

Home Office Underwriting

Telephone Interview: A certified nursing professional may call the applicant from our Home Office and ask the same health questions listed on application. They will also ask the applicant to list the medications that have been prescribed by their physician(s) so we can compare them to those listed on our Drug Information List. **Please advise each applicant that he/she may receive a call from our Home Office “to confirm their medical history listed on the application for our permanent Home Office files.”**

Good “Field Underwriting” is very important to us. It is a vital part of our total Underwriting process. Agents who write a larger volume of new business and have a good Field Underwriting record will experience a much smaller percentage of telephone interviews. Conversely, agents who have a poor Field Underwriting record will experience telephone interviews on a much larger percentage (or even all) of their new business.

We believe good Field Underwriting could actually result in a 100% issue rate, but that is not always possible. On rare occasions, a telephone interview may prompt the need for an APS, or a postponement, or even a rejection. With your help, we can keep these actions to an absolute minimum. In all cases, we will rely on the discretion of our Underwriters.

Combination Application

If a Medicare Supplement Application is to be fully underwritten (non-Open Enrollment or Guaranteed Issue), you may apply for our EZLife, Simplified Issue Whole Life, CarePlus, HomeCare or other health products on the same application as the Medicare Supplement. If you are submitting an Open Enrollment or Guaranteed Issue application, you may **NOT** use the Supplement to Application for these other products. If the Medicare Supplement policy is issued, the other policies will also be issued. Complete the Supplement to Application on the back of the Medicare Supplement Application and make sure the applicant signs in both places.



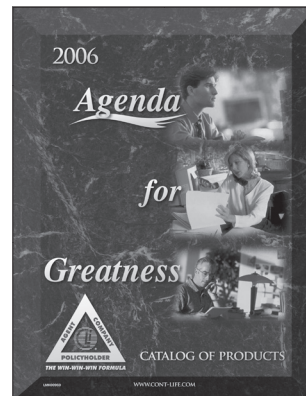
Continental Life

Continental Life is your single source for all the protection needs of your clients. We offer a complete portfolio of protection that complements their basic Medicare Supplement coverage. In addition to **Final Expense**, these include:

- **Short-Term Nursing Facility Plans**
- **Cancer Plans**
- **Home Health Care**

We also offer **Life** and **Health Insurance** for people under sixty-five.

To find out more about the plans approved for sale in your state, e-mail us at info@cont-life.com. We'll be happy to send you our **2006 Catalog of Products**.



Celebrating 22 Years of Service

From our beginning in 1983, Continental Life has committed itself to continued growth by doing our best for everyone we serve.

- **Doing our Best for our Policyholders**
- **Doing our Best for our Agents**
- **Doing our Best for our Company**

This philosophy has been the foundation of the positive growth we have achieved year after year. It is why we can say with pride that you can always trust Continental Life to do our best for you.

2006 FLORIDA MEDICARE SUPPLEMENT and EZLIFE RATES and UNDERWRITING

Policy Form NC-1, Plans A, B, C, D, E, F, & G
Application Form LMK0664
Policy Form LBL(EZL95)

Important Field Underwriting Information

We **will not** accept applications from persons who are not solicited in person or from persons who have current, on-going, or chronic health conditions.

1) We do **NOT** accept applications from persons who are presently receiving treatment for any health condition that requires frequent or on-going doctor, hospital or treatment visits. In some cases, minor health conditions requiring on-going treatment may be temporarily postponed. These cases can be reopened as soon as the problem is resolved.

2) We do **NOT** accept applications from persons who are taking testosterone shots or those who have penile implants or anticipate the need for this surgery.

3) We do **NOT** accept applications from persons who are taking medication that is listed on the current company **DRUG INFORMATION LIST** or from persons taking 3 or more drugs for cardiovascular conditions. These medications are prescribed for extremely serious and uninsurable health conditions. However, if you feel that a prospect is prescribed one of these medications for a “minor” condition, please call the Underwriting Department to discuss before submitting the application or submit the application with a current copy of the applicant's medical records from the physician prescribing the medication.

CLAIMS PAID ELECTRONICALLY



Continental Life
INSURANCE COMPANY

OF BRENTWOOD, TENNESSEE
101 Continental Place • Brentwood, Tennessee 37027

1-800-445-4254

The Company With Facts And Figures To Back Its Solid Reputation!

LMK0063D

Eff. 8-1-06

CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TENNESSEE
2006 FLORIDA MEDICARE SUPPLEMENT RATES (Eff. 8-1-06)

PLAN	AGES	AREA 1		AREA 2		AREA 3		AREA 4		AREA 6	
		ANNUAL	BSP	ANNUAL	BSP	ANNUAL	BSP	ANNUAL	BSP	ANNUAL	BSP
A	65	1,199	99.92	1,319	109.92	1,439	119.92	1,559	129.92	1,799	149.92
	66-69	1,211	100.92	1,332	111.00	1,453	121.08	1,574	131.17	1,816	151.33
	70-74	1,357	113.08	1,493	124.42	1,628	135.67	1,764	147.00	2,036	169.67
	75-79	1,478	123.17	1,626	135.50	1,774	147.83	1,922	160.17	2,217	184.75
	80-84	1,567	130.58	1,724	143.67	1,880	156.67	2,037	169.75	2,351	195.92
85-89	1,885	157.08	2,073	172.75	2,262	188.50	2,451	204.25	2,828	235.67	
B	65	1,659	138.25	1,825	152.08	1,991	165.92	2,157	179.75	2,489	207.42
	66-69	1,664	138.67	1,830	152.50	1,997	166.42	2,163	180.25	2,494	208.00
	70-74	1,876	156.33	2,064	172.00	2,251	187.58	2,439	203.25	2,814	234.50
	75-79	2,065	172.08	2,272	189.33	2,478	206.50	2,685	223.75	3,098	258.17
	80-84	2,218	184.83	2,440	203.33	2,662	221.83	2,883	240.25	3,327	277.25
85-89	2,643	220.25	2,907	242.25	3,172	264.33	3,436	286.33	3,965	330.42	
C*	65	2,080	173.33	2,288	190.67	2,496	208.00	2,704	225.33	3,120	260.00
	66-69	2,091	174.25	2,300	191.67	2,509	209.08	2,718	226.50	3,137	261.42
	70-74	2,366	197.17	2,603	216.92	2,839	236.58	3,076	256.33	3,549	295.75
	75-79	2,613	217.75	2,874	239.50	3,136	261.33	3,397	283.08	3,920	326.67
	80-84	2,821	235.08	3,103	258.58	3,385	282.08	3,667	305.58	4,232	352.67
85-89	3,275	272.92	3,603	300.25	3,930	327.50	4,258	354.83	4,913	409.42	
D	65	2,193	182.75	2,413	201.08	2,632	219.33	2,851	237.58	3,290	274.17
	66-69	2,201	183.42	2,421	201.75	2,641	220.08	2,861	238.42	3,302	275.17
	70-74	2,539	211.58	2,793	232.75	3,047	253.42	3,301	275.08	3,809	317.42
	75-79	2,826	235.50	3,109	259.08	3,391	282.58	3,674	306.17	4,239	353.25
	80-84	3,087	257.25	3,396	283.00	3,704	308.67	4,013	334.42	4,631	385.92
85-89	3,591	299.25	3,950	329.17	4,309	359.08	4,668	389.00	5,387	448.92	
E	65	2,132	177.67	2,345	195.42	2,558	213.17	2,772	231.00	3,198	266.50
	66-69	2,141	178.42	2,355	196.25	2,569	214.08	2,783	231.92	3,212	267.67
	70-74	2,417	201.42	2,659	221.58	2,900	241.67	3,142	261.83	3,626	302.17
	75-79	2,667	222.25	2,934	244.50	3,200	266.67	3,467	288.92	4,000	333.33
	80-84	2,873	239.42	3,160	263.33	3,448	287.33	3,734	311.17	4,310	359.17
85-89	3,325	277.08	3,658	304.83	3,990	332.50	4,323	360.25	4,988	415.67	
F*	65	2,302	191.83	2,532	211.00	2,762	230.17	2,993	249.42	3,453	287.75
	66-69	2,310	192.50	2,541	211.75	2,772	231.00	3,003	250.25	3,465	288.75
	70-74	2,583	215.25	2,841	236.75	3,100	258.33	3,358	279.83	3,875	322.92
	75-79	2,815	234.58	3,097	258.08	3,378	281.56	3,660	305.00	4,223	351.92
	80-84	3,005	250.42	3,306	275.50	3,606	300.50	3,907	325.58	4,508	375.67
85-89	3,436	286.33	3,780	315.00	4,123	343.58	4,467	372.25	5,154	429.50	
G	65	2,091	174.25	2,300	191.67	2,509	209.08	2,718	226.50	3,137	261.42
	66-69	2,098	174.83	2,308	192.33	2,518	209.83	2,727	227.25	3,147	262.25
	70-74	2,404	200.33	2,644	220.33	2,885	240.42	3,125	260.42	3,606	300.50
	75-79	2,644	220.33	2,908	242.33	3,173	264.42	3,437	286.42	3,966	330.50
	80-84	2,869	239.08	3,156	263.00	3,443	286.92	3,730	310.83	4,304	358.67
85-89	3,297	274.75	3,627	302.25	3,956	329.67	4,286	357.17	4,946	412.17	

* Part B deductible amount is non-commissionable premium in Plans C & F
 Non-commissionable Policy Fee of \$20.00, payable once with each application.

† Age Last Birthday

For Agent Use Only.
Do Not Show Or Distribute To Anyone Else.

STATE AREA RATINGS	
STATE (ZIP/COUNTIES)	AREA
FL (323-325)	1
(All Others)	2
(327-329, 335-337, 342, 346, 349)	3
(340)	4
(330-334)	6

Open Enrollment

Write "Open Enrollment" at the top of application and do not answer the health questions. Insert the Medicare Number in the space provided on the application. Applications may be taken only during the Open Enrollment period. The effective date will be the date approved at the Home Office.

Guaranteed Issue for Certain Eligible Persons

Write "Guaranteed Issue" at top of application and do not answer health questions. Include a copy of the termination notice (impending or final) along with a schedule page, ID card and current notice or proof of inforce benefits from the other carrier.

Effective Date

The effective date of coverage is when the application is approved by the Home Office unless you request a special effective date that must be after the date of application. If you are replacing an existing medicare supplement plan and must co-ordinate effective dates to avoid duplication of coverage, the maximum advance effective date is 180 days. Policies with effective dates during the first 5 days of the month will be automatically drafted on the 5th of each month. All others will draft on the premium due date or date you request on the application.

MODE FACTORS
 Semi-Annual = .52 times Annual
 Quarterly = .265 times Annual

BSP Mode requires one month's premium, a blank voided check for the account to be drafted, and the completed Bank Authorization form signed exactly the same way as the applicant would sign a check.

Complete the Supplement to Application on the back of the Medicare Supplement Application to include EZLife Benefits. If Open Enrollment or Guaranteed Issue, you must complete an EZLife Application and submit separately. If you want Combo Billing, write "Combo App" at the top of each application.

An application must be received in Home Office within 10 working days from the date of application. Applications submitted on a daily basis result in faster service time.

ADD EZLIFE TO YOUR MED SUPP SALE
 including Terminal Illness Benefit
PREMIUM RATES \$1,500 FACE AMOUNT

AGE LAST BIRTHDAY	MALE		FEMALE	
	ANNUAL (includes policy fee)	BSP (includes policy fee)	ANNUAL (includes policy fee)	BSP (includes policy fee)
64	123.90	10.33	96.15	8.01
65	128.60	10.72	98.70	8.23
66	135.30	11.28	103.20	8.60
67	142.20	11.85	107.85	8.99
68	149.55	12.46	112.95	9.41
69	157.58	13.13	118.50	9.88
70	165.53	13.79	124.50	10.38
71	175.50	14.63	131.10	10.93
72	185.25	15.44	138.30	11.53
73	195.75	16.31	146.10	12.18
74	207.00	17.25	154.35	12.86
75	217.92	18.16	163.50	13.63
76	230.25	19.19	175.80	14.65
77	242.25	20.19	189.60	15.80
78	255.75	21.31	204.75	17.06
79	269.63	22.47	221.25	18.44
80	284.42	23.70	239.85	19.99

PREMIUM RATES \$3,000 FACE AMOUNT

AGE LAST BIRTHDAY	MALE		FEMALE	
	ANNUAL (includes policy fee)	BSP (includes policy fee)	ANNUAL (includes policy fee)	BSP (includes policy fee)
64	217.80	18.15	162.30	13.53
65	227.19	18.93	167.40	13.95
66	240.60	20.05	176.40	14.70
67	254.40	21.20	185.70	15.48
68	269.10	22.43	195.90	16.33
69	285.15	23.76	207.00	17.25
70	301.05	25.09	219.00	18.25
71	321.00	26.75	232.20	19.35
72	340.50	28.38	246.60	20.55
73	361.50	30.13	262.20	21.85
74	384.00	32.00	278.70	23.23
75	405.84	33.82	297.00	24.75
76	430.50	35.88	321.60	26.80
77	454.50	37.88	349.20	29.10
78	481.50	40.13	379.50	31.63
79	509.25	42.44	412.50	34.38
80	538.83	44.90	449.70	37.48

For Different Face Amounts, Refer to EZLife Brochure.
 Complete Supplement on back of the Application