

# TEXAS

## GROUP TERM LIFE Certificates of Insurance



GAP TERM  
**UBA**

*These Certificates of Insurance are for the Gap Term Membership Product. You can call your personal member concierge at 866.438.4274 for any questions with your certificates.*

\*Group Term Life Insurance is underwritten by Guarantee Trust Life Insurance Company.



**READ CAREFULLY FOR ALL LIMITATIONS,  
EXCLUSIONS, AGE LIMITS, DEFINITIONS  
AND SCHEDULE OF BENEFITS.**

GapTerm\_CertificatesofInsurance\_v0822  
United Business Association  
409 W Vickery Blvd, Fort Worth, TX 76104  
866.438.4274 | ubamembers.com

# Member Driven Value.

*Certificates of Insurance underwritten by Guarantee Trust Life Insurance Company*

PGS 03-17

Group Term Life Insurance  
Certificate of Insurance

ASSOCIATION BENEFITS  
PROVIDED BY:



GROUP TERM LIFE INSURANCE  
COVERAGE UNDERWRITTEN BY:

Guarantee Trust Life Insurance Company



BILLING\*, FULFILLMENT,  
& CUSTOMER SERVICE  
PROVIDED BY:



*\*Billing is administered through the Third Party Administrator of H A Partners, Inc. or HealthyAmerica (depending on state).*

# GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue  
Glenview, Illinois 60025

## CERTIFICATE OF INSURANCE

This is Your Certificate of Insurance (Certificate) while You are insured. It briefly explains the rights and benefits that are determined by the Master Policy (Policy). The Policy is a legal contract between the Policyholder and Us. The Policyholder is shown on the Schedule of Benefits.

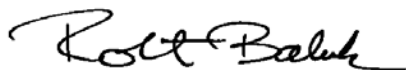
The Policy alone constitutes the agreement under which payments are made. We will pay the benefits set forth in the Policy. Benefit payment is governed by all the terms, conditions and limitations of the Policy. The Policy may be amended at any time without Your consent or notice to You. Any such amendment will not affect a claim starting before the amendment takes effect.

The Policy has been issued and delivered to the Policyholder in the state of Texas. Except as otherwise stated in this Certificate, the Policy will be governed by the laws of the state where the Policy was issued. The Policy is held by the Policyholder. You may inspect it at any time during business hours at the office of the Policyholder.

This Certificate was issued on the basis that the information on Your enrollment form was correct and complete. If any information on the enrollment form was not correct, write to Us within ten days of receipt of this Certificate. An error or omission in Your enrollment form may result in loss of coverage as of its Effective Date.

**Right to Examine:** If You are not satisfied with this Certificate, return it to Our home office within twenty (20) days after the date You received it. This Certificate will then be canceled and any Premium paid will be refunded.

### READ YOUR CERTIFICATE CAREFULLY.



Secretary



President

## RENEWABLE TERM LIFE INSURANCE COVERAGE

### NON-PARTICIPATING

LCCVTX100

## **GUARANTEE TRUST LIFE INSURANCE COMPANY**

1275 Milwaukee Avenue, Glenview, Illinois 60025

### **NOTICE**

#### **Have a complaint or need help?**

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

#### **Guarantee Trust Life Insurance Company**

To get information or file a complaint with your insurance company or HMO:

**Call: Toll-free: 1-800-338-7452**

Online: [www.gtlic.com](http://www.gtlic.com)

Email: [pos@gtlic.com](mailto:pos@gtlic.com)

Mail: 1275 Milwaukee Avenue, Glenview, IL 60025

#### **The Texas Department of Insurance**

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: [www.tdi.texas.gov](http://www.tdi.texas.gov)

Email: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

Mail: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

#### **¿Tiene una queja o necesita ayuda?**

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

#### **Guarantee Trust Life Insurance Company**

Para obtener información o para presentar una queja ante su compañía de seguros o HMO:

**Teléfono gratuito: : 1-800-338-7452**

En línea: [www.gtlic.com](http://www.gtlic.com)

Correo electrónico: [pos@gtlic.com](mailto:pos@gtlic.com)

Dirección postal: 1275 Milwaukee Avenue, Glenview, IL 60025

#### **El Departamento de Seguros de Texas**

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439

Presente una queja en: [www.tdi.texas.gov](http://www.tdi.texas.gov)

Correo electrónico: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

Dirección postal: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

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## DEFINITIONS

*The terms listed below, if used, have the meaning stated.*

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**Age:** Your age on Your last birthday. Your age at any Certificate Anniversary date is Your age at Your last birthday.

**Beneficiary:** The person named in the enrollment form or in the most recent change on record to receive the benefits payable at Your death. We may rely on affidavits or other evidence in identifying the persons in any class named as Beneficiary. Any payment we make will be made in good faith based on this evidence and will satisfy to that extent what We owe on the Policy.

**Certificate Anniversary:** The same date and month as the Certificate Date for each succeeding year this Certificate remains in force.

**Certificate Date:** The date this Certificate begins. This is the date from which Certificate Anniversaries, Certificate Years, certificate months, and Premium due dates are determined. The Certificate Date is shown in the Schedule of Benefits.

**Certificate Year:** The period from the Certificate Date to the first Certificate Anniversary, or from one Certificate Anniversary to the next. A Certificate Year does not include the Certificate Anniversary at the end of the Certificate Year.

**Company:** Guarantee Trust Life Insurance Company, a mutual company. Also hereinafter referred to as We, Us and Our.

**Covered Person:** A person who has satisfied all of the following requirements:

- He is eligible for coverage under this Certificate;
- He has been accepted for coverage under this Certificate or has been automatically added;
- Premium has been paid for him; and
- His coverage has become effective and has not terminated.

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**Dependent:** A person who resides with the Insured and is the Insured's:

- Legally married spouse.
- Child who is younger than 25 years of age.
- Child who is physically or mentally disabled and under the parent's supervision.

The term child refers to the Insured's unmarried:

- Natural child or grandchild or;
- Stepchild or foster child; A stepchild is a Dependent on the date You marry the child's parent.
- Adopted child or grandchild, including a child placed with the Insured for the purpose of adoption, from the moment of placement as certified by the agency making the placement.

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**Owner:** The person who may exercise all Certificate privileges and rights while the Insured is living. The Owner may be someone other than the Insured. The Owner is named in the Schedule of Benefits.

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**Policyholder:** The entity shown as the Policyholder on the Schedule of Benefits.

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**We, Our, and Us** refers to Guarantee Trust Life Insurance Company.

**You, Your and Yours:** The Eligible Person as defined in the Master Policy.

Male pronouns whenever used in this Certificate include female pronouns.

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## ADDITIONAL DEFINITIONS

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**Accident:** A sudden, unforeseeable, external event which results in an Injury.

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**Injury:** Bodily injury due to an Accident which:

- Results solely, directly and independently of disease, bodily infirmity or any other causes;
- Occurs after the Covered Person's effective date of coverage;
- Occurs while coverage is in force.

All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single injury.

LGDFXX1000

## CONDITIONS OF INSURANCE

### ELIGIBILITY

**Insured:** You are eligible for coverage if You are a member of an eligible Class and complete a valid enrollment form. Eligible Classes are shown in the Master Application.

**Dependent** (*See Schedule of Benefit Page for Dependent Eligibility*): When a Dependent is a member of an eligible Class, such Dependent is eligible for coverage on the later of:

- The date You become eligible for insurance; or
- The date You acquire the Dependent.

A Dependent is deemed to be acquired as follows:

Spouse: On the date of the marriage to You.

Natural child: On the date of birth.

Adopted child: From the moment of placement with You for the purpose of adoption, as certified by the agency making the placement.

Stepchild: On the date of Your marriage to the child's parent.

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### EFFECTIVE DATES OF COVERAGE

#### **Insured**

Your Effective Date of coverage is shown in the Schedule of Benefits

LGCIXX310

**Dependent, except Dependents Acquired After the Effective Date:** The Effective Date of coverage for a Dependent is shown in the Schedule of Benefits. In no event will Dependent coverage become effective prior to the date Your coverage becomes effective. If a Dependent is Totally Disabled on the date on which he would become insured, his effective date will be delayed until 12:01 a.m. of the day following the date the Total Disability ends.

Total Disability/Totally Disabled means, with respect to a covered Dependent, hospital confinement. Hospital Confinement means confinement in a Hospital for at least 18 consecutive hours for which a room and board charge is made.

A person who qualifies as a Dependent on the Effective Date whom You choose not to have insured under this Certificate as of that date may become insured at a later date subject to payment of the required premium and Our approval of any satisfactory proof of good health which We may require. Coverage would take effective on the first day of the calendar month coinciding with or next following Our receipt of premium and any satisfactory proof of good health which We may require.

#### **Dependents Acquired After the Effective Date**

**Newborn Children:** Your newborn child is automatically covered from the moment of birth until such child is 31 days old. However, You must notify Us in writing within 31 days of such birth and pay the required additional premium, if any, in order to have coverage for the newborn child continue beyond such 31 day period.

**Adopted Child:** Coverage for a child adopted by You is effective upon the earlier of the date of placement for the purpose of adoption or the date of the entry of an order granting You custody of the child for purposes of adoption. Coverage will continue unless the placement is disrupted prior to legal adoption and the child is removed from placement. However, You must notify Us in writing within 31 days of such adoption and pay the required additional premium, if any, in order to have coverage for the adopted child continue beyond such 31 day period.

**Other Than Newborn or Adopted Child:** A person who qualifies as a Dependent after the Effective Date of coverage may be insured under this Certificate. An application for insurance must be sent to Us within 31 days after the person first qualifies as a Dependent, and the required premium must be paid. Coverage takes effect as of the date the person first qualifies as a Dependent.

If the application for insurance is received more than 31 days after the person first qualifies as a Dependent, coverage will be effective on the first day of the calendar month coinciding with or next following Our receipt of premium and approval of any satisfactory proof of good health which We may require.

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## **TERMINATION**

The insurance on any Covered Person shall automatically terminate on the earliest of:

- The date the Policy terminates;
- The date the Death Benefit is paid;
- The first day of the month after the date the Covered Person ceases to be a member of a class eligible for coverage;
- The Date Certificate Ends as stated in the Schedule of Benefits;
- Any Premium due date at which time We terminate the Policy with 30 days written notice; or
- On the premium due date that falls on or next follows the date You attain the Termination Age stated in the Schedule of Benefits.

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## **CONVERSION PRIVILEGE**

### **Your Conversion Privilege**

You may convert Your coverage to a different individual policy if:

- Your coverage terminates or is reduced, while the Policy is in force, and one of the following applies:
  - a) You are no longer in a class eligible for coverage; or
  - b) You change from one eligible class to another providing lower benefits.

The amount of life insurance may not exceed the amount terminated under the Policy.

- You have been continuously insured under the Policy for at least 5 years and Your coverage terminates because the Policy terminates, or the Policy is amended so as to terminate insurance for Your class.

The amount of insurance for this converted policy will be the lesser of:

- a) \$2,000; or
- b) The amount for which You were insured under the Policy.

You may not exercise this Conversion Privilege if Your coverage ends due to Your request to end Your coverage or membership in an eligible class.

To convert Your coverage You must:

Make written application to Us within 31 days after Your insurance ends; and

- Include the first premium payment with Your application. The premium will be based on the rates filed by Us for the policy to be issued. It will also be based on Your attained age and class of risk, and the amount of insurance.

When We receive Your written application and first premium payment, We will issue to You an individual life insurance policy. The issuance of the policy will be subject to the following conditions:

- No proof of insurability is needed;
- The individual policy will be on one of the forms, except term insurance, that We issue for conversion coverage; and



- The individual policy may not contain disability, accidental death and dismemberment or other supplementary benefits.

Any individual policy issued under this Conversion Privilege will be in lieu of all other benefits under this Certificate.

If You die within the 31-day conversion period, We will pay, upon receipt of proof of Your death, the amount of Your life insurance that You were entitled to convert. The claim will be paid under the Group Policy, even if the application or payment of the first premium for the individual policy has not been made.

If You have converted Your coverage to an individual policy, You will not have to surrender Your conversion policy if You become insured again under this Certificate. If You once again become ineligible for coverage under this Certificate, You will not be able to convert Your coverage a second time if Your original individual conversion policy is still in force.

We will notify You in writing of Your rights to convert Your coverage under this Certificate. If the notice is not received within 31 days after Your insurance terminates, the application period for conversion may be extended for an additional 60 days. In no event will the application period exceed 91 days following the date of Your termination.

LGCVPTX100

### **Dependents Conversion Privilege**

Your Dependent may convert his coverage to an individual policy if:

- Your Dependent's coverage terminates or reduced, while this Certificate is in force, and one of the following applies:
  - (a) You are no longer in an Eligible Class;
  - (b) You are no longer in a class eligible for Dependent coverage;
  - (c) You die; or
  - (d) He ceases to be a Dependent, as defined.

The amount of life insurance may not exceed the amount for which Your Dependent was insured under this Certificate.

- Your Dependent has been continuously insured under this Certificate for at least 5 years and his coverage terminates because this Certificate terminates, or this Certificate is amended so as to terminate insurance for his class.
- The amount of insurance for this insurance certificate will be the lesser of:
  - (a) \$2,000; or
  - (b) The amount for which Your Dependent was insured under this Certificate. The amount will be reduced by any amount for which Your Dependent is or becomes eligible under any group life insurance policy within 31 days of termination.

To convert his Life Insurance coverage Your Dependent must:

- Make written application to Us within:
  - (a) 60 days of the termination of his insurance due to Your death; or
  - (b) 31 days of the termination of his insurance in all other cases.
- Include the first premium payment with his application. The premium will be based on the rates filed by Us for the policy to be issued. It will also be based on his attained age and class of risk, and the amount of insurance.

When we receive Your Dependent's written application and first premium payment, We will issue to him an individual life insurance policy. The issuance of the policy will be subject to the following conditions:

- No proof of insurability is needed;
- The individual policy will be on one of the forms, except term insurance, that We issue for conversion coverage; and
- The individual policy may not contain disability, accidental death and dismemberment or other supplementary benefits.

Any individual policy issued under this Conversion Privilege will be in lieu of all other benefits under this Certificate.

If Your Dependent dies within the 31-day conversion period, We will pay, upon receipt of proof of Your Dependent's death, the amount of life insurance that Your Dependent was entitled to convert. The claim will be paid under the Group Policy, even if the application or payment of the first premium for the individual policy has not been made.

If Your Dependent has converted his coverage to an individual policy, he will not have to surrender such policy if he becomes insured again under this Certificate. If Your Dependent once again becomes ineligible for coverage under this

Certificate, he will not be able to convert his coverage a second time if his original individual conversion policy is still in force.

We will notify Your Dependent in writing of his rights to convert his coverage under this Certificate. If the notice is not received within 31 days after insurance terminates, the application period for conversion may be extended for an additional 60 days. In no event will the application period exceed 91 days following the date of his termination.  
LGCVPTX200

## **PREMIUMS**

**Payment Of Premiums:** Premium must be paid on or before the date they are due. We must agree upon the mode of Your payment.  
LCPXX100

**Premiums:** The Schedule of Benefits shows the Premium for this Certificate, if any, and any optional benefits attached on the Certificate Date. You may pay this Premium at Our Home Office or to Our authorized designee.  
LCPXX200

The First Premium is due on or before the Certificate Date. Each later Premium is due on or before the end of the period covered by the preceding Premium. The Premiums are payable until the end of the First Term Period, or until the Covered Person's death. The First Term Period is shown in the Schedule of Benefits.  
LCPXX320 (renewable term)

**Renewal Privilege:** This Certificate may be renewed until the earlier of the date the Group Policy ends or the end of the First Term Period and any later term period until the Date Certificate Ends. To renew, just send Us the applicable renewal Premium within 31 days after the end of the preceding term period and while coverage under the Policy is in force. The renewal Premium is shown in the Table of Renewable Term Premiums. The Date Certificate Ends is shown in the Schedule of Benefits.  
LCPXX400 (renewable term)

**Grace Period:** A grace period of 31 days will be allowed for each Premium payment after the first Premium payment. Coverage will stay in force during this time unless We, the Policyholder or You have given written notice of an earlier termination date. Coverage under this Certificate will terminate as of the date Premium was due if Premium has not been paid. All unpaid premium must be paid in order for coverage to continue. This includes the Premium due for the grace period. If any Covered Person dies within the Grace Period, any unpaid Premium will be deducted from the Death Benefit.

If cancellation is during the grace period, the pro rata Premium for that part of the grace period coverage was in force must be paid.

**Reinstatement:** If this Certificate lapses due to non payment of premiums, it may be reinstated, provided the Policy is in force and You are an Eligible Person. Reinstatement is subject to the following conditions:

- You must submit a written request and application within 5 years after the date of lapse.
- We must approve the application for reinstatement, and We may require proof of insurability acceptable to Us.
- You must pay all past due Premiums with interest compounded annually. The Certificate Reinstatement Interest Rate will not be more than the rate shown in the Schedule of Benefits.

Coverage under any reinstated Certificate will not begin until the monthly Certificate Anniversary date on or after the date We approve the application for reinstatement.  
LCPXX600

## DEATH BENEFIT

We will pay a Death Benefit to the Beneficiary if a Covered Person dies while this Certificate is in force and before the Date Certificate Ends as shown in the Schedule of Benefits. Subject to the terms and provisions of this Certificate, the Death Benefit will be the amount of life insurance payable as shown on the Schedule of Benefits.

LGDBXX110

(renewable term)

## SUICIDE EXCLUSION

If a Covered Person dies as the result of suicide or any attempt at suicide, while sane or insane within two years of his Effective Date of coverage, We will be liable only for an amount equal to the Premium paid.

With respect to an increase in the amount of insurance, We will consider the two year period to begin as of the effective date of such increase.

Our return of such Premium will be in lieu of all other benefits under this Certificate which may have been payable for that Covered Person.

LGEXXX100

## ACCIDENTAL DEATH BENEFIT

### ACCIDENTAL DEATH BENEFIT

We will pay the Accidental Death Benefit, shown on the Schedule, to the Beneficiary named in the application (or as later changed) if you die solely as a result of Injuries. Our payment will be subject to all of the provisions of the Policy and this Rider.

If, within 90 days from the date of an Accident which occurs while coverage is in force, Injury from such Accident results in a loss covered by this benefit, We will pay the benefit in the amount set opposite such loss, as shown on the Schedule of Benefits. If more than one such loss is sustained as the result of one Accident, We will pay only one amount, the largest to which the Covered Person is entitled.

This benefit is subject to all the terms, conditions and exclusions of this Certificate.

**Proof of Accidental Death:** Any Accidental Death Benefit payable will be paid when We receive due proof of the Covered Person's Accidental Death. If death was the result of an Accident, the proof must specify that death resulted from an Injury due to an Accident as defined in the certificate. Such proof must be sent to Our Home Office in Glenview, Illinois. Claim forms will be made available to the Beneficiary upon request.

**Exclusions:** No benefits are payable for any loss caused by:

- Suicide or intentionally self-inflicted Injury while sane or insane.
- War or any act of war, declared or undeclared.
- Travel, or flight in or descent from any kind of aircraft unless as a fare paying passenger on a regularly scheduled flight.
- As a passenger on an official flight of the Military Airlift Command of the United States or similar air transport services of other countries.
- Infections, except infections which occur simultaneously with or through a cut or wound sustained as the direct result of an Injury, independent of any other cause; and
- The non-accidental ingestion of a contaminated substance.
- Being under the influence of alcohol or any drug unless administered and taken as prescribed by a Doctor.
- Participation in an attempt to commit an assault or felony, or participation in a riot.
- Voluntary gas inhalation or poison voluntarily taken, administered or inhaled.
- Riding or driving as a professional in any kind of race for prize money or profit.

LGADDTX100

## OWNER AND BENEFICIARY

### Owner

You are the original Owner of this Certificate unless someone else is shown as Owner in the enrollment form. Ownership may be changed in accordance with the provisions captioned "Change in Owner or Beneficiary." During Your lifetime, the Owner may exercise every right this Certificate gives or We allow. If the Owner dies during Your lifetime, You will become the Owner. All changes are subject to the rights of any assignee of record, and to any endorsement on this Certificate limiting such rights.

### Beneficiary

The Beneficiary is as named in the application unless changed as provided for in this Certificate. If the Beneficiary dies before You, the interest of that Beneficiary will pass to You, unless contingent Beneficiary(ies) have been named and survive. If no Beneficiary(ies) survive You, all interest of the Beneficiary(ies) will pass to You. We may rely on affidavits or other evidence in identifying the persons in any class named as Beneficiary. Any payment We make in good faith based on an affidavit or other evidence shall satisfy to that extent what We owe on this Certificate.

**Change in Owner or Beneficiary:** Unless this Certificate provides otherwise, while You are living, You or the Beneficiary(ies), or both, may be changed by filing with Us a signed written request for such change. If the designation to be changed is irrevocable, You must also provide the written consent of the current Beneficiary. The change will not take effect until recorded by Us at Our Home Office. Once recorded, the change will be effective as of the date the request was signed and will have no effect on any payment made by Us before recording it.

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## PAYMENT OF CLAIMS

### To Whom Benefits Are Payable:

Dependent Death Benefits will be paid in a lump sum to You. If You should die before receiving the insurance proceeds, We will pay them to Your estate.

If a Beneficiary dies simultaneously with You, or within 10 days of Your death, Benefits will be paid as if You survived Your Beneficiary.

If You name more than one Beneficiary and do not specify the amounts, percentage shares, or order of payment of the Beneficiaries, any proceeds that become payable under this Certificate will be divided equally among all Beneficiaries. The share of any Beneficiary who has died before You will go equally to the surviving Beneficiaries, unless Your Beneficiary designation states otherwise.

If a Beneficiary is a minor or is not legally competent, We may, at Our option, pay up to \$2,000 to the person or entity that has in Our opinion assumed custody and main support of such person. We will do this until the Beneficiary's legal guardian makes a formal claim.

At Our option, We may pay a part of the Death Benefit to any person who has incurred funeral or other expenses on Your behalf incident to Your last sickness and death. The maximum amount of such payment is limited to the lesser of \$250 or the maximum amount allowed by law.

Any payment made by Us in good faith, will fully discharge Our liability to the extent of such payment.

LGCPXX110

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**No Valid Beneficiary Designation In Effect At The Time Of Your Death:** Your death proceeds will be paid to Your estate if:

- You die without naming a Beneficiary; or
- All of Your Beneficiaries have died before You.

If payment would otherwise be payable to Your estate due to the above, We have the right to pay all or a part of the benefit to the first of the following classes of surviving relatives: Your spouse; Your children; Your parents; or Your siblings.

Any payment made by Us in good faith, will fully discharge Our liability to the extent of such payment.

LGCPXX210

## **SINGLE LUMP SUM PAYMENT.**

**Single Lump Sum Payment:** We will pay the Death Benefit in a single lump sum payment, unless otherwise agreed. We will pay the Death Benefit within two (2) months after the date of receipt of the Proof of Death and the right of the claimant to the certificate proceeds. We will pay the benefits at Our Home Office. This Certificate must be turned in to Us when We pay the benefit.

**Interest on Single Lump Sum Payment:** We will add interest to Our single lump sum payment. We will pay interest on benefit from the date We receive Proof of Death until the date benefits are paid. The interest rate is the rate provided in the Policy or, if a rate is not provided in the Policy, the rate at which interest accrues on proceeds that are left on deposit with the company that issues the Policy.

LCGPTX300

## **GENERAL PROVISIONS**

**Entire Contract; Changes:** The Policy, including this Certificate issued to an Insured, the application of the Policyholder, a copy of which is attached to and is a part of the Policy; enrollment forms or application of the insured Members, if any, endorsements and the attached papers constitutes the entire contract of insurance. No change in the Policy shall be valid until approved by an executive officer of the Company and unless such approval is noted on or attached to the Policy. No agent has authority to change the Policy or waive any of its provisions.

Failure by Us to enforce any Policy provision shall not waive, modify or render such provision unenforceable at any other time; at any given time; or under any given set of circumstances, whether the circumstances are or are not the same.

**Incontestability:** All statements made in an enrollment form by You, in the absence of fraud, are representations and not warranties. No statement shall be used to contest this Certificate, the validity of coverage or reduce benefits, unless it is in writing, signed by You, and a copy of such statement is furnished to You or to the beneficiary.

After a Covered Person's coverage has been in force for 2 years under this Certificate, no statement of that Covered Person shall be used to void his insurance or to deny or reduce a claim for loss incurred after the 2 year period, except for non-payment of premium.

Any reinstatement for which We require an application showing insurability will be incontestable after this Certificate has been in force during the Insured's lifetime for 2 years from the effective date of the reinstatement. Any contest of a reinstatement will be based on statements made in the application for the reinstatement.

**Proof of Death:** Any Death Benefit payable will be paid when We receive due proof of the Covered Person's death. Such proof must be sent to Our Home Office in Glenview, Illinois. Claim forms will be made available to the Beneficiary upon request.

LCGPTX100

**Misstatement of Age:** If the age of any Covered Person has been misstated, there shall be an equitable adjustment of Premium. If the amount of insurance for the Covered Person, in accordance with the terms of this Certificate, would be affected by the misstatement of age, the amount of insurance shall be adjusted to the amount to which the Covered Person would have been entitled at his correct age and the adjustment in Premiums shall be based on the adjusted amount of insurance. The Policyholder or You will be required to pay any additional Premium.

LCGPTX200

**Assignment:** You may assign Your rights under this Certificate. The assignment must be in writing and filed at Our Home Office. The assignment will not take effect until filed and acknowledged by Us. The assignment will be effective as of the date the request was filed and will have no effect on any payment made by Us before the assignment was filed.

Unless specifically provided otherwise, any such assignment will operate to revoke and remove the interest of all beneficiaries previously designated by You. It will also automatically operate to designate the assignee as Your beneficiary.

Any benefits which become payable to an assignee will be payable in a lump sum. Any claim made by an assignee will be subject to proof of the assignee's interest and the extent of the assignment.

We will assume no responsibility for the validity or sufficiency of any such assignment.

LCGPXX400

## **Non-Participating**

This Certificate is non-participating. It does not share in the Company's profits or surplus earnings.

LCGPXX500

**Physical Examination and Autopsy:** We, at Our own expense, shall have the right and opportunity to examine the Covered Person as it may reasonably require while a claim is pending. We, at Our own expense, may also have the right to make an autopsy in the case of death, where it is not prohibited by law.

LCGPXX600

## SCHEDULE OF BENEFITS

<b>Policyholder:</b>	United Business Association
<b>Owner:</b>	Association Member
<b>Insured:</b>	Association Member
<b>Dependent Spouse:</b>	is <input checked="" type="checkbox"/> is not <input type="checkbox"/> insured under this Certificate as of the Schedule Date.
<b>Dependent Child(ren):</b>	is (are) <input checked="" type="checkbox"/> is (are) not <input type="checkbox"/> insured under this Certificate as of the Schedule Date.
<b>Certificate Number:</b>	United Business Association Membership Number

<b>Effective Date:</b>	Date you become an Eligible Member
<b>Certificate Anniversary Date:</b>	The same date and month as the Effective Date for each succeeding year this Certificate is in force.
<b>Term Period:</b>	1 year; annually renewable thereafter for consecutive 1 year term periods.
<b>Date Certificate Ends</b>	The date you are no longer a member of the Eligible Class.
<b>Eligible Class:</b>	All active enrolled members of United Business Association residing in the United States who have attained age of 18 and are legal residents or citizens of the United States. Enrolled Eligible Spouse and enrolled Child(ren) of all active members if applicable (see chart below)
<b>Waiting Period:</b>	6 months Waiting period does not apply to the Accidental Death Benefit
<b>Termination Age:</b>	
<b>Dependent:</b>	Child – The limiting age as stated in the definition of Dependent Child.

<b>Death Benefit and Premium:</b>		
Waiting Period	6 months	
	<b>Member Benefit</b>	<b>Spouse Benefit</b>
Benefit During Waiting Period	\$10,000 Accident Only	\$5,000 Accident Only
Benefit After Waiting Period For Attained Age		
18-64	\$10,000	\$5,000
65-69	\$5,000 + \$5,000 Accident only	\$2,500 + \$2,500 Accident only
70+	\$10,000 Accident Only	\$5,000 Accident Only

<b>Child Benefit</b> (payable to Termination Age)
Benefit During Waiting Period: \$2,500 Accident Only
Benefit After Waiting Period: \$2,500

<b>Total Premium:</b> \$4.40 (for all ages)
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<b>Certificate Reinstatement Interest Rate:</b>	6% per year (Only applies when the premium is paid by the Association Member who is the Owner).
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LCSOBTX110(UBA)

**GUARANTEE TRUST LIFE INSURANCE COMPANY**

A Mutual Company  
1275 Milwaukee Avenue  
Glenview, Illinois 60025  
(847) 699-0600

**RENEWABLE TERM LIFE INSURANCE COVERAGE**

**Non-Participating**

# How you're protected if your life or health insurance company fails

The Texas Life and Health Insurance Guaranty Association protects you by paying your covered claims if your life or health insurance company is insolvent (can't pay its debts). **This notice summarizes your protections.**

The Association will pay your claims, with some exceptions required by law, if your company is licensed in Texas and a court has declared it insolvent. You must live in Texas when your company fails. If you don't live in Texas, you may still have some protections.

## For each insolvent company, the Association will pay a person's claims only up to these dollar limits set by law:

- **Accident, accident and health, or health insurance (including HMOs):**
  - Up to \$500,000 for health benefit plans, with some exceptions.
  - Up to \$300,000 for disability income benefits.
  - Up to \$300,000 for long-term care insurance benefits.
  - Up to \$200,000 for all other types of health insurance.
- **Life insurance:**
  - Up to \$100,000 in net cash surrender or withdrawal value.
  - Up to \$300,000 in death benefits.
- **Individual annuities:** Up to \$250,000 in the present value of benefits, including cash surrender and net cash withdrawal values.
- **Other policy types:** Limits for group policies, retirement plans and structured settlement annuities are in Chapter 463 of the Texas Insurance Code.
- **Individual aggregate limit:** Up to \$300,000 per person, regardless of the number of policies or contracts. A limit of \$500,000 may apply for people with health benefit plans.
- **Parts of some policies might not be protected:** For example, there is no protection for parts of a policy or contract that the insurance company doesn't guarantee, such as some additions to the value of variable life or annuity policies.

To learn more about the Association and your protections, contact:

**Texas Life and Health Insurance Guaranty Association**  
515 Congress Avenue, Suite 1875  
Austin, TX 78701  
1-800-982-6362 or [www.txlifega.org](http://www.txlifega.org)

For questions about insurance, contact:

**Texas Department of Insurance**  
P.O. Box 149104  
Austin, TX 78714-9104  
1-800-252-3439 or [www.tdi.texas.gov](http://www.tdi.texas.gov)

**Note:** You're receiving this notice because Texas law requires your insurance company to send you a summary of your protections under the Texas Life and Health Insurance Guaranty Association Act (Insurance Code, Chapter 463). These protections apply to insolvencies that occur on or after September 1, 2019. **There may be other exceptions that aren't included in this notice.** When choosing an insurance company, you should not rely on the Association's coverage. Texas law prohibits companies and agents from using the Association as an inducement to buy insurance or HMO coverage.

Chapter 463 controls if there are differences between the law and this summary.



## GUARANTEE TRUST LIFE INSURANCE COMPANY PRIVACY NOTICE

At Guarantee Trust Life Insurance Company (GTL) we know the importance of the right to privacy. That's why protecting the information that personally identifies each and every one of our valued insurance customers is high priority, and a matter we take very seriously.

Our primary goal is, and will continue to be, providing competitive, fairly priced, and exceptional quality insurance products to meet the short-term and long-term financial needs of our customers. From life and health insurance to credit life and credit disability insurance, getting people the protection they need is not just a job to us. It is a privilege.

While the personal, financial and medical information shared with us (from applying for coverage, to filing a claim) is the cornerstone to providing the high-quality insurance protection and service our customers have come to know and expect, be assured that information, unique to our insurance customers, is kept secure, confidential and used expressly for the purpose of conducting our insurance relationship with them. Remember, protecting our customer's privacy is not only our priority...it's a promise.

The following is a summary of our privacy policy and practices. It tells you about the kinds of personally identifiable information we collect, disclose or share with others.

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### **INFORMATION WE COLLECT AND SOURCES OF INFORMATION**

In order for GTL to provide and administer the insurance products we offer, we collect personal information about the customer. Some of the information we collect is "nonpublic". The nonpublic personal information we collect is obtained from the following sources:

- Information we receive on the application for insurance or other forms (*such as name, address, telephone number, age, social security number, and beneficiary designation.*)
- Information about our customer's transactions with us and our affiliates (*such as the type of insurance product purchased, the premium paid, the method of purchase, and payment history.*)
- Information we receive from third party reports, (*such as consumer-reporting/credit agencies, motor vehicle records, and medical information. All medical information we receive is subject to the Medical Confidentiality rules described below.*)

### **INFORMATION WE DISCLOSE**

GTL does not disclose any nonpublic personal information about our customers or former customers to anyone without providing notice of the customer's rights to either opt out or opt in the sharing of personal information, except as permitted or required by law.

We may also disclose all of the information we collect, as described above, with the following:

- **Affiliates** – We may share information with our affiliates. Our affiliates offer products and services that may complement insurance purchases and we believe may be of interest to our customers.
- **Service Providers** – We may share information with companies engaged to perform services on our behalf, such as third party administrators and vendors hired to effect, administer or enforce a transaction a customer requests or authorizes; to develop or maintain computer software; or to perform market research.
- **Joint Marketing** – We may share information with companies that perform marketing services on our behalf or to other financial institutions with which we have a joint marketing agreement.

### **MEDICAL CONFIDENTIALITY**

All medical information is kept confidential. We will not use or share, internally or with third-parties, our customer's medical information except for the purposes of:

- Underwriting;
- Administering the policy or claim;
- As permitted or required by law; or
- As authorized by the customer.

### **SECURITY AND CONFIDENTIALITY OF CUSTOMER INFORMATION**

We restrict access to nonpublic personal information about our customers to those employees (or people working on our behalf under confidentiality agreements) who need to know the information in order to provide products and services. We also maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard all nonpublic personal information.

**G • T • L**

Guarantee Trust Life Insurance Company  
1275 Milwaukee Avenue  
Glenview, Illinois 60025  
1-800-338-7452  
Visit us at: [www.gtlic.com](http://www.gtlic.com)





