

## 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 Card. **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.

## 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.

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.

*For Agent Use Only.*

**Do Not Show Or Distribute To Anyone Else.**

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

AGE LAST BIRTHDAY	MALE		FEMALE	
	ANNUAL <small>(includes policy fee)</small>	BSP <small>(includes policy fee)</small>	ANNUAL <small>(includes policy fee)</small>	BSP <small>(includes policy fee)</small>
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 <small>(includes policy fee)</small>	BSP <small>(includes policy fee)</small>	ANNUAL <small>(includes policy fee)</small>	BSP <small>(includes policy fee)</small>
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 EZLife Application**

## 2006 TENNESSEE MEDICARE SUPPLEMENT and EZLIFE RATES and UNDERWRITING

Policy Form ATNC-2A, ATNC-2B, ATNC-2C,  
ATNC-2D, ATNC-2E, ATNC-2F, ATNC-2G  
Application Form LMK0670  
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!*

LMK0020G

Eff. 6-1-06

2006 TENNESSEE MEDICARE SUPPLEMENT  
ATTAINED AGE RATES - AREA 1 Eff. 6-1-06

Attained Age	PLAN A							
	Non-Tobacco				Tobacco			
	Female		Male		Female		Male	
	Annual	BSP	Annual	BSP	Annual	BSP	Annual	BSP
65	1,023	85.25	1,177	98.08	1,136	94.67	1,308	109.00
66	1,023	85.25	1,177	98.08	1,136	94.67	1,308	109.00
67	1,023	85.25	1,177	98.08	1,136	94.67	1,308	109.00
68	1,066	88.83	1,226	102.17	1,184	98.67	1,362	113.50
69	1,109	92.42	1,277	106.42	1,233	102.75	1,418	118.17
70	1,150	95.83	1,324	110.33	1,278	106.50	1,470	122.50
71	1,198	99.83	1,379	114.92	1,331	110.92	1,533	127.75
72	1,234	102.83	1,418	118.17	1,369	114.08	1,576	131.33
73	1,273	106.08	1,467	122.25	1,414	117.83	1,629	135.75
74	1,307	108.92	1,502	125.17	1,452	121.00	1,671	139.25
75	1,345	112.08	1,545	128.75	1,491	124.25	1,717	143.08
76	1,376	114.67	1,583	131.92	1,529	127.42	1,760	146.67
77	1,402	116.83	1,612	134.33	1,557	129.75	1,792	149.33
78	1,430	119.17	1,645	137.08	1,589	132.42	1,827	152.25
79	1,454	121.17	1,673	139.42	1,615	134.58	1,858	154.83
80	1,472	122.67	1,693	141.08	1,635	136.25	1,882	156.83
81	1,486	123.83	1,710	142.50	1,650	137.50	1,899	158.25
82	1,507	125.58	1,733	144.42	1,673	139.42	1,926	160.50
83	1,523	126.92	1,753	146.08	1,692	141.00	1,947	162.25
84	1,540	128.33	1,772	147.67	1,710	142.50	1,968	164.00
85	1,557	129.75	1,792	149.33	1,730	144.17	1,989	165.75
86	1,574	131.17	1,809	150.75	1,747	145.58	2,011	167.58
87	1,590	132.50	1,827	152.25	1,765	147.08	2,030	169.17
88	1,605	133.75	1,847	153.92	1,782	148.50	2,051	170.92
89	1,622	135.17	1,866	155.50	1,803	150.25	2,073	172.75
90*	1,639	136.58	1,887	157.25	1,822	151.83	2,097	174.75

2006 TENNESSEE MEDICARE SUPPLEMENT  
ATTAINED AGE RATES - AREA 1 Eff. 6-1-06

Attained Age	PLAN C							
	Non-Tobacco				Tobacco			
	Female		Male		Female		Male	
	Annual	BSP	Annual	BSP	Annual	BSP	Annual	BSP
65	1,650	137.50	1,899	158.25	1,834	152.83	2,110	175.83
66	1,650	137.50	1,899	158.25	1,834	152.83	2,110	175.83
67	1,650	137.50	1,899	158.25	1,834	152.83	2,110	175.83
68	1,719	143.25	1,977	164.75	1,909	159.08	2,198	183.17
69	1,787	148.92	2,055	171.25	1,984	165.33	2,284	190.33
70	1,852	154.33	2,130	177.50	2,056	171.33	2,366	197.17
71	1,919	159.92	2,208	184.00	2,131	177.58	2,453	204.42
72	1,983	165.25	2,280	190.00	2,201	183.42	2,534	211.17
73	2,041	170.08	2,349	195.25	2,269	189.08	2,609	217.42
74	2,103	175.25	2,420	201.67	2,336	194.67	2,688	224.00
75	2,161	180.08	2,485	207.08	2,401	200.08	2,762	230.17
76	2,213	184.42	2,547	212.25	2,458	204.83	2,829	235.75
77	2,265	188.75	2,607	217.25	2,516	209.67	2,897	241.42
78	2,318	193.17	2,665	222.08	2,573	214.42	2,961	246.75
79	2,353	196.08	2,708	225.67	2,614	217.83	3,009	250.75
80	2,402	200.17	2,765	230.42	2,668	222.33	3,070	255.83
81	2,440	203.33	2,806	233.83	2,709	225.75	3,117	259.75
82	2,474	206.17	2,846	237.17	2,748	229.00	3,162	263.50
83	2,510	209.17	2,887	240.58	2,786	232.17	3,207	267.25
84	2,538	211.50	2,919	243.25	2,819	234.92	3,243	270.25
85	2,573	214.42	2,960	246.67	2,858	238.17	3,289	274.08
86	2,602	216.83	2,993	249.42	2,890	240.83	3,326	277.17
87	2,634	219.50	3,030	252.50	2,925	243.75	3,366	280.50
88	2,663	221.92	3,063	255.25	2,958	246.50	3,405	283.75
89	2,689	224.08	3,094	257.83	2,988	249.00	3,439	286.58
90*	2,715	226.25	3,122	260.17	3,015	251.25	3,470	289.17

2006 TENNESSEE MEDICARE SUPPLEMENT  
ATTAINED AGE RATES - AREA 1 Eff. 6-1-06

Attained Age	PLAN E							
	Non-Tobacco				Tobacco			
	Female		Male		Female		Male	
	Annual	BSP	Annual	BSP	Annual	BSP	Annual	BSP
65	1,458	121.50	1,677	139.75	1,620	135.00	1,864	155.33
66	1,458	121.50	1,677	139.75	1,620	135.00	1,864	155.33
67	1,458	121.50	1,677	139.75	1,620	135.00	1,864	155.33
68	1,522	126.83	1,751	145.92	1,690	140.83	1,945	162.08
69	1,590	132.50	1,827	152.25	1,765	147.08	2,030	169.17
70	1,653	137.75	1,904	158.67	1,837	153.08	2,115	176.25
71	1,720	143.33	1,979	164.92	1,909	159.08	2,198	183.17
72	1,778	148.17	2,046	170.50	1,976	164.67	2,273	189.42
73	1,841	153.42	2,118	176.50	2,046	170.50	2,353	196.08
74	1,899	158.25	2,186	182.17	2,110	175.83	2,427	202.25
75	1,956	163.00	2,251	187.58	2,173	181.08	2,501	208.42
76	2,009	167.42	2,310	192.50	2,231	185.92	2,567	213.92
77	2,057	171.42	2,366	197.17	2,285	190.42	2,629	219.08
78	2,103	175.25	2,420	201.67	2,336	194.67	2,688	224.00
79	2,147	178.92	2,470	205.83	2,385	198.75	2,744	228.67
80	2,189	182.42	2,517	209.75	2,431	202.58	2,798	233.17
81	2,219	184.92	2,554	212.83	2,466	205.50	2,838	236.50
82	2,259	188.25	2,598	216.50	2,510	209.17	2,888	240.67
83	2,289	190.75	2,633	219.42	2,541	211.75	2,922	243.50
84	2,323	193.58	2,673	222.75	2,581	215.08	2,970	247.50
85	2,357	196.42	2,710	225.83	2,616	218.00	3,012	251.00
86	2,382	198.50	2,741	228.42	2,647	220.58	3,046	253.83
87	2,414	201.17	2,776	231.33	2,679	223.25	3,084	257.00
88	2,443	203.58	2,809	234.08	2,713	226.08	3,121	260.08
89	2,465	205.42	2,835	236.25	2,737	228.08	3,150	262.50
90*	2,492	207.67	2,866	238.83	2,767	230.58	3,184	265.33

2006 TENNESSEE MEDICARE SUPPLEMENT  
ATTAINED AGE RATES - AREA 1 Eff. 6-1-06

Attained Age	PLAN G							
	Non-Tobacco				Tobacco			
	Female		Male		Female		Male	
	Annual	BSP	Annual	BSP	Annual	BSP	Annual	BSP
65	1,238	103.17	1,423	118.58	1,360	113.33	1,565	130.42
66	1,238	103.17	1,423	118.58	1,360	113.33	1,565	130.42
67	1,238	103.17	1,423	118.58	1,360	113.33	1,565	130.42
68	1,341	111.75	1,542	128.50	1,476	123.00	1,696	141.33
69	1,395	116.25	1,603	133.58	1,534	127.83	1,764	147.00
70	1,448	120.67	1,665	138.75	1,593	132.75	1,832	152.67
71	1,501	125.08	1,727	143.92	1,651	137.58	1,900	158.33
72	1,554	129.50	1,788	149.00	1,707	142.25	1,967	163.92
73	1,607	133.92	1,848	154.00	1,769	147.42	2,035	169.58
74	1,662	138.50	1,911	159.25	1,827	152.25	2,103	175.25
75	1,715	142.92	1,971	164.25	1,886	157.17	2,171	180.92
76	1,767	147.25	2,031	169.25	1,942	161.83	2,233	186.08
77	1,818	151.50	2,091	174.25	1,999	166.58	2,299	191.58
78	1,869	155.75	2,148	179.00	2,058	171.50	2,365	197.08
79	1,922	160.17	2,211	184.25	2,114	176.17	2,430	202.50
80	1,970	164.17	2,266	188.83	2,168	180.67	2,493	207.75
81	2,019	168.25	2,323	193.58	2,220	185.00	2,553	212.75
82	2,067	172.25	2,378	198.17	2,273	189.42	2,616	218.00
83	2,115	176.25	2,432	202.67	2,327	193.92	2,676	223.00
84	2,159	179.92	2,483	206.92	2,375	197.92	2,730	227.50
85	2,204	183.67	2,535	211.25	2,425	202.08	2,787	232.25
86	2,230	185.83	2,564	213.67	2,453	204.42	2,820	235.00
87	2,258	188.17	2,596	216.33	2,484	207.00	2,857	238.08
88	2,285	190.42	2,627	218.92	2,513	209.42	2,891	240.92
89	2,308	192.33	2,651	220.92	2,538	211.50	2,918	243.17
90	2,332	194.33	2,678	223.17	2,564	213.67	2,948	245.67

\* For Rates Over Age 90, Contact the Marketing Department at 1-800-445-4254, ext. 603

**MODE FACTORS**

Semi-Annual = .52 times Annual  
Quarterly = .265 times Annual  
Bank Service Plan = 1/12 of 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 RATING**

**Tennessee**

All Other Zip Codes . . . Area 1 . . . Rates Shown  
Zip Codes 372, 381 . . . Area 2 . . . 1.10 times rates shown, rounded to nearest whole dollar. For example, Plan A, age 65 annual rate: \$1,023 x 1.10 = \$1,125 (not \$1,125.30)

Plans C & F: Part B deductible amount is non-commissionable premium.

All Plans: Non-commissionable Policy Fee of \$20.00 at time of application.

Rates are Attained Age, (male/female, tobacco/non-tobacco)  
Age Last Birthday

2006 TENNESSEE MEDICARE SUPPLEMENT  
ATTAINED AGE RATES - AREA 1 Eff. 6-1-06

Attained Age	PLAN B							
	Non-Tobacco				Tobacco			
	Female		Male		Female		Male	
	Annual	BSP	Annual	BSP	Annual	BSP	Annual	BSP
65	1,315	109.58	1,513	126.08	1,460	121.67	1,680	140.00
66	1,315	109.58	1,513	126.08	1,460	121.67	1,680	140.00
67	1,315	109.58	1,513	126.08	1,460	121.67	1,680	140.00
6								