

Short-Term Home Health Care Insurance

AGENT RATES & UNDERWRITING GUIDE Basic-Annual & Monthly

FOR AGENT USE ONLY

UNDERWRITTEN BY:
Guarantee Trust Life Insurance Company

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Guarantee Trust Life Insurance Company

Short - Term Home Health Care

Rate Calculation Worksheet

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

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

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

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

STEP 1: BASE PLAN MONTHLY RATES

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

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

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

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

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

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

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

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

STEP 4: MONTHLY RIDER RATES (IF APPLICABLE)

Accident & Sickness Hospitalization Rider— Monthly Rates						
ATTAINED AGE*	\$100 BENEFIT / AGES 40-85		\$200 BENEFIT / AGES 40-85		\$300 BENEFIT / AGES 40-85	
	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY
	61 - 64	\$5.38	\$7.50	\$10.77	\$15.00	\$16.15
65 - 70	\$5.63	\$8.12	\$11.27	\$16.25	\$16.90	\$24.37
71 - 75	\$6.71	\$9.78	\$13.42	\$19.57	\$20.12	\$29.35
76 - 80	\$8.55	\$12.55	\$17.10	\$25.10	\$25.65	\$37.65
81 - 85	\$10.20	\$15.17	\$20.40	\$30.33	\$30.60	\$45.50

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

*ASH Rider monthly rates are attained age.

**Not available in MD, MT and WY.

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

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

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

MODAL FACTORS	
Monthly	0.08333
Quarterly	0.25000
Semi Annual	0.50000
Annual	1.00000

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

**** Not available in GA and MD.

MONTHLY POLICY FEE
\$1.67

STEP 1: BASE PLAN ANNUAL RATES

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

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

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

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

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

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

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

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

STEP 4: ANNUAL RIDER RATES (IF APPLICABLE)

Accident & Sickness Hospitalization Rider— Annual Rates						
ATTAINED AGE*	\$100 BENEFIT / AGES 40-85		\$200 BENEFIT / AGES 40-85		\$300 BENEFIT / AGES 40-85	
	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY
	61 - 64	\$64.60	\$90.00	\$129.20	\$180.00	\$193.80
65 - 70	\$67.60	\$97.50	\$135.20	\$195.00	\$202.80	\$292.50
71 - 75	\$80.50	\$117.40	\$161.00	\$234.80	\$241.50	\$352.20
76 - 80	\$102.60	\$150.60	\$205.20	\$301.20	\$307.80	\$451.80
81 - 85	\$122.40	\$182.00	\$244.80	\$364.00	\$367.20	\$546.00

Critical Accident Rider** - Annual Rates				
ISSUE AGE	FEMALE		MALE	
	\$5,000	\$10,000	\$5,000	\$10,000
61 - 64	\$29.50	\$59.00	\$21.50	\$43.00
65 - 69	\$39.00	\$78.00	\$27.50	\$55.00
70 - 74	\$53.50	\$107.00	\$37.00	\$74.00
75 - 79	\$74.50	\$149.00	\$53.00	\$106.00
80 - 84	\$104.00	\$208.00	\$79.50	\$159.00
85	\$136.00	\$272.00	\$113.00	\$226.00

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

**Not available in MD, MT and WY.

Dental and Vision Rider*** - Annual Rates			
ISSUE AGE	MALE OR FEMALE		
	\$400	\$800	\$1,200
61 - 65	\$319.00	\$384.00	\$443.00
66 - 70	\$339.00	\$403.00	\$458.00
71 - 75	\$359.00	\$418.00	\$473.00
76 - 80	\$379.00	\$433.00	\$488.00
81 - 85	\$399.00	\$449.00	\$505.00

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

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

MODAL FACTORS	
Monthly	0.08333
Quarterly	0.25000
Semi Annual	0.50000
Annual	1.00000

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

**** Not available in GA and MD.

ANNUAL POLICY FEE
\$20.00