

# Application For: Accident Insurance

Guarantee Trust Life Insurance Company  
1275 Milwaukee Avenue Glenview, IL 60025 (800) 338-7452

## Individual Accident Insurance

Application for:  New Coverage  Increase of Benefits

If an Increase of Benefits is requested, please list Guarantee Trust Life Insurance Company policy/certificate number(s) affected:

DELIVER DOCUMENTS TO:  AGENT  INSURED

## Applicant Information

### Applicant 1

1. Last Name \_\_\_\_\_ 2. First \_\_\_\_\_ 3. M.I. \_\_\_\_\_  
4. Social Security # \_\_\_\_\_ 5.  Male  Female 6. Home Telephone \_\_\_\_\_  
7. Date of Birth \_\_\_\_\_ 8. Age \_\_\_\_\_ 9. Email Address \_\_\_\_\_

### Applicant 2/Family Member/Spouse (Spouse includes civil union and domestic partners where authorized by state law)

10. Last Name \_\_\_\_\_ 11. First \_\_\_\_\_ 12. M.I. \_\_\_\_\_  
13. Social Security # \_\_\_\_\_ 14.  Male  Female 15. Age \_\_\_\_\_  
16. Date of Birth \_\_\_\_\_ 17. Relationship \_\_\_\_\_

### Applicant 3/Family Member/Dependent

18. Last Name \_\_\_\_\_ 19. First \_\_\_\_\_ 20. M.I. \_\_\_\_\_  
21. Social Security # \_\_\_\_\_ 22.  Male  Female 23. Age \_\_\_\_\_ (maximum age 25)  
24. Date of Birth \_\_\_\_\_ 25. Relationship \_\_\_\_\_

### Applicant 4/Family Member/Dependent

26. Last Name \_\_\_\_\_ 27. First \_\_\_\_\_ 28. M.I. \_\_\_\_\_  
29. Social Security # \_\_\_\_\_ 30.  Male  Female 31. Age \_\_\_\_\_ (maximum age 25)  
32. Date of Birth \_\_\_\_\_ 33. Relationship \_\_\_\_\_

For additional dependents, please list dependent information on a separate piece of paper and attach to this application.

## Beneficiary

### Designate Beneficiary (Required for Insured), Spouse/Dependent's Beneficiary is Applicant 1

34. Last Name \_\_\_\_\_ 35. First \_\_\_\_\_ 36. M.I. \_\_\_\_\_  
37. Relationship \_\_\_\_\_

## Contact

36. Street Address \_\_\_\_\_  
37. City \_\_\_\_\_ 38. State \_\_\_\_\_ 39. Zip Code \_\_\_\_\_  
40. Telephone \_\_\_\_\_

## Accident Insurance Policy

Choose Coverage Type:

Individual  Family

Choose Maximum Amount Per Injury:  A. \$1,500  B. \$2,500  C. \$5,000  D. \$7,500  
 E. \$10,000  F. \$12,500  G. \$15,000  H. \$20,000  I. \$25,000

**Annual Premium for Accident Insurance Policy:**

\$ \_\_\_\_\_

Premium Payment Mode:  Annual  Semi-Annual (.5000)  Quarterly (.2500)  Monthly PAC (.08333)

**Total Mode Premium:**

\$ \_\_\_\_\_

Requested Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Requested Effective Date cannot be prior to the Application Date. If no Effective Date is requested, the policy will be effective on the date approved by underwriting.*

## Replacement of Coverage:

Will this policy replace any existing insurance with any company? Yes  No

If yes, the name of person this applies to: \_\_\_\_\_

Company

Type of Insurance

Policy Number

***Please submit the appropriate Replacement Form if required in your state.***

## Acknowledgement

ALL STATEMENTS MADE IN THIS APPLICATION ARE FULL, COMPLETE AND TRUE, TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF. I (WE) UNDERSTAND THAT THE STATEMENTS FORM THE BASIS UPON WHICH INSURANCE WILL BE MADE EFFECTIVE. I (WE) UNDERSTAND THAT OMISSIONS, MISREPRESENTATIONS OR MISSTATEMENTS COULD RESULT IN DENIAL OF AN OTHERWISE VALID CLAIM AND/OR RESCISSION, VOIDING, OR REFORMATION OF INSURANCE.

I (We) understand that insurance applied for will not become effective until: a) approved and issued by Guarantee Trust Life Insurance Company; b) I (We) have been furnished written notice of the effective date; and c) I (We) have paid the premium in full. No agent or other representative of Guarantee Trust Life Insurance Company has required, permitted, or encouraged me to answer any question inaccurately or has waived any conditions of this application.

I (We) have received an Outline of Coverage. If this application is completed electronically, I (we) understand the Outline of Coverage will be delivered electronically or with the policy. If the application is completed over the phone the Outline of Coverage will be delivered with the policy.

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information may be guilty of insurance fraud which is a crime.

I (We) agree that I (we) may receive my (our) policy and other Guarantee Trust Life Insurance Company correspondence electronically. I (We) acknowledge receipt of the Electronic Delivery and Communications Disclosure, which describes the requirements for Electronic Policy Fulfillment and Communications, as well as my (our) right to opt-out of Electronic Policy Fulfillment and receive a paper copy of my (our) policy (policies), free of charge.

**Applicant 1 Signature:** \_\_\_\_\_

**Signed at:** City and State: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant 2/Spouse Signature:** (if applicable) \_\_\_\_\_

**Signed at:** City and State: \_\_\_\_\_ Date: \_\_\_\_\_

## Agent's Statement

I certify that I have accurately recorded the information supplied by the Applicant. I am not aware of any additional information which may have a bearing on the insurability of anyone proposed for insurance on this application and any supplement to it. I have advised the applicant not to withhold any information relative to this application and its questions. I have advised the applicant to review the application for completeness and accuracy and that no coverage is in effect until they are notified in writing by Guarantee Trust Life Insurance Company.

\_\_\_\_\_  
**Agent's Name (Printed)**

\_\_\_\_\_  
**E-mail Address**

\_\_\_\_\_  
**Agent Code**

\_\_\_\_\_  
**Agent's Signature**

\_\_\_\_\_  
**Date**

**Monthly Pre-Authorized Premium Payment Plan**

*Authorization to Honor Withdrawals to be drawn by Guarantee Trust Life Insurance Company.*

TO: \_\_\_\_\_  
Name of my Bank                      My Bank's Address                      City                      State                      Zip Code

As a convenience to me, I request and authorize you to charge the account shown below for premiums drawn by and payable to the order of Guarantee Trust Life Insurance Company, Glenview, Illinois provided there are sufficient funds in my account to pay the same upon presentation.

Account # \_\_\_\_\_ Bank Routing # \_\_\_\_\_  
Account Type:  Checking Account                       Savings Account (Attach a Voided "Sample" check  
(Attach a Voided "Sample" check)                      if applicable, or a Deposit slip)

I agree that my rights in respect to each payment shall be the same as if it were drawn by me and signed personally by me. This authority is to remain in effect until revoked by me in writing and until you receive notice for which you agree you will be fully protected in honoring such requests. I agree that if any such payment is not honored, whether with or without cause and whether intentionally, or inadvertently, you shall be under no liability at all although such action could result in the forfeiture of insurance.

\_\_\_\_\_  
Printed name of insured if different from premium payer                      Premium payer's signature, as it appears on bank records

**Requested Draft Date:** \_\_\_\_\_

— — — — —  *Detach Here* — — — — —

**Receipt**

**Date** \_\_\_\_\_

Received of \_\_\_\_\_ the sum of \$ \_\_\_\_\_ and application for insurance to Guarantee Trust Life Insurance Company. If for any reason the application is declined this payment will be refunded. No liability is created or assumed by the company, except for refund of this payment, until the insurance applied for has been issued.

Agent's Signature: \_\_\_\_\_

If you do not receive your policy/certificate within 60 days from the date of your application, please write to:  
Guarantee Trust Life Insurance Company, 1275 Milwaukee Avenue Glenview, IL 60025  
**MAKE CHECK PAYABLE TO: GUARANTEE TRUST LIFE INSURANCE COMPANY**

**GUARANTEE TRUST LIFE INSURANCE COMPANY**  
**Electronic Delivery and Communications Disclosure**

Unless otherwise requested by you, all documents that form our insurance relationship will be provided to you in electronic format. These documents include:

- Application(s) and related forms
- Policy or certificate insurance fulfillment documents
- Disclosures, where required by state and / or federal law

In order to access the documents electronically, you will need to:

1. Have access to the internet and be able to view, save and print PDF files (such as Adobe® Reader® 5.0 or higher.)
2. Maintain a valid designated e-mail address. (We reserve the right to validate the e-mail address you provide us.)

You are responsible for accessing, opening and reading communication we send in electronic format. We will consider Electronic Communications to be received by you upon successful delivery to the designated e-mail address you provide. To ensure our Electronic Communications are not blocked in e-mail or spam filters, please add our domain, “gtlic.com”, to your safe sender list.

**Access to Paper Copies**

To ensure you have them when you need them, you should print copies of the documents we send through Electronic Communication. However, you may request from us one paper copy of your policy / certificate fulfillment package free of charge. Except where prohibited by law, we may charge a nominal fee for additional copies requested after the first. You may contact us with your request in writing, by phone, or email as indicated in our Company Contact Information, shown below.

**Our Right to Send Paper**

We reserve the right to provide paper copies in lieu of Electronic Communication. We would do this in the event of, but not limited to, a system outage, if we suspect fraud, or where the designated email address you have provided to us does not accept emails from us.

**Changes to the Terms and Conditions of Electronic Communication**

At our discretion, we reserve the right to modify the terms and conditions stated herein. This includes modifying the terms to include additional instances for Electronic Communication other than policy or certificate fulfillment. If we do, we will provide you with notice of such change, its effective date electronically and your choices under the new terms and conditions.

**Withdrawal of Consent**

You may elect to withdraw your Consent for Electronic Delivery and Communications at any time by contacting us in writing, by phone, or through the Customer Service link on our website. Please see Company Contact Information, below.

**Company Contact Information**

1. Write us at...  
Guarantee Trust Life Insurance Company  
ATTN: Policyholder Service  
1275 Milwaukee Avenue  
Glenview, IL 60025
2. Call us toll-free at...  
1-800-338-7452
3. Contact us by email by visiting our website...  
Go to [www.gtlic.com](http://www.gtlic.com). Click on the Policyholder tab at the top of the screen. Choose “Customer Service” from the list of options to communicate with us.