GTL's Quote-to-Consumer How-To Guide

This feature is currently available for Advantage Plus & Advantage Plus Elite applications on the Agent Portal only.



GUARANTEE

First, simply complete your client's Hospital Indemnity quote as usual on the Agent Portal. Once the quote is done, click on the green bottom button called **Invite Customer To Apply**.



Fill in your client's email address, your email address and then hit **Send**.

Pleas	Please Review Your Coverage			
Below is the selecte discussed with you	ed Advantage Plus ir agent. Please re Applicat i	Hospital Indemnity Insurance view the information below a ion to continue.	e Coverage a Ind click Star	
	Name John Smith	State		
	Birthdate 4/27/1961	Gender M		
, ,	Advantage Plus Insurar	Hospital Indemnity ce Coverage		
3 DAYS		\$360 Short Duration Hornital Star		

Your client will then receive an email to the email address provided requesting that they complete their Hospital Indemnity application by clicking the **Complete Application** button. See page 2 for a more detailed look at the client application process.

4	ohn Smith has completed their GTL application.
T	Please log in, tap Review and Resume, and navigate to the Consumer Filled application to complete the submission process.
	Log in and Submit the Application
	Thank you for placing your trust in GTL!
	Guarantee Trust Life Insurance Comcany (GTL) 1275 Milwaukee Avej Gilanview, lie 60025 1-800-323-6007 www.cdcin.com

Once your client completes their application, you will then receive an email notification for you to review or submit it to the email address you provided in Step 2.



On the home screen of the Agent Portal, click on **Review & Resume**.

Show All Applications	Show Client-Filled Applications	Show Agent-Filled Applications
Q. Search quotes		
Name: John Smith, State:IL		Sign/Submit R view
Name: NJ New Jersey, State:NJ		GTAT036030 Jelete
Name: Demetri Test, State:IL		Sign/Submit Review
Name: New Jersey, State:NJ		GTAT035991 Delete
Name: VA Virginia river, State:VA		GTAT035587 Delete
Name: Rhodes Island, State:RI		Review
Name: Virginia Gibbons, State:VA		GTAT035575 Delete
Name: mn mn, State:MT		GTAT035554 Delete
Name: MO test Missorr, State:MO		GTAT035992 Delete
Name: Denver Colorado, State:CO		GTAT035542 Delete

You will now see color-coded filtering buttons at the top. Navigate to your client's completed application (in green). You can either click **Sign/Submit** to submit the application or click **Review** to first look over what your client completed.

If you have any questions, please contact GTL Sales Support by calling or texting 800-323-6907 or by emailing agency@gtlic.com.

1275 Milwaukee Ave | Glenview, IL 60025 | 800-323-6907 | www.gtlic.com



How Does the **Consumer-Friendly** Application Work?

The consumer-friendly Hospital Indemnity application is simplified, streamlined and easy to understand!

After completing the Steps 1 and 2 on the previous page...



Your client should receive an email from **GTLApplications@gtlic.com** with the subject line **Your GTL Agent has Sent You a Request to Apply for Coverage**.



Your client will have the opportunity to review the benefits selected and basic information entered before starting the application.

1. In the past 6 months have inputient to a bosoital mersi	e you been confined as an	
health	care?	
Yes	No	
Back		

Your client will be asked if they are replacing any coverage and have them complete the short underwriting questions, if applicable.

	App	licant 1's Informat	ion	
	Please fill	out the following information for App	plicant 1.	
First Manage		Latiture		
John		Swith		
Social Security				
	_			
		Back Next		

Your client will then follow the instructons to fill in their additional personal information.

Payment	Information	
Please provide payment infi	armation for your selected coverage.	
Authorization to Honor Withd	rawals to be drawn by Guarantee Tru	ist
Life Inst	irance Company.	
As a convinience to mis, I request and authorize you'to charge the a Guarantee Trast Life insurance Company, Glennices, Illinois provid	count shown below far premiums drawn by and payall of there are sufficient funds in my account to pay the sa	into the order of me upon presentation.
Account Number	Banking Bousing Number	
Account Type	Requested Druft Date	
Onthing Account Savings Account	mn/00/yww	0
Lagree that my-lights in respect to each payment shall be the same remain in effect antil-reached by me inserting and until you resole requests. Lagree that if any such payment is not hanned, whether under excluding at all although with institute read/result in the furth	as if it were drawn by we and signed personally by res, motion for which you agrie you will be huly protocool with or without cases and whether intentionally or ina elsers of inscension.	This authority is to is hanaring such deviantly you shall be
	Rease provide spectra to di Autoritation to lacow When Units autoritation to lacow When Units to Castantino and Castantino and Castantino and Castantino Castantino and Castantino and Castantino and Castantino and Castantino and Castantino and Castantino Castantino and Castantino and Cas	

They will then fill in their payment information on the following screen.

UARANT TRUST UPE	
	Acknowledgements & Authorization
	Please provide payment information for your selected coverage. Authorization to Honor Withdrawals to be drawn by Guarantee Trust Life Insurance Company.
	Semany of Adventulegements and Discharses. This gaits near main and maintained and the set of such assessment, hence if this is segrenter inscrease policy designed to suplement your primary wheth inscrease. Use indiraction interfacility and secret their at Ministry.
	All statements make in this application are full, complete and you, to the ben of pair local-logic and belief. You understand hot the statements from the basis open and be invaries will be made effective. You understand that handberr and stateful anticidance, interstitual indexprometations or initial amounts could and a shadraid of an adversarial data and adversarial statements.
	You understand but any charges in your health confidence, from the date of this application and the insurance becomes effective, may result in the doublastion of your inverses, his appet or other presentation of GTL has required permitted, or encouraged your is answer any question instructively or has walked any conference of the signification.
	Because this application is completed by above or in parson, you understand the Outline of Courry pu, which is a summary of the application insurance, will be delivered to approximative and the participation of the Outline of Courry pu, which is a summary of the application is application of the outline
	The set of second

Finally, your client will sign GTL's Terms and Conditions, answer two security questions to verify their identity, and submit the application.

After your client submits the application, the process continues with Step 4 on the previous page.