



INDEMNITY PLUS HOSPITAL INDEMNITY INSURANCE COVERAGE

HELP PAY FOR OUT-OF-POCKET EXPENSES ASSOCIATED WITH:

- + DAILY HOSPITAL CONFINEMENT
- + AMBULANCE TRIPS
- + CANCER
- + DENTAL/VISION
- + SHORT DURATION HOSPITAL STAYS
- + OUTPATIENT SURGERY
- + SKILLED NURSING FACILITY
- + CRITICAL ACCIDENTS

INDEMNITY PLUS
Hospital Indemnity Insurance Coverage

UNDERWRITTEN BY:
Guarantee Trust Life Insurance Company
GAD309-18

GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)
1275 Milwaukee Avenue, Glenview, IL 60025
www.gtlic.com | 800.338.7452
(FLORIDA) (Rv. 11/21) 15B484

⊕ SELECT BENEFIT SERVICES ASSOCIATION

Select Benefit Services Association (SBSA) provides a wide variety of benefits, services and discounts that are especially valuable for seniors. These services are designed to save you time, money and worry.



Hotel and Motel Savings Program

Your membership program provides you with savings of up to 60% off at participating hotel and motel chains nationwide. There are over 100,000 hotels in the U.S. and around the world that you can select from to meet your budget. You'll receive friendly service, convenience and the value you've come to expect at a special member preferred rate.

Vitamins and Nutritional Supplements

There are many positive health benefits that can result from a daily regimen of vitamin supplements. Many people consider a vitamin and mineral supplement program to be an important part of their overall health strategy. Our members can save an additional 20% on a wide range of Swanson brand vitamins and mineral supplements online.

eConnect® Wellness

eConnect® Wellness is designed to help participants live healthier lives. Members have telephonic and web-based access to experienced, masters-level Health Coaches who will provide them with a personal consultation and guidance on a variety of topics, such as smoking cessation, weight management, pre- and postnatal care and exercise.

Car Rental Program

Enjoy year-round discounts of up to 15% by several of the nation's leading car rental agencies. Discounts are available for daily, weekly or weekend rentals in the United States and Canada. Savings apply to economy through full size vehicles, including minivans.

Fitness Clubs

Up to 50% off membership dues at over 1,600 locations nationwide! Members also receive great discounts on a wide variety of products and services including sporting goods, magazines, gourmet foods and more.

The name, address and phone number for providers in your area can be obtained by calling our toll-free number at 866-734-7272, or by visiting our website at www.selectbenefitservicesassociation.com.

YOUR HEALTH INSURANCE COVERAGE MAY **LEAVE YOU WITH SUBSTANTIAL OUT-OF-POCKET EXPENSES**

Here's a simple and more affordable solution to help cover these costs!

+ INDEMNITY PLUS WILL PAY YOU BENEFITS FOR:

Hospital Confinement

The base plan benefit will pay you a daily benefit should you be confined to a hospital. Choose the base plan and a daily hospital confinement benefit amount that works best for you. Whichever base plan you select, it will restore fully and for an unlimited amount of times, after 60 days of no hospital confinement. Included in your coverage is a Basic Daily Benefit Amount of \$15 per day for the remainder of the 31-Day Maximum Benefit Period.

Base Plan Choices:	Daily Benefit Amount
1-Day	\$1,000 to \$2,500
3-Day	\$350 to \$750
6-Day	\$250 to \$750
10-Day	\$100 to \$750

Coverage benefits for short duration hospital stays of 12 to 24 hours are included in both the 3-Day and 6-Day benefit base plans. The 1-Day benefit base plan includes a 25% short duration hospital stay benefit for 12 to 24 hour stays.

ALSO AVAILABLE: Add the Short Duration Hospital Stay Rider to your 10-Day base plan in order to receive benefits for Short Duration Hospital Stays of 12 to 24 hours.

+ Observation Stay Covered

People are surprised when a hospital codes a hospital stay as "under observation" after a hospital confinement. This simple change in a hospital status can impact your health insurance benefits. Rest assured that Guarantee Trust Life's Indemnity Plus base plan **will pay full daily benefits** if your 24-hour hospital stay is coded as an inpatient or as "under observation".

Emergency Room Benefits

This benefit will pay you \$150 if you are admitted to a hospital within 24 hours following an emergency room visit due to accident or injury.

Supplemental Mental Health Benefits

Your certificate will pay \$175 per day for up to seven days if you are confined to a hospital for a mental or nervous disorder. This benefit is in lieu of the hospital confinement benefit for sickness or injury, not in addition.

- ▶ Benefits are paid directly to you or your assigned benefit designee, so you can use the funds any way you choose.
- ▶ Guaranteed Issue for ages 64½ to 65½ and simple yes or no application for others.

+ BENEFITS NEEDS ESTIMATOR

YOUR HEALTH PLAN OUT-OF-POCKET COSTS	GTL BENEFIT	GTL PREMIUM
Hospital Confinement Daily Co-Pay _____ x ___ days = _____	_____	_____
Ambulance Service Co-Pay _____	_____	_____
Radiation/Chemotherapy Max. Out-Of-Pocket _____	_____	_____
Skilled Nursing Facility Daily Co-Pay _____ x ___ days = _____	_____	_____
Outpatient Surgical Co-Pay _____	_____	_____
Dental/Vision Average Monthly Costs _____	_____	_____
Potential Out-of-Pocket Costs \$ _____	GTL Premium _____	

+ MORE GREAT BENEFITS TO CHOOSE FROM:

Cancer Lump Sum Benefit Rider*

The Lump Sum Cancer Rider will pay you your chosen cash benefit of \$2,500, \$5,000, \$6,700, \$10,000, \$15,000 or \$20,000 should you be diagnosed with cancer. It includes a 25% benefit for Cancer In Situ and a \$500 payment for Basal cell/Squamous cell skin carcinoma (recurrence benefit also available).

Critical Accident Benefit Rider

After an Emergency Room visit, this rider will pay a lump sum benefit for the following types of accident injuries:

Covered Event	\$5,000 Plan	\$10,000 Plan
Accidental Death	\$5,000	\$10,000
Hip or Skull Fracture	\$1,250	\$2,500
Hip Dislocation	\$1,000	\$2,000
Knee Dislocation or Knee Ligament Tear	\$500	\$1,000
Fracture, Other	\$250	\$500

(The Cancer Lump Sum Benefit and Critical Accident Benefit Riders have a 30-day waiting period.)

Ambulance Benefit Rider

This rider will pay a chosen benefit of \$50 to \$400 per ambulance ride to or from a hospital. It is payable once per day, up to four times per year and subject to a lifetime maximum of 12 trips. No hospital confinement is required.

Dental and Vision Benefit Rider

The Dental and Vision Rider will pay you an annual benefit of up to \$400, \$800 or \$1,200 for services performed by a licensed dentist, ophthalmologist or optometrist after the first year, including \$200 for prescription eye glasses or contact lenses.

(The rider provides limited benefits during the first 12 months after the rider effective date.)

***EXCLUSIONS:** You will be eligible for benefits under the cancer rider if all of the following conditions are met: cancer is first diagnosed and treated while insured under this rider; loss due to first diagnosed cancer is incurred while insured under this rider and not excluded from coverage under the certificate's pre-existing condition provision; and loss is the result of cancer covered under this rider. Please consult your certificate for definitions.

Definition of Cancer: Cancer means an internal disease that is identified by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of body tissue by such malignant cells. Cancer includes, but is not limited to, leukemia, Hodgkin's disease or malignant melanoma. Excluded are pre-malignant tumors or polyps. Limited benefits are available for Cancer In Situ and Skin Cancer. Cancer In Situ is an early stage Cancer that involves only the site of origin and which has not spread beyond the organ or tissue in which it originated. Skin Cancer means a squamous cell or basal cell skin carcinoma.

Skilled Nursing Facility Benefit Rider** – Choose from 2 options

OPTION 1: This rider will pay \$100, \$150 or \$200 per day for days 1 through 50 if you are confined to a skilled nursing facility. This benefit applies if you are admitted to a skilled nursing facility after having been confined to a hospital for three consecutive days. We will pay benefits as long as confinement occurs within 30 days of hospitalization. See rider for exclusions and limitations.

OR

OPTION 2: This rider will pay \$120 per day for days 21-100 if you are confined to a skilled nursing facility. This benefit applies if you are admitted to a skilled nursing facility after having been confined to a hospital for three consecutive days. We will pay benefits as long as confinement occurs within 30 days of hospitalization.

**Both benefit options restore after 60 days of no confinement in a hospital or skilled nursing facility.

Short Duration Hospital Stay Benefit Rider

This rider is available for those with a 10-Day benefit period. It is included in the 1, 3 or 6-Day benefit period plans. It pays for a short hospital stay of 12 to 24 hours if you are in a hospital for a covered sickness or injury. This includes time spent in a hospital as an inpatient, under observation or as an outpatient in the emergency room. The Short Stay Benefit Rider will pay 25% of the 1-Day benefit period amount selected.

Outpatient Surgical Benefit Rider

This rider will pay \$250, \$500, \$750 or \$1,000 for a surgical procedure performed in an ambulatory surgical center or outpatient hospital facility. This surgical indemnity is payable no more than two times per year.



⊕ OTHER SBSA DISCOUNTS AND SERVICES

FLOWERS, GIFT BASKETS AND MORE	20% off gift products including delicious gourmet baskets, sweet treats, heartwarming collectibles, beautiful flowers, plants and more
THEME PARKS	Receive exclusive discounts on Theme Park Tickets such as Walt Disney World®, Universal Parks®, Hershey Park, Legoland®, Six Flags® Nationwide, and many more
PHONES & TABLETS	Safe. Simple. Free. Save big with exclusive deals and earn cash back just for shopping at the same stores you are shopping at today
MOVIE TICKETS	Up to 40% off on movie tickets at many of the major movie theatre chains throughout the United States

Check your fulfillment materials for additional discounts and services available to association members.

SKILLED NURSING FACILITY BENEFIT RIDER GRG15SNF

We will pay the selected Skilled Nursing Benefit Amount for each day You are confined in a Skilled Nursing Facility due to a covered Injury or Sickness, provided that:

1. You have first been Hospital Confined for three (3) or more consecutive days and the Skilled Nursing Facility confinement begins within 30 days after such Hospital Confinement under a Doctor's certification for the need for Skilled Nursing Facility care; and
2. The Skilled Nursing Facility confinement is for the same covered Injury or Sickness as the Hospital Confinement for which We paid benefits. The Skilled Nursing Facility Benefit is subject to a Maximum Benefit Period of 50 days per Any One Period of Confinement.

SKILLED NURSING FACILITY BENEFIT RIDER GRG05SNF

We will pay the Skilled Nursing Facility Benefit of \$120 for each day You are confined to a Skilled Nursing Facility provided that:

1. You have first been Hospital Confined for three (3) or more consecutive days;
2. The Skilled Nursing Facility confinement begins within 30 days after such Hospital Confinement;
3. Your Doctor must certify the need for the Skilled Nursing Facility confinement; and
4. The Skilled Nursing Facility confinement is for the same Injury or Sickness as the Hospital Confinement for which We paid benefits.

The Skilled Nursing Facility Benefit is subject to a 20-day Elimination Period and a Maximum Benefit Period of 80 days per Any One Period of Confinement.

SHORT DURATION HOSPITAL STAY INDEMNITY BENEFIT RIDER GRG15SDH

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.

OUTPATIENT SURGICAL BENEFIT RIDER GRG07OPS(A)

The following Rider exclusions are in addition to the exclusions contained in the Certificate. We won't pay benefits for surgery or a surgical procedure:

- Not performed in an Ambulatory Surgical Center or Outpatient Facility; performed in a Doctor's office; or performed when Hospital Confined;
- For corns, calluses and bunions; deviated nasal septum, including sub mucous resection and/or other surgical corrections thereof unless due to Injury occurring while coverage is in force;
- For the removal of breast implants. This exclusion shall not apply to the removal of breast implants for the Medically Necessary treatment of a covered Injury or Sickness, unless the implants were implanted solely for cosmetic purposes and not for surgery performed as reconstruction resulting from an Injury or Sickness.
- For non-malignant warts, moles (boils), and lesions unless Medically Necessary;
- For sex transformation or reversal thereof;
- Dental surgery except oral surgery for excision of tumors, growths and cysts of the jaw and mouth and surgery to Sound Natural Teeth made necessary by Injury;
- Endoscopic procedure without tissue biopsy or repair performed;
- Needle aspiration;
- Elective Surgery or cosmetic surgery; or
- For refractive anomalies, (for example, LASIK eye surgery.)

DENTAL AND VISION BENEFIT RIDER GRG15DV

We will pay benefits for: (a) non-preventative dental services; and (b) preventative dental and vision services.

- After the rider has been in force for three (3) months, we will pay for one dental cleaning per calendar year (up to \$75), and one basic eye exam or refraction (up to \$50) per calendar year.
- After this rider has been in force six (6) months, we will pay benefits for fillings or root canal treatment occurring after such six (6) month period, subject to the Rider Maximum Amount per Calendar Year and the Insured Percent. We will also pay for prescription eyewear or contacts up to \$200 per Calendar Year after the rider has been in force six (6) months. If eyeglasses or contact lenses are needed as a result of injury, the six (6) month period is not applicable.
- After this rider has been in force twelve (12) months, we will pay benefits, subject to the insured percent, for the following: Bridges, crowns, full dentures or partials, any services or treatment relating to the replacement of natural teeth which were missing on this rider's Effective Date, out-patient dental surgery, "full mouth" extractions or fluoride treatments, any replacement or repair of existing bridges or dentures occurring after such twelve (12) month period, not to exceed the Rider Maximum Amount per Calendar Year as listed in the Rider Schedule. If replacement or repair of existing bridges or dentures is needed as the result of Injury, the twelve (12) month period is not applicable.

Dental and Vision benefits are subject to the:

- Annual Rider Deductible Amount of \$100;
- Insured Percent of covered expenses; and
- The selected Calendar Year Rider Maximum Amount.

DENTAL AND VISION RIDER EXCLUSIONS

Benefits will not be paid for dental expenses arising from or in connection with:

- A service not furnished by a Dentist, except:
 - That performed by a Dental Hygienist under the supervision of a Dentist; and
 - X-rays ordered by a Dentist;
- Treatment, services or supplies which are:
 - Not Necessary Dental Treatment, except as provided herein;
 - Experimental/Investigational in nature;
- Conditions covered by Workers' Compensation Services;
- Treatment by a Family Member;
- Services or supplies for which there would be no charge in the absence of insurance;
- A service furnished to You for:
 - Cosmetic purposes, unless needed as a result of Injury. Facing on crowns, on pontics, posterior to the second bicuspid shall always be considered cosmetic; or
 - Dental care of congenital or developmental malformation (unless benefits for orthodontic services are specifically provided in the Schedule);
- Implants; replacement of lost or stolen appliances, replacement of orthodontic retainers, athletic mouth guards, precision or semi-precision attachments; denture duplication; or sealants;
- Oral hygiene instructions; plaque control; acid etch; or prescription for take-home fluoride;
- Over dentures and associated procedures;
- Services not completed by the end of the month in which insurance terminates; or
- Orthodontic related expense, unless specifically provided.

Benefits will not be paid for vision expenses arising from or in connection with:

- Treatment, services or supplies which:
 - Are Experimental/Investigational in nature;
 - Are received without charge or legal obligation to pay; or
 - Treatment by any Family Member;
- Conditions covered by Workers' Compensation Services;
- Services and supplies in connection with special procedures, such as: orthoptics or vision training and subnormal vision aids;
- Non-prescription (plano) eyewear;
- Medical or surgical treatments of the eyes, unless to correct refraction of the eyes; or
- Eye examinations required by an employer as a condition of employment.

CANCER LUMP SUM BENEFIT RIDER (RIDER FORM GRG15CLS-IL) OR CANCER LUMP SUM WITH RECURRENCE BENEFIT (RIDER FORM GRG15CLSR-IL)

We will pay a lump sum benefit, if Cancer is diagnosed after the Effective Date of coverage, subject to any Waiting Period, and while the Certificate with this Rider is in force.

FIRST DIAGNOSIS BENEFIT

The First Diagnosis Cancer Lump Sum benefit is payable for an internal Cancer and is limited to one lump sum benefit amount during your lifetime.

Waiting Period: The Cancer rider has a 30 day waiting period before any benefits will be paid for loss due to Cancer, Cancer In Situ or Skin Cancer. If the first diagnosis of Cancer, Cancer In Situ or Skin Cancer as defined in the rider, is made during the waiting period, you have the option to cancel the rider and receive a refund of all premiums paid.

CANCER IN SITU BENEFIT

The Cancer In Situ Benefit Amount is payable at 25% of the First Diagnosis Cancer Lump Sum Benefit. The Cancer In Situ Benefit is limited to one lump sum payment during Your lifetime.

SKIN CANCER BENEFIT

A Skin Cancer Benefit of \$500 is payable for a diagnosis of squamous cell or basal cell skin carcinoma. The Skin Cancer Benefit is limited to one payment per Calendar Year. The maximum We will pay is three Skin Cancer Benefits during Your lifetime.

RECURRENCE BENEFIT

This benefit is only available with Rider Form GRG15CLSR-IL. A Recurrence Benefit is payable for a previously diagnosed or newly diagnosed Cancer. Benefit payment is subject to having been in a period of remission for at least one full year from a previously diagnosed Cancer for which we have previously paid benefits under the Certificate. The Recurrence Benefit is a percentage (10% to 100%, depending upon the number of years elapsed) of the First Diagnosis Cancer Lump Sum Benefit amount. Benefits payable under the Recurrence Benefit provision are not subject to a lifetime maximum.

Benefits for the recurrence of a previously diagnosed Cancer are subject to documented medical evidence that supports a Cancer's period of remission. Cancer, Cancer In Situ or Skin Cancer will not be a covered condition when advice or treatment is received within the Waiting Period, if any, or prior to the Effective Date, and such advice or treatment results in the First Diagnosis of Cancer, Cancer In Situ, or Skin Cancer. If tissue is extracted during the Waiting Period, if any, or prior to the Effective Date, and results in a First Diagnosis of Cancer, Cancer In Situ, or Skin Cancer, this will not be a covered condition. If Cancer, Cancer In Situ, or Skin Cancer is diagnosed and/or

treated within the Waiting Period, or if medical advice is given within the Waiting Period which leads to the subsequent First Diagnosis of Cancer, Cancer In Situ, or Skin Cancer after the Waiting Period, You have the option to cancel the Rider and receive a refund of all premiums paid on this Rider.

CRITICAL ACCIDENT BENEFIT RIDER GRG15CA-IL

We will pay 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.

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.

The 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. Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
6. Dental treatment.
7. 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.
8. Treatment of vegetation or ptomaine poisoning or bacterial infections, except pyogenic infections due to accidental open cuts; or accidental ingestion of contaminated substances.
9. Suicide or attempted suicide while sane; or self-destruction or an attempt to self-destroy while insane.
10. Injury resulting from being legally intoxicated as defined and determined by the laws of the state where the loss or cause of the loss was incurred; or being under the influence of any illegal drugs or narcotic unless administered on the advice and as directed by a Doctor.
11. Injuries incurred and resulting from hazardous occupations such as circus workers, commercial fisherman, crop dusters, farm laborers, firefighters, lumberjacks, oil field workers, police, quarry workers, rodeo riders, security guards, underground miners, or window washers.

12. 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.
13. 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.

NOTE: THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

This is not a Medicare Supplement policy or certificate, and does not fully supplement any federal Medicare health insurance. If you are eligible for Medicare, you may review the Guide to Health Insurance for People with Medicare available from GTL.

PRE-EXISTING CONDITION:

A Pre-existing Condition is a sickness or injury, disclosed or not disclosed on the application, for which medical care, treatment, diagnosis or advice was received or recommended within the six month period immediately prior to your effective date of coverage under this Certificate; or the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the six months prior to your effective date of coverage under this Certificate. Treatment includes the taking of prescription drugs or medicines. Pre-existing conditions are not covered unless the loss begins more than six months after your effective date of coverage.

The Pre-existing condition period may differ in some states.

Guarantee Trust Life Insurance Company and Select Benefit Services Association are separate legal entities and have sole financial responsibility for their own products.

BASIC EXCLUSIONS

We will not pay benefits for:

1. 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.
2. 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.
3. Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or civil commotion or any illegal activity.
4. Expenses incurred as a result of suicide or intentionally self inflicted Injury while sane or insane.
5. Injury or Sickness arising out of or in the course of employment or which is compensable under any Workers' Compensation or Occupational Disease Act or Law.
6. Cosmetic surgery other than:
 - Reconstructive surgery incidental to or following surgery resulting from trauma, or other diseases of the involved part; or
 - Reconstructive surgery because of a congenital disease or anomaly.
7. Injury due to being legally intoxicated, as defined by the jurisdiction in which an Accident occurs.
8. Loss due to voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a doctor.

Optional benefit riders are offered for an additional premium.

Membership with Select Benefit Services Association (SBSA) is required in order to apply for this coverage. This brochure is a summary, not a contract. Indemnity Plus Limited Benefit Certificate, providing Hospital Confinement Indemnity Benefits, is issued on Form GC-1550-FL & Rider GRG18ASB, GRG15CLS-IL, GRG15CLSR-IL, GRG07OPS(A), GRG15SDH, GRG05SNF, GRG15SNF, GRG15CA-IL and GRG15DV by Guarantee Trust Life Insurance Company. This product, its features, and riders are subject to state availability and may vary by state. Certain exclusions and limitations may apply. For cost and complete details of coverage, please refer to the Certificate.



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GUARANTEE TRUST LIFE INSURANCE COMPANY

Experience You Can Trust - With more than 85 years of experience in the insurance industry, Guarantee Trust Life Insurance Company has a proud heritage of providing excellent service and superior insurance products. Guarantee Trust Life is a mutual legal reserve company located in Glenview, Illinois and licensed to conduct business in 49 states and the District of Columbia.