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

SPECIFIED DISEASE POLICY
OUTLINE OF COVERAGE
FOR POLICY FORM G0431
With Optional Rider Forms RG04FHAS and RG04ROP

KEEP THIS OUTLINE FOR YOUR RECORDS

THIS IS NOT MEDICARE SUPPLEMENT POLICY

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 details 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.

FIRST DIAGNOSIS CANCER LUMP SUM BENEFIT: We will pay the first diagnosis cancer lump sum benefit if the covered person is first diagnosed with cancer after such person's Effective Date of coverage and while the policy is in force.

The benefit is limited to one Lump Sum benefit amount during each covered person's lifetime under the Policy.

OPTIONAL FIRST DIAGNOSIS HEART ATTACK OR STROKE LUMP SUM BENEFIT RIDER -
We will pay the rider lump sum benefit amount if the covered person is first diagnosed with Heart Attack or Stroke after the Effective Date of the covered person's coverage and while the rider is in force. The rider lump sum benefit is based on the amount selected at the time of application.

The rider benefit is limited to one payment during each covered person's lifetime under the rider.

EXCLUSIONS: We will not pay a benefit for:

1. any cancer or heart attack or stroke (if the Heart Attack or Stroke rider is purchased) diagnosed before the Effective Date of the covered person's coverage under the policy; or
2. any loss due to injury, disease or incapacity, unless related to or attributable to Cancer, Heart Attack or Stroke as defined.

OPTIONAL RETURN OF PREMIUM BENEFIT RIDER – If your coverage under the policy ends, due to cancellation or death, we will return the actual amount of premium paid equal to:
1. The sum of all premiums paid for the policy, including premiums paid for the rider and any other benefits riders attached to this rider;
2. Minus 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.

To determine the return of premium percentage, we'll consider: (1) when your coverage under the policy (with this rider) ends; (2) your issue age at the beginning of the return of premium period and the number of years the policy and other benefit riders have been in force (with the rider); and (3) the return of premium percentage. The applicable issue age and number of years the policy (with the rider) has been in force and the return of premium percentages are as follows:

Issue Age	Return of Premium Percentage
18 through 64	100% after 20 rider years, or the attainment of age 75, whichever is earlier.
65 and over	100% after 10 rider years and beyond.

RENEWABILITY - You may keep the policy and riders, if attached, in force during your entire lifetime by paying premiums when due or within the 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 your premium rates by giving you at least 31 days prior written notice. We can change the premium this way only if we change it on a class basis for all policies and riders of this class in your state.

INITIAL PREMIUM:

☐ First Diagnosis Cancer Lump Sum Policy Benefit Amount: $_____   Premium: $_____
☐ First Diagnosis Heart Attack or Stroke Lump Sum Rider Amount $_____   Premium: $_____
☐ Return of Premium Benefit Rider   Premium: $_____
                                                                                                                       Total: $_____