

SERFF Tracking Number: GRTT-127353277 State: Arkansas
Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 49494
Company Tracking Number: APPL1-11
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: APPL1-11
Project Name/Number: Life Application/APPL1-11

Filing at a Glance

Company: Guarantee Trust Life Insurance Company

Product Name: APPL1-11

SERFF Tr Num: GRTT-127353277 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved-
Closed State Tr Num: 49494

Sub-TOI: L08.000 Life - Other

Co Tr Num: APPL1-11

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Gillian Liang

Disposition Date: 08/11/2011

Date Submitted: 08/08/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Life Application

Status of Filing in Domicile: Pending

Project Number: APPL1-11

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: 08/11/2011

State Status Changed: 08/11/2011

Deemer Date:

Created By: Gillian Liang

Submitted By: Gillian Liang

Corresponding Filing Tracking Number:

Filing Description:

We are submitting life application form APPL1-11 for your Department's consideration and approval.

This form is new and will not replace any previously approved form.

Application APPL1-11 has been designed to allow the agent to make an initial determination of the applicant's eligibility, and to assist the applicant in choosing the plan for which he or she qualifies. We would appreciate general approval of this application so that it may be used with life policies approved by your state. We are filing the proposed insured's information in items 1a, 1b, the plan coverage selection in item 2a and the billing information in item 3 of the application as variable. It is not our intention to make any changes that would cause this application to be out of compliance with any statutory requirements.

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 Product Name: APPLI-11
 Project Name/Number: Life Application/APPLI-11

This form is printed by our computer and laser printer. We reserve the right to use a different font (type face) when and if a new font becomes available.

We would appreciate any consideration you could extend toward prompt approval of this filing. If I can be of further assistance in this approval process, please feel free to call me toll free at 800-338-7452, ext. 5410, or call me direct at 847-904-5410, or e-mail me at glian@gtlic.com.

Company and Contact

Filing Contact Information

Gillian Liang, Senior Compliance Analyst glian@gtlic.com
 1275 Milwaukee Ave. 847-904-5410 [Phone]
 Glenview, IL 60025 847-699-0093 [FAX]

Filing Company Information

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Filing fee for application is \$50.00.
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--|---------|----------------|---------------|
| Guarantee Trust Life Insurance Company | \$50.00 | 08/08/2011 | 50456041 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 08/11/2011 | 08/11/2011 |

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Disposition

Disposition Date: 08/11/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *GRTT-127353277* *State:* *Arkansas*
Filing Company: *Guarantee Trust Life Insurance Company* *State Tracking Number:* *49494*
Company Tracking Number: *APPLI-11*
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *APPLI-11*
Project Name/Number: *Life Application/APPLI-11*

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|----------------------------|----------------------|-----------------------------|----------------------|
| Supporting Document | Flesch Certification | | Yes |
| Supporting Document | Application | | No |
| Form | Life Application | | Yes |

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Form Schedule

Lead Form Number: APPL1-11

| Schedule Item Status | Form Number | Form Type Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------|-------------|--|---------|----------------------|-------------|--------------|
| | APPL1-11 | Application/Life Application Enrollment Form | Initial | | 51.850 | APPL1-11.pdf |

APPLICATION FOR LIFE INSURANCE TO: GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue - Glenview, Illinois 60025

| | | | | | | | |
|--|-------------|-----|---------------|-----|----------------|--------|--------|
| 1a. Proposed Insured (First, Middle & Last) | Soc. Sec. # | Sex | Date of Birth | Age | State of Birth | Height | Weight |
|--|-------------|-----|---------------|-----|----------------|--------|--------|

| | | | | | |
|--|------|-------|----------|-------------------------------|----------------|
| 1b. Home Address (Currently residing) | City | State | Zip Code | Phone Home () Work () | E-mail Address |
|--|------|-------|----------|-------------------------------|----------------|

1c. Occupation (If not employed, give reason): _____ Duties: _____ Yearly Income \$ _____

| | | | |
|--------------------------------|--------------|-------------------------------|--------------|
| 1d. Primary Beneficiary | Relationship | Contingent Beneficiary | Relationship |
|--------------------------------|--------------|-------------------------------|--------------|

2a. Select Plan Coverage: Plan Applied For:

10 Year Level Benefit Term (then decreasing term to age 95)
 10 Year Graded Benefit Term (then decreasing term to age 99)
 20 Year Level Benefit Term (then decreasing term to age 95)
 Graded Benefit Whole Life
 Level Benefit Whole Life

2b. Face Amount \$ _____

3. Billing Information: Amount of Premium: \$ _____

Premium Mode:
 Annual
 Semi-Annual
 Quarterly
 Monthly PAC
 Monthly Credit Card

Is Automatic Premium Loan Desired? (Applicable to Whole Life Plans only)
 Yes
 No

Mail Premium Notices to:
 Owner
 Premium Payor

Owner: (if other than Proposed Insured): Name _____ Relationship _____
 Address _____

Premium Payor: (if other than Proposed Insured): Name _____ Relationship _____
 Address _____

4. Will this policy applied for replace or change any existing life insurance or annuity in force?..... Yes No
 If yes, please give details and submit any required replacement forms.

If you answer "YES" to questions 1 and 2 and "NO" to questions 3 to 7, you are eligible for the Graded Death Benefit Plan.

- Do you currently reside legally in the United States?..... Yes No
- Are you currently employed and have you actively and continuously participated in the duties of your regular occupation on a full-time basis (at least 30 hours per week) for the past 6 months or if retired or unemployed, are you physically and mentally capable of being employable on an active full time basis (at least 30 hours per week)?..... Yes No
- Have you been disabled for 30 days or longer during the previous 12 months and has said disability prevented you from performing your normal duties or activities or are you currently receiving disability benefits?..... Yes No
- In the past 10 years have you had, been diagnosed by a member of the medical profession as having, or been treated for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for the antibodies to AIDS or Human Immunodeficiency Virus (HIV)? Yes No
- In the past 12 months have you been treated or been advised to seek treatment for internal cancer or malignant melanoma or have you been diagnosed as being terminally ill? Yes No
- Within the past 2 years have you used or are you currently using narcotics, amphetamines or any controlled substance other than on the advice of a physician? Yes No
- Do you require any assistance with 2 or more of the following activities: bathing dressing, toileting, indoor or outdoor mobility, or eating or do you use oxygen for a medical condition? Yes No

If you answer "NO" to questions 8 and 9 and your weight is within the limit for your height, you are eligible for the Level Death Benefit Plan

- In the past 2 years have you ever had, been diagnosed, treated or used medication or received medical advice for:
 - Alzheimer's disease, dementia, organic brain syndrome, organ transplant, congestive heart failure, cardiomyopathy, ALS (Lou Gehrig's Disease), or sickle cell anemia? Yes No
 - Internal cancer, malignant melanoma, leukemia, Hodgkin's Disease or chronic kidney or lung disease or disorder or disorder the liver? Yes No
 - Parkinson's disease, multiple sclerosis, muscular dystrophy, cystic fibrosis, systemic lupus erythematosus or used insulin to control diabetes?..... Yes No
- In the past year did you have or suffer: a heart attack, chest pain (angina), stroke; or had heart or blood vessel surgery or procedure; turned down for life insurance; or been advised to have surgery or been convicted of a felony?..... Yes No

NOTE: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application containing a false, incomplete, or deceptive statement of a material fact may be guilty of insurance fraud.

AUTHORIZATION

I authorize Guarantee Trust Life Insurance Company (herein referred to as the "Company"), insurance support organizations, authorized representatives, and any reinsurers, to obtain information as to the diagnosis, treatment, or prognosis of my physical condition, other coverage and any other information needed to underwrite my application for insurance such as criminal or motor vehicle records. Upon presentation of this Authorization, or a photocopy of it, the Company may obtain, without restriction, such information or records from any doctor, health professional, hospital, clinic, Veterans Administration, insurance company or other person or organization which has such information including any information provided to any affiliate insurance company on previous applications and any information provided to our division for underwriting or claim servicing purposes. The Company and its reinsurers may also obtain such information from the Medical Information Bureau. This Authorization includes all information about drugs, alcoholism, and mental illness. I authorize all sources, except the Medical Information Bureau Inc. to give such records to any agency employed by Guarantee Trust Life Insurance Company to collect such information. I agree that this Authorization will be valid for 24 months from the date signed, and know that I or my authorized representative may have a photocopy of it. I have read or had read this authorization and I have also received a copy or will be provided a copy of the "Notice to Applicant, Parts 1 and 2" and the Description of Information Practices form prepared by Guarantee Trust Life Insurance Company (if required in your state).

I understand that I have the right to revoke this Authorization, in writing, at any time by sending written notification to my agent or to the Company at the above address. I understand that a revocation will not be effective to the extent the Company has relied on the use or disclosure of the protected health information or, so long as GTL has a legal right to contest a claim under the coverage or the coverage itself. Revocation requests should be sent in writing to my agent or to the attention of the Underwriting Manager.

I understand once information is disclosed pursuant to this Authorization, such information will continue to be protected by GTL in accordance with federal or state law. I also understand that my application for insurance can be declined if I choose not to sign this Authorization.

I certify that I have asked all questions and truly and accurately recorded the answers contained herein. To the best of my knowledge and belief, the insurance applied for is likely, or is not likely to replace or change existing insurance or annuities.

I hereby agree that: (1) all statements and answers in this application are complete and true, to the best of my knowledge and belief; and (2) no insurance will be effective until the policy is issued by the Company. I understand that if I have selected a Graded Death Benefit Plan, the benefit will be limited for an initial period and will remain level thereafter.

Signature of Soliciting Agent Agent No.
(Agent's signature not required if not sold through agent)

Signature of Proposed Insured

Signed at _____
 City State/ZIP Date

Signature of Owner (if other than Proposed Insured)

Please Print Agent Name Above

Agent E-Mail Address

Mail policy to: Agent Insured

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Supporting Document Schedules

| | Item Status: | Status Date: |
|---|--------------|--------------|
| Satisfied - Item: Flesch Certification | | |
| Comments: | | |
| Attachment: | | |
| Readability Certification APPL1-11.pdf | | |

| | Item Status: | Status Date: |
|--|--------------|--------------|
| Bypassed - Item: Application | | |
| Bypass Reason: Not application. | | |
| Comments: | | |

CERTIFICATE OF READABILITY

Form Number(s): APPL1-11

Flesch Test Score(s): 51.85

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

GUARANTEE TRUST LIFE INSURANCE COMPANY



Allan J. Heindl, FLMI, HIA, AIRC
Vice President – Product Approval & Compliance

Date: August 3, 2011