

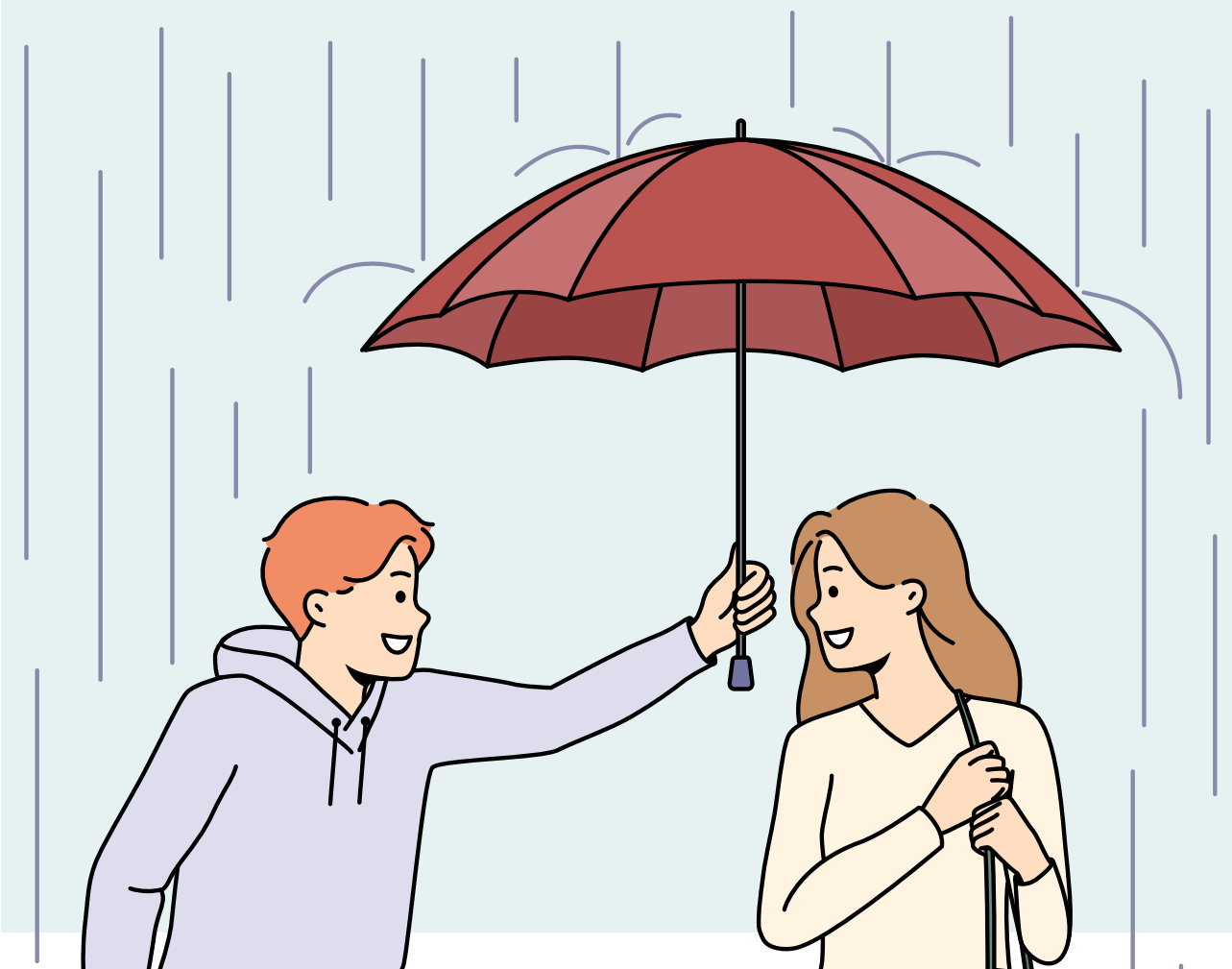
GROUP TERM LIFE INSURANCE†

\$10,000 Death Benefit[^] - Primary Member

50% of Death Benefit[^] - Eligible Spouse

25% of Death Benefit[^] - Eligible Dependent Children

[^]Death benefits are subject to waiting period and attained age benefit reductions)



(†See **page 2** certificates of insurance for the full benefit descriptions, schedule of benefits, terms, conditions and limitations and **page 3** for disclaimers.)

VIEW YOUR STATE CERTIFICATE OF INSURANCE FOR FULL INSURANCE DETAILS INCLUDING ANY STATE VARIATIONS

STATE	LINK TO DOWNLOAD CERTIFICATE OF INSURANCE
ALABAMA	https://healthyamericaassociation.com/certs_lifepass10_AL.pdf
ARKANSAS	https://healthyamericaassociation.com/certs_lifepass10_AR.pdf
ARIZONA	https://healthyamericaassociation.com/certs_lifepass10_AZ.pdf
CALIFORNIA	https://healthyamericaassociation.com/certs_lifepass10_CA.pdf
CONNECTICUT	https://healthyamericaassociation.com/certs_lifepass10_CT.pdf
DELAWARE	https://healthyamericaassociation.com/certs_lifepass10_DE.pdf
DISTRICT OF COLUMBIA	https://healthyamericaassociation.com/certs_lifepass10_DC.pdf
GEORGIA	https://healthyamericaassociation.com/certs_lifepass10_GA.pdf
ILLINOIS	https://healthyamericaassociation.com/certs_lifepass10_IL.pdf
INDIANA	https://healthyamericaassociation.com/certs_lifepass10_IN.pdf
IOWA	https://healthyamericaassociation.com/certs_lifepass10_IA.pdf
KANSAS	https://healthyamericaassociation.com/certs_lifepass10_KS.pdf
KENTUCKY	https://healthyamericaassociation.com/certs_lifepass10_KY.pdf
MICHIGAN	https://healthyamericaassociation.com/certs_lifepass10_MI.pdf
MISSISSIPPI	https://healthyamericaassociation.com/certs_lifepass10_MS.pdf
NEBRASKA	https://healthyamericaassociation.com/certs_lifepass10_NE.pdf
NORTH DAKOTA	https://healthyamericaassociation.com/certs_lifepass10_ND.pdf
OHIO	https://healthyamericaassociation.com/certs_lifepass10_OH.pdf
OKLAHOMA	https://healthyamericaassociation.com/certs_lifepass10_OK.pdf
RHODE ISLAND	https://healthyamericaassociation.com/certs_lifepass10_RI.pdf
SOUTH CAROLINA	https://healthyamericaassociation.com/certs_lifepass10_SC.pdf
TENNESSEE	https://healthyamericaassociation.com/certs_lifepass10_TN.pdf
TEXAS	https://healthyamericaassociation.com/certs_lifepass10_TX.pdf
VIRGINIA	https://healthyamericaassociation.com/certs_lifepass10_VA.pdf
WEST VIRGINIA	https://healthyamericaassociation.com/certs_lifepass10_WV.pdf
WISCONSIN	https://healthyamericaassociation.com/certs_lifepass10_WI.pdf
WYOMING	https://healthyamericaassociation.com/certs_lifepass10_WY.pdf
HAA Membership Guide	https://healthyamericaassociation.com/sample_haamembership.pdf

FOR MORE INFORMATION

AGENT NAME

AGENT PHONE #

AGENT EMAIL ADDRESS

FOR A QUOTE AND TO ENROLL: UNIQUE LINK ADDRESS HERE

Designed to supplement your comprehensive qualified medical insurance plan.



Individual - \$10 per month*

Individual+1 or Family - \$20 per month*

IMPORTANT DISCLAIMERS FOR THIS PLAN AND FLYER

Read the Certificate(s) of Insurance carefully. This flyer is a brief description of various group association insurance products and is not an insurance contract, nor part of the Certificate of Insurance.

Group Term Life Insurance is issued on Policy/Certificate Form Series GLMP-3002/GLC-3002 by Guarantee Trust Life Insurance Company (GTL), Glenview, IL. The policy is issued to the Healthy America Association (HAA) and includes the following: exclusions, limitations, reductions of benefits, and terms of renewal and termination. Subject to state availability, variability, and GTL's right to increase premium rates.

Cancellation / Termination of Benefits/Renewability: Coverage terminates when HAA terminates the policy, your membership ceases, insurance ceases for your class, for non-payment of premium by HAA, or the date of fraud or misrepresentation of a material fact. The group policy terminates for non-payment of premium, if group participation requirements are not met or on any premium due date for any of the following reasons: fraud or misrepresentation of a material fact; failure of HAA to provide required information; or at GTL's option with 30 days notice. Notice of termination provided to HAA is considered notice of termination to all members and will not be sent to you individually by GTL. The policy automatically renews each policy anniversary until cancellation/termination.

The insurance described above provides limited benefits. Limited benefit policies are insurance products with reduced benefits intended to help supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

*The following monthly insurance rates apply to coverage underwritten by Guarantee Trust Life Insurance Company. Your overall total association membership dues for the optional supplemental LIFEPASS 10 plan also include these monthly insurance rates: \$4.40.

Guarantee Trust Life Insurance Company does not offer and is not affiliated with the discount programs offered in connection with membership in the Healthy America Association (HAA). Plan cost does not include the separate \$15 HAA Membership dues. You must be a member of the Healthy America Association in order to purchase this plan.

If there are any discrepancies between this description and the Certificate, the Certificate will govern.

Healthy America Association, Guarantee Trust Life Insurance Company, and HealthyAmerica are separate legal entities and have sole financial responsibility for their own products.

