

# *Short-Term Home Health Care Insurance*

## **AGENT RATES** TEXAS

*FOR AGENT USE ONLY*

# Guarantee Trust Life Insurance Company

## Short - Term Home Health Care Rate Calculation Worksheet

**Step 1. Determine rates for Applicant's age**

Plan

Option A

Option B

Option C

\$ \_\_\_\_\_

**Determine rates for Spouse's age**

Plan

Option A

Option B

Option C

\$ \_\_\_\_\_

**Step 2. Choose optional benefits Applicant 1**

	Option A:	Option B:	Option C:
<b>Accident and Sickness Hospitalization Rider*</b>			
Daily Benefit Amount: <i>(Choose one)</i>	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100 <input type="checkbox"/> \$200	<input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$300
Benefit Period: <i>(Choose one)</i>	<input type="checkbox"/> 3 Days <input type="checkbox"/> 6 Days	<input type="checkbox"/> 3 Days <input type="checkbox"/> 6 Days	<input type="checkbox"/> 3 Days <input type="checkbox"/> 6 Days
<i>*(HIP option must follow base option.)</i>	Modal Premium \$ _____		
<b>Ambulance Rider</b> <i>(Maximum issue age is 80)</i>	<input type="checkbox"/> Modal Premium \$ _____		
<b>Critical Accident Rider</b>	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	
	Modal Premium \$ _____		
<b>Dental and Vision Rider</b>	<input type="checkbox"/> \$400	<input type="checkbox"/> \$800	<input type="checkbox"/> \$1,200
	Modal Premium \$ _____		

**Choose optional benefits Applicant 2**

	Option A:	Option B:	Option C:
<b>Accident and Sickness Hospitalization Rider*</b>			
Daily Benefit Amount: <i>(Choose one)</i>	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100 <input type="checkbox"/> \$200	<input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$300
Benefit Period: <i>(Choose one)</i>	<input type="checkbox"/> 3 Days <input type="checkbox"/> 6 Days	<input type="checkbox"/> 3 Days <input type="checkbox"/> 6 Days	<input type="checkbox"/> 3 Days <input type="checkbox"/> 6 Days
<i>*(HIP option must follow base option.)</i>	Modal Premium \$ _____		
<b>Ambulance Rider</b> <i>(Maximum issue age is 80)</i>	<input type="checkbox"/> Modal Premium \$ _____		
<b>Critical Accident Rider</b>	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	
	Modal Premium \$ _____		
<b>Dental and Vision Rider</b>	<input type="checkbox"/> \$400	<input type="checkbox"/> \$800	<input type="checkbox"/> \$1,200
	Modal Premium \$ _____		

<b>Step 3.</b>	SUBTOTAL Base and Riders, All Applicants <i>(Add total of steps 1-2 for both applicants)</i>	\$ _____
<b>Step 4.</b>	Mode Factor** <i>(Annual 1.0, Semi-annual 0.50, Quarterly 0.25, Monthly Bank Draft 0.08333)</i>	_____ . _____ Mode Factor
<b>Step 5.</b>	Total Modal Premium** <i>(multiply step 3 by step 4)</i>	\$ _____

**\*\* If monthly rate sheet used, stop at step 3.**

# STEP 1: BASE PLAN MONTHLY RATES

(Includes monthly \$1.67 policy fee)

Home Health Care Daily Benefit Options			
	Option A	Option B	Option C
ATTAINED AGE*	\$150 Daily Max	\$300 Daily Max	\$450 Daily Max
40 - 55	\$14.15	\$26.63	\$28.81
56 - 60	\$16.06	\$30.45	\$33.17
61 - 64	\$20.94	\$40.21	\$44.59
65 - 70	\$24.32	\$46.97	\$53.46
71 - 75	\$32.43	\$63.20	\$75.50
76 - 80	\$42.60	\$83.53	\$109.84
81 - 85	\$55.75	\$109.83	\$154.79

**\*Rates go up at attained age 86. See page 6 for details.**

\*Base Short-Term Home Health Care rates (and Accident & Sickness Hospitalization Rider) are Attained Age and will increase as policyholder gets older as outlined above.

## STEP 2: MONTHLY RIDER RATES (IF APPLICABLE)

Accident & Sickness Hospitalization Rider**— Monthly Rates						
ATTAINED AGE*	\$100 BENEFIT / AGES 40-85		\$200 BENEFIT / AGES 40-85		\$300 BENEFIT / AGES 40-85	
	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY
	40 - 45	\$3.22	\$4.29	\$6.45	\$8.58	\$9.67
46 - 50	\$3.85	\$5.16	\$7.70	\$10.32	\$11.55	\$15.47
51 - 55	\$4.62	\$6.20	\$9.25	\$12.40	\$13.87	\$18.60
56 - 60	\$5.37	\$7.20	\$10.75	\$14.40	\$16.12	\$21.60
61 - 64	\$5.64	\$7.63	\$11.28	\$15.27	\$16.92	\$22.90
65 - 70	\$5.90	\$8.27	\$11.80	\$16.55	\$17.70	\$24.82
71 - 75	\$7.03	\$9.96	\$14.07	\$19.92	\$21.10	\$29.87
76 - 80	\$8.96	\$12.77	\$17.92	\$25.55	\$26.87	\$38.32
81 - 85	\$10.69	\$15.44	\$21.38	\$30.88	\$32.07	\$46.32

Critical Accident Rider—Monthly Rates				
ISSUE AGE	FEMALE		MALE	
	\$5,000	\$10,000	\$5,000	\$10,000
40 - 44	\$0.96	\$1.92	\$1.25	\$2.50
45 - 49	\$1.17	\$2.33	\$1.25	\$2.50
50 - 54	\$1.50	\$3.00	\$1.33	\$2.67
55 - 59	\$1.92	\$3.83	\$1.50	\$3.00
60 - 64	\$2.46	\$4.92	\$1.79	\$3.58
65 - 69	\$3.25	\$6.50	\$2.29	\$4.58
70 - 74	\$4.46	\$8.92	\$3.08	\$6.17
75 - 79	\$6.21	\$12.42	\$4.42	\$8.83
80 - 84	\$8.67	\$17.33	\$6.62	\$13.25
85	\$11.33	\$22.67	\$9.42	\$18.83

**\*Rates go up at attained age 86. See page 6 for details.**

\*\* Above rates include a \$15 Daily Benefit for the remainder of the 31 day Maximum Benefit Period.

Dental and Vision Rider—Monthly Rates			
ISSUE AGE	MALE OR FEMALE		
	\$400	\$800	\$1,200
40 - 49	\$22.50	\$27.08	\$31.25
50 - 55	\$24.17	\$29.42	\$34.25
56 - 60	\$25.25	\$30.67	\$35.67
61 - 65	\$26.58	\$32.00	\$36.92
66 - 70	\$28.25	\$33.58	\$38.17
71 - 75	\$29.92	\$34.83	\$39.42
76 - 80	\$31.58	\$36.08	\$40.67
81 - 85	\$33.25	\$37.42	\$42.08

Ambulance Rider	
Issue Age	Premium
40 - 49	\$2.08
50 - 59	\$2.33
60 - 69	\$3.08
70 - 80	\$4.83

## STEP 1: BASE PLAN ANNUAL RATES

(Includes annual \$20.00 policy fee)

Home Health Care Daily Benefit Options			
	Option A	Option B	Option C
ATTAINED AGE*	\$150 Daily Max	\$300 Daily Max	\$450 Daily Max
40 - 55	\$169.75	\$319.50	\$345.67
56 - 60	\$192.71	\$365.42	\$398.02
61 - 64	\$251.26	\$482.52	\$535.12
65 - 70	\$291.83	\$563.66	\$641.50
71 - 75	\$389.19	\$758.38	\$905.98
76 - 80	\$511.17	\$1,002.34	\$1,318.06
81 - 85	\$668.96	\$1,317.92	\$1,857.55

**\*Rates go up at attained age 86. See page 6 for details.**

\*Base Short-Term Home Health Care rates (and Accident & Sickness Hospitalization Rider) are Attained Age and will increase as policyholder gets older as outlined above.

## STEP 2: ANNUAL RIDER RATES (IF APPLICABLE)

Accident & Sickness Hospitalization Rider**— Annual Rates						
ATTAINED AGE*	\$100 BENEFIT / AGES 40-85		\$200 BENEFIT / AGES 40-85		\$300 BENEFIT / AGES 40-85	
	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY
	40 - 45	\$38.70	\$51.50	\$77.40	\$103.00	\$116.10
46 - 50	\$46.20	\$61.90	\$92.40	\$123.80	\$138.60	\$185.70
51 - 55	\$55.50	\$74.40	\$111.00	\$148.80	\$166.50	\$223.20
56 - 60	\$64.50	\$86.40	\$129.00	\$172.80	\$193.50	\$259.20
61 - 64	\$67.70	\$91.60	\$135.40	\$183.20	\$203.10	\$274.80
65 - 70	\$70.80	\$99.30	\$141.60	\$198.60	\$212.40	\$297.90
71 - 75	\$84.40	\$119.50	\$168.80	\$239.00	\$253.20	\$358.50
76 - 80	\$107.50	\$153.30	\$215.00	\$306.60	\$322.50	\$459.90
81 - 85	\$128.30	\$185.30	\$256.60	\$370.60	\$384.90	\$555.90

Critical Accident Rider - Annual Rates				
ISSUE AGE	FEMALE		MALE	
	\$5,000	\$10,000	\$5,000	\$10,000
40 - 44	\$11.50	\$23.00	\$15.00	\$30.00
45 - 49	\$14.00	\$28.00	\$15.00	\$30.00
50 - 54	\$18.00	\$36.00	\$16.00	\$32.00
55 - 59	\$23.00	\$46.00	\$18.00	\$36.00
60 - 64	\$29.50	\$59.00	\$21.50	\$43.00
65 - 69	\$39.00	\$78.00	\$27.50	\$55.00
70 - 74	\$53.50	\$107.00	\$37.00	\$74.00
75 - 79	\$74.50	\$149.00	\$53.00	\$106.00
80 - 84	\$104.00	\$208.00	\$79.50	\$159.00
85	\$136.00	\$272.00	\$113.00	\$226.00

**\*Rates go up at attained age 86. See page 6 for details.**

\*\*Above rates include a \$15 Daily Benefit for the remainder of the 31 day Maximum Benefit Period.

Dental and Vision Rider - Annual Rates			
ISSUE AGE	MALE OR FEMALE		
	\$400	\$800	\$1,200
40 - 49	\$270.00	\$325.00	\$375.00
50 - 55	\$290.00	\$353.00	\$411.00
56 - 60	\$303.00	\$368.00	\$428.00
61 - 65	\$319.00	\$384.00	\$443.00
66 - 70	\$339.00	\$403.00	\$458.00
71 - 75	\$359.00	\$418.00	\$473.00
76 - 80	\$379.00	\$433.00	\$488.00
81 - 85	\$399.00	\$449.00	\$505.00

Ambulance Rider	
Issue Age	Premium
40 - 49	\$25.00
50 - 59	\$28.00
60 - 69	\$37.00
70 - 80	\$58.00

MODAL FACTORS	
Monthly	0.08333
Quarterly	0.25000
Semi Annual	0.50000
Annual	1.00000

## **GTL Short Term Home Health Care Underwriting Guide**

1. The applicant must be a U.S. citizen or hold a “green card” (permanent resident of US). We will not consider any applicant that has a temporary visa, work or otherwise. The applicant also must have a valid social security number. We will not consider any applicant without one.
2. The agent must be health licensed and use the state approved application in the state where the applicant has permanent residency.
3. If power of attorney is used, please submit a signed copy of the form with the application.
4. If the application is over 31 days old when received by the Company, a new currently dated Application will be required.
5. The effective date cannot be more than 93 days from the application date or prior to the application date.
6. The draft date cannot be more than 15 days before or after the effective date.
7. Insurability will be determined by the answers to the medical questions. If any answer is yes, the applicant does not qualify. Also, if the applicant has any prior GTL coverage, claim history will be reviewed in determining insurability. Finally, if the applicant has the maximum benefit amount for this plan, the applicant does not qualify for coverage.
8. The minimum benefit amount is \$150 and the maximum amount is \$450. The base policy has a 360 day lifetime maximum benefit.
9. The applicant can only have one Short Term Home Health Care in force at any one time. If additional coverage is desired, a new application must be completed and the applicant must meet underwriting standards. If approved, the original policy will be cancelled. The current age of the applicant will be used to determine premium rates.
10. The applicant can have only one Ambulance Rider. If the applicant has an Ambulance Rider with another GTL policy, this rider cannot be sold with this plan.
11. The applicant can have only one Dental Vision Rider. If the applicant has a Dental Vision Rider (or plan) with another GTL policy, this rider cannot be sold with this plan.

- 12. The maximum Accident and Sickness Hospitalization Rider benefit is \$300/day. This rider includes a \$15 Daily Benefit for the remainder of the 31 day Maximum Benefit Period.
- 13. Riders must be sold within the base option group applied for. For example, if applying for Option A, only riders listed in Option A can be applied for.
- 14. While the height and weight are asked for on the application, at this time they will not be used in underwriting the application
- 15. A policy can be considered for reinstatement if not lapsed more than 6 months. If more than 6 months, a new application should be submitted.
- 16. The base Short-Term Home Health Care rates (and Accident & Sickness Hospitalization Rider) are based on Attained Age and will increase upon the policyholder anniversary date (see rate sheet). Attained age increases (if applicable) will occur at age 86 and older— rates are below.

**Base Rates for age 86-90+:**

**BASE PLAN MONTHLY RATES:**

(Rates include a \$1.67 Annual Policy Fee.)

Home Health Care Daily Benefit Options			
	Option A	Option B	Option C
<b>ATTAINED AGE*</b>	<b>\$150 Daily Max</b>	<b>\$300 Daily Max</b>	<b>\$450 Daily Max</b>
86+	\$71.41	\$141.15	\$209.39

**BASE PLAN ANNUAL RATES:**

(Rates include a \$20.00 Annual Policy Fee.)

Home Health Care Daily Benefit Options			
	Option A	Option B	Option C
<b>ATTAINED AGE*</b>	<b>\$150 Daily Max</b>	<b>\$300 Daily Max</b>	<b>\$450 Daily Max</b>
86+	\$856.92	\$1,693.84	\$2,512.74

Accident & Sickness Hospitalization Rider — Monthly Rates						
ATTAINED AGE*	\$100 BENEFIT / AGES 40-85		\$200 BENEFIT / AGES 40-85		\$300 BENEFIT / AGES 40-85	
	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY
86-90	\$13.69	\$19.85	\$27.38	\$39.70	\$41.07	\$59.55
91-95	\$19.70	\$28.67	\$39.40	\$57.35	\$59.10	\$86.02
96+	\$30.27	\$44.09	\$60.55	\$88.18	\$90.82	\$132.27

Accident & Sickness Hospitalization Rider — Annual Rates						
ATTAINED AGE*	\$100 BENEFIT / AGES 40-85		\$200 BENEFIT / AGES 40-85		\$300 BENEFIT / AGES 40-85	
	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY
86-90	\$164.30	\$238.20	\$328.60	\$476.40	\$492.90	\$714.60
91-95	\$236.40	\$344.10	\$472.80	\$688.20	\$709.20	\$1,032.30
96+	\$363.30	\$529.10	\$726.60	\$1,058.20	\$1,089.90	\$1,587.30