

GTL Critical Provider Order Form

Guarantee Trust Life Insurance Company
 EMAIL: agency@gtlic.com
 (Attention – Supplies)

Fax to: (847) 699-0895
 Phone: (800) 323-6907
 All forms can also be accessed on our
 Website: www.gtlic.com, through **GTLINK**.

(Print Agent's Code Number)	(Print City, State, Zip)	(Special Instructions)
(Print Agent's Name)	(Telephone Number)	
(Print Street Address)	/ / (Order Date)	

Brochures and Rates

Description	Critical Provider	Max Order	Quantity Ordered
Sales Brochure	16B605	20	
Sale Brochure (IL - insert)	16B610	20	
Sales Brochure (ND, PA, OR, VA)*	16B522	20	
Sales Brochure (WI)	16B621	20	
Product Guidelines/Rates	16T354	20	
Product Guidelines/Rates (WI)	16T364	20	
Money Purchase Rates	ON GTLINK		
Product Guidelines and Money Purchase Rates (ND, OR)*	16B521	20	
Product Guidelines and Money Purchase Rates (PA)*	ON GTLINK		
Product Guidelines and Money Purchase Rates (VA)*	16B538	20	
State Insert Sheet (GA, IL, MO, MT, SD, TX, UT, WA)	16B607	20	

Payroll Deduction Forms

Description (List Bill Forms)	Critical Provider	Max Order	Quantity Ordered
Applicants Billing Authorization Form	16A357	20	
Premium Billing Agreement	16T328	20	
Payroll Deduction Group Transmittal	16T327	20	

Supporting Forms

Description	Critical Provider	Max Order	Quantity Ordered
Disclosure Form Plan 1 (Full 100%) (AL, AR, DC, IN, KS, LA, MD, MI, MS, OH, OK) R07CTAB-SUM 1	16T355	20	
Disclosure Form Plan 2 (Limited 50%)(AL, AR, DC, IN, KS, LA, MD, MI, MS, OH, OK) R07CTAB-SUM 2	16T356	20	
Disclosure Form IL Plan 1 (Full 100%)	16T361	20	
Disclosure Form IL Plan 2 (Limited 50%)	16T362	20	
Disclosure Form MT Plan 1 (Full 100%)	ON GTLINK		
Disclosure Form MT Plan 2 (Limited 50%)	ON GTLINK		
Disclosure Form NC Plan 2 (Limited 50%)	16T357	20	
Disclosure Form NC Plan 1 (Full 100%)	16T358	20	
Disclosure Form TX Plan 1 (Full 100%)	16T360	20	
Disclosure Form TX Plan 2 (Limited 50%)	16T359	20	
AL Arbitration Form	16T336	20	
TX Advertising Disclosure	16T363	20	
Lapse-CA (CA) Unintended Lapse Form	15T340	20	
PA Form PA-L-DIS	16T265	20	
Disclosure Form (OR, PA, VA, WA)	ON GTLINK		
LRP-2000 Life Replacement Form	16A487	20	

***Second Generation product not approved in ND, OR, PA or VA.**

Outlines of Coverage and Applications

State	State Specific Insert Sheet	Critical Provider Application	Max Order	Quantity Ordered
GTL-PRN-ACK	FOR ALL APPLICATIONS	15T337	20	
Alabama		16A635 (Rev 2-13)	20	
Arizona		16A619	20	
Arkansas		16A618	20	
California		16A620	20	
Colorado		16A632	20	
Delaware		16A618	20	
Washington, D.C.		16A621	20	
Georgia	16B607	16A618	20	
Hawaii	16B607	ON GTLINK	20	
Idaho		16A618	20	
Illinois	16B607	16A631	20	
Indiana		16A618	20	
Iowa		16A618	20	
Kansas		16A634	20	
Kentucky		16A623	20	
Louisiana		16A622	20	
Maine		16A624	20	
Maryland		16A629 (Rev 1-13)	20	
Michigan		16A618	20	
Mississippi		16A618	20	
Missouri	16B607	16A618	20	
Montana	16B607	16A618	20	
Nebraska		16A618	20	
Nevada		ON GTLINK	20	
New Hampshire		16A618	20	
New Mexico		16A618	20	
North Carolina		16A625	20	
North Dakota*		16A527	20	
Ohio		16A618	20	
Oklahoma		16A618	20	
Oregon*		16A574	20	
Pennsylvania		ON GTLINK	20	
Rhode Island		ON GTLINK	20	
South Carolina		16A618	20	
South Dakota	16B607	16A618	20	
Tennessee		16A626	20	
Texas	16B607	16A628	20	
Utah	16B607	ON GTLINK	20	
Vermont		ON GTLINK	20	
Virginia*		16A532	20	
Washington	16B607	ON GTLINK	20	
West Virginia		16A618	20	
Wisconsin		16A627	20	
Wyoming	16B607	16A618	20	

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Rev. 5/13