

SERFF Tracking Number: GRTT-128411678 State: Arkansas
Filing Company: Guarantee Trust Life Insurance Company State Tracking Number:
Company Tracking Number: GTLPLTNMCANCER_AR
TOI: H07I Individual Health - Specified Disease - Sub-TOI: H07I.001 Critical Illness
Limited Benefit
Product Name: Platinum Cancer Rate Filing
Project Name/Number: /

Filing at a Glance

Company: Guarantee Trust Life Insurance Company

Product Name: Platinum Cancer Rate Filing SERFF Tr Num: GRTT-128411678 State: Arkansas

TOI: H07I Individual Health - Specified Disease SERFF Status: Closed-Approved- State Tr Num:

- Limited Benefit Closed

Sub-TOI: H07I.001 Critical Illness

Co Tr Num:

State Status: Approved-Closed

GTLPLTNMCANCER_AR

Filing Type: Rate

Reviewer(s): Rosalind Minor

Author: Linda David

Disposition Date: 06/08/2012

Date Submitted: 05/25/2012

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

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: 06/08/2012

State Status Changed: 06/08/2012

Deemer Date:

Created By: Linda David

Submitted By: Linda David

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to revise the rates to modify premium modal factor relations.

State Narrative:

Company and Contact

Filing Contact Information

Linda David, Product Analyst

1275 MILWAUKEE AVE

847-904-5639 [Phone]

SERFF Tracking Number: GRIT-128411678 State: Arkansas
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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? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Guarantee Trust Life Insurance Company	\$50.00	05/25/2012	59437568

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/08/2012	06/08/2012

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	Rosalind Minor	05/31/2012	05/31/2012	Linda David	06/07/2012	06/07/2012

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Disposition

Disposition Date: 06/08/2012

Implementation Date:

Status: Approved-Closed

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	%	%	\$		\$	%	%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/31/2012
Submitted Date 05/31/2012

Respond By Date

Dear Linda David,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

I need further explanation as to the percentage of change on modal factors. I could not tell from the actuarial memorandum what factors were changing.

On the attachments for the actuarial memorandum, the name of the attachment includes 50%. Is there a 50% increase in the modal factors? If so, how is the increase justified? What constitutes the 50% increase?

Thank you for your cooperation in this matter.

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,

Rosalind Minor

SERFF Tracking Number: GRTT-128411678 State: Arkansas
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Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/07/2012
Submitted Date 06/07/2012

Dear Rosalind Minor,

Comments:

This is in response to your objection dated 5/31.

Response 1

Comments: The "50%" used within the filename that you mention has nothing to do with any increase to the premium rate structure under this filing. The modal change described within this filing is intended to be rate-neutral. The reference to "50%" merely relates to the minimum loss ratio requirement for this product in Arkansas.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

I need further explanation as to the percentage of change on modal factors. I could not tell from the actuarial memorandum what factors were changing.

On the attachments for the actuarial memorandum, the name of the attachment includes 50%. Is there a 50% increase in the modal factors? If so, how is the increase justified? What constitutes the 50% increase?

Thank you for your cooperation in this matter.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

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No Rate/Rule Schedule items changed.

Thank you for your attention to this filing.

Linda David

Sincerely,
Linda David

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Rate Information

Rate data applies to filing.

Filing Method: serff
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision: 01/01/2012
Filing Method of Last Filing: serff

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	%	%				%	%

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Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: Health - Actuarial Justification	Approved-Closed	Date: 06/08/2012
Comments:		
Attachments:		
Actuaril Memo_50%_G1030.pdf		
Actuaril Memo_50%_G1031.pdf		

**ACTUARIAL JUSTIFICATION OF PREMIUM RATES
GUARANTEE TRUST LIFE INSURANCE COMPANY
Individual Cancer Product**

Cancer Benefit Policy Form Number G1030 and Riders

1. SCOPE AND PURPOSE OF FILING

The purpose of this filing is to revise the rates to modify premium modal factor relations.

2. DESCRIPTION OF BENEFITS

BASE POLICY - Cancer Benefit Policy - Per Unit (G1030)

Hospital Confinement Benefit

Pays the following daily indemnity benefit per unit for hospital confinement due to a Cancer.

<u>Days of Confinement</u>	<u>Benefit Amount*</u>
1-90	\$125
91+	\$250

* Where a benefit would be covered under this provision and an intensive care benefit provision, we would pay the higher of the two benefit amounts.

Hospice Care Benefit

Pays an indemnity benefit of 50% of the Hospital Confinement Benefit per unit while the Covered Person is receiving care provided by or through a Hospice as a direct result of Cancer. You must be diagnosed as Terminally Ill and no longer be receiving Definitive Treatment for Cancer. The maximum benefit period for this benefit is 6 months.

We will pay for each day a Covered Person:

1. receives Hospice services at your home;
2. uses the services of a Hospice on an outpatient basis under the direction of a Hospice; or
3. visits or are confined to a Hospice for treatment or services.

Diagnostic Testing Benefit

Pays an indemnity benefit of \$250* per unit for diagnostic X-rays and laboratory tests involved with a positive diagnosis of a new Cancer.

* Where a benefit would be covered under this provision and a cancer surgical procedures benefit provision, we would pay the higher of the two benefit amounts.

Drugs and Medicines Benefit

Pays an indemnity benefit of \$50 per unit for drugs and medicines administered to the Covered Person as the direct result of Cancer. Such drugs and medicines, at the time of administration, must be approved by the U.S. Food and Drug Administration.

Benefits for drugs and medicines are limited to: (1) the number of days the Covered Person is confined as an inpatient in a Hospital; and (2) the amount of charges incurred each day for such drugs and medicines.

Attending Doctor Benefit

Pays an indemnity benefit of \$25 per unit if the Covered Person uses the services of an attending Doctor while confined as an inpatient in a Hospital as the direct result of Cancer. An attending Doctor is a Doctor, other than the surgeon, who provides services for the Covered Person while Hospital confined and charges for those services.

Screening Benefit

Pays \$50 per unit per insured per year for a physician visit in which diagnostic testing is performed to screen for Cancer.

Private Nurse Benefit

Pays an indemnity benefit of \$250 if the Covered Person uses the full-time services of a Private Nurse while confined as an inpatient in a Hospital as the direct result of Cancer. Full-time means at least eight hours attendance during any 24-hour period. These services must be required and authorized by the Covered Person's Doctor for the treatment of Cancer. Nursing services must be other than those regularly furnished by the Hospital.

**ACTUARIAL JUSTIFICATION OF PREMIUM RATES
GUARANTEE TRUST LIFE INSURANCE COMPANY
Individual Cancer Product**

Cancer Benefit Policy Form Number G1030 and Riders

Ambulance Benefit

Pays an indemnity benefit of \$250 if a licensed surface ambulance, or an indemnity benefit of \$1,500 if an air ambulance service transports the Covered Person to or from a Hospital to which the Covered Person is confined as an inpatient as the direct result of Cancer. Surface ambulance benefits are limited to 4 times per year. Air ambulance is limited to 1 time per year.

Skilled Nursing Facility Benefit

Pays an indemnity benefit of \$250 for confinement to a Skilled Nursing Facility due to Cancer. Such confinement must occur within fourteen (14) days after being discharged from a Hospital as a direct result of Cancer.

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.

Transportation Benefit

Pays usual and customary charges for coach fare by common carrier for round trip transportation (air, rail or bus), for a covered person and their adult companion, to a treatment facility that is fifty miles or more from the insured's home so a covered person may receive treatment for Cancer, limited to a maximum of \$2,000 per person per round trip. This will pay 60 cents per mile when transportation is by private vehicle, limited to a maximum of \$2,000 per round trip. This benefit is only payable for treatments within the United States. This benefit includes payment for travel related to physician's office visits.

Lodging Benefit

Pays an indemnity benefit of \$100 per day for lodging for each day a covered person is receiving treatment for Cancer at a hospital or medical facility more than fifty miles from the covered persons residence. This benefit is payable for either the covered person or an adult companion traveling with them. This benefit is only payable on the day treatment is being received and is limited to 120 days per covered person per calendar year.

Experimental Treatment Benefit

Pays an indemnity benefit of \$2,500 per unit for experimental treatment received in the United States for Cancer. Experimental treatment means (a) drugs or chemical substances approved by the United States Food and Drug Administration for experimental use in treatment of human Cancer; and (b) surgery or therapy endorsed by either the National Cancer Institute or the American Cancer Society for experimental studies.

Included but not limited to in this definition are:

1. chemotherapy or Immunotherapy using experimental drugs or chemicals;
2. hypothermia;
3. treatment with Interferon;
4. atomic Particle Therapy

Benefits payable for Experimental Treatment under this provision will not be Covered Charges under any other Policy provision.

Annual Check-Up Benefit

Pays an indemnity benefit of 50% of the Diagnostic Testing Benefit per calendar year for annual check-ups after a positive diagnosis of Internal Cancer. This benefit is payable a maximum of five times.

Waiver of Premium Benefit

Premium payments will not be required if the Primary Insured is:

1. diagnosed as having Cancer after the Waiting Period and while covered under this Policy; and
2. disabled due to Cancer for more than 90 consecutive days.

**ACTUARIAL JUSTIFICATION OF PREMIUM RATES
GUARANTEE TRUST LIFE INSURANCE COMPANY
Individual Cancer Product**

Cancer Benefit Policy Form Number G1030 and Riders

RIDERS

Cancer Lump Sum Benefit Rider - Per Unit (RG11PCLS)

Lump Sum Benefit

Pays an indemnity benefit of \$1000 per unit when a Covered Person is diagnosed as having Internal Cancer or Cancer in Situ. This benefit is payable only once for each Covered Person. Separate benefits are payable for the diagnosis of internal cancer and cancer in situ. This benefit is not payable for Skin Cancer.

Re-occurrence Benefit

Re-occurrence of cancer whether it is a previously diagnosed cancer or newly diagnosed cancer is covered provided that the insured has been cancer free and did not have treatment for cancer during the 365 days prior to the subsequent diagnosis of cancer. The lump sum benefit payable varies with the year of re-occurrence as follows:

<u>Number of Full Years Elapsed</u>	<u>% of First Diagnosis Benefit</u>
Less than 1	0%
1	10%
2-3	25%
4	50%
5+	100%

Cancer Radiation and Chemotherapy Benefit Rider - Per Unit (RG10CR)

Radiation and Chemotherapy Benefit

Pays the following indemnity benefits for radiation and chemotherapy treatments that are prescribed for the treatment of Cancer or an Associated Cancerous Condition:

Chemotherapy		
	Injected	\$100 per day When administered by a pump the benefit only pays on the date the pump started being used and each refill.
	Oral	\$100 per month for up to 3 different Oral Chemotherapy Medicines. Payable for up to 36 months. Topical chemotherapy will be treated as an Oral Chemotherapy.
Radiation		\$100 per day

Anti-Nausea Drug Benefit

Pays \$50 per unit per month for anti-nausea drugs that are prescribed while receiving Radiation and Chemotherapy benefits or Experimental Treatment benefits. This benefit is limited to once per calendar month. This benefit is not payable for Over The Counter medications.

Immunotherapy Benefit

Pays \$125 per unit per month for prescribed immunotherapy as part of a treatment regimen for Internal Cancer. This benefit is limited to once per calendar month when immunotherapy is administered. This benefit has a lifetime maximum of \$2,500.

Supportive Drug Benefit

Pays \$25 per unit per month for supportive or protective care drugs that are given in connection or conjunction with injected chemotherapy. This benefit is not payable for anti-nausea or immunotherapy

Transfusion Benefit

Pays an indemnity benefit of \$75 per unit per day when a covered person receives blood/plasma/platelets transfusions, including administration, for the treatment of Internal Cancer. This benefit does not pay for immunoglobulins, immunotherapy, anti-hemophilia factors or colony stimulating factors. This benefit does not pay for processing tests.

**ACTUARIAL JUSTIFICATION OF PREMIUM RATES
GUARANTEE TRUST LIFE INSURANCE COMPANY
Individual Cancer Product**

Cancer Benefit Policy Form Number G1030 and Riders

Cancer Surgical Procedures Benefit Rider - Per Unit (RG10CSB)

Surgical Procedure Benefit

Pays an indemnity benefit per unit for inpatient or outpatient surgery performed (including breast reconstruction) on a Covered Person by a Doctor due to first diagnosed Cancer. Surgical Schedule based up to \$3,750 per unit max surgery.

If the Covered Person has more than one surgical procedure performed at the same time through the same incision, we will only pay for the one surgical procedure performed for which the largest benefit amount shown in the Policy Surgical Schedule is payable.

Anesthesia Benefit

We will pay an amount equal to 30% of the Surgical Procedure Benefit for the surgical procedure performed during which blood and/or anesthesia was administered.

If blood and/or anesthesia is administered during a covered surgical procedure that is not listed in the Policy Surgical Schedule, we will pay an Anesthesia Benefit amount equal to 30% of the amount we pay for such surgery.

Second and Third Surgical Opinion Benefit

Pays an indemnity benefit of \$300 for a second surgical opinion if recommended due to the positive diagnosis of Cancer and the Covered Person chooses to obtain the opinion of a second Doctor. If the second opinion fails to confirm the need for surgery, We will pay for a third Doctor's opinion. The Covered Person is not required to obtain a second or third opinion in order to qualify for the surgical or other benefits under this Policy. Second or third opinions, if needed, must be rendered before surgery is performed. This benefit is not payable for skin cancer diagnosis. The benefit amount is the same regardless of the number of units purchased.

Skin Cancer Benefit

Pays an indemnity benefit of \$150 per unit for surgery needed for the Definitive Treatment of skin cancer.

Prosthesis Benefit

Pays an indemnity benefit of \$1,250 per unit for surgically implanted prosthetic devices needed by the Covered Person as the direct result of surgery performed due to Cancer for which the Covered Person received benefits under this Policy. Pays 25% for a non-surgically implanted prosthesis needed by the Covered Person as the direct result of Cancer for which the Covered Person received benefits under this policy.

Heart Attack or Stroke Benefit Rider - Per Unit (RG10HAS)

Applicability of Policy Benefits

Entitles a Covered Person to the same benefits, excluding the Experimental Treatment Benefit, as described in the base policy when loss is due to Heart Attack or Stroke.

Heart Transplant Benefit

Pays an indemnity benefit of \$6,250 per unit for a human heart transplant because the heart can no longer adequately function causing a Covered Person to be at greater risk of death.

After a Covered Person's coverage under this Policy has been in effect for one year, we will increase the initial heart transplant benefit amount by 5%. On each subsequent Policy anniversary, we will continue to increase the Covered Person's current benefit amount by 5%. Such increases will continue to take place on each Policy anniversary for a period not to exceed 10 years.

Transfusion Benefit

Pays an indemnity benefit of \$75 per unit per day when a covered person receives blood/plasma/platelets transfusions, including administration, as a direct result of a heart attack or stroke. This benefit does not pay for processing tests.

**ACTUARIAL JUSTIFICATION OF PREMIUM RATES
GUARANTEE TRUST LIFE INSURANCE COMPANY
Individual Cancer Product**

Cancer Benefit Policy Form Number G1030 and Riders

Heart Attack or Stroke Lump Sum Benefit Rider - Per Unit (RG11PHSLS)

Lump Sum Benefit

Pays an indemnity benefit of \$1000 per unit when a Covered Person is diagnosed as having a heart attack or stroke. This benefit is payable only once for each Covered Person.

Re-occurrence Benefit

After 365 days have passed following payment of the indemnity benefit for a heart attack or stroke, benefits for a subsequent heart attack or stroke are payable subject to the following schedule:

<u>Number of Full Years Elapsed</u>	<u>% of First Diagnosis Benefit</u>
Less than 1	0%
1	10%
2-3	25%
4	50%
5+	100%

Coronary Angioplasty or Bypass

Pays an indemnity benefit of \$100 per unit when a Covered Person undergoes Coronary Angioplasty or Bypass. This benefit is not payable if the Coronary Angioplasty or Bypass is performed as a direct result of a Heart Attack which immediately preceded the procedure.

Heart Attack or Stroke Surgical Procedures Benefit Rider - Per Unit (RG10HSSB)

Surgical Procedure Benefit

Pays an indemnity benefit per unit for inpatient or outpatient surgery performed on a Covered Person by a Doctor due to Heart Attack or Stroke. Surgical Schedule based up to \$3,750 per unit max surgery.

If the Covered Person has more than one surgical procedure performed at the same time through the same incision, we will only pay for the one surgical procedure performed for which the largest benefit amount shown in the Policy Surgical Schedule is payable.

Anesthesia Benefit

We will pay an amount equal to 30% of the Surgical Procedure Benefit for the surgical procedure performed during which anesthesia was administered.

If anesthesia is administered during a covered surgical procedure that is not listed in the Policy Surgical Schedule, we will pay an Anesthesia Benefit amount equal to 30% of the amount we pay for such surgery.

Second and Third Surgical Opinion Benefit

Pays an indemnity benefit of \$300 for a second surgical opinion if recommended due to the positive diagnosis of Heart Attack or Stroke and the Covered Person chooses to obtain the opinion of a second Doctor. If the second opinion fails to confirm the need for surgery, We will pay for a third Doctor's opinion. The Covered Person is not required to obtain a second or third opinion in order to qualify for the surgical or other benefits under this Policy. Second or third opinions, if needed, must be rendered before surgery is performed. The benefit amount is the same regardless of the number of units purchased.

**ACTUARIAL JUSTIFICATION OF PREMIUM RATES
GUARANTEE TRUST LIFE INSURANCE COMPANY
Individual Cancer Product**

Cancer Benefit Policy Form Number G1030 and Riders

Transplant Benefit Rider - Per Unit (RG10T)

Organ Transplant Benefit

Pays an indemnity benefit of \$6,250 per unit for a human Organ Transplant because the organ can no longer adequately function and the Covered Person is at risk of dying. Benefits payable include a replacement organ, surgeon's services, and any other benefits in the Rider Surgical Schedule that are applicable to the Organ Transplant.

Bone Marrow Transplant Benefit

Pays an indemnity benefit of \$6,250 per unit for a human Bone Marrow Transplant. This benefit does not include the harvesting of peripheral blood cells or stem cells and subsequent reinfusion.

Stem Cell Transplant Benefit

Pays an indemnity benefit of \$2,500 per unit for a human Stem Cell Transplant. This benefit does not include harvesting, storage and subsequent reinfusion of bone marrow from the recipient or a matched donor under general anesthesia.

Transplant Benefit Amount Increases

After a Covered Person's coverage under this Policy has been in effect for one year, we will increase the initial benefit amounts by 5%. On each subsequent Policy anniversary, we will continue to increase the Covered Person's current benefit amount by 5%. Such increases will continue to take place on each Policy anniversary for a period not to exceed 10 years.

Donor Benefit

Pays an indemnity benefit for a donor's expenses incurred on behalf of a covered person for a covered surgery due to organ transplant, bone marrow or stem cell transplant. The benefit amount is 50% of the corresponding transplant benefit paid to the covered person. Donations as a result of giving to science will not be covered. This benefit is not available when a donor is dying or the donor's surviving family members make a conscious decision to donate the organs.

Therapy and Wellness Benefit Rider - Per Unit (RG10CTW)

Health and Wellness Benefit

Pays an indemnity benefit of \$50 per unit per year for the following tests:

- mammogram
- breast ultrasound
- breast MRI (magnetic resonance imaging)
- CA15-3 (blood test for breast Cancer tumor)
- Pap smear
- Thin Prep
- biopsy
- flexible sigmoidoscopy
- hemoccult stool specimen (lab confirmed)
- Chest X-ray
- MRI
- CAT Scan
- Electrocardiograms
- Heart Catheterization
- CEA (blood test for colon Cancer)
- CA 125 (blood test for ovarian Cancer)
- PSA (blood test for prostate Cancer)
- testicular ultrasound
- thermography
- colonoscopy
- virtual colonoscopy
- serum protein electrophoresis
- Echocardiograms
- Blood Test to confirm elevated cardiac enzymes
- Neuroimaging Studies
- Thallium Scan
- Angiogram

This benefit is payable once per calendar year per covered person. Additional payment shall not be made should a covered person have more than one of the allowable tests performed per calendar year.

Educational Services Benefit

Pays an indemnity benefit of \$50 per unit per session for a self-management education and counseling program provided to educate the Covered Person and their primary caregiver, when needed, to care for the Covered Person's needs as the result of Covered Condition(s) for which a Covered Person has received other benefits under this Policy. This benefit is limited to 12 sessions per year.

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
GUARANTEE TRUST LIFE INSURANCE COMPANY
Individual Cancer Product

Cancer Benefit Policy Form Number G1030 and Riders

Hearing, Occupational, Physical and Speech Therapies Benefit

Pays an indemnity benefit of \$25 per unit per day for hearing, occupational, physical, and/or speech therapy needed as a result of a Covered Condition(s) for which the Covered Person receives other benefits under this Policy. The amount payable for covered therapy benefits is shown in the benefit Schedule.

Mental Health Benefit

Pays an indemnity benefit of \$50 per session per unit for counseling for mental and nervous disorders such as neurosis, psychoneurosis, psychopathy, psychosis, or emotional disease or disorder needed as the result of Covered Condition(s) for which a Covered Person received other benefits under this Policy. This benefit is limited to 5 sessions per calendar year.

Healthy Lifestyle Benefit

Pays an indemnity benefit of \$25 per unit per calendar year for making healthy lifestyle choices. This benefit is payable if a covered person joins a gym, participates in a smoking cessation program or joins a weight loss program. This benefit is payable once per calendar year per covered person that is over the age of 17.

Alternative Care Benefit

1. Integrative Assessment and Education Benefit: A one-time benefit of \$75 per unit is payable for assessment/education services performed by an Accredited Practitioner.
2. Ameliorative Benefit: We will pay an indemnity benefit of \$25 per unit per visit to an Accredited Practitioner, for up to 20 visits per year for Acupuncture, Massage Therapy, Biofeedback and Hypnosis.
3. Lifestyle Benefit: We will pay an indemnity benefit of \$25 per unit per visit up to 20 visits per year to an Accredited Practitioner for the following types of alternative care: smoking cessation, Yoga, meditation, relaxation techniques, Tai-Chi and nutritional counseling.

Intensive Care Benefit Rider - Per Unit (RG10IC)

Intensive Care Benefit

Pays an indemnity benefit of \$150 per unit per day for confinement in an Intensive Care Unit. Pays one half (1/2) the amount for confinement in a Step-Down unit. Benefits are doubled if confinement occurs within 48 hours of an accident in which any covered insured is the operator or passenger of; an automobile, motor home, bus, motorcycle, or any truck with a load capacity of 2,000 or less or as a fare paying passenger on any vehicle, boat, ship, aircraft, or train. Benefits are limited to 30 days of confinement in connection with any one hospital admission. Benefits reduce by 50% at age 70.

Return of Premium Upon Death Benefit Rider (RG10ROPD)

This rider provides a return of premium benefit upon death within 10 years or death prior to attained age 85, whichever is later. The actual amount of premium that will be returned, if any, will be equal to:

1. The sum of all premiums paid for the Policy, including premiums paid for this Rider and any other benefit rider(s) attached to the Policy while this Rider is in force (except for any application and annual policy fees);
2. Minus the sum of all benefits paid or then payable under the Policy, including benefits paid or then payable under any attached benefit riders while this rider was in force.

**ACTUARIAL JUSTIFICATION OF PREMIUM RATES
GUARANTEE TRUST LIFE INSURANCE COMPANY
Individual Cancer Product**

Cancer Benefit Policy Form Number G1030 and Riders

Return of Premium Benefit Rider (RG10ROP15, RG10ROP20, RG10ROP25)

This rider provides a return of premium benefit. The actual amount of premium that will be returned, if any, will be equal to:

1. The sum of all premiums paid for the Policy, including premiums paid for this Rider and any other benefit rider(s) attached to the Policy while this Rider is in force (except for any application and annual policy fees);
2. Minus the sum of all benefits paid or then payable under the Policy, including benefits paid or then payable under any attached benefit riders while this rider was in force.

<u>Age at Start of Return of Premium Period</u>	<u>Return of Premium Period</u>	<u>Payout Conditions</u>
0-65	The Return of Premium period is 20 years* or until attained age 75, whichever comes first.	Survival
66-79	Within 10 years of issue or prior to age 85, whichever is later.	Death
80+	N/A	N/A

The Return of Premium Period will start again automatically as long as the insured is less than attained age 80.

* 15 year and 25 year Return of Premium Riders may also be available.

4. UNDERWRITING

This policy is underwritten on a simplified issue basis.

5. MARKETING METHOD

This policy will be marketed to individuals by contracted agents and brokers.

6. ISSUE AGES AND RENEWABILITY

Policies will be issued to people from 0 to 90 years of age. Premiums may be changed on the first anniversary and each due date thereafter. The policy is guaranteed renewable for life.

7. GROSS PREMIUM ASSUMPTIONS

The GGY AXIS Disability Insurance Module was used to conduct statutory projections for this product. The pricing assumptions used for statutory projection purposes and calculation of gross premiums are attached as Exhibit A. The premiums vary by individual versus family coverage, plan type and age at issue. None of the assumptions have changed from the original filing.

8. PREMIUMS

Based upon the anticipated sales distribution, the expected nationwide average annual premium per policy, excluding the return of premium rider, is \$1,214.

Annual gross premiums are attached in Exhibit B and will be applied to new business only.

9. ANTICIPATED LOSS RATIO

The lifetime anticipated loss ratio for this form exceeds 50%, the minimum required loss ratio for this type of coverage in your state. The lifetime anticipated loss ratio is calculated as the present value of future benefits divided by the present value of future premiums. Active life reserves are not included in the calculation of the incurred loss ratio.

**ACTUARIAL JUSTIFICATION OF PREMIUM RATES
GUARANTEE TRUST LIFE INSURANCE COMPANY
Individual Cancer Product**

Cancer Benefit Policy Form Number G1030 and Riders

9. ACTUARIAL CERTIFICATION

I hereby certify that, to the best of my knowledge and belief, the rate filing submitted herein is in compliance with all applicable laws of this state and Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans"; that the anticipated loss ratio submitted herein is expected to develop over the period for which rates are computed to provide coverage; and that the benefits are reasonable in relation to the premiums charged. In my opinion, the rates are not excessive, inadequate, or unfairly discriminatory.

Respectfully submitted,



Christine Kim, A.S.A., M.A.A.A.
Assistant Actuary
Guarantee Trust Life Insurance Company

May 23, 2012

Attachments:

Exhibit A - Pricing Assumptions
Exhibit B - Annual Gross Premium Rates

EXHIBIT A
Individual Cancer Product
Pricing Assumptions

1). Mortality and Lapse Rates

Lapse rates for sample issue ages are included in the following table. Policies sold with a Return of Premium Benefit Rider are expected to have lapse rates that approach 0% as they near the end of the return of premium period when the benefit is payable due to survival.

Policy Year	Issue Age					
	<u>22</u>	<u>32</u>	<u>42</u>	<u>52</u>	<u>62</u>	<u>72+</u>
1	40%	30%	25%	19%	19%	25%
2	15%	12%	10%	8%	8%	15%
3	12%	10%	9%	6%	6%	12%
4	10%	8%	8%	5%	5%	10%
5	8%	6%	5%	5%	5%	8%
6	6%	5%	5%	4%	4%	6%
7	5%	5%	5%	4%	4%	5%
8	5%	5%	5%	4%	4%	5%
9	4%	4%	4%	4%	4%	5%
10	4%	4%	4%	4%	4%	5%
11+	3%	3%	3%	3%	3%	5%

Mortality is based on 100% of 1994 GAM

2) Interest

5% pre-tax investment earnings rate, after expenses.

3) Claim Costs

Based upon Wakely Actuarial Services claim cost guidelines. Adjusted for underwriting selection factors and actual versus expected experience. Assumed a 50/50 male/female distribution.

4) Reserves

Statutory: Gross unearned premiums plus the tabular reserves will be held. Tabular reserves are calculated under a 2 year full preliminary term method, 2001 CSO Mortality Table C and the minimum valuation interest rate. Voluntary lapse rates are used in the calculation of the tabular reserve.

Return of Premium Reserves are calculated under a 1 year full preliminary term method, 2001 CSO Mortality Table C and the minimum valuation interest rate. Voluntary lapse rates are used in the calculation of the tabular reserve.

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>									
Cancer Benefit Policy*	0-39	26.07	44.40	22.24	37.78	21.22	36.03	20.20	34.29	19.39	32.92	
	40-49	28.38	48.32	24.01	40.88	22.92	39.03	21.83	37.16	20.95	35.67	
	50-54	34.31	58.88	28.89	49.35	27.57	47.12	26.25	44.87	25.21	43.08	
	55-59	42.02	71.91	35.55	60.85	33.94	58.08	32.31	55.32	31.02	53.10	
	<i>Form Number G 1030</i>	60-64	54.19	92.19	45.77	78.00	43.71	74.41	41.64	70.83	39.98	68.00
	65-69	59.17	100.76	50.08	85.27	47.79	81.39	45.51	77.52	43.70	74.41	
	70-80	82.40	140.05	69.72	118.51	66.55	113.12	63.39	107.74	60.85	103.43	
81-90	94.18	158.89	79.68	134.44	76.05	128.33	72.44	122.22	69.54	117.34		
Cancer Radiation and Chemotherapy Benefit Rider	0-39	28.78	49.17	24.55	41.83	23.43	39.90	22.30	37.96	21.42	36.45	
	40-49	31.34	53.48	26.51	45.26	25.32	43.21	24.11	41.14	23.14	39.48	
	50-54	35.79	61.30	30.28	51.87	28.91	49.53	27.53	47.16	26.43	45.27	
	55-59	40.23	69.12	34.04	58.48	32.50	55.84	30.95	53.18	29.71	51.05	
	<i>Form Number RG 10CR</i>	60-64	45.00	76.97	38.02	65.11	36.30	62.13	34.57	59.14	33.19	56.78
	65-69	49.14	84.13	41.58	71.19	39.69	67.96	37.80	64.72	36.30	62.13	
	70-80	56.78	97.28	48.03	82.31	45.86	78.56	43.68	74.82	41.93	71.83	
81-90	64.89	110.35	54.89	93.38	52.41	89.12	49.92	84.88	47.92	81.49		
Cancer Surgical Procedures Benefit Rider	0-39	21.20	36.03	18.08	30.66	17.26	29.25	16.42	27.82	15.76	26.72	
	40-49	23.07	39.20	19.52	33.18	18.64	31.68	17.74	30.16	17.03	28.95	
	50-54	27.49	47.16	23.16	39.53	22.10	37.74	21.04	35.94	20.20	34.50	
	55-59	33.66	57.60	28.49	48.73	27.19	46.53	25.90	44.30	24.86	42.53	
	<i>Form Number RG 10CSB</i>	60-64	43.61	74.15	36.83	62.73	35.16	59.85	33.50	56.97	32.16	54.68
	65-69	47.62	81.05	40.28	68.58	38.46	65.47	36.62	62.35	35.16	59.85	
	70-80	65.49	111.30	55.43	94.18	52.90	89.90	50.37	85.62	48.35	82.20	
81-90	74.84	126.27	63.34	106.83	60.46	101.98	57.56	97.14	55.26	93.25		

* Annual Policy Fee = \$55.00

Modal Loadings:

Annual	1.00000
Semi-Annual	0.50000
Quarterly	0.25000
Monthly	0.08333

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 Rider <i>Form Number RG10HAS</i>	0-39	27.10	47.41	19.99	34.68	17.79	30.63	15.56	26.58	14.94	25.52
	40-49	41.95	71.33	30.50	51.87	26.98	45.87	23.44	39.84	22.49	38.25
	50-54	69.48	118.69	51.89	88.85	45.40	78.02	38.87	67.17	37.31	64.49
	55-59	90.33	154.59	66.58	113.94	58.40	99.92	50.20	85.88	48.19	82.45
	60-64	108.96	186.38	77.60	132.35	69.09	117.94	60.60	103.50	58.17	99.36
	65-69	126.14	214.82	89.95	153.21	80.03	136.30	70.08	119.35	67.27	114.58
	70-80	158.55	269.48	116.88	198.63	102.49	174.19	88.08	149.71	84.56	143.72
81-90	185.89	316.71	137.03	233.44	120.16	204.72	103.27	175.94	99.14	168.90	
Heart Attack or Stroke Surgical Procedures Benefit Rider <i>Form Number RG10HSSB</i>	0-39	18.88	33.02	13.93	24.13	12.39	21.33	10.84	18.50	10.41	17.77
	40-49	29.22	49.66	21.24	36.10	18.79	31.92	16.32	27.73	15.67	26.62
	50-54	48.71	83.18	36.39	62.27	31.82	54.68	27.26	47.07	26.18	45.19
	55-59	63.31	108.33	46.68	79.86	40.93	70.03	35.18	60.19	33.77	57.79
	60-64	77.36	132.27	55.09	93.94	49.06	83.70	43.03	73.45	41.31	70.52
	65-69	89.55	152.46	63.87	108.72	56.81	96.71	49.76	84.70	47.76	81.32
	70-80	112.00	190.32	82.54	140.28	72.38	123.00	62.22	105.73	59.73	101.50
81-90	131.31	223.67	96.78	164.86	84.87	144.56	72.94	124.26	70.04	119.29	
Transplant Benefit Rider <i>Form Number RG10T</i>	0-39	28.36	47.75	24.19	40.62	23.09	38.75	21.97	36.87	21.09	35.40
	40-49	30.88	51.95	26.13	43.96	24.94	41.96	23.75	39.96	22.80	38.36
	50-54	33.48	56.80	28.33	48.06	27.03	45.88	25.75	43.70	24.72	41.95
	55-59	36.07	61.65	30.52	52.16	29.13	49.80	27.75	47.42	26.63	45.52
	60-64	41.56	70.65	35.09	59.77	33.51	57.02	31.92	54.28	30.65	52.11
	65-69	45.37	77.23	38.39	65.35	36.66	62.38	34.91	59.41	33.50	57.03
	70-80	56.82	96.55	48.08	81.70	45.89	78.00	43.71	74.27	41.96	71.30
81-90	65.77	111.50	55.66	94.35	53.13	90.07	50.60	85.77	48.57	82.34	

Modal Loadings:

Annual	1.00000
Semi-Annual	0.50000
Quarterly	0.25000
Monthly	0.08333

EXHIBIT B

Annual Premium Rates per Unit

Coverage	Issue Age	Per Unit Issued	
		<u>Individual</u>	<u>Family</u>
Intensive Care Benefit Rider <i>Form Number RG10IC</i>	0-49	11.60	23.08
	50-59	17.41	30.86
	60-69	25.94	45.31
	70-80	38.47	66.67
	81-90	44.53	76.99
Therapy and Wellness Benefit Rider <i>Form Number RG10CTW</i>	0-49	21.46	38.32
	50-59	23.00	39.39
	60-69	25.78	43.91
	70-80	32.23	54.77
	81-90	37.30	63.24

Modal Loadings:

Annual	1.00000
Semi-Annual	0.50000
Quarterly	0.25000
Monthly	0.08333

EXHIBIT B

Annual Premium Rates per Unit

Coverage	Issue Age	Per Unit Issued	
		<u>Individual</u>	<u>Family</u>
Cancer Lump Sum Benefit Rider Form Number RG11PCLS	0-39	12.42	21.06
	40-49	15.66	26.46
	50-54	18.90	31.86
	55-59	22.14	37.26
	60-64	26.46	44.82
	65-69	29.70	49.68
	70-80	37.80	64.26
	81-90	43.20	72.90
Heart Attack or Stroke Lump Sum Benefit Rider Form Number RG11PHSLs	0-39	4.86	8.64
	40-49	7.56	12.96
	50-54	12.42	21.06
	55-59	16.20	27.54
	60-64	19.98	33.48
	65-69	23.22	39.42
	70-80	31.32	52.38
	81-90	36.72	61.56

Modal Loadings:

Annual	1.00000
Semi-Annual	0.50000
Quarterly	0.25000
Monthly	0.08333

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	1.00000
Semi-Annual	0.50000
Quarterly	0.25000
Monthly	0.08333

EXHIBIT B

Return of Premium Upon Death Benefit Rider *Form Numbers RG10ROPD*

<u>Issue Age</u>	<u>Rate per \$1 of annual premium*</u>
0-79	0.25

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

Modal Loadings:

Annual	1.00000
Semi-Annual	0.50000
Quarterly	0.25000
Monthly	0.08333

**ACTUARIAL JUSTIFICATION OF PREMIUM RATES
GUARANTEE TRUST LIFE INSURANCE COMPANY
Individual Heart Attack and Stroke Product**

Heart Attack or Stroke Benefit Policy Form Number G1031 and Riders

1. SCOPE AND PURPOSE OF FILING

The purpose of this filing is to revise the rates to modify premium modal factor relations.

2. DESCRIPTION OF BENEFITS

BASE POLICY - Heart Attack or Stroke Benefit Policy - Per Unit (G1031)

Hospital Confinement Benefit

Pays the following daily indemnity benefit per unit for hospital confinement due to a Heart Attack or Stroke.

<u>Days of Confinement</u>	<u>Benefit Amount*</u>
1-90	\$125
91+	\$250

* Where a benefit would be covered under this provision and an intensive care benefit provision, we would pay the higher of the two benefit amounts.

Hospice Care Benefit

Pays an indemnity benefit of 50% of the Hospital Confinement Benefit per unit while the Covered Person is receiving care provided by or through a Hospice as a direct result of Heart Attack or Stroke. You must be diagnosed as Terminally Ill and no longer be receiving Definitive Treatment for Heart Attack or Stroke. The maximum benefit period for this benefit is 6 months.

We will pay for each day a Covered Person:

1. receives Hospice services at your home;
2. uses the services of a Hospital on an outpatient basis under the direction of a Hospice; or
3. visits or are confined to a Hospice for treatment or services.

Diagnostic Testing Benefit

Pays an indemnity benefit of \$250 per unit for diagnostic X-rays and laboratory tests involved with a positive diagnosis of a Heart Attack or Stroke.

Drugs and Medicines Benefit

Pays an indemnity benefit of \$50 per unit for drugs and medicines administered to the Covered Person as the direct result of Heart Attack or Stroke. Such drugs and medicines, at the time of administration, must be approved by the U.S. Food and Drug Administration.

Benefits for drugs and medicines are limited to: (1) the number of days the Covered Person is confined as an inpatient in a Hospital; and (2) the amount of charges incurred each day for such drugs and medicines.

Attending Doctor Benefit

Pays an indemnity benefit of \$25 per unit if the Covered Person uses the services of an attending Doctor while confined as an inpatient in a Hospital as the direct result of 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 for those services.

**ACTUARIAL JUSTIFICATION OF PREMIUM RATES
GUARANTEE TRUST LIFE INSURANCE COMPANY
Individual Heart Attack and Stroke Product**

Heart Attack or Stroke Benefit Policy Form Number G1031 and Riders

Screening Benefit

Pays \$50 per unit per insured per year for a physician visit in which diagnostic testing is performed to screen for Heart or circulatory system diseases or disorders.

Private Nurse Benefit

Pays an indemnity benefit of \$250 if the Covered Person uses the full-time services of a Private Nurse while confined as an inpatient in a Hospital as the direct result of Heart Attack or Stroke. Full-time means at least eight hours attendance during any 24-hour period. These services must be required and authorized by the Covered Person's Doctor for the treatment of Heart Attack or Stroke. Nursing services must be other than those regularly furnished by the Hospital.

Ambulance Benefit

Pays an indemnity benefit of \$250 if a licensed surface ambulance, or an indemnity benefit of \$1,500 if an air ambulance service transports the Covered Person to or from a Hospital to which the Covered Person is confined as an inpatient as the direct result of Heart Attack or Stroke. Surface ambulance benefits are limited to 4 times per year. Air ambulance is limited to 1 time per year.

Skilled Nursing Facility Benefit

Pays an indemnity benefit of \$250 for confinement to a Skilled Nursing Facility due to Heart Attack or Stroke. Such confinement must occur within fourteen (14) days after being discharged from a Hospital as a direct result of 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.

Transportation Benefit

Pays usual and customary charges for coach fare by common carrier for round trip transportation (air, rail or bus), for a covered person and their adult companion, to a treatment facility that is fifty miles or more from the insured's home so a covered person may receive treatment for Heart Attack or Stroke, limited to a maximum of \$2,000 per person per round trip. This will pay 60 cents per mile when transportation is by private vehicle, limited to a maximum of \$2,000 per round trip. This benefit is only payable for treatments within the United States. This benefit includes payment for travel related to physician's office visits.

Lodging Benefit

Pays an indemnity benefit of \$100 per day for lodging for each day a covered person is receiving treatment for Heart Attack or Stroke at a hospital or medical facility more than fifty miles from the covered persons residence. This benefit is payable for either the covered person or an adult companion traveling with them. This benefit is only payable on the day treatment is being received and is limited to 120 days per covered person per calendar year.

Annual Check-Up Benefit

Pays an indemnity benefit of 50% of the Diagnostic Testing Benefit per calendar year for annual check-ups after a positive diagnosis of Heart Attack or Stroke. This benefit is payable a maximum of five times.

**ACTUARIAL JUSTIFICATION OF PREMIUM RATES
GUARANTEE TRUST LIFE INSURANCE COMPANY
Individual Heart Attack and Stroke Product**

Heart Attack or Stroke Benefit Policy Form Number G1031 and Riders

Heart Transplant Benefit

Pays an indemnity benefit of \$6,250 per unit for a human heart transplant because the heart can no longer adequately function causing a Covered Person to be at greater risk of death.

After a Covered Person's coverage under this Policy has been in effect for one year, we will increase the initial heart transplant benefit amount by 5%. On each subsequent Policy anniversary, we will continue to increase the Covered Person's current benefit amount by 5%. Such increases will continue to take place on each Policy anniversary for a period not to exceed 10 years.

Transfusion Benefit

Pays an indemnity benefit of \$75 per unit per day when a covered person receives blood/plasma/platelets transfusions, including administration, as a direct result of a heart attack or stroke. This benefit does not pay for processing tests.

Waiver of Premium Benefit

Premium payments will not be required if the Primary Insured is:

1. diagnosed as having a Heart Attack or Stroke after the Waiting Period and while covered under this Policy; and
2. disabled due to a Heart Attack or Stroke for more than 90 consecutive days.

RIDERS

Heart Attack or Stroke Lump Sum Benefit Rider - Per Unit (RG11PHSLS)

Lump Sum Benefit

Pays an indemnity benefit of \$1000 per unit when a Covered Person is diagnosed as having a heart attack or stroke. This benefit is payable only once for each Covered Person.

Re-occurrence Benefit

After 365 days have passed following payment of the indemnity benefit for a heart attack or stroke, benefits for a subsequent heart attack or stroke are payable subject to the following schedule:

<u>Number of Full Years Elapsed</u>	<u>% of First Diagnosis Benefit</u>
Less than 1	0%
1	10%
2-3	25%
4	50%
5+	100%

Coronary Angioplasty or Bypass

Pays an indemnity benefit of \$100 per unit when a Covered Person undergoes Coronary Angioplasty or Bypass. This benefit is not payable if the Coronary Angioplasty or Bypass is performed as a direct result of a Heart Attack which immediately preceded the procedure.

**ACTUARIAL JUSTIFICATION OF PREMIUM RATES
GUARANTEE TRUST LIFE INSURANCE COMPANY
Individual Heart Attack and Stroke Product**

Heart Attack or Stroke Benefit Policy Form Number G1031 and Riders

Heart Attack or Stroke Surgical Procedures Benefit Rider - Per Unit (RG10HSSB)

Surgical Procedure Benefit

Pays an indemnity benefit per unit for inpatient or outpatient surgery performed on a Covered Person by a Doctor due to Heart Attack or Stroke. Surgical Schedule based up to \$3,750 per unit max surgery.

If the Covered Person has more than one surgical procedure performed at the same time through the same incision, we will only pay for the one surgical procedure performed for which the largest benefit amount shown in the Policy Surgical Schedule is payable.

Anesthesia Benefit

We will pay an amount equal to 30% of the Surgical Procedure Benefit for the surgical procedure performed during which anesthesia was administered.

If anesthesia is administered during a covered surgical procedure that is not listed in the Policy Surgical Schedule, we will pay an Anesthesia Benefit amount equal to 30% of the amount we pay for such surgery.

Second and Third Surgical Opinion Benefit

Pays an indemnity benefit of \$300 for a second surgical opinion if recommended due to the positive diagnosis of Heart Attack or Stroke and the Covered Person chooses to obtain the opinion of a second Doctor. If the second opinion fails to confirm the need for surgery, We will pay for a third Doctor's opinion. The Covered Person is not required to obtain a second or third opinion in order to qualify for the surgical or other benefits under this Policy. Second or third opinions, if needed, must be rendered before surgery is performed. The benefit amount is the same regardless of the number of units purchased.

Therapy and Wellness Benefit Rider - Per Unit (RG10CTW)

Health and Wellness Benefit

Pays an indemnity benefit of \$50 per unit per year for the following tests:

- mammogram
- breast ultrasound
- breast MRI (magnetic resonance imaging)
- CA15-3 (blood test for breast Cancer tumor)
- Pap smear
- Thin Prep
- biopsy
- flexible sigmoidoscopy
- hemoccult stool specimen (lab confirmed)
- Chest X-ray
- MRI
- CAT Scan
- Electrocardiograms
- Heart Catheterization
- CEA (blood test for colon Cancer)
- CA 125 (blood test for ovarian Cancer)
- PSA (blood test for prostate Cancer)
- testicular ultrasound
- thermography
- colonoscopy
- virtual colonoscopy
- serum protein electrophoresis
- Echocardiograms
- Blood Test to confirm elevated cardiac enzymes
- Neuroimaging Studies
- Thallium Scan
- Angiogram

This benefit is payable once per calendar year per covered person. Additional payment shall not be made should a covered person have more than one of the allowable tests performed per calendar year.

**ACTUARIAL JUSTIFICATION OF PREMIUM RATES
GUARANTEE TRUST LIFE INSURANCE COMPANY
Individual Heart Attack and Stroke Product**

Heart Attack or Stroke Benefit Policy Form Number G1031 and Riders

Educational Services Benefit

Pays an indemnity benefit of \$50 per unit per session for a self-management education and counseling program provided to educate the Covered Person and their primary caregiver, when needed, to care for the Covered Person's needs as the result of Covered Condition(s) for which a Covered Person has received other benefits under this Policy. This benefit is limited to 12 sessions per year.

Hearing, Occupational, Physical and Speech Therapies Benefit

Pays an indemnity benefit of \$25 per unit per day for hearing, occupational, physical, and/or speech therapy needed as a result of a Covered Condition(s) for which the Covered Person receives other benefits under this Policy. The amount payable for covered therapy benefits is shown in the benefit Schedule.

Mental Health Benefit

Pays an indemnity benefit of \$50 per session per unit for counseling for mental and nervous disorders such as neurosis, psychoneurosis, psychopathy, psychosis, or emotional disease or disorder needed as the result of Covered Condition(s) for which a Covered Person received other benefits under this Policy. This benefit is limited to 5 sessions per calendar year.

Healthy Lifestyle Benefit

Pays an indemnity benefit of \$25 per unit per calendar year for making healthy lifestyle choices. This benefit is payable if a covered person joins a gym, participates in a smoking cessation program or joins a weight loss program. This benefit is payable once per calendar year per covered person that is over the age of 17.

Alternative Care Benefit

1. Integrative Assessment and Education Benefit: A one-time benefit of \$75 per unit is payable for assessment/education services performed by an Accredited Practitioner.
2. Ameliorative Benefit: We will pay an indemnity benefit of \$25 per unit per visit to an Accredited Practitioner, for up to 20 visits per year for Acupuncture, Massage Therapy, Biofeedback and Hypnosis.
3. Lifestyle Benefit: We will pay an indemnity benefit of \$25 per unit per visit up to 20 visits per year to an Accredited Practitioner for the following types of alternative care: smoking cessation, Yoga, meditation, relaxation techniques, Tai-Chi and nutritional counseling.

Intensive Care Benefit Rider - Per Unit (RG10IC)

Intensive Care Benefit

Pays an indemnity benefit of \$150 per unit per day for confinement in an Intensive Care Unit. Pays one half (1/2) the amount for confinement in a Step-Down unit. Benefits are doubled if confinement occurs within 48 hours of an accident in which any covered insured is the operator or passenger of; an automobile, motor home, bus, motorcycle, or any truck with a load capacity of 2,000 or less or as a fare paying passenger on any vehicle, boat, ship, aircraft, or train. Benefits are limited to 30 days of confinement in connection with any one hospital admission. Benefits reduce by 50% at age 70.

**ACTUARIAL JUSTIFICATION OF PREMIUM RATES
GUARANTEE TRUST LIFE INSURANCE COMPANY
Individual Heart Attack and Stroke Product**

Heart Attack or Stroke Benefit Policy Form Number G1031 and Riders

Return of Premium Upon Death Benefit Rider (RG10ROPD)

This rider provides a return of premium benefit upon death within 10 years or death prior to attained age 85, whichever is later. The actual amount of premium that will be returned, if any, will be equal to:

1. The sum of all premiums paid for the Policy, including premiums paid for this Rider and any other benefit rider(s) attached to the Policy while this Rider is in force (except for any application and annual policy fees);
2. Minus the sum of all benefits paid or then payable under the Policy, including benefits paid or then payable under any attached benefit riders while this rider was in force.

Return of Premium Benefit Rider (RG10ROP15, RG10ROP20, RG10ROP25)

This rider provides a return of premium benefit. The actual amount of premium that will be returned, if any, will be equal to:

1. The sum of all premiums paid for the Policy, including premiums paid for this Rider and any other benefit rider(s) attached to the Policy while this Rider is in force (except for any application and annual policy fees);
2. Minus the sum of all benefits paid or then payable under the Policy, including benefits paid or then payable under any attached benefit riders while this rider was in force.

Age a Start of Return of

<u>Premium Period</u>	<u>Return of Premium Period</u>	<u>Payout Conditions</u>
0-65	The Return of Premium period is 20 years* or until attained age 75, whichever comes first.	Survival
66-79	Within 10 years of issue or prior to age 85, whichever is later.	Death
80+	N/A	N/A

The Return of Premium Period will start again automatically as long as the insured is less than attained age 80.

* 15 year and 25 year Return of Premium Riders may also be available.

**ACTUARIAL JUSTIFICATION OF PREMIUM RATES
GUARANTEE TRUST LIFE INSURANCE COMPANY
Individual Heart Attack and Stroke Product**

Heart Attack or Stroke Benefit Policy Form Number G1031 and Riders

1. UNDERWRITING

This policy is underwritten on a simplified issue basis.

2. MARKETING METHOD

This policy will be marketed to individuals by contracted agents and brokers.

3. ISSUE AGES AND RENEWABILITY

Policies will be issued to people from 0 to 90 years of age. Premiums may be changed on the first anniversary and each due date thereafter. The policy is guaranteed renewable for life.

4. GROSS PREMIUM ASSUMPTIONS

The GGY AXIS Disability Insurance Module was used to conduct statutory projections for this product. The pricing assumptions used for statutory projection purposes and calculation of gross premiums are attached as Exhibit A. The premiums vary by individual versus family coverage, plan type and age at issue. None of the assumptions have changed from the original filing.

5. PREMIUMS

Based upon the anticipated sales distribution, the expected nationwide average annual premium per policy, excluding the return of premium rider, is \$590.

Annual gross premiums are attached in Exhibit B and will be applied to new business only.

6. ANTICIPATED LOSS RATIO

The lifetime anticipated loss ratio for this form exceeds 50%, the minimum required loss ratio for this type of coverage in your state. The lifetime anticipated loss ratio is calculated as the present value of future benefits divided by the present value of future premiums. Active life reserves are not included in the calculation of the incurred loss ratio.

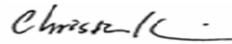
**ACTUARIAL JUSTIFICATION OF PREMIUM RATES
GUARANTEE TRUST LIFE INSURANCE COMPANY
Individual Cancer Product**

Cancer Benefit Policy Form Number G1031 and Riders

9. ACTUARIAL CERTIFICATION

I hereby certify that, to the best of my knowledge and belief, the rate filing submitted herein is in compliance with all applicable laws of this state and Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans"; that the anticipated loss ratio submitted herein is expected to develop over the period for which rates are computed to provide coverage; and that the benefits are reasonable in relation to the premiums charged. In my opinion, the rates are not excessive, inadequate, or unfairly discriminatory.

Respectfully submitted,



Christine Kim, A.S.A., M.A.A.A.
Assistant Actuary
Guarantee Trust Life Insurance Company

May 23, 2012

Attachments:

Exhibit A - Pricing Assumptions
Exhibit B - Annual Gross Premium Rates

EXHIBIT A
Individual Cancer Product
Pricing Assumptions

1). Mortality and Lapse Rates

Lapse rates for sample issue ages are included in the following table. Policies sold with a Return of Premium Benefit Rider are expected to have lapse rates that approach 0% as they near the end of the return of premium period when the benefit is payable due to survival.

Policy Year	Issue Age					
	<u>22</u>	<u>32</u>	<u>42</u>	<u>52</u>	<u>62</u>	<u>72+</u>
1	40%	30%	25%	19%	19%	25%
2	15%	12%	10%	8%	8%	15%
3	12%	10%	9%	6%	6%	12%
4	10%	8%	8%	5%	5%	10%
5	8%	6%	5%	5%	5%	8%
6	6%	5%	5%	4%	4%	6%
7	5%	5%	5%	4%	4%	5%
8	5%	5%	5%	4%	4%	5%
9	4%	4%	4%	4%	4%	5%
10	4%	4%	4%	4%	4%	5%
11+	3%	3%	3%	3%	3%	5%

Mortality is based on 100% of 1994 GAM

2) Interest

5% pre-tax investment earnings rate, after expenses.

3) Claim Costs

Based upon Wakely Actuarial Services claim cost guidelines. Adjusted for underwriting selection factors and actual versus expected experience. Assumed a 50/50 male/female distribution.

4) Reserves

Statutory: Gross unearned premiums plus the tabular reserves will be held. Tabular reserves are calculated under a 2 year full preliminary term method, 2001 CSO Mortality Table C and the minimum valuation interest rate. Voluntary lapse rates are used in the calculation of the tabular reserve.

Return of Premium Reserves are calculated under a 1 year full preliminary term method, 2001 CSO Mortality Table C and the minimum valuation interest rate. Voluntary lapse rates are used in the calculation of the tabular reserve.

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 Rider	0-39	27.10	47.41	19.99	34.68	17.79	30.63	15.56	26.58	14.94	25.52	
	40-49	41.95	71.33	30.50	51.87	26.98	45.87	23.44	39.84	22.49	38.25	
	50-54	69.48	118.69	51.89	88.85	45.40	78.02	38.87	67.17	37.31	64.49	
	55-59	90.33	154.59	66.58	113.94	58.40	99.92	50.20	85.88	48.19	82.45	
	<i>Form Number</i>	60-64	108.96	186.38	77.60	132.35	69.09	117.94	60.60	103.50	58.17	99.36
	<i>G1031</i>	65-69	126.14	214.82	89.95	153.21	80.03	136.30	70.08	119.35	67.27	114.58
		70-80	158.55	269.48	116.88	198.63	102.49	174.19	88.08	149.71	84.56	143.72
	81-90	185.89	316.71	137.03	233.44	120.16	204.72	103.27	175.94	99.14	168.90	
Heart Attack or Stroke Surgical Procedures Benefit Rider	0-39	18.88	33.02	13.93	24.13	12.39	21.33	10.84	18.50	10.41	17.77	
	40-49	29.22	49.66	21.24	36.10	18.79	31.92	16.32	27.73	15.67	26.62	
	50-54	48.71	83.18	36.39	62.27	31.82	54.68	27.26	47.07	26.18	45.19	
	55-59	63.31	108.33	46.68	79.86	40.93	70.03	35.18	60.19	33.77	57.79	
	60-64	77.36	132.27	55.09	93.94	49.06	83.70	43.03	73.45	41.31	70.52	
	<i>Form Number</i>	65-69	89.55	152.46	63.87	108.72	56.81	96.71	49.76	84.70	47.76	81.32
	<i>RG10HSSB</i>	70-80	112.00	190.32	82.54	140.28	72.38	123.00	62.22	105.73	59.73	101.50
	81-90	131.31	223.67	96.78	164.86	84.87	144.56	72.94	124.26	70.04	119.29	

*Annual Policy Fee = \$55.00

Modal Loadings:

Annual	1.00000
Semi-Annual	0.50000
Quarterly	0.25000
Monthly	0.08333

EXHIBIT B

Annual Premium Rates per Unit

Coverage	Issue Age	Per Unit Issued	
		<u>Individual</u>	<u>Family</u>
Intensive Care Benefit Rider <i>Form Number RG10IC</i>	0-49	11.60	23.08
	50-59	17.41	30.86
	60-69	25.94	45.31
	70-80	38.47	66.67
	81-90	44.53	76.99
Therapy and Wellness Benefit Rider <i>Form Number RG10CTW</i>	0-49	21.46	38.32
	50-59	23.00	39.39
	60-69	25.78	43.91
	70-80	32.23	54.77
	81-90	37.30	63.24

Modal Loadings:

Annual	1.00000
Semi-Annual	0.50000
Quarterly	0.25000
Monthly	0.08333

EXHIBIT B

Annual Premium Rates per Unit

Coverage	Issue Age	Per Unit Issued	
		<u>Individual</u>	<u>Family</u>
Heart Attack or Stroke Lump Sum Benefit Rider <i>Form Number RG11PHSLs</i>	0-39	4.86	8.64
	40-49	7.56	12.96
	50-54	12.42	21.06
	55-59	16.20	27.54
	60-64	19.98	33.48
	65-69	23.22	39.42
	70-80	31.32	52.38
	81-90	36.72	61.56

Modal Loadings:

Annual	1.00000
Semi-Annual	0.50000
Quarterly	0.25000
Monthly	0.08333

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	1.00000
Semi-Annual	0.50000
Quarterly	0.25000
Monthly	0.08333

EXHIBIT B

Return of Premium upon Death Benefit Rider *Form Numbers RG10ROPD*

<u>Issue Age</u>	<u>Rate per \$1 of annual premium*</u>
0-79	0.25

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

Modal Loadings:

Annual	1.00000
Semi-Annual	0.50000
Quarterly	0.25000
Monthly	0.08333