EPIC™ | SPECIALTY BENEFITS

For Questions Call EPIC Specialty Benefits at 800-520-5750

SELECT BENEFIT SERVICES ASSOCIATION

Select Benefit Services Association

- ***24 HOUR ACCIDENT COVERAGE***
- ***ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS***
- ***LIFESTYLE DISCOUNTS AND SERVICES***
- ***MEDICAL DISCOUNTS***

GTL | GUARANTEE TRUST LIFE

SBSA

GUARANTEE TRUST LIFE INSURANCE COMPANY
1275 Milwaukee Avenue, Glenview, IL 60025
www.gtlic.com | 800.338.7452

(Rev. 6/16) 15B942
29353-088-1606

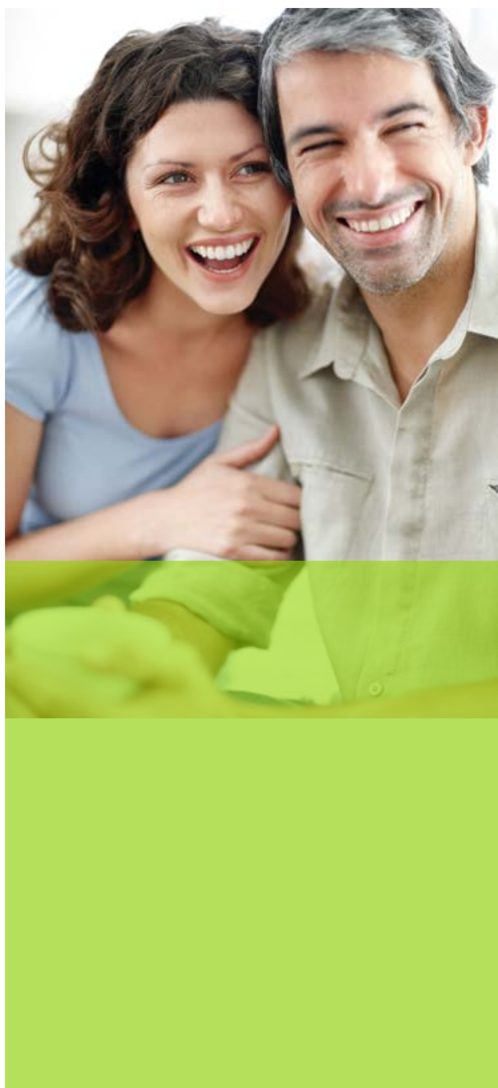
ADHV-28-10

THE BENEFITS OF HAVING ACCIDENT INSURANCE

by Guarantee Trust Life Insurance Company

An accident can happen when you or one of your family members least expect it! GTL's 24 Hour Accident insurance policy helps provide you with the comfort and the coverage you need for those unexpected expenses.

Guarantee Trust Life Insurance Company (GTL) has designed the 24 Hour Accident policy to provide you with the protection you need with several options to choose from.



ACCIDENT INSURANCE OPTIONS ISSUE AGES 18-69

Option	Rate
OPTION 1 • $2,500 Accident Medical Coverage - $250 Deductible • $4,000 Emergency Air Ambulance • $2,500 Accidental Death and Dismemberment	**$40** FAMILY **$22** SINGLE
OPTION 2 • $5,000 Accident Medical Coverage - $250 Deductible • $4,000 Emergency Air Ambulance • $5,000 Accidental Death and Dismemberment	**$54** FAMILY **$28** SINGLE
OPTION 3 • $7,500 Accident Medical Coverage - $250 Deductible • $4,000 Emergency Air Ambulance • $7,500 Accidental Death and Dismemberment	**$68** FAMILY **$34** SINGLE
OPTION 4 • $10,000 Accident Medical Coverage - $250 Deductible • $4,000 Emergency Air Ambulance • $10,000 Accidental Death and Dismemberment	**$82** FAMILY **$40** SINGLE
OPTION 5 • $12,500 Accident Medical Coverage - $250 Deductible • $4,000 Emergency Air Ambulance • $12,500 Accidental Death and Dismemberment	**$87** FAMILY **$41** SINGLE
OPTION 6 • $15,000 Accident Medical Coverage - $250 Deductible • $4,000 Emergency Air Ambulance • $15,000 Accidental Death and Dismemberment	**$90** FAMILY **$42** SINGLE
OPTION 7 • $20,000 Accident Medical Coverage - $250 Deductible • $4,000 Emergency Air Ambulance • $20,000 Accidental Death and Dismemberment	**$97** FAMILY **$45** SINGLE
OPTION 8 • $25,000 Accident Medical Coverage - $250 Deductible • $4,000 Emergency Air Ambulance • $25,000 Accidental Death and Dismemberment	**$104** FAMILY **$48** SINGLE

Your Monthly Rate Includes $10.95 Membership Dues & Discount Medical Plan Option Costs

BENEFIT DESCRIPTIONS

ACCIDENT MEDICAL COVERAGE

Any Doctor, Emergency Room, Clinic or Hospital

Medical Services means the Medically Necessary cost for: Treatment by a Doctor, nurse, dentist, hospital room and board, outpatient surgery, use of an Ambulance, dental work for Injury to sound and natural teeth, drugs, medicines, diagnostic tests and x-rays, oxygen, casts, splints, crutches, blood plasma, treatment performed by a licensed medical professional and the rental of durable medical equipment. Benefits are excess of other coverage.

Total medical expense benefits for a single Accident shall not exceed the maximum benefit amount per Injury shown in your certificate.

$4,000 EMERGENCY AIR AMBULANCE

Most medical plans only cover ground Ambulance. In the event a member suffers from a covered Injury that requires emergency air Ambulance service we will reimburse the member up to the maximum amount of $4,000.

ACCIDENTAL DEATH & DISMEMBERMENT

If a covered family member's Injury results in a loss, as defined in your certificate of coverage, within one year after the Accident causing the loss, we will pay benefits as described in your certificate of coverage for loss of life. Benefits for loss of limb and sight are also shown in the schedule of benefits.

AD&D benefits reduce by 50% on a Member's 70th birthday.

SELECT BENEFIT SERVICES ASSOCIATION

by VantageAmerica Solutions, Inc.

The following Discount Medical Plans are included with all eight options:

TELADOC: SPEAK WITH A LIVE BOARD CERTIFIED PHYSICIAN

With Teladoc, you can speak with a physician anytime, anywhere, 24 hours a day, 7 days a week, 365 days a year. Call Teladoc and you can speak to a physician in most cases in less than 30 minutes, but within 3 hours or the consult is free of charge. Please note that there is a $45 per consultation charge for this service.

PHARMACY DISCOUNT PLAN: APS

The Prescription Drug Program links most of the largest pharmacy chains into a common and consistent discount program. Through an exclusive agreement with one of the nation's premier drug management organizations, members can obtain discounts on drug prices through a national network of more than 55,000 pharmacies. The network includes pharmacy chains such as CVS, Rite Aid, Medicine Shoppe, Walgreens, Wal-Mart, as well as thousands of independent pharmacies throughout the country. Mail order is also available!

DENTAL DISCOUNTS: UNI-CARE NETWORK

Members may take advantage of savings through the UNI-CARE Dental Network, one of the most recognized discount dental networks in the nation. Members save 10% to 50% on dental care expenses from general dentistry to root canals, crowns and orthodontia at over 60,000 available dental providers nationwide.

EXAMPLE OF DISCOUNTS:

PRODUCT/SERVICE	AVG. PRICE	YOU PAY*	SAVINGS*	% SAVED
Dental Exam/Cleaning (Adult)	$148.00	$101.00	$47.00	32%
Dental Exam/Cleaning (Child)	$127.50	$87.67	$39.83	31%
Complete X-rays	$107.00	$66.00	$41.00	38%
Root Canal (One Canal)	$610.50	$519.00	$91.50	15%
Complete Upper Denture	$1,401.50	$1,191.28	$210.22	15%

**These are examples only. Savings will vary by procedure, provider and geographical area.*

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.

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Disclosures: (a) The discount medical card program is NOT health insurance. (b) The plan provides discounts at certain health care providers for medical services. (c) The plan does not make payments directly to the providers of medical services. (d) The range of discounts for medical or ancillary services provided under the plan will vary depending on the type of provider and medical or ancillary services received. (e) The plan member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with VantageAmerica Solutions, Inc., a discount medical plan organization. This discount plan is not a qualified health plan under the Affordable Care Act (ACA).

Managed and Administered by: VantageAmerica Solutions, Inc.
1275 Milwaukee Avenue Glenview, IL 60025 • www.vantageamericasolutions.com

This discount plan is not "A Medicare Prescription Drug Plan". (1) Membership in the discount drug plan entitles members to discounts for certain pharmaceutical supplies, prescription drugs, or medical equipment and supplies offered by providers who have agreed to participate in the discount drug plan; (2) The discount drug plan organization does not pay providers of pharmaceutical supplies, prescription drugs, and medical equipment and supplies provided to plan members. (3) The discount drug plan member is required to pay for all pharmaceutical supplies.

OTHER SBSA DISCOUNTS AND SERVICES

For a list of providers please visit www.selectbenefitservicesassociation.com

CAR PRICING	Car leasing, purchasing and referral service —This service is available for new and late model used cars
CAR RENTAL	Includes USA, Canada and Europe
LONG DISTANCE	Great Savings — 24 hours per day/7 days per week
GIFT BASKETS	Includes flowers, gourmet baskets, sweet treats and more
TRAVEL	Includes car rentals, cruises and more
HOTEL/MOTEL	Hotel, motel and resort chains nationwide
RENTAL & SALES	Save on motor homes — Members can also purchase new and used brand name motor homes
GROCERY COUPONS	Stretch your grocery dollars — Enjoy savings with coupons for goods nationwide
MOVING SERVICES	Trained planner will help members with their residential, business or office move
FITNESS	Save on national brand exercise equipment — Includes stair climbers, exercise bikes, rowing machines and more

GTL'S 24 HOUR ACCIDENT INSURANCE POLICY DOES NOT PROVIDE BENEFITS FOR:

- Treatment, services or supplies which:
  - Are not Medically Necessary;
  - Are not prescribed by a Doctor as necessary to treat an Injury;
  - Are determined to be Experimental/Investigational in nature;
  - Are received without charge or legal obligation to pay;
  - Are received from persons employed or retained by any Family Member, unless otherwise specified; or
  - Are not specifically listed as Covered Charges in the Policy.
- Injury by acts of war, whether declared or not.
- Injury received while traveling or flying by air, except as a fare-paying passenger and not as a pilot or crew member, on a regularly scheduled commercial airline.
- Injury covered by Worker's Compensation, Employer Liability Law or Occupational Disease Act or Law.
- Dental treatment, except as specifically stated.
- Injury sustained while committing or attempting to commit a felony.
- Prescription Drugs except as specifically stated.
- Suicide or attempted suicide while sane or insane.
- Intentionally self-inflicted Injury.
- Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state or jurisdiction in which the Injury occurs.
- Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Doctor.
- Injury sustained while participating in or practicing for any professional, intercollegiate or club sports activity, except as specifically provided.
- Injury which occurs while a Covered Person is on active duty service in any armed forces. Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.
- Injury sustained flying in an ultra light, hang gliding, parachuting or bungee-cord jumping, by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere.
- Injury sustained while driving or riding on vehicles for off-road use including but not limited to all-terrain vehicles (ATV's).
- Injury sustained where a Covered Person is the operator and does not possess a current and valid motor vehicle operator's license, except in a Driver's Education Program.
- Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay.
- Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
- Covered Charges incurred outside of the United States or its possessions.
- Competing in motor sports races or competitions.
- Competing in water sports races or competitions.
- Testing cars/trucks on any racetrack or speedway.
- Handling, storing or transporting explosives.
- Scaling up cliffs or mountain walls.
- Spelunking (exploring caves).
- Handling or working with dangerous animals.
- Repetitive motion injuries, strains, hernia, tendonitis, bursitis and heat exhaustion not related to a specific injury.

Please refer to your Certificate of Insurance and its Schedule of Benefits. There you will find a list of all Covered Charges, including those with maximum benefit amounts that differ from the overall plan maximums. These consist of Doctors' visits, Ambulance expense, dental treatment for injury to sound natural teeth, and chiropractic treatment.

CLAIM PROVISIONS: Notice of Claim: Written notice of claim must be given to the Company or its authorized representative within 60 days after a covered loss starts, or as soon thereafter as is reasonably possible. Notice should include information sufficient to identify the Covered Person.

24 Hour Accident Coverage, accident only insurance, is issued on Policy Form MP-1300 by Guarantee Trust Life Insurance Company, Glenview, IL. This product and its features are subject to state availability and may vary by state. Certain exclusions and limitations may apply. For costs and complete details of the coverage, please read your certificate carefully.

Plan membership may be cancelled within the first 30 days and any premium paid will be fully refunded.

24 Hour Accident Coverage-This product is not available in AK, CT, DE, FL, HI, KS, LA, ME, MD, MA, MN, MT, NH, NY, NC, NV, OR, RI, SD, UT, VT, WA

Neither the Accident-Only Insurance provided by Guarantee Trust Life Insurance Company nor the Medical discounts offered through VantageAmerica Solutions, Inc. provide comprehensive health insurance coverage ("major medical coverage") nor do they satisfy the requirement of "minimum essential coverage" required under the Affordable Care Act.

Guarantee Trust Life Insurance Company, EPIC, SBSA, and Vantage America are separate legal entities and have sole financial responsibility for their own products.

1275 Milwaukee Avenue, Glenview, IL 60025
www.gtlic.com | 800-338-7452

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SELECT BENEFIT SERVICES ENROLLMENT FORM

MEMBER

LAST NAME | FIRST | INITIAL

SOCIAL SECURITY # | AGE (MAX. 69) | DATE OF BIRTH | HOME PHONE #

ADDRESS STREET | CITY | STATE | ZIP

E-MAIL ADDRESS FOR FULFILLMENT AND CORRESPONDENCE

Designated Beneficiary (Required for Member), Dependent's Beneficiary is Next of Kin:

LAST NAME | FIRST | INITIAL

FAMILY MEMBER ***List spouse (max age 69) and dependents (Max age 25)*

LAST NAME | FIRST | INITIAL

SOCIAL SECURITY # | AGE (MAX. 69) | DATE OF BIRTH | RELATIONSHIP

LAST NAME | FIRST | INITIAL

SOCIAL SECURITY # | AGE (MAX. 25) | DATE OF BIRTH | RELATIONSHIP

LAST NAME | FIRST | INITIAL

SOCIAL SECURITY # | AGE (MAX. 25) | DATE OF BIRTH | RELATIONSHIP

TERMS AND CONDITIONS

The Select Benefit Services Association (SBSA) is a membership organization committed to providing members high quality, innovative and money saving discounts and services. Membership privileges include the right to participate in all programs offered or sponsored by SBSA.

Member hereby requests enrollment in the Select Benefit Services Association. Member understands that membership dues include the insurance premium. Member also understands that membership dues are refundable only within the first 30 days of membership.

Member hereby appoints SBSA president, or failing this person, a SBSA Director, as proxy holder for and on behalf of the member with the power of substitution to attend, act and vote for and on behalf of the member in respect of all matters that may properly come before the meeting of the Members of SBSA, to the same extent and with the same powers as if the undersigned member were present at the meeting. Said proxy is to continue for a period of (1) year from date and is hereby renewed from year to year until the proxy is cancelled by writing delivered to the Association.

I agree to the terms and conditions of SBSA Membership as listed on this form.

X ______________________________

SIGNATURE OF THE PRIMARY MEMBER ENROLLEE *(written or electronic)*

_______/_______/_______

DATE

*24 HOUR ACCIDENT PLAN OPTIONS PLEASE CHECK ONE

(Includes $10.95 Monthly Membership Dues):

- ❒ **OPTION 1:** $22.00 Single or $40.00 Family
- ❒ **OPTION 2:** $28.00 Single or $54.00 Family
- ❒ **OPTION 3:** $34.00 Single or $68.00 Family
- ❒ **OPTION 4:** $40.00 Single or $82.00 Family
- ❒ **OPTION 5:** $41.00 Single or $87.00 Family
- ❒ **OPTION 6:** $42.00 Single or $90.00 Family
- ❒ **OPTION 7:** $45.00 Single or $97.00 Family
- ❒ **OPTION 8:** $48.00 Single or $104.00 Family

**Monthly Rates*

***(Includes civil union and domestic partners where authorized by state law)*

PLEASE COMPLETE FORM continued on the next page…

I agree to the voluntary purchase of the 24-hour insured accident program underwritten by Guarantee Trust Life Insurance Company, and made available to me through my SBSA Membership. I understand that my Certificate of Insurance will provide a description of all the benefits, exclusions, terms and conditions of this coverage. Any person who, with intent to defraud or knowing that he is facilitating fraud against an insurer, submits an application or claim containing a false or deceptive statement may be guilty of insurance fraud as determined by a court of law.

Signature of the Primary Member Enrollee (written or electronic)

X ____ ______/______/______

DESIGNATED BENEFICIARY *(Required for Member)*. DEPENDENT'S BENEFICIARY IS NEXT OF KIN. DATE

LAST NAME FIRST INITIAL

PAYMENT OPTIONS (CHECK ONE)

Make Payment to GTL

❒ Monthly Bank Draft ❒ Monthly List Bill (4 or More) *Billing will be in 15 days before due date*

❒ Credit Card ❒ Draft Date ______________ ❒ Effective Date ______________

REPRESENTATIVE NAME *(Please print)* REPRESENTATIVE NUMBER

Mail Policy to: ❒ Representative ❒ Insured

GTL AUTHORIZATION TO HONOR CHECKS, SHARE DRAFTS, OR ACCOUNT DEBITS

Name of Payor as it appears on Banking Institution Records:

LAST NAME FIRST INITIAL

ACCOUNT # ROUTING/TRANSIT #

BRANCH NAME OF BANKING INSTITUTION

ADDRESS CITY STATE ZIP

I authorize Guarantee Trust Life Insurance Company (GTL) to charge my account checks, share drafts, electronic fund transfer or debits, or other account debits made upon my account by and payable to the order of the entity designated above or its legal representative for membership, benefits and or insurance premiums. I agree that GTL's treatment of each check, share draft or debit, and GTL's rights with respect to it, will be the same as if it were signed or initiated personally by me. I further agree that if any check, share draft or debit is dishonored for any reason GTL will not be under any liability even though dishonor results in the forfeiture of insurance, benefits, or membership. I further agree that this authorization is to remain in effect until GTL receives written notice from me of its revocation unless GTL ends it earlier.

X ____ ______/______/______

SIGNATURE OF PAYOR DATE

____ ______/______/______

ADDITIONAL SIGNATURE: NAME OF INSURED IF DIFFERENT FROM PAYOR *(if joint account)*. DATE

CREDIT CARD AUTHORIZATION *(Not applicable if paying by check or money order)*

LAST NAME (ON CARD) FIRST INITIAL

BILLING ADDRESS CITY STATE ZIP

PHONE NUMBER

CARD TYPE *(check one)* ❒ Discover ❒ VISA ❒ Master Card

I authorize Guarantee Trust Life Insurance Company to bill my VISA/ MASTERCARD/ DISCOVER for my SBSA membership and insurance plan(s) provided by Guarantee Trust Life Insurance Company.

This authorization is to remain in full force until Guarantee Trust Life Insurance Company has received written notification from me of its termination in such time and in such manner as to afford Guarantee Trust Life Insurance Company reasonable opportunity to act upon it.

____________________ ______/______/______

CARD NUMBER EXP. DATE

X ____

SIGNATURE OF PAYOR

______/______/______

DATE