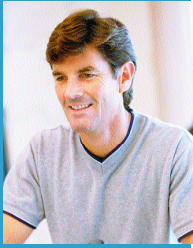
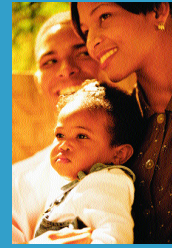
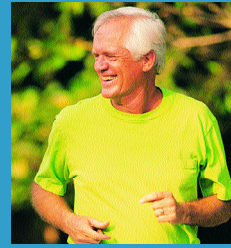


G·T·L SUPPLEMENTAL SOLUTIONS



SCHEDULE OF BENEFITS PLAN

COVERAGE FOR:

- CANCER
- HEART ATTACK
- STROKE
- WITH 100% RETURN
OF PREMIUM AVAILABLE

FEATURES OF GTL'S SUPPLEMENTAL SOLUTIONS SCHEDULE OF BENEFITS PLAN

- **Benefits Paid to You:**

Benefits are payable in addition to any other insurance coverage you may have.

- **Four Different Plans Available:**

Benefit amounts are flexible depending on your specific needs.

- **Coverage for Heart Attack & Stroke:**

Choose this rider and you will receive inpatient, outpatient, and surgical benefits for heart attack and stroke according to the policy's schedule. Benefit amounts are flexible depending on your specific needs.

- **Express Pay:**

This rider provides a lump sum benefit between \$1,000 and \$10,000 upon first diagnosis of cancer. If you select both the Heart Attack and Stroke rider and the Express Pay rider, a lump sum benefit will be paid upon diagnosis of cancer, heart attack or stroke.

- **100% Return of Premium Benefit:**

With this rider, we will return 100% of your premiums upon death or cancellation once the rider has been in-force for either 20 years or until you reach the age of 75, whichever is earlier. If the rider is issued between the ages of 65 – 79, 100% of premiums are returned upon death or cancellation, once the rider has been in-force for 10 years.

- **Guaranteed Renewable for Life:**

The policy is guaranteed renewable. This means that as long as premiums are paid, your policy can never be cancelled.

- **Individual or Family Coverage Available:**

Choose the plan that fits your needs.

Please note not all benefits are available in every state.

- YOUR LIFETIME RISK OF DEVELOPING CANCER IS 1 IN 2 FOR MEN AND 1 IN 3 FOR WOMEN.¹
- APPROXIMATELY 1 MILLION AMERICANS SUFFER A HEART ATTACK EACH YEAR.²
- 931,000 AMERICANS SUFFERED A STROKE IN 2001.²
- EACH HEART ATTACK COSTS A MINIMUM OF \$150,000.³
- 43% OF THE OVERALL COSTS OF STROKES ARE INDIRECT COSTS.⁴

¹ *The American Cancer Society Cancer Facts and Figures 2004*

² *Medline Plus*

³ *Early Warning Healthcare Institute*

⁴ *University of Utah Health Services*

MOST OF US KNOW SOMEONE – WHETHER IT'S A FRIEND, FAMILY MEMBER, OR NEIGHBOR – whose life has been affected by cancer, heart attack or stroke. Because these diseases are the three leading causes of death in the United States, the statistics are a concern to us all.

GUARANTEE TRUST LIFE'S SUPPLEMENTAL SOLUTIONS

is supplemental coverage designed to fill the gaps in

traditional health plans to provide you with more complete

protection against the costs of living with cancer or suffering a heart attack or stroke.

Under this plan, a host of benefits for inpatient, outpatient, and surgical expenses are offered and you can choose the plan that best fits your needs and budget. This policy pays in addition to any other insurance you may have – including Medicare and Medicare Supplement plans. There is no lifetime maximum limit on benefits and you cannot be cancelled.

As long as you pay your premiums, your coverage is guaranteed renewable for life.

Supplemental Solutions Schedule of Benefits Plan will pay the following benefits for treatment upon diagnosis of cancer. If you select the Heart Attack and Stroke Rider, you will receive additional benefits. There is no lifetime maximum on these benefits.

- **Hospital Confinement – Up to \$410 per day**
For each day of hospital confinement, beginning with day 1 through day 90.
- **Extended Hospital Confinement – Actual charges up to \$600 per day**
Beginning with day 90 of consecutive hospital confinement.
- **Hospital Confinement Inflation Fighter – Up to \$20 per day**
Increases the hospital confinement benefit each year for the first 5 years the policy is in force.
- **Daily Room Benefit – Up to \$300 per day**
During the first 70 days of hospital confinement. Paid in addition to the hospital confinement benefit.
- **Inpatient Drugs and Diagnostic Testing – Actual charges up to \$50 per day**
For medications received or diagnostic testing.
- **Attending Doctor – Actual charges up to \$40 per day**
For services while confined in a hospital.
- **Attending Nurse – Actual charges up to \$125 per day**
For full time services of a nurse while hospital confined, other than those nursing services regularly furnished by a hospital.
- **Ambulance Benefit – Actual charges up to \$300 per trip**
For transportation to or from a hospital where you are confined as an inpatient, up to 4 trips per year.
- **Surgical Procedure – Up to \$9,000**
For surgery performed by a doctor due to cancer according to the policy surgical schedule.
- **Anesthesia Benefit – Up to \$2,250**
Benefits are paid at 25% for anesthesia administered during a surgical procedure covered under the Schedule of Benefits plan.
- **Radiation / Chemotherapy – Actual charges up to \$300 per day**
For radiation or chemical treatments which are part of a definitive treatment. An additional benefit of up to \$500 is paid at the time of the first radiation or chemotherapy treatment.

- **Breast Reconstruction – Actual charges up to mastectomy amount**
 For breast reconstruction as the direct result of surgery for which benefits are paid under the policy.
- **Blood and Plasma – Up to \$80 per unit**
 For blood and plasma, other than your own blood, received during definitive treatment of cancer.
- **Skilled Nursing Facility – Actual charges up to \$150 per day**
 For confinement in a skilled nursing facility which begins 14 days after discharge from a hospital, equal to the number of days paid under the hospital confinement benefit.
- **Home Care and Recovery – Up to \$25 per day**
 For home care and recovery, equal to the number of days paid under the hospital confinement benefit.
- **Prosthesis – Actual charges up to \$2,500 per device**
 For prosthetic devices needed as the direct result of, and received within 3 years of, a cancer surgery for which benefits were paid under the policy.
- **Hospice – Up to \$120 per day**
 Hospice services if you are diagnosed as terminally ill, from day 1 to day 60. Up to \$60 per day starting with day 61.
- **Comfort Benefit – Up to \$226 per year**
 For anti-nausea medication prescribed by a doctor.
- **Bone Marrow Transplant – Lump sum up to \$10,000**
 For human bone marrow transplant for the definitive treatment of cancer. Benefits increase by 5% after the first policy anniversary for the first 10 years the plan is in effect.
- **Family Member Lodging – Actual charges up to \$60 per day**
 For lodging expense incurred by a family member while you are confined as an inpatient for treatment of cancer in a hospital that is located in the U.S. and is more than 100 miles one-way from the family member's home.
- **Family Member & Non-Local Patient Transportation – Actual charges up to \$2,500**
 Coach class plane, train or bus expense on a regularly scheduled route for a family member when you are confined in a hospital located in the U.S. that is more than 100 miles one-way from a family member's home. For travel by automobile, up to \$0.40 per mile.

WITH OVER 65 YEARS OF EXPERIENCE IN THE INSURANCE INDUSTRY,
GUARANTEE TRUST LIFE INSURANCE COMPANY HAS A PROUD HERITAGE OF
PROVIDING EXCELLENT SERVICE AND SUPERIOR INSURANCE PRODUCTS.
GUARANTEE TRUST LIFE IS A MUTUAL LEGAL RESERVE COMPANY LOCATED IN
GLENVIEW, ILLINOIS, AND LICENSED TO CONDUCT BUSINESS IN 49 STATES,
THE DISTRICT OF COLUMBIA, AND PUERTO RICO.

WAITING PERIOD:

THIS PLAN HAS A 30 DAY WAITING PERIOD BEFORE ANY BENEFITS WILL BE PAID FOR LOSS DUE TO CANCER. IF THE FIRST DIAGNOSIS OF CANCER IS MADE DURING THE WAITING PERIOD, YOU HAVE THE OPTION TO CANCEL THE POLICY AND RECEIVE A REFUND OF ALL PREMIUMS PAID. THE WAITING PERIOD ALSO APPLIES TO HEART ATTACK OR STROKE IF SUCH OPTIONAL COVERAGE IS SELECTED.*

(*AZ, OK, MO, NJ, SD: NO WAITING PERIOD.)

EXCLUSIONS:

THIS PLAN DOES NOT PAY BENEFITS FOR: (1) TREATMENT, SERVICE OR SUPPLIES WHICH ARE NOT MEDICALLY NECESSARY; ARE NOT PRESCRIBED BY A DOCTOR AS NECESSARY TO TREAT CANCER; ARE RECEIVED WITHOUT CHARGE OR LEGAL OBLIGATION TO PAY; WOULD NOT ROUTINELY BE PAID IN THE ABSENCE OF INSURANCE; OR ARE RECEIVED FROM AN IMMEDIATE FAMILY MEMBER; (2) ANY LOSS DUE TO INJURY, DISEASE, SICKNESS OR INCAPACITY, UNLESS SUCH DEFINITIVE TREATMENT IS DIRECTLY RELATED TO OR ATTRIBUTABLE TO CANCER AS DEFINED; (3) CARE RECEIVED OUTSIDE THE UNITED STATES; (4) EXPERIMENTAL DRUGS OR SUBSTANCES NOT APPROVED BY THE FEDERAL FOOD & DRUG ADMINISTRATION FOR THE TREATMENT OF CANCER; OR (5) EXPERIMENTAL PROCEDURES OR TREATMENT METHODS NOT ENDORSED BY THE AMERICAN MEDICAL ASSOCIATION OR ANY OTHER APPROPRIATE MEDICAL SOCIETY. THE EXCLUSIONS ALSO APPLY TO HEART ATTACK OR STROKE IF SUCH OPTIONAL COVERAGE IS SELECTED.

(BASED ON POLICY FORM G0430 SERIES. FOR COMPLETE DETAILS OF ALL PROVISIONS,
PLEASE READ YOUR POLICY CAREFULLY.)

G•T•L

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