



PRESENTS

G·T·L

ADVANTAGE PLUS

HOSPITAL INDEMNITY PRODUCT

INTRODUCING...



RONNIE JAMES

TIDEWATER MANAGEMENT GROUP

Director of Training
& Agency Development

GTL OVERVIEW



- Located in Glenview, IL
- Founded in 1936
- Mutual insurance company
- Licensed in 49 states



ADVANTAGE PLUS: DETAILS



- Daily Hospital Indemnity Plan (Base Plan)
 - 10 or 21 (31) day benefit period
 - Restores after 60 days of no confinement
 - Rate does not increase each year
 - Limited Benefit Plan: Pays daily benefit from \$100 (\$50) to \$600 per day regardless of any other insurance your client may have

*Advantage Plus is a limited benefit policy. It is not a Medicare Supplement policy or certificate, and does not fully supplement any federal Medicare health insurance. If your client is eligible for Medicare, they may review the Guide to Health Insurance for People with Medicare available from GTL.

ADVANTAGE PLUS RIDERS



ADDITIONAL RIDERS

- **Ambulance Rider:** \$200 per trip
- **Cancer Rider:** \$2,500, \$5,000, \$7,500, or \$10,000
- **Skilled Nursing Rider:** \$120 per day (days 21—100)
- **Lump Sum Hospital Rider:** \$250, \$500, \$750
- **Outpatient Surgery Rider:** \$250, \$500, \$750, \$1,000

NEW RIDERS (AR, AL, DE, IA, ID, IL, MO, MS, MT, NC, NE, NM, OK, SD, TN, TX, WI and WV)

- **Ambulance Rider:** \$200 per trip 4 x per year
- **Lump Sum Cancer Plan:** Our CHS Protection Plus w/ Recurrence benefit (\$5,000, \$10,000, \$15,000, \$20,000)
- **Skilled Nursing Rider:** Days 1-50 (\$100, \$150, \$200)

UNDERWRITING



SIMPLIFIED/JET ISSUE POLICY (NO MIB OR PHONE INTERVIEW)

- Simple Yes/No Application
- 12 Month “look back”
- Guaranteed Issue from age 64 1/2 to 65 1/2 (except for cancer rider or plan)
- Pre-existing condition: 6 month period prior to effective date of coverage (not applicable in NC)

ISSUE AGES:

- Age 40 through Age 85
- Cancer Rider to Age 79 / Lump Sum Cancer to Age 85
- Ambulance Rider to Age 80

RATE EXAMPLE:



\$250 DAILY BENEFIT (10 DAY BENEFIT PERIOD) & AMBULANCE RIDER

- Age 65 \$28.90 monthly
- Age 70 \$34.65
- Age 75 \$40.43

ADD THE SKILLED NURSING FACILITY RIDER...

- Age 65 \$36.66 monthly
- Age 70 \$44.17
- Age 75 \$64.43

OR ADD THE CANCER RIDER (\$5,000)...

- Age 65 \$42.97 monthly
- Age 70 \$50.69
- Age 75 \$57.77

RATE EXAMPLE:



\$300 DAILY BENEFIT (10 DAY BENEFIT PERIOD) & AMBULANCE RIDER

- Age 65 \$34.34 monthly
- Age 70 \$40.34
- Age 75 \$65.18

ADD THE SKILLED NURSING FACILITY RIDER...

- Age 65 \$41.76 monthly
- Age 70 \$54.50
- Age 75 \$71.85

OR ADD THE CANCER RIDER (\$5,000)...

- Age 65 \$48.07 monthly
- Age 70 \$56.95
- Age 75 \$65.18

RATE EXAMPLE: NEW RIDERS



\$250 DAILY BENEFIT (10 DAY BENEFIT PERIOD) & AMBULANCE RIDER

- Age 65 \$29.74 monthly
- Age 70 \$35.49
- Age 75 \$41.27

ADD THE SKILLED NURSING (\$150)...

- Age 65 \$46.96 monthly
- Age 70 \$62.83
- Age 75 \$83.67

OR ADD THE CHS PROTECTION PLUS CANCER PLAN (\$5,000)...

- Age 65 \$43.58 monthly
- Age 70 \$52.28
- Age 75 \$59.34

IT'S A WIN-WIN SITUATION!



**CLIENT NOW HAS A PLAN TO HELP COVER
OUT-OF-POCKET MEDICAL EXPENSES SUCH AS:**

- Co-pays
- Non-prescription drugs
- Medical supplies
- Most anything that they need ...

AGENT INCREASES HIS OR HER COMMISSION!

PLUS...HELPS WITH CLIENT RETENTION.

SUBMITTING BUSINESS



HOW TO SUBMIT GTL BUSINESS:

- **Agent Portal:** www.gtlic.com
- **iPad Application (Advantage Plus)** www.sellgtl.com
- **Email:** und@gtlic.com
- **Fax New Business:** (847) 699-8493
- **Mail:** Guarantee Trust Life Ins. Co
Attn: New Business
1275 Milwaukee Ave
Glenview, IL 60025

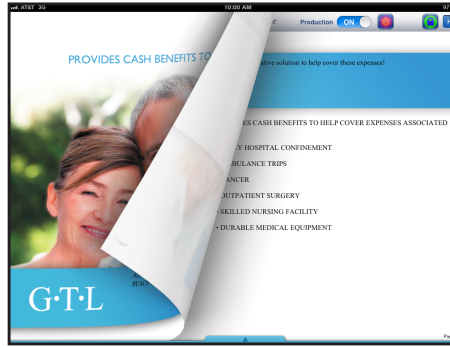


CUTTING EDGE TECHNOLOGY



LEADING TECHNOLOGY – APPLICATIONS ISSUED & DELIVERED IN 3 MINUTES!

www.sellgtl.com



Section 2: Coverage		Applicant 1	Applicant 2
Choose an amount from \$100 - \$600 (in \$10 increments)		250	Enter Data
Choose Number of Days Payable Per Benefit Period		<input checked="" type="radio"/> 10 days	<input type="radio"/> 10 days <input type="radio"/> 21 days
Option Riders		<input type="radio"/> \$250 <input checked="" type="radio"/> \$500 <input type="radio"/> \$750	<input type="radio"/> \$250 <input type="radio"/> \$500 <input type="radio"/> \$750
Lump Sum Hospital Benefit: Choose 1 of 3 Benefit Amounts		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Ambulance Service Benefit (maximum age - 80)		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Durable Medical Equipment Benefit		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Skilled Nursing Facility Benefit		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Section 3: Premium & Rate Calculator		Applicant 1	Applicant 2
Skilled Nursing Facility Benefit:		0	0
Accidental Death & Dismemberment Benefit:			
Lump Sum Cancer Benefit:		83.75	0
Surgical Benefit:			
Total Annual Premium:		639.44	
Premium Payment Mode:		<input type="radio"/> Annual <input checked="" type="radio"/> Semi-Annual	<input type="radio"/> Annual <input type="radio"/> Semi-Annual <input type="radio"/> Quarterly <input type="radio"/> Monthly PAC
Total Mode Premium for Applicants #1 and #2			
Application Fee (if applicable):			Enter Data
Total submitted Premium:			Enter Data

Section 5: Qualifying Information		Applicant 1	Applicant 2
Section A:			
In the past 12 months, have you been confined as an inpatient to a hospital, nursing home, or have you received home health care?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
In the past 12 months have you had a heart attack, stroke, heart surgery/bypass, malignant melanoma or cancer (other than skin cancer)?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
In the past 12 months have you been treated for chronic obstructive lung disease, health dependent diabetes, dementia, Alzheimer's disease, congestive heart failure, or chronic liver or kidney disease?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
In the past 12 months have you had surgery which required an inpatient hospital stay or been advised to have surgery which will require an inpatient stay but have not yet done so?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Have you ever been treated for or been diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or HIV infection?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Section B:			
In the past 10 years, have you had, been diagnosed as having, received medication for, or been treated by a medical practitioner for syphilis, Hodgkin's or Non-Hodgkin's disease, malignant melanoma, sarcoma or any other internal cancer or had radiation or chemotherapy for any of these conditions?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
In the past 24 months, have you been advised to seek treatment of medical advice?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Section 6: Agent Statement

I am not aware of any additional insurability of anyone proposed for this policy. I have advised the applicant of the application and its questions. I have completed and accurate and the notices in writing.

Sign Below

From: choreplay@gtlcc.com

To: [Greg Esposito](mailto:Greg.Esposito)

GTL Application Received

September 8, 2012 2:12 PM

Thank you for submitting an Advantage Plus application using GTL's Straight Through Processing technology! A copy of the application is attached for your records. Your client's Advantage Plus Policy Number is GTAP100174 / GTAP100175 and they should expect to receive their policy via U.S. Mail in the next few weeks. Should you have any questions, please contact our Underwriting Department at 1.800.635.1993. Thank you for your business!

[PDF: AP_GTAP100174_09092012.pdf](#)

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ONLINE TUTORIALS @ WWW.SELLGTL.COM



WELCOME TO THE NEW GTL
Guarantee Trust Life Insurance Company



CROSS SELL GTL

ADVANTAGE PLUS

Hospital Indemnity



*Cancer
Heart Attack
Stroke*



*Nursing Home
Assisted Living
Home Health Care*

Critical Care
Critical Illness coverage with increased benefits for assisted living facility and nursing home confinement

Critical PROVIDER
Critical Illness & Term Life



GTL CONTACT INFORMATION



GTL Website: www.gtlic.com

– GTLink, Commission Statements, Quoting Software and Agent Portal

Sales Support: (800) 323-6907

– Product questions, supplies and overall support
– Available: Monday through Thursday 7:00 am to 5:00pm CST
Fridays 8:00 am to 12:00 pm CST

New Business: (800) 635-1993

Customer Service: (800) 338-7452

QUESTIONS?



WHO WE ARE



An Independent Marketing Organization that provides:

**Competitive Products
Training Opportunities
Answers to your Questions
Back Office Support
Marketing Prospects**

