

Guarantee Trust Life Insurance Company
1275 Milwaukee Ave. Glenview, IL 60025

Request for Accident Insurance Proposal for Association Groups

Date: _____

Association Legal Name: _____

Marketed To:

- Individual Non-employee members

- Employees (see safe harbor language below which applies if marketing to employees)

To fall within one of the ERISA safe harbors, an employer's sole function, without endorsing the program, is to permit the marketer to publicize the program to employees or to collect premiums through payroll. Some of the behaviors that could jeopardize the safe harbor status of a plan are: employer contributions, employer's staff intervention in day-to-day carrier dealings, tying participation in the voluntary plan to eligibility for other benefits, listing the voluntary plan alongside traditional ERISA programs in company-wide communication materials, placing the employer's logo on a voluntary product carrier's marketing materials, or the company actively recommending voluntary benefits to employees

- Other (Describe)
-
-

To expedite the request for a quote, please provide answers to all questions contained herein. Failure to do so will result in a delay in processing your request for a quote.

Agent of Record Information:

Agent Name: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Commissions: _____% _____None

GTL's Association Product's Availability

Available in all states with the following exceptions:

- ✓ Product Not available in MT, MN, NH, NY and Puerto Rico
- ✓ Alaska, Arkansas, Maine, Maryland, Oklahoma, Oregon, Texas, Nevada and Utah require that the Association be filed and approved before GTL can issue any coverage to Members of the Association.
- ✓ Association must have a situs in a state in which the GTL master policy is approved.
- ✓ Associations domiciled in Colorado must be filed and approved by CO Department of Insurance before GTL can issue coverage to its members.

Association Information

Association State of Domicile (i.e. Headquarters state): _____

Please complete the attached Association Application Worksheet. If Administrator is other than the Association, please explain the relationship to the Association.

Administrator Information:

Name: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Association Dues: \$ _____

Describe each duty that the Administrator will be performing on behalf the Association for the GTL product:

Plan Overview

1. Master Policy Issue State: _____

Certificate Issue State(s): Please provide a complete listing of all states in which members will be solicited

- ◆ There are state specific certificates which will be provided to you when we issue the Master Policy. These must be used in the proper states.

Eligible Classes:

2. How many classes of membership are contained in the association? _____

3. Please describe them:

4. Which of the above classes will have the GTL accident insurance?

5. Rate Structure: Individual Family Composite

Contributory (employee/member paying _____ %)

Non-Contributory

6. Requested Master Policy Effective Date: _____

7. Accident Coverage Type:

AD&D Accidental Death & Dismemberment

AME Accident Medical Expense

ADI Accident Disability Income

HI Hospital Indemnity

Other (Describe)

8. Please provide some details on the demographics of your target membership group, such as their age range, gender mix, usual occupation(s), interests, and so forth.

9. Describe how membership is being marketed and check all of the following marketing Methods and channels used. Please circle all applicable methods below:

- a. Inbound call center(s)
- b. Outbound call center(s)
- e. Other? Please explain

10. If using Outbound Call Centers, is the entity handling these calls in compliance with the Telephone Consumer Protection Act (TCPA)? Outbound telemarketing is allowed only after GTL's approval in writing.

- Yes
- No

If yes, please explain:

11. If you are using call centers:

A. List address(es) of your call centers

B. Hours of operation

C. Number of call center reps at each location

12. How will enrollment be accomplished? Will each person complete an enrollment form or will it be done via a website or by phone? Please submit a copy of the enrollment form, phone script, or website address for review.

13. Is the GTL plan going to be offered with one or more medical insurance plans, discounted Medical plans or lifestyle benefits?

No

Yes

If yes, please submit a summary of the benefits that are being offered and the name of each entity from which the benefits are provided.

Anyone involved in the “solicitation of Insurance” must be a licensed insurance agent in the state in which the prospective members reside. Any non-licensed personnel discussing the Membership Program with prospective members shall be limited in what they may discuss pertaining to the insurance benefits. **In the event a non-licensed representative is asked questions about the insurance benefits, they are to refer the questions to a licensed agent. Only a licensed agent may answer questions about, or discuss the insurance benefits beyond the specific benefit descriptions approved by GTL.**

14. Will enrollers/agents be soliciting insurance?

No

Yes

If yes, such individuals will need to be appointed with GTL. Attached to the form is the appointment form and required fees we need to process an agent’s appointment. Please provide a copy of the license and the appropriate appointment fee.

15. Provide 12 to 24 month forecast of new sales of membership(s) that will include the Purchase of GTL coverage.

16. Are there any affiliations with other associations?

No

Yes. Describe affiliated group:

17. Is this proposed insurance coverage from GTL a takeover of another insurance carrier's plan?

No

Yes Please provide the following information:

A. Number of lives currently insured by the other carrier _____

B. Prior Carrier's name:

B. Claims experience for the last three years:

*** Please submit copies of the following:**

- For members rolling over from another carrier, a copy of the notice sent them informing them of GTL's coverage.
- Articles and By Laws
- Oregon letter of approval
- Arkansas letter of approval
- Alaska letter of approval
- Maine letter of approval
- Maryland letter of approval
- Texas letter of approval
- Oklahoma letter of approval
- Utah letter of approval
- Association Membership Enrollment Form
- Marketing Materials
- Completed Association Application Worksheet
- Phone scripts if applicable
- Website address
- Agent appointment papers if applicable

****Please complete the attached grid on page 10 for the benefits needed**

Quotes needed for the following benefit levels:

All quotes are for excess coverage; primary coverage is provided where mandated by the state.

Accidental Death & Dismemberment	Accident Medical Expense		Hospital Indemnity Benefit			Disability Income Benefit For Primary Insured Only		
	Maximum Per Accident	Deductible	Daily Benefit Per Accident	Maximum Days	Waiting Period	Weekly Benefit Per Accident	Elimination Period	Maximum Benefit Period

The quote is guaranteed for 60 days from the date it is submitted to the client. It will be non-binding until all consideration for coverage has been received and verified by GTL.

The following request for a quote is an official offer for group accident coverage provided by Guarantee Trust Life Insurance Company (GTL). I understand that the insurance coverage will not be effective until all requirements and considerations, as set forth above, have been received and verified by GTL. To the best of my knowledge, I maintain the following information is true.

Association Officer

Signature _____ Print _____

Title _____ Date _____

Note: agent signing the master app must be a licensed and GTL appointed agent (in the association state of domicile); copies of his/her license must be submitted to GTL prior to issuing the master policy.

To expedite the request for a quote, please provide detailed answers to all questions contained herein. Failure to do so will result in delay on processing your request for a quote.

Association Application Worksheet

The following questions and request for information must be completed in its entirety in order for Guarantee Trust Life Insurance Company to consider issuing a Master Policy to the Association, thereby making requested Group Accident products available to members of the Association. Incomplete applications will not be considered for approval.

I. Required Documents to be submitted with this application:

1. A filed stamped copy of the Articles of Incorporation from the Secretary of State's Office showing the Association has been incorporated for the minimum time required by the state.

- Attached
 Not Attached - why not?

2. Is the Association's registration with the Secretary of State's Office current?

- Yes No

3. Any marketing materials or sales scripts used to solicit membership in the Association must be approved by GTL prior to use. (Advise if none)

- Attached None

4. Any marketing agreement between the Association and agency that will be selling insurance benefits. (Advise if none)

- Attached None

5. Association By-Laws.

- Attached
 Not Attached

6. Items a-i should be included in the Articles of Incorporation or By - Laws. If not, please provide the missing information with a separate attachment:

- a) What is the current name and legal status of the Association (i.e., corporation, profit, non-profit or incorporated Association, or common-law Association)?

- b) Has there been a previous name change with this Association? If so, please describe and provide corresponding by-laws.
- c) Is the Association owned by its members? If not, please furnish the names and addresses of the current owners.
- d) Does the Association have regularly scheduled annual meetings?
 Yes No Please provide a copy of the minutes of the last annual meeting.
- e) How are the Association's Officers and Directors selected and by whom? Please provide the guidelines, requirements or standards setting forth whether and how the Association's membership can elect or select new leadership for the Association.
- f) What is the business or other purposes of the Association?
- g) List of the Association principals, officers, addresses, and telephone numbers, and e-mail addresses.
- h) Are there annual dues for members? How much are the annual dues?

II. In addition to the above please provide the following required informational items:

- 7. Provide the number of current members of the Association, and the numbers for each of the prior four years, or the life of the Association, whichever is less.

No. of Members	% of Revenue from Sale of Insurance
Current year	
2012	
2011	
2010	
2009	

8. What other insurance carriers/insurance products are currently in place or offered through the Association for its members?

Insurance Carrier	Products Offered

9. How does the Association member become aware of the benefits and services which the Association makes available?

10. Provide the Association web address and copies of the last 6 months of newsletters, publications, e-mails, etc., which have been sent by the Association to its members, describing the Association's current activities, benefit platform and other services it provides for its members.

Web address: _____

11. Has the Association been investigated or received complaints from any of the following? (If yes, please explain)

- Yes No Department of Insurance
- Yes No Attorney General
- Yes No Better Business Bureau
- Yes No Consumer
- Yes No Other

13. Does the Association have an administrative office in any other State?

- No
- Yes If so, please identify the state(s).

To expedite the request for a quote, please provide detailed answers to all questions contained herein. Failure to do so will result in delay on processing your request for a quote.

Association Officer _____

Signature _____ Print _____

Title _____ Date _____