

SERFF Tracking Number: GRTT-128017422 State: Arkansas
Filing Company: Guarantee Trust Life Insurance Company State Tracking Number:
Company Tracking Number: AMHGTLHASARP
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit
Product Name: Heart Attack or Stroke - Platinum
Project Name/Number: GTL/AMHGTLHASARP

Filing at a Glance

Company: Guarantee Trust Life Insurance Company

Product Name: Heart Attack or Stroke - Platinum SERFF Tr Num: GRTT-128017422 State: Arkansas

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

Sub-TOI: H071.001 Critical Illness Co Tr Num: AMHGTLHASARP State Status: Approved-Closed
Filing Type: Form/Rate Reviewer(s): Donna Lambert

Author: Antoinette Hess Disposition Date: 01/25/2012

Date Submitted: 01/23/2012 Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date: 02/27/2012

State Filing Description:

General Information

Project Name: GTL

Project Number: AMHGTLHASARP

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 01/25/2012

State Status Changed: 01/25/2012

Created By: Antoinette Hess

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Antoinette Hess

Filing Description:

SUBMISSION

Amendment Rider – Form Number RAH11-3

(For Use With Heart Attack or Stroke Benefit Policy Form Number G1031AR – Approved 3/14/11)

Outline of Coverage – Form Number OCG1031P

Guarantee Trust Life Insurance Company is submitting the above-captioned forms and rates for the Department's review and approval.

The Amendment Rider being submitted is for use with a previously approved form. The Heart Attack or Stroke Benefit

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Policy and rates were approved on March 14, 2011 under SERFF File GRTT-126968742.

Please note the actuarial memorandum/rates being submitted reflect additional rates for ages 81-90 for the base form and all other riders approved under the SERFF File noted above.

Amendment Rider Form Number RA11-3

The purpose of this amendment rider is to expand the Eligibility of Dependents in the Cancer Benefit Policy Form G1031. In addition, language is also being added to the Hospital Confinement Benefit to avoid duplicate benefit payments.

The application that will be used for this policy is being submitted today under SERFF File Number GRTT-127928220.

In addition to the application, the Rider Form RG11PHSLS being filed under the same SERFF File Number will also be available with this policy. For informational purposes the rider is briefly described as follows:

Rider Form RG11PHSLS – Heart Attack or Stroke Lump Sum and Reoccurrence Benefit Rider

The rider will pay an indemnity benefit of \$1,000 per unit when a covered person is diagnosed with a Heart Attack or Stroke. This benefit is payable only once for each covered person. A reoccurrence benefit is available if 365 days have passed following payment of the indemnity benefit for heart attack or stroke, if a subsequent Heart Attack or Stroke occurs.

The outline of coverage being submitted includes all possible variables and summarizes the benefits available. The application which will be used for this product is also included with the filing.

The forms are subject to variations in formatting, duplexing, shading and fonts. 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 appreciates the Department's time and consideration in the review of this filing.

Company and Contact

Filing Contact Information

Toni Hess, Consultant
1275 milwaukee ave
glenview, IL 60025

toni.hess@hesscc.com
352-486-8405 [Phone]

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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: \$150.00
 Retaliatory? No
 Fee Explanation: \$50 - Rate
 100.00 - \$50 per form - 2 forms submitted
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Guarantee Trust Life Insurance Company	\$150.00	01/23/2012	55730614

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	01/25/2012	01/25/2012

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	Donna Lambert	01/24/2012	01/24/2012	Antoinette Hess	01/24/2012	01/24/2012

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Disposition

Disposition Date: 01/25/2012

Implementation Date: 02/27/2012

Status: Approved

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Guarantee Trust Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: *GRTT-128017422* State: *Arkansas*
 Filing Company: *Guarantee Trust Life Insurance Company* State Tracking Number:
 Company Tracking Number: *AMHGTLHASARP*
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 Product Name: *Heart Attack or Stroke - Platinum*
 Project Name/Number: *GTL/AMHGTLHASARP*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document (revised)	Outline of Coverage	Approved	Yes
Supporting Document	Outline of Coverage	Replaced	Yes
Form	Amendment Rider	Approved	Yes
Form	Outline of Coverage	Approved	Yes
Rate	Rate Pages	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 01/24/2012
Submitted Date 01/24/2012
Respond By Date 02/24/2012

Dear Toni Hess,

If the Outline of Coverage is a new or revised form, it should be attached to the Form Schedule tab for approval. The Outline of Coverage field under the Supporting Documentation tab is for previously approved forms.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

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Response Letter

Response Letter Status Submitted to State
 Response Letter Date 01/24/2012
 Submitted Date 01/24/2012

Dear Donna Lambert,

Comments:

This is in response to the objection of today, January 24, 2012.

Response 1

Comments: The outline of coverage has been removed from the Supporting Documentation tab and added under the Form Schedule tab.

Changed Items:

Supporting Document Schedule Item Changes

Bypassed -Name: Outline of Coverage

Comment:

Bypass Reason: The outline of coverage is new and being submitted under the Form Schedule tab.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Outline of Coverage	OCG1031 P		Outline of Coverage	Initial		45.200	OCG1031 P.pdf

No Rate/Rule Schedule items changed.

Thank you.

Sincerely,
 Antoinette Hess

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Form Schedule

Lead Form Number: RAH11-3

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 01/25/2012	RAH11-3	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		42.200	RAH11-3.pdf
Approved 01/25/2012	OCG1031P	Outline of Coverage	Outline of Coverage	Initial		45.200	OCG1031P.p df

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

AMENDMENT RIDER

EFFECTIVE DATE: _____

This Rider is made a part of Your Policy / Certificate as of the Effective Date shown above. If no date is shown, it is effective as of the Effective Date of the Policy / Certificate to which this Rider is attached.

The Policy / Certificate is hereby amended as follows:

- I. The provision titled “**ELIGIBILITY OF DEPENDENTS**” is deleted and replaced with:

ELIGIBILITY OF DEPENDENTS

You may apply to include Your Dependents for coverage under Your Policy / Certificate. A Dependent will become a Covered Person subject to:

1. Your written application for that Dependent to be added to Your Policy / Certificate; and
2. Except for Your newborn child, evidence satisfactory to Us of insurability and eligibility of the Dependent to be added; and
3. The payment of any required premium.

A Dependent is deemed to be acquired as follows:

Spouse: On the date of 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.

Your newborn child will be covered from the moment of birth without requiring a written application, subject to the applicable Newborn Addition provision shown below.

Individual Plan – Newborn Addition: If Your coverage is an Individual Plan (as shown on the Policy / Certificate Schedule), adding Your newborn child will require Us to convert coverage from an Individual Plan to a Family Plan. You must notify Us and pay the additional premium within 60 days of such birth in order for Us to continue coverage for the newborn child beyond the 60-day period. If timely notice is not received, We may refuse to continue coverage beyond the 60-day period.

Family Plan – Newborn Addition: If coverage is already a Family Plan, notice of the addition of Your newborn child is not required. In the event of the addition of a newborn child to a Family Plan where We have not been notified of the birth, We may require proof of eligibility at the time of claim. Failure to provide proof of eligibility as a Dependent, as defined in this Policy / Certificate, may result in a denial of a claim.

For any Dependent, except Your newborn child, added after the effective date of this Policy / Certificate, coverage will:

1. Become effective as of the next monthly premium due date following the date We approve the application for the Dependent; and
2. Be subject to this Policy’s / Certificate’s Waiting Period.

II. THE FOLLOWING CHANGE APPLIES ONLY TO A POLICY / CERTIFICATE THAT INCLUDES COVERAGE FOR INTENSIVE CARE.

The following benefit limitation is added to the *HOSPITAL CONFINEMENT BENEFIT* and *INTENSIVE CARE BENEFIT*:

In the event coverage under this Policy / Certificate includes benefits for Intensive Care, (including any Intensive Care coverage that is attached to and made part of this Policy / Certificate by Benefit Rider), and a Covered Person is Hospital Confined in an Intensive Care Unit or Step Down Unit, this Policy / Certificate will not pay multiple daily benefits for the same confinement. Daily benefits will be payable at the greater of the Hospital Confinement benefit amount, Intensive Care Unit Confinement benefit amount, OR the Step-Down Unit Confinement benefit amount.

This Rider is subject to all terms, provisions, limitations and exclusions of the Policy / Certificate except when specifically changed by this rider.”

Signed at Guarantee Trust Life Insurance Company in Glenview, Illinois by



President



Secretary

Licensed Resident Agent (If Required): _____

GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue
Glenview, Illinois 60025

SPECIFIED DISEASE COVERAGE

HEART ATTACK OR STROKE BENEFIT POLICY

THE POLICY PROVIDES LIMITED BENEFITS

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

OUTLINE OF COVERAGE

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.

BENEFIT ELIGIBILITY

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

1. Heart Attack or Stroke is First Diagnosed and treated after the Policy 's Waiting Period.
2. Heart Attack or Stroke is First Diagnosed and treated while insured under the Policy.
3. Loss due to First Diagnosed Heart Attack or Stroke is incurred while insured under the Policy; and
4. Loss is the result of a Heart Attack or Stroke covered by the 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 - This is the number of days after the Covered Person's Effective date, before we will pay benefits for loss due to a Heart Attack or Stroke. The waiting period, if any, will be shown on the policy schedule page. If the First Diagnosis of a Heart Attack or 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 BENEFITS

Subject to the policy waiting period, definitions, limitations, exclusions and other provisions of the policy, we will pay the following benefits, dependent upon the benefit[s] [plan] selected, for the loss resulting from a first diagnosis of a heart attack or stroke. [The benefit amounts are per unit.]

[Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]

[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18]

Hospital Confinement pays a daily indemnity benefit for each day of hospital confinement due to a Heart Attack or Stroke.

Days 1 through 90 – Benefit Amount: \$[125,250,375,500,625,750,875,1000,1125,1250,1375,1500,1625,1750,1875, 2000, 2125, 2250]

Days 91+ – Benefit Amount: \$[250,500,750,1000,1250,1500,1750,2000,2250,2500,2750,3000,3250,3500,3750, 4000, 4250, 4500]

HEART ATTACK OR STROKE BENEFITS (Continued)

Hospice Care pays a daily indemnity benefit for each day care/services are received by or through Hospice due to a Heart Attack or Stroke.

Days 1 through 90 – Benefit Amount: \$[62.50, 125, 187.50, 250, 312.50, 375, 437.50, 500, 562.50, 625, 687.50, 750, 812.50, 875, 937.50, 1000, 1062.50, 1125]

Days 91 through 180 – Benefit Amount: \$ [125, 250, 375, 500, 625, 750, 875, 1000, 1125, 1250, 1375, 1500, 1625, 1750, 1875, 2000, 2125, 2250]

Diagnostic Testing pays an indemnity benefit for diagnostic x-rays and laboratory tests involved with a positive diagnosis of a Heart Attack or Stroke.

Benefit Amount: \$[250, 500, 750, 1000, 1250, 1500, 1750, 2000, 2250, 2500, 2750, 3000, 3250, 3500, 3750, 4000, 4250, 4500]

Drugs and Medicines pays an indemnity benefit for drugs and medicines administered as the direct result of a Heart Attack or Stroke when confined as an inpatient in a hospital.

Benefit Amount: \$[50, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550, 600, 650, 700, 750, 800, 850, 900]

Attending Doctor pays an indemnity benefit for the services while confined in a hospital as the direct result of a Heart Attack or Stroke.

Benefit Amount: \$[25, 50, 75, 100, 125, 150, 175, 200, 225, 250, 275, 300, 325, 350, 375, 400, 425, 450]

Screening Benefit pays an indemnity benefit for a physician visit in which diagnostic testing is performed to screen for a Heart or circulatory system diseases or disorders. Limited to one payment per calendar year.

Benefit Amount: \$[50, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550, 600, 650, 700, 750, 800, 850, 900]

Private Nurse pays an indemnity benefit for full-time services of a Private Nurse while hospital confined as an inpatient as the direct result of a Heart Attack or Stroke, other than those nursing services provided by hospital.

Benefit Amount: \$250 per day

Ambulance Benefit pays an indemnity benefit 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 4 times per year for surface ambulance and one time per year for air ambulance.

Surface Ambulance Benefit Amount: Up to \$250 per trip

Air Ambulance Benefit Amount: Up to \$1500 per trip

Skilled Nursing Benefit pays an indemnity benefit for confinement in a skilled nursing facility which begins within 14 days of discharge from a hospital as a direct result of a Heart Attack or Stroke.

Benefit Amount: \$250 per day

Transportation Benefit pays 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.

Round Trip Coach Fare Benefit Amount: Up to \$2,000.

Private Vehicle Ground Trip Benefit Amount: 60¢ per mile up to \$2,000.

Lodging Benefit pays an indemnity benefit per day for lodging expense incurred by a Covered Person or adult traveling companion while you are receiving treatment that is more than 50 miles from your home.

Benefit Amount: \$100 per day

Annual Check-Up Benefit pays an indemnity benefit for annual check-ups after a positive diagnosis for Heart Attack or Stroke per calendar year – limited to five times.

Benefit Amount: \$[125, 250, 375, 500, 625, 750, 875, 1000, 1125, 1250, 1375, 1500, 1625, 1750, 1875, 2000, 2125, 2250]

Heart Transplant Benefit pays an indemnity benefit for a human heart transplant.

Benefit Amount: \$[6250, 12,500, 18,750, 25,000, 31,250, 37,500, 43,750, 50,000, 56,250, 62,500, 68,750, 75,000, 81,250, 87,500, 93,750, 100,000, 106,250, 112,500]

Transfusion Benefit pays an indemnity benefit per day for blood/plasma/platelets/transfusions, including administration as a result of a Heart Attack or Stroke.

Benefit Amount: \$[75, 150, 225, 300, 375, 450, 525, 600, 675, 750, 825, 900, 975, 1050, 1125, 1200, 1275, 1350]

Waiver of Premium Benefit – Premium payments will not be required if the insured is 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 continuous days.]

Optional Riders Available(Continued)

[Heart Attack or Stroke Lump Sum and Reoccurrence Benefit Rider

This rider pays a benefit when an insured is diagnosed as having a Heart Attack or Stroke. It is payable once per covered person. A reoccurrence benefit is available after the insured is cancer free for a period of 365 days. The lump sum payable varies with the year of the reoccurrence. A benefit is also available for Coronary Angioplasty or a Coronary Bypass.

[Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]

[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 20, 25, 30]

Benefit Amount: \$[1000, 2000, 3000, 4000, 5000, 6000, 7000, 8000, 9000, 10,000, 11,000, 12,000, 13,000, 14,000, 15,000, 20,000, 25,000, 30,000]

Benefit Amount: Coronary Angioplasty or Bypass \$[100, 200, 300, 400, 500, 600, 700, 800, 900, 1000, 1100, 1200, 1300, 1400, 1500, 2000, 2500, 3000]

[Heart Attack or Stroke Surgical Procedures Benefit Rider

This rider provides benefits for inpatient or outpatient surgery performed due to a Heart Attack or Stroke. The benefit amount is per the surgical schedule up to a maximum per surgery. An Anesthesia Benefit and a benefit for Second & Third Surgical Opinions are also available.

[Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]

[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18]

Benefit Amount: Surgical Procedure Up to Maximum on Surgical Schedule – see actual rider for schedule.

[\$3750, 7500, 11,250, 15,000, 18,750, 22,500, 26,250, 30,000, 33,750, 37,500, 41,250, 45,000, 48,750, 52,500, 56,250, 60,000, 63,750, 67,500]

Benefit Amount: Anesthesia 30% of Surgical Procedure \$[1125, 2250, 3375, 4500, 5625, 6750, 7875, 9000, 10,125, 11,250, 12,375, 13,500, 14,625, 15,750, 16,875, 18,000, 19,125, 20, 250]

Benefit Amount: Second and Third Surgical Opinion \$300]

[Intensive Care Benefit Rider

This rider pays a benefit 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.

Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]

[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18]

Benefit Amount: Intensive Care Unit \$[150, 300, 450, 600, 750, 900, 1050, 1200, 1350, 1500, 1650, 1800, 1950, 2100, 2250, 2400, 2550, 2700]

Benefit Amount: Step Down Unit \$[75, 150, 225, 300, 375, 450, 525, 600, 675, 750, 825, 900, 975, 1050, 1125, 1200, 1275, 1350]

[Therapy and Wellness Benefit Rider

This rider pays an indemnity per unit for specified tests. Also included are benefits for educational services, mental health, healthy lifestyles and alternative care.

[Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]

[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18]

Benefit Amount: Health & Wellness Once Per Year \$[50, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550, 600, 650, 700, 750, 800, 850, 900]

Benefit Amount: Educational Services Twelve Sessions Per Year \$[50, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550, 600, 650, 700, 750, 800, 850, 900]

Benefit Amount: Hearing, Occupational, Physical & Speech Therapies \$[25, 50, 75, 100, 125, 150, 175, 200, 225, 250, 275, 300, 325, 350, 375, 400, 425, 450]

Benefit Amount: Mental Health Benefit Five Sessions Per Year \$[50, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550, 600, 650, 700, 750, 800, 850, 900]

Benefit Amount: Health Lifestyle Benefit Once Per Year \$[25, 50, 75, 100, 125, 150, 175, 200, 225, 250, 275, 300, 325, 350, 375, 400, 425, 450]

Alternative Care Benefit

Benefit Amount: Integrative Assessment & Education One Time Benefit \$[75, 150, 225, 300, 375, 450, 525, 600, 675, 750, 825, 900, 975, 1050, 1125, 1200, 1275, 1350]

Benefit Amount: Ameliorative Twenty Visits Per Year\$[25, 50, 75, 100, 125, 150, 175, 200, 225, 250, 275, 300, 325, 350, 375, 400, 425, 450]

Benefit Amount: Lifestyle – Twenty Visits Per Year \$[25, 50, 75, 100, 125, 150, 175, 200, 225, 250, 275, 300, 325, 350, 375, 400, 425, 450]

Optional Riders Available(Continued)

[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.]

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 Cancer, 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 Cancer, 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.

SERFF Tracking Number: GRTT-128017422 State: Arkansas
 Filing Company: Guarantee Trust Life Insurance Company State Tracking Number:
 Company Tracking Number: AMHGTLHASARP
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: Heart Attack or Stroke - Platinum
 Project Name/Number: GTL/AMHGTLHASARP

Rate Information

Rate data applies to filing.

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

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Guarantee Trust Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: GRTT-128017422 State: Arkansas
 Filing Company: Guarantee Trust Life Insurance Company State Tracking Number:
 Company Tracking Number: AMHGTLHASARP
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
 Limited Benefit
 Product Name: Heart Attack or Stroke - Platinum
 Project Name/Number: GTL/AMHGTLHASARP

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved 01/25/2012	Rate Pages	G1031AR, RG11PCLS, RG10HSSB, RG10CTW, RG10IC, RG10ROPD, RG10ROP15, RG10ROP20, RG10ROP25	New		GTL HAS Rates 50% LR.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
81-90	172.12	293.25	126.88	216.15	111.26	189.56	95.62	162.91	91.80	156.39	
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
81-90	121.58	207.10	89.61	152.65	78.58	133.85	67.54	115.06	64.85	110.45	

* Annual 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 <i>Form Number RG10IC</i>	0-49	10.74	21.37
	50-59	16.12	28.57
	60-69	24.02	41.95
	70-80	35.62	61.73
	81-90	41.23	71.29
Therapy and Wellness Benefit Rider <i>Form Number RG10CTW</i>	0-49	19.87	35.48
	50-59	21.30	36.47
	60-69	23.87	40.66
	70-80	29.84	50.71
	81-90	34.54	58.56

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>
Heart Attack or Stroke Lump Sum Benefit Rider <i>Form Number RG11PHSL</i>	0-39	4.50	8.00
	40-49	7.00	12.00
	50-54	11.50	19.50
	55-59	15.00	25.50
	60-64	18.50	31.00
	65-69	21.50	36.50
	70-80	29.00	48.50
81-90	34.00	57.00	

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

* 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>
0-79	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-128017422 State: Arkansas
 Filing Company: Guarantee Trust Life Insurance Company State Tracking Number:
 Company Tracking Number: AMHGTLHASARP
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
 Limited Benefit
 Product Name: Heart Attack or Stroke - Platinum
 Project Name/Number: GTL/AMHGTLHASARP

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved	01/25/2012
Comments:		
Attachments:		
GTL HAS Arkansas Rule Reg 19.pdf		
GTL HAS Arkansas Rule Reg 49.pdf		
HAS RAH11 3 Readability 01192012.pdf		
GTL CONSUMER NOTICE.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved	01/25/2012
Comments:		
Application Form Number APPH7-11 has been submitted under SERFF File GRTT-127928220 for review and approval. This application will be used with this form once it is approved.		

	Item Status:	Status Date:
Satisfied - Item: Health - Actuarial Justification	Approved	01/25/2012
Comments:		
Attachment:		
GTL HAS GN AJ_rev2.pdf		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved	01/25/2012
Bypass Reason: The outline of coverage is new and being submitted under the Form Schedule tab.		
Comments:		
Attachment:		
OCG1031P.pdf		

Arkansas

Rule and Regulation 19 Certification

Form Number(s)	Type and/or Title of Form(s)
RAH11-3	Amendment Rider
OCG1031P	Outline of Coverage

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.

**Antoinette
M. Hess**

 Digitally signed by Antoinette M. Hess
DN: cn=Antoinette M. Hess, o, ou,
email=toni.hess@hesscc.com, c=US
Date: 2012.01.23 21:59:33 -05'00'

Signature

Antoinette M. Hess

Name

Compliance Consultant

Title

Arkansas

Rule and Regulation 49 Certification

**Form
Number(s)** **Type and/or Title of Form(s)**

RAH11-3 **Amendment Rider**
OCG1031P **Outline of Coverage**

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

Antoinette
M. Hess
Signature



Digitally signed by Antoinette M. Hess
DN: cn=Antoinette M. Hess, o, ou,
email=toni.hess@hesscc.com, c=US
Date: 2012.01.23 22:02:06 -05'00'

Antoinette M. Hess

Name

Compliance Consultant

Title

READABILITY COMPLIANCE CERTIFICATION

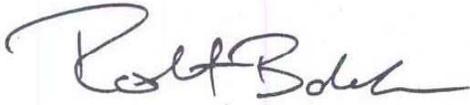
**Guarantee Trust Life Insurance Company
1275 Milwaukee Avenue
Glenview, Illinois 60025**

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
RAH11-3	Amendment Rider	42.2
OCG1031P	Outline of Coverage	45.2

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

Robert Baluk

Name

General Counsel

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

THE POLICY PROVIDES LIMITED BENEFITS

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

OUTLINE OF COVERAGE

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.

BENEFIT ELIGIBILITY

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

1. Heart Attack or Stroke is First Diagnosed and treated after the Policy's Waiting Period.
2. Heart Attack or Stroke is First Diagnosed and treated while insured under the Policy.
3. Loss due to First Diagnosed Heart Attack or Stroke is incurred while insured under the Policy; and
4. Loss is the result of a Heart Attack or Stroke covered by the 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 - This is the number of days after the Covered Person's Effective date, before we will pay benefits for loss due to a Heart Attack or Stroke. The waiting period, if any, will be shown on the policy schedule page. If the First Diagnosis of a Heart Attack or 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 BENEFITS

Subject to the policy waiting period, definitions, limitations, exclusions and other provisions of the policy, we will pay the following benefits, dependent upon the benefit[s] [plan] selected, for the loss resulting from a first diagnosis of a heart attack or stroke. [The benefit amounts are per unit.]

[Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]

[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18]

Hospital Confinement pays a daily indemnity benefit for each day of hospital confinement due to a Heart Attack or Stroke.

Days 1 through 90 – Benefit Amount: \$[125,250,375,500,625,750,875,1000,1125,1250,1375,1500,1625,1750,1875, 2000, 2125, 2250]

Days 91+ – Benefit Amount: \$[250,500,750,1000,1250,1500,1750,2000,2250,2500,2750,3000,3250,3500,3750, 4000, 4250, 4500]

HEART ATTACK OR STROKE BENEFITS (Continued)

Hospice Care pays a daily indemnity benefit for each day care/services are received by or through Hospice due to a Heart Attack or Stroke.

Days 1 through 90 – Benefit Amount: \$[62.50, 125, 187.50, 250, 312.50, 375, 437.50, 500, 562.50, 625, 687.50, 750, 812.50, 875, 937.50, 1000, 1062.50, 1125]

Days 91 through 180 – Benefit Amount: \$ [125, 250, 375, 500, 625, 750, 875, 1000, 1125, 1250, 1375, 1500, 1625, 1750, 1875, 2000, 2125, 2250]

Diagnostic Testing pays an indemnity benefit for diagnostic x-rays and laboratory tests involved with a positive diagnosis of a Heart Attack or Stroke.

Benefit Amount: \$[250, 500, 750, 1000, 1250, 1500, 1750, 2000, 2250, 2500, 2750, 3000, 3250, 3500, 3750, 4000, 4250, 4500]

Drugs and Medicines pays an indemnity benefit for drugs and medicines administered as the direct result of a Heart Attack or Stroke when confined as an inpatient in a hospital.

Benefit Amount: \$[50, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550, 600, 650, 700, 750, 800, 850, 900]

Attending Doctor pays an indemnity benefit for the services while confined in a hospital as the direct result of a Heart Attack or Stroke.

Benefit Amount: \$[25, 50, 75, 100, 125, 150, 175, 200, 225, 250, 275, 300, 325, 350, 375, 400, 425, 450]

Screening Benefit pays an indemnity benefit for a physician visit in which diagnostic testing is performed to screen for a Heart or circulatory system diseases or disorders. Limited to one payment per calendar year.

Benefit Amount: \$[50, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550, 600, 650, 700, 750, 800, 850, 900]

Private Nurse pays an indemnity benefit for full-time services of a Private Nurse while hospital confined as an inpatient as the direct result of a Heart Attack or Stroke, other than those nursing services provided by hospital.

Benefit Amount: \$250 per day

Ambulance Benefit pays an indemnity benefit 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 4 times per year for surface ambulance and one time per year for air ambulance.

Surface Ambulance Benefit Amount: Up to \$250 per trip

Air Ambulance Benefit Amount: Up to \$1500 per trip

Skilled Nursing Benefit pays an indemnity benefit for confinement in a skilled nursing facility which begins within 14 days of discharge from a hospital as a direct result of a Heart Attack or Stroke.

Benefit Amount: \$250 per day

Transportation Benefit pays 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.

Round Trip Coach Fare Benefit Amount: Up to \$2,000.

Private Vehicle Ground Trip Benefit Amount: 60¢ per mile up to \$2,000.

Lodging Benefit pays an indemnity benefit per day for lodging expense incurred by a Covered Person or adult traveling companion while you are receiving treatment that is more than 50 miles from your home.

Benefit Amount: \$100 per day

Annual Check-Up Benefit pays an indemnity benefit for annual check-ups after a positive diagnosis for Heart Attack or Stroke per calendar year – limited to five times.

Benefit Amount: \$[125, 250, 375, 500, 625, 750, 875, 1000, 1125, 1250, 1375, 1500, 1625, 1750, 1875, 2000, 2125, 2250]

Heart Transplant Benefit pays an indemnity benefit for a human heart transplant.

Benefit Amount: \$[6250, 12,500, 18,750, 25,000, 31,250, 37,500, 43,750, 50,000, 56,250, 62,500, 68,750, 75,000, 81,250, 87,500, 93,750, 100,000, 106,250, 112,500]

Transfusion Benefit pays an indemnity benefit per day for blood/plasma/platelets/transfusions, including administration as a result of a Heart Attack or Stroke.

Benefit Amount: \$[75, 150, 225, 300, 375, 450, 525, 600, 675, 750, 825, 900, 975, 1050, 1125, 1200, 1275, 1350]

Waiver of Premium Benefit – Premium payments will not be required if the insured is 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 continuous days.]

Optional Riders Available(Continued)

[Heart Attack or Stroke Lump Sum and Reoccurrence Benefit Rider

This rider pays a benefit when an insured is diagnosed as having a Heart Attack or Stroke. It is payable once per covered person. A reoccurrence benefit is available after the insured is cancer free for a period of 365 days. The lump sum payable varies with the year of the reoccurrence. A benefit is also available for Coronary Angioplasty or a Coronary Bypass.

[Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]

[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 20, 25, 30]

Benefit Amount: \$[1000, 2000, 3000, 4000, 5000, 6000, 7000, 8000, 9000, 10,000, 11,000, 12,000, 13,000, 14,000, 15,000, 20,000, 25,000, 30,000]

Benefit Amount: Coronary Angioplasty or Bypass \$[100, 200, 300, 400, 500, 600, 700, 800, 900, 1000, 1100, 1200, 1300, 1400, 1500, 2000, 2500, 3000]

[Heart Attack or Stroke Surgical Procedures Benefit Rider

This rider provides benefits for inpatient or outpatient surgery performed due to a Heart Attack or Stroke. The benefit amount is per the surgical schedule up to a maximum per surgery. An Anesthesia Benefit and a benefit for Second & Third Surgical Opinions are also available.

[Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]

[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18]

Benefit Amount: Surgical Procedure Up to Maximum on Surgical Schedule – see actual rider for schedule.

[\$3750, 7500, 11,250, 15,000, 18,750, 22,500, 26,250, 30,000, 33,750, 37,500, 41,250, 45,000, 48,750, 52,500, 56,250, 60,000, 63,750, 67,500]

Benefit Amount: Anesthesia 30% of Surgical Procedure \$[1125, 2250, 3375, 4500, 5625, 6750, 7875, 9000, 10,125, 11,250, 12,375, 13,500, 14,625, 15,750, 16,875, 18,000, 19,125, 20, 250]

Benefit Amount: Second and Third Surgical Opinion \$300]

[Intensive Care Benefit Rider

This rider pays a benefit 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.

Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]

[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18]

Benefit Amount: Intensive Care Unit \$[150, 300, 450, 600, 750, 900, 1050, 1200, 1350, 1500, 1650, 1800, 1950, 2100, 2250, 2400, 2550, 2700]

Benefit Amount: Step Down Unit \$[75, 150, 225, 300, 375, 450, 525, 600, 675, 750, 825, 900, 975, 1050, 1125, 1200, 1275, 1350]

[Therapy and Wellness Benefit Rider

This rider pays an indemnity per unit for specified tests. Also included are benefits for educational services, mental health, healthy lifestyles and alternative care.

[Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]

[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18]

Benefit Amount: Health & Wellness Once Per Year \$[50, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550, 600, 650, 700, 750, 800, 850, 900]

Benefit Amount: Educational Services Twelve Sessions Per Year \$[50, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550, 600, 650, 700, 750, 800, 850, 900]

Benefit Amount: Hearing, Occupational, Physical & Speech Therapies \$[25, 50, 75, 100, 125, 150, 175, 200, 225, 250, 275, 300, 325, 350, 375, 400, 425, 450]

Benefit Amount: Mental Health Benefit Five Sessions Per Year \$[50, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550, 600, 650, 700, 750, 800, 850, 900]

Benefit Amount: Health Lifestyle Benefit Once Per Year \$[25, 50, 75, 100, 125, 150, 175, 200, 225, 250, 275, 300, 325, 350, 375, 400, 425, 450]

Alternative Care Benefit

Benefit Amount: Integrative Assessment & Education One Time Benefit \$[75, 150, 225, 300, 375, 450, 525, 600, 675, 750, 825, 900, 975, 1050, 1125, 1200, 1275, 1350]

Benefit Amount: Ameliorative Twenty Visits Per Year\$[25, 50, 75, 100, 125, 150, 175, 200, 225, 250, 275, 300, 325, 350, 375, 400, 425, 450]

Benefit Amount: Lifestyle – Twenty Visits Per Year \$[25, 50, 75, 100, 125, 150, 175, 200, 225, 250, 275, 300, 325, 350, 375, 400, 425, 450]

Optional Riders Available(Continued)

[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.]

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 Cancer, 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 Cancer, 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.

SERFF Tracking Number: *GRTT-128017422* State: *Arkansas*
 Filing Company: *Guarantee Trust Life Insurance Company* State Tracking Number:
 Company Tracking Number: *AMHGTLHASARP*
 TOI: *H071 Individual Health - Specified Disease - Limited Benefit* Sub-TOI: *H071.001 Critical Illness*
 Product Name: *Heart Attack or Stroke - Platinum*
 Project Name/Number: *GTL/AMHGTLHASARP*

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)
01/23/2012		Supporting Outline of Coverage Document	01/24/2012	OCG1031P.pdf