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

HOSPITAL CONFINEMENT INDEMNITY POLICY

Providing Indemnity Benefits for Hospital Confinement

OUTLINE OF COVERAGE

For Policy Form G0553-KS
Optional Rider Forms RG15SDH-KS, RG05LSH, RG05ASB

KEEP THIS OUTLINE FOR YOUR RECORDS
THIS IS NOT A MEDICARE SUPPLEMENT POLICY

THIS IS A LIMITED BENEFIT POLICY - 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!**

This is a supplement to health insurance and is not a substitute for major medical coverage. It does not qualify as minimum essential health coverage under the Federal Affordable Care Act.

HOSPITAL INDEMNIYTY COVERAGE – The policy is designed to provide, to persons insured, Hospital Indemnity t Coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness. Such policies do not provide any benefits other than the fixed daily benefit for hospital confinement and any additional benefits described below.

BENEFITS

We will pay benefits for Hospital Confinements, Emergency Room Services, and Mental Health Hospital Confinements that are Medically Necessary and begin while the Policy is in force.

BENEFIT A: HOSPITAL CONFINEMENT BENEFIT (INJURY OR SICKNESS)
We will pay the selected Hospital Confinement Indemnity Benefit Amount for each day You are Hospital Confined due to Injury or Sickness. Benefits are subject to the selected Maximum Benefit Period for any One Period of Confinement.

Hospital Confinement Benefit Amount selected: $_____ per day

Maximum Benefit Period - available options: ☐ 3 days ☐ 6 days ☐ 10 days ☐ 21 days

BENEFIT B: MENTAL HEALTH BENEFIT
We will pay a Mental Health Benefit of $175 for each day You are Hospital Confined due to a Mental or Nervous Disorder. This benefit is subject to a maximum of seven days per Calendar Year.

BENEFIT C: EMERGENCY ROOM BENEFIT (INJURY ONLY)
We will pay an Emergency Room Benefit of $150 for services received in a Hospital emergency room or Hospital affiliated emergency care facility for loss due to Injury, provided the Emergency treatment is followed within 24 hours by a covered Hospital Confinement of at least one day. This benefit is payable once per any One Period of Confinement.

We won't pay benefits under both Benefit A and Benefit B above for the same day of Hospital Confinement.

LIMITATIONS AND EXCLUSIONS:

Pre-existing Condition: The policy has a pre-existing condition limitation. We will not pay benefits for a pre-existing condition unless the loss begins more than 6 months after your Effective Date of coverage.

EXCLUSIONS
We won't pay benefits for:

- Treatment, services or supplies which:
  - Are not Medically Necessary;
  - Are not prescribed by a Doctor as necessary to treat a Sickness or Injury;
  - Are determined to be Experimental/Investigational in nature by Us;
  - Are received without charge or legal obligation to pay;
  - Would not routinely be paid in the absence of insurance;
  - Are received from any Family Member;
  - Are received outside the United States.
- Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared; service in the armed forces of any country.
- Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or civil commotion.
- Expenses incurred as a result of suicide or intentionally self-inflicted Injury while sane or insane.
- Injury or Sickness related to Your job to the extent You are covered or are required to be covered by the Workers Compensation law. If You enter into a settlement giving up Your right to recover future benefits under a Workers Compensation law, the Policy will not pay those medical benefits that would have been payable in absence of that settlement.
- Cosmetic surgery other than:
  - Reconstructive surgery incidental to or following surgery resulting from trauma, infection, or other diseases of the involved part; or
  - Reconstructive surgery because of a congenital disease or anomaly.
- Injury due to being legally intoxicated, as defined by the jurisdiction in which an Accident occurs.
- Loss due to voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Doctor.

OPTIONAL BENEFIT RIDERS: (Available for an additional premium)

Short Duration Hospital Stay Benefit Rider RG15SDH-KS
We will pay the Short Duration Hospital Indemnity Benefit when You are admitted to a Hospital for a covered Sickness or Injury for a period which is no less than 12 consecutive hours, but no more than 24 consecutive hours. A Short Duration Hospital Stay may include, but is not limited to, time spent as an inpatient or outpatient in a Hospital setting for major diagnostic testing, outpatient surgery, emergency room treatment, or monitoring in an Observation Unit.

The Short Duration Hospital Stay Indemnity Benefit is payable once every 60 calendar days, up to a maximum of six benefit payments per Calendar Year. The benefit under this rider is not payable for any day in which a Hospital Confinement Benefit is payable under the terms of the policy.

This benefit is included for a Hospital Confinement Benefit Period of 3 and 6 days. It is an optional benefit rider for Hospital Confinement Benefit Periods of 10 and 21 days.

Lump Sum Hospital Benefit Rider RG05LSH
We will pay the selected Lump Sum Hospital Benefit Amount when You are Hospital Confined for a covered Sickness or Injury. It is payable once per any One Period of Confinement.

Lump Sum Hospital Benefit Amount Selected: ☐ $250 ☐ $500 ☐ $750

Ambulance Service Benefit Rider RG05ASB
We will pay the Ambulance Service Benefit Amount, shown on the Schedule, if a licensed surface ambulance service transports you to or from a Hospital to which you are Hospital Confined. This Benefit is payable no more than once per Hospital Confinement for all trips. The Hospital Confinement requiring the ambulance service must be Medically Necessary and covered by the Policy. We will not pay more than the Lifetime Maximum Amount shown on the Policy Schedule.

GUARANTEED RENEWABLE FOR LIFE You may keep the Policy, and any selected Riders, in force during Your lifetime, unless otherwise stated in the Rider, by paying the renewal premium at the intervals available to You at time of renewal. You must pay the renewal premium by its due date or during the policy's 31 day grace period. We cannot cancel or refuse to renew the Policy or place any restrictions on it if You pay Your premiums on time.

PREMIUMS SUBJECT TO CHANGE We may change the premium rates for this Policy/Riders by giving You at least 31 days advance written notice of any change in the renewal premium. We can only change the premium if We change it for all Policies/Riders like Yours in Your state on a class basis.

CANCELLATION BY INSURED: You may cancel the 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.

INITIAL PREMIUM:

Hospital Confinement Indemnity Policy:	**$**_____
☐ **Short Duration Hospital Stay Benefit Rider:**	**$**_____
☐ **Lump Sum Hospital Benefit Rider:**	**$**_____
☐ **Ambulance Service Benefit Rider:**	**$**_____
Application Fee (if applicable)	**$**_____
TOTAL PREMIUM:	**$**_____

_____ _____

Agent's Signature Date

_____

Agent's Name