

SERFF Tracking Number: ABAI-126814054 State: Arkansas
Filing Company: Government Personnel Mutual Life Insurance Company State Tracking Number: 46851
Company Tracking Number:
TOI: MS08I Individual Medicare Supplement - Standard Plans 2010 Sub-TOI: MS08I.001 Plan A 2010
Product Name: GPM med supp filing
Project Name/Number: /

Filing at a Glance

Company: Government Personnel Mutual Life Insurance Company

Product Name: GPM med supp filing SERFF Tr Num: ABAI-126814054 State: Arkansas
TOI: MS08I Individual Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Approved-Closed State Tr Num: 46851
Sub-TOI: MS08I.001 Plan A 2010 Co Tr Num: State Status: Approved-Closed
Filing Type: Form/Rate Reviewer(s): Stephanie Fowler
Author: Kim Hefner Disposition Date: 10/12/2010
Date Submitted: 09/21/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date: 10/12/2010

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Authorized
Project Number: Date Approved in Domicile: 04/07/2010
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 10/12/2010 Explanation for Other Group Market Type:
State Status Changed: 10/12/2010
Deemer Date: Created By: Kim Hefner
Submitted By: Kim Hefner Corresponding Filing Tracking Number:
Filing Description:
filing of 2010 Medicare Supplement forms and rates

Company and Contact

Filing Contact Information

Kim Hefner, Compliance Manager
8310 Capital of Texas Hwy North

khefner@allenbailey.com
512-502-8800 [Phone] 124 [Ext]

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 Standard Plans 2010
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Project Name/Number: /
 Suite 370 512-502-8638 [FAX]
 Austin, TX 78731

Filing Company Information

(This filing was made by a third party - allenbaileyandassociatesinc)
 Government Personnel Mutual Life Insurance CoCode: 63967 State of Domicile: Texas
 Company
 Post Office Box 659567 Group Code: Company Type: Life
 San Antonio, TX 78265 Group Name: State ID Number:
 (210) 357-2222 ext. [Phone] FEIN Number: 74-0651020

Filing Fees

Fee Required? Yes
 Fee Amount: \$500.00
 Retaliatory? No
 Fee Explanation: 10 forms at \$50 per form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Government Personnel Mutual Life Insurance Company	\$500.00	09/21/2010	39694397

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	10/12/2010	10/12/2010

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Disposition

Disposition Date: 10/12/2010

Implementation Date: 10/12/2010

Status: Approved-Closed

Comment: This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- Both the insured and agent shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Government Personnel Mutual Life Insurance Company	%	%	\$		\$	%	%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Outline of Coverage		Yes
Supporting Document	authorization	Accepted for Informational Purposes	Yes
Supporting Document	variability memo	Approved	Yes
Supporting Document	cover letter	Accepted for Informational Purposes	Yes
Form	plan A	Approved	Yes
Form	plan C	Approved	Yes
Form	plan F	Approved	Yes
Form	plan G	Approved	Yes
Form	plan N	Approved	Yes
Form	application	Approved	Yes
Form	outline cover page	Approved	Yes
Form	outline disclosure page	Approved	Yes
Form	outline benefit charts	Approved	Yes
Form	replacement notice	Approved	Yes
Form	HIPAA authorization	Approved	Yes
Form	documentation of solicitation notice	Approved	Yes
Form	outline of coverage rate page	Approved	Yes
Rate	AR 2010 rates	Approved	Yes

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Form Schedule

Lead Form Number: MTP20-23577

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 10/12/2010	MTP20- 23577	Policy/Cont ract/Fratern al Certificate	Plan A	Initial			MTP20-23577 Plan A AR clean.pdf
Approved 10/12/2010	MTP22- 23578	Policy/Cont ract/Fratern al Certificate	Plan C	Initial			MTP22-23578 Plan C AR clean.pdf
Approved 10/12/2010	MTP24- 23579	Policy/Cont ract/Fratern al Certificate	Plan F	Initial			MTP24-23579 Plan F AR clean.pdf
Approved 10/12/2010	MTP25- 23580	Policy/Cont ract/Fratern al Certificate	Plan G	Initial			MTP25-23580 Plan G AR clean.pdf
Approved 10/12/2010	MTP31- 23581	Policy/Cont ract/Fratern al Certificate	Plan N	Initial			MTP31-23581 Plan N AR clean.pdf
Approved 10/12/2010	T04-2011- 03	Application/ Enrollment Form	application	Initial			T04-2011-03 (AR).pdf
Approved 10/12/2010	CP25	Outline of Coverage	outline cover page	Initial			CP25 (Outline Cover Page).pdf
Approved 10/12/2010	DP2.T04- AR	Outline of Coverage	outline disclosure page	Initial			DP2.T04-AR (Outline Disclosure

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Approved	BC25	Outline of	outline benefit charts	Initial	Page).pdf
10/12/2010		Coverage			BC25 (Outline
					Benefit
					Charts).pdf
Approved	T04_364	Other	replacement notice	Initial	T04_364
10/12/2010					(Replmnt
					Notice -
					Nat'l).pdf
Approved	T04_363	Other	HIPAA authorization	Initial	T04_363
10/12/2010					(HIPAA -
					NATL).pdf
Approved	T04_579_A	Other	documentation of	Initial	T04_579_AR.
10/12/2010	R		solicitation notice		pdf
Approved	RP25.1.T0	Outline of	outline of coverage	Initial	RP25.1.T04-
10/12/2010	4-AR	Coverage	rate page		AR (Outline
					Rate Page)
					with rates.pdf

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

2211 NE Loop 410
San Antonio, Texas 78217

**MEDICARE SUPPLEMENT INSURANCE POLICY
PLAN A**

CONSIDERATION

In consideration of the first premium You paid, the application You completed and Our reliance on Your answers to the application questions, We have put this policy in force as of the Policy Date. That date is shown on the policy schedule. A copy of Your application is attached.

30-DAY RIGHT TO EXAMINE POLICY

Please read Your policy. If, for any reason, You are not satisfied with it, You may return Your policy to Us at the administrative office address shown below or Your agent within 30 days of its delivery. We will then promptly refund all premiums paid less any claims paid. The policy will then be considered never to have been issued.

PLEASE READ YOUR APPLICATION

Please read the attached copy of Your application immediately. If anything is not correct or if any past medical history has been left out, You should tell Us. Your policy was issued on the basis that all information in the application is correct and complete. If not, Your policy may not be valid.

GUARANTEED RENEWABLE FOR LIFE

This policy is guaranteed renewable for life. This means You have the right to continue Your policy in force for as long as You live. Unless there has been a Material Misrepresentation, We cannot cancel Your coverage as long as You pay the required premium payment when it is due.

PREMIUM CHANGES

The premium for this policy may change. This annual premium change will occur on the first Policy Renewal Date which coincides with or follows the policy anniversary date. Such premium change cannot be made unless We make the same change to all policies of this form issued to persons of the same classification living in the same geographic area of Your state. We will give You the advance written notice required by Your state prior to any premium change.

This Is a Legal Contract Between You and Us.

READ YOUR POLICY CAREFULLY.

NOTICE TO BUYER:

THIS POLICY MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.

To Inquire About Your Coverage, or To Express a Concern, Call Us Toll-Free At:

Customer Service [1-XXX-XXX-XXXX]

Claims Service [1-XXX-XXX-XXXX]



President



Secretary

Administrative Office:
Government Personnel Mutual Life Insurance Company
[3316 Farnam Street
Omaha, NE 68175]

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DEFINITIONS

Shown below are the defined terms used in Your policy. These terms are capitalized wherever they appear in the policy.

Benefit Period means the period of time defined by Medicare as a benefit period under Medicare Part A. A benefit period begins on the first day You are Hospital confined as an inpatient. A benefit period generally ends after You have not been confined in a Hospital or skilled nursing facility for 60 days in a row.

Hospital means a place defined as a hospital and approved for payment as a hospital by Medicare.

Injury means bodily harm sustained by You which:

- (a) is the direct result of an accident or trauma that occurs while Your policy is in force; and
- (b) is not related to Sickness, bodily infirmity or any other cause.

Material Misrepresentation means You did not disclose a condition or combination of conditions You were requested to disclose on the application and which, if disclosed, would have required a different premium or caused Us to deny issuing Your policy. Any material misrepresentation is subject to the Time Limit on Certain Defenses provision.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended. Traditional Medicare is divided into two parts, Part A (Hospital/skilled nursing facility coverage) and Part B (medical/surgical coverage).

Medicare Eligible Expenses mean expenses of the kinds covered by Medicare, to the extent recognized as reasonable and medically necessary by Medicare.

Physician means a physician as defined by Medicare.

Policy Date means the date coverage starts under this policy as shown on the policy schedule.

Policy Renewal Date means the month and day this policy's premium payment is due. The frequency of the policy renewal date can vary depending on whether the premiums are paid on a monthly, quarterly, semiannual, or annual basis.

Sickness means an illness, disease or physical condition incurred by You which causes loss beginning while Your policy is in force.

We, Us or Our means Government Personnel Mutual Life Insurance Company.

You or Your means the person named as the Insured on the policy schedule.

BASIC CORE BENEFITS

Your Medicare Supplement Insurance Policy is designed to coordinate with benefits provided by the federal Medicare program. We will consider Our benefits:

- (a) as if You are enrolled in both Part A and Part B of Medicare (even if You are not enrolled in Part B); and
- (b) as if Medicare has paid its portion of the expense incurred.

When You receive services for Medicare Eligible Expenses, We will pay basic core benefits as follows:

Inpatient Hospital Confinement Benefits (Medicare Part A)

Coinsurance Benefit: We will pay the Part A Medicare coinsurance amount for each day of inpatient Hospital confinement You incur from the 61st day through the 90th day in each Medicare Benefit Period to the extent not covered by Medicare.

Lifetime Reserve Days Benefit: We will pay the Part A Medicare coinsurance amount for each lifetime reserve day of inpatient Hospital confinement You incur to the extent not covered by Medicare. Lifetime reserve days are nonrenewable and limited to 60 days during Your lifetime.

Medicare Exhaustion Benefit: After all Medicare inpatient Hospital confinement benefits are exhausted, including Your lifetime reserve days, We will pay 100% of the Part A Medicare Eligible Expenses You incur for inpatient Hospital confinement. Benefits are payable at the same rate Medicare would have paid had Medicare Part A Hospital days not been exhausted. Medicare exhaustion benefits are limited to a maximum of 365 days of inpatient Hospital confinement payable during Your lifetime.

Blood Deductible Benefit (Medicare Part A or Part B)

We will pay the expense incurred for the reasonable cost of the first three pints of unreplaced blood (or equivalent quantities of packed red blood cells) per calendar year under Medicare Part A or Part B. Once this three-pint calendar year blood deductible is met under either Part A or Part B of Medicare, it does not have to be met under the other Part. You or someone else may donate blood to replace the blood You use, in accordance with federal regulations.

Medicare Part B Coinsurance Benefit

After the Medicare Part B calendar year deductible has been satisfied, We will pay the coinsurance amount not paid by Medicare applicable to Part B Medicare Eligible Expenses. The coinsurance amount is generally 20% of the total amount approved by Medicare for medical services. In the case of Hospital outpatient department services under a prospective payment system, We will pay the co-payment amount.

Hospice Care Benefit

We will pay the copayment/coinsurance amount for all Part A Medicare eligible hospice care and respite care expenses.

AUTOMATIC ADJUSTMENT FOR CHANGES IN MEDICARE

If Medicare changes any of its deductible amounts or coinsurance percentage amounts, Your policy's benefits will automatically adjust to coordinate with such changes. Your policy's premium may also adjust to correspond with these benefit changes. Likewise, if Medicare changes the period of time or number of days applicable to a particular benefit, Your policy will adjust accordingly.

EXTENSION OF BENEFITS

If You incur expense for a continuous loss which began while this policy was in force, coverage for such loss will continue beyond the date insurance ends. This extension of coverage is:

- (a) subject to Your continuous total disability; and

- (b) limited to the duration of the Medicare Benefit Period or, if none is applicable, payment of the maximum benefits.

Benefits are payable during this extension on the same basis as if coverage had not ended. However, coverage is extended only for those covered Sicknesses or Injuries causing the continuous loss. Receipt of Medicare Part D outpatient prescription drug benefits will not be considered in determining a continuous loss.

SUSPENSION OF COVERAGE

Suspension Available During Medicaid Entitlement

If You apply for and become entitled to medical assistance under Medicaid, We will suspend benefits and premiums under this policy at Your request, as long as You notify Us within 90 days after the onset of Medicaid entitlement. This suspension of coverage can last for up to 24 months while Your Medicaid entitlement continues.

Upon Our receipt of Your timely notification, We will refund any unearned premium for the period of time You are eligible for Medicaid. Your refunded premium will be reduced by the amount of any claims paid for the period You are eligible.

If You lose entitlement to Medicaid benefits during this suspension of coverage, Your policy will be automatically reinstated as long as You notify Us of the loss of entitlement within 90 days after it occurs. Automatic reinstatement of coverage will be effective as of the date of Medicaid termination. You must pay the applicable policy premium. Upon reinstatement, We will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

Suspension Available While Covered Under a Group Health Plan

If You are entitled to benefits under Section 226(b) of the Social Security Act and covered under a group health plan, We will suspend benefits and premiums under this policy at Your request. This suspension of coverage can last as long as the period provided by federal regulation.

Upon Our receipt of Your timely notification, We will refund any unearned premium for the period of time You are covered under the group health plan. Your refunded premium will be reduced by the amount of any claims paid for the period You are eligible.

If You lose coverage under the group health plan during this suspension of coverage, Your policy will be automatically reinstated as long as You notify Us of such loss of coverage within 90 days after it occurs. Automatic reinstatement of Your policy's coverage will be effective as of the date of group health plan termination. You must pay the applicable policy premium. Upon reinstatement, We will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

TERMINATION

This policy will terminate on the earliest of:

- (a) the date We receive Your written or verbal request to cancel the policy (in which case the grace period will not apply);
- (b) the date this policy is replaced by another Medicare supplement or Medicare Select policy (in which case the grace period will not apply);
- (c) the Policy Renewal Date, if sufficient premium has not been paid before the end of the grace period; or
- (d) the date of Your death.

In the event of cancellation or death, We will promptly return the unearned portion of any premium paid.

Termination of coverage will not affect any claim originating while this policy was in force.

EXCLUSIONS

We will not pay benefits for:

- (a) expense incurred while this policy is not in force, except as provided in the EXTENSION OF BENEFITS section;
- (b) Hospital or skilled nursing facility confinement incurred during a Medicare Part A Benefit Period that begins while this policy is not in force;
- (c) that portion of any expense incurred which is paid for by Medicare;
- (d) services for non-Medicare Eligible Expenses, including, but not limited to, routine exams, take-home drugs and eye refractions;
- (e) services for which a charge is not normally made in the absence of insurance; or
- (f) loss or expense that is payable under any other Medicare supplement insurance policy or certificate.

CLAIMS FILING PROCEDURES

Notice of Claim

Written notice of a claim must be given to Us within 20 days after a loss occurs or starts, or as soon as is reasonably possible. You may give the required notice or someone else may do it for You. The notice should give Your name and policy number as shown on the policy schedule. Notice should be mailed to Us at Our administrative office address shown on the face page of this policy, or to any of Our agents.

Electronic Claim Filing Process: Your health care providers will usually submit electronically to Medicare the billed charges for any medical and Hospital expenses You incur. Medicare then processes benefits for expenses eligible under Part A and/or Part B of Medicare, and then passes Your claim electronically to Us for consideration of benefits under Your Medicare supplement policy. We will accept Medicare's electronic submission of Your claim to Us as Your notice of claim. For consideration of expenses that are not submitted electronically to Us, a paper copy of Your Medicare Summary Notice or Medicare Benefit Notice can serve as Your notice of claim. This Medicare statement shows Your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of Your Medicare statement to Us or Your health care provider may submit it to Us on Your behalf.

Claim Forms

When We receive notice of claim, We will send You forms for filing proof of loss. If We do not send them within 15 days after the giving of such notice, You can meet the proof of loss requirement by giving Us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.

Proof of Loss

Written proof of loss must be given to Us within 90 days after the date of such loss. If it was not reasonably possible to give Us written proof within the required time, We will not reduce or deny the claim for this reason if the proof is supplied as soon as reasonably possible. In any case, proof must be furnished no later than 12 months from the time otherwise specified, except in the absence of legal capacity.

TIME OF PAYMENT OF CLAIMS

Benefits for a covered loss will be paid as soon as We receive proper written proof of loss.

PAYMENT OF CLAIMS

All benefits will be paid to You, if living, unless We receive an assignment of benefits by You to pay Your health care provider. Benefits unpaid at Your death, which are not assigned, will be paid to Your estate.

If any benefits are payable to Your estate, to a minor or to any person not legally able to give a valid release, We may pay up to \$1,000 to any relative of Yours who We find entitled to the payment. Payment made in good faith will fully discharge Us to the extent of the payment.

TERM OF COVERAGE

Your coverage starts on the Policy Date at 12:01 A.M. where You live. It ends at 12:01 A.M. where You live on the first Policy Renewal Date. Each time You renew Your policy by paying the premium within the 31-day grace period, the new term begins when the old term ends.

POLICY PROVISIONS

Entire Contract and Changes

The entire contract of insurance is:

- (a) the policy;
- (b) the attached signed application;
- (c) any supplemental applications made part of the policy;
- (d) any riders and amendment riders; and
- (e) any endorsements and amendments.

No agent may change the contract of insurance in any way. Only an executive officer of Ours can approve a change. Any such change must be shown in or attached to the policy. Any rider, endorsement or application added after the Policy Date which reduces or eliminates coverage under this policy will require Your signed acceptance in order to be valid.

Time Limit on Certain Defenses

After two years from the date You become covered under this policy, We cannot use misstatements, except fraudulent misstatements in Your application, to void coverage or deny a claim for loss incurred or disability that starts after the two-year period.

Grace Period

Your policy's premium must be paid on or before the date it is due or during the 31-day grace period that follows. Your policy stays in force during the grace period.

Reinstatement

Your policy will lapse if You do not pay the premium before the end of the grace period. If We later accept a premium and do not require an application for reinstatement, that payment will put this policy back in force. If We require an application for reinstatement, this policy will be put back in force when We approve the application. If We do not approve the application, this policy will be put back in force on the 45th day following the date of the application if We do not give You prior written notice of its disapproval.

The reinstated policy will only cover loss due to an Injury or Sickness that occurs after the date of reinstatement. In all other respects, You and We have the same rights under this policy as were in effect before it lapsed. Premium accepted in connection with this provision will be used for a period for which premium has not been paid, but not for any period more than 60 days before the date of reinstatement.

Physical Examinations and Autopsy

We, at Our expense, may have You examined when and as often as is reasonable while a claim is pending. We may also have an autopsy done, at Our expense, where it is not prohibited by law.

Legal Actions

No legal action can be brought to recover under this policy until at least 60 days after We have been given satisfactory written proof of loss. Legal action cannot be brought after the expiration of three years from the date proof of loss is required.

Other Insurance with Us

You can be insured under only one of Our Medicare supplement policies at any one time. If You are insured under more than one such policy, You can select the one that is to remain in effect. In the event of death, this selection will be made by Your estate. We will return all premiums paid (less any claims paid) for any policy that does not remain in effect.

Unpaid Premium

When benefits are paid for a claim under this policy, any premium then due and unpaid may be deducted from the benefits payable.

Conformity with State Statutes

If any provision of this policy conflicts with the laws of the state where You reside on that provision's effective date, it is amended to conform to the minimum requirements of those laws.

POLICY SCHEDULE

POLICY NUMBER MTP20-[000000-00M]	POLICY DATE [6-1-10]	FIRST RENEWAL DATE [6-1-11]
INITIAL PREMIUM [\$0,000.00]	RENEWAL PREMIUM [\$0,000.00**]	[Annual, Semiannual, Quarterly, Monthly]
POLICY BENEFIT	SERIES [23577]	

AS SPECIFIED IN THE POLICY

INSURED

[James J. Jones]
[123 Main Street]
[Anytown, AR 00000]

INITIAL PREMIUM \$[0,000.00]

MGR [Don Jones]
[J Brown 09999]

ADDITIONAL COVERAGE AND POLICY ADJUSTMENTS SHOWN BELOW
(NOTE: INFORMATION MAY CONTINUE ON REVERSE--PLEASE READ)

**Renewal Premium Subject To Change

CLAIM INFORMATION CALL [1-XXX-XXX-XXXX]
OTHER SERVICE QUESTIONS CALL [1-XXX-XXX-XXXX]

MTP20-23577

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

2211 NE Loop 410
San Antonio, Texas 78217

**MEDICARE SUPPLEMENT INSURANCE POLICY
PLAN C**

CONSIDERATION

In consideration of the first premium You paid, the application You completed and Our reliance on Your answers to the application questions, We have put this policy in force as of the Policy Date. That date is shown on the policy schedule. A copy of Your application is attached.

30-DAY RIGHT TO EXAMINE POLICY

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PLEASE READ YOUR APPLICATION

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GUARANTEED RENEWABLE FOR LIFE

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PREMIUM CHANGES

The premium for this policy may change. This annual premium change will occur on the first Policy Renewal Date which coincides with or follows the policy anniversary date. Such premium change cannot be made unless We make the same change to all policies of this form issued to persons of the same classification living in the same geographic area of Your state. We will give You the advance written notice required by Your state prior to any premium change.

This Is a Legal Contract Between You and Us.

READ YOUR POLICY CAREFULLY.

NOTICE TO BUYER:

THIS POLICY MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.

To Inquire About Your Coverage, or To Express a Concern, Call Us Toll-Free At:

Customer Service [1-XXX-XXX-XXXX]

Claims Service [1-XXX-XXX-XXXX]


President


Secretary

Administrative Office:
Government Personnel Mutual Life Insurance Company
[3316 Farnam Street
Omaha, NE 68175]

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DEFINITIONS

Shown below are the defined terms used in Your policy. These terms are capitalized wherever they appear in the policy.

Benefit Period means the period of time defined by Medicare as a benefit period under Medicare Part A. A benefit period begins on the first day You are Hospital confined as an inpatient. A benefit period generally ends after You have not been confined in a Hospital or skilled nursing facility for 60 days in a row.

Emergency Care means care needed immediately because of a Sickness or Injury of sudden and unexpected onset.

Hospital means a place defined as a hospital and approved for payment as a hospital by Medicare.

Injury means bodily harm sustained by You which:

- (a) is the direct result of an accident or trauma that occurs while Your policy is in force; and
- (b) is not related to Sickness, bodily infirmity or any other cause.

Material Misrepresentation means You did not disclose a condition or combination of conditions You were requested to disclose on the application and which, if disclosed, would have required a different premium or caused Us to deny issuing Your policy. Any material misrepresentation is subject to the Time Limit on Certain Defenses provision.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended. Traditional Medicare is divided into two parts, Part A (Hospital/skilled nursing facility coverage) and Part B (medical/surgical coverage).

Medicare Eligible Expenses mean expenses of the kinds covered by Medicare, to the extent recognized as reasonable and medically necessary by Medicare.

Physician means a physician as defined by Medicare.

Policy Date means the date coverage starts under this policy as shown on the policy schedule.

Policy Renewal Date means the month and day this policy's premium payment is due. The frequency of the policy renewal date can vary depending on whether the premiums are paid on a monthly, quarterly, semiannual, or annual basis.

Sickness means an illness, disease or physical condition incurred by You which causes loss beginning while Your policy is in force.

We, Us or Our means Government Personnel Mutual Life Insurance Company.

You or Your means the person named as the Insured on the policy schedule.

BASIC CORE BENEFITS

Your Medicare Supplement Insurance Policy is designed to coordinate with benefits provided by the federal Medicare program. We will consider Our benefits:

- (a) as if You are enrolled in both Part A and Part B of Medicare (even if You are not enrolled in Part B); and

(b) as if Medicare has paid its portion of the expense incurred.

When You receive services for Medicare Eligible Expenses, We will pay basic core benefits as follows:

Inpatient Hospital Confinement Benefits (Medicare Part A)

Coinsurance Benefit: We will pay the Part A Medicare coinsurance amount for each day of inpatient Hospital confinement You incur from the 61st day through the 90th day in each Medicare Benefit Period to the extent not covered by Medicare.

Lifetime Reserve Days Benefit: We will pay the Part A Medicare coinsurance amount for each lifetime reserve day of inpatient Hospital confinement You incur to the extent not covered by Medicare. Lifetime reserve days are nonrenewable and limited to 60 days during Your lifetime.

Medicare Exhaustion Benefit: After all Medicare inpatient Hospital confinement benefits are exhausted, including Your lifetime reserve days, We will pay 100% of the Part A Medicare Eligible Expenses You incur for inpatient Hospital confinement. Benefits are payable at the same rate Medicare would have paid had Medicare Part A Hospital days not been exhausted. Medicare exhaustion benefits are limited to a maximum of 365 days of inpatient Hospital confinement payable during Your lifetime.

Blood Deductible Benefit (Medicare Part A or Part B)

We will pay the expense incurred for the reasonable cost of the first three pints of unreplaced blood (or equivalent quantities of packed red blood cells) per calendar year under Medicare Part A or Part B. Once this three-pint calendar year blood deductible is met under either Part A or Part B of Medicare, it does not have to be met under the other Part. You or someone else may donate blood to replace the blood You use, in accordance with federal regulations.

Medicare Part B Coinsurance Benefit

After the Medicare Part B calendar year deductible has been satisfied, We will pay the coinsurance amount not paid by Medicare applicable to Part B Medicare Eligible Expenses. The coinsurance amount is generally 20% of the total amount approved by Medicare for medical services. In the case of Hospital outpatient department services under a prospective payment system, We will pay the co-payment amount.

Hospice Care Benefit

We will pay the copayment/coinsurance amount for all Part A Medicare eligible hospice care and respite care expenses.

PLAN C ADDITIONAL BENEFITS

When You receive services for Medicare Eligible Expenses, We will pay additional benefits applicable to Plan C as follows. Plan C Additional Benefits are subject to the same terms and conditions as Basic Core Benefits.

Inpatient Hospital Confinement Deductible Benefit (Medicare Part A)

When You are confined in a Hospital as an inpatient, We will pay 100% of the Medicare Part A inpatient Hospital deductible amount due for each Benefit Period.

Skilled Nursing Facility Confinement Benefit (Medicare Part A)

When You are confined in a skilled nursing facility for post-Hospital care eligible under Medicare Part A, We will pay the actual billed charges, up to the daily coinsurance amount, for each day of confinement from the 21st day through the 100th day, during each Medicare Benefit Period.

Medicare Part B Deductible Benefit

We will pay 100% of the Medicare Part B deductible amount due each calendar year for Part B Medicare Eligible Expenses incurred.

Emergency Care in a Foreign Country Benefit

If You receive Emergency Care while in a foreign country, We will pay 80% of the billed Medicare Eligible Expenses incurred for Hospital, Physician and medical services to the extent such expenses are not covered by Medicare, after a \$250 calendar year deductible has been satisfied by You. Benefits are payable only for Emergency Care that would have been covered by Medicare to the extent such Emergency Care would have been covered by Medicare if provided in the United States. Benefits are limited to:

- (a) Emergency Care which begins during the first 60 days in a row of each trip You make outside of the United States; and
- (b) a maximum payable of \$50,000 during Your lifetime.

AUTOMATIC ADJUSTMENT FOR CHANGES IN MEDICARE

If Medicare changes any of its deductible amounts or coinsurance percentage amounts, Your policy's benefits will automatically adjust to coordinate with such changes. Your policy's premium may also adjust to correspond with these benefit changes. Likewise, if Medicare changes the period of time or number of days applicable to a particular benefit, Your policy will adjust accordingly.

EXTENSION OF BENEFITS

If You incur expense for a continuous loss which began while this policy was in force, coverage for such loss will continue beyond the date insurance ends. This extension of coverage is:

- (a) subject to Your continuous total disability; and
- (b) limited to the duration of the Medicare Benefit Period or, if none is applicable, payment of the maximum benefits.

Benefits are payable during this extension on the same basis as if coverage had not ended. However, coverage is extended only for those covered Sicknesses or Injuries causing the continuous loss. Receipt of Medicare Part D outpatient prescription drug benefits will not be considered in determining a continuous loss.

SUSPENSION OF COVERAGE

Suspension Available During Medicaid Entitlement

If You apply for and become entitled to medical assistance under Medicaid, We will suspend benefits and premiums under this policy at Your request, as long as You notify Us within 90 days after the onset of Medicaid entitlement. This suspension of coverage can last for up to 24 months while Your Medicaid entitlement continues.

Upon Our receipt of Your timely notification, We will refund any unearned premium for the period of time You are eligible for Medicaid. Your refunded premium will be reduced by the amount of any claims paid for the period You are eligible.

If You lose entitlement to Medicaid benefits during this suspension of coverage, Your policy will be automatically reinstated as long as You notify Us of the loss of entitlement within 90 days after it occurs. Automatic reinstatement of coverage will be effective as of the date of Medicaid termination. You must pay the applicable policy premium. Upon reinstatement, We will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

Suspension Available While Covered Under a Group Health Plan

If You are entitled to benefits under Section 226(b) of the Social Security Act and covered under a group health plan, We will suspend benefits and premiums under this policy at Your request. This suspension of coverage can last as long as the period provided by federal regulation.

Upon Our receipt of Your timely notification, We will refund any unearned premium for the period of time You are covered under the group health plan. Your refunded premium will be reduced by the amount of any claims paid for the period You are eligible.

If You lose coverage under the group health plan during this suspension of coverage, Your policy will be automatically reinstated as long as You notify Us of such loss of coverage within 90 days after it occurs. Automatic reinstatement of Your policy's coverage will be effective as of the date of group health plan termination. You must pay the applicable policy premium. Upon reinstatement, We will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

TERMINATION

This policy will terminate on the earliest of:

- (a) the date We receive Your written or verbal request to cancel the policy (in which case the grace period will not apply);
- (b) the date this policy is replaced by another Medicare supplement or Medicare Select policy (in which case the grace period will not apply);
- (c) the Policy Renewal Date, if sufficient premium has not been paid before the end of the grace period; or
- (d) the date of Your death.

In the event of cancellation or death, We will promptly return the unearned portion of any premium paid.

Termination of coverage will not affect any claim originating while this policy was in force.

EXCLUSIONS

We will not pay benefits for:

- (a) expense incurred while this policy is not in force, except as provided in the EXTENSION OF BENEFITS section;
- (b) Hospital or skilled nursing facility confinement incurred during a Medicare Part A Benefit Period that begins while this policy is not in force;
- (c) that portion of any expense incurred which is paid for by Medicare;
- (d) services for non-Medicare Eligible Expenses, including, but not limited to, routine exams, take-home drugs and eye refractions;
- (e) services for which a charge is not normally made in the absence of insurance; or
- (f) loss or expense that is payable under any other Medicare supplement insurance policy or certificate.

CLAIMS FILING PROCEDURES

Notice of Claim

Written notice of a claim must be given to Us within 20 days after a loss occurs or starts, or as soon as is reasonably possible. You may give the required notice or someone else may do it for You. The notice should give Your name and policy number as shown on the policy schedule. Notice should be mailed to Us at Our administrative office address shown on the face page of this policy, or to any of Our agents.

Electronic Claim Filing Process: Your health care providers will usually submit electronically to Medicare the billed charges for any medical and Hospital expenses You incur. Medicare then processes benefits for expenses eligible under Part A and/or Part B of Medicare, and then passes Your claim electronically to Us for consideration of benefits under Your Medicare supplement policy. We will accept Medicare's electronic submission of Your claim to Us as Your notice of claim. For consideration of expenses that are not submitted electronically to Us, a paper copy of Your Medicare Summary Notice or Medicare Benefit Notice can serve as Your notice of claim. This Medicare statement shows Your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of Your Medicare statement to Us or Your health care provider may submit it to Us on Your behalf.

Claim Forms

When We receive notice of claim, We will send You forms for filing proof of loss. If We do not send them within 15 days after the giving of such notice, You can meet the proof of loss requirement by giving Us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.

Proof of Loss

Written proof of loss must be given to Us within 90 days after the date of such loss. If it was not reasonably possible to give Us written proof within the required time, We will not reduce or deny the claim for this reason if the proof is supplied as soon as reasonably possible. In any case, proof must be furnished no later than 12 months from the time otherwise specified, except in the absence of legal capacity.

TIME OF PAYMENT OF CLAIMS

Benefits for a covered loss will be paid as soon as We receive proper written proof of loss.

PAYMENT OF CLAIMS

All benefits will be paid to You, if living, unless We receive an assignment of benefits by You to pay Your health care provider. Benefits unpaid at Your death, which are not assigned, will be paid to Your estate.

If any benefits are payable to Your estate, to a minor or to any person not legally able to give a valid release, We may pay up to \$1,000 to any relative of Yours who We find entitled to the payment. Payment made in good faith will fully discharge Us to the extent of the payment.

TERM OF COVERAGE

Your coverage starts on the Policy Date at 12:01 A.M. where You live. It ends at 12:01 A.M. where You live on the first Policy Renewal Date. Each time You renew Your policy by paying the premium within the 31-day grace period, the new term begins when the old term ends.

POLICY PROVISIONS

Entire Contract and Changes

The entire contract of insurance is:

- (a) the policy;
- (b) the attached signed application;
- (c) any supplemental applications made part of the policy;
- (d) any riders and amendment riders; and
- (e) any endorsements and amendments.

No agent may change the contract of insurance in any way. Only an executive officer of Ours can approve a change. Any such change must be shown in or attached to the policy. Any rider, endorsement or application added after the Policy Date which reduces or eliminates coverage under this policy will require Your signed acceptance in order to be valid.

Time Limit on Certain Defenses

After two years from the date You become covered under this policy, We cannot use misstatements, except fraudulent misstatements in Your application, to void coverage or deny a claim for loss incurred or disability that starts after the two-year period.

Grace Period

Your policy's premium must be paid on or before the date it is due or during the 31-day grace period that follows. Your policy stays in force during the grace period.

Reinstatement

Your policy will lapse if You do not pay the premium before the end of the grace period. If We later accept a premium and do not require an application for reinstatement, that payment will put this policy back in force. If We require an application for reinstatement, this policy will be put back in force when

We approve the application. If We do not approve the application, this policy will be put back in force on the 45th day following the date of the application if We do not give You prior written notice of its disapproval.

The reinstated policy will only cover loss due to an Injury or Sickness that occurs after the date of reinstatement. In all other respects, You and We have the same rights under this policy as were in effect before it lapsed. Premium accepted in connection with this provision will be used for a period for which premium has not been paid, but not for any period more than 60 days before the date of reinstatement.

Physical Examinations and Autopsy

We, at Our expense, may have You examined when and as often as is reasonable while a claim is pending. We may also have an autopsy done, at Our expense, where it is not prohibited by law.

Legal Actions

No legal action can be brought to recover under this policy until at least 60 days after We have been given satisfactory written proof of loss. Legal action cannot be brought after the expiration of three years from the date proof of loss is required.

Other Insurance with Us

You can be insured under only one of Our Medicare supplement policies at any one time. If You are insured under more than one such policy, You can select the one that is to remain in effect. In the event of death, this selection will be made by Your estate. We will return all premiums paid (less any claims paid) for any policy that does not remain in effect.

Unpaid Premium

When benefits are paid for a claim under this policy, any premium then due and unpaid may be deducted from the benefits payable.

Conformity with State Statutes

If any provision of this policy conflicts with the laws of the state where You reside on that provision's effective date, it is amended to conform to the minimum requirements of those laws.

POLICY SCHEDULE

POLICY NUMBER	POLICY DATE	FIRST RENEWAL DATE
MTP22-[000000-00M]	[6-1-10]	[6-1-11]

INITIAL PREMIUM	RENEWAL PREMIUM	
[\$0,000.00]	[\$0,000.00**]	[Annual, Semiannual, Quarterly, Monthly]

POLICY BENEFIT	SERIES
	[23578]

AS SPECIFIED IN THE POLICY

INSURED

[James J. Jones]
[123 Main Street]
[Anytown, AR 00000]

INITIAL PREMIUM \$[0,000.00]

MGR [Don Jones]
[J Brown 09999]

ADDITIONAL COVERAGE AND POLICY ADJUSTMENTS SHOWN BELOW
(NOTE: INFORMATION MAY CONTINUE ON REVERSE--PLEASE READ)

**Renewal Premium Subject To Change

CLAIM INFORMATION CALL [1-XXX-XXX-XXXX]
OTHER SERVICE QUESTIONS CALL [1-XXX-XXX-XXXX]

MTP22-23578

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

2211 NE Loop 410
San Antonio, Texas 78217

**MEDICARE SUPPLEMENT INSURANCE POLICY
PLAN F**

CONSIDERATION

In consideration of the first premium You paid, the application You completed and Our reliance on Your answers to the application questions, We have put this policy in force as of the Policy Date. That date is shown on the policy schedule. A copy of Your application is attached.

30-DAY RIGHT TO EXAMINE POLICY

Please read Your policy. If, for any reason, You are not satisfied with it, You may return Your policy to Us at the administrative office address shown below or Your agent within 30 days of its delivery. We will then promptly refund all premiums paid less any claims paid. The policy will then be considered never to have been issued.

PLEASE READ YOUR APPLICATION

Please read the attached copy of Your application immediately. If anything is not correct or if any past medical history has been left out, You should tell Us. Your policy was issued on the basis that all information in the application is correct and complete. If not, Your policy may not be valid.

GUARANTEED RENEWABLE FOR LIFE

This policy is guaranteed renewable for life. This means You have the right to continue Your policy in force for as long as You live. Unless there has been a Material Misrepresentation, We cannot cancel Your coverage as long as You pay the required premium payment when it is due.

PREMIUM CHANGES

The premium for this policy may change. This annual premium change will occur on the first Policy Renewal Date which coincides with or follows the policy anniversary date. Such premium change cannot be made unless We make the same change to all policies of this form issued to persons of the same classification living in the same geographic area of Your state. We will give You the advance written notice required by Your state prior to any premium change.

This Is a Legal Contract Between You and Us.

READ YOUR POLICY CAREFULLY.

NOTICE TO BUYER:

THIS POLICY MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.

To Inquire About Your Coverage, or To Express a Concern, Call Us Toll-Free At:

Customer Service [1-XXX-XXX-XXXX]

Claims Service [1-XXX-XXX-XXXX]



President



Secretary

Administrative Office:
Government Personnel Mutual Life Insurance Company
[3316 Farnam Street
Omaha, NE 68175]

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DEFINITIONS

Shown below are the defined terms used in Your policy. These terms are capitalized wherever they appear in the policy.

Accept(s) Assignment means a Physician or provider of medical services receives payment directly from Medicare Part B and agrees to charge no more for services performed than the amount approved by Medicare. When a Physician or provider accepts assignment, he or she will not bill You for the excess charge difference between the actual charge and the amount approved by Medicare.

Benefit Period means the period of time defined by Medicare as a benefit period under Medicare Part A. A benefit period begins on the first day You are Hospital confined as an inpatient. A benefit period generally ends after You have not been confined in a Hospital or skilled nursing facility for 60 days in a row.

Emergency Care means care needed immediately because of a Sickness or Injury of sudden and unexpected onset.

Hospital means a place defined as a hospital and approved for payment as a hospital by Medicare.

Injury means bodily harm sustained by You which:

- (a) is the direct result of an accident or trauma that occurs while Your policy is in force; and
- (b) is not related to Sickness, bodily infirmity or any other cause.

Material Misrepresentation means You did not disclose a condition or combination of conditions You were requested to disclose on the application and which, if disclosed, would have required a different premium or caused Us to deny issuing Your policy. Any material misrepresentation is subject to the Time Limit on Certain Defenses provision.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended. Traditional Medicare is divided into two parts, Part A (Hospital/skilled nursing facility coverage) and Part B (medical/surgical coverage).

Medicare Eligible Expenses mean expenses of the kinds covered by Medicare, to the extent recognized as reasonable and medically necessary by Medicare.

Physician means a physician as defined by Medicare.

Policy Date means the date coverage starts under this policy as shown on the policy schedule.

Policy Renewal Date means the month and day this policy's premium payment is due. The frequency of the policy renewal date can vary depending on whether the premiums are paid on a monthly, quarterly, semiannual, or annual basis.

Sickness means an illness, disease or physical condition incurred by You which causes loss beginning while Your policy is in force.

We, Us or Our means Government Personnel Mutual Life Insurance Company.

You or Your means the person named as the Insured on the policy schedule.

BASIC CORE BENEFITS

Your Medicare Supplement Insurance Policy is designed to coordinate with benefits provided by the federal Medicare program. We will consider Our benefits:

- (a) as if You are enrolled in both Part A and Part B of Medicare (even if You are not enrolled in Part B); and
- (b) as if Medicare has paid its portion of the expense incurred.

When You receive services for Medicare Eligible Expenses, We will pay basic core benefits as follows:

Inpatient Hospital Confinement Benefits (Medicare Part A)

Coinsurance Benefit: We will pay the Part A Medicare coinsurance amount for each day of inpatient Hospital confinement You incur from the 61st day through the 90th day in each Medicare Benefit Period to the extent not covered by Medicare.

Lifetime Reserve Days Benefit: We will pay the Part A Medicare coinsurance amount for each lifetime reserve day of inpatient Hospital confinement You incur to the extent not covered by Medicare. Lifetime reserve days are nonrenewable and limited to 60 days during Your lifetime.

Medicare Exhaustion Benefit: After all Medicare inpatient Hospital confinement benefits are exhausted, including Your lifetime reserve days, We will pay 100% of the Part A Medicare Eligible Expenses You incur for inpatient Hospital confinement. Benefits are payable at the same rate Medicare would have paid had Medicare Part A Hospital days not been exhausted. Medicare exhaustion benefits are limited to a maximum of 365 days of inpatient Hospital confinement payable during Your lifetime.

Blood Deductible Benefit (Medicare Part A or Part B)

We will pay the expense incurred for the reasonable cost of the first three pints of unreplaced blood (or equivalent quantities of packed red blood cells) per calendar year under Medicare Part A or Part B. Once this three-pint calendar year blood deductible is met under either Part A or Part B of Medicare, it does not have to be met under the other Part. You or someone else may donate blood to replace the blood You use, in accordance with federal regulations.

Medicare Part B Coinsurance Benefit

After the Medicare Part B calendar year deductible has been satisfied, We will pay the coinsurance amount not paid by Medicare applicable to Part B Medicare Eligible Expenses. The coinsurance amount is generally 20% of the total amount approved by Medicare for medical services. In the case of Hospital outpatient department services under a prospective payment system, We will pay the co-payment amount.

Hospice Care Benefit

We will pay the copayment/coinsurance amount for all Part A Medicare eligible hospice care and respite care expenses.

PLAN F ADDITIONAL BENEFITS

When You receive services for Medicare Eligible Expenses, We will pay additional benefits applicable to Plan F as follows. Plan F Additional Benefits are subject to the same terms and conditions as Basic Core Benefits.

Inpatient Hospital Confinement Deductible Benefit (Medicare Part A)

When You are confined in a Hospital as an inpatient, We will pay 100% of the Medicare Part A inpatient Hospital deductible amount due for each Benefit Period.

Skilled Nursing Facility Confinement Benefit (Medicare Part A)

When You are confined in a skilled nursing facility for post-Hospital care eligible under Medicare Part A, We will pay the actual billed charges, up to the daily coinsurance amount, for each day of confinement from the 21st day through the 100th day, during each Medicare Benefit Period.

Medicare Part B Deductible Benefit

We will pay 100% of the Medicare Part B deductible amount due each calendar year for Part B Medicare Eligible Expenses incurred.

Medicare Part B Excess Charges Benefit

We will pay 100% of the difference between the actual charge billed to Medicare Part B for medical expenses incurred and the amount approved by Medicare Part B. When a provider of medical services Accepts Assignment, no excess charges will be payable by Us. When a provider of medical services does not Accept Assignment, the amount of excess charge difference We will consider cannot exceed any charge limitation established by the Medicare program or state law.

Emergency Care in a Foreign Country Benefit

If You receive Emergency Care while in a foreign country, We will pay 80% of the billed Medicare Eligible Expenses incurred for Hospital, Physician and medical services to the extent such expenses are not covered by Medicare, after a \$250 calendar year deductible has been satisfied by You. Benefits are payable only for Emergency Care that would have been covered by Medicare to the extent such Emergency Care would have been covered by Medicare if provided in the United States. Benefits are limited to:

- (a) Emergency Care which begins during the first 60 days in a row of each trip You make outside of the United States; and
- (b) a maximum payable of \$50,000 during Your lifetime.

AUTOMATIC ADJUSTMENT FOR CHANGES IN MEDICARE

If Medicare changes any of its deductible amounts or coinsurance percentage amounts, Your policy's benefits will automatically adjust to coordinate with such changes. Your policy's premium may also adjust to correspond with these benefit changes. Likewise, if Medicare changes the period of time or number of days applicable to a particular benefit, Your policy will adjust accordingly.

EXTENSION OF BENEFITS

If You incur expense for a continuous loss which began while this policy was in force, coverage for such loss will continue beyond the date insurance ends. This extension of coverage is:

- (a) subject to Your continuous total disability; and
- (b) limited to the duration of the Medicare Benefit Period or, if none is applicable, payment of the maximum benefits.

Benefits are payable during this extension on the same basis as if coverage had not ended. However, coverage is extended only for those covered Sicknesses or Injuries causing the continuous loss. Receipt of Medicare Part D outpatient prescription drug benefits will not be considered in determining a continuous loss.

SUSPENSION OF COVERAGE

Suspension Available During Medicaid Entitlement

If You apply for and become entitled to medical assistance under Medicaid, We will suspend benefits and premiums under this policy at Your request, as long as You notify Us within 90 days after the onset of Medicaid entitlement. This suspension of coverage can last for up to 24 months while Your Medicaid entitlement continues.

Upon Our receipt of Your timely notification, We will refund any unearned premium for the period of time You are eligible for Medicaid. Your refunded premium will be reduced by the amount of any claims paid for the period You are eligible.

If You lose entitlement to Medicaid benefits during this suspension of coverage, Your policy will be automatically reinstated as long as You notify Us of the loss of entitlement within 90 days after it occurs. Automatic reinstatement of coverage will be effective as of the date of Medicaid termination. You must pay the applicable policy premium. Upon reinstatement, We will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

Suspension Available While Covered Under a Group Health Plan

If You are entitled to benefits under Section 226(b) of the Social Security Act and covered under a group health plan, We will suspend benefits and premiums under this policy at Your request. This suspension of coverage can last as long as the period provided by federal regulation.

Upon Our receipt of Your timely notification, We will refund any unearned premium for the period of time You are covered under the group health plan. Your refunded premium will be reduced by the amount of any claims paid for the period You are eligible.

If You lose coverage under the group health plan during this suspension of coverage, Your policy will be automatically reinstated as long as You notify Us of such loss of coverage within 90 days after it occurs. Automatic reinstatement of Your policy's coverage will be effective as of the date of group health plan termination. You must pay the applicable policy premium. Upon reinstatement, We will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

TERMINATION

This policy will terminate on the earliest of:

- (a) the date We receive Your written or verbal request to cancel the policy (in which case the grace period will not apply);
- (b) the date this policy is replaced by another Medicare supplement or Medicare Select policy (in which case the grace period will not apply);

- (c) the Policy Renewal Date, if sufficient premium has not been paid before the end of the grace period; or
- (d) the date of Your death.

In the event of cancellation or death, We will promptly return the unearned portion of any premium paid.

Termination of coverage will not affect any claim originating while this policy was in force.

EXCLUSIONS

We will not pay benefits for:

- (a) expense incurred while this policy is not in force, except as provided in the EXTENSION OF BENEFITS section;
- (b) Hospital or skilled nursing facility confinement incurred during a Medicare Part A Benefit Period that begins while this policy is not in force;
- (c) that portion of any expense incurred which is paid for by Medicare;
- (d) services for non-Medicare Eligible Expenses, including, but not limited to, routine exams, take-home drugs and eye refractions;
- (e) services for which a charge is not normally made in the absence of insurance; or
- (f) loss or expense that is payable under any other Medicare supplement insurance policy or certificate.

CLAIMS FILING PROCEDURES

Notice of Claim

Written notice of a claim must be given to Us within 20 days after a loss occurs or starts, or as soon as is reasonably possible. You may give the required notice or someone else may do it for You. The notice should give Your name and policy number as shown on the policy schedule. Notice should be mailed to Us at Our administrative office address shown on the face page of this policy, or to any of Our agents.

Electronic Claim Filing Process: Your health care providers will usually submit electronically to Medicare the billed charges for any medical and Hospital expenses You incur. Medicare then processes benefits for expenses eligible under Part A and/or Part B of Medicare, and then passes Your claim electronically to Us for consideration of benefits under Your Medicare supplement policy. We will accept Medicare's electronic submission of Your claim to Us as Your notice of claim. For consideration of expenses that are not submitted electronically to Us, a paper copy of Your Medicare Summary Notice or Medicare Benefit Notice can serve as Your notice of claim. This Medicare statement shows Your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of Your Medicare statement to Us or Your health care provider may submit it to Us on Your behalf.

Claim Forms

When We receive notice of claim, We will send You forms for filing proof of loss. If We do not send them within 15 days after the giving of such notice, You can meet the proof of loss requirement by giving Us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.

Proof of Loss

Written proof of loss must be given to Us within 90 days after the date of such loss. If it was not reasonably possible to give Us written proof within the required time, We will not reduce or deny the claim for this reason if the proof is supplied as soon as reasonably possible. In any case, proof must be furnished no later than 12 months from the time otherwise specified, except in the absence of legal capacity.

TIME OF PAYMENT OF CLAIMS

Benefits for a covered loss will be paid as soon as We receive proper written proof of loss.

PAYMENT OF CLAIMS

All benefits will be paid to You, if living, unless We receive an assignment of benefits by You to pay Your health care provider. Benefits unpaid at Your death, which are not assigned, will be paid to Your estate.

If any benefits are payable to Your estate, to a minor or to any person not legally able to give a valid release, We may pay up to \$1,000 to any relative of Yours who We find entitled to the payment. Payment made in good faith will fully discharge Us to the extent of the payment.

TERM OF COVERAGE

Your coverage starts on the Policy Date at 12:01 A.M. where You live. It ends at 12:01 A.M. where You live on the first Policy Renewal Date. Each time You renew Your policy by paying the premium within the 31-day grace period, the new term begins when the old term ends.

POLICY PROVISIONS

Entire Contract and Changes

The entire contract of insurance is:

- (a) the policy;
- (b) the attached signed application;
- (c) any supplemental applications made part of the policy;
- (d) any riders and amendment riders; and
- (e) any endorsements and amendments.

No agent may change the contract of insurance in any way. Only an executive officer of Ours can approve a change. Any such change must be shown in or attached to the policy. Any rider, endorsement or application added after the Policy Date which reduces or eliminates coverage under this policy will require Your signed acceptance in order to be valid.

Time Limit on Certain Defenses

After two years from the date You become covered under this policy, We cannot use misstatements, except fraudulent misstatements in Your application, to void coverage or deny a claim for loss incurred or disability that starts after the two-year period.

Grace Period

Your policy's premium must be paid on or before the date it is due or during the 31-day grace period that follows. Your policy stays in force during the grace period.

Reinstatement

Your policy will lapse if You do not pay the premium before the end of the grace period. If We later accept a premium and do not require an application for reinstatement, that payment will put this policy back in force. If We require an application for reinstatement, this policy will be put back in force when We approve the application. If We do not approve the application, this policy will be put back in force on the 45th day following the date of the application if We do not give You prior written notice of its disapproval.

The reinstated policy will only cover loss due to an Injury or Sickness that occurs after the date of reinstatement. In all other respects, You and We have the same rights under this policy as were in effect before it lapsed. Premium accepted in connection with this provision will be used for a period for which premium has not been paid, but not for any period more than 60 days before the date of reinstatement.

Physical Examinations and Autopsy

We, at Our expense, may have You examined when and as often as is reasonable while a claim is pending. We may also have an autopsy done, at Our expense, where it is not prohibited by law.

Legal Actions

No legal action can be brought to recover under this policy until at least 60 days after We have been given satisfactory written proof of loss. Legal action cannot be brought after the expiration of three years from the date proof of loss is required.

Other Insurance with Us

You can be insured under only one of Our Medicare supplement policies at any one time. If You are insured under more than one such policy, You can select the one that is to remain in effect. In the event of death, this selection will be made by Your estate. We will return all premiums paid (less any claims paid) for any policy that does not remain in effect.

Unpaid Premium

When benefits are paid for a claim under this policy, any premium then due and unpaid may be deducted from the benefits payable.

Conformity with State Statutes

If any provision of this policy conflicts with the laws of the state where You reside on that provision's effective date, it is amended to conform to the minimum requirements of those laws.

POLICY SCHEDULE

POLICY NUMBER MTP24-[000000-00M]	POLICY DATE [6-1-10]	FIRST RENEWAL DATE [6-1-11]
INITIAL PREMIUM [\$0,000.00]	RENEWAL PREMIUM [\$0,000.00**]	[Annual, Semiannual, Quarterly, Monthly]
POLICY BENEFIT	SERIES [23579]	

AS SPECIFIED IN THE POLICY

INSURED

[James J. Jones]
[123 Main Street]
[Anytown, AR 00000]

INITIAL PREMIUM \$[0,000.00]

MGR [Don Jones]
[J Brown 09999]

ADDITIONAL COVERAGE AND POLICY ADJUSTMENTS SHOWN BELOW
(NOTE: INFORMATION MAY CONTINUE ON REVERSE--PLEASE READ)

**Renewal Premium Subject To Change

CLAIM INFORMATION CALL [1-XXX-XXX-XXXX]
OTHER SERVICE QUESTIONS CALL [1-XXX-XXX-XXXX]

MTP24-23579

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

2211 NE Loop 410
San Antonio, Texas 78217

**MEDICARE SUPPLEMENT INSURANCE POLICY
PLAN G**

CONSIDERATION

In consideration of the first premium You paid, the application You completed and Our reliance on Your answers to the application questions, We have put this policy in force as of the Policy Date. That date is shown on the policy schedule. A copy of Your application is attached.

30-DAY RIGHT TO EXAMINE POLICY

Please read Your policy. If, for any reason, You are not satisfied with it, You may return Your policy to Us at the administrative office address shown below or Your agent within 30 days of its delivery. We will then promptly refund all premiums paid less any claims paid. The policy will then be considered never to have been issued.

PLEASE READ YOUR APPLICATION

Please read the attached copy of Your application immediately. If anything is not correct or if any past medical history has been left out, You should tell Us. Your policy was issued on the basis that all information in the application is correct and complete. If not, Your policy may not be valid.

GUARANTEED RENEWABLE FOR LIFE

This policy is guaranteed renewable for life. This means You have the right to continue Your policy in force for as long as You live. Unless there has been a Material Misrepresentation, We cannot cancel Your coverage as long as You pay the required premium payment when it is due.

PREMIUM CHANGES

The premium for this policy may change. This annual premium change will occur on the first Policy Renewal Date which coincides with or follows the policy anniversary date. Such premium change cannot be made unless We make the same change to all policies of this form issued to persons of the same classification living in the same geographic area of Your state. We will give You the advance written notice required by Your state prior to any premium change.

This Is a Legal Contract Between You and Us.

READ YOUR POLICY CAREFULLY.

NOTICE TO BUYER:

THIS POLICY MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.

To Inquire About Your Coverage, or To Express a Concern, Call Us Toll-Free At:

Customer Service [1-XXX-XXX-XXXX]

Claims Service [1-XXX-XXX-XXXX]



President



Secretary

Administrative Office:
Government Personnel Mutual Life Insurance Company
[3316 Farnam Street
Omaha, NE 68175]

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DEFINITIONS

Shown below are the defined terms used in Your policy. These terms are capitalized wherever they appear in the policy.

Accept(s) Assignment means a Physician or provider of medical services receives payment directly from Medicare Part B and agrees to charge no more for services performed than the amount approved by Medicare. When a Physician or provider accepts assignment, he or she will not bill You for the excess charge difference between the actual charge and the amount approved by Medicare.

Benefit Period means the period of time defined by Medicare as a benefit period under Medicare Part A. A benefit period begins on the first day You are Hospital confined as an inpatient. A benefit period generally ends after You have not been confined in a Hospital or skilled nursing facility for 60 days in a row.

Emergency Care means care needed immediately because of a Sickness or Injury of sudden and unexpected onset.

Hospital means a place defined as a hospital and approved for payment as a hospital by Medicare.

Injury means bodily harm sustained by You which:

- (a) is the direct result of an accident or trauma that occurs while Your policy is in force; and
- (b) is not related to Sickness, bodily infirmity or any other cause.

Material Misrepresentation means You did not disclose a condition or combination of conditions You were requested to disclose on the application and which, if disclosed, would have required a different premium or caused Us to deny issuing Your policy. Any material misrepresentation is subject to the Time Limit on Certain Defenses provision.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended. Traditional Medicare is divided into two parts, Part A (Hospital/skilled nursing facility coverage) and Part B (medical/surgical coverage).

Medicare Eligible Expenses mean expenses of the kinds covered by Medicare, to the extent recognized as reasonable and medically necessary by Medicare.

Physician means a physician as defined by Medicare.

Policy Date means the date coverage starts under this policy as shown on the policy schedule.

Policy Renewal Date means the month and day this policy's premium payment is due. The frequency of the policy renewal date can vary depending on whether the premiums are paid on a monthly, quarterly, semiannual, or annual basis.

Sickness means an illness, disease or physical condition incurred by You which causes loss beginning while Your policy is in force.

We, Us or Our means Government Personnel Mutual Life Insurance Company.

You or Your means the person named as the Insured on the policy schedule.

BASIC CORE BENEFITS

Your Medicare Supplement Insurance Policy is designed to coordinate with benefits provided by the federal Medicare program. We will consider Our benefits:

- (a) as if You are enrolled in both Part A and Part B of Medicare (even if You are not enrolled in Part B); and
- (b) as if Medicare has paid its portion of the expense incurred.

When You receive services for Medicare Eligible Expenses, We will pay basic core benefits as follows:

Inpatient Hospital Confinement Benefits (Medicare Part A)

Coinsurance Benefit: We will pay the Part A Medicare coinsurance amount for each day of inpatient Hospital confinement You incur from the 61st day through the 90th day in each Medicare Benefit Period to the extent not covered by Medicare.

Lifetime Reserve Days Benefit: We will pay the Part A Medicare coinsurance amount for each lifetime reserve day of inpatient Hospital confinement You incur to the extent not covered by Medicare. Lifetime reserve days are nonrenewable and limited to 60 days during Your lifetime.

Medicare Exhaustion Benefit: After all Medicare inpatient Hospital confinement benefits are exhausted, including Your lifetime reserve days, We will pay 100% of the Part A Medicare Eligible Expenses You incur for inpatient Hospital confinement. Benefits are payable at the same rate Medicare would have paid had Medicare Part A Hospital days not been exhausted. Medicare exhaustion benefits are limited to a maximum of 365 days of inpatient Hospital confinement payable during Your lifetime.

Blood Deductible Benefit (Medicare Part A or Part B)

We will pay the expense incurred for the reasonable cost of the first three pints of unreplaced blood (or equivalent quantities of packed red blood cells) per calendar year under Medicare Part A or Part B. Once this three-pint calendar year blood deductible is met under either Part A or Part B of Medicare, it does not have to be met under the other Part. You or someone else may donate blood to replace the blood You use, in accordance with federal regulations.

Medicare Part B Coinsurance Benefit

After the Medicare Part B calendar year deductible has been satisfied, We will pay the coinsurance amount not paid by Medicare applicable to Part B Medicare Eligible Expenses. The coinsurance amount is generally 20% of the total amount approved by Medicare for medical services. In the case of Hospital outpatient department services under a prospective payment system, We will pay the co-payment amount.

Hospice Care Benefit

We will pay the copayment/coinsurance amount for all Part A Medicare eligible hospice care and respite care expenses.

PLAN G ADDITIONAL BENEFITS

When You receive services for Medicare Eligible Expenses, We will pay additional benefits applicable to Plan G as follows. Plan G Additional Benefits are subject to the same terms and conditions as Basic Core Benefits.

Inpatient Hospital Confinement Deductible Benefit (Medicare Part A)

When You are confined in a Hospital as an inpatient, We will pay 100% of the Medicare Part A inpatient Hospital deductible amount due for each Benefit Period.

Skilled Nursing Facility Confinement Benefit (Medicare Part A)

When You are confined in a skilled nursing facility for post-Hospital care eligible under Medicare Part A, We will pay the actual billed charges, up to the daily coinsurance amount, for each day of confinement from the 21st day through the 100th day, during each Medicare Benefit Period.

Medicare Part B Excess Charges Benefit

We will pay 100% of the difference between the actual charge billed to Medicare Part B for medical expenses incurred and the amount approved by Medicare Part B. When a provider of medical services Accepts Assignment, no excess charges will be payable by Us. When a provider of medical services does not Accept Assignment, the amount of excess charge difference We will consider cannot exceed any charge limitation established by the Medicare program or state law.

Emergency Care in a Foreign Country Benefit

If You receive Emergency Care while in a foreign country, We will pay 80% of the billed Medicare Eligible Expenses incurred for Hospital, Physician and medical services to the extent such expenses are not covered by Medicare, after a \$250 calendar year deductible has been satisfied by You. Benefits are payable only for Emergency Care that would have been covered by Medicare to the extent such Emergency Care would have been covered by Medicare if provided in the United States. Benefits are limited to:

- (a) Emergency Care which begins during the first 60 days in a row of each trip You make outside of the United States; and
- (b) a maximum payable of \$50,000 during Your lifetime.

AUTOMATIC ADJUSTMENT FOR CHANGES IN MEDICARE

If Medicare changes any of its deductible amounts or coinsurance percentage amounts, Your policy's benefits will automatically adjust to coordinate with such changes. Your policy's premium may also adjust to correspond with these benefit changes. Likewise, if Medicare changes the period of time or number of days applicable to a particular benefit, Your policy will adjust accordingly.

EXTENSION OF BENEFITS

If You incur expense for a continuous loss which began while this policy was in force, coverage for such loss will continue beyond the date insurance ends. This extension of coverage is:

- (a) subject to Your continuous total disability; and
- (b) limited to the duration of the Medicare Benefit Period or, if none is applicable, payment of the maximum benefits.

Benefits are payable during this extension on the same basis as if coverage had not ended. However, coverage is extended only for those covered Sicknesses or Injuries causing the continuous loss. Receipt of Medicare Part D outpatient prescription drug benefits will not be considered in determining a continuous loss.

SUSPENSION OF COVERAGE

Suspension Available During Medicaid Entitlement

If You apply for and become entitled to medical assistance under Medicaid, We will suspend benefits and premiums under this policy at Your request, as long as You notify Us within 90 days after the onset of Medicaid entitlement. This suspension of coverage can last for up to 24 months while Your Medicaid entitlement continues.

Upon Our receipt of Your timely notification, We will refund any unearned premium for the period of time You are eligible for Medicaid. Your refunded premium will be reduced by the amount of any claims paid for the period You are eligible.

If You lose entitlement to Medicaid benefits during this suspension of coverage, Your policy will be automatically reinstated as long as You notify Us of the loss of entitlement within 90 days after it occurs. Automatic reinstatement of coverage will be effective as of the date of Medicaid termination. You must pay the applicable policy premium. Upon reinstatement, We will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

Suspension Available While Covered Under a Group Health Plan

If You are entitled to benefits under Section 226(b) of the Social Security Act and covered under a group health plan, We will suspend benefits and premiums under this policy at Your request. This suspension of coverage can last as long as the period provided by federal regulation.

Upon Our receipt of Your timely notification, We will refund any unearned premium for the period of time You are covered under the group health plan. Your refunded premium will be reduced by the amount of any claims paid for the period You are eligible.

If You lose coverage under the group health plan during this suspension of coverage, Your policy will be automatically reinstated as long as You notify Us of such loss of coverage within 90 days after it occurs. Automatic reinstatement of Your policy's coverage will be effective as of the date of group health plan termination. You must pay the applicable policy premium. Upon reinstatement, We will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

TERMINATION

This policy will terminate on the earliest of:

- (a) the date We receive Your written or verbal request to cancel the policy (in which case the grace period will not apply);
- (b) the date this policy is replaced by another Medicare supplement or Medicare Select policy (in which case the grace period will not apply);
- (c) the Policy Renewal Date, if sufficient premium has not been paid before the end of the grace period; or
- (d) the date of Your death.

In the event of cancellation or death, We will promptly return the unearned portion of any premium paid.

Termination of coverage will not affect any claim originating while this policy was in force.

EXCLUSIONS

We will not pay benefits for:

- (a) expense incurred while this policy is not in force, except as provided in the EXTENSION OF BENEFITS section;
- (b) Hospital or skilled nursing facility confinement incurred during a Medicare Part A Benefit Period that begins while this policy is not in force;
- (c) that portion of any expense incurred which is paid for by Medicare;
- (d) services for non-Medicare Eligible Expenses, including, but not limited to, routine exams, take-home drugs and eye refractions;
- (e) services for which a charge is not normally made in the absence of insurance; or
- (f) loss or expense that is payable under any other Medicare supplement insurance policy or certificate.

CLAIMS FILING PROCEDURES

Notice of Claim

Written notice of a claim must be given to Us within 20 days after a loss occurs or starts, or as soon as is reasonably possible. You may give the required notice or someone else may do it for You. The notice should give Your name and policy number as shown on the policy schedule. Notice should be mailed to Us at Our administrative office address shown on the face page of this policy, or to any of Our agents.

Electronic Claim Filing Process: Your health care providers will usually submit electronically to Medicare the billed charges for any medical and Hospital expenses You incur. Medicare then processes benefits for expenses eligible under Part A and/or Part B of Medicare, and then passes Your claim electronically to Us for consideration of benefits under Your Medicare supplement policy. We will accept Medicare's electronic submission of Your claim to Us as Your notice of claim. For consideration of expenses that are not submitted electronically to Us, a paper copy of Your Medicare Summary Notice or Medicare Benefit Notice can serve as Your notice of claim. This Medicare statement shows Your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of Your Medicare statement to Us or Your health care provider may submit it to Us on Your behalf.

Claim Forms

When We receive notice of claim, We will send You forms for filing proof of loss. If We do not send them within 15 days after the giving of such notice, You can meet the proof of loss requirement by giving Us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.

Proof of Loss

Written proof of loss must be given to Us within 90 days after the date of such loss. If it was not reasonably possible to give Us written proof within the required time, We will not reduce or deny the

claim for this reason if the proof is supplied as soon as reasonably possible. In any case, proof must be furnished no later than 12 months from the time otherwise specified, except in the absence of legal capacity.

TIME OF PAYMENT OF CLAIMS

Benefits for a covered loss will be paid as soon as We receive proper written proof of loss.

PAYMENT OF CLAIMS

All benefits will be paid to You, if living, unless We receive an assignment of benefits by You to pay Your health care provider. Benefits unpaid at Your death, which are not assigned, will be paid to Your estate.

If any benefits are payable to Your estate, to a minor or to any person not legally able to give a valid release, We may pay up to \$1,000 to any relative of Yours who We find entitled to the payment. Payment made in good faith will fully discharge Us to the extent of the payment.

TERM OF COVERAGE

Your coverage starts on the Policy Date at 12:01 A.M. where You live. It ends at 12:01 A.M. where You live on the first Policy Renewal Date. Each time You renew Your policy by paying the premium within the 31-day grace period, the new term begins when the old term ends.

POLICY PROVISIONS

Entire Contract and Changes

The entire contract of insurance is:

- (a) the policy;
- (b) the attached signed application;
- (c) any supplemental applications made part of the policy;
- (d) any riders and amendment riders; and
- (e) any endorsements and amendments.

No agent may change the contract of insurance in any way. Only an executive officer of Ours can approve a change. Any such change must be shown in or attached to the policy. Any rider, endorsement or application added after the Policy Date which reduces or eliminates coverage under this policy will require Your signed acceptance in order to be valid.

Time Limit on Certain Defenses

After two years from the date You become covered under this policy, We cannot use misstatements, except fraudulent misstatements in Your application, to void coverage or deny a claim for loss incurred or disability that starts after the two-year period.

Grace Period

Your policy's premium must be paid on or before the date it is due or during the 31-day grace period that follows. Your policy stays in force during the grace period.

Reinstatement

Your policy will lapse if You do not pay the premium before the end of the grace period. If We later accept a premium and do not require an application for reinstatement, that payment will put this policy back in force. If We require an application for reinstatement, this policy will be put back in force when We approve the application. If We do not approve the application, this policy will be put back in force on the 45th day following the date of the application if We do not give You prior written notice of its disapproval.

The reinstated policy will only cover loss due to an Injury or Sickness that occurs after the date of reinstatement. In all other respects, You and We have the same rights under this policy as were in effect before it lapsed. Premium accepted in connection with this provision will be used for a period for which premium has not been paid, but not for any period more than 60 days before the date of reinstatement.

Physical Examinations and Autopsy

We, at Our expense, may have You examined when and as often as is reasonable while a claim is pending. We may also have an autopsy done, at Our expense, where it is not prohibited by law.

Legal Actions

No legal action can be brought to recover under this policy until at least 60 days after We have been given satisfactory written proof of loss. Legal action cannot be brought after the expiration of three years from the date proof of loss is required.

Other Insurance with Us

You can be insured under only one of Our Medicare supplement policies at any one time. If You are insured under more than one such policy, You can select the one that is to remain in effect. In the event of death, this selection will be made by Your estate. We will return all premiums paid (less any claims paid) for any policy that does not remain in effect.

Unpaid Premium

When benefits are paid for a claim under this policy, any premium then due and unpaid may be deducted from the benefits payable.

Conformity with State Statutes

If any provision of this policy conflicts with the laws of the state where You reside on that provision's effective date, it is amended to conform to the minimum requirements of those laws.

POLICY SCHEDULE

POLICY NUMBER	POLICY DATE	FIRST RENEWAL DATE
MTP25-[000000-00M]	[6-1-10]	[6-1-11]

INITIAL PREMIUM	RENEWAL PREMIUM	
[\$0,000.00]	[\$0,000.00**]	[Annual, Semiannual, Quarterly, Monthly]

POLICY BENEFIT	SERIES
	[23580]

AS SPECIFIED IN THE POLICY

INSURED

[James J. Jones]
[123 Main Street]
[Anytown, AR 00000]

INITIAL PREMIUM \$[0,000.00]

MGR [Don Jones]
[J Brown 09999]

ADDITIONAL COVERAGE AND POLICY ADJUSTMENTS SHOWN BELOW
(NOTE: INFORMATION MAY CONTINUE ON REVERSE--PLEASE READ)

**Renewal Premium Subject To Change

CLAIM INFORMATION CALL [1-XXX-XXX-XXXX]
OTHER SERVICE QUESTIONS CALL [1-XXX-XXX-XXXX]

MTP25-23580

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

2211 NE Loop 410
San Antonio, Texas 78217

**MEDICARE SUPPLEMENT INSURANCE POLICY
PLAN N**

CONSIDERATION

In consideration of the first premium You paid, the application You completed and Our reliance on Your answers to the application questions, We have put this policy in force as of the Policy Date. That date is shown on the policy schedule. A copy of Your application is attached.

30-DAY RIGHT TO EXAMINE POLICY

Please read Your policy. If, for any reason, You are not satisfied with it, You may return Your policy to Us at the administrative office address shown below or Your agent within 30 days of its delivery. We will then promptly refund all premiums paid less any claims paid. The policy will then be considered never to have been issued.

PLEASE READ YOUR APPLICATION

Please read the attached copy of Your application immediately. If anything is not correct or if any past medical history has been left out, You should tell Us. Your policy was issued on the basis that all information in the application is correct and complete. If not, Your policy may not be valid.

GUARANTEED RENEWABLE FOR LIFE

This policy is guaranteed renewable for life. This means You have the right to continue Your policy in force for as long as You live. Unless there has been a Material Misrepresentation, We cannot cancel Your coverage as long as You pay the required premium payment when it is due.

PREMIUM CHANGES

The premium for this policy may change. This annual premium change will occur on the first Policy Renewal Date which coincides with or follows the policy anniversary date. Such premium change cannot be made unless We make the same change to all policies of this form issued to persons of the same classification living in the same geographic area of Your state. We will give You the advance written notice required by Your state prior to any premium change.

This Is a Legal Contract Between You and Us.

READ YOUR POLICY CAREFULLY.

NOTICE TO BUYER:

THIS POLICY MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.

To Inquire About Your Coverage, or To Express a Concern, Call Us Toll-Free At:

Customer Service [1-XXX-XXX-XXXX]

Claims Service [1-XXX-XXX-XXXX]



President



Secretary

Administrative Office:
Government Personnel Mutual Life Insurance Company
[3316 Farnam Street
Omaha, NE 68175]

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DEFINITIONS

Shown below are the defined terms used in Your policy. These terms are capitalized wherever they appear in the policy.

Benefit Period means the period of time defined by Medicare as a benefit period under Medicare Part A. A benefit period begins on the first day You are Hospital confined as an inpatient. A benefit period generally ends after You have not been confined in a Hospital or skilled nursing facility for 60 days in a row.

Emergency Care means care needed immediately because of a Sickness or Injury of sudden and unexpected onset.

Hospital means a place defined as a hospital and approved for payment as a hospital by Medicare.

Injury means bodily harm sustained by You which:

- (a) is the direct result of an accident or trauma that occurs while Your policy is in force; and
- (b) is not related to Sickness, bodily infirmity or any other cause.

Material Misrepresentation means You did not disclose a condition or combination of conditions You were requested to disclose on the application and which, if disclosed, would have required a different premium or caused Us to deny issuing Your policy. Any material misrepresentation is subject to the Time Limit on Certain Defenses provision.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended. Traditional Medicare is divided into two parts, Part A (Hospital/skilled nursing facility coverage) and Part B (medical/surgical coverage).

Medicare Eligible Expenses mean expenses of the kinds covered by Medicare, to the extent recognized as reasonable and medically necessary by Medicare.

Physician means a physician as defined by Medicare.

Policy Date means the date coverage starts under this policy as shown on the policy schedule.

Policy Renewal Date means the month and day this policy's premium payment is due. The frequency of the policy renewal date can vary depending on whether the premiums are paid on a monthly, quarterly, semiannual, or annual basis.

Sickness means an illness, disease or physical condition incurred by You which causes loss beginning while Your policy is in force.

We, Us or Our means Government Personnel Mutual Life Insurance Company.

You or Your means the person named as the Insured on the policy schedule.

BASIC CORE BENEFITS

Your Medicare Supplement Insurance Policy is designed to coordinate with benefits provided by the federal Medicare program. We will consider Our benefits:

- (a) as if You are enrolled in both Part A and Part B of Medicare (even if You are not enrolled in Part B); and
- (b) as if Medicare has paid its portion of the expense incurred.

When You receive services for Medicare Eligible Expenses, We will pay basic core benefits as follows:

Inpatient Hospital Confinement Benefits (Medicare Part A)

Coinsurance Benefit: We will pay the Part A Medicare coinsurance amount for each day of inpatient Hospital confinement You incur from the 61st day through the 90th day in each Medicare Benefit Period to the extent not covered by Medicare.

Lifetime Reserve Days Benefit: We will pay the Part A Medicare coinsurance amount for each lifetime reserve day of inpatient Hospital confinement You incur to the extent not covered by Medicare. Lifetime reserve days are nonrenewable and limited to 60 days during Your lifetime.

Medicare Exhaustion Benefit: After all Medicare inpatient Hospital confinement benefits are exhausted, including Your lifetime reserve days, We will pay 100% of the Part A Medicare Eligible Expenses You incur for inpatient Hospital confinement. Benefits are payable at the same rate Medicare would have paid had Medicare Part A Hospital days not been exhausted. Medicare exhaustion benefits are limited to a maximum of 365 days of inpatient Hospital confinement payable during Your lifetime.

Blood Deductible Benefit (Medicare Part A or Part B)

We will pay the expense incurred for the reasonable cost of the first three pints of unreplaced blood (or equivalent quantities of packed red blood cells) per calendar year under Medicare Part A or Part B. Once this three-pint calendar year blood deductible is met under either Part A or Part B of Medicare, it does not have to be met under the other Part. You or someone else may donate blood to replace the blood You use, in accordance with federal regulations.

Medicare Part B Coinsurance Benefit

After the Medicare Part B calendar year deductible has been satisfied, We will pay benefits for Part B Medicare Eligible Expenses as follows:

- (a) For each covered health care provider office visit (including visits to medical specialists), We will pay the Medicare Part B coinsurance amount not paid by Medicare, if any, after You have paid a co-payment amount. Your co-payment amount will be the lesser of \$20 or the Medicare Part B coinsurance amount;
- (b) For each covered emergency room visit, We will pay the coinsurance amount not paid by Medicare, if any, after You have paid a co-payment amount. Your co-payment amount will be the lesser of \$50 or the Medicare Part B coinsurance amount. This co-payment amount is waived if You are admitted to a Hospital and the emergency visit is subsequently covered as a Medicare Part A expense; and
- (c) For all other Part B Medicare Eligible Expenses, We will pay the coinsurance amount not paid by Medicare. No co-payment amount will be due from You.

The Part B coinsurance amount not paid by Medicare for Medicare Eligible Expenses is generally 20% of the total amount approved by Medicare for medical services.

As explained in the AUTOMATIC ADJUSTMENT FOR CHANGES IN MEDICARE section, if Medicare changes its co-payment levels, Your policy's benefits will adjust accordingly.

Hospice Care Benefit

We will pay the copayment/coinsurance amount for all Part A Medicare eligible hospice care and respite care expenses.

PLAN N ADDITIONAL BENEFITS

When You receive services for Medicare Eligible Expenses, We will pay additional benefits applicable to Plan N as follows. Plan N Additional Benefits are subject to the same terms and conditions as Basic Core Benefits.

Inpatient Hospital Confinement Deductible Benefit (Medicare Part A)

When You are confined in a Hospital as an inpatient, We will pay 100% of the Medicare Part A inpatient Hospital deductible amount due for each Benefit Period.

Skilled Nursing Facility Confinement Benefit (Medicare Part A)

When You are confined in a skilled nursing facility for post-Hospital care eligible under Medicare Part A, We will pay the actual billed charges, up to the daily coinsurance amount, for each day of confinement from the 21st day through the 100th day, during each Medicare Benefit Period.

Emergency Care in a Foreign Country Benefit

If You receive Emergency Care while in a foreign country, We will pay 80% of the billed Medicare Eligible Expenses incurred for Hospital, Physician and medical services to the extent such expenses are not covered by Medicare, after a \$250 calendar year deductible has been satisfied by You. Benefits are payable only for Emergency Care that would have been covered by Medicare to the extent such Emergency Care would have been covered by Medicare if provided in the United States. Benefits are limited to:

- (a) Emergency Care which begins during the first 60 days in a row of each trip You make outside of the United States; and
- (b) a maximum payable of \$50,000 during Your lifetime.

AUTOMATIC ADJUSTMENT FOR CHANGES IN MEDICARE

If Medicare changes any of its deductible amounts, coinsurance percentage amounts or co-payment amounts, Your policy's benefits will automatically adjust to coordinate with such changes. Your policy's premium may also adjust to correspond with these benefit changes. Likewise, if Medicare changes the period of time or number of days applicable to a particular benefit, Your policy will adjust accordingly.

EXTENSION OF BENEFITS

If You incur expense for a continuous loss which began while this policy was in force, coverage for such loss will continue beyond the date insurance ends. This extension of coverage is:

- (a) subject to Your continuous total disability; and
- (b) limited to the duration of the Medicare Benefit Period or, if none is applicable, payment of the maximum benefits.

Benefits are payable during this extension on the same basis as if coverage had not ended. However, coverage is extended only for those covered Sicknesses or Injuries causing the continuous loss. Receipt of Medicare Part D outpatient prescription drug benefits will not be considered in determining a continuous loss.

SUSPENSION OF COVERAGE

Suspension Available During Medicaid Entitlement

If You apply for and become entitled to medical assistance under Medicaid, We will suspend benefits and premiums under this policy at Your request, as long as You notify Us within 90 days after the onset of Medicaid entitlement. This suspension of coverage can last for up to 24 months while Your Medicaid entitlement continues.

Upon Our receipt of Your timely notification, We will refund any unearned premium for the period of time You are eligible for Medicaid. Your refunded premium will be reduced by the amount of any claims paid for the period You are eligible.

If You lose entitlement to Medicaid benefits during this suspension of coverage, Your policy will be automatically reinstated as long as You notify Us of the loss of entitlement within 90 days after it occurs. Automatic reinstatement of coverage will be effective as of the date of Medicaid termination. You must pay the applicable policy premium. Upon reinstatement, We will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

Suspension Available While Covered Under a Group Health Plan

If You are entitled to benefits under Section 226(b) of the Social Security Act and covered under a group health plan, We will suspend benefits and premiums under this policy at Your request. This suspension of coverage can last as long as the period provided by federal regulation.

Upon Our receipt of Your timely notification, We will refund any unearned premium for the period of time You are covered under the group health plan. Your refunded premium will be reduced by the amount of any claims paid for the period You are eligible.

If You lose coverage under the group health plan during this suspension of coverage, Your policy will be automatically reinstated as long as You notify Us of such loss of coverage within 90 days after it occurs. Automatic reinstatement of Your policy's coverage will be effective as of the date of group health plan termination. You must pay the applicable policy premium. Upon reinstatement, We will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

TERMINATION

This policy will terminate on the earliest of:

- (a) the date We receive Your written or verbal request to cancel the policy (in which case the grace period will not apply);
- (b) the date this policy is replaced by another Medicare supplement or Medicare Select policy (in which case the grace period will not apply);
- (c) the Policy Renewal Date, if sufficient premium has not been paid before the end of the grace period; or
- (d) the date of Your death.

In the event of cancellation or death, We will promptly return the unearned portion of any premium paid.

Termination of coverage will not affect any claim originating while this policy was in force.

EXCLUSIONS

We will not pay benefits for:

- (a) expense incurred while this policy is not in force, except as provided in the EXTENSION OF BENEFITS section;
- (b) Hospital or skilled nursing facility confinement incurred during a Medicare Part A Benefit Period that begins while this policy is not in force;
- (c) that portion of any expense incurred which is paid for by Medicare;
- (d) services for non-Medicare Eligible Expenses, including, but not limited to, routine exams, take-home drugs and eye refractions;
- (e) services for which a charge is not normally made in the absence of insurance; or
- (f) loss or expense that is payable under any other Medicare supplement insurance policy or certificate.

CLAIMS FILING PROCEDURES

Notice of Claim

Written notice of a claim must be given to Us within 20 days after a loss occurs or starts, or as soon as is reasonably possible. You may give the required notice or someone else may do it for You. The notice should give Your name and policy number as shown on the policy schedule. Notice should be mailed to Us at Our administrative office address shown on the face page of this policy, or to any of Our agents.

Electronic Claim Filing Process: Your health care providers will usually submit electronically to Medicare the billed charges for any medical and Hospital expenses You incur. Medicare then processes benefits for expenses eligible under Part A and/or Part B of Medicare, and then passes Your claim electronically to Us for consideration of benefits under Your Medicare supplement policy. We will accept Medicare's electronic submission of Your claim to Us as Your notice of claim. For consideration of expenses that are not submitted electronically to Us, a paper copy of Your Medicare Summary Notice or Medicare Benefit Notice can serve as Your notice of claim. This Medicare statement shows Your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of Your Medicare statement to Us or Your health care provider may submit it to Us on Your behalf.

Claim Forms

When We receive notice of claim, We will send You forms for filing proof of loss. If We do not send them within 15 days after the giving of such notice, You can meet the proof of loss requirement by giving Us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.

Proof of Loss

Written proof of loss must be given to Us within 90 days after the date of such loss. If it was not reasonably possible to give Us written proof within the required time, We will not reduce or deny the claim for this reason if the proof is supplied as soon as reasonably possible. In any case, proof must be

furnished no later than 12 months from the time otherwise specified, except in the absence of legal capacity.

TIME OF PAYMENT OF CLAIMS

Benefits for a covered loss will be paid as soon as We receive proper written proof of loss.

PAYMENT OF CLAIMS

All benefits will be paid to You, if living, unless We receive an assignment of benefits by You to pay Your health care provider. Benefits unpaid at Your death, which are not assigned, will be paid to Your estate.

If any benefits are payable to Your estate, to a minor or to any person not legally able to give a valid release, We may pay up to \$1,000 to any relative of Yours who We find entitled to the payment. Payment made in good faith will fully discharge Us to the extent of the payment.

TERM OF COVERAGE

Your coverage starts on the Policy Date at 12:01 A.M. where You live. It ends at 12:01 A.M. where You live on the first Policy Renewal Date. Each time You renew Your policy by paying the premium within the 31-day grace period, the new term begins when the old term ends.

POLICY PROVISIONS

Entire Contract and Changes

The entire contract of insurance is:

- (a) the policy;
- (b) the attached signed application;
- (c) any supplemental applications made part of the policy;
- (d) any riders and amendment riders; and
- (e) any endorsements and amendments.

No agent may change the contract of insurance in any way. Only an executive officer of Ours can approve a change. Any such change must be shown in or attached to the policy. Any rider, endorsement or application added after the Policy Date which reduces or eliminates coverage under this policy will require Your signed acceptance in order to be valid.

Time Limit on Certain Defenses

After two years from the date You become covered under this policy, We cannot use misstatements, except fraudulent misstatements in Your application, to void coverage or deny a claim for loss incurred or disability that starts after the two-year period.

Grace Period

Your policy's premium must be paid on or before the date it is due or during the 31-day grace period that follows. Your policy stays in force during the grace period.

Reinstatement

Your policy will lapse if You do not pay the premium before the end of the grace period. If We later accept a premium and do not require an application for reinstatement, that payment will put this policy

back in force. If We require an application for reinstatement, this policy will be put back in force when We approve the application. If We do not approve the application, this policy will be put back in force on the 45th day following the date of the application if We do not give You prior written notice of its disapproval.

The reinstated policy will only cover loss due to an Injury or Sickness that occurs after the date of reinstatement. In all other respects, You and We have the same rights under this policy as were in effect before it lapsed. Premium accepted in connection with this provision will be used for a period for which premium has not been paid, but not for any period more than 60 days before the date of reinstatement.

Physical Examinations and Autopsy

We, at Our expense, may have You examined when and as often as is reasonable while a claim is pending. We may also have an autopsy done, at Our expense, where it is not prohibited by law.

Legal Actions

No legal action can be brought to recover under this policy until at least 60 days after We have been given satisfactory written proof of loss. Legal action cannot be brought after the expiration of three years from the date proof of loss is required.

Other Insurance with Us

You can be insured under only one of Our Medicare supplement policies at any one time. If You are insured under more than one such policy, You can select the one that is to remain in effect. In the event of death, this selection will be made by Your estate. We will return all premiums paid (less any claims paid) for any policy that does not remain in effect.

Unpaid Premium

When benefits are paid for a claim under this policy, any premium then due and unpaid may be deducted from the benefits payable.

Conformity with State Statutes

If any provision of this policy conflicts with the laws of the state where You reside on that provision's effective date, it is amended to conform to the minimum requirements of those laws.

POLICY SCHEDULE

POLICY NUMBER	POLICY DATE	FIRST RENEWAL DATE
MTP31-[000000-00M]	[6-1-10]	[6-1-11]

INITIAL PREMIUM	RENEWAL PREMIUM	
[\$0,000.00]	[\$0,000.00**]	[Annual, Semiannual, Quarterly, Monthly]

POLICY BENEFIT	SERIES
	[23581]

AS SPECIFIED IN THE POLICY

INSURED

[James J. Jones]
[123 Main Street]
[Anytown, AR 00000]

INITIAL PREMIUM \$[0,000.00]

MGR [Don Jones]
[J Brown 09999]

ADDITIONAL COVERAGE AND POLICY ADJUSTMENTS SHOWN BELOW
(NOTE: INFORMATION MAY CONTINUE ON REVERSE--PLEASE READ)

**Renewal Premium Subject To Change

CLAIM INFORMATION CALL [1-XXX-XXX-XXXX]
OTHER SERVICE QUESTIONS CALL [1-XXX-XXX-XXXX]

MTP31-23581



Application For Medicare Supplement Coverage

PLAN INFORMATION (to be completed by **Producer**)

NOTE: For ALL sections, ONLY complete the Applicant B information if to be insured.

<u>APPLICANT</u>	<u>APPLICANT B</u>
Policy Form	Policy Form
Requested Effective Date	Requested Effective Date
Premium Collected \$	Premium Collected \$
Initial Mode A, S, Q[, ACH] [or CC]	Initial Mode A, S, Q[, ACH] [or CC]
Renewal \$	Renewal \$
Renewal Mode A, S, Q, B [or CC] (direct monthly not available)	Renewal Mode A, S, Q, B [or CC] (direct monthly not available)

1. PLEASE READ THE FOLLOWING CAREFULLY AND ANSWER ALL QUESTIONS COMPLETELY.

Applicant	Applicant B
Name (First/Middle/Last)	Name (First/Middle/Last)
Residence Address	Residence Address (if different from Applicant's)
City	City
State ZIP	State ZIP
Mailing Address (if different from residence address)	Mailing Address (if different from residence address)
City	City
State ZIP	State ZIP
Home Phone No (_____) _____ (area code)	Home Phone No (_____) _____ (area code)
Current Age _____ Date of Birth ____/____/____ mo / day / yr	Current Age _____ Date of Birth ____/____/____ mo / day / yr
Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Social Security No	Social Security No
Medicare Health Insurance Card Number (if known)	Medicare Health Insurance Card Number (if known)
E-mail Address	E-mail Address
Height Weight Ft _____ In _____ Lbs _____	Height Weight Ft _____ In _____ Lbs _____

2. PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS.

1. Have you received a copy of the Guide to Health Insurance for People with Medicare and the Outline of Coverage?	Applicant Yes <input type="checkbox"/> No <input type="checkbox"/>	Applicant B Yes <input type="checkbox"/> No <input type="checkbox"/>
To the Best of Your Knowledge:		
1. Are you covered under Medicare Part A? If "YES," what is your Part A effective date? _____ Applicant / / / Applicant B / / /	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "NO," what is your eligibility date? _____ Applicant / / / Applicant B / / /		
2. Are you covered under Medicare Part B? If "YES," what is your Part B effective date? _____ Applicant / / / Applicant B / / /	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "NO," indicate date you plan to enroll. _____ Applicant / / / Applicant B / / /		
3. Did you turn age 65 in the last six months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Did you enroll in Medicare Part B in the last six months? If "YES," indicate your effective date. _____ Applicant / / / Applicant B / / /	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare supplement insurance policy or certificate, or that you had certain rights to buy such a policy or certificate, you may be guaranteed acceptance in one or more of our Medicare supplement plans. Please include a copy of the notice from your prior insurer with your application. **PLEASE ANSWER ALL QUESTIONS. Please mark "YES" or "NO" with an "X" to the questions below.**

3. FOR YOUR PROTECTION, the National Association of Insurance Commissioners requests that we ask the following questions about insurance policies or certificates you may have.

To the Best of Your Knowledge:	Applicant	Applicant B
1. Are you applying during a guaranteed issue period? (NOTE: If the answer above is "YES," please attach proof of eligibility.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Do you have another Medicare supplement or Medicare select insurance policy or certificate in force? (a) If "YES," with what company, and what plan do you have?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant	Applicant B
Name of Company	Name of Company
Policy/Certificate Number	Policy/Certificate Number
Plan	Plan
Issue Date / /	Issue Date / /

(b) If "YES," do you intend to replace your current Medicare supplement policy/certificate with this policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) If "YES," indicate termination date. _____ Applicant / / / Applicant B / / /		
(d) If "YES," have you received a copy of the replacement notice?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have had any other Medicare plan coverage as referenced below, not to include Medicare supplement, please complete questions (a-g) below. If not, skip to question #4.		
3. If you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO), fill in your start and end dates below. If you are still covered under this plan, leave "END" blank. START _____ END _____ / START _____ END _____ Applicant / / / Applicant B / / /		
(a) If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare supplement policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) If "YES," have you received a copy of the replacement notice?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) Reason for termination/disenrollment? _____ Applicant / / / Applicant B / / /		
(d) Planned date of termination/disenrollment? _____ Applicant / / / Applicant B / / /		

If you are applying during Open Enrollment or a Guaranteed Issue period, SKIP SECTION 4 and GO TO SECTION 5.

4. PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS. Make sure all questions are answered by each applicant. If either you or Applicant B answer "YES" to any of the following questions 1-14, that person is not eligible for coverage.

To the Best of Your Knowledge:	Applicant	Applicant B
1. Are you currently hospitalized or confined to a nursing facility; or, are you bedridden or confined to a wheelchair?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you been diagnosed with emphysema, Chronic Obstructive Pulmonary Disease (COPD) or other chronic pulmonary disorders?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you been diagnosed with Parkinson's Disease, Systemic Lupus, Myasthenia Gravis, Multiple or Lateral Sclerosis, Osteoporosis with fractures, Cirrhosis or kidney disease requiring dialysis?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you been diagnosed with Alzheimer's Disease, Senile Dementia, or any other cognitive disorder?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Have you been diagnosed with or treated for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. If you have diabetes, do you have any of the following conditions: diabetic retinopathy, peripheral vascular disease, neuropathy, any heart condition (including high blood pressure) or kidney disease? If you do not have diabetes, this question should be answered "NO".	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Do you have diabetes that has ever required more than 50 units of insulin daily?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Within the past two years have you been treated for or been advised by a physician to have treatment for internal cancer, alcoholism or drug abuse, mental or nervous disorder requiring psychiatric care or have you had any amputation caused by disease?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Within the past two years have you been treated for or been advised by a physician to have treatment for heart attack, heart, coronary or carotid artery disease (not including high blood pressure), peripheral vascular disease, congestive heart failure or enlarged heart, stroke, transient ischemic attacks (TIA) or heart rhythm disorders?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Within the past two years have you been treated for degenerative bone disease, crippling/ disabling or rheumatoid arthritis or have you been advised to have a joint replacement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Have you been advised by a physician that surgery may be required within the next 12 months for cataracts?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Have you been advised by a physician to have surgery, medical tests, treatment or therapy that has not been performed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Have you been hospital confined three or more times in the last two years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Have you had an organ transplant or been advised by a physician to have an organ transplant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Have you used tobacco in any form in the past 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Are you taking or have you taken any prescription or over-the-counter medications within the past 12 months? If "YES," please list the drug and the condition in the following table.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant (please attach a separate sheet if needed)	Applicant B (please attach a separate sheet if needed)																
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	Frequency and Dosage																
	Diagnosis/Condition																
	Medication Name (copy off pharmacy label)																
	Date Originally Prescribed																
	Frequency and Dosage																
	Diagnosis/Condition																

5. PLEASE READ AND SIGN BELOW

IMPORTANT STATEMENTS TO BE READ BY APPLICANT

- You do not need more than one Medicare supplement policy.
- If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverage.
- You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.
- If, after purchasing the policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing Medicaid eligibility. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
- If you are eligible for, and have enrolled in a Medicare supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing your employer or union-based group health plan. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
- Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

I wish to apply for a Medicare supplement insurance policy. I represent that my answers and statements on this application are true and complete. I understand that, upon acceptance of the completed application, each applicant will receive a separate policy. I understand that my policy benefits can start no earlier than my Medicare effective date, my first month's premium has been received and/or processed and my application has been approved by GPM Life Insurance Company.

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

Dated at _____, on _____, _____
City State Month Day Year Applicant's Signature

Dated at _____, on _____, _____
City State Month Day Year Applicant B's Signature (if applying)

Premium Must Accompany Application

I/We certify that during an interview with the proposed applicant, I/we have truly and accurately recorded in the application the information supplied by the applicant.

(Signature of Licensed Producer) (Date) (Signature of Licensed Producer) (Date)

PRODUCER STAMP

PRODUCER STAMP

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
OUTLINE OF MEDICARE SUPPLEMENT COVERAGE – COVER PAGE
BENEFIT PLANS A, C, F, G AND N

These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan "A." Some plans may not be available in your state. See Outlines of Coverage sections for details about ALL plans. Plans E, H, I, and J are no longer available for sale.

Basic Benefits:

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
 Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.
 Blood: First 3 pints of blood each year.
 Hospice: Part A coinsurance.

A	B	C	D	F	F*	G	K	L	M	N
Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance*		Basic, including 100% Part B co-insurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER			
		Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance		Skilled Nursing Facility Co-insurance	50% Skilled Nursing Facility Co-insurance	75% Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible		Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible						
				Part B Excess (100%)		Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
							Out-of-pocket limit \$4,620; paid at 100% after limit reached	Out-of-pocket limit \$2,310; paid at 100% after limit reached		

*Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,000 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2,000. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy/certificate. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plans' separate foreign travel emergency deductible.

Disclosures

Use this outline to compare benefits and premiums among policies.

This outline shows benefits and premiums of policies sold for effective dates on or after June 1, 2010. Policies sold for effective dates prior to June 1, 2010, have different benefits and premiums. Plans E, H, I, and J are no longer available for sale.

Premium Information

We, Government Personnel Mutual Life, can only raise your premium if we raise the premium for all the policies like yours in the same geographic area of the state where you live.

Read Your Policy Very Carefully

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

Right to Return Policy

If you find that you are not satisfied with your policy, you may return it to Government Personnel Mutual Life Insurance Company at our administrative office, 3316 Farnam Street, Omaha, NE 68175. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

Policy Replacement

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

Notice

The policy may not fully cover all of your medical costs. Neither Government Personnel Mutual Life nor its agents are connected with Medicare. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult "Medicare & You" for more details.

Complete Answers Are Very Important

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The Company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. Review the application carefully before you sign it. Be certain that all information has been properly recorded.

PLANS A AND C
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan A Pays	You Pay	Plan C Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,100	\$0	\$1,100 (Part A Deductible)	\$1,100 (Part A Deductible)	\$0
61 st through 90 th day	All but \$275 a day	\$275 a day	\$0	\$275 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$550 a day	\$550 a day	\$0	\$550 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**	100% of Medicare Eligible Expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital.					
First 20 days	All approved amounts	\$0	\$0	\$0	\$0
21 st through 100 th day	All but \$137.50 a day	\$0	Up to \$137.50 a day	Up to \$137.50 a day	\$0
101 st day and after	\$0	\$0	All costs	\$0	All costs
BLOOD					
First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0	\$0	\$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0	Medicare copayment/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy/certificate's "Core Benefits."

During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLANS A AND C
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$155 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan A Pays	You Pay	Plan C Pays	You Pay
MEDICAL EXPENSES—IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment					
First \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)	\$155 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0	Generally 20%	\$0
Part B Excess Charges (above Medicare Approved Amounts)	\$0	\$0	All costs	\$0	All costs
BLOOD					
First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)	\$155 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0
CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	\$0	\$0

PARTS A AND B

HOME HEALTH CARE—MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
Durable medical equipment					
First \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)	\$155 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0

**PLANS A AND C
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

OTHER BENEFITS – NOT COVERED BY MEDICARE

Services	Medicare Pays	Plan A Pays	You Pay	Plan C Pays	You Pay
FOREIGN TRAVEL—NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA					
First \$250 each calendar year	\$0	N/A	All Costs	\$0	\$250
Remainder of charges	\$0	N/A	All Costs	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit

PLANS F AND G
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan F Pays	You Pay	Plan G Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,100	\$1,100 (Part A Deductible)	\$0	\$1,100 (Part A Deductible)	\$0
61 st through 90 th day	All but \$275 a day	\$275 a day	\$0	\$275 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$550 a day	\$550 a day	\$0	\$550 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**	100% of Medicare Eligible Expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital.					
First 20 days	All approved amounts	\$0	\$0	\$0	\$0
21 st through 100 th day	All but \$137.50 a day	Up to \$137.50 a day	\$0	Up to \$137.50 a day	\$0
101 st day and after	\$0	\$0	All costs	\$0	All costs
BLOOD					
First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0	\$0	\$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0	Medicare copayment/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy/certificate's "Core Benefits."

During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLANS F AND G
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$155 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan F Pays	You Pay	Plan G Pays	You Pay
MEDICAL EXPENSES—IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment					
First \$155 of Medicare Approved Amounts*	\$0	\$155 (Part B Deductible)	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0	Generally 20%	\$0
Part B Excess Charges (above Medicare Approved Amounts)	\$0	100%	\$0	100%	\$0
BLOOD					
First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$155 of Medicare Approved Amounts*	\$0	\$155 (Part B Deductible)	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0
CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	\$0	\$0

PARTS A AND B

HOME HEALTH CARE—MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
Durable medical equipment					
First \$155 of Medicare Approved Amounts*	\$0	\$155 (Part B Deductible)	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0

PLANS F AND G
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

OTHER BENEFITS – NOT COVERED BY MEDICARE

Services	Medicare Pays	Plan F Pays	You Pay	Plan G Pays	You Pay
FOREIGN TRAVEL—NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA					
First \$250 each calendar year	\$0	\$0	\$250	\$0	\$250
Remainder of charges	\$0	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit

PLAN N
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan N Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,100	\$1,100 (Part A Deductible)	\$0
61 st through 90 th day	All but \$275 a day	\$275 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$550 a day	\$550 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital. First 20 days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$137.50 a day	Up to \$137.50 a day	\$0
101 st day and after	\$0	\$0	All costs
BLOOD First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy/certificate's "Core Benefits."

During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN N
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$155 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan N Pays	You Pay
MEDICAL EXPENSES—IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges (above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A AND B

HOME HEALTH CARE—MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
First \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

**PLAN N
 MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

OTHER BENEFITS – NOT COVERED BY MEDICARE

Services	Medicare Pays	Plan N Pays	You Pay
FOREIGN TRAVEL—NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit

GPM LIFE INSURANCE COMPANY

Notice to Applicant Regarding Replacement of Medicare Supplement Insurance or Medicare Advantage

Save this notice! It may be important to you in the future.

According to your application, you intend to terminate existing Medicare supplement or Medicare Advantage insurance and replace it with a policy to be issued by GPM Life Insurance Company. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision, you should terminate your present Medicare supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

Statement to Applicant by Issuer, Agent, Broker or Other Representative:

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare supplement policy will not duplicate your existing Medicare supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare supplement coverage or leave your Medicare Advantage plan. The replacement policy is being purchased for the following reason(s) (check one):

Applicant	Applicant B
<input type="checkbox"/> Additional benefits	<input type="checkbox"/> Additional benefits
<input type="checkbox"/> No change in benefits, but lower premiums	<input type="checkbox"/> No change in benefits, but lower premiums
<input type="checkbox"/> Fewer benefits and lower premiums	<input type="checkbox"/> Fewer benefits and lower premiums
<input type="checkbox"/> My plan has outpatient prescription drug coverage and I am enrolling in Part D	<input type="checkbox"/> My plan has outpatient prescription drug coverage and I am enrolling in Part D
<input type="checkbox"/> Disenrollment from a Medicare Advantage Plan Please explain reason for disenrollment	<input type="checkbox"/> Disenrollment from a Medicare Advantage Plan Please explain reason for disenrollment
<input type="checkbox"/> Other (please specify) _____ _____	<input type="checkbox"/> Other (please specify) _____ _____

If you still wish to terminate your present policy or certificate and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the Company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

Do not cancel your present policy or certificate until you have received your new policy and are sure that you want to keep it.

X
Signature of Agent, Broker or Other Representative

GPM Life Insurance Company, [P.O. Box 2679, Omaha, Nebraska 68103-2679]

Applicant	Applicant B
Signature	Signature
Date	Date

GPM LIFE INSURANCE COMPANY

Notice to Applicant Regarding Replacement of Medicare Supplement Insurance or Medicare Advantage

Save this notice! It may be important to you in the future.

According to your application, you intend to terminate existing Medicare supplement or Medicare Advantage insurance and replace it with a policy to be issued by GPM Life Insurance Company. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision, you should terminate your present Medicare supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

Statement to Applicant by Issuer, Agent, Broker or Other Representative:

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare supplement policy will not duplicate your existing Medicare supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare supplement coverage or leave your Medicare Advantage plan. The replacement policy is being purchased for the following reason(s) (check one):

Applicant	Applicant B
<input type="checkbox"/> Additional benefits	<input type="checkbox"/> Additional benefits
<input type="checkbox"/> No change in benefits, but lower premiums	<input type="checkbox"/> No change in benefits, but lower premiums
<input type="checkbox"/> Fewer benefits and lower premiums	<input type="checkbox"/> Fewer benefits and lower premiums
<input type="checkbox"/> My plan has outpatient prescription drug coverage and I am enrolling in Part D	<input type="checkbox"/> My plan has outpatient prescription drug coverage and I am enrolling in Part D
<input type="checkbox"/> Disenrollment from a Medicare Advantage Plan Please explain reason for disenrollment	<input type="checkbox"/> Disenrollment from a Medicare Advantage Plan Please explain reason for disenrollment
<input type="checkbox"/> Other (please specify) _____ _____	<input type="checkbox"/> Other (please specify) _____ _____

If you still wish to terminate your present policy or certificate and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the Company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

Do not cancel your present policy or certificate until you have received your new policy and are sure that you want to keep it.

X

Signature of Agent, Broker or Other Representative

GPM Life Insurance Company, [P.O. Box 2679, Omaha, Nebraska 68103-2679]

Applicant	Applicant B
Signature	Signature
Date	Date

GPM LIFE INSURANCE COMPANY

Authorization To Disclose Personal Information To GPM Life Insurance Company

Meanings of Terms

“Medical Persons and Entities” means: all physicians, medical or dental practitioners, hospitals, clinics, pharmacies, pharmacy benefit managers, other medical care facilities, health maintenance organizations and all other providers of medical or dental services.

“Personal Information” means: all health information, such as medical history, mental and physical condition, prescription drug records, drug and alcohol use and other information such as finances, occupation, general reputation and insurance claims information about me. Personal Information does not include Psychotherapy Notes.

“Psychotherapy Notes” means: notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a counseling session, which notes are separated from the rest of the person’s medical record. Certain information, such as that relating to prescriptions, diagnosis and functional status, is not included in the term Psychotherapy Notes.

“Specified Companies” means:

- The group of companies which presently includes GPM Life Insurance Company and additional companies which may become part of this group of companies and their successors.
- Other persons and entities which act on behalf of those companies to provide services to them.

Authorization to Disclose

I authorize the Medical Persons and Entities, the Specified Companies, employers, consumer reporting agencies and other insurance companies to disclose Personal Information about me to GPM Life Insurance Company.

Purposes

The Personal Information will be used to determine my eligibility for insurance and to resolve or contest any issues of incomplete, incorrect or misrepresented information on my application which may arise during the processing of my application or in connection with claims for insurance benefits.

Potential for Redislosure

If the person or entity to whom Personal Information is disclosed is not a health care provider or health plan subject to federal privacy regulations, the Personal Information may then be subject to further disclosure by that person or entity without the protections of the federal privacy regulations.

Failure to Sign

I understand that I may refuse to sign this authorization. I realize that if I refuse to sign, the insurance for which I am applying will not be issued.

Expiration and Revocation

Unless revoked earlier, this authorization will remain in effect for 24 months from the date I sign it. I understand that I may revoke this authorization at any time, by written notice to:

ATTN: Individual Underwriting
GPM Life Insurance Company
[P.O. Box 2679]
[Omaha, Nebraska 68103-2679]

I realize that my right to revoke this authorization is limited to the extent that GPM Life Insurance Company has taken action in reliance on the authorization or the law allows GPM Life Insurance Company to contest the issuance of the policy or a claim under the policy.

Copy

I understand that I will receive a copy of the signed authorization. A copy of this authorization is as effective as the original. Applicant acknowledges and agrees that if there is more than one proposed insured on this application, all information provided may be reviewed or shared with the other applicant. A completed and signed application will become part of each applicant’s policy.

Names and Signatures

Name(s) used for medical records (if different than the name(s) below): _____

Applicant	Applicant B
Printed Name of Proposed Applicant	Printed Name of Proposed Applicant
Signature of Proposed Applicant	Signature of Proposed Applicant
Date	Date

GPM LIFE INSURANCE COMPANY

Documentation of Solicitation of Medicare Related Products

In accordance with Arkansas law, this form is to be completed for all Medicare Supplement, Medicare Advantage and Medicare Part D solicitations, where an application was completed. Place completed form in client file.

I certify that the solicitation of Medicare related product coverage for _____
(Client's Name)

was solicited in the following manner.

- All replacement questions were asked and recorded on the application.
This application was was not a replacement.
- If a replacement, I have reviewed the applicants current coverage and made a best effort to adequately inform the Medicare beneficiary of any substantial benefit differences between replaced and new coverages.
- If a replacement, I have advised the Medicare beneficiary they have the right to contact the issuer of the policy that is being replaced for additional information
- The Medicare beneficiary signed the application
- A copy of the Outline of Coverage was left with the Medicare beneficiary

Agent's Name

Date

Complete and Retain in Applicant's File

ZIP CODES: 716-719, 724-729

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 90.21	Attained Age 65+	\$ 125.99	Attained Age 65+	\$ 129.03	Attained Age 65+	\$ 102.64	Attained Age 65+	\$ 91.09

NON-TOBACCO QUARTERLY RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 270.63	Attained Age 65+	\$ 377.96	Attained Age 65+	\$ 387.09	Attained Age 65+	\$ 307.93	Attained Age 65+	\$ 273.27

NON-TOBACCO SEMIANNUAL RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 541.26	Attained Age 65+	\$ 755.91	Attained Age 65+	\$ 774.18	Attained Age 65+	\$ 615.86	Attained Age 65+	\$ 546.54

NON-TOBACCO ANNUAL RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 1,082.52	Attained Age 65+	\$ 1,511.82	Attained Age 65+	\$ 1,548.36	Attained Age 65+	\$ 1,231.71	Attained Age 65+	\$ 1,093.07

ZIP CODES: 716-719, 724-729

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 103.69	Attained Age 65+	\$ 144.81	Attained Age 65+	\$ 148.31	Attained Age 65+	\$ 117.98	Attained Age 65+	\$ 104.70

TOBACCO QUARTERLY RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 311.07	Attained Age 65+	\$ 434.43	Attained Age 65+	\$ 444.93	Attained Age 65+	\$ 353.94	Attained Age 65+	\$ 314.10

TOBACCO SEMIANNUAL RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 622.14	Attained Age 65+	\$ 868.86	Attained Age 65+	\$ 889.86	Attained Age 65+	\$ 707.88	Attained Age 65+	\$ 628.20

TOBACCO ANNUAL RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 1,244.28	Attained Age 65+	\$ 1,737.72	Attained Age 65+	\$ 1,779.72	Attained Age 65+	\$ 1,415.76	Attained Age 65+	\$ 1,256.40

ZIP CODES: 720-721

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 101.04	Attained Age 65+	\$ 141.10	Attained Age 65+	\$ 144.51	Attained Age 65+	\$ 114.96	Attained Age 65+	\$ 102.02

NON-TOBACCO QUARTERLY RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 303.11	Attained Age 65+	\$ 423.31	Attained Age 65+	\$ 433.54	Attained Age 65+	\$ 344.88	Attained Age 65+	\$ 306.06

NON-TOBACCO SEMIANNUAL RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 606.21	Attained Age 65+	\$ 846.62	Attained Age 65+	\$ 867.08	Attained Age 65+	\$ 689.76	Attained Age 65+	\$ 612.12

NON-TOBACCO ANNUAL RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 1,212.42	Attained Age 65+	\$ 1,693.24	Attained Age 65+	\$ 1,734.16	Attained Age 65+	\$ 1,379.52	Attained Age 65+	\$ 1,224.24

ZIP CODES: 720-721

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 116.13	Attained Age 65+	\$ 162.19	Attained Age 65+	\$ 166.11	Attained Age 65+	\$ 132.14	Attained Age 65+	\$ 117.26

TOBACCO QUARTERLY RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 348.40	Attained Age 65+	\$ 486.56	Attained Age 65+	\$ 498.32	Attained Age 65+	\$ 396.41	Attained Age 65+	\$ 351.79

TOBACCO SEMIANNUAL RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 696.80	Attained Age 65+	\$ 973.13	Attained Age 65+	\$ 996.65	Attained Age 65+	\$ 792.83	Attained Age 65+	\$ 703.59

TOBACCO ANNUAL RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 1,393.59	Attained Age 65+	\$ 1,946.25	Attained Age 65+	\$ 1,993.29	Attained Age 65+	\$ 1,585.65	Attained Age 65+	\$ 1,407.17

ZIP CODES: 722-723

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 110.96	Attained Age 65+	\$ 154.96	Attained Age 65+	\$ 158.71	Attained Age 65+	\$ 126.25	Attained Age 65+	\$ 112.04

NON-TOBACCO QUARTERLY RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 332.88	Attained Age 65+	\$ 464.89	Attained Age 65+	\$ 476.12	Attained Age 65+	\$ 378.75	Attained Age 65+	\$ 336.12

NON-TOBACCO SEMIANNUAL RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 665.75	Attained Age 65+	\$ 929.77	Attained Age 65+	\$ 952.24	Attained Age 65+	\$ 757.50	Attained Age 65+	\$ 672.24

NON-TOBACCO ANNUAL RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 1,331.50	Attained Age 65+	\$ 1,859.54	Attained Age 65+	\$ 1,904.48	Attained Age 65+	\$ 1,515.00	Attained Age 65+	\$ 1,344.47

ZIP CODES: 722-723

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 127.54	Attained Age 65+	\$ 178.12	Attained Age 65+	\$ 182.42	Attained Age 65+	\$ 145.12	Attained Age 65+	\$ 128.78

TOBACCO QUARTERLY RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 382.62	Attained Age 65+	\$ 534.35	Attained Age 65+	\$ 547.27	Attained Age 65+	\$ 435.35	Attained Age 65+	\$ 386.34

TOBACCO SEMIANNUAL RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 765.23	Attained Age 65+	\$ 1,068.70	Attained Age 65+	\$ 1,094.53	Attained Age 65+	\$ 870.69	Attained Age 65+	\$ 772.69

TOBACCO ANNUAL RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 1,530.46	Attained Age 65+	\$ 2,137.40	Attained Age 65+	\$ 2,189.06	Attained Age 65+	\$ 1,741.38	Attained Age 65+	\$ 1,545.37

SERFF Tracking Number: ABAI-126814054 State: Arkansas
 Filing Company: Government Personnel Mutual Life Insurance Company State Tracking Number: 46851
 Company Tracking Number:
 TOI: MS08I Individual Medicare Supplement - Standard Plans 2010 Sub-TOI: MS08I.001 Plan A 2010
 Product Name: GPM med supp filing
 Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision:
Filing Method of Last Filing: new product filing

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Government Personnel Mutual Life Insurance Company	%	%				%	%

SERFF Tracking Number: ABAI-126814054 State: Arkansas
 Filing Company: Government Personnel Mutual Life Insurance State Tracking Number: 46851
 Company
 Company Tracking Number:
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
 Standard Plans 2010
 Product Name: GPM med supp filing
 Project Name/Number: /

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved 10/12/2010	AR 2010 rates	MTP20-23577, MTP22-23578, MTP24-23579, MTP25-23580, MTP31-23581	New		2010 AR rates.pdf

Government Personnel Mutual Life Insurance Company
Actuarial Memorandum
Plan A – Form MTP20-23577
(Arkansas)

Exhibit I - Tobacco User Monthly Premiums

<i>Issue Age</i>	Premium Rate
All Ages	\$103.69

Modal Factors:	
Quarterly	3.00
Semi-Annual	6.00
Annual	12.00

- * Non-tobacco premiums are 13% lower than tobacco premiums
- Area rating factor of 1.00 for zip codes 716-719, 724-729
- Area rating factor of 1.12 for zip codes 720-721
- Area rating factor of 1.23 for zip codes 722-723

Government Personnel Mutual Life Insurance Company
Actuarial Memorandum
Plan C - Form MTP22-23578
(Arkansas)

Exhibit I - Tobacco User Monthly Premiums

<i>Issue Age</i>	Premium Rate
All Ages	\$144.81

Modal Factors:	
Quarterly	3.00
Semi-Annual	6.00
Annual	12.00

- * Non-tobacco premiums are 13% lower than tobacco premiums
- Area rating factor of 1.00 for zip codes 716-719, 724-729
- Area rating factor of 1.12 for zip codes 720-721
- Area rating factor of 1.23 for zip codes 722-723

Government Personnel Mutual Life Insurance Company
Actuarial Memorandum
Plan F - Form MTP24-23579
(Arkansas)

Exhibit I - Tobacco User Monthly Premiums

<i>Issue Age</i>	Premium Rate
All Ages	\$148.31

Modal Factors:	
Quarterly	3.00
Semi-Annual	6.00
Annual	12.00

- * Non-tobacco premiums are 13% lower than tobacco premiums
- Area rating factor of 1.00 for zip codes 716-719, 724-729
- Area rating factor of 1.12 for zip codes 720-721
- Area rating factor of 1.23 for zip codes 722-723

Government Personnel Mutual Life Insurance Company
Actuarial Memorandum
Plan G - Form MTP25-23580
(Arkansas)

Exhibit I - Tobacco User Monthly Premiums

<i>Issue Age</i>	Premium Rate
All Ages	\$117.98

Modal Factors:	
Quarterly	3.00
Semi-Annual	6.00
Annual	12.00

- * Non-tobacco premiums are 13% lower than tobacco premiums
- Area rating factor of 1.00 for zip codes 716-719, 724-729
- Area rating factor of 1.12 for zip codes 720-721
- Area rating factor of 1.23 for zip codes 722-723

Government Personnel Mutual Life Insurance Company
Actuarial Memorandum
Plan N - Form MTP31-23581
(Arkansas)

Exhibit I - Tobacco User Monthly Premiums

<i>Issue Age</i>	Premium Rate
All Ages	\$104.70

Modal Factors:	
Quarterly	3.00
Semi-Annual	6.00
Annual	12.00

- * Non-tobacco premiums are 13% lower than tobacco premiums
- Area rating factor of 1.00 for zip codes 716-719, 724-729
- Area rating factor of 1.12 for zip codes 720-721
- Area rating factor of 1.23 for zip codes 722-723

SERFF Tracking Number: ABAI-126814054 State: Arkansas
 Filing Company: Government Personnel Mutual Life Insurance Company State Tracking Number: 46851
 Company Tracking Number:
 TOI: MS08I Individual Medicare Supplement - Standard Plans 2010 Sub-TOI: MS08I.001 Plan A 2010
 Product Name: GPM med supp filing
 Project Name/Number: /

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Accepted for Informational Purposes	10/12/2010

Comments:

Attachments:

READCERT GPM Life.pdf
 AR certifications 2010 filing.pdf

		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	New product filing - application is filed for approval under form schedule tab		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage		
Bypass Reason:	outline of coverage is filed for approval under form schedule tab		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	authorization	Accepted for Informational Purposes	10/12/2010

Comments:

Attachment:

Mutual Letter of Authorization for Allen Bailey (GPM).pdf

		Item Status:	Status

SERFF Tracking Number: ABAI-126814054 State: Arkansas
Filing Company: Government Personnel Mutual Life Insurance State Tracking Number: 46851
Company
Company Tracking Number:
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: GPM med supp filing
Project Name/Number: /

Satisfied - Item: variability memo Approved **Date:** 10/12/2010
Comments:
Attachment:
Memo of Variability for GPM Med Supp App.pdf

Item Status: **Status**
Date:
Satisfied - Item: cover letter Accepted for Informational 10/12/2010
Purposes
Comments:
Attachment:
GPM Cover Letter AR.pdf

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
OMAHA, NEBRASKA
READABILITY CERTIFICATION

Date: _____

Government Personnel Mutual Life Insurance Company certifies that the Flesch Readability Score for the following forms is (see attached list if no forms are shown):

Form

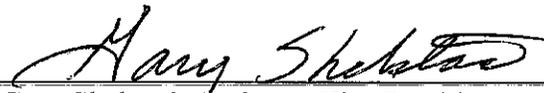
Flesch Score



Daniel J. Kennelly
Vice President and Chief Compliance Officer
Mutual of Omaha Insurance Company
as Administrator for Government Personnel Mutual Life Insurance Company

CERTIFICATION

I certify that Government Personnel Mutual Life Insurance Company is in compliance with AR R&R 27, Section 16 (agent's compensation).



Gary Shelstad, Assistant Vice President
Director of Marketing Sales and Recruiting

September 14, 2010

Date

CERTIFICATION

I certify that Government Personnel Mutual Life Insurance Company is in compliance with ACA 23-79-138 (providing required policy information to policyholder).



Sean Staggs, FSA, MAAA
Assistant Vice President and Associate Actuary

September 14, 2010

Date

MUTUAL OF OMAHA INSURANCE COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175, 402-342-7600



July 6, 2010

To: The Insurance Commissioner

Authorization

This letter, or a copy thereof, will authorize Allen Bailey & Associates, Inc., Austin, Texas, to represent Mutual of Omaha Insurance Company, in its capacity as administrator for Government Personnel Mutual Life Insurance Company, San Antonio, Texas, in matters before the Insurance Department.

This Authorization will remain valid until revoked by Mutual of Omaha Insurance Company or Government Personnel Mutual Life Insurance Company.

Mutual of Omaha Insurance Company

By: *Daniel J. Kennelly*

Daniel J. Kennelly
Vice President and Chief Compliance Officer Regulatory Affairs

**Memorandum of Variability
Explanation of Variable Statements and Fields
For GPM Insurance Company
Application Form T04-2011**

Each variable section, statement or field is denoted by [brackets] and annotated with numbers in RED. The explanations below follow the order in which the variable fields appear in the form.

<i>Variable Statements/Fields</i>	<i>How or When Used</i>
PAGE 1	
1.[ACH] [or CC]	Included in the premium mode field when an automatic check is deducted via electronic funds transfer (through Automated Clearing House Network) or credit card option is available for payment of the initial premium.
2.[or CC]	Included in the premium mode field when a credit card option is available for payment of the renewal premium.
Page Footer: [P.O. Box...]	Included in the page footer in the event the company administrative office changes.



GPM LIFE

Government Personnel Mutual Life Insurance Company
San Antonio, TX

Administrative Office
3316 Farnam Street
Omaha, NE 68175
1-800-995-5991

September 20, 2010

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

RE: Government Personnel Mutual Life Insurance Company
NAIC # 63967 FEIN 74-0651020
Individual Medicare Supplement Insurance
Policies MTP20-23577, MTP22-23578, MTP24-23579, MTP25-23580 and MTP31-23581
Application T04-2011-03
Outline of Coverage Forms CP25, RP25.1.T04-AR, DP2.T04-AR and BC25
Actuarial Memorandum and Rate Schedules
Replacement Notice T04_364
HIPAA Authorization T04_363
Documentation of Solicitation Notice T04_579_AR

Enclosed for filing with your Department are copies of the following forms which comprise Government Personnel Mutual Life Insurance Company's new individual Medicare supplement insurance program. These forms are new and do not replace any previously filed forms:

<u>FORM #</u>	<u>DESCRIPTION</u>
MTP20-23577	Medicare Supplement Policy (Plan A)
MTP22-23578	Medicare Supplement Policy (Plan C)
MTP24-23579	Medicare Supplement Policy (Plan F)
MTP25-23580	Medicare Supplement Policy (Plan G)
MTP31-23581	Medicare Supplement Policy (Plan N)
CP25	Outline of Coverage Cover Page Module
RP25.1.T04-AR	Outline of Coverage Rate Page Module
DP2.T04-AR	Outline of Coverage Disclosure Page Module
BC25	Outline of Coverage Benefit Chart Module
T04-2011-03	Application for Medicare Supp. Insurance
T04_364	Replacement Notice
T04_363	HIPAA Authorization
T04_579_AR	Documentation of Solicitation Notice

Medicare Supplement Insurance Policies MTP20-23577, MTP22-23578, MTP24-23579, MTP25-23580 and MTP31-23581 have been developed to provide the Medicare supplement benefits required of standardized Plans A, C, F, G and N respectively. These forms were developed for compliance with the amended NAIC Medigap model as required by the federal Medicare Improvements for Patients & Providers Act of 2008 (MIPPA).

Application T04-2011-03 will be used to apply for these new Medicare supplement policies. Solicitation of our Medicare supplement policies will be conducted by independent brokers and producers.

Outline of Coverage modules CP25, RP25.1.T04-AR, DP2.T04-AR and BC25 are being filed as separate components that together will comprise our Medicare supplement outline of coverage. These cover page, disclosure page, rate page and benefit chart modules will be bundled together as a single document that will be presented to the applicant at time of application.

Arkansas Insurance Department

September 20, 2010

Page 2

Please note the outline cover page has been shaded and bolded to show the plans approved for sale in your state. The outline rate page shows the format used for displaying rates. Each rate page will illustrate rates based on ZIP code, gender and tobacco or non-tobacco usage. The disclosure and benefit chart pages contain all necessary information required by the NAIC model.

Any variable information within the outline module forms is shown in brackets and explained in the attached Outline of Coverage Memorandum of Variable Material. We further request that these outline module forms be filed as variable to the extent that rates, telephone numbers, addresses, dates, federal co-payments, deductibles and other variable material can be changed over time when appropriate and when amended by regulation.

Variability is also requested for bracketed text shown on all policy schedules and for the bracketed telephone numbers, administrative office address and officer signatures shown on the face page of each policy. Additionally, an Application Memorandum of Variable Material is attached.

A replacement notice, HIPAA authorization and Documentation of Solicitation Notice are enclosed, as well as an Actuarial Memorandum and rate schedule pages.

These forms were filed and approved in Texas, our state of domicile on April 7, 2010.

These forms meet or exceed your state's FLESCH score requirements.

Your consideration and approval of this filing will be most appreciated. If I may be of additional assistance as you complete your review, please do not hesitate to contact me.

Sincerely,



Kim Hefner, FLMI, AIRC
Compliance Manager