

Select Benefit Services Association ENROLLMENT FORM

24-Hour Accident Plan Options:

- Bronze.....\$35.95 per month
- Silver.....\$46.95 per month
- Sapphire.....\$57.95 per month
- Emerald.....\$67.95 per month
- Gold.....\$69.95 per month
- Platinum.....\$74.95 per month
- Titanium.....\$79.95 per month

MEMBER MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

MEMBER: LAST, FIRST, MIDDLE _____ SSN _____ AGE (MAX. 69) _____ DATE OF BIRTH _____

FAMILY MEMBERS (LIST SPOUSE (MAX. AGE 69) AND DEPENDENTS UP TO AGE 26)

| LAST, FIRST, MIDDLE | RELATIONSHIP | AGE | DATE OF BIRTH |
|---------------------|--------------|-----|---------------|
| | | | |
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BENEFICIARY: LAST, FIRST, MIDDLE _____ AGE _____ DATE OF BIRTH _____

EF-1300

I agree to the terms and conditions of SBSA Membership as listed in this brochure.

SIGNATURE OF PRIMARY MEMBER ENROLLEE (WRITTEN OR ELECTRONIC) _____ DATE _____

SBSA Authorization to honor checks, share drafts or account debits.

NAME OF DEPOSITOR AS IT APPEARS ON BANKING INSTITUTION RECORDS _____

ACCOUNT NUMBER _____ ROUTING/TRANSIT NUMBER _____ NAME OF BANKING INSTITUTION _____ BRANCH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

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

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

SIGNATURE OF DEPOSITOR _____ DATE _____ ADDITIONAL SIGNATURE (IF JOINT ACCOUNT) _____ DATE _____

Payment Options

Monthly Bank Draft

Make payments to GTL

REPRESENTATIVE (PRINT NAME) _____

REPRESENTATIVE NUMBER _____

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 non-refundable.

Member hereby appoints SBSA, president, or failing this person, an 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 one (1) year from date and is hereby renewed from year to year until this proxy is cancelled by writing delivered to the Association.

- Not available in AR, AK, ME, MA, MN, MT, NH, NY, OR and VT



Accidents Happen!

You can be hit with huge bills when you least expect it. The Ultimate Choice gives you 24-hour accident coverage for those expenses.

That's why Guarantee Trust Life designs and administers the Ultimate Choice Accident plans marketed by Universal Marketing of America Inc. We work together to help you with benefit options that fit your lifestyle.



The Ultimate Choice series has benefit options ranging from \$2,500 to \$25,000.

24 hour accident coverage

Choose from these options:

| PLAN OPTION | BRONZE | SILVER | SAPPHIRE | EMERALD | GOLD | PLATINUM | TITANIUM |
|--|---|---|---|--|--|--|--|
| Excess Medical Expense | \$2,500 maximum after \$100 excess medical expense deductible | \$5,000 maximum after \$100 excess medical expense deductible | \$7,500 maximum after \$100 excess medical expense deductible | \$10,000 maximum after \$100 excess medical expense deductible | \$15,000 maximum after \$250 excess medical expense deductible | \$20,000 maximum after \$250 excess medical expense deductible | \$25,000 maximum after \$250 excess medical expense deductible |
| Emergency Air Ambulance | \$4,000 per accident per insured | | | | | | |
| Accidental Death & Dismemberment Coverage* | \$2,500 per insured | \$5,000 per insured | \$7,500 per insured | \$10,000 per insured | \$15,000 per insured | \$20,000 per insured | \$25,000 per insured |

* AD&D Benefits reduce by 50% on the 70th birthday of the Primary Insured and Your Spouse.

Benefit Description

Accident Medical Coverage

Any Doctor, Emergency Room, Clinic or Hospital
 Medical Services means the costs for medically necessary treatment by a physician, nurse, dentist, hospital room and board, outpatient surgery, use of an ambulance, dental work to sound natural teeth, drugs, medicines, diagnostic tests and x-rays, oxygen, casts, splints, crutches, blood plasma, treatment performed by a licensed medical professional and rental of durable medical equipment. Benefits are excess of other coverage.

\$4,000 Emergency Air Ambulance Worldwide Coverage

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 shown in the schedule of benefits.

TelaDoc™

TelaDoc™ is available when your physician is not. TelaDoc™ consulting physicians treat illnesses that arise quickly and tend to run a brief course, typically 5 to 10 days. Physicians are on call 24 hours a day, 7 days a week, 365 days a year.

Insurance benefits provided by Guarantee Trust Life Insurance Company

Select Benefit Services Association Discounts and Services

Included with all 7 options:

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 a day, 7 days a week.

Shopping Spree

Over 120 gift items to choose from. Up to \$1,000 in merchandise and services.

Flowers and 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.

RV and Motorcycle Rental and Sales

Save on motor home and motorcycle rentals. Members can also purchase new and used brand name motor homes, campers, trailers and vans.

Grocery Coupons

Stretch your grocery dollars. Enjoy savings with coupons good nationwide.

Moving Services

Trained planner will help members with their residential, business or office move.

Fitness Health

Save on national brand exercise equipment. Includes stair climbers, exercise bikes, rowing machines and more.

Exclusions

(The following exclusions apply only to insurance benefits provided by Guarantee Trust Life Insurance Company)

The 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.
- 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 taken as prescribed by 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.
- Injury sustained while water skiing or surfboarding;
- Injury sustained while snow skiing or snowboarding;
- Injury sustained while roller blading or skateboarding;
- Injury sustained while participating in a rodeo.

Insurance underwritten by Guarantee Trust Life Insurance Company Policy Form MP-1300

This brochure is an illustration, not a contract. For complete details of all provisions, please read your certificate carefully. Not all benefits may be available in every state.



UNIVERSAL MARKETING

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Universal Marketing of America Inc.
800.888.6610*

G·T·L
Guarantee Trust Life
Insurance Company



The Ultimate Choice

24 Hour Accident Coverage

- **\$25,000 Accident Medical Coverage***
- **\$4,000 Air Ambulance**
- **\$25,000 Accidental Death & Dismemberment***

* Titanium Plan Shown

SBSA ADH7-09