

Contract Number: _____

Contract Owner: _____

Covered Person: _____

Joint Covered Person: _____

☐ I wish to establish my Enhanced Lifetime Yearly Income (ELYI).

This form must be completed by the contract owner as well as your attending Physician.

A. PHYSICIAN'S INFORMATION

Physician's Name: _____

Physician's Office Phone: _____

License Number: _____

Physician's Office Address: _____

Practice Specialty: _____

B. PHYSICIAN'S STATEMENT

As a duly licensed physician for, <name>_____, I hereby certify that he/she is unable to perform at least two of the basic ADL's noted below, without substantial assistance at this time. By signing below I certify that at this time, the Patient named above is unable to perform the basic ADL's I have marked below.

Activities of Daily Living (ADLs)

- ☐ **Transfer:** The ability to move into or out of a bed, chair, or wheelchair.
- ☐ **Continence:** The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
- ☐ **Dressing:** Putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
- ☐ **Toileting:** Getting to and from the toilet, transferring on and off the toilet, and performing associated personal hygiene.
- ☐ **Eating:** Feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously.
- ☐ **Bathing:** Washing oneself by sponge bath or in either a tub or a shower, including the task of getting into or out of the tub or shower.

Additional Comments:

Physician's Signature: _____

Date: _____



C. ENHANCED BENEFIT IMPORTANT INFORMATION

The Enhanced Lifetime Yearly Income (ELYI) benefit may only be activated once and will only be provided for up to 5 consecutive years. Withdrawals under the ELYI benefit option cannot begin until the youngest covered person reaches age 55 and the Rider has been in force for over 24 months. Making withdrawals and receiving payments under this rider may result in tax consequences. No Index Credits are provided for any amount withdrawn or deducted from an Indexed Option prior to the end of an Index Term. The benefit cannot be withdrawn as a lump sum. You may be required to provide satisfactory proof to us that you cannot perform 2 of the 6 ADLs, annually if requested.

D. OWNER ACKNOWLEDGEMENT AND AUTHORIZATION

By signing this form, you authorize a Guaranty Income Life Insurance Company representative to phone the authorized physician above to confirm eligibility and acknowledge you or your spouse, if applicable, meet this eligibility requirement for the ELYI benefit. By signing this form, you also agree to cooperate if we choose to use an independent licensed doctor, at our expense, to assist us in the assessment of whether eligibility requirements have been met.

By providing my signature below, I understand that to ensure the security of my account and funds, Guaranty Income Life Insurance Company may obtain a consumer report from a consumer reporting agency or similar entity to help verify the validity and accuracy of the account information provided.

Owner's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____
or Joint Owner's Signature (if applicable)



FRAUD NOTIFICATIONS

The Fraud Warning Notification below is required if you are a resident of, or if the contract was issued in, one of the following states:

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island & West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Florida: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly, and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky: Any person who knowingly, and with intent to defraud an insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia & Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. Ann. §638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon & Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

