

## 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.

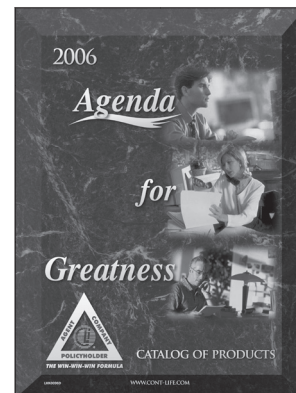


**Continental Life** is your single source for all the protection needs of your clients. We offer a complete portfolio of protection that complements their basic Medicare Supplement coverage. In addition to **Final Expense**, these include:

- **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](mailto: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 PENNSYLVANIA MEDICARE SUPPLEMENT and EZLIFE RATES and UNDERWRITING

Policy Form ATNC-1A (PA), ATNC-1B (PA),  
ATNC-1C (PA), ATNC-1D (PA), ATNC-1E (PA)  
Combination Application LMK0705  
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**



OF BRENTWOOD, TENNESSEE

101 Continental Place • Brentwood, Tennessee 37027

**1-800-445-4254**

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

**CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TENNESSEE**  
**2006 PENNSYLVANIA MEDICARE SUPPLEMENT RATES - AREA 1** (Eff. 9-1-06)

AREA 1										
Attained Age †	PLAN A		PLAN B		PLAN C*		PLAN D		PLAN E	
	ANNUAL	BSP	ANNUAL	BSP	ANNUAL	BSP	ANNUAL	BSP	ANNUAL	BSP
65**	999	83.25	1,246	103.83	1,522	126.83	1,266	105.50	1,387	115.58
66	1,008	84.00	1,251	104.25	1,528	127.33	1,276	106.33	1,429	119.08
67	1,028	85.67	1,273	106.08	1,564	130.33	1,299	108.25	1,486	123.83
68	1,065	88.75	1,320	110.00	1,619	134.92	1,349	112.42	1,531	127.58
69	1,102	91.83	1,366	113.83	1,676	139.67	1,404	117.00	1,581	131.75
70	1,135	94.58	1,412	117.67	1,738	144.83	1,455	121.25	1,628	135.67
71	1,174	97.83	1,463	121.92	1,796	149.67	1,511	125.92	1,676	139.67
72	1,213	101.08	1,514	126.17	1,861	155.08	1,567	130.58	1,719	143.25
73	1,239	103.25	1,562	130.17	1,903	158.58	1,624	135.33	1,762	146.83
74	1,270	105.83	1,641	136.75	1,969	164.08	1,684	140.33	1,801	150.08
75	1,306	108.83	1,708	142.33	2,037	169.75	1,761	146.75	1,835	152.92
76	1,333	111.08	1,752	146.00	2,110	175.83	1,815	151.25	1,870	155.83
77	1,360	113.33	1,798	149.83	2,160	180.00	1,872	156.00	1,904	158.67
78	1,369	114.08	1,824	152.00	2,235	186.25	1,913	159.42	1,934	161.17
79	1,385	115.42	1,855	154.58	2,311	192.58	1,980	165.00	1,966	163.83
80	1,392	116.00	1,890	157.50	2,397	199.75	2,009	167.42	1,994	166.17
81	1,416	118.00	1,937	161.42	2,476	206.33	2,085	173.75	2,024	168.67
82	1,442	120.17	1,987	165.58	2,563	213.58	2,158	179.83	2,053	171.08
83	1,470	122.50	2,035	169.58	2,655	221.25	2,235	186.25	2,078	173.17
84	1,496	124.67	2,082	173.50	2,748	229.00	2,309	192.42	2,106	175.50
85-90	1,523	126.92	2,150	179.17	2,841	236.75	2,407	200.58	2,129	177.42

† Age Last Birthday  
 \*\* Applicants under 65 and subject to Open Enrollment will be charged the Age 65 rate.  
 Not available after 6-month Open Enrollment Period.  
 No Agent Compensation for under age 65 Open Enrollment eligibility.

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

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

**STATE AREA RATINGS**

STATE	(ZIP/COUNTIES)	AREA
PA	(150-152, 189-194) . . . . .	2
	(All Others) . . . . .	1

**STATE AREA RATING FACTORS**

Area 1 = Rates Shown  
 Area 2 = 1.10 times rates shown, rounded to nearest whole dollar. For example: Age 65, Plan A, annual rate \$999 x 1.10 = \$1,099 (not \$1,098.90)

**ATNC-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.

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**