

**GUARANTEE TRUST LIFE INSURANCE COMPANY**  
1275 Milwaukee Avenue, Glenview, Illinois 60025  
(847) 699-0600

**SPECIFIED DISEASE POLICY**

**OUTLINE OF COVERAGE  
FOR POLICY FORM SERIES G1530-KS**

**KEEP THIS OUTLINE FOR YOUR RECORDS**

**THIS IS NOT A MEDICARE SUPPLEMENT POLICY.** If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

**THIS IS A LIMITED BENEFIT POLICY – PLEASE READ YOUR POLICY CAREFULLY** - This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. Your policy sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

**SPECIFIED DISEASE COVERAGE** – Policies of this category are designed to provide persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of specified disease. Coverage is not provided for basic hospital, basic medical-surgical, or major medical or comprehensive expenses.

**CANCER LUMP SUM POLICY BENEFITS**

Cancer Lump Sum Benefit:     \$ \_\_\_\_\_

**CANCER DIAGNOSIS:** We will pay the selected Cancer Lump Sum Benefit upon a Positive Diagnosis of invasive Cancer.

**CANCER IN SITU DIAGNOSIS:** We will pay a percentage, 25% of the selected Cancer Lump Sum Benefit upon a Positive Diagnosis of Cancer In Situ.

**EXPERIMENTAL TREATMENT:** We will pay the Cancer Lump Sum Benefit for Experimental Treatment received in the United States upon a Positive Diagnosis of Cancer.

**LIMITATIONS:**

**Pre-existing condition:** The policy contains a pre-existing condition limitation. A pre-existing condition is a condition for which: (a) Medical advice or treatment was recommended by, or received from a Doctor, within the 24 month period before the Policy Effective Date; or (b) symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 24 month period before the Policy's Effective Date. Treatment includes being prescribed or taking prescription drugs or medicines. A pre-existing condition is not covered unless the loss begins more than 24 months after the Policy Effective Date. If this Policy replaces or is in addition to an existing specified disease policy, We shall give credit for the expired portion of any pre-existing condition period. This credit shall not exceed that earned by You under the replaced or previously existing policy.

**Waiting Period:** Benefits are subject to a 30 day Waiting Period. The Waiting Period is the number of days after your policy's Effective Date before benefits are payable for a Positive Diagnosis of Cancer.

**Benefit Payment:** Policy benefits are limited to one payment for each of the following: (1) a Positive Diagnosis of Cancer; (2) a Positive Diagnosis of Cancer In Situ; and (3) Experimental Treatment received upon a Positive Diagnosis of Cancer.

**EXCLUSIONS:** We will not pay benefits for:

1. A Positive Diagnosis of any Cancer or Cancer In Situ before the Policy Effective Date;
2. Any loss due to injury, disease or incapacity, unless related to or attributable to Cancer or Cancer In Situ as defined;
3. Any Cancer or Cancer In Situ when advice or treatment is received during the Waiting Period or prior to the Effective Date, and such advice or treatment results in a Positive Diagnosis of Cancer or Cancer In Situ. If tissue is extracted during the Waiting Period or prior to the Effective Date, and results in a Positive Diagnosis of Cancer or Cancer In Situ, this will not be a covered condition. The date of a Positive Diagnosis of Cancer or Cancer In Situ is the earlier of the date of clinical diagnosis or the date the specimen used to diagnose Cancer or Cancer In Situ is taken. If a Positive Diagnosis of Cancer or Cancer In Situ is made and/or Cancer or Cancer In Situ is treated within the Waiting Period, OR if medical advice is given within the Waiting Period which leads to the subsequent Positive Diagnosis of Cancer or Cancer In Situ after the Waiting Period, you will have the option to cancel the Policy and receive a refund of all premiums paid on the Policy and attached riders.

**Time Limit on Certain Defenses:** After two years from the date of issue of this policy, no misstatement, made by the applicant for such policy, shall be used to void the policy or to deny claims for loss incurred commencing after the expiration of such two-year period."

No claim for loss incurred commencing after twenty four (24) months from the date of issue of this policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss has existed within twenty four (24) months prior to the effective date of coverage of this policy.

**CANCELLATION BY INSURED:** You may cancel this Policy at any time by written notice delivered or mailed to Us. Your cancellation will be effective upon receipt of such notice or on a later specified date, if any. In the event of Your cancellation, we will promptly return the unearned portion of any premium You have paid that covers the period following the date of cancellation. The unearned portion of any premium will be computed on a daily basis beginning on the Effective Date of cancellation. Cancellation shall be without prejudice to any claim originating prior to the Effective Date of the cancellation.

#### **OPTIONAL BENEFIT RIDERS**

*Unless stated otherwise, all optional benefit riders are subject to the pre-existing condition limitation and waiting period. Waiting Periods may vary by benefit rider as shown below.*

#### **BENEFIT BUILDER RIDER (Cancer) - Form RG15CBB**

This Rider pays an additional one-time benefit equal to 25% of the selected Cancer Lump Sum Benefit when invasive Cancer is Diagnosed in an Advanced Stage. It also pays an additional one-time benefit equal to 25% of the selected Cancer Lump Sum Benefit for a Diagnosis of Cancer-in-Situ. Benefits are in addition to those benefits payable in the policy. Benefits are subject to a 30 day Waiting Period.

#### **CANCER RECURRENCE BENEFIT RIDER - Form RG15RC**

This Rider pays a Recurrence Benefit for a previously diagnosed or newly diagnosed Cancer. Benefit payment is subject to the recurrence being separated by a period of remission for at least one full year from a previously diagnosed Cancer for which we paid benefits. For benefit eligibility, recurrence must be separated by at least one full year from the date we paid benefits for a Diagnosis of Cancer, or the year in which a new cancer is diagnosed.

The Recurrence Benefit is a percentage (10% to 100%, depending upon the number of years elapsed) of the selected Cancer Lump Sum Benefit amount. The Recurrence Benefit is not subject to a lifetime maximum.

**SKIN CANCER BENEFIT RIDER – Form RG15SC**

This Rider pays a benefit of \$500 upon a Positive Diagnosis of Skin Cancer (squamous cell or basal cell skin cancer.) A Skin Cancer benefit is payable only once per Calendar Year, up to a lifetime maximum of three Skin Cancer Benefit payments. Benefits are subject to a 30 day Waiting Period.

**HEART ATTACK OR STROKE LUMP SUM BENEFIT RIDER - Form RG15HAS**

Heart Attack or Stroke Lump Sum Benefit: \$\_\_\_\_\_

This Rider pays the selected Heart Attack or Stroke Lump Sum Benefit upon a Diagnosis of Heart Attack or Stroke.

**BENEFIT LIMITATIONS:** Benefits are subject to a 30 day Waiting Period and are limited to only one payment for a Diagnosis of a Heart Attack **OR** a Diagnosis of Stroke.

**EXCLUSIONS:** This Rider does not provide benefits for:

1. Heart Attack or Stroke if Diagnosed before this Rider’s Effective Date;
2. Any loss due to injury, disease or incapacity, unless related to or attributable to Heart Attack or Stroke as defined; or
3. A Heart Attack or Stroke when advice or treatment is received during the Rider Waiting Period. If a Heart Attack or Stroke is Diagnosed and or treated within the Rider Waiting Period, **OR** if medical advice is given within the Rider Waiting Period which leads to the subsequent Diagnosis of a Heart Attack or Stroke after the Rider Waiting Period, you will have the option to cancel this Rider and receive a refund of all premiums paid for this Rider.

**BENEFIT BUILDER RIDER (*Heart Attack and Stroke*) – Form RG15HSBB**

This Rider pays benefits for the following Covered Events: Aorta Graft Surgery; Coronary Angioplasty and/or stent placement; Coronary Artery Bypass Surgery, Heart Valve Replacement/Repair; and Transient Ischemic Attack. Benefits equal to 25% of the selected Heart Attack or Stroke Lump Sum Benefit are payable for Aorta Graft Surgery and Coronary Artery Bypass Surgery. All other Covered Events will have benefits payable at 10% of the selected Heart Attack or Stroke Lump Sum Benefit. Benefit payment is subject to a 30 day Waiting Period. In the event more than one surgery is performed at the same time, we will pay only one benefit, which will be for the greater benefit amount of the eligible surgeries. Each eligible Covered Event is limited to no more than one benefit payment while this Rider is in force.

**HEART ATTACK AND STROKE RECURRENCE BENEFIT RIDER – Form RG15RHS**

This Rider pays a Recurrence Benefit in the event of a recurrence of a Heart Attack or Stroke. For benefit eligibility, recurrence must be separated by at least one full year from the date we paid benefits for a Diagnosis of Heart Attack or Stroke. The Recurrence Benefit is a percentage (10% to 100%, depending upon the number of years elapsed) of the selected Heart Attack or Stroke Lump Sum Benefit amount. The Recurrence Benefit is not subject to a lifetime maximum.

**ANNUAL WELLNESS BENEFIT RIDER – Form RG15W**

This rider pays a benefit of \$100 when you have an annual physical examination performed by a Doctor. The benefit is limited to one payment per calendar year. Benefit payment is subject to a 30 day Waiting Period.

**INTENSIVE CARE BENEFIT RIDER – Form RG15IC**

ICU Benefit: \$\_\_\_\_\_

This Rider pays the ICU Benefit in the event of confinement in an Intensive Care Unit due to injury or sickness. Benefits are limited to 30 days per Calendar Year. Benefit payment is subject to a 30 day Waiting Period. The ICU Benefit is reduced by 50% upon attaining age 65.

**EXCLUSIONS:** This Rider does not provide benefits for:

1. Intentionally self-inflicted Injury;
2. Injury by acts of war, whether declared or not.
3. Attempted suicide while sane or insane.
4. Injury sustained while committing or attempting to commit a felony; violating or attempting to violate any duly enacted law.
5. Injury sustained while voluntarily participating in a riot, or civil commotion or disturbance of any kind.
6. Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs.
7. Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Doctor.

**CRITICAL ACCIDENT BENEFIT RIDER – Form RG15CA**

Maximum Benefit Amount per Accident:       \$5,000     \$10,000

This Rider pays limited benefits for the following types of Injuries: hip and knee dislocation; fractures; and knee ligament and meniscus tears. To be eligible for benefits, you must receive Medically Necessary services in an Emergency Room or Urgent Care Facility to treat such Injuries within 48 hours of a covered Accident. Benefit payment is subject to a 30 day Waiting Period. Benefits are paid as a percentage of the Maximum Benefit Amount Per Accident:

Covered Injury	Percentage of Maximum Benefit Amount Per Accident That Will be Payable
Dislocation, hip	20%
Dislocation, knee	10%
Fracture, hip or skull	25%
Fracture, all other	5%
Tear, knee ligament or meniscus	10%

If more than one Fracture, Dislocation and / or Knee Ligament/Meniscus Tear is sustained as a result of a covered Injury, only one 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.

A Loss of Life Benefit is payable in the event of death as a result of Injuries sustained in a covered Accident. The Loss of Life Benefit is equal to the Maximum Benefit Amount Per Accident.

**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, para kiting, 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 fishermen, 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.

**RETURN OF PREMIUM BENEFIT RIDER – FORM RG15RP20**

This Rider will provide a return of premium benefit. The actual amount of premium that will be returned, if any, will equal:

1. The sum of all premiums paid for the policy during the Return of Premium Period, including premiums paid for this rider and any other benefits riders attached to the policy (unless expressly excluded), while this rider is in force (except for any application and annual policy fees.) The sum of all premiums is without interest accumulation. MINUS
2. The sum of all benefit paid or then payable under the policy, including benefits paid or then payable under any attached benefit riders while the rider was in force.

Your age at the start of the Return of Premium Period will determine when the Return of Premium Benefit is eligible for payout based on the table below.

<b>Your age at the start of the Return of Premium Period:</b>	<b>Return of Premium Period</b>	<b>Payout Condition</b>
18 – 65	Minimum Return of Premium Period: Twenty (20) years from the Effective Date of this Rider.	You request full Policy termination after the Policy (with this Rider) has been in force for a minimum of twenty (20) years.
66 – 70	Minimum Return of Premium Period: Fifteen (15) years from the Effective Date of this Rider, or upon Your attaining age 85, whichever is later.	You request full Policy termination after the Policy (with this Rider) has been in force at least fifteen (15) years, or upon Your attaining age 85, whichever is later.

**RETURN OF PREMIUM UPON DEATH (PRIOR TO AGE 86) BENEFIT RIDER – Form RG15RPD**

This rider pays a return of premium benefit in the event of your death prior to attaining age 86. The actual amount of premium that will be returned, if any, will equal:

1. The sum of all premiums paid for the policy, including premiums paid for this rider and any other benefits riders attached to the policy (unless expressly excluded), while this rider is in force (except for any application and annual policy fees.) The sum of all premiums is without interest accumulation. MINUS
2. The sum of all benefit paid or then payable under the policy, including benefits paid or then payable under any attached benefit riders while the rider was in force.

**RETURN OF PREMIUM UPON DEATH BENEFIT RIDER – Form RG15RPDL**

This rider pays a return of premium benefit in the event of your death. The actual amount of premium that will be returned, if any, will equal:

1. The sum of all premiums paid for the policy, including premiums paid for this rider and any other benefits riders attached to the policy (unless expressly excluded), while this rider is in force (except for any application and annual policy fees.) The sum of all premiums is without interest accumulation. MINUS
2. The sum of all benefit paid or then payable under the policy, including benefits paid or then payable under any attached benefit riders while the rider was in force.

**CANCER LUMP SUM BENEFIT RIDER (FOR CHILD DEPENDENTS) – Form RG15CC**

Lump Sum Benefit:     \$ \_\_\_\_\_

This Rider pays the selected Lump Sum Benefit in the event a Covered Child is Diagnosed with Cancer. Benefit payment is subject to a 30 day Waiting Period. Benefits are limited to one Lump Sum Benefit per Covered Child.

**EXCLUSIONS:** This rider does not provide benefits for:

1. A Positive Diagnosis of Cancer before the Effective Date of the Covered Child’s coverage under this Rider;
2. Any loss due to injury, disease or incapacity, unless related to or attributable to Cancer as defined;
3. Any Cancer when advice or treatment is received during the Rider Waiting Period or prior to the Effective Date, and such advice or treatment results in a Positive Diagnosis of Cancer. If tissue is extracted during the Rider Waiting Period or prior to the Effective Date, and results in a Positive Diagnosis of Cancer, this will not be a covered condition. The date of a Positive Diagnosis of Cancer is the earlier of the date of clinical diagnosis or the date the specimen used to diagnose Cancer is taken. If a Positive Diagnosis of Cancer is made and/or Cancer is treated within the Rider Waiting Period, OR if medical advice is given within the Rider Waiting Period which leads to the subsequent Positive Diagnosis of Cancer after the Rider Waiting Period, the Insured has the option to cancel this Rider and receive a refund of all premiums paid for this Rider.

**HEART ATTACK OR STROKE LUMP SUM BENEFIT RIDER (FOR CHILD DEPENDENTS) – Form RG15HSC**

Lump Sum Benefit:     \$ \_\_\_\_\_

This Rider pays the selected Lump Sum Benefit upon Diagnosis of Heart Attack or Stroke for a Covered Child. Benefit payment is subject to a 30 day Waiting Period. Benefits are limited to one Lump Sum Benefit per Covered Child for a Diagnosis of Heart Attack **OR** Stroke.

**EXCLUSIONS:** This rider does not provide benefits for:

1. Heart Attack or Stroke if Diagnosed before the Effective Date of the Covered Child’s coverage under this Rider;
2. Any loss due to injury, disease or incapacity, unless related to or attributable to Heart Attack or Stroke as defined herein; or
3. A Heart Attack or Stroke when advice or treatment is received by the Covered Child during the Rider Waiting Period. If a Heart Attack or Stroke is Diagnosed and or treated within the Rider Waiting Period, OR if medical advice is given within the Rider Waiting Period which leads to the subsequent Diagnosis of a Heart Attack or Stroke after the Rider Waiting Period, the Insured has the option to cancel this Rider and receive a refund of all premiums paid for this Rider.

**RENEWABILITY** - This policy is guaranteed renewable for life. This means you may keep the policy in force during your lifetime by paying premiums when due or within the 31 days that follow.

**PREMIUMS ARE SUBJECT TO CHANGE** - We may change the premium rates for this policy, but only if we change it on a class basis for all policies of this class in the state it was issued.

**INITIAL PREMIUM**

<b>COVERAGE DESCRIPTION</b>	<b>PREMIUM</b>
Cancer Lump Sum Policy <input type="checkbox"/> With Recurrence Benefit Rider	\$ _____
Benefit Builder Rider – Cancer <input type="checkbox"/> With Skin Cancer and Annual Wellness Riders	\$ _____
Heart Attack and Stroke Benefit Rider <input type="checkbox"/> With Recurrence Benefit Rider	\$ _____
Benefit Builder Rider – Heart Attack and Stroke	\$ _____
Intensive Care Benefit Rider	\$ _____
Critical Accident Benefit Rider	\$ _____
Cancer Lump Sum Benefit Rider - Child	\$ _____
Heart Attack or Stroke Lump Sum Benefit Rider - Child	\$ _____
Return of Premium Upon Death Benefit Rider – <i>Prior to Attained Age 86</i>	\$ _____
Return of Premium Upon Death Benefit Rider	\$ _____
Return of Premium Benefit Rider	\$ _____

\_\_\_\_\_

Agent's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Agent's Name