

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.

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 UTAH 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 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!
LMK0023E Eff. 10-1-06

CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TENNESSEE
2006 UTAH MEDICARE SUPPLEMENT ATTAINED AGE RATES- AREA 1

Eff. 10-1-06

Attained Age	PLAN A							
	Non-Tobacco				Tobacco			
	Female		Male		Female		Male	
	Annual	BSP	Annual	BSP	Annual	BSP	Annual	BSP
65	606	50.50	699	58.25	674	56.17	775	64.58
66	606	50.50	699	58.25	674	56.17	775	64.58
67	606	50.50	699	58.25	674	56.17	775	64.58
68	632	52.67	727	60.58	702	58.50	807	67.25
69	659	54.92	756	63.00	730	60.83	840	70.00
70	681	56.75	784	65.33	757	63.08	872	72.67
71	711	59.25	816	68.00	789	65.75	907	75.58
72	731	60.92	841	70.08	812	67.67	935	77.92
73	755	62.92	869	72.42	839	69.92	966	80.50
74	774	64.50	891	74.25	860	71.67	990	82.50
75	797	66.42	915	76.25	885	73.75	1,018	84.83
76	815	67.92	938	78.17	906	75.50	1,043	86.92
77	830	69.17	955	79.58	923	76.92	1,062	88.50
78	847	70.58	976	81.33	941	78.42	1,083	90.25
79	861	71.75	991	82.58	956	79.67	1,101	91.75
80	873	72.75	1,004	83.67	969	80.75	1,116	93.00
81	880	73.33	1,012	84.33	978	81.50	1,126	93.83
82	893	74.42	1,026	85.50	992	82.67	1,141	95.08
83	904	75.33	1,039	86.58	1,003	83.58	1,155	96.25
84	913	76.08	1,050	87.50	1,015	84.58	1,167	97.25
85	923	76.92	1,062	88.50	1,025	85.42	1,180	98.33
86	933	77.75	1,074	89.50	1,036	86.33	1,191	99.25
87	942	78.50	1,085	90.42	1,045	87.08	1,204	100.33
88	951	79.25	1,093	91.08	1,057	88.08	1,215	101.25
89	962	80.17	1,106	92.17	1,067	88.92	1,229	102.42
90*	974	81.17	1,118	93.17	1,080	90.00	1,243	103.58

Attained Age	PLAN C							
	Non-Tobacco				Tobacco			
	Female		Male		Female		Male	
	Annual	BSP	Annual	BSP	Annual	BSP	Annual	BSP
65	1,078	89.83	1,240	103.33	1,196	99.67	1,378	114.83
66	1,078	89.83	1,240	103.33	1,196	99.67	1,378	114.83
67	1,078	89.83	1,240	103.33	1,196	99.67	1,378	114.83
68	1,123	93.58	1,292	107.67	1,247	103.92	1,436	119.67
69	1,166	97.17	1,342	111.83	1,296	108.00	1,492	124.33
70	1,209	100.75	1,391	115.92	1,344	112.00	1,546	128.83
71	1,254	104.50	1,442	120.17	1,392	116.00	1,602	133.50
72	1,295	107.92	1,489	124.08	1,439	119.92	1,654	137.83
73	1,334	111.17	1,534	127.83	1,482	123.50	1,704	142.00
74	1,373	114.42	1,582	131.83	1,527	127.25	1,756	146.33
75	1,411	117.58	1,624	135.33	1,568	130.67	1,804	150.33
76	1,445	120.42	1,664	138.67	1,607	133.92	1,847	153.92
77	1,480	123.33	1,702	141.83	1,643	136.92	1,892	157.67
78	1,514	126.17	1,741	145.08	1,680	140.00	1,934	161.17
79	1,539	128.25	1,768	147.33	1,709	142.42	1,966	163.83
80	1,570	130.83	1,804	150.33	1,742	145.17	2,005	167.08
81	1,593	132.75	1,833	152.75	1,770	147.50	2,036	169.67
82	1,615	134.58	1,859	154.92	1,795	149.58	2,065	172.08
83	1,639	136.58	1,885	157.08	1,820	151.67	2,096	174.67
84	1,658	138.17	1,906	158.83	1,842	153.50	2,119	176.58
85	1,680	140.00	1,934	161.17	1,867	155.58	2,148	179.00
86	1,699	141.58	1,955	162.92	1,887	157.25	2,173	181.08
87	1,722	143.50	1,978	164.83	1,911	159.25	2,199	183.25
88	1,740	145.00	2,002	166.83	1,933	161.08	2,223	185.25
89	1,756	146.33	2,021	168.42	1,952	162.67	2,247	187.25
90*	1,772	147.67	2,041	170.08	1,971	164.25	2,266	188.83

Attained Age	PLAN B							
	Non-Tobacco				Tobacco			
	Female		Male		Female		Male	
	Annual	BSP	Annual	BSP	Annual	BSP	Annual	BSP
65	856	71.33	985	82.08	952	79.33	1,094	91.17
66	856	71.33	985	82.08	952	79.33	1,094	91.17
67	856	71.33	985	82.08	952	79.33	1,094	91.17
68	895	74.58	1,031	85.92	994	82.83	1,145	95.42
69	935	77.92	1,075	89.58	1,037	86.42	1,194	99.50
70	976	81.33	1,121	93.42	1,083	90.25	1,246	103.83
71	1,011	84.25	1,163	96.92	1,123	93.58	1,292	107.67
72	1,050	87.50	1,207	100.58	1,166	97.17	1,341	111.75
73	1,085	90.42	1,246	103.83	1,204	100.33	1,387	115.58
74	1,117	93.08	1,286	107.17	1,241	103.42	1,428	119.00
75	1,149	95.75	1,321	110.08	1,277	106.42	1,469	122.42
76	1,181	98.42	1,359	113.25	1,312	109.33	1,508	125.67
77	1,212	101.00	1,393	116.08	1,345	112.08	1,547	128.92
78	1,239	103.25	1,425	118.75	1,376	114.67	1,583	131.92
79	1,263	105.25	1,452	121.00	1,402	116.83	1,614	134.50
80	1,286	107.17	1,479	123.25	1,428	119.00	1,643	136.92
81	1,306	108.83	1,504	125.33	1,451	120.92	1,670	139.17
82	1,326	110.50	1,526	127.17	1,474	122.83	1,695	141.25
83	1,345	112.08	1,547	128.92	1,493	124.42	1,720	143.33
84	1,365	113.75	1,569	130.75	1,515	126.25	1,743	145.25
85	1,382	115.17	1,589	132.42	1,534	127.83	1,766	147.17
86	1,402	116.83	1,613	134.42	1,556	129.67	1,791	149.25
87	1,418	118.17	1,631	135.92	1,575	131.25	1,813	151.08
88	1,433	119.42	1,650	137.50	1,591	132.58	1,832	152.67
89	1,446	120.50	1,664	138.67	1,605	133.75	1,848	154.00
90*	1,463	121.92	1,683	140.25	1,626	135.50	1,871	155.92

Attained Age	PLAN D							
	Non-Tobacco				Tobacco			
	Female		Male		Female		Male	
	Annual	BSP	Annual	BSP	Annual	BSP	Annual	BSP
65	863	71.92	992	82.67	956	79.67	1,102	91.83
66	863	71.92	992	82.67	956	79.67	1,102	91.83
67	863	71.92	992	82.67	956	79.67	1,102	91.83
68	899	74.92	1,035	86.25	1,000	83.33	1,150	95.83
69	939	78.25	1,081	90.08	1,043	86.92	1,202	100.17
70	979	81.58	1,127	93.92	1,088	90.67	1,253	104.42
71	1,017	84.75	1,169	97.42	1,129	94.08	1,298	108.17
72	1,053	87.75	1,212	101.00	1,170	97.50	1,346	112.17
73	1,090	90.83	1,255	104.58	1,212	101.00	1,394	116.17
74	1,125	93.75	1,294	107.83	1,249	104.08	1,439	119.92
75	1,158	96.50	1,333	111.08	1,287	107.25	1,480	123.33
76	1,192	99.33	1,371	114.25	1,325	110.42	1,525	127.08
77	1,220	101.67	1,403	116.92	1,354	112.83	1,560	130.00
78	1,248	104.00	1,438	119.83	1,387	115.58	1,596	133.00
79	1,273	106.08	1,466	122.17	1,416	118.00	1,629	135.75
80	1,298	108.17	1,493	124.42	1,442	120.17	1,659	138.25
81	1,317	109.75	1,516	126.33	1,464	122.00	1,683	140.25
82	1,338	111.50	1,539	128.25	1,484	123.67	1,709	142.42
83	1,359	113.25	1,563	130.25	1,508	125.67	1,737	144.75
84	1,378	114.83	1,587	132.25	1,531	127.58	1,764	147.00
85	1,395	116.25	1,606	133.83	1,552	129.33	1,785	148.75
86	1,416	118.00	1,628	135.67	1,571	130.92	1,808	150.67
87	1,432	119.33	1,650	137.50	1,590	132.50	1,832	152.67
88	1,450	120.83	1,668	139.00	1,610	134.17	1,853	154.42
89	1,465	122.08	1,684	140.33	1,627	135.58	1,871	155.92
90*	1,482	123.50	1,707	142.25	1,647	137.25	1,896	158.00

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

CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TENNESSEE
2006 UTAH MEDICARE SUPPLEMENT ATTAINED AGE RATES- AREA 1

Eff. 10-1-06

Attained Age	PLAN E							
	Non-Tobacco				Tobacco			
	Female		Male		Female		Male	
	Annual	BSP	Annual	BSP	Annual	BSP	Annual	BSP
65	1,076	89.67	1,238	103.17	1,195	99.58	1,376	114.67
66	1,076	89.67	1,238	103.17	1,195	99.58	1,376	114.67
67	1,076	89.67	1,238	103.17	1,195	99.58	1,376	114.67
68	1,123	93.58	1,293	107.75	1,246	103.83	1,436	119.67
69	1,173	97.75	1,350	112.50	1,304	108.67	1,500	125.00
70	1,221	101.75	1,404	117.00	1,355	112.92	1,560	130.00
71	1,269	105.75	1,459	121.58	1,409	117.42	1,622	135.17
72	1,313	109.42	1,512	126.00	1,458	121.50	1,679	139.92
73	1,359	113.25	1,563	130.25	1,508	125.67	1,737	144.75
74	1,402	116.83	1,613	134.42	1,557	129.75	1,792	149.33
75	1,444	120.33	1,660	138.33	1,604	133.67	1,846	153.83
76	1,483	123.58	1,705	142.08	1,646	137.17	1,895	157.92
77	1,518	126.50	1,746	145.50	1,687	140.58	1,941	161.75
78	1,554	129.50	1,788	149.00	1,725	143.75	1,985	