

SERFF Tracking Number: GRTT-126968742 State: Arkansas
Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 48232
Company Tracking Number: AMHGTLHASAR
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit
Product Name: Heart Attack or Stroke Benefit Policy
Project Name/Number: GTL/AMHGTLHAS

Filing at a Glance

Company: Guarantee Trust Life Insurance Company

Product Name: Heart Attack or Stroke Benefit Policy SERFF Tr Num: GRTT-126968742 State: Arkansas

TOI: H071 Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved- Closed State Tr Num: 48232

Sub-TOI: H071.001 Critical Illness Co Tr Num: AMHGTLHASAR State Status: Approved-Closed

Filing Type: Form/Rate

Author: Antoinette Hess

Reviewer(s): Rosalind Minor

Date Submitted: 03/14/2011

Disposition Date: 03/18/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: GTL

Status of Filing in Domicile: Pending

Project Number: AMHGTLHAS

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 03/18/2011

State Status Changed: 03/18/2011

Deemer Date:

Created By: Antoinette Hess

Submitted By: Antoinette Hess

Corresponding Filing Tracking Number:

Filing Description:

RE: Guaranteed Trust Life Insurance Company

NAIC Number: 64211/FEIN Number: 36-1174500

Submission:

Heart Attack or Stroke Benefit Policy - Form Number G1031AR

Outline of Coverage - Form Number OCG1031AG

Guaranteed Trust Life Insurance Company is submitting the above-captioned forms, the actuarial memorandum and

SERFF Tracking Number: GRTT-126968742 State: Arkansas
Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 48232
Company Tracking Number: AMHGTLHASAR
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit
Product Name: Heart Attack or Stroke Benefit Policy
Project Name/Number: GTL/AMHGTLHAS

rates for the Department's review and approval.

These are new forms and are not intended to replace any previously approved forms. Included with the filing are a Statement of Variability and any other required filing forms and fees. The policy will be marketed to individuals by contracted agents and brokers.

For your information, a similar policy and rates are also being submitted for National Guardian Life Insurance Company. This filing is under SERFF File Number GTLI-126968792.

The application that will be used for this policy is being submitted today under SERFF File Number GRTT-126936407. In addition to the application, optional riders being filed under the same SERFF File Number will also be available with this policy.

Policy Form Number G1031 is an Individual Heart Attack or Stroke Benefit Policy. The policy provides for a specified indemnity benefit amount per unit when the individual is being treated for a Heart Attack or Stroke. Benefits are included for hospital confinements, hospice care, diagnostic testing, drugs and medicines, attending doctor while in the hospital, screening, private nurses, ambulance (both surface and air) skilled nursing facility, transportation, lodging and annual check-ups. A Waiver of Premium is also a benefit provided under the policy.

Optional riders available are briefly described below:

Rider Form RG10HSLS is a Heart Attack or Stroke Lump Sum Benefit Rider. This rider pays a lump sum indemnity benefit when a person is diagnosed with a heart attack or stroke for the first time.

Rider Form RG10HSSB is a Heart Attack or Stroke Surgical Procedures Benefit Rider. This rider pays specified indemnity benefits for inpatient or outpatient surgery required due to a heart attack or stroke. Benefits are also included for anesthesia, and second/third surgical opinions. The surgical schedule is included in the rider.

Rider Form RG10IC is an Intensive Care Benefit Rider which pays a specified indemnity benefit amounts for confinement in an Intensive Care Unit or a Step-Down unit. Benefits are limited to thirty days of confinement with any one hospital admission. Benefits reduce by 50% at age 70.

The Company will also be offering four Return of Premium Riders. Rider Form RG10ROPD provides for the return of premium when a covered person dies within 10 years or death prior to attaining age 85 whichever is later. There will be a Return of Premium rider (Form Numbers RG10ROP15, RG10ROP20 and RG10ROP25) available with a 15, 20 and 25 year option.

Rider Form RG10CTW is a Therapy and Wellness Benefit Rider. This rider provides specified benefits for well care and therapies.

The outline of coverage being submitted summarizes the benefits available under the policy and the riders. The policy and riders are offered in different Plans and are listed in this manner in the outline.

SERFF Tracking Number: GRTT-126968742 State: Arkansas
 Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 48232
 Company Tracking Number: AMHGTLHASAR
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
 Limited Benefit
 Product Name: Heart Attack or Stroke Benefit Policy
 Project Name/Number: GTL/AMHGTLHAS

The forms are in final print, subject to minor variations in formatting, duplexing, shading and fonts. In addition, the Application may be reproduced electronically which could result in formatting changes. While every effort is made to submit filings without mistakes, the Company reserves the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval.

Guarantee Trust Life Insurance Company appreciates the Department's time and review of this filing. Should you have any concerns or comments, please do not hesitate to contact me.

Sincerely,
 Antoinette M. Hess, ACP
 Compliance Consultant

Company and Contact

Filing Contact Information

Toni Hess, Consultant toni.hess@hesscc.com
 1275 milwaukee ave 215-485-2582 [Phone]
 glenview, IL 60025

Filing Company Information

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

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	Yes
Fee Explanation:	Illinois fee 2 x 50
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
---------	--------	----------------	---------------

SERFF Tracking Number: GRTT-126968742 State: Arkansas
Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 48232
Company Tracking Number: AMHGTLHASAR
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit
Product Name: Heart Attack or Stroke Benefit Policy
Project Name/Number: GTL/AMHGTLHAS
Guarantee Trust Life Insurance Company \$100.00 03/14/2011 45539380

SERFF Tracking Number: GRTT-126968742 State: Arkansas
 Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 48232
 Company Tracking Number: AMHGTLHASAR
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: Heart Attack or Stroke Benefit Policy
 Project Name/Number: GTL/AMHGTLHAS

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/18/2011	03/18/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	03/14/2011	03/14/2011	Antoinette Hess	03/14/2011	03/14/2011

SERFF Tracking Number: GRTT-126968742 State: Arkansas
 Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 48232
 Company Tracking Number: AMHGTLHASAR
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: Heart Attack or Stroke Benefit Policy
 Project Name/Number: GTL/AMHGTLHAS

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form (revised)	Heart Attack or Stroke Benefit Policy	Approved-Closed	Yes
Form	Heart Attack or Stroke Benefit Policy	Replaced	Yes
Form	Schedule pages 3A, 3B	Approved-Closed	Yes
Rate	G1031 Rate pages	Approved-Closed	Yes

SERFF Tracking Number: GRTT-126968742 State: Arkansas
Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 48232
Company Tracking Number: AMHGTLHASAR
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit
Product Name: Heart Attack or Stroke Benefit Policy
Project Name/Number: GTL/AMHGTLHAS

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/14/2011
Submitted Date 03/14/2011
Respond By Date

Dear Toni Hess,

This will acknowledge receipt of the captioned filing.

Objection 1

- Heart Attack or Stroke Benefit Policy, G1031AR (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-85-131(b) and Bulletin 14-81.

Objection 2

- Heart Attack or Stroke Benefit Policy, G1031AR (Form)

Comment:

There needs to be a provision for the refund of unearned premium in the event of death of the insured as outlined under ADA 23-85-134.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: GRTT-126968742 State: Arkansas
 Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 48232
 Company Tracking Number: AMHGTLHASAR
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: Heart Attack or Stroke Benefit Policy
 Project Name/Number: GTL/AMHGTLHAS

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 03/14/2011
 Submitted Date 03/14/2011

Dear Rosalind Minor,

Comments:

Below are the responses to the objection letter dated 3/14/2011

Response 1

Comments: The policy language has been revised.

Related Objection 1

Applies To:

- Heart Attack or Stroke Benefit Policy, G1031AR (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-85-131(b) and Bulletin 14-81.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Heart Attack or Stroke Benefit Policy	G1031AR		Policy/Contract/Fraternal Certificate	Initial		42.500	G1031AR.pdf
Previous Version							
Heart Attack or Stroke Benefit Policy	G1031AR		Policy/Contract/Fraternal Certificate	Initial		42.500	G1031AR.pdf

SERFF Tracking Number: GRTT-126968742 State: Arkansas
 Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 48232
 Company Tracking Number: AMHGTLHASAR
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: Heart Attack or Stroke Benefit Policy
 Project Name/Number: GTL/AMHGTLHAS

No Rate/Rule Schedule items changed.

Response 2

Comments: A Pro Rate Refund provision has been added to the policy

Related Objection 1

Applies To:

- Heart Attack or Stroke Benefit Policy, G1031AR (Form)

Comment:

There needs to be a provision for the refund of unearned premium in the event of death of the insured as outlined undera ADA 23-85-134.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Heart Attack or Stroke Benefit Policy	G1031AR		Policy/Contract/Fraternal Certificate	Initial		42.500	G1031AR.pdf
Previous Version							
<i>Heart Attack or Stroke Benefit Policy</i>	<i>G1031AR</i>		<i>Policy/Contract/Fraternal Certificate</i>	<i>Initial</i>		<i>42.500</i>	<i>G1031AR.pdf</i>

No Rate/Rule Schedule items changed.

Thank you for your time

Sincerely,
 Antoinette Hess

SERFF Tracking Number: GRTT-126968742 State: Arkansas
 Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 48232
 Company Tracking Number: AMHGTLHASAR
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: Heart Attack or Stroke Benefit Policy
 Project Name/Number: GTL/AMHGTLHAS

Form Schedule

Lead Form Number: G1031AR

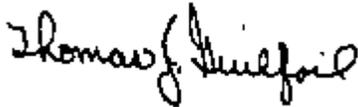
Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 03/18/2011	G1031AR	Policy/Cont	Heart Attack or ract/Fratern Stroke Benefit Policy al Certificate	Initial		42.500	G1031AR.pdf
Approved-Closed 03/18/2011	G1031AR Schedule pages	Schedule Pages	Schedule pages 3A, 3B	Initial		53.700	G1031AR Schedule Pages.pdf

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

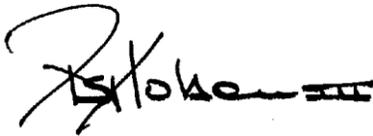
**HEART ATTACK OR
STROKE
BENEFIT POLICY**

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

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



Secretary



President

Licensed Resident
Agent

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

GUARANTEED RENEWABLE. You may keep this Policy in force during Your entire lifetime by paying the renewal premium at the intervals available to You at the time of renewal. You must pay the premium when due or within the grace period. We cannot cancel or refuse to renew this Policy or place any restrictions on it if You pay Your Premiums on time.

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

PREMIUMS SUBJECT TO CHANGE. We may change the premium for this Policy. We may do so only if We change it for all policies like Yours in Your state on a class basis. We will provide You with written notice at least thirty-one (31) days in advance of any change in renewal premium.

IMPORTANT NOTICE

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

THIS IS A LIMITED BENEFIT POLICY - PLEASE READ IT CAREFULLY

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

TABLE OF CONTENTS

Guaranteed Renewable	Page 1
Your Right to Examine This Policy	Page 1
Premiums Subject to Change	Page 1
Policy Schedule and Policy Benefits Schedule	Page 3A, 3B
Definitions	Pages 4 - 6
Eligibility for Coverage	Pages 7 -8
Termination, Conversion, and Continuation of Coverage	Pages 7 - 8
Eligibility for Benefits	Page 8
Benefit Provisions	Pages 8 - 10
Premium, Waiver of Premium, Lapse and Reinstatement	Pages 10 - 11
Policy Exclusions	Page 11
Claim Provisions	Pages 11 - 12
General Provisions	Page 12

POLICY DEFINITIONS

Calendar Year: The period beginning on the date a Covered Person's coverage becomes effective and ending on December 31 of that same year. From then on, it is the period beginning January 1 and ending on December 31 of that same year.

Common Carrier: A common carrier means commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles will be considered a Common Carrier for the purpose of providing transportation under this Policy.

Covered Person: Means You or a person:

1. Who is eligible for coverage as Your Dependent
2. Who has been accepted for coverage or has been automatically added.
3. Who has paid the required premium; and
4. Whose coverage has become effective and has not terminated.

Dependent: A person who is the Insured's:

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

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

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

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

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

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

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

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

Functional Impairment / Functionally Impaired: The Insured, because of suffering a Heart Attack or a Stroke as defined in this Policy:

1. Is unable to perform two (2) or more of the activities of daily living without the assistance of another person for a period of at least ninety (90) consecutive days. For the purposes of this Policy, the activities of daily living are:
Bathing: washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
Continence: the ability to maintain control of bowel and bladder function or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).
Dressing: putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
Eating: feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
Toileting: getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
Transferring: moving into or out of a bed, chair, or wheelchair.
2. Is receiving regular care by a Doctor which is appropriate for the condition causing Functional Impairment. This care must be at such intervals and frequency as will lead to the Insured performing the activities of daily living independently.

POLICY DEFINITIONS (Continued)

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

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

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

Heart Transplant: The surgical removal of the entire heart (including all atria, ventricles and valves) and replacement with a human heart. It does not mean replacement of a human heart with a non-human, mechanical or artificial heart.

Hospice: An organization which:

1. Is licensed by a government agency;
2. Provides palliative and supportive care to Terminally Ill persons and their families;
3. Provides this care in the home or on an outpatient or short-term inpatient basis; and
4. Is classified as a Hospice.

A Hospice is not:

1. A Hospital, except for that section, unit, or wing of a Hospital which is lawfully designated to provide inpatient Hospice care;
2. A Skilled Nursing Facility, except for that section, unit, or wing of a Skilled Nursing Facility which is lawfully designated to provide inpatient Hospice care;
3. A nursing home, an extended care facility, a convalescent home, rehabilitation center, or a rest home or a home for the aged;
4. An institution mainly rendering treatment or services for mental illness or substance abuse.

Hospital: A medical facility which:

1. Is legally licensed and accredited by the Joint Commission;
2. Provides 24-hour nursing service by licensed registered nurses (R.N.);
3. Provides diagnostic and therapeutic care under the supervision of a doctor while Hospital Confined; and
4. Maintains permanent surgical facilities or has an arrangement with another surgical facility supervised by a staff of one or more Doctors.

A Hospital is not a bed, unit or facility (or a special unit of a Hospital) that functions as:

1. A Hospice;
2. A Skilled Nursing Facility, nursing home, an extended care facility, a convalescent home, a rehabilitation center, or a rest home or a home for the aged;
3. An institution mainly rendering treatment or services for mental illness or substance abuse.

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

Insured: This is the person named as the primary applicant on the Policy application and shown as the Insured on the Policy Schedule.

Nurse: Any of the following who is properly licensed or certified to provide medical care under the laws of the state where the Nurse practices:

1. A Licensed Practical Nurse (L. P. N.);
2. A Licensed Vocational Nurse (L. V. N.); or
3. A Registered Nurse (R. N.)

Period of Confinement: A period which begins on or after the Effective Date of coverage, and during which a Covered Person is confined as an inpatient to a Hospital or Skilled Nursing Facility. Re-confinement within thirty (30) days of discharge from a Hospital or Skilled Nursing Facility for the same or related condition will be considered a continuation of the prior Period of Confinement. Re-confinement more than thirty (30) days after discharge from a Hospital or Skilled Nursing Facility will be treated as a new Period of Confinement.

POLICY DEFINITIONS (Continued)

Private Vehicle: A vehicle which is not owned by a business, a state or government agency and which is in the possession of an individual and/or the individual's Immediate Family for the primary purpose of providing personal transportation.

Skilled Nursing Facility: A facility that meets the following standards:

1. Is lawfully licensed as a Skilled Nursing Facility by the state in which it operates; and
2. Provides room and board accommodations; and
3. Is under the supervision of a duly licensed Doctor; and
4. Provides continuous twenty-four (24) hour a day skilled nursing services by or under the supervision of a registered Nurse; and,
5. Maintains a permanent daily medical record of each patient.

A Skilled Nursing Facility is not a bed, unit or facility that functions as:

1. A Hospice;
2. A rest home or a home for the aged;
3. An institution mainly rendering treatment or services for mental illness or substance abuse;
4. A place for custodial or educational care.

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

Terminally Ill: A Doctor has certified that: (a) there is no reasonable prospect of cure; (b) life expectancy is less than six (6) months; (c) Hospice services for palliation or management of the terminal illness and related conditions are needed; and (d) confinement in a Hospital or Skilled Nursing Facility would be needed if Hospice care services were not available.

U.S. Government Hospital means a Hospital which is under the jurisdiction of and is operated by or for the United States Government. A United States Government Hospital does not charge for its room, board and medical services.

Waiting Period: The number of days after the Covered Person's Effective Date, before We will pay benefits for loss due to a Heart Attack or a Stroke. The Waiting Period, if any, is shown in the Policy Schedule. If the First Diagnosis of a Heart Attack or a Stroke is made during the Waiting Period, the Insured has the option to cancel the Policy and receive a refund of all premiums paid.

We, Us, Our Company: Guarantee Trust Life Insurance Company.

You, Your and Yours: The Insured shown on the Policy Schedule.

ELIGIBILITY FOR COVERAGE

CONSIDERATION

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

ELIGIBILITY OF DEPENDENTS

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

1. The date We approve Your written application for that Dependent to become a Covered Person under this Policy; and
2. When We accept payment of the required premium.

A Dependent is deemed to be acquired as follows:

Spouse: On the date of Your marriage.

Natural child: On the date of birth.

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

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

If this Policy is an Individual Plan, You are the only Covered Person. If this Policy is a Family Plan, You and Your Dependents are Covered Persons.

To add Your Dependent(s) after this Policy has been issued, We must receive:

1. Your written request to add the Dependent(s);
2. Evidence satisfactory to Us of the insurability and eligibility of the Dependent(s) to be added; and
3. The additional premium for the added Dependent(s).

DEPENDENT TERMINATION OF COVERAGE

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

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

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

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

You *must* provide proof of the Dependent Child's mental or physical handicap and dependence upon request.

Coverage of Your spouse shall cease on the premium due date that follows the date of entry of a valid judgment of dissolution of marriage.

CONVERSION PRIVILEGE

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

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

ELIGIBILITY FOR COVERAGE (Continued)

CONVERSION PRIVILEGE (Continued)

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

Another Waiting Period will not be required for coverage under the Conversion policy, except to the extent that the Waiting Period has not been met under this Policy.

CONTINUATION OF INSURANCE

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

ELIGIBILITY FOR BENEFITS

A Covered Person will be eligible for benefits under this Policy if all the following conditions are met:

1. Heart Attack or Stroke is First Diagnosed and treated after this Policy's Waiting Period, if any,
2. Heart Attack or Stroke is First Diagnosed and treated while insured under this Policy;
3. Loss due to First Diagnosed Heart Attack or Stroke is incurred while insured under this Policy; and
4. Loss is the result of a Heart Attack or Stroke covered by this Policy.

Benefits requiring confinement in a Hospital are not payable for any day of Hospital confinement unless the day of confinement is the direct result of a Heart Attack or Stroke.

If a Covered Person meets all other eligibility requirements and such person's Heart Attack or Stroke is not diagnosed until after death, he or she will be eligible for benefits beginning on the date of admission for a period of continuous hospitalization ending in the Covered Person's death, but not for more than 30 days prior to the date of death.

BENEFIT PROVISIONS

After the Waiting Period, if any, has been satisfied and while this Policy is in force, We will pay Policy benefits, as shown below for a Covered Person First Diagnosed as having had a Heart Attack or Stroke. Policy benefits are subject to the corresponding indemnity benefit amounts shown in the Policy Benefits Schedule, definitions, limitations, exclusions, and other provisions of this Policy.

Please refer to the Policy Benefits Schedule for amounts and limits associated with each of the benefit provisions listed below.

HOSPITAL CONFINEMENT BENEFIT

We will pay the daily Hospital Confinement Benefit Amount, as shown on the Policy Benefits Schedule, for each day a Covered Person is confined as an inpatient in a Hospital as the direct result of a Heart Attack or Stroke. A "day" means a twenty-four (24) hour period. Separate confinements within thirty (30) days of each other for the same or related conditions are considered the same Period of Confinement.

For confinement in a U.S. Government Hospital for the treatment of a Heart Attack or a Stroke: We will pay benefits, as shown above, while the Covered Person is confined in a U.S. Government Hospital for the treatment of a Heart Attack or a Stroke.

Hospital Confinement Benefits are not payable if the Covered Person is receiving Hospice care on an inpatient basis in that section, unit or wing of a Hospital lawfully designated to provide Hospice Care services. In such case, the Covered Person may be eligible for benefits under the Hospice Benefit provision.

HEART TRANSPLANT BENEFIT

We will pay the Heart Transplant Benefit Amount, as shown on the Policy Benefits Schedule, for a human Heart Transplant because the heart can no longer adequately function causing a Covered Person to be at greater risk of death.

Transplant Benefit Amount Increases: After this Policy has been in effect for one (1) year, We will increase the initial Heart Transplant Benefit Amount, as shown on the Policy Benefits Schedule, by five percent (5%). We will continue to increase the current Heart Transplant Benefit Amount by five percent (5%) on each subsequent Policy anniversary for a period not to exceed ten (10) years.

BENEFIT PROVISIONS (Continued)

HOSPICE CARE BENEFIT

We will pay the Daily Hospice Benefit Amount, as shown on the Policy Benefits Schedule, when a Covered Person is diagnosed as Terminally Ill and is receiving care provided by or through a Hospice, as the direct result of a Heart Attack or Stroke. The maximum benefit period for this benefit is six (6) months.

We will pay for each day a Covered Person:

1. Receives Hospice care at home;
2. Uses the services of a Hospital on an outpatient basis under the direction of a Hospice;
3. Visits or is confined to a Hospice for treatment or services.

We will not pay this benefit for any day the Covered Person is confined to a Hospital or a Skilled Nursing Facility, except when the Covered Person is confined to that section, unit or wing of such Hospital or Skilled Nursing Facility that is lawfully designated to provide inpatient Hospice care.

DIAGNOSTIC TESTING BENEFIT

We will pay the Diagnostic Testing Benefit Amount, as shown on the Policy Benefits Schedule, for any type of laboratory test, x-ray and other imaging diagnostics, which are prescribed by a Doctor and result in a First Diagnosis of a Heart Attack or Stroke.

Payment of the Diagnostic Testing Benefit is limited to twice per Calendar Year for a Covered Person.

DRUGS AND MEDICINES BENEFIT

We will pay the Drugs and Medicines Benefit Amount, as shown on the Policy Benefits Schedule, for drugs and medicines administered to a Covered Person while confined as an inpatient in a Hospital as a direct result of a Heart Attack or Stroke. Such drugs and medicines, at the time of administration, must be approved by the U.S. Food and Drug Administration for the treatment of a Heart Attack or Stroke.

Benefits for drugs and medicines are limited to the number of days the Covered Person is confined as an inpatient in a Hospital.

TRANSFUSION BENEFIT

We will pay the Transfusion Benefit Amount, as shown on the Policy Benefits Schedule, per day when a Covered Person requires a transfusion as a direct result of a Heart Attack or Stroke. This benefit is limited to patient transfusion of blood, plasma, and platelets. This benefit does not pay for processing tests. This benefit does not pay for processing, administration, storage, laboratory charges or blood components replaced by donors.

ATTENDING DOCTOR BENEFIT

We will pay the Attending Doctor Benefit Amount, as shown on the Policy Benefits Schedule, if a Covered Person uses the services of an attending Doctor while confined as an inpatient in a Hospital as the direct result of a Heart Attack or Stroke. An attending Doctor is a Doctor, other than the surgeon, who provides services for the Covered Person while Hospital confined and charges a fee for the service. Benefits payable for such services are limited to the number of days the Covered Person is confined as an inpatient in a Hospital.

SCREENING BENEFIT

We will pay the Screening Benefit Amount, as shown on the Policy Benefits Schedule, for a Covered Person's Doctor visit in which diagnostic testing is performed to screen for heart or circulatory system diseases or disorders. Benefits payable for an outpatient Doctor visit are limited to once per Calendar Year for a Covered Person.

PRIVATE NURSE BENEFIT

We will pay the Private Nurse Benefit Amount, as shown on the Policy Benefits Schedule, if a Covered Person uses the full-time services of a private Nurse while confined as an inpatient in a Hospital as the direct result of a Heart Attack or Stroke. Full-time services means at least eight (8) hours of attendance during any twenty-four (24) hour period. These services must be required and authorized by the Covered Person's Doctor for the treatment of a Heart Attack or Stroke. Nursing services must be those that are other than those regularly furnished by the Hospital.

Benefits payable for a private Nurse are limited to the number of days the Covered Person is confined as an inpatient in a Hospital.

AMBULANCE BENEFIT

We will pay the Ambulance Benefit Amount, as shown on the Policy Benefits Schedule, for ambulance transport to or from a Hospital when a Covered Person is confined as an inpatient as the direct result of a Heart Attack or Stroke.

The Ambulance Benefit is limited to four (4) trips per Calendar Year per Covered Person for ground ambulance transport and one (1) trip per Calendar Year per Covered Person for air ambulance transport.

BENEFIT PROVISIONS (Continued)

SKILLED NURSING FACILITY BENEFIT

We will pay the Skilled Nursing Facility Benefit Amount, as shown on the Policy Benefits Schedule, for confinement in a Skilled Nursing Facility as a direct result of a Heart Attack or a Stroke. Such confinement must occur within fourteen (14) days after being discharged from a Hospital confinement which was as a direct result of a Heart Attack or Stroke.

Benefits payable for Skilled Nursing Facility confinement are limited to the same number of days for which We paid the Hospital Confinement Benefit for the period of Hospital confinement which immediately preceded the Skilled Nursing Facility confinement. Skilled Nursing Facility benefits are not payable if the Covered Person is receiving Hospice care on an inpatient basis in that section, unit or wing of a Hospital lawfully designated to provide Hospice Care services. In such case, the Covered Person may be eligible for benefits under the Hospice Benefit provision.

TRANSPORTATION BENEFIT

We will pay the actual charges for coach fare by a common carrier for round trip transportation (air, rail, or bus) for a Covered Person and one adult companion, to a treatment facility that is located at least fifty (50) miles or more from the Covered Person's residence so that the Covered Person may receive treatment for a Heart Attack or Stroke.

Benefit payment is limited to the Transportation Benefit Amount, as shown on the Policy Benefits Schedule, per person, per round trip, up to twice in a Calendar Year. Transportation in a private vehicle will be paid at sixty cents (60¢) per mile. This benefit is only payable for treatments received within the United States. This benefit includes payment for travel related to a Doctor's office visit.

LODGING BENEFIT

We will pay the Lodging Benefit, as shown on the Policy Benefits Schedule, while a Covered Person is receiving treatment for a Heart Attack or Stroke at a Hospital or medical facility located at least fifty (50) miles or more from the Covered Person's residence. This benefit is payable for either a Covered Person or an adult companion traveling with them.

This benefit is payable only for the day(s) on which treatment is received. The Lodging Benefit is limited to one-hundred twenty (120) days per Covered Person per Calendar Year.

ANNUAL CHECK-UP BENEFIT

We will pay the Annual Check-up Benefit Amount, as shown on the Policy Benefits Schedule, for an annual check-up with a Doctor after a positive diagnosis of a Heart Attack or Stroke.

Payment of the Annual Check-up Benefit is limited to five annual visits, per Covered Person, after a First Diagnosis of a Heart Attack or Stroke.

PREMIUM AND REINSTATEMENT PROVISIONS

PREMIUM

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

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

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

GRACE PERIOD

You may pay premium up to thirty-one (31) days after it is due. The Policy remains in force during the grace period. If the premium is not paid before the end of the grace period, the Policy will terminate as of the initial due date for that premium.

WAIVER OF PREMIUM

Premium payments will not be required if the Insured is:

1. Diagnosed as having had a Heart Attack or Stroke after the Waiting Period and while covered under this Policy; and
2. Functionally Impaired as the direct result of a Heart Attack or Stroke for more than ninety (90) consecutive days. Functional Impairment must begin on or after the date of diagnosis.

This Waiver of Premium provision includes the waiving of premium for attached benefit riders, if any.

After it has been determined that the Insured is Functionally Impaired, premium payments will be waived for the period of Functional Impairment, except for premiums due during the first ninety (90) days of such period.

Proof of Functional Impairment from a Doctor must be sent to Us containing the following:

- The date the Heart Attack or Stroke was First Diagnosed;
- The date Functional Impairment, due to the Heart Attack or Stroke, began; and
- The expected date, if any, such Functional Impairment will end.

Proof of continued Functional Impairment must be furnished at least once every six (6) months.

Periods of Functional Impairment: Once Functional Impairment due to a Heart Attack or Stroke ends for at least ninety (90) days, and the Insured returns to work or is no longer receiving treatment, any future Functional Impairment will be considered a new Period of Functional Impairment. A new Period of Functional Impairment due to a Heart Attack or Stroke will require Functional Impairment for ninety (90) consecutive days in order for the Waiver of Premium, to begin. New proof of Functional Impairment must also be provided.

End of Functional Impairment: We must be notified in writing as soon as Functional Impairment due to the Heart Attack or Stroke ends. We will assume Functional Impairment has ended if:

- We do not receive proof of continued Functional Impairment at least once every six (6) months;
- The Insured does not agree to have a physical examination performed; or
- We receive notice that Functional Impairment has ended.

When the Insured is no longer Functionally Impaired due to a Heart Attack or Stroke, We will provide coverage until the end of the month for which premiums would be due. After that, premiums must be paid in order to keep this coverage and attached riders, if any, in force.

PRO RATA REFUND

The amount of premium refund shall be prorated from the date following the date of death of the Insured to the end of the contract period for which the premium has been paid. Unearned premiums shall be paid in lump sum on a date no later than thirty (30) days after the proof of the Insured's death has been furnished to the Insurer.

LAPSE AND REINSTATEMENT

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

If reinstated, the Policy will cover only a Heart Attack or Stroke First Diagnosed more than ten (10) days after the date of reinstatement. In all other ways, Your rights, and Ours will remain the same, subject to any provisions of the reinstatement. Premium will be applied as of the date of reinstatement.

POLICY EXCLUSIONS

This policy does not pay benefits for:

1. Any loss due to injury, disease, sickness or incapacity, unless treatment is directly related to or attributable to a Heart Attack or Stroke as defined;
2. Care received outside the United States;
3. Experimental drugs or substances not approved by the Federal Food & Drug Administration for the treatment of a Heart Attack or Stroke;
4. Courses of treatment available without a Doctor's prescription; or
5. Treatment, services or supplies received from a Covered Person's Immediate Family.

CLAIM PROVISIONS

NOTICE OF CLAIM

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

CLAIM FORMS

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

PROOF OF LOSS

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

TIME OF PAYMENT OF CLAIM

After We receive satisfactory written proof of loss:

1. We will pay any benefits then due that are not payable periodically; and
2. We will pay at the end of each thirty (30) day period any benefits due that are payable periodically; subject to continuing proof of loss.

CLAIM PROVISIONS CONTINUED

PAYMENT OF CLAIMS

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

ASSIGNMENT

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

PHYSICAL EXAMINATION AND AUTOPSY

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

LEGAL ACTION

You cannot bring legal action within sixty (60) days from the date written proof of loss is given. You cannot bring it after three (3) years from the date written proof of loss is required.

GENERAL PROVISIONS

ENTIRE CONTRACT

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

DATE OF ISSUE

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

MISSTATEMENT OF AGE

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

TIME LIMIT ON CERTAIN DEFENSES

We rely on the statements made in the application when issuing this insurance. After this insurance has been in force for three (3) years, only fraudulent misstatements in the application may be used to void this Policy or deny any claim for loss which starts after the three (3) year period.

CANCELLATION BY INSURED

You may cancel this Policy at any time by written notice delivered or mailed to Us, prior to its renewal date or expiration date. We shall refund to You, the pro-rata portion of such premiums paid for any period beyond the end of the Policy month in which the cancellation occurred. Cancellation shall be without prejudice to any claim originating prior to the Effective Date of the cancellation.

CONFORMITY WITH STATE STATUTES

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

ANNUAL MEETING

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

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

**FIRST DIAGNOSIS
HEART ATTACK OR
STROKE
BENEFIT POLICY**

HEART ATTACK OR STROKE BENEFIT POLICY

POLICY BENEFITS SCHEDULE

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

Hospital Confinement			
Days 1 through 90			[\$XXX]/day
Beginning with the 91 st consecutive day			[\$XXX]/day
Drugs and Medicines (During Hospital Confinement)			[\$XX]/day
Attending Doctor (During Hospital Confinement)			[\$XX]/visit
Screening Benefit (Once per Calendar Year)			[\$XX]/visit
Private Nurse (During Hospital Confinement)			[\$XXX]/day
Ambulance			
Ground transport, up to 4 trips per Calendar Year			[\$XXX]/trip
Air transport, once per Calendar Year			[\$X,XXX]/trip
Diagnostic Testing (Per Test, up to 2 tests per Calendar Year)			[\$XXX]/test
Skilled Nursing Facility			[\$XXX]/day
Hospice Care (Up to 6 months)			[\$XXX]/day
Transportation (Over 50 Miles)			
Coach Fare Air/Rail/Bus	Limited to 2 round trips/per person / per year	Up to \$2,000/per person/per round-trip	
Private Vehicle	\$0.60/mile	Up to \$2,000/per round trip	
Lodging			[\$XX]/day
Annual Check-Up Visit (Up to 5 annual visits)			[\$XX]/visit
Heart Transplant			[\$XX,XXX]
Transfusion			[\$XXX]/day

SERFF Tracking Number: GRTT-126968742 State: Arkansas
 Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 48232
 Company Tracking Number: AMHGTLHASAR
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: Heart Attack or Stroke Benefit Policy
 Project Name/Number: GTL/AMHGTLHAS

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 03/18/2011	G1031 Rate pages	G1031AR	New		G1031 Rate pages.pdf

EXHIBIT B

Annual Premium Rates per Unit

Coverage	Issue Age	1 Unit Issued		2 Units Issued		3 Units Issued		4 Units Issued		5+ Units Issued	
		<i>Individual</i>	<i>Family</i>								
Heart Attack or Stroke Benefit Policy* <i>Form Number G1031</i>	0-39	25.09	43.90	18.51	32.11	16.47	28.36	14.41	24.61	13.83	23.63
	40-49	38.84	66.05	28.24	48.03	24.98	42.47	21.70	36.89	20.82	35.42
	50-54	64.33	109.90	48.05	82.27	42.04	72.24	35.99	62.19	34.55	59.71
	55-59	83.64	143.14	61.65	105.50	54.07	92.52	46.48	79.52	44.62	76.34
	60-64	100.89	172.57	71.85	122.55	63.97	109.20	56.11	95.83	53.86	92.00
	65-69	116.80	198.91	83.29	141.86	74.10	126.20	64.89	110.51	62.29	106.09
	70-80	146.81	249.52	108.22	183.92	94.90	161.29	81.56	138.62	78.30	133.07
Heart Attack or Stroke Lump Sum Benefit Rider <i>Form Number RG10HSL</i>	0-39	4.90	8.55	3.60	6.26	3.20	5.53	2.81	4.80	2.70	4.61
	40-49	7.57	12.87	5.51	9.37	4.86	8.28	4.22	7.19	4.05	6.90
	50-54	12.56	21.47	9.38	16.07	8.20	14.11	7.03	12.15	6.75	11.66
	55-59	16.34	27.95	12.04	20.61	10.56	18.07	9.08	15.52	8.71	14.91
	60-64	20.11	34.40	14.32	24.42	12.76	21.76	11.19	19.10	10.74	18.34
	65-69	23.29	39.64	16.60	28.27	14.77	25.15	12.94	22.02	12.42	21.14
	70-80	30.00	50.96	22.11	37.57	19.39	32.95	16.67	28.31	15.99	27.18
Heart Attack or Stroke Surgical Procedures Benefit Rider <i>Form Number RG10HSSB</i>	0-39	17.48	30.57	12.90	22.34	11.47	19.75	10.04	17.13	9.64	16.45
	40-49	27.06	45.98	19.67	33.43	17.40	29.56	15.11	25.68	14.51	24.65
	50-54	45.10	77.02	33.69	57.66	29.46	50.63	25.24	43.58	24.24	41.84
	55-59	58.62	100.31	43.22	73.94	37.90	64.84	32.57	55.73	31.27	53.51
	60-64	71.63	122.47	51.01	86.98	45.43	77.50	39.84	68.01	38.25	65.30
	65-69	82.92	141.17	59.14	100.67	52.60	89.55	46.07	78.43	44.22	75.30
	70-80	103.70	176.22	76.43	129.89	67.02	113.89	57.61	97.90	55.31	93.98

* Policy Fee = \$55.00

Modal Loadings:
 Annual 1.000
 Semi-Annual 0.520
 Quarterly 0.265
 Monthly 0.090

EXHIBIT B

Annual Premium Rates per Unit

Coverage	Issue Age	Per Unit Issued	
		<i>Individual</i>	<i>Family</i>
Intensive Care Benefit Rider	0-49	10.74	21.37
	50-59	16.12	28.57
<i>Form Number</i>	60-69	24.02	41.95
<i>RG10IC</i>	70-80	35.62	61.73
Therapy and Wellness Benefit Rider	0-49	19.87	35.48
	50-59	21.30	36.47
<i>Form Number</i>	60-69	23.87	40.66
<i>RG10CTW</i>	70-80	29.84	50.71

Modal Loadings:

Annual	1.000
Semi-Annual	0.520
Quarterly	0.265
Monthly	0.090

EXHIBIT B

Return of Premium Benefit Rider

Form Numbers RG10ROP15, RG10ROP20, RG10ROP25

<u>Issue Age*</u>	<u>Return of Premium Period</u>	<u>Rate per \$1 of annual premium**</u>
0-65	15 years	0.80
	20 years	0.55
	25 years	0.40
66-79	15 years	0.25
	20 years	0.25
	25 years	0.25

* Rates applied based on original issue age of policy

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

Modal Loadings:

Annual	1.000
Semi-Annual	0.520
Quarterly	0.265
Monthly	0.090

EXHIBIT B

Return of Premium Upon Death Benefit Rider

Form Number RG10ROPD

Issue <u>Age</u>	Rate per \$1 of annual <u>premium*</u>
All ages	0.25

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

Modal Loadings:

Annual	1.000
Semi-Annual	0.520
Quarterly	0.265
Monthly	0.090

SERFF Tracking Number: GRTT-126968742 State: Arkansas
 Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 48232
 Company Tracking Number: AMHGTLHASAR
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: Heart Attack or Stroke Benefit Policy
 Project Name/Number: GTL/AMHGTLHAS

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachments: G1031 Arkansas Rule Reg 19.pdf G1031 Arkansas Rule Reg 49.pdf G1031AR Readability signed.pdf GTL CONSUMER NOTICE.pdf	Approved-Closed	03/18/2011
Bypassed - Item: Application Bypass Reason: Application submitted under SERFF # GRTT-126936407. Comments:	Approved-Closed	03/18/2011
Satisfied - Item: Outline of Coverage Comments: Attachment: OCG1031AG.pdf	Approved-Closed	03/18/2011
Satisfied - Item: Statement of Variability Comments: Attachment: G1031AR Statement of Variability.pdf	Approved-Closed	03/18/2011

Arkansas

Rule and Regulation 19 Certification

<u>Form(s)</u>	<u>Form Number(s)</u>
G1031	Heart Attack or Stroke Benefit Policy
OCG1031AG	Outline of Coverage, Plans A-G

I hereby certify that the above noted forms meet the provisions of Rule and Regulation 19, the Unfair sex Discrimination of the State of Insurance.

Signature

Michelle Miller

Name

Compliance Analyst

Title

Arkansas

Rule and Regulation 49 Certification

<u>Form(s)</u>	<u>Form Number(s)</u>
G1031	Heart Attack or Stroke Benefit Policy
OCG1031AG	Outline of Coverage, Plans A-G

I hereby certify that the above noted forms meet the provisions of Rule and Regulation 49, the Life & Health Guaranty Association Notice.

Signature

Michelle Miller

Name

Compliance Analyst

Title

READABILITY COMPLIANCE CERTIFICATION

**Guarantee Trust Life Insurance Company
1275 Milwaukee Avenue
Glenview, Illinois 60025**

I hereby certify that the Flesch Reading Ease Test Score of the listed forms are as follows:

Form Number(s)	Type and/or Title of Form(s)	Flesch Score
G1031AR	Heart Attack or Stroke Benefit Policy	42.5
OCG1031AG	Outline of Coverage Plans A-G	42.2

The type size of the text is at least 10-pointed leaded.

I also certify to the best of my knowledge and belief that the form is in compliance with the Insurance Code and with all other applicable requirements of the Insurance Department of this state.



Signature

Allan J. Heindl

Name

Vice President, Product Approval and Compliance

Title

CONSUMER NOTICE
GUARANTEE TRUST LIFE INSURANCE COMPANY

Policyholder Service Office of Company: Guarantee Trust Life Insurance Company
Address: 1275 Milwaukee Avenue, Glenview, Illinois 60025
Telephone Number: 847-699-0600

Agent: [Fred Smith]
Address: [123 First Street, Any Town, Arkansas]
Telephone Number: [555-555-1234]

If we at Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201-1904
(501) 371-2640
(800) 852-5494

Please direct your inquiries as to this bulletin to the Legal Division of this Department at (501) 371-2820.

GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue
Glenview, Illinois 60025

SPECIFIED DISEASE COVERAGE – HEART ATTACK OR STROKE BENEFIT POLICY FORM NUMBER G1031

THE POLICY PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES

OUTLINE OF COVERAGE POLICY FORM OCG1031AG

THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

PLEASE READ YOUR POLICY CAREFULLY. This outline of coverage provides a very brief description of the important features of your policy. This is not an insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore, important that you **READ YOUR POLICY CAREFULLY.**

SPECIFIED DISEASE COVERAGE – Policies of this category are designed to provide, to persons insured, restricted coverage paying benefits ONLY when certain losses occur as a result of a specified disease. The policy provides coverage for loss resulting from a first diagnosis of a heart attack or stroke. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

ELIGIBILITY FOR BENEFITS – A Covered Person will be eligible for benefits under this Policy if all the following conditions are met:

1. Heart Attack or Stroke is First Diagnosed and treated after this Policy’s Waiting Period, if any,
2. Heart Attack or Stroke is First Diagnosed and treated while insured under this Policy;
3. Loss due to First Diagnosed Heart Attack or Stroke is incurred while insured under this Policy; and
4. Loss is the result of a Heart Attack or Stroke covered by this Policy.

Benefits requiring confinement in a Hospital are not payable for any day of Hospital confinement unless the day of confinement is the direct result of a Heart Attack or Stroke.

If a Covered Person meets all other eligibility requirements and such person’s Heart Attack or Stroke is not diagnosed until after death, he or she will be eligible for benefits beginning on the date of admission for a period of continuous hospitalization ending in the Covered Person’s death, but not for more than 30 days prior to the date of death.

Waiting Period: The number of days after the Covered Person’s Effective Date before We will pay benefits for loss due to a Heart Attack or a Stroke. The Waiting Period, if any, is shown in the Policy Schedule. If the First Diagnosis of a Heart Attack or a Stroke is made during the Waiting Period, the Insured has the option to cancel the Policy and receive a refund of all premiums paid.

HEART ATTACK OR STROKE BENEFIT POLICY

After the Waiting Period, if any, has been satisfied and while this Policy is in force, We will pay Policy benefits, as shown below for a Covered Person First Diagnosed as having had a Heart Attack or Stroke. Policy benefits are subject to the corresponding indemnity benefit amounts shown in the Policy Benefits Schedule, definitions, limitations, exclusions, and other provisions of this Policy.

Base Policy Benefits	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
Hospital Confinement – Pays benefits for each day of hospital confinement due to a Heart Attack or Stroke:							
Beginning with day 1 through day 90	\$250/day	\$375/day	\$500/day	\$625/day	\$750/day	\$875/day	\$1,000/day
Beginning with the 91 st consecutive day	\$500/day	\$750/day	\$1,000/day	\$1,250/day	\$1,500/day	\$1,750/day	\$2,000/day
Hospice Care – Pays benefits for each day care/services are received by or through Hospice due to a Heart Attack or Stroke:							
Beginning with day 1 through day 90	\$125/day	\$187.50/day	\$250/day	\$312.50/day	\$375/day	\$437.50/day	\$500/day
Beginning with the 91 st consecutive day	\$250/day	\$375/day	\$500/day	\$625/day	\$750/day	\$875/day	\$1,000/day

Base Policy Benefits (Continued)	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
Diagnostic Testing – Pays benefits for diagnostic X-rays and laboratory tests involved with positive diagnosis of a Heart Attack or Stroke.	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000
Drugs and Medicine – Pays benefits for drugs and medicines administered as the direct result of a Heart Attack or Stroke.	\$100/ day	\$150/ day	\$200/ day	\$250/ day	\$300/ day	\$350/ day	\$400/ day
Attending Doctor – Pays benefits for services while confined in a hospital as a direct result of Heart Attack or Stroke.	\$50/ day	\$75/ day	\$100/ day	\$125/ day	\$150/ day	\$175/day	\$200/ day
Screening Benefit – Pays benefits for a physician visit in which diagnosis testing is performed to screen for Heart or circulatory system diseases or disorders.	\$100/ day	\$150/ day	\$200/ day	\$250/ day	\$300/ day	\$350/ day	\$400/ day
Private Nurse - Pays benefits for full-time services of a Private Nurse while hospital confined as the direct result of a Heart Attack or Stroke, other than those nursing services provided by hospital.	\$250/ day						
Ambulance – Pays benefits for transportation to or from a hospital where you are confined as an inpatient as the direct result of a Heart Attack or Stroke – Benefit is limited to; Surface- 4 times a year, Air-1 time a year.	\$250/ Surface trip \$1,500/ Air Trip						
Skilled Nursing Facility – Pays benefits for confinement in a skilled nursing facility which begins within 14 days of discharge from a hospital as the direct result of a Heart Attack or Stroke.	\$250/ day						
Transportation – Pays benefits for coach fare for you and an adult companion to a treatment facility that is 50 miles or more from your home. Pays ground fare for transportation, including travel to physician’s office visits, by a private vehicle. This benefit is only payable for treatments within the United States.	Up to \$2000/coach fare / round trip 60¢/mile up to \$2000/ground	Up to \$2000/coach fare / round trip 60¢/mile up to \$2000/ground	Up to \$2000/coach fare / round trip 60¢/mile up to \$2000/ground	Up to \$2000/coach fare / round trip 60¢/mile up to \$2000/ground	Up to \$2000/coach fare / round trip 60¢/mile up to \$2000/ground	Up to \$2000/coach fare / round trip 60¢/mile up to \$2000/ground	Up to \$2000/coach fare / round trip 60¢/mile up to \$2000/ground
Lodging – For lodging expense incurred by a Covered Person or adult traveling companion while you are confined for treatment that is more than 50 miles from your home	\$100/day						
Annual Check Up – Pays benefits for annual check-ups after a positive diagnosis of Heart Attack or Stroke per calendar year – limited to five times.	\$250/ per check up	\$375/ per check up	\$500/ per check up	\$625/ per check up	\$750/ per check up	\$875/ per check up	\$1,000/ per check up
Heart Transplant – Pays benefits for a human heart transplant.	\$12,500	\$18,750	\$25,000	\$31,250	\$37,500	\$43,750	\$50,000
Transfusion – Pays daily benefits for blood/plasma/platelets transfusions, including administration, as a direct result of a Heart Attack or Stroke.	\$150/ per day	\$225/ per day	\$300/ per day	\$375/ per day	\$450/ per day	\$525/ per day	\$600/ per day
Waiver of Premium - Premium payments will not be required if you are diagnosed as having a heart attack or stroke after the waiting period and while covered under the policy and are disabled for more than 90 consecutive days.	Included						

Optional Riders Available in Each Plan		Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
Heart Attack or Stroke Lump Sum Benefit Rider – Pays benefits when a covered person is first diagnosed as having a Heart Attack or Stroke. A benefit is also provided for a Coronary Angioplasty.		\$1,500 \$150/ Angioplasty	\$2,000 \$200/ Angioplasty	\$2,500 \$250/ Angioplasty	\$3,500 \$350/ Angioplasty	\$4,000 \$400/ Angioplasty	\$4,500 \$450/ Angioplasty	\$5,000 \$500/ Angioplasty
Heart Attack or Stroke Surgical Procedures Benefit Rider – Pays benefits for inpatient or outpatient surgery per the surgical schedule up to a maximum per surgery due to a Heart Attack or Stroke. An Anesthesia Benefit and a benefit for 2 nd & 3 rd Surgical Opinions are also included.	Surgical procedure:	\$7,500/ max per surgery benefit	\$11,250/max per surgery benefit	\$15,000/max per surgery benefit	\$18,750/max per surgery benefit	\$22,500/max per surgery benefit	\$26,250/max per surgery benefit	\$30,000/max per surgery benefit
	Anesthesia:	\$ 2,250/ per surgery	\$ 3,375/ per surgery	\$ 4,500/ per surgery	\$ 5,625/ per surgery	\$ 6,750/ per surgery	\$ 7,875/ per surgery	\$ 9,000/ per surgery
	Surgical Opinions:	\$300	\$300	\$300	\$300	\$300	\$300	\$300
Intensive Care Benefit Rider – Pays benefits for confinement in an intensive care unit. A benefit of 50% for a step down unit is available. The benefit is doubled if confinement is due to and within 48 hours of an accident.	ICU	\$300/day	\$450/day	\$600/day	\$750/day	\$900/day	\$1,050/day	\$1,200/day
	Step Down	\$150/day	\$225/day	\$300/day	\$375/day	\$450/day	\$525/day	\$600/day

Other Optional Riders Available

[**Optional Return of Premium Benefit Rider** - The rider provides for the return of premium under certain circumstances. The rider should be reviewed for details.]

[**Optional Therapy and Wellness Benefit Rider** - The rider pays an indemnity per unit for specified tests listed. Also included are benefits for educational services, mental health, healthy lifestyles and alternative care.]

Exclusions

The policy does not pay benefits for:

1. Any loss due to injury, disease, sickness or incapacity, unless such Definitive Treatment is directly related to or attributable to Heart Attack or Stroke as defined;
2. Care received outside the United States;
3. Experimental drugs or substances not approved by the U.S. Food & Drug Administration for the treatment of Heart Attack or Stroke;
4. Experimental procedures or treatment methods not endorsed by the American Medical Association or any other appropriate Medical Society except as provided for in the Experimental Treatment Benefit of the policy;
5. Courses of treatment available without a Doctor's prescription; or
6. Treatment, services or supplies received from a Covered Person's Immediate Family.

Additional Exclusions that apply to Optional Benefit Riders for Intensive Care and Therapy and Wellness:

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

Premium Change - We may change the premium rates for the policy. The change will be based on a new table of rates. We can only change the premium if we change it for all policies like yours in your class and in the same state where your policy was issued.

Renewability - The policy is guaranteed renewable for life. We will renew the policy each time you send us a premium. It must be paid on or before the date it is due or during the 31 days that follow.

Premium:

You have selected Plan []

[You have also selected the following optional riders:]

[Return of Premium Rider

[Therapy & Wellness Rider

The premium for your plan is \$XXXX

The premium for this rider is: \$XXXX]

The premium for this rider is: \$XXXX]

Total Premium [\$XXXX]

**GUARANTEE TRUST LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY
HEART ATTACK OR STROKE BENEFIT POLICY AND ATTACHED RIDERS**

POLICY FORM G1031AR

Pages 1, 2 and 4-13: These pages do not contain any bracketed items.

Policy Schedule Page 3A

Policy Number: Specific to the policyholder.
Effective Date: Specific to the policyholder
Insured: Specific to the policyholder
State of Issue: Specific to the policyholder
Type: Individual or Family – Specific to the policyholder
Age At Issue – Specific to the policyholder

Policy Waiting Period: 30 Days

Heart Attack or Stroke Benefit Policy Annual Premium:	Annual Premium
Based on the type, age at issue and the plan selected and will be specific to the policyholder.	\$[XXXX]

Optional Riders: - Specific to the policyholder and the riders selected.

Heart Attack or Stroke Lump Sum Benefit Rider	\$[XXXX]
--	----------

Based on the type, age at issue and the plan selected and will be specific to the policyholder.

Heart Attack or Stroke Surgical Procedures Benefit Rider	\$[XXXX]
---	----------

Based on the type, age at issue and the plan selected and will be specific to the policyholder.

Transplant Benefit Rider	\$[XXXX]
---------------------------------	----------

Based on the type, age at issue and the plan selected and will be specific to the policyholder.

Intensive Care Benefit Rider	\$[XXXX]
-------------------------------------	----------

Based on the type, age at issue and the plan selected and will be specific to the policyholder.

Therapy and Wellness Benefit Rider	\$[XXXX]
---	----------

Based on the type, age at issue and the plan selected and will be specific to the policyholder.

The applicant can select one of the following Return of Premium Riders:

15 Year Return of Premium Benefit Rider	\$[XXXX]
--	----------

20 Year Return of Premium Benefit Rider	\$[XXXX]
--	----------

25 Year Return of Premium Benefit Rider	\$[XXXX]
--	----------

Return of Premium Upon Death Benefit Rider	\$[XXXX]
---	----------

Policy Fee:	\$[XXXX]
--------------------	----------

TOTAL PREMIUM	\$[XXXX]
----------------------	----------

**GUARANTEE TRUST LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY
HEART ATTACK OR STROKE BENEFIT POLICY AND ATTACHED RIDERS**

Policy Schedule Page 3B

Benefits

The policy and the optional riders will be sold in plan options therefore the benefits amounts will vary by plan.

The following amounts represent the base policy amounts per unit. The bracketed amounts are the amounts which will be variable.

The explanation of plan options will be provided under the outlines variables.

Hospital Confinement

Days 1 through 90 \$[125]/day

Beginning with the 91st consecutive day \$[250]/day

Hospice Care (Up to 6 months)

Days 1 through 90 \$[62.50]/day

Beginning with the 91st consecutive day \$[125]/day

Diagnostic Testing (Per Test, up to 2 tests per Calendar Year) \$[250]/test

Drugs and Medicines (During Hospital Confinement) \$[50]/day

Attending Doctor (During Hospital Confinement) \$[25]/day

Screening Benefit (Once per Calendar Year) \$[50]/day

Private Nurse Benefit \$250/day

Ambulance \$250 Surface Trip
\$1500 Air Trip

Skilled Nursing Facility Benefit \$250/day

Transportation Benefit Up to \$2,000/coach fare/round trip
60¢/mile up to \$2,000 ground

Lodging Benefit \$100/day

Annual Check-Up Visit (Up to 5 annual visits) \$[125]/visit

Heart Transplant \$[12,500]

Transfusion \$[150]/day

OPTIONAL RIDERS – The benefit amounts will be shown on the Rider Schedules.

POLICY FEE - \$[55]

TOTAL PREMIUM - will be policyholder specific as to their coverage chosen.

**GUARANTEE TRUST LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY
HEART ATTACK OR STROKE BENEFIT POLICY AND ATTACHED RIDERS**

Rider Form RG10HSLs

Heart Attack or Stroke Lump Sum Benefit Rider

Benefits

The following amount represents the base rider benefit amount per unit. The bracketed amounts are the amounts which will be variable.

The explanation of plan options will be provided under the outlines variables.

Lump Sum Benefit - \$[500]

Rider Form RG10HSSB

Heart Attack or Stroke Surgical Procedures Benefit Rider

The following amounts represent the base rider benefit amounts per unit. The bracketed amounts are the amounts which will be variable.

The explanation of plan options will be provided under the outlines variables.

Anesthesia - 30% of Surgical Procedure

Second and Third Opinions - \$300

Surgical Procedures: Specified amounts

SURGICAL PROCEDURE	PROCEDURE CODE	SURGICAL BENEFIT
PERICARDIUM		
Pericardiocentesis Initial	33010	\$[137]
Pericardiotomy for Removal of Clot or Foreign Body (Primary Procedure)	33020	\$[1,000]
Pericardiectomy(Independent Procedure), With or Without Bypass	33100	\$[2,000]
PACEMAKER		
Insertion of Permanent Pacemaker, With Epicardial Electrode by Thoracotomy	33200	\$[1,312]
CARDIAC VALVE		
Valvuloplasty, With Bypass:		
Aortic Valve	33400	\$[2,500]
Mitral Valve	33425	\$[2,812]
Tricuspid Valve	33460	\$[2,500]
Commissurotomy:		
With Bypass - Aortic Valve	33407	\$[2,593]
Closed - Mitral Valve	33420	\$[2,000]
Closed - Triscupid Valve	33450	\$[1,875]
Aortoplasty for Supraventricular Stenosis	33417	\$[2,687]
Triple Valve Replacement	33492	\$[3,750]
CORONARY ARTERY		
Anomalous Coronary Artery Ligation(With Angioplasty or Endarterectomy)	33502	\$[1,750]
Coronary Artery Bypass, Autogenous		
Single	33510	\$[2,625]
Triple	33512	\$[3,000]
Transverse Arch Graft of Thoracic Aortic Aneurysm	33870	\$[3,500]
HEART TRANSPLANT		
Replacement of Human Heart	33945	\$[6,250]
POST INFARCTION MYOCARDIAL		
Myocardial Resection	33542	\$[2,875]
Myocardial Operation Combined With Coronary Bypass Procedure	33560	\$[3,250]
PUNCTURE FOR INJECTION, DRAINAGE OR ASPIRATION		
Subdural Tap Through Fontanelle(Infant), Initial, Unilateral or Bilateral	61000	\$[125]

**GUARANTEE TRUST LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY
HEART ATTACK OR STROKE BENEFIT POLICY AND ATTACHED RIDERS**

CRANIUM AND CEREBRAL ARTERIES

Injection for carotid angiography, unilateral	93542, 93543	\$[187]
Injection for angiography, bilateral	93545	\$[280]
Thromboendarterectomy, external carotid	35301, 35390	\$[1,125]
Burr holes for subdural hematoma	61154-61156	\$[1,687]
Craniotomy for subdural hematoma	61556	\$[1,875]

CRANIECTOMY OR CRANIOTOMY

Exploratory; supratentorial	61304	\$[2,187]
Surgery of intracranial arteriovenous malformation	61680	\$[3,750]

Rider Form RG10CTW

Therapy and Wellness Benefit Rider

The following amounts represent the base rider benefit amounts per unit. The bracketed amounts are the amounts which will be variable.

The explanation of plan options will be provided under the outlines variables.

- Health and Wellness - \$[50]/test
- Educational Services - \$[50]/session
- Hearing, Occupation, and Speech Therapies - \$[25]/day
- Mental Health - \$[50]/session
- Healthy Lifestyle - \$[25]/year
- Alternative Care
 - Integrative Assessment and Education - \$75
 - Ameliorative Benefit - \$[25]/visit
 - Lifestyle Benefit - \$[25]/visit

Rider Form RG10IC

Intensive Care Benefit Rider

The following amounts represent the base rider benefit amounts per unit. The bracketed amounts are the amounts which will be variable.

The explanation of plan options will be provided under the outlines variables.

- Intensive Care - \$[150]/day
- Intensive Care Due to Accident - \$[300]/day
- Step-Down Unit - \$[75]/day

Outline of Coverage Form Number OCG1031AG

The outline provides the plans available for the policy and riders. The benefits available are per unit. Each plan shown shows the base amounts available or is multiplied by the number of units the plan includes.

Benefit	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
Heart Attack or Stroke Base Policy	2 Units	3 Units	4 Units	5 Units	6 Units	7 Units	8 Units
Heart Attack or Stroke Lump Sum Benefit Rider	3 Units	4 Units	5 Units	7 Units	8 Units	9 Units	10 Units
Heart Attack or Stroke Surgical Procedures Benefit Rider	2 Units	3 Units	4 Units	5 Units	6 Units	7 Units	8 Units
Transplant Benefit Rider	2 Units	3 Units	4 Units	5 Units	6 Units	7 Units	8 Units
Intensive Care Rider	2 Units	3 Units	4 Units	5 Units	6 Units	7 Units	8 Units

GUARANTEE TRUST LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY
HEART ATTACK OR STROKE BENEFIT POLICY AND ATTACHED RIDERS

The remaining riders are optional.

[Optional 15 Year Return of Premium Benefit Rider - The rider provides for the return of premium under certain circumstances. The rider should be reviewed for details.]

[Optional 20 Year Return of Premium Benefit Rider - The rider provides for the return of premium under certain circumstances. The rider should be reviewed for details.]

[Optional 25 Year Return of Premium Benefit Rider - The rider provides for the return of premium under certain circumstances. The rider should be reviewed for details.]

[Optional Return of Premium Upon Death Benefit Rider - The rider provides for the return of premium under certain circumstances. The rider should be reviewed for details.]

[Optional Therapy and Wellness Benefit Rider - The rider pays an indemnity per unit for specified tests listed. Also included are benefits for educational services, mental health, healthy lifestyles and alternative care.]

SERFF Tracking Number: *GRTT-126968742* State: *Arkansas*
 Filing Company: *Guarantee Trust Life Insurance Company* State Tracking Number: *48232*
 Company Tracking Number: *AMHGTLHASAR*
 TOI: *H071 Individual Health - Specified Disease - Limited Benefit* Sub-TOI: *H071.001 Critical Illness*
 Product Name: *Heart Attack or Stroke Benefit Policy*
 Project Name/Number: *GTL/AMHGTLHAS*

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/01/2011	Form	Heart Attack or Stroke Benefit Policy	03/14/2011	G1031AR.pdf (Superceded)

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

**HEART ATTACK OR
STROKE
BENEFIT POLICY**

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

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



Secretary



President

Licensed Resident
Agent

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

GUARANTEED RENEWABLE. You may keep this Policy in force during Your entire lifetime by paying the renewal premium at the intervals available to You at the time of renewal. You must pay the premium when due or within the grace period. We cannot cancel or refuse to renew this Policy or place any restrictions on it if You pay Your Premiums on time.

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

PREMIUMS SUBJECT TO CHANGE. We may change the premium for this Policy. We may do so only if We change it for all policies like Yours in Your state on a class basis. We will provide You with written notice at least thirty-one (31) days in advance of any change in renewal premium.

IMPORTANT NOTICE

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

THIS IS A LIMITED BENEFIT POLICY - PLEASE READ IT CAREFULLY

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

TABLE OF CONTENTS

Guaranteed Renewable	Page 1
Your Right to Examine This Policy	Page 1
Premiums Subject to Change	Page 1
Policy Schedule and Policy Benefits Schedule	Page 3A, 3B
Definitions	Pages 4 - 6
Eligibility for Coverage	Pages 7 - 8
Termination, Conversion, and Continuation of Coverage	Pages 7 - 8
Eligibility for Benefits	Page 8
Benefit Provisions	Pages 8 - 10
Premium, Waiver of Premium, Lapse and Reinstatement	Pages 10 - 11
Policy Exclusions	Page 11
Claim Provisions	Pages 11 - 12
General Provisions	Page 12

POLICY DEFINITIONS

Calendar Year: The period beginning on the date a Covered Person's coverage becomes effective and ending on December 31 of that same year. From then on, it is the period beginning January 1 and ending on December 31 of that same year.

Common Carrier: A common carrier means commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles will be considered a Common Carrier for the purpose of providing transportation under this Policy.

Covered Person: Means You or a person:

1. Who is eligible for coverage as Your Dependent
2. Who has been accepted for coverage or has been automatically added.
3. Who has paid the required premium; and
4. Whose coverage has become effective and has not terminated.

Dependent: A person who is the Insured's:

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

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

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

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

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

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

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

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

Functional Impairment / Functionally Impaired: The Insured, because of suffering a Heart Attack or a Stroke as defined in this Policy:

1. Is unable to perform two (2) or more of the activities of daily living without the assistance of another person for a period of at least ninety (90) consecutive days. For the purposes of this Policy, the activities of daily living are:
Bathing: washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
Continence: the ability to maintain control of bowel and bladder function or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).
Dressing: putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
Eating: feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
Toileting: getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
Transferring: moving into or out of a bed, chair, or wheelchair.
2. Is receiving regular care by a Doctor which is appropriate for the condition causing Functional Impairment. This care must be at such intervals and frequency as will lead to the Insured performing the activities of daily living independently.

POLICY DEFINITIONS (Continued)

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

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

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

Heart Transplant: The surgical removal of the entire heart (including all atria, ventricles and valves) and replacement with a human heart. It does not mean replacement of a human heart with a non-human, mechanical or artificial heart.

Hospice: An organization which:

1. Is licensed by a government agency;
2. Provides palliative and supportive care to Terminally Ill persons and their families;
3. Provides this care in the home or on an outpatient or short-term inpatient basis; and
4. Is classified as a Hospice.

A Hospice is not:

1. A Hospital, except for that section, unit, or wing of a Hospital which is lawfully designated to provide inpatient Hospice care;
2. A Skilled Nursing Facility, except for that section, unit, or wing of a Skilled Nursing Facility which is lawfully designated to provide inpatient Hospice care;
3. A nursing home, an extended care facility, a convalescent home, rehabilitation center, or a rest home or a home for the aged;
4. An institution mainly rendering treatment or services for mental illness or substance abuse.

Hospital: A medical facility which:

1. Is legally licensed and accredited by the Joint Commission;
2. Provides 24-hour nursing service by licensed registered nurses (R.N.);
3. Provides diagnostic and therapeutic care under the supervision of a doctor while Hospital Confined; and
4. Maintains permanent surgical facilities or has an arrangement with another surgical facility supervised by a staff of one or more Doctors.

A Hospital is not a bed, unit or facility (or a special unit of a Hospital) that functions as:

1. A Hospice;
2. A Skilled Nursing Facility, nursing home, an extended care facility, a convalescent home, a rehabilitation center, or a rest home or a home for the aged;
3. An institution mainly rendering treatment or services for mental illness or substance abuse.

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

Insured: This is the person named as the primary applicant on the Policy application and shown as the Insured on the Policy Schedule.

Nurse: Any of the following who is properly licensed or certified to provide medical care under the laws of the state where the Nurse practices:

1. A Licensed Practical Nurse (L. P. N.);
2. A Licensed Vocational Nurse (L. V. N.); or
3. A Registered Nurse (R. N.)

Period of Confinement: A period which begins on or after the Effective Date of coverage, and during which a Covered Person is confined as an inpatient to a Hospital or Skilled Nursing Facility. Re-confinement within thirty (30) days of discharge from a Hospital or Skilled Nursing Facility for the same or related condition will be considered a continuation of the prior Period of Confinement. Re-confinement more than thirty (30) days after discharge from a Hospital or Skilled Nursing Facility will be treated as a new Period of Confinement.

POLICY DEFINITIONS (Continued)

Private Vehicle: A vehicle which is not owned by a business, a state or government agency and which is in the possession of an individual and/or the individual's Immediate Family for the primary purpose of providing personal transportation.

Skilled Nursing Facility: A facility that meets the following standards:

1. Is lawfully licensed as a Skilled Nursing Facility by the state in which it operates; and
2. Provides room and board accommodations; and
3. Is under the supervision of a duly licensed Doctor; and
4. Provides continuous twenty-four (24) hour a day skilled nursing services by or under the supervision of a registered Nurse; and,
5. Maintains a permanent daily medical record of each patient.

A Skilled Nursing Facility is not a bed, unit or facility that functions as:

1. A Hospice;
2. A rest home or a home for the aged;
3. An institution mainly rendering treatment or services for mental illness or substance abuse;
4. A place for custodial or educational care.

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

Terminally Ill: A Doctor has certified that: (a) there is no reasonable prospect of cure; (b) life expectancy is less than six (6) months; (c) Hospice services for palliation or management of the terminal illness and related conditions are needed; and (d) confinement in a Hospital or Skilled Nursing Facility would be needed if Hospice care services were not available.

U.S. Government Hospital means a Hospital which is under the jurisdiction of and is operated by or for the United States Government. A United States Government Hospital does not charge for its room, board and medical services.

Waiting Period: The number of days after the Covered Person's Effective Date, before We will pay benefits for loss due to a Heart Attack or a Stroke. The Waiting Period, if any, is shown in the Policy Schedule. If the First Diagnosis of a Heart Attack or a Stroke is made during the Waiting Period, the Insured has the option to cancel the Policy and receive a refund of all premiums paid.

We, Us, Our Company: Guarantee Trust Life Insurance Company.

You, Your and Yours: The Insured shown on the Policy Schedule.

ELIGIBILITY FOR COVERAGE

CONSIDERATION

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

ELIGIBILITY OF DEPENDENTS

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

1. The date We approve Your written application for that Dependent to become a Covered Person under this Policy; and
2. When We accept payment of the required premium.

A Dependent is deemed to be acquired as follows:

Spouse: On the date of Your marriage.

Natural child: On the date of birth.

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

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

If this Policy is an Individual Plan, You are the only Covered Person. If this Policy is a Family Plan, You and Your Dependents are Covered Persons.

To add Your Dependent(s) after this Policy has been issued, We must receive:

1. Your written request to add the Dependent(s);
2. Evidence satisfactory to Us of the insurability and eligibility of the Dependent(s) to be added; and
3. The additional premium for the added Dependent(s).

DEPENDENT TERMINATION OF COVERAGE

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

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

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

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

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

Coverage of Your spouse shall cease on the premium due date that follows the date of entry of a valid judgment of dissolution of marriage.

CONVERSION PRIVILEGE

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

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

ELIGIBILITY FOR COVERAGE (Continued)

CONVERSION PRIVILEGE (Continued)

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

Another Waiting Period will not be required for coverage under the Conversion policy, except to the extent that the Waiting Period has not been met under this Policy.

CONTINUATION OF INSURANCE

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

ELIGIBILITY FOR BENEFITS

A Covered Person will be eligible for benefits under this Policy if all the following conditions are met:

1. Heart Attack or Stroke is First Diagnosed and treated after this Policy's Waiting Period, if any,
2. Heart Attack or Stroke is First Diagnosed and treated while insured under this Policy;
3. Loss due to First Diagnosed Heart Attack or Stroke is incurred while insured under this Policy; and
4. Loss is the result of a Heart Attack or Stroke covered by this Policy.

Benefits requiring confinement in a Hospital are not payable for any day of Hospital confinement unless the day of confinement is the direct result of a Heart Attack or Stroke.

If a Covered Person meets all other eligibility requirements and such person's Heart Attack or Stroke is not diagnosed until after death, he or she will be eligible for benefits beginning on the date of admission for a period of continuous hospitalization ending in the Covered Person's death, but not for more than 30 days prior to the date of death.

BENEFIT PROVISIONS

After the Waiting Period, if any, has been satisfied and while this Policy is in force, We will pay Policy benefits, as shown below for a Covered Person First Diagnosed as having had a Heart Attack or Stroke. Policy benefits are subject to the corresponding indemnity benefit amounts shown in the Policy Benefits Schedule, definitions, limitations, exclusions, and other provisions of this Policy.

Please refer to the Policy Benefits Schedule for amounts and limits associated with each of the benefit provisions listed below.

HOSPITAL CONFINEMENT BENEFIT

We will pay the daily Hospital Confinement Benefit Amount, as shown on the Policy Benefits Schedule, for each day a Covered Person is confined as an inpatient in a Hospital as the direct result of a Heart Attack or Stroke. A "day" means a twenty-four (24) hour period. Separate confinements within thirty (30) days of each other for the same or related conditions are considered the same Period of Confinement.

For confinement in a U.S. Government Hospital for the treatment of a Heart Attack or a Stroke: We will pay benefits, as shown above, while the Covered Person is confined in a U.S. Government Hospital for the treatment of a Heart Attack or a Stroke.

Hospital Confinement Benefits are not payable if the Covered Person is receiving Hospice care on an inpatient basis in that section, unit or wing of a Hospital lawfully designated to provide Hospice Care services. In such case, the Covered Person may be eligible for benefits under the Hospice Benefit provision.

HEART TRANSPLANT BENEFIT

We will pay the Heart Transplant Benefit Amount, as shown on the Policy Benefits Schedule, for a human Heart Transplant because the heart can no longer adequately function causing a Covered Person to be at greater risk of death.

Transplant Benefit Amount Increases: After this Policy has been in effect for one (1) year, We will increase the initial Heart Transplant Benefit Amount, as shown on the Policy Benefits Schedule, by five percent (5%). We will continue to increase the current Heart Transplant Benefit Amount by five percent (5%) on each subsequent Policy anniversary for a period not to exceed ten (10) years.

BENEFIT PROVISIONS (Continued)

HOSPICE CARE BENEFIT

We will pay the Daily Hospice Benefit Amount, as shown on the Policy Benefits Schedule, when a Covered Person is diagnosed as Terminally Ill and is receiving care provided by or through a Hospice, as the direct result of a Heart Attack or Stroke. The maximum benefit period for this benefit is six (6) months.

We will pay for each day a Covered Person:

1. Receives Hospice care at home;
2. Uses the services of a Hospital on an outpatient basis under the direction of a Hospice;
3. Visits or is confined to a Hospice for treatment or services.

We will not pay this benefit for any day the Covered Person is confined to a Hospital or a Skilled Nursing Facility, except when the Covered Person is confined to that section, unit or wing of such Hospital or Skilled Nursing Facility that is lawfully designated to provide inpatient Hospice care.

DIAGNOSTIC TESTING BENEFIT

We will pay the Diagnostic Testing Benefit Amount, as shown on the Policy Benefits Schedule, for any type of laboratory test, x-ray and other imaging diagnostics, which are prescribed by a Doctor and result in a First Diagnosis of a Heart Attack or Stroke.

Payment of the Diagnostic Testing Benefit is limited to twice per Calendar Year for a Covered Person.

DRUGS AND MEDICINES BENEFIT

We will pay the Drugs and Medicines Benefit Amount, as shown on the Policy Benefits Schedule, for drugs and medicines administered to a Covered Person while confined as an inpatient in a Hospital as a direct result of a Heart Attack or Stroke. Such drugs and medicines, at the time of administration, must be approved by the U.S. Food and Drug Administration for the treatment of a Heart Attack or Stroke.

Benefits for drugs and medicines are limited to the number of days the Covered Person is confined as an inpatient in a Hospital.

TRANSFUSION BENEFIT

We will pay the Transfusion Benefit Amount, as shown on the Policy Benefits Schedule, per day when a Covered Person requires a transfusion as a direct result of a Heart Attack or Stroke. This benefit is limited to patient transfusion of blood, plasma, and platelets. This benefit does not pay for processing tests. This benefit does not pay for processing, administration, storage, laboratory charges or blood components replaced by donors.

ATTENDING DOCTOR BENEFIT

We will pay the Attending Doctor Benefit Amount, as shown on the Policy Benefits Schedule, if a Covered Person uses the services of an attending Doctor while confined as an inpatient in a Hospital as the direct result of a Heart Attack or Stroke. An attending Doctor is a Doctor, other than the surgeon, who provides services for the Covered Person while Hospital confined and charges a fee for the service. Benefits payable for such services are limited to the number of days the Covered Person is confined as an inpatient in a Hospital.

SCREENING BENEFIT

We will pay the Screening Benefit Amount, as shown on the Policy Benefits Schedule, for a Covered Person's Doctor visit in which diagnostic testing is performed to screen for heart or circulatory system diseases or disorders. Benefits payable for an outpatient Doctor visit are limited to once per Calendar Year for a Covered Person.

PRIVATE NURSE BENEFIT

We will pay the Private Nurse Benefit Amount, as shown on the Policy Benefits Schedule, if a Covered Person uses the full-time services of a private Nurse while confined as an inpatient in a Hospital as the direct result of a Heart Attack or Stroke. Full-time services means at least eight (8) hours of attendance during any twenty-four (24) hour period. These services must be required and authorized by the Covered Person's Doctor for the treatment of a Heart Attack or Stroke. Nursing services must be those that are other than those regularly furnished by the Hospital.

Benefits payable for a private Nurse are limited to the number of days the Covered Person is confined as an inpatient in a Hospital.

AMBULANCE BENEFIT

We will pay the Ambulance Benefit Amount, as shown on the Policy Benefits Schedule, for ambulance transport to or from a Hospital when a Covered Person is confined as an inpatient as the direct result of a Heart Attack or Stroke.

The Ambulance Benefit is limited to four (4) trips per Calendar Year per Covered Person for ground ambulance transport and one (1) trip per Calendar Year per Covered Person for air ambulance transport.

BENEFIT PROVISIONS (Continued)

SKILLED NURSING FACILITY BENEFIT

We will pay the Skilled Nursing Facility Benefit Amount, as shown on the Policy Benefits Schedule, for confinement in a Skilled Nursing Facility as a direct result of a Heart Attack or a Stroke. Such confinement must occur within fourteen (14) days after being discharged from a Hospital confinement which was as a direct result of a Heart Attack or Stroke.

Benefits payable for Skilled Nursing Facility confinement are limited to the same number of days for which We paid the Hospital Confinement Benefit for the period of Hospital confinement which immediately preceded the Skilled Nursing Facility confinement. Skilled Nursing Facility benefits are not payable if the Covered Person is receiving Hospice care on an inpatient basis in that section, unit or wing of a Hospital lawfully designated to provide Hospice Care services. In such case, the Covered Person may be eligible for benefits under the Hospice Benefit provision.

TRANSPORTATION BENEFIT

We will pay the actual charges for coach fare by a common carrier for round trip transportation (air, rail, or bus) for a Covered Person and one adult companion, to a treatment facility that is located at least fifty (50) miles or more from the Covered Person's residence so that the Covered Person may receive treatment for a Heart Attack or Stroke.

Benefit payment is limited to the Transportation Benefit Amount, as shown on the Policy Benefits Schedule, per person, per round trip, up to twice in a Calendar Year. Transportation in a private vehicle will be paid at sixty cents (60¢) per mile. This benefit is only payable for treatments received within the United States. This benefit includes payment for travel related to a Doctor's office visit.

LODGING BENEFIT

We will pay the Lodging Benefit, as shown on the Policy Benefits Schedule, while a Covered Person is receiving treatment for a Heart Attack or Stroke at a Hospital or medical facility located at least fifty (50) miles or more from the Covered Person's residence. This benefit is payable for either a Covered Person or an adult companion traveling with them.

This benefit is payable only for the day(s) on which treatment is received. The Lodging Benefit is limited to one-hundred twenty (120) days per Covered Person per Calendar Year.

ANNUAL CHECK-UP BENEFIT

We will pay the Annual Check-up Benefit Amount, as shown on the Policy Benefits Schedule, for an annual check-up with a Doctor after a positive diagnosis of a Heart Attack or Stroke.

Payment of the Annual Check-up Benefit is limited to five annual visits, per Covered Person, after a First Diagnosis of a Heart Attack or Stroke.

PREMIUM AND REINSTATEMENT PROVISIONS

PREMIUM

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

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

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

GRACE PERIOD

You may pay premium up to thirty-one (31) days after it is due. The Policy remains in force during the grace period. If the premium is not paid before the end of the grace period, the Policy will terminate as of the initial due date for that premium.

WAIVER OF PREMIUM

Premium payments will not be required if the Insured is:

1. Diagnosed as having had a Heart Attack or Stroke after the Waiting Period and while covered under this Policy; and
2. Functionally Impaired as the direct result of a Heart Attack or Stroke for more than ninety (90) consecutive days. Functional Impairment must begin on or after the date of diagnosis.

This Waiver of Premium provision includes the waiving of premium for attached benefit riders, if any.

After it has been determined that the Insured is Functionally Impaired, premium payments will be waived for the period of Functional Impairment, except for premiums due during the first ninety (90) days of such period.

PREMIUM AND REINSTATEMENT PROVISIONS CONTINUED

WAIVER OF PREMIUM CONTINUED

Proof of Functional Impairment from a Doctor must be sent to Us containing the following:

- The date the Heart Attack or Stroke was First Diagnosed;
- The date Functional Impairment, due to the Heart Attack or Stroke, began; and
- The expected date, if any, such Functional Impairment will end.

Proof of continued Functional Impairment must be furnished at least once every six (6) months.

Periods of Functional Impairment: Once Functional Impairment due to a Heart Attack or Stroke ends for at least ninety (90) days, and the Insured returns to work or is no longer receiving treatment, any future Functional Impairment will be considered a new Period of Functional Impairment. A new Period of Functional Impairment due to a Heart Attack or Stroke will require Functional Impairment for ninety (90) consecutive days in order for the Waiver of Premium, to begin. New proof of Functional Impairment must also be provided.

End of Functional Impairment: We must be notified in writing as soon as Functional Impairment due to the Heart Attack or Stroke ends. We will assume Functional Impairment has ended if:

- We do not receive proof of continued Functional Impairment at least once every six (6) months;
- The Insured does not agree to have a physical examination performed; or
- We receive notice that Functional Impairment has ended.

When the Insured is no longer Functionally Impaired due to a Heart Attack or Stroke, We will provide coverage until the end of the month for which premiums would be due. After that, premiums must be paid in order to keep this coverage and attached riders, if any, in force.

LAPSE AND REINSTATEMENT

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

If reinstated, the Policy will cover only a Heart Attack or Stroke First Diagnosed more than ten (10) days after the date of reinstatement. In all other ways, Your rights, and Ours will remain the same, subject to any provisions of the reinstatement. Premium will be applied as of the date of reinstatement.

POLICY EXCLUSIONS

This policy does not pay benefits for:

1. Any loss due to injury, disease, sickness or incapacity, unless treatment is directly related to or attributable to a Heart Attack or Stroke as defined;
2. Care received outside the United States;
3. Experimental drugs or substances not approved by the Federal Food & Drug Administration for the treatment of a Heart Attack or Stroke;
4. Courses of treatment available without a Doctor's prescription; or
5. Treatment, services or supplies received from a Covered Person's Immediate Family.

CLAIM PROVISIONS

NOTICE OF CLAIM

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

CLAIM FORMS

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

PROOF OF LOSS

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

CLAIM PROVISIONS CONTINUED

TIME OF PAYMENT OF CLAIM

After We receive satisfactory written proof of loss:

1. We will pay any benefits then due that are not payable periodically; and
2. We will pay at the end of each thirty (30) day period any benefits due that are payable periodically; subject to continuing proof of loss.

PAYMENT OF CLAIMS

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

ASSIGNMENT

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

PHYSICAL EXAMINATION AND AUTOPSY

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

LEGAL ACTION

You cannot bring legal action within sixty (60) days from the date written proof of loss is given. You cannot bring it after three (3) years from the date written proof of loss is required.

GENERAL PROVISIONS

ENTIRE CONTRACT

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

DATE OF ISSUE

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

MISSTATEMENT OF AGE

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

TIME LIMIT ON CERTAIN DEFENSES

We rely on the statements made in the application when issuing this insurance. After this insurance has been in force for three (3) years, only fraudulent misstatements in the application may be used to void this Policy or deny any claim for loss which starts after the three (3) year period.

CANCELLATION BY INSURED

You may cancel this Policy at any time by written notice delivered or mailed to Us, prior to its renewal date or expiration date. We shall refund to You, the pro-rata portion of such premiums paid for any period beyond the end of the Policy month in which the cancellation occurred. Cancellation shall be without prejudice to any claim originating prior to the Effective Date of the cancellation.

CONFORMITY WITH STATE STATUTES

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

ANNUAL MEETING

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

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

**FIRST DIAGNOSIS
HEART ATTACK OR
STROKE
BENEFIT POLICY**