

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.



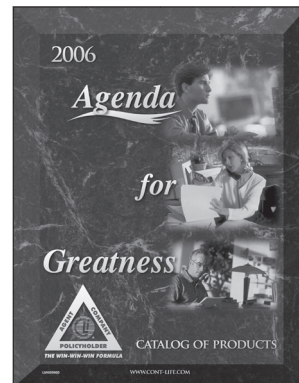
Continental Life

Continental Life is your single source for many other types of protection for your policyholders. We offer 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 trust Continental Life to do our best for you.



2006 GEORGIA MEDICARE SUPPLEMENT and EZLIFE RATES and UNDERWRITING

Policy Form NC-1, Plans A, B, C, D, E, F & G
Combination Application LMK0672
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!

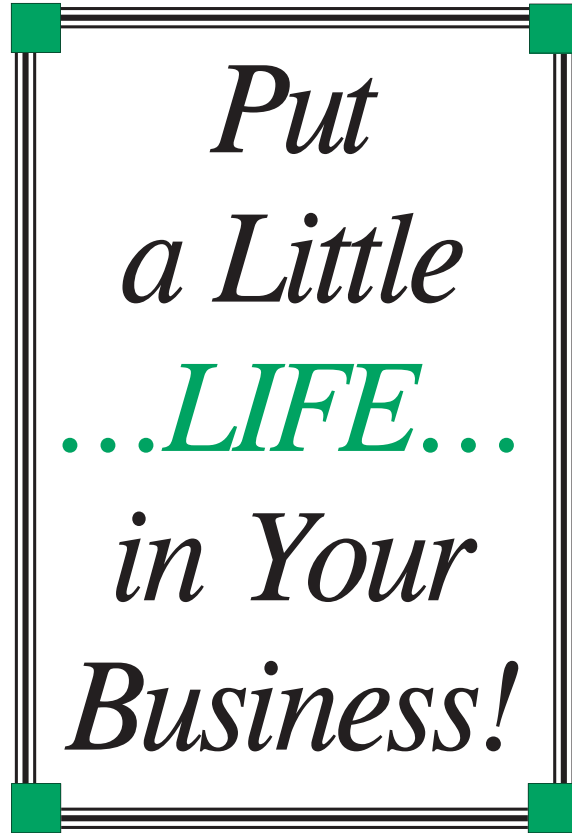
2006 GEORGIA MEDICARE SUPPLEMENT RATES
Eff. 8-1-06

PLAN	AGES†	AREA 1		AREA 2	
		ANNUAL	BSP	ANNUAL	BSP
A	65	1,214	101.17	1,335	111.25
	66-69	1,222	101.83	1,344	112.00
	70-74	1,372	114.33	1,509	125.75
	75-79	1,495	124.58	1,645	137.08
	80-84	1,585	132.08	1,744	145.33
85-89	1,905	158.75	2,096	174.67	
B	65	1,569	130.75	1,726	143.83
	66-69	1,579	131.58	1,737	144.75
	70-74	1,773	147.75	1,950	162.50
	75-79	1,952	162.67	2,147	178.92
	80-84	2,099	174.92	2,309	192.42
85-89	2,500	208.33	2,750	229.17	
C*	65	1,939	161.58	2,133	177.75
	66-69	1,947	162.25	2,142	178.50
	70-74	2,202	183.50	2,422	201.83
	75-79	2,435	202.92	2,679	223.25
	80-84	2,627	218.92	2,890	240.83
85-89	3,048	254.00	3,353	279.42	
D	65	1,400	116.67	1,540	128.33
	66-69	1,405	117.08	1,546	128.83
	70-74	1,623	135.25	1,785	148.75
	75-79	1,803	150.25	1,983	165.25
	80-84	1,969	164.08	2,166	180.50
85-89	2,291	190.92	2,520	210.00	
E	65	1,361	113.42	1,497	124.75
	66-69	1,366	113.83	1,503	125.25
	70-74	1,481	123.42	1,629	135.75
	75-79	1,703	141.92	1,873	156.08
	80-84	1,835	152.92	2,019	168.25
85-89	2,123	176.92	2,335	194.58	
F*	65	1,805	150.42	1,986	165.50
	66-69	1,811	150.92	1,992	166.00
	70-74	2,026	168.83	2,229	185.75
	75-79	2,209	184.08	2,430	202.50
	80-84	2,361	196.75	2,597	216.42
85-89	2,672	222.67	2,939	244.92	
G	65	1,462	121.83	1,608	134.00
	66-69	1,468	122.33	1,615	134.58
	70-74	1,679	139.92	1,847	153.92
	75-79	1,850	154.17	2,035	169.58
	80-84	2,008	167.33	2,209	184.08
85-89	2,307	192.25	2,538	211.50	

* Part B deductible amount is non-commissionable premium.
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.*



- One Application
- One Premium
- One Billing

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.

NC-1
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.

STATE AREA RATINGS

STATE	(ZIP/COUNTIES)	AREA
GA	(300-303)	2
	(All Others)	1

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