be based on the answers given on the application, build chart, a drug prescription history check, MIB search and a review of any claims that may have been filed for applicants who have or had a policy with GTL.
2. In some instances, a personal history may be conducted to clarify information. The interviews are conducted by MRS, a telephone vendor, and will be ordered from the Home Office.
3. If a medical report from an attending physician is required, the applicant will have to obtain it at no expense to the Company.
4. If the answer to any of the medical questions on the application is "YES," the applicant does not qualify for coverage (except for open enrollment or guarantee issue).
5. If the applicant is taking any of the medications listed in the Medication List for the condition listed, the applicant does not qualify for coverage.
6. To qualify for preferred rates, the applicant must meet both the preferred build criteria and the criteria of no tobacco use within the last 12 months (including open enrollment and guarantee issue where allowable).
7. If the applicant is a tobacco user, or if the applicant does not fall within the preferred rate build range, but does fall within the standard rate build range, the applicant will qualify for standard rates.
8. If the insured was originally issued standard rates and wishes to re-apply for preferred rates, a new application is required and evidence of insurability must be met. The insured must meet both the preferred build criteria and the criteria of no tobacco use within the past 12 months. Any improvement in weight must be maintained for at least 12 months before applying.
9. A telephone interview will be conducted on an applicant who uses a Power of Attorney to sign the application. If the applicant cannot complete the interview, medical records for the past 2 years will be required at the applicant's expense.
10. Any application over 31 days old will be considered stale-dated and a new currently dated application will be required.
11. The effective date of the policy cannot be greater than 93 days from the application date. Back dating is not permitted.

12. The bank draft date and the effective date cannot be more than 10 days apart.
13. Policies are issued in the residence state of the applicant. Also, the agent must be licensed in the applicant's residence state.
14. The application version must be the residence state of the applicant. Other versions are not acceptable.
15. For internal replacements, any increase in coverage will require a new application and subject to evidence of insurability. This includes policies that were originally issued under open enrollment or guarantee issue or were underwritten. A decrease in coverage will not require a new application and will not be subject to evidence of insurability. However, a new policy will be issued at the insured's attained age.
16. The insured can apply for reinstatement of a lapsed policy within 6 months of lapse, and evidence of insurability is required. For a policy lapsed over 6 months, a new application must be submitted and will be subject to evidence of insurability. If approved, a new policy will be issued at the insured's attained age.
17. Other than the applicant, acceptable payors for the initial and renewal premium are family members. Any other payors such as friends, businesses, or organizations are not acceptable for either the initial or renewal premium.
18. A household resident premium discount will be given if another person 18 years or older resides with the applicant (where applicable).
19. Documents used to support guarantee issue must indicate the applicant's name and start and end of coverage. Generic letters are not acceptable.
20. If list bill is requested, Employer and Applicant Billing agreement forms are required to be completed. Only retired employees (and spouses) will be eligible for list bill.
21. For guarantee issue due to involuntary disenrollment from a Medicare Advantage Plan, submit a copy of the letter that was sent to applicant.
22. For voluntary disenrollment from a Medicare Advantage Plan, please submit proof of the effective date of the policy and the last paid to date.
23. Please refer to the Guarantee Issue and Open Enrollment rules that apply to the applicant's resident state that is posted on the GTL website or contact the Underwriting department.

UNDERWRITING CONSIDERATIONS

- Tobacco means cigarette, pipe, cigar, chewing tobacco, dip, electronic or vapor cigarettes, or other nicotine delivery systems.
- If the applicant currently requires the use of a wheelchair or motorized mobility aid on a daily basis, the person is not eligible for coverage. For conditions such as a broken leg, the applicant is not eligible until the wheelchair or motorized mobility aid is no longer needed.
- With respect to the medical question that asks if the applicant has been advised to have a medical test, the question should be answered YES if the test is meant to diagnose a medical condition. If the test is part of a routine exam (that includes tests as cholesterol, PSA, mammogram), then the questions can be answered as NO.
- Hospitalized means being admitted as an inpatient. Observation or treatment as an outpatient in the hospital without admittance is not considered a hospitalization.
- The applicant is not eligible if there is a history of memory loss.
- Even if the applicant is not taking any medication, the applicant is ineligible for coverage if diagnosed with any condition listed in the health question number 19 (may be a different number depending on the state version.)
- Taking a maintenance medication is considered treatment. Medications such as tamoxifen (Nolvadex/Solfamox) or anastrozole (Armidex) given after breast cancer treatment was completed are usually used as preventive rather than treatment of the disease and can be considered for coverage.
- With respect to high blood pressure, diuretics (“water pills”) are considered treatment. If a diuretic is manufactured with another medication as one pill, it is counted as two medications.
- Heart disease includes heart attack, myocardial infarction, valve disease, coronary disease, angina, atrial fibrillation or other heart rhythm disorders, cardiomyopathy, congestive heart failure, enlarged heart, heart bypass, stent placement, angioplasty or pacemaker or defibrillator.
- An applicant who has diabetes (treated with insulin, non-insulin or by diet) who has complications of neuropathy (nerve damage), retinopathy (eye problems) or chronic kidney disease, is not eligible for coverage.
- The applicant is not eligible for coverage if taking more than 50 units of insulin (51 or more) per day, or is taking 3 or more medications (insulin-any amount- or non-insulin) to treat diabetes.
- It is important that not only the medications be given on the application, but the reason why the medications were prescribed. Please give the reason (diagnosis) why the medication was prescribed, not what the medication does (e.g., Plavix due to heart attack, not because it thins the blood.)

BUILD CHART

Height	Decline	Standard	Preferred	Standard	Decline
4'2"	<54	54-59	60-124	125-145	>145
4'3"	<56	56-62	63-129	130-151	>151
4'4"	<58	58-64	65-135	136-157	>157
4'5"	<60	60-67	68-140	141-163	>163
4'6"	<63	63-70	71-145	146-170	>170
4'7"	<65	65-72	73-151	152-176	>176
4'8"	<67	67-75	76-156	157-182	>182
4'9"	<70	70-78	79-162	163-189	>189
4'10"	<72	72-80	81-167	168-196	>196
4'11"	<75	75-83	84-173	174-202	>202
5'0"	<77	77-86	87-179	180-209	>209
5'1"	<80	80-89	90-185	186-216	>216
5'2"	<83	83-92	93-191	192-224	>224
5'3"	<85	85-95	96-198	199-231	>231
5'4"	<88	88-98	99-204	205-238	>238
5'5"	<91	91-101	102-210	211-246	>246
5'6"	<93	93-104	105-217	218-254	>254
5'7"	<96	96-108	109-223	224-261	>261
5'8"	<99	99-111	112-230	231-269	>269
5'9"	<102	102-114	115-237	238-277	>277
5'10"	<105	105-117	118-244	245-285	>285
5'11"	<108	108-121	122-251	252-293	>293
6'0"	<111	111-124	125-258	259-302	>302
6'1"	<114	114-128	129-265	266-310	>310
6'2"	<117	117-131	132-273	274-319	>319
6'3"	<121	121-135	136-280	281-328	>328
6'4"	<124	124-139	140-288	289-336	>336
6'5"	<127	127-142	143-295	296-345	>345
6'6"	<130	130-146	147-303	304-354	>354
6'7"	<134	134-150	151-311	312-363	>363
6'8"	<137	137-154	155-319	320-373	>373
6'9"	<140	140-158	159-327	328-382	>382
6'10"	<144	144-162	163-335	336-392	>392
6'11"	<147	147-166	167-343	344-401	>401
7'0"	<151	151-170	171-351	352-411	>411
7'1"	<155	155-174	175-360	361-421	>421
7'2"	<158	158-178	179-368	369-431	>431
7'3"	<162	162-182	183-377	378-441	>441
7'4"	<166	166-186	187-386	387-451	>451

MEDICATION LIST

If the applicant is taking any of the following medications or had taken a medication within the time period listed in the health questions on the application, the person is not eligible for coverage. Brand names are capitalized and generic names are not. Please note that this list is not all inclusive and may be changed from time to time as medications are added and removed.

Medication	Condition	Medication	Condition
3TC	AIDS	AZT	AIDS, HIV, Hepatitis
abacavir	HIV	BCG	Bladder Cancer
abarelix	Cancer	benztropine	Parkinson's Disease
acamprosate	Alcohol Abuse	Betaseron	Multiple Sclerosis
Adriamycin	Cancer	bicalutamide	Prostate Cancer
Akineton	Parkinson's Disease	biperiden hydrochloride	Parkinson's Disease
AL-721	AIDS, HIV	Blenoxane	Cancer
albuterol	COPD	bleomycin	Cancer
Alkeran	Cancer	Bloxiverz	Myasthenia Gravis
altretamine	Cancer	bromocriptine	Parkinson's Disease
amantadine	Parkinson's Disease	busulfan	Cancer
ambrisentan	Pulmonary Hypertension	Busulfex	Cancer
Amen	Cancer	Caelyx	AIDS, HIV, Cancer
anakinra	Rheumatoid Arthritis	Campral	Alcohol Abuse
Antabuse	Alcohol Abuse	Carbex	Parkinson's Disease
Apokyn	Parkinson's Disease	carbidopa	Parkinson's Disease
apomorphine	Parkinson's Disease	Carbilev	Parkinson's Disease
Aptivus	AIDS, HIV	carboplatin	Cancer
Aricept	Dementia	Casodex	Prostate Cancer
Artane	Parkinson's Disease	CellCept	Myasthenia Gravis, Organ Transplant
Astagraf	Myasthenia Gravis, Organ Transplant	chlorambucil	Cancer, Kidney Transplant, Rheumatoid Arthritis
Astramorph	Severe Pain	chlorotrianisene	Cancer
Atamet	Parkinson's Disease	chlorpromazine	Schizophrenia, Psychosis
atazanavir	HIV	cisplatin	Cancer
Atripla	AIDS, HIV	Clopidogrel	Heart
Atrovent	COPD	Cogentin	Parkinson's Disease
auranofin	Rheumatoid Arthritis	Cognex	Dementia
Aurolate	Rheumatoid Arthritis	Combivent Respimat	COPD
auriothiogluucose	Rheumatoid Arthritis	Combivir	AIDS
Avinza	Severe Pain	Comtan	Parkinson's Disease
Avonex	Multiple Sclerosis	Contin	Severe Pain
azathioprine	Rheumatoid Arthritis, Kidney Transplant	Copaxone	Multiple Sclerosis
Azilect	Parkinson's Disease	Cortan	Rheumatoid Arthritis, Hepatitis

UNDERWRITING GUIDE



Medication	Condition	Medication	Condition
Crixivan	AIDS, HIV	entacapone	Parkinson's Disease
Curretab	Cancer	Envarsus	Myasthenia Gravis, Organ Transplant
cyclophosphamide	Cancer	Epivir	AIDS
Cyclose	Parkinson's Disease	epoetin alfa	Chronic Kidney Disease
cycloserine	Tuberculosis	Epogen	Chronic Kidney Disease
cyclosporine	Organ Transplant, Cancer, Rheumatoid Arthritis	Eprex	Chronic Kidney Disease
Cycrin	Cancer	Ergamisol	Cancer
Cytoxan	Cancer	ergoloid mesylates	Dementia
d4T	AIDS, HIV	Estinyl	Cancer
Dabigatran	Heart	etanercept	Rheumatoid Arthritis
Dantrium	Malignant Hyperthermia, Spasticity	ethinyl estradiol	Cancer
dantrolene	Malignant Hyperthermia, Spasticity	ethopropazine	Parkinson's Disease
darunavir	AIDS, HIV	Etopophos	Cancer
ddC	AIDS, HIV	etoposide	Cancer
delavirdine	AIDS, HIV	Euflex	Cancer
Deltasone, Rayos	Rheumatoid Arthritis, Hepatitis	Eulexin	Cancer
Depade	Opioid or Alcohol Detox	Exelon	Dementia
Depodur	Severe Pain	Extavia	Multiple Sclerosis
Depo-Provera	Cancer	filgrastim	Cancer
didanosine	AIDS, HIV	fluphenazine	Psychosis
diethylstilbestrol (DES)	Cancer	flutamide	Cancer
Digitek	Heart	Fortovase	AIDS, HIV
Digoxin	Heart	fosamprenavir	HIV
Dilatrate- SR	Heart	foscarnet sodium	AIDS, HIV
disulfiram	Alcohol Abuse	Foscavir	AIDS, HIV
Dolophine	Severe Pain	furosemide	CHF, Resistant Hypertension
donepezil	Dementia	Fuzeon	AIDS, HIV
Dopar	Parkinson's Disease	galantamine	Dementia
doxorubicin	Cancer	Gengraf	Organ Transplant, Cancer, Rheumatoid Arthritis
dronabinol	Cancer	Geodon	Schizophrenia
Droxia	Cancer	glatiramer	Multiple Sclerosis
DuoNeb	COPD	Glatopa	Multiple Sclerosis
Duopa	Parkinson's Disease	Gleevec	Cancer
Duramorph	Severe Pain	Gleostine, CCNU	Cancer
efavirenz	AIDS, HIV	gold sodium thiomalate	Rheumatoid Arthritis
Eldepryl	Parkinson's Disease	goserelin	Cancer
Eligard	Cancer	Granix	Cancer
emtricitabine	HIV	Haldol	Psychosis
Emtriva	AIDS, HIV	haloperidol	Psychosis
Enbrel	Rheumatoid Arthritis	Hecoria	Myasthenia Gravis, Organ Transplant
Endantadine	Parkinson's Disease	Herceptin	Cancer
enfuvirtide	AIDS, HIV	Hexalen	Cancer

UNDERWRITING GUIDE



Medication	Condition	Medication	Condition
Hivid	AIDS, HIV	Lodosyn	Parkinson's Disease
Hydergine	Dementia	Iomustine	Cancer
Hydrea	Cancer	Iopinavir	HIV
hydroxyurea	Cancer	Lupron	Cancer
IDV	AIDS, HIV	maraviroc	HIV
imatinib	Cancer	Marinol	Cancer
Imdur	Heart	medroxyprogesterone acetate	Cancer
Imuran, Azasan	Rheumatoid Arthritis, Kidney Transplant	Megace	Cancer
indinavir	AIDS, HIV	megestrol	Cancer
infliximab	Rheumatoid Arthritis	Mellaril	Psychosis, Dementia
Infumorph	Severe Pain	melphalan	Cancer
insulin > 50 units per day	Diabetes Mellitus	memantine	Dementia
interferon	AIDS, HIV, Cancer, Multiple Sclerosis, Hepatitis	Mestinon	Myasthenia Gravis
interferon alfa-2a	AIDS, HIV, Cancer	methadone	Severe Pain
interferon beta 1a	Multiple Sclerosis	Methadose	Severe Pain
interferon beta 1b	Multiple Sclerosis	methotrexate	Rheumatoid Arthritis, Cancer
Invega	Schizophrenia	Milrinone	Heart
Invirase	AIDS, HIV	Mirapex	Parkinson's Disease
ipratropium	COPD	mitomycin	Cancer
ipratropium	COPD	mitoxantrone	Multiple Sclerosis, Cancer
Iso-Bid	Heart	Modecate	Psychosis
Isordil	Heart	Moditen	Psychosis
Isosorbide Dinitrate	Heart	morphine	Severe Pain
Isosorbide dinitrate	Heart	Mutamycin	Cancer
Isosorbide Mononitrate	Heart	mycophenolate	Myasthenia Gravis, Organ Transplant
Isotrate	Heart	Myfortic	Myasthenia Gravis, Organ Transplant
Isotrate ER	Heart	Myleran	Cancer
Kadian	Severe Pain	Myochrysine	Rheumatoid Arthritis
Kaletra	HIV	naltrexone	Opioid or Alcohol Detox
Kemadrin	Parkinson's Disease	Namenda	Dementia
Kineret	Rheumatoid Arthritis	Namzaric	Dementia
lamivudine	AIDS, HIV	natalizumab	Multiple Sclerosis
Lanoxin	Heart	Natrecor	Congestive Heart Failure
Larodopa	Parkinson's Disease	Navane	Psychosis
Lasix	CHF, Resistant Hypertension	nelfinavir	AIDS, HIV
L-Dopa	Parkinson's Disease	Neoral	Organ Transplant, Cancer, Rheumatoid Arthritis
Letairis	Pulmonary Hypertension	Neosar	Cancer
Leukeran	Cancer, Kidney Transplant, Rheumatoid Arthritis	neostigmine	Myasthenia Gravis
leuprolide	Cancer	nesiritide	Congestive Heart Failure
levamisole hydrochloride	Cancer	Neupogen	Cancer
levodopa	Parkinson's Disease	Neupro	Parkinson's Disease
Lexiva	HIV	nevirapine	AIDS, HIV

UNDERWRITING GUIDE



Medication	Condition	Medication	Condition
Nitro-Bid	Heart	Rebif	Multiple Sclerosis
Nitro-Dur	Heart	Reclast	Hypercalcemia caused by Cancer
Nitroglycerin	Heart	Regonol	Myasthenia Gravis
Nitrolingual	Heart	Remicade	Rheumatoid Arthritis
Nitroquick	Heart	Reminyl	Dementia
Nitrostat	Heart	Remodulin	Pulmonary Hypertension
Norvir	AIDS, HIV	Requip	Parkinson's Disease
Novantrone	Multiple Sclerosis, Cancer	Rescriptor	AIDS, HIV
Oncovin	Cancer	Retrovir	AIDS, HIV, Hepatitis
ondansetron	Cancer	ReVia	Opioid or Alcohol Detox
Oramorph	Severe Pain	Revonto	Malignant Hyperthermia, Spasticity
Orenitram	Pulmonary Hypertension	Reyataz	HIV
Otrexup	Rheumatoid Arthritis, Cancer	Rheumatrex	Rheumatoid Arthritis, Cancer
oxygen	COPD	Ridaura	Rheumatoid Arthritis
paliperidone	Schizophrenia	Rilutek	ALS- Amyotrophic Lateral Sclerosis
Paracort	Rheumatoid Arthritis, Hepatitis	riluzole	ALS- Amyotrophic Lateral Sclerosis
Paraplatin	Cancer	Risperdal	Schizophrenia, Psychosis
Parcopa	Parkinson's Disease	risperidone	Schizophrenia, Psychosis
Parlodel	Parkinson's Disease	ritonavir	AIDS, HIV
Parsidol	Parkinson's Disease	Rivaroxaban	Heart
pergolide mesylate	Parkinson's Disease	rivastigmine	Dementia
Peridol	Psychosis	Roferon-A	AIDS, HIV, Cancer
Permax	Parkinson's Disease	ropinirole	Parkinson's Disease
Permitil	Psychosis	rotigotine	Parkinson's Disease
Platinol	Cancer	Roxanol	Severe Pain
Plavix	Heart	Rubex	Cancer
Plenaxis	Cancer	Ryanodex	Malignant Hyperthermia, Spasticity
Pradaxa	Heart	Rytary	Parkinson's Disease
pramipexole	Parkinson's Disease	Sandimmune	Organ Transplant, Cancer, Rheumatoid Arthritis
prednisone (ongoing daily use)	Rheumatoid Arthritis, Hepatitis	saquinavir	AIDS, HIV
Prezista	AIDS, HIV	selegiline	Parkinson's Disease
Primacor	Heart	Selzentry	HIV
Procrit	Chronic Kidney Disease	Seromycin	Tuberculosis
procyclidine	Parkinson's Disease	Sinemet	Parkinson's Disease
Prograf	Myasthenia Gravis, Organ Transplant	Solganal	Rheumatoid Arthritis
Prolixin	Psychosis	Sorbitrate	Heart
Prostigmin	Myasthenia Gravis	Spiriva	COPD
Provera	Cancer	Stalevo	Parkinson's Disease
pyridostigmine	Myasthenia Gravis	stavudine	AIDS, HIV
Rapi-Ject	Severe Pain	Stelazine	Schizophrenia
rasagiline	Parkinson's Disease		
Rasuvo	Rheumatoid Arthritis, Cancer		
Razadyne	Dementia		

UNDERWRITING GUIDE



Medication	Condition	Medication	Condition
Sterapred	Rheumatoid Arthritis, Hepatitis	Videx, ddl	AIDS, HIV
Stilphostrol	Cancer	Vincasar	Cancer
streptozocin	Cancer	vincristine	Cancer
Sustiva	AIDS, HIV	Viracept	AIDS, HIV
Symadine	Parkinson's Disease	Viramune	AIDS, HIV
Symmetrel	Parkinson's Disease	Viread	AIDS, HIV
Tace	Cancer	Vivitrol	Opioid or Alcohol Detox
tacrine	Dementia	Xarelto	Heart
tacrolimus	Myasthenia Gravis, Organ Transplant	zalcitabine	AIDS, HIV
Tasmar	Parkinson's Disease	Zanosar	Cancer
tenofovir	AIDS, HIV	Zarxio	Cancer
Teslac	Cancer	ZDV	AIDS, HIV, Hepatitis
Tespa	Cancer	Zelapar	Parkinson's Disease
testolactone	Cancer	Zerit	AIDS, HIV
THC	Cancer	Ziagen	HIV
TheraCyx	Bladder Cancer	zidovudine	AIDS, HIV, Hepatitis
Thioplex	Cancer	ziprasidone	Schizophrenia
thioridazine	Psychosis, Dementia	Zofran	Cancer
thiotepa	Cancer	Zoladex	Cancer
thiothixene	Psychosis	zoledronic acid	Hypercalcemia caused by Cancer
Thorazine	Schizophrenia, Psychosis	Zometa	Hypercalcemia caused by Cancer
Tice BCG	Bladder Cancer		
TICLID	Heart		
Ticlopidine HCL	Heart		
tiotropium	COPD		
tipranavir	AIDS, HIV		
tolcapone	Parkinson's Disease		
Toposar	Cancer		
trastuzumab	Cancer		
Trelstar	Cancer		
treprosinil	Pulmonary Hypertension		
Trexall	Rheumatoid Arthritis, Cancer		
trifluoperazine	Schizophrenia		
Trihex	Parkinson's Disease		
trihexyphenidyl	Parkinson's Disease		
triptorelin	Cancer		
Trizivir	HIV		
Truvada	HIV		
Tysabri	Multiple Sclerosis		
Tyvaso	Pulmonary Hypertension		
Uprima	Parkinson's Disease		
Valcyte	Cytomegalovirus Disease, HIV		
valganciclovir	Cytomegalovirus Disease, HIV		
VePesid	Cancer		

MEDICARE SUPPLEMENT NEW BUSINESS PROCEDURES

Ways to Submit an Application

- E-Application-Agent Portal (www.gtlic.com)
- By email to: und@gtlic.com
- By fax to: (847) 699-8493
- By mail to: Guarantee Trust Life
Attn: New Business 1275 Milwaukee Ave.
Glenview, IL 60025

Avoid Delivery Requirements

- Be sure that the client initials any and all changes made on the paper application.
- Be sure to submit bank draft information and a signed PAC form.
- Be sure to include any special signed state required forms.

Please be sure that we have your current email address. You can update your email address on our Agent Portal, by contacting our Sales Support Department at (800) 323-6907 or by email at agency@gtlic.com.

Submitting an Application with a Future Effective Date

Submit the application in same manner as listed under “Ways to Submit an Application.”

- Complete all underwriting questions-where applicable.
- Include PAC authorization form if paying by bank draft.
- Note that initial payment will not draft until the effective date of the policy.
- The effective date cannot be 93 days greater than the application date.

NEED QUICK UPDATES ON YOUR PENDING BUSINESS?

- Please remember that GTLink is available 24/7.
- Can't access GTLink? Contact our Sales Support Department for assistance at (800) 323-6907.

If you have any questions, please contact GTL's New Business Department at (800) 635-1993. You can also contact our Life and Health Sales Department at (800) 323-6907 or by email at agency@gtlic.com.