

Guarantee Trust Life Insurance Company
1275 Milwaukee Ave, Glenview, Illinois 60025 847-699-0600

Policy Number: GTAZ000577

John D Sthhc Tx
Sthhc Specimen Tx
Austin, TX 73301

April 13, 2018

John D Sthhc TX
Sthhc Specimen TX
Austin, TX 73301

Dear John D Sthhc TX:

Congratulations on your purchase of Short Term Home Health Care Policy coverage from Guarantee Trust Life and welcome to our family of policyholders.

Founded in 1936, Guarantee Trust Life Insurance Company (GTL) is a family-run mutual reserve insurance company located in Glenview, Illinois.

Enclosed you will find your Insurance Policy. Please read it carefully and keep it in a safe place. If you have elected to pay your premiums by bank draft, we will automatically withdraw the premium from your account when it is due -- ensuring that it will never be late.

If you have any questions, please call our Customer Service Department at 1-800-338-7452. Our friendly, knowledgeable staff will be happy to answer your questions and provide you with any additional information you may need.

Thank you for choosing Guarantee Trust Life!

Sincerely,

A handwritten signature in black ink, appearing to read "R. Holson III". The signature is stylized and written in a cursive-like font.

Richard S. Holson, III
President, GTL

SHORT TERM HOME HEALTH CARE POLICY

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

PREPARED FOR: JOHN D STHHC TX

Covered Home Health Care Services

Nursing Care:	
Skilled:	\$200/Daily Benefit
General:	\$200/Daily Benefit
Therapy Services:	
Physical:	\$200/Daily Benefit
Speech:	\$200/Daily Benefit
Occupational:	\$200/Daily Benefit
Enterostomal:	\$200/Daily Benefit
Respirational:	\$200/Daily Benefit
Chemotherapy Specialist Services:	\$200/Daily Benefit
Medical Social Services:	\$300/Daily Benefit
Home Health Aide:	\$120/Daily Benefit
Combined Maximum Daily Benefit Amount:	\$450/Daily Benefit
<i>Applicable to Nursing Care, Therapy Services, Medical Social Services and Home Health Aide Services</i>	

Home Health Care Maximum Benefit Periods

Home Health Aide Services Maximum Benefit Period: 60 Days
Counts toward the Home Health Care Maximum Benefit Period

Home Health Care Maximum Benefit Period
(for Nursing Care Services, Therapy Services, Medical Social Services and Home Health Aide Services) 360 Days

Prescription Drug Benefit	Benefit Amount /per prescription
Prescription Drug Benefit - Generic:	\$10
Prescription Drug Benefit – Brand Name:	\$25
Prescription Drug Policy Year Maximum	\$600

Accident and Sickness Hospitalization Rider

Daily Benefit Amount	\$100
Benefit Period	3 Days

Critical Accident Rider Benefit /per accident \$5,000

Ambulance Service Benefit Rider

Ambulance Service Benefit Amount	\$200
Calendar Year Maximum	4 Trips



Short Term Home Health Care Policy
1-800-338-7452

Policy: GTAZ000577
John D Sthhc TX
Effective Date: April 13, 2018

Please Remember to Carry this Identification
Card with you at All Times.

Attn Provider: For Claim questions or benefit
verification call: 1-866-851-0284

Policyholders: For Customer Service Call
Toll Free: 1-800-338-7452

Send all Claims to: Guarantee Trust Life
Insurance Company
P.O. Box 1144 Glenview, IL 60025

GUARANTEE TRUST LIFE INSURANCE COMPANY

Insurance Policy/Certificate Receipt

Policy/Certificate Owner to Complete

Insured's Name _____

(Please print)

Policy/Certificate # _____

I acknowledge the policy/certificate has been delivered to me on the date shown below.

Owner's Signature _____ Date _____

Please return or fax to Guarantee Trust Life.

ATTN: File Department Fax: 847-699-8493

Ask Mayo Clinic support is free for you as a GTL policyholder!

Ask Mayo Clinic Services



Ask Mayo Clinic 24/7 Nurseline

1.844.647.2431
(general medical questions)

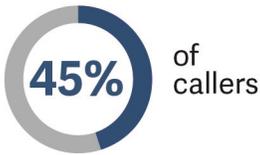
Ask Mayo Clinic Critical Illness Support

1.844.647.2503
(upon diagnosis of Critical Illness)

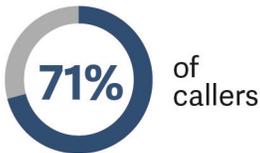
Ask Mayo Clinic Online Support

www.GTLNurseline.com
Access Code: GTLHealth

Through Ask Mayo Clinic nurse line:



are guided to a lower, more appropriate level of care than they originally intended to seek



would have sought an inappropriate level of care had they not called Ask Mayo Clinic



report a high level of satisfaction

The Ask Mayo Clinic benefit may be discontinued at any time.

When you have health related questions, Ask Mayo Clinic can give you dependable answers. Contacting Ask Mayo Clinic sets in motion a virtual support system that is personal, professional, and always accessible.

Ask Mayo Clinic can:

- Give you 24/7 guidance about an injury or illness
- Answer questions about medication
- Help you decide if you need to be seen by a doctor

■ Easy to Use

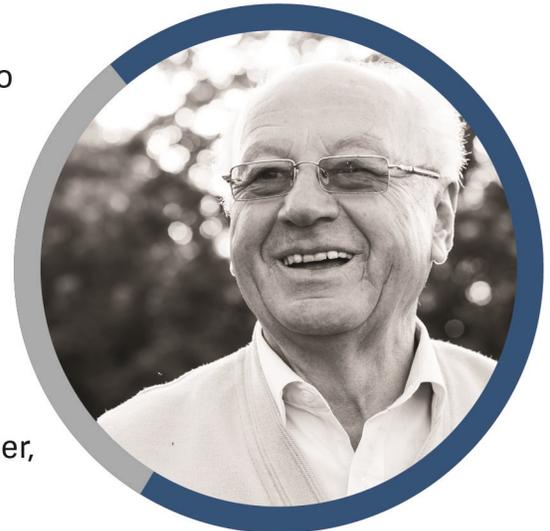
Just call the toll-free number to speak to Ask Mayo Clinic's expert nurses, or go online for a symptom assessment.

■ No cost

Because you are a valued GTL policyholder this service is free!

■ Experienced

Ask Mayo Clinic nurse line is staffed by experienced registered nurses with Critical Illness expertise including Cancer, Heart Attack and Stroke.



Proudly provided by

GTL

GUARANTEE
TRUST
LIFE

1275 Milwaukee Avenue, Glenview, IL 60025
www.gtlic.com | 800-338-7452

Health expertise
provided by
**MAYO
CLINIC**

**GUARANTEE TRUST LIFE INSURANCE COMPANY
PRIVACY NOTICE**

At Guarantee Trust Life Insurance Company (GTL) we know the importance of an individual's right to privacy. That's why protecting the information that personally identifies you, our valued policyholder, is high priority and a matter we take very seriously.

Our primary goal is, and will continue to be, providing you with competitive, fairly-priced, and exceptional quality insurance products to meet the long-term financial needs of you and your loved ones. From life insurance to health insurance, getting you the protection you need is not just a job to us. It is a privilege.

While the personal, financial and medical information you share with us (from applying for coverage, to filing a claim) is the cornerstone to providing you with the high-quality insurance protection and service you've come to know and expect, we want to assure you that information, unique to you, is kept secure, confidential and used expressly for the purpose of conducting our insurance relationship with you. Remember, protecting your privacy is not only our priority...it's our promise to you.

The following is a summary of our privacy policy and practices. It tells you about the kinds of personally identifiable information we collect, disclose or share with others.

INFORMATION WE COLLECT AND SOURCES OF INFORMATION

In order for GTL to provide and administer the insurance products we offer, we collect personal information about you. Some of the information we collect about you is "nonpublic." The nonpublic personal information we collect is obtained from the following sources:

- Information we receive from you on your application for insurance or other forms (*such as your name, address, telephone number, age, social security number, and beneficiary designation.*)
- Information about your transactions with us and our affiliates (*such as the type of insurance product you buy, the premium you pay, the method of purchase, and your payment history.*)
- Information we receive from third party reports, (*such as consumer-reporting/credit agencies, motor vehicle records, and medical information. All medical information we receive is subject to the Medical Confidentiality rules described below.*)

INFORMATION WE DISCLOSE

GTL does not disclose any nonpublic personal information about our policyholders or former policyholders to anyone without providing notice of your rights to either opt out or opt in the sharing of personal information, except as permitted or required by law.

We may also disclose all of the information we collect, as described above, with the following:

- Affiliates – We may share information with our affiliates. Our affiliates offer products and services that may complement your insurance purchase and we believe may be of interest to you.
- Service Providers – We may share information with companies engaged to perform services on our behalf, such as third party administrators and vendors hired to effect, administer or enforce a transaction that you request or authorize; to develop or maintain computer software; or to perform market research.
- Joint Marketing – We may share information with companies that perform marketing services on our behalf or to other financial institutions with which we have a joint marketing agreement.

MEDICAL CONFIDENTIALITY

Your medical information is kept confidential. We will not use or share, internally or with third parties, your medical information except for the purposes of:

- Underwriting;
- Administering your policy or claim;
- As permitted or required by law; or
- As authorized by you.

SECURITY AND CONFIDENTIALITY OF YOUR INFORMATION

We restrict access to nonpublic personal information about you to those employees (or people working on our behalf under confidentiality agreements) who need to know the information in order to provide products and services to you. We also maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

G • T • L
Guarantee Trust Life Insurance Company
1275 Milwaukee Avenue
Glenview, Illinois 60025
1-800-338-7452
Visit us at: www.gtlic.com

NOTICE TO CONSUMERS AGE 65 AND OLDER

The State Board of Insurance requires that this Notice be given to you at the time you receive a policy.

State law gives you the right to review this policy and return it for a full premium refund if you are not satisfied. By law you have a minimum 10 days if you buy any individual accident and health insurance policy. The State Board of Insurance urges you to use this time to verify that this coverage is needed.

The Board is concerned that some consumers may buy unnecessary coverage or may replace their coverage needlessly. Buying too much coverage or replacing a policy may be a waste of your money.

1. PURCHASING MORE THAN ONE POLICY OF EACH OF THE FOLLOWING TYPES MAY BE UNNECESSARY AND COSTLY:
 - SPECIFIED DISEASE (CANCER, STROKE, ETC.)
 - HOSPITAL INDEMNITY
 - BASIC HOSPITAL EXPENSE OR BASIC MEDICAL/SURGICAL
 - EXPENSE (THESE POLICIES ARE TYPIFIED BY A SCHEDULED BENEFIT PER ILLNESS)
 - LONG-TERM CARE

THE TEXAS STATE BOARD OF INSURANCE CANNOT SAY WHETHER YOU SHOULD OR SHOULD NOT PURCHASE ANY OR ALL OF THESE POLICY TYPES. THE DECISION IS YOURS ALONE AND SHOULD BE DETERMINED BY YOUR NEEDS AND CIRCUMSTANCES.

2. IF YOU HAVE MORE THAN ONE POLICY IN ANY OF THE ABOVE CATEGORIES, THE STATE BOARD OF INSURANCE STRONGLY URGES YOU TO GET A SECOND OPINION FROM SOMEONE YOU TRUST AS TO WHETHER YOU NEED MORE THAN ONE OF THESE POLICIES.
3. IF YOU REPLACE EXISTING HEALTH INSURANCE POLICIES YOU MAY LOSE COVERAGE DURING A PERIOD OF TIME THAT NEW EXCLUSIONS, REDUCTIONS, LIMITATIONS, OR WAITING PERIODS MUST BE SERVED.

GUARANTEE TRUST LIFE INSURANCE COMPANY
1275 Milwaukee Avenue, Glenview, Illinois 60025

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call Guarantee Trust Life Insurance Company's toll-free telephone number for information or to make a complaint at:

1-800-338-7452

You may also write to Guarantee Trust Life Insurance Company at:

1275 Milwaukee Avenue
Glenview, Illinois 60025

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights, or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance:

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 490-1007

Web: www.tdi.texas.gov

E-mail: ConsumerProtection@tdi.texas.gov

PREMIUM OR CLAIM DISPUTES: Should you have a dispute concerning your premium or about a claim, you should contact the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY: This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener información o para presentar una queja:

Usted puede llamar al número de teléfono gratuito de Guarantee Trust Life Insurance Company's para obtener información o para presentar una queja al:

1-800-338-7452

Usted también puede escribir a Guarantee Trust Life Insurance Company:

1275 Milwaukee Avenue
Glenview, Illinois 60025

Usted puede comunicarse con el Departamento de Seguros de Texas para obtener información sobre compañías, coberturas, derechos, o quejas al:

1-800-252-3439

Usted puede escribir al Departamento de Seguros de Texas a:

P.O.Box 149104
Austin, TX 78714-9104
Fax: (512) 490-1007

Sitio web: www.tdi.texas.gov

E-mail: ConsumerProtection@tdi.texas.gov

DISPUTAS POR PRIMAS DE SEGUROS O RECLAMACIONES: Si tiene una disputa relacionada con su prima de seguro o con una reclamación, usted debe comunicarse con la compañía primero. Si la disputa no es resuelta, usted puede comunicarse con el Departamento de Seguros de Texas.

ADJUNTE ESTE AVISO A SU PÓLIZA: Este aviso es solamente para propósitos informativos y no se convierte en parte o en condición del documento adjunto.

**IMPORTANT INFORMATION ABOUT COVERAGE UNDER THE
TEXAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION**
(For insurers declared insolvent or impaired on or after September 1, 2011)

Texas law establishes a system to protect Texas policyholders if their life or health insurance company fails. The Texas Life and Health Insurance Guaranty Association ("the Association") administers this protection system. Only the policyholders of insurance companies which are members of the Association are eligible for this protection which is subject to the terms, limitations, and conditions of the Association law. (The law is found in the *Texas Insurance Code*, Chapter 463.)

It is possible that the Association may not protect all or part of your policy because of statutory limitations.

Eligibility for Protection by the Association

When a member insurance company is found to be insolvent and placed under an order of liquidation by a court or designated as impaired by the Texas Commissioner of Insurance, the Association provides coverage to policyholders who are:

- Residents of Texas (**regardless of where the policyholder lived when the policy was issue**)
- Residents of other states, ONLY if the following conditions are met:
 1. The policyholder has a policy with a company domiciled in Texas;
 2. The policyholder's state of residence has a similar guaranty association; and
 3. The policyholder is *not eligible* for coverage by the guaranty association of the policyholder's state of residence.

Limits of Protection by the Association

Accident, Accident and Health, or Health Insurance:

- For each individual covered under one or more policies, up to a total of \$500,000 for basic hospital, medical-surgical, and major medical insurance, \$300,000 for disability or long term care insurance, and \$200,000 for other types of health insurance.

Life Insurance:

- Net cash surrender value or net cash withdrawal value up to a total of \$100,000 under one or more policies on a single life; or
- Death benefits up to a total of \$300,000 under one or more policies on a single life; or
- Total benefits up to a total of \$5,000,000 to any owner of multiple non-group life policies.

Individual Annuities:

- Present value of benefits up to a total of \$250,000 under one or more contracts on any one life.

Group Annuities:

- Present value of allocated benefits up to a total of \$250,000 on any one life; or
- Present value of unallocated benefits up to a total of \$5,000,000 for one contractholder regardless of the number of contracts.

Aggregate Limit:

- \$300,000 on any one life with the exception of the \$500,000 health insurance limit, the \$5,000,000 multiple owner life insurance limit, and the \$5,000,000 unallocated group annuity limit.

These limits are applied for each insolvent insurance company

Insurance companies and agents are prohibited by law from using the existence of the Association for the purpose of sales, solicitation, or inducement to purchase any form of insurance. When you are selecting an insurance company, you should not rely on Association coverage. For additional questions on Association protection or general information about an insurance company, please use the following contact information.

Texas Life and Health Insurance
Guaranty Association
515 Congress Avenue, Suite 1875
Austin, Texas 78701
800-982-6362 or www.txlifega.org

Texas Department of Insurance
P.O. Box 149104
Austin, Texas 78714-9104
800-252-3439 or www.tdi.texas.gov

**GUARANTEE TRUST LIFE
INSURANCE COMPANY**

A Mutual Company
1275 Milwaukee Avenue
Glenview, Illinois 60025
(847) 699-0600

Premiums May be Increased
Upon Renewal Date

**SHORT-TERM
HOME HEALTH CARE
INSURANCE POLICY**

WE PROMISE to insure You for the benefits described in this policy. Benefits are subject to this policy's definitions, provisions, limitations and exceptions. We make this promise in consideration of the application for this policy and payment of the premium.

This policy does not replace Your present health insurance.

GUARANTEED RENEWABLE

You may keep this policy in force during Your lifetime by paying the renewal premium at the intervals available to You at the time of renewal. You must pay it by its due date or during the 31 day grace period that follows. We cannot cancel or refuse to renew this policy or place any restrictions on it if You pay Your premiums on time. You may cancel this Policy at any time. In this event, any unearned premium will be returned to You.

PREMIUMS ARE SUBJECT TO CHANGE: The premium rates for this policy may change, but only if they are changed for all policies like Yours on a class basis. The change may be due to an increase in age, a change in benefits, or a new table of rates. We will provide You with written notice at least forty-five (45) days in advance of any change in renewal premium.

EFFECTIVE DATE: This policy begins at 12:01 a.m. Standard Time at Your residence on the Effective Date shown in the policy schedule. This policy expires at 12:01 a.m. at the end of the Grace Period unless the next renewal premium is paid by that date.

CAUTION

This insurance policy was issued based on Your answers to the questions on Your Application. A copy of Your Application is attached. If Your answers are incorrect or untrue, We may have the right to deny benefits or rescind Your policy. The best time to clear up any questions is now, before a claim arises! If for any reason, any of Your answers are incorrect, contact Us within 30 days at 1275 Milwaukee Avenue, Glenview, Illinois 60025. If You have any questions concerning this coverage, or if We can be of any assistance, please call Us at 1-800-338-7452.

**YOUR RIGHT TO EXAMINE
THIS POLICY FOR 30 DAYS:**

It is important to Us that You are satisfied with this policy. If You are not satisfied with this policy, You may return it to Us within thirty (30) days of its receipt. Upon return, We will void the policy as of the Effective Date and You will receive a full refund of any premium You have paid.

READ YOUR POLICY CAREFULLY. This policy is a legal contract between You and Us.

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

Secretary

President

Policy Owner: John D Sthhc TX
Policy Date: April 13, 2018
Policy Number: GTAZ000577

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the Medicare Supplement Buyer's Guide.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

This Policy may not cover all costs associated with Short Term Home Health Care incurred by You during the period of coverage. You are advised to review carefully all Policy limitations. In addition, You are advised that based on current health care cost trends, the benefits provided by this Policy may be significantly diminished in terms of real value to You, depending on the amount of time which elapses between the date of purchase and the date upon which You first become eligible for those benefits.

G1670-TX

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GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue, Glenview, Illinois 60025

SHORT-TERM HOME HEALTH CARE BENEFITS SCHEDULE

This is a summary of benefits. Please read Your entire policy for further explanations and limitations.

Selected Plan: C

Home Health Care Benefits

	Daily Benefit Amount
Nursing Care:	
Skilled:	\$200/Daily Benefit
General:	\$200/Daily Benefit
Therapy Services:	
Physical:	\$200/Daily Benefit
Speech:	\$200/Daily Benefit
Occupational:	\$200/Daily Benefit
Enterostomal:	\$200/Daily Benefit
Respirational:	\$200/Daily Benefit
 Chemotherapy Specialist Services:	 \$200Daily Benefit
Medical Social Services:	\$300/Daily Benefit
Home Health Aide:	\$120/Daily Benefit
Combined Maximum Daily Benefit Amount:	\$450/Daily Benefit
<i>Applicable to Nursing Care, Therapy Services, Medical Social Services and Home Health Aide Services</i>	

Home Health Care Maximum Benefit Periods

Home Health Aide Services Maximum Benefit Period: 60 Days
Counts toward the Home Health Care Maximum Benefit Period

Home Health Care Maximum Benefit Period
(for Nursing Care Services, Therapy Services, Medical Social Services
and Home Health Aide Services) 360 Days

Prescription Drug Benefit Benefit Amount /per prescription

Prescription Drug Benefit - Generic: \$10
Prescription Drug Benefit – Brand Name: \$25
Prescription Drug Policy Year Maximum: \$600

CONSIDERATION

We have issued this policy in consideration of the application and payment of the first premium. The application and policy schedule are a part of this policy.

POLICY DEFINITIONS

Activities of Daily Living means the following six (6) basic activities of daily living:

1. **Bathing:** Washing oneself by sponge bath in either a tub or shower, including the task of getting into or out of the tub or shower.
2. **Continence:** The ability to maintain control of bowel or bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).
3. **Dressing:** The ability to put on or take off all items of clothing and any necessary braces, fasteners or artificial limbs.
4. **Eating:** The ability to feed oneself by getting food into the body from a receptacle (e.g., plate, cup, table) or by a feeding tube or intravenously.
5. **Toileting:** The ability to get to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
6. **Transferring:** The ability to move into or out of a bed, chair or wheelchair without assistance to move from place to place, either via walking, a wheelchair or other means.

Cognitive Impairment means the deterioration or loss in intellectual capacity requiring substantial supervision for protection of self or others, as established by the clinical diagnosis of any licensed practitioner authorized to make such a diagnosis.

Such loss of intellectual capacity can be the result of Alzheimer's Disease or similar forms of senility or irreversible dementia.

Combined Maximum Daily Benefit means the maximum benefit amount We will pay per day for the receipt of all covered Nursing Care Services, Therapy Services, medical social services and Home Health Aide Services in a one (1) day period. The Combined Maximum Daily Benefit is shown on the Benefits Schedule.

Covered Home Health Care is limited to the following medical and non-medical services provided to You in Your Home: Nursing Care Services, Therapy Services, Home Health Aide services, and medical social services.

Daily Benefit Amount means the amount We will pay for Covered Home Health Care per day for the benefits available under this policy. The Daily Benefit Amount payable will vary by type of Covered Home Health Care provided. The Daily Benefit Amounts are shown on the Benefit Schedule.

Doctor means any licensed practitioner of the healing arts operating within the scope of his or her license in treating any injury or sickness.

Functional Impairment mean the inability to perform at least two (2) of the six (6) Activities of Daily Living, listed above, without Substantial Assistance.

Home means Your primary place of residence. It includes a private dwelling (house, condominium, apartment), a unit in an independent living facility or similar residential care environment. It does not include a Hospital, nursing home or assisted living facility.

Home Health Aide means a person whose main function is to provide assistance with Activities of Daily Living. If state and local licensing or certification is required, the person must be licensed or certified as a Home Health Aide where the service is performed.

Home Health Agency means an agency or organization that is licensed by the Texas Health and Human Services Commission.

POLICY DEFINITIONS (Continued)

Hospital means a place which is defined as a Hospital and approved for payment as a Hospital by Medicare, or accredited as a Hospital by the Joint Commission, the American Osteopathic Association, or the Commission on the Accreditation of Rehabilitation Facilities.

Hospital doesn't mean places that are primarily convalescent, nursing, rest or skilled nursing facilities, nor places that primarily treat the aged, drug addiction or alcoholism, including units in a Hospital used for such care.

Immediate Family means You, Your spouse, Your or Your spouse's parents, grandparents, children, grandchildren, or siblings by blood or marriage.

Injury means bodily injury caused by an accident, exclusive of Sickness, which results in loss covered by this policy. The loss must begin while this policy is in force.

Licensed Health Care Practitioner means any licensed Doctor, registered professional nurse or licensed social worker. It doesn't include a member of Your Immediate Family.

Maximum Benefit Period means the maximum number of days We will pay benefits for Covered Home Health Care during Your lifetime. Maximum Benefit Periods will vary by type of Covered Home Health Care provided. Maximum Benefit Periods are shown on the Benefits Schedule.

Nursing Care Services means *professional nursing care provided to You in Your Home pursuant to a Doctor's orders and intended for the purpose of improving or maintaining Your health*. Covered Nursing Care Services are those services provided by a registered nurse (RN), licensed practical nurse (LPN), or licensed vocational nurse (LVN). All such practitioners of Nursing Care Services must be licensed or certified by the appropriate regulatory authority.

Plan of Care means a written description of Your at-home care needs, prepared by a Licensed Health Care Practitioner, which specifies the type, frequency and providers of all Covered Home Health Care You require.

Policy Year means each successive twelve (12) month period extending from the Policy Effective Date so that each successive twelve (12) month period will constitute a single Policy Year.

Prescription Drug means a drug which: (a) requires a Doctor's prescription in order to obtain it; and (b) is dispensed by a licensed pharmacist.

Prescription Drug Policy Year Maximum means the maximum benefit amount We will pay for all Your covered Prescription Drugs in a Policy Year. The Prescription Drug Policy Year Maximum is shown on the Benefits Schedule.

Sickness means illness or disease which manifests itself after the Effective Date of this Policy and results in loss covered by this policy. Any loss due to Sickness must begin while this policy is in force.

Substantial Assistance means the support of another person who must provide physical hands-on assistance or who must be within arm's reach of You to prevent, by physical intervention if necessary, injury while You perform an Activity of Daily Living.

Substantial Supervision means continual supervision by another person that is necessary to protect a Cognitively Impaired person from threats to his or her own health or safety (such supervision may include cueing by verbal prompting, gestures or other demonstrations).

Therapy Services means physical therapy, speech pathology, occupational therapy, chemotherapy specialist services, enterostomal therapy and respirational therapy. All such practitioners of Therapy Services must be licensed or certified by the appropriate regulatory authority.

POLICY DEFINITIONS (Continued)

We, Our and Us means Guarantee Trust Life Insurance Company.

You, Your and Yours means the Insured named in the policy schedule.

PRE-EXISTING CONDITIONS LIMITATION

This policy is subject to a pre-existing condition limitation. Pre-existing conditions are those medical conditions disclosed or not disclosed on the application for which medical advice or treatment was recommended or received from a Doctor within 6 months prior to the Effective Date of Your coverage.

Any loss due to a pre-existing condition isn't covered unless the loss begins more than 6 months (or 6 months for an Insured age 65 and over) after the Effective Date of Your coverage.

BENEFIT PROVISIONS

A. QUALIFYING FOR BENEFITS

Nursing Care Services, Therapy Services and Medical Social Services:

To qualify for benefits, a Licensed Health Care Practitioner must certify You as having a Cognitive or Functional Impairment pursuant to a Plan of Care.

Home Health Aide Services:

To qualify for benefits, a Licensed Health Care Practitioner must certify that You have a Cognitive or Functional Impairment pursuant to a Plan of Care.

We may periodically review the necessity for Covered Home Health Care provided. Our review, for example, may include: (a) diagnosis, symptoms, complaints, and complications of a condition; (b) the reason for the services being rendered; (c) a Licensed Health Care Practitioner's orders; (d) schedule of treatment; (e) physical limitations and impairments; and (f) the objectives of the Licensed Health Care Practitioner's Plan of Care.

B. LIMITATION ON BENEFITS

Subject to the Qualifying for Benefits provision, We will pay the Daily Benefit Amount as shown in the Benefits Schedule for the applicable Covered Home Health Care provided to You. Benefits paid for Covered Home Health Care are subject to: (a) the Combined Daily Maximum Benefit amount when You receive multiple Covered Home Health Care services in one day; and (b) the allowable Maximum Benefit Period for the applicable Covered Home Health Care service.

We won't pay more than the allowable Maximum Benefit Period days.

Covered Home Health Care is incurred on the date the service or treatment is provided. Covered Home Health Care must be incurred while this coverage is in force. When multiple Covered Home Health Care services are received on a single day, We will count only one benefit day toward the Maximum Benefit Period, without regard to the type of Home Health Care services received. When Home Health Aide Services are received We will also count one benefit day towards the Home Health Aide services Maximum Benefit Period.

C. COVERED HOME HEALTH CARE

We will pay benefits, as shown on the Benefits Schedule, for the following Covered Home Health Care services when provided by a Home Health Agency:

1. Nursing Care Services
 - a. Skilled nursing care provided by a registered nurse (RN)
 - b. General nursing care provided by a licensed practical nurse (LPN) or licensed vocational nurse (LVN).

BENEFIT PROVISIONS (Continued)

2. Therapy Services
 - a. Physical Therapy
 - b. Speech Pathology
 - c. Occupational Therapy
 - d. Chemotherapy Specialist
 - e. Enterostomal Therapy
 - f. Respirational Therapy
3. Medical social services
4. Home Health Aide services

D. PRESCRIPTION DRUGS

We will pay the Prescription Drug Benefit, as shown on the Benefits Schedule, when Prescription Drug medication is needed for treating Sickness or Injury incurred while the policy is in force.

This benefit is not subject to the Pre-Existing Condition Limitation and is payable without regard to eligibility for Covered Home Health Care benefits. This benefit is subject to the Prescription Drug Policy Year Maximum as shown in the Benefits Schedule.

EXCLUSIONS

We won't pay benefits for loss:

1. Due to Injury or Sickness arising out of war or any act of war, declared or undeclared while serving in the military services or any auxiliary unit attached thereto;
2. Due to intentionally self-inflicted Injury while sane or insane;
3. Due to Injury or Sickness arising out of or in the course of employment or which is compensable under any workers' compensation or occupational disease act or law; or motor vehicle no-fault law;
4. For services provided by a member of the Immediate Family unless: (a) he or she is employed by the Covered Home Health Care provider; (b) the Covered Home Health Care provider receives payment for the services; and (c) he or she receives no compensation other than the normal compensation for employees of the Covered Home Health Care provider.
5. For services not included in Your Plan of Care;
6. For services which would not routinely be paid in the absence of insurance; or
7. For alcoholism, drug addiction, or chemical dependency, unless as a result of a medication prescribed by a Doctor.

PREMIUM AND REINSTATEMENT

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

This policy will not be in force until the first premium is accepted by Us. If We accept a premium, this policy will continue in force until the end of the grace period.

GRACE PERIOD: You may pay premium up to thirty-one (31) days after it is due. This policy stays in force during such time. If the premium is not paid before the end of the grace period, the policy will terminate as of the last day of the grace period.

REINSTATEMENT OF COVERAGE: If a premium is not paid before the grace period ends, this policy will terminate. You may request reinstatement up to six (6) months after termination of Your policy.

We may require You to submit an application for reinstatement. If We require an application for reinstatement and issue a conditional receipt for the accepted premium, Your Policy will be reinstated upon Our approval of Your application for reinstatement; or, lacking such approval, Your policy will be reinstated no later than forty-five (45) days following the date of such conditional receipt, unless We have notified You in writing of the disapproval of Your application for reinstatement.

PREMIUM AND REINSTATEMENT (Continued)

If We do not require an application for reinstatement, coverage will be reinstated as of the date We accept Your premium. We will require that premiums be paid retroactively to the date Your policy terminated.

In the event of lapse, due to Your Cognitive Impairment or loss of functional capacity, We will reinstate the Policy if We are provided proof of the Cognitive Impairment or loss of functional capacity.

The reinstated coverage will only apply to benefits that are provided after the date of reinstatement.

PREMIUM REFUND AT DEATH: If we receive notice of your death while this policy is in force, we will refund that part of any premium paid covering the period beyond your date of death.

CLAIM PROVISIONS

NOTICE OF CLAIM: Written notice of claim must be sent to Us at Our Home Office, or to the agent, within sixty (60) days after a covered loss occurs. The notice must include Your name and policy number. If notice cannot reasonably be given within that time, You must send the notice as soon as possible.

WRITTEN PROOF OF CLAIM: Written proof of claim must be sent to Us within ninety (90) days after a covered loss. If it is not reasonably possible to give proof in the time required, Your claim is not affected if proof is sent as soon as possible. Unless You are legally incapacitated, proof must be sent no later than one (1) year after the time specified.

CLAIM FORMS: We will send You claim forms when We receive written notice of claim. If forms are not received within fifteen (15) days after written notice of claim is sent, then proof of claim will be met by giving Us a written statement of the type and the extent of the services. You must send such proof within the time limit stated in the Written Proof of Claim provision of this policy.

PAYMENT OF CLAIMS: When We receive proper written proof of claim covered by this policy, We will pay any benefits due. Benefits that provide for periodic payment will be paid monthly as we become liable.

We will pay benefits to You, if living, or to providers of care or services through an Assignment of Benefits, or to Your estate. If benefits are payable to Your estate, We may pay up to \$1,000.00 to any relative of Yours who We find is entitled to them. Any payment made in good faith will fully discharge Us to the extent of the payment.

TIME OF PAYMENT OF CLAIMS: Indemnities payable under this policy for any loss other than for loss for which this policy provides any periodic payment, will be paid immediately upon receipt of due written proof of such loss.

PHYSICAL EXAMINATIONS: We have the right to have a Doctor of Our choice examine You as often as reasonably necessary while a claim is pending. Any such examinations will be made at Our expense.

LEGAL ACTIONS: No legal action can be brought against Us to recover on this policy before the 61st day after written proof of claim has been given as required by this policy. No action can be brought after the expiration of three (3) years from the time written proof of claim is otherwise required under the policy.

CLAIM DENIAL: If Your claim is denied, We will make available all information directly relating to such denial within 60 days of Your written request unless prohibited under state or federal law.

The results of this review will be sent to You within sixty (60) days following Our receipt of Your request.

GENERAL PROVISIONS

ENTIRE CONTRACT; CHANGES: This policy with the application and attached papers is the entire contract between You and Us. No change in this policy will be effective unless it has been approved by one of Our officers. This approval must be noted on or attached to this policy. No agent may change this policy or waive any of its provisions.

GENERAL PROVISIONS (Continued)

TIME LIMIT ON CERTAIN DEFENSES: We rely on the statements made in the application when issuing this insurance. After this insurance has been in force for two (2) years, only fraudulent misstatements in the application may be used to void this policy or deny any claim for loss which starts after the two (2) year period.

No claim for loss incurred which starts after two (2) years from the Effective Date will be reduced or denied because of disease or physical condition, not excluded by name or specific description before the date of loss, had existed before the Effective Date of insurance.

MISSTATEMENT OF AGE: If Your age has been misstated, the benefits payable under this policy will be those benefits, which the premium paid would have purchased at the correct age. If no coverage would have been available, We will refund all premium You have paid, less any claims paid.

ASSIGNMENT OF BENEFITS: No assignment of this policy or its benefits, by You or Your legal representative, will affect Us unless it is in writing and sent to Us at Our Home Office. We are not responsible for the validity of the assignment. Any payment We make in good faith will end Our liability to the extent of the payment.

CONFORMITY WITH STATE LAWS: Any provision of this policy which, on the Effective Date, is in conflict with the statutes of the state in which You reside on such date is automatically changed to meet the minimum requirements of such statutes.

CHANGE OF BENEFICIARY: Unless You make an irrevocable designation of beneficiary, the right to change a beneficiary is reserved to You and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of the Policy, to any change of beneficiary or beneficiaries, or to any other changes in the Policy.

ANNUAL MEETING: The annual meeting of Our policyholders will be held in Our Home Office. It will start at 10:00 a.m. on the first Tuesday following the second Sunday in April of each year. We will elect Directors and transact other business that is brought before the meeting.

GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue, Glenview, Illinois 60025

ACCIDENT AND SICKNESS HOSPITALIZATION BENEFIT RIDER

EFFECTIVE DATE: April 13, 2018

In consideration of the application and payment of the required Premium, this Rider is made a part of the Policy to which it is attached. This Rider takes effect on the Effective Date shown above. If no date is shown above, it begins on the Policy's Effective Date.

YOUR THIRTY (30) DAY RIGHT TO RETURN THIS RIDER

If You are not satisfied with this Rider, You may return it to Us within thirty (30) days of its receipt. You may return it to Us by mail or to the agent who sold it. We'll then refund all premiums paid for this Rider and it will be void.

RIDER DEFINITIONS

Accident: A sudden, unintended and unforeseeable, external event which results in an Injury.

Accident and Sickness Hospitalization Benefit: The amount We will pay for each day of Hospital Confinement. The Accident and Sickness Hospitalization Benefit amount is shown in the Rider Benefit Schedule.

Complications of Pregnancy: Complications of Pregnancy are considered a Sickness and are conditions which:

1. When pregnancy is not terminated, require medical treatment and the diagnosis is distinct from pregnancy but is adversely affected by or is caused by pregnancy, such as:
 - a. Acute nephritis;
 - b. Nephrosis;
 - c. Cardiac decompensation;
 - d. Missed abortion;
 - e. Eclampsia;
 - f. Puerperal infection;
 - g. R.H. Factor problems;
 - h. Severe loss of blood requiring transfusion; and
 - i. Other similar medical and surgical conditions of comparable severity related to pregnancy; or
2. When pregnancy is terminated by:
 - a. Non-elective cesarean section;
 - b. Ectopic pregnancy that is terminated; and
 - c. Spontaneous termination of pregnancy during a period of gestation in which a viable birth is not possible.
3. Complications of Pregnancy will not include:
 - a. False labor;
 - b. Occasional spotting;
 - c. Doctor prescribed rest during the period of pregnancy;
 - d. Morning Sickness;
 - e. Preeclampsia; and
 - f. Similar conditions associated with the management of a difficult pregnancy but which are not a separate Complication of Pregnancy.

Delivery by cesarean section is considered a Complication of Pregnancy if the cesarean section is non-elective. A cesarean section will be considered non-elective if the fetus or mother is determined to be in distress and is in immediate danger of death, Sickness or Injury if a cesarean section is not performed. A cesarean section beyond one performed in any previous pregnancy will also be considered non-elective if vaginal delivery is medically inappropriate, or a vaginal delivery is attempted but discontinued due to immediate danger of death, Sickness or Injury to the child or mother.

Continuing Benefit Period: The number of days as shown in the Schedule for which the Continuing Daily Benefit Amount is payable.

Continuing Daily Benefit Amount: The Amount We will pay for each day of Hospital Confinement during the Continuing Benefit Period. The Continuing Daily Benefit Amount is shown in the Schedule.

Emergency Room: A Hospital emergency room, Hospital affiliated trauma/emergency care facility or in a specified area of a licensed, accredited, hospital/medical facility certified by the State, which is designated for emergency care of injured and sick people. This specified area is supervised and has treatments provided by Doctors, is staffed and equipped to handle emergency care and provides emergency care seven (7) days a week twenty-four (24) hours a day. An Emergency Room is not a clinic or Doctor's office.

Hospital Confined/Hospital Confinement: Confinement in a Hospital for at least twenty-four (24) consecutive hours by reason of a covered Injury or Sickness for which benefits are payable and there is a charge for room and board.

Initial Benefit Period: The number of days as shown in the Schedule for which the Initial Daily Benefit Amount is payable.

Initial Daily Benefit Amount: The Amount We will pay for each day of Hospital Confinement during the Initial Benefit Period. The Initial Daily Benefit Amount is shown in the Schedule.

Injury / Injuries: Bodily injury due to an Accident which:

1. Results directly and independently of disease, bodily infirmity or any other causes; and
2. Solely, directly and independently of all other causes results in Loss covered by this Rider; and
3. Occurs after this Rider's effective date; and
4. Occurs while the Policy with this Rider is in force; and
5. Has not specifically been excluded.

Loss: A covered Injury or covered Sickness for which benefits are payable under this Rider.

Maximum Benefit Period: The number of days of Hospital Confinement for which We will pay the Initial Daily Benefit Amount and Continuing Daily Benefit Amount during any One Period of Confinement. The number of days payable for the Initial Daily Benefit Amount and Continuing Daily Benefit Amount, combined, shall not exceed 31 days. The Maximum Benefit Period is shown in the Rider Benefit Schedule.

Mental or Nervous Disorder: Nervous, emotional and mental disease, illness, syndrome or dysfunction classified in the most recent edition of the International Classification of Diseases as a Mental Disorder on the date the medical care or treatment is rendered.

One Period of Confinement: For the purposes of determining a Maximum Benefit Period, One Period of Confinement begins on the first day You are Hospital Confined. One Period of Confinement ends when there has been no additional Hospital Confinement for sixty (60) days in a row.

Outpatient Facility: A facility which:

1. Meets licensing and other legal requirements and is equipped to provide surgical services; and
2. Classified by the Hospital as an out-patient facility; and
3. In which You are confined for less than twenty-four (24) hours.

Sickness: An illness or disease. All related conditions and recurring symptoms of sickness will be considered one sickness. Complications of Pregnancy, and Mental or Nervous Disorders will be considered a covered Sickness.

Waiting Period: The number of days after this Rider's Effective Date during which Loss incurred for an otherwise covered Sickness is not eligible for benefit payment.

ACCIDENT AND SICKNESS HOSPITALIZATION BENEFIT

Injury: We will pay the Accident and Sickness Hospitalization Benefit for a Loss incurred as a result of a covered Injury. The covered Injury must be initially treated in an Emergency Room or Outpatient Facility within forty-eight (48) hours after the covered Injury occurred with admittance to a Hospital immediately following.

Sickness: We will pay the Accident and Sickness Hospitalization Benefit when You are Hospital Confined for a covered Sickness. Benefit payment is subject to:

1. This Policy and Rider being in force at the time Loss is incurred;
2. Satisfaction of the Waiting Period, if any; and
3. The Loss not being otherwise excluded from coverage under this Policy and Rider.

We will pay the Initial Daily Accident and Sickness Hospitalization Benefit during the Initial Benefit Period for each day of Hospital Confinement for a covered Accident or Sickness. The Initial Daily Benefit Amount is not payable beyond the Initial Benefit Period of Hospital Confinement. The Initial Daily Accident and Sickness Hospitalization Benefit Amount and Initial Benefit Period are shown in the Rider Benefit Schedule.

After the Initial Benefit Period, We will pay a Continuing Daily Benefit Amount, during the Continuing Benefit Period, subject to the Maximum Benefit Period during One Period of Confinement.

Any one continuous period of Hospital Confinement which begins while the Policy with this Rider are in force won't be affected by the termination of the Policy or Rider.

RIDER EXCLUSIONS

This Rider does not provide benefits for Loss as a result of:

1. Intentionally self-inflicted Injury, violating or attempting to violate any duly enacted law.
2. Injury being exposed to war or any act of war, declared or not, or participating in or contracting with the armed forces (including Coast Guard) of any country or international authority.
3. Injury received while traveling or operating, learning to operate, serving as a crewmember on, or jumping or falling from any aircraft including those, which are not motor-driven.
4. Suicide or attempted suicide while sane; or self-destruction or an attempt to self-destroy while insane.
5. Injury resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs; or being under the influence of any illegal drugs or narcotic unless administered on the advice and as directed by a Doctor.
6. Injury to the spine, or the cervical, thoracic spinal, dorsal, sacro-iliac, or lumbar regions unless loss begins not less than 6 months after the Covered Person's effective date of coverage.
7. Repetitive motion Injuries, strains, all types of hernia, tendinitis, bursitis and heat exhaustion not related to a specific Injury.
8. Injury resulting from testing cars/trucks on any racetrack or speedway.
9. Injury sustained while taking part in any of the following activities: as a rider in or driving in competitive motor sport, water sport races, stunt show or speed test, or while testing any vehicle on any racecourse or speedway; spelunking (exploring caves); mountaineering, scaling up or down cliffs or mountain walls; practice for or participation in a rodeo; flying in an ultra-light, hang gliding, parachuting, parasailing, parakiting, bungee cord jumping.
10. Participating in any sporting event for pay or prize money.
11. Injuries incurred and resulting from hazardous occupations such as circus workers, commercial fisherman, crop dusters, farm labors, firefighters, lumberjacks, oil field workers, police, quarry workers, rodeo riders, security guards, underground miners, or window washers.

12. Injuries arising out of or in the course of employment and which is payable or covered under any Workers' Compensation or Occupational Disease Act or Law.
13. Pregnancy, except for Complications of Pregnancy; or Hospital Confinement due to giving birth within the first nine (9) months after the Effective Date of coverage under this Rider as a result of a normal pregnancy, including Cesarean.

RENEWAL CONDITIONS

This Rider is renewed when the Policy to which it is attached is renewed.

TERMINATION

This Rider will terminate on the earliest of:

1. The date the Policy to which this Rider is attached is terminated;
2. The date You ask Us, in writing, to cancel this Rider; or
3. The date the Policy lapses for non-payment of premium.

PREMIUM

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this Benefit Rider is shown in the Policy Schedule.

We can change the premium for this Rider if We change it for all Riders like Yours in Your state on a class basis. We'll provide You with written notice of any change in the premium in the time required by Your state.

CONDITIONS

This Rider is subject to all terms, definitions, provisions, limitations, and exclusions of the Policy except where specifically changed by this Rider.

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



Secretary



President

GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue, Glenview, Illinois 60025

AMBULANCE SERVICE BENEFIT RIDER

EFFECTIVE DATE: April 13, 2018

In consideration of the application and payment of the required Premium, this Rider is made a part of the Policy to which it is attached. This Rider takes effect on the Effective Date shown above. If no date is shown above, it begins on the Policy's Effective Date.

YOUR THIRTY (30) DAY RIGHT TO RETURN THIS RIDER

If You are not satisfied with this Rider, You may return it to Us within thirty (30) days of its receipt. You may return it to Us by mail or to the agent who sold it. We'll then refund all premiums paid for this Rider and it will be void.

DEFINITIONS

Accident: A sudden, unintended and unforeseeable, external event which results in an injury.

Ambulance: A ground vehicle which is licensed solely as an ambulance by the local regulatory body to provide transportation to a medical facility or transportation from one medical facility to another for those individuals who are unable to travel to receive medical care by any other means or the medical facility cannot provide the needed care.

Ambulance Service Benefit Amount: The amount We will pay per Ambulance trip, subject to the Lifetime Maximum Amount. The Ambulance Service Benefit Amount is shown on the Rider Schedule.

Lifetime Maximum Amount: The total amount of Ambulance Service Benefits that may be paid under the terms of this Rider. The Lifetime Maximum Amount is shown on the Rider Schedule.

Medically Necessary: For purposes of this Rider means the patient's health would otherwise be endangered if Ambulance transport services were not available.

Ambulance services will not be considered as Medically Necessary if the services:

- Are provided solely for the convenience of the patient, the patient's family, Doctor, Hospital or any other provider; or
- Could have been omitted without adversely affecting the patient's condition or the quality of medical care;

AMBULANCE SERVICE BENEFIT

We will pay the Ambulance Service Benefit Amount, shown on the Schedule, if a licensed ground Ambulance service transports You to or from a medical facility. This Benefit is payable no more than four (4) times per Calendar Year. The Ambulance service must be Medically Necessary. We will not pay more than the Lifetime Maximum Amount shown on the Policy Schedule.

EXCLUSIONS

We won't pay benefits for:

1. Services which are not Medically Necessary;
2. Services which are received without charge or legal obligation to pay;
3. Services which would not routinely be paid in the absence of insurance;
4. For loss as a result of war, or any action of war, declared or undeclared; service in the armed forces of any country;
5. For loss incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or civil commotion;
6. For loss incurred as a result of suicide or intentionally self-inflicted Injury while sane or insane;

7. Injury or Sickness arising out of or in the course of employment or which is compensable under any Workers' Compensation or Occupational Disease Act or Law;
8. Injury due to being legally intoxicated, as defined by the jurisdiction in which an Accident occurs;
9. Loss due to voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Doctor.

RENEWAL CONDITIONS

This Rider is renewed when the Policy to which it is attached is renewed.

PREMIUM

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this Benefit Rider is shown in the Policy Schedule.

We can change the premium for this Rider if We change it for all Riders like Yours in Your state on a class basis. We'll provide You with written notice of any change in the premium in the time required by Your state.

TERMINATION

This Rider will terminate on the earliest of:

1. The date the Policy to which this Rider is attached is terminated;
2. The date You ask Us, in writing, to cancel this Rider;
3. The date the Policy lapses for non-payment of premium; or
4. When We have paid Ambulance Service Benefits equal to the Lifetime Maximum Amount.

CONDITIONS

This Rider is subject to all terms, provisions, limitations, and exclusions of the Policy except where specifically changed by this Rider.

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



Secretary



President

GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue, Glenview, Illinois 60025

CRITICAL ACCIDENT BENEFIT RIDER

Benefits payable for Accidental Death, Dislocation, Fracture and Knee Ligament/Meniscus Tear

EFFECTIVE DATE: April 13, 2018

This Rider is part of the Policy to which it is attached. It is issued in consideration of the statements made in Your application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the Policy's Effective Date.

YOUR TEN (10) DAY RIGHT TO RETURN THIS RIDER

If You are not satisfied with this Rider, You may return it to Us within ten (10) days of its receipt. You may return it to Us by mail or to the agent who sold it. We'll then refund all premiums paid for this Rider and it will be void.

RIDER DEFINITIONS

The following definitions and those applicable definitions contained in the Policy will apply wherever the terms are used in this Rider.

Accident: A sudden, unintended and unforeseeable, external event which results in an Injury.

Accidental Death: Death caused by an Accident that occurs: (1) on or after the Effective Date of this Rider; and (2) while this Rider is in force. Accidental Death must be independent of Sickness, bodily infirmity, or any other causes and occur within 90 days of the Accident.

Dislocation: The displacement of one or more bones at a joint as a result of an Injury.

Emergency Room: A Hospital emergency room, Hospital affiliated trauma/emergency care facility or in a specified area of a licensed, accredited, hospital/medical facility certified by the State, which is designated for emergency care of injured and sick people. This specified area is supervised and has treatments provided by Doctors, is staffed and equipped to handle emergency care and provides emergency care seven (7) days a week twenty-four (24) hours a day. An Emergency Room is not a clinic or Doctor's office.

Experimental/Investigational: Medical care or treatment will be considered experimental/investigational if:

- The informed consent document utilized with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase or if such a consent document is required by law;
- The drug, device, medical care or treatment or the patient informed consent document utilized with the drug, device or medical care or treatment was reviewed and approved by the treating facility's institutional review board or other body serving a similar function, or if federal or state law requires such review and approval;
- Reliable evidence show that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of on-going Phase III clinical trials, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis; or
- Reliable evidence show that the prevailing opinion among experts regarding the drug, device or medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis.

Reliable evidence means only: published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device or medical care or treatment; or the written informed consent used by the treating facility or other facility studying substantially the same drug, device or medical care or treatment.

Fracture: A break in bone as a result of Injury. It does not include a fracture caused by an acquired disease, such as osteoporosis or Padgett's disease or by abnormal formation of bone in a disease such as osteogenesis imperfecta.

Hospital: An institution licensed, accredited, or certified by the state which:

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

Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

Hospital does not include a place, special ward, floor, or other accommodation used for: custodial, educational care, or rehabilitation; rest; the aged; a nursing home or an institution mainly rendering treatment or services for mental or nervous disorders or substance abuse.

Injury: Bodily injury due to an Accident which:

- Results directly and independently of disease, bodily infirmity or any other causes;
- Solely, directly and independently of all other causes results in medical expenses;
- Occurs after the Effective Date of coverage under this Rider; and
- Occurs while this Rider is in force.

All Injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these Injuries, and are considered a single Injury.

Knee Ligament/Meniscus Tear: Injury to the knee resulting in a tear to any of the associated ligaments (anterior cruciate/ACL; posterior cruciate/PCL; lateral collateral /LCL; or the meniscus (medial or lateral) of the knee, as documented by a Doctor through clinical examination, and supported by diagnostic imaging, such as magnetic resonance imaging (MRI) or computer tomography (CT) scan.

Lifetime Maximum Benefit: The maximum benefit amount that We will pay for all covered Injuries You sustain under the terms of this Rider. The Lifetime Maximum Benefit Amount is shown on the Rider Schedule.

Loss: A covered Accident for which We will pay benefits under this Rider.

Maximum Benefit Amount Per Accident: The maximum benefit amount We will pay for a covered Accident. The Maximum Benefit Amount Per Accident is shown on the Rider Schedule.

Medically Necessary: A procedure, surgery or treatment is necessary and appropriate for the diagnosis or treatment of an Injury in accordance with generally accepted standards of medical practice in the United States at the time it is provided.

A procedure, surgery or treatment shall not be considered as Medically Necessary if it:

- Could have been omitted without adversely affecting the patient's condition or the quality of medical care;
- Can be safely provided to the patient on a more cost-effective basis or pursuant to a more conservative form of treatment.

We reserve the right to determine whether a procedure, surgery or treatment is Medically Necessary.

Rider Waiting Period: The number of days after this Rider's Effective Date before We will pay benefits for loss due to a covered Injury. The Rider Waiting Period is shown in the Rider Schedule.

Sickness: Illness or disease.

Urgent Care: Health care services that are appropriately provided for an unforeseen condition of a kind that usually requires medical attention without delay but that does not pose a threat to the life, limb, or permanent health of the injured or sick person.

Urgent Care Facility: An outpatient treatment center that provides Urgent Care and meets any of the following requirements:

- Is open 24 hours a day, excluding weekends or certain holidays, but is not licensed as a hospital; and
- Provides immediate but not emergent ambulatory medical care to patients with or without an appointment.

Does not include the following:

- A medical facility that is licensed under a hospital's license and that uses the hospital's medical provider number.
- Any other licensed health care institution.

CRITICAL ACCIDENT BENEFIT

Subject to all terms, conditions, definitions, limitations, exclusions, Rider Waiting Period and other provisions of this Rider and the Policy to which it is attached, We will pay benefits, as shown below, for Loss You incur as a result of a covered Accident.

Benefits are payable only when Loss is:

1. Incurred by You while Your coverage under this Rider is in force;
2. Incurred for an Injury as a result of a covered Accident; and
3. Not otherwise excluded from coverage under this Rider.

Benefit amounts payable are shown on the Rider Schedule page and are subject to a Maximum Benefit Amount Per Accident and the Lifetime Maximum Benefit.

DISLOCATION / FRACTURE / KNEE LIGAMENT/MENISCUS TEAR BENEFIT

We will pay benefits, as shown on the Rider Schedule page, when You receive services in an Emergency Room or Urgent Care Facility that are deemed to be Medically Necessary for the treatment of a Dislocation, Fracture or Knee Ligament/Meniscus Tear sustained as a direct result of a covered Accident. Services for the treatment of a Dislocation, Fracture or Knee Ligament/Meniscus Tear must be received within forty-eight 48 hours of a covered Accident.

If more than one Fracture, Dislocation and /or Knee Ligament/Meniscus Tear is sustained as a result of a covered Injury, only one (1) benefit is payable. The benefit payable will be that of the highest benefit amount associated with the sustained Fracture, Dislocation, or Knee Ligament/Meniscus Tear.

ACCIDENTAL DEATH BENEFIT

We will pay the Loss of Life Benefit to the named beneficiary if You should die solely as a result of Injuries sustained in a covered Accident. Accidental death must occur while this Rider is in force and within ninety (90) days after the date of the covered Accident, which caused the covered Injuries.

The Loss of Life Benefit is shown on the Rider Schedule. Benefit limits will not exceed the Lifetime Maximum Benefit Amount.

RIDER EXCLUSIONS

This Rider does not provide benefits for:

1. Treatment, services or supplies which:
 - a. Are not prescribed by a Doctor to treat an Injury;
 - b. Are determined to be Experimental/Investigational in nature;
 - c. Are received without charge or legal obligation to pay;
 - d. Are received from persons employed or retained by any Family Member; or
 - e. Are provided outside of an Emergency Room or Urgent Care Facility.
2. Fracture of fingers, toes, ribs or coccyx;
3. Intentionally self-inflicted Injury, violating or attempting to violate any duly enacted law.
4. Injury being exposed to war or any act of war, declared or not, or participating in or contracting with the armed forces (including Coast Guard) of any country or international authority.
5. Injury received while traveling or operating, learning to operate, serving as a crewmember on, or jumping or falling from any aircraft including those, which are not motor-driven.
6. Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
7. Dental treatment.
8. Treatment of Sickness, disease or degenerative process, including degenerative joint disease and/or non-traumatic arthritis. We also will not pay benefits for any related medical treatments or diagnostic procedures.
9. Treatment of vegetation or ptomaine poisoning or bacterial infections, except pyogenic infections due to accidental open cuts; or accidental ingestion of contaminated substances.
10. Suicide or attempted suicide while sane; or self-destruction or an attempt to self-destroy while insane.
11. Injury resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs; or being under the influence of any illegal drugs or narcotic unless administered on the advice and as directed by a Doctor.
12. Injury resulting from testing cars/trucks on any racetrack or speedway.
13. Injury resulting from participation in intercollegiate sports.
14. Injury sustained while taking part in any of the following activities: as a rider in or driving in competitive motor sport, water sport races, stunt show or speed test, or while testing any vehicle on any racecourse or speedway; spelunking (exploring caves); mountaineering, scaling up or down cliffs or mountain walls; practice for or participation in a rodeo; flying in an ultralight, hang gliding, parachuting, parasailing, parakiting, bungee cord jumping.
15. Participating in any sporting event for pay or prize money.
16. Injuries incurred and resulting from hazardous occupations such as circus workers, commercial fisherman, crop dusters, farm laborers, firefighters, lumberjacks, oil field workers, police, quarry workers, rodeo riders, security guards, underground miners, or window washers.
17. Injuries arising out of or in the course of employment and which is payable or covered under any Workers' Compensation or Occupational Disease Act or Law.
18. Injuries incurred more than 40 miles outside the territorial limits of the United States or Canada, unless such loss is incurred while You are on a trip of not more than 60 days.

RENEWAL CONDITIONS AND PREMIUM

This rider is renewed when the Policy to which it is attached is renewed.

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this Rider is shown on the Policy Schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. Before any change in premium becomes effective, We'll provide You with advance written notice in the time required by Your state.

TERMINATION

This Rider will terminate on the earliest of:

1. The date the Policy to which this Rider is attached is terminated;
2. The date You ask us, in writing, to cancel this Rider;
3. The date the Policy lapses for non-payment of premium;
4. The date the Lifetime Maximum Benefit Amount has been paid under this Rider.

CONDITIONS

This Rider is subject to all terms, definitions, provisions, limitations and exclusions of the Policy to which it is attached, except, where specifically changed by this Rider.

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



Secretary



President

CRITICAL ACCIDENT BENEFIT RIDER

RIDER BENEFITS SCHEDULE

This is a summary of Rider benefits. Please read the entire contract for a full explanation of Policy and Rider benefits and limitations.

Insured: John D Sthhc TX

Rider Waiting Period: 30 days

Maximum Benefit Amount Per Accident: \$5,000

Lifetime Maximum Benefit Amount: \$5,000

	Benefit Amount
Dislocation, hip	\$1,000
Dislocation, knee	\$500
Fracture, hip or skull	\$1,250
Fracture, all other	\$250
Tear, knee ligament or meniscus	\$500
Accidental Death Loss of Life Benefit	\$5,000

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**GUARANTEE TRUST LIFE
INSURANCE COMPANY**
A Mutual Company
1275 Milwaukee Avenue
Glenview, Illinois 60025

**SHORT-TERM
HOME HEALTH CARE
INSURANCE POLICY**