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Outline of Coverage

Cancer and Heart Attack or Stroke

Policy Forms **CLICANFD14, CLICAHS14, CLIRIDICU14**

Underwritten by

An Aetna Company

**Continental Life Insurance Company
of Brentwood, Tennessee**

CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TENNESSEE
800 Crescent Centre Dr., Suite 200
Franklin, Tennessee 37067
1-800-264-4000

LIMITED BENEFIT POLICY

**CRITICAL ILLNESS INSURANCE POLICY
CANCER AND HEART ATTACK OR STROKE FIXED INDEMNITY BENEFIT**

**OUTLINE OF COVERAGE FOR POLICY FORMS: CLICANFD14, CLICANHS14 and
CLIRIDICU14**

RETAIN THIS OUTLINE FOR YOUR RECORDS

THIS IS A LIMITED BENEFIT POLICY. READ YOUR POLICY CAREFULLY. This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract. Only the actual policy provisions will control. The policy sets forth in detail, the rights and obligations of both you and the insurance company. It is therefore, important that you **READ YOUR POLICY CAREFULLY!**

This coverage is designed to provide you with a fixed benefit only when Cancer, Heart Attack or Stroke has been diagnosed for the first time. This policy provides only supplemental coverage issued to supplement coverage you already have in force.

BENEFIT DESCRIPTIONS

Cancer Benefit - The Cancer policy will pay a lump sum benefit in the amount selected, for loss resulting from a positive diagnosis of Cancer. Benefits may be selected in \$5,000 increments to the policy maximum benefit for Cancer of \$75,000. The policy has a thirty day waiting period for this benefit.

Heart Attack or Stroke Benefit -The policy will pay a lump sum benefit in the amount selected, for loss resulting from a medically diagnosed Heart Attack or Stroke. Benefits may be selected in \$5,000 increments up to the policy maximum benefit for Heart Attack or Stroke of \$75,000. The policy has a thirty day waiting period for this benefit.

Optional Intensive Care Unit Rider- This Rider will pay a daily benefit for each day you are confined in a Hospital Intensive Care Unit. You may purchase daily benefits in \$150 increments for a maximum daily benefit amount of \$600. Coverage under this Rider will begin on the first day you are confined for any Accident or Sickness, not to exceed 30 days for each period of coverage.

Period of Coverage means the period of time which begins the first day you are confined in the Hospital Intensive Care Unit and ends when you have been out of the Hospital and have not required Hospitalization for a period of sixty (60) consecutive days.

Benefits for the Rider will be reduced by 50% upon reaching age 65.

RENEWABILITY

The policy is guaranteed renewable for life provided premiums are paid when due. Renewability is subject to payment of the policy maximum benefits.

PREMIUM AGREEMENT

Premiums for the policy may be changed. Any change in premium will apply to all covered persons with Your same Policy type based on the issue state of Your Policy. Any change in premium may occur on the next premium due date after You are given at least 30 days advance notice in writing of such change.

LIMITATIONS AND EXCLUSIONS

We will not pay any benefits for Losses that are caused by or the result of the Insured Person's:

1. Suicide or any attempt at suicide or intentionally self-inflicted injury or sickness or any attempt at intentionally self-inflicted injury or sickness;
2. Use of drugs or intoxicants unless taken under the direction of a Physician;
3. Commission of or attempted commission of a felony or, to which a contributing cause was the insured person being engaged in an illegal occupation;
4. Voluntary participation in any riot or civil insurrection;
5. Being exposed to a declared or undeclared war, or any act of declared or undeclared war; or
6. Balloon angioplasty procedure; laser relief or other like procedure.

The Policy provides benefits only for Cancer, Heart Attack or Stroke as defined in the Policy. The following illnesses, conditions, diseases and injuries are excluded from the base Policy benefits, but do not apply to the optional Intensive Care Rider:

1. Skin cancer, other than malignant melanoma;
2. Premalignant conditions or conditions with malignant potential;
3. Transient Ischemic Attack (TIA);
4. Brain damage due to accident or injury, bacterial infections (except infections which result from an accident, injury or infection which result from accidental, involuntary or unintentional ingestion of a contaminated substance), vasculitis, inflammatory disease, or demyelinating process;
5. Vascular disease affecting the eye or optic nerve;
6. Ischemic disorders of the vestibular system;
7. Disease or injury involving the cardiovascular system other than a Heart Attack;
8. A cardiac arrest that is not caused by a Heart Attack; or
9. Any diseases other than Cancer or illnesses other than Heart Attack or Stroke even though other such diseases or illnesses may have been complicated, aggravated or be directly or indirectly affected or caused by Cancer or Heart Attack or Stroke.

COVERAGE TERMINATION

An Insured Person's Coverage under this Policy will terminate:

1. On the date of death of the Insured Person;
2. On the date on which the Benefit Amount for each Critical Illness for that Insured Person has been paid;
3. For a Child, on the date they no longer meet the eligibility requirements of a Child under the Policy;
4. For a Domestic Partner, on the date they no longer meet the eligibility requirements of a Domestic Partner under the Policy;
5. For a spouse, on the date of a valid decree of divorce;
6. The date the Policy terminates;
7. The date We receive Your written request to cancel Coverage for an Insured Person or on a later date that is requested by You; or
8. If an Insured Person is not eligible for Coverage due to a Diagnosis of Cancer, Heart Attack or Stroke prior to the expiration of the Benefit Waiting Period. We will refund the portion of premium paid for that Insured Person's Coverage.

PREMIUM INFORMATION

ANNUAL PREMIUM FOR THE CANCER ONLY POLICY PER \$5,000 OF COVERAGE

MAXIMUM BENEFIT AMOUNT FOR THIS POLICY IS \$75,000 PER INSURED

ALL PERSONS INSURED UNDER THIS POLICY MUST MAINTAIN THE SAME BENEFIT AMOUNT.

Issue Age	Individual	Individual and Spouse	Individual and Child(ren)	Family
18-24	\$ 19.90	\$ 36.80	\$ 28.20	\$ 45.10
25-29	\$ 25.60	\$ 47.30	\$ 33.90	\$ 55.60
30-34	\$ 31.30	\$ 57.80	\$ 39.60	\$ 66.10
35-39	\$ 37.00	\$ 68.40	\$ 45.30	\$ 76.60
40-44	\$ 53.00	\$ 97.80	\$ 61.20	\$ 106.00
45-49	\$ 73.50	\$ 135.60	\$ 81.70	\$ 143.90
50-54	\$ 100.00	\$ 184.50	\$ 108.20	\$ 192.70
55-59	\$ 125.00	\$ 230.60	\$ 133.20	\$ 238.90
60-64	\$ 150.00	\$ 276.70	\$ 158.20	\$ 285.00
65-69	\$ 170.00	\$ 313.60	\$ 178.20	\$ 321.90
70-74	\$ 195.00	\$ 359.80	\$ 203.20	\$ 368.00
75-79	\$ 200.00	\$ 369.00	\$ 208.20	\$ 377.20
80-84	\$ 215.00	\$ 396.70	\$ 223.20	\$ 404.90
85-89	\$ 225.00	\$ 415.10	\$ 233.20	\$ 423.40

ANNUAL PREMIUM FOR THE CANCER, HEART ATTACK OR STROKE POLICY PER \$5,000 OF COVERAGE

MAXIMUM BENEFIT AMOUNT FOR THIS POLICY IS \$75,000 PER INSURED

ALL PERSONS INSURED UNDER THIS POLICY MUST MAINTAIN THE SAME BENEFIT AMOUNT.

Issue Age	Individual	Individual and Spouse	Individual and Child(ren)	Family
18-24	\$ 44.90	\$ 82.90	\$ 55.70	\$ 93.70
25-29	\$ 50.60	\$ 93.40	\$ 61.40	\$ 104.20
30-34	\$ 56.30	\$ 104.00	\$ 67.10	\$ 114.70
35-39	\$ 62.00	\$ 114.50	\$ 72.80	\$ 125.30
40-44	\$ 89.80	\$ 165.60	\$ 100.50	\$ 176.40
45-49	\$ 123.00	\$ 226.90	\$ 133.80	\$ 237.70
50-54	\$ 166.20	\$ 306.70	\$ 177.00	\$ 317.50
55-59	\$ 210.00	\$ 387.40	\$ 220.80	\$ 398.20
60-64	\$ 259.50	\$ 478.80	\$ 270.30	\$ 489.60
65-69	\$ 292.50	\$ 539.70	\$ 303.30	\$ 550.40
70-74	\$ 345.00	\$ 636.50	\$ 355.80	\$ 647.30
75-79	\$ 362.50	\$ 668.80	\$ 373.30	\$ 679.60
80-84	\$ 391.30	\$ 721.90	\$ 402.00	\$ 732.60
85-89	\$ 420.00	\$ 774.90	\$ 430.80	\$ 785.70

ANNUAL PREMIUM FOR THE OPTIONAL INTENSIVE CARE UNIT RIDER
PER \$150 DAILY BENEFIT**

RIDER MAY BE PURCHASED IN \$150 INCREMENTS WITH A MAXIMUM DAILY BENEFIT OF \$600.

ALL PERSONS INSURED UNDER THIS RIDER MUST MAINTAIN THE SAME BENEFIT AMOUNT.

****BENEFITS FOR THE RIDER REDUCE BY 50% AT AGE 65.**

Issue Age	Individual	Individual and Spouse	Individual and Child(ren)	Family
18-24	\$ 3.20	\$ 5.80	\$ 9.10	\$ 11.80
25-29	\$ 4.70	\$ 8.70	\$ 10.70	\$ 14.70
30-34	\$ 6.30	\$ 11.60	\$ 12.30	\$ 17.60
35-39	\$ 9.50	\$ 17.40	\$ 15.50	\$ 23.40
40-44	\$ 12.20	\$ 22.50	\$ 18.20	\$ 28.50
45-49	\$ 16.50	\$ 30.50	\$ 22.50	\$ 36.50
50-54	\$ 23.20	\$ 42.90	\$ 29.20	\$ 48.90
55-59	\$ 29.90	\$ 55.20	\$ 35.90	\$ 61.20
60-64	\$ 36.00	\$ 66.40	\$ 42.00	\$ 72.40
65-69	\$ 39.00	\$ 72.00	\$ 45.00	\$ 78.00
70-74	\$ 58.50	\$ 107.90	\$ 64.50	\$ 113.90
75-79	\$ 84.00	\$ 155.00	\$ 90.00	\$ 161.00
80-84	\$ 120.00	\$ 221.40	\$ 126.00	\$ 227.40
85-89	\$ 187.50	\$ 345.90	\$ 193.50	\$ 351.90

Payment options

You have a choice among several payment options or modes for paying your premium – annual, semi-annual, quarterly, and monthly bank draft. Each payment mode, other than annual and monthly bank draft, results in higher total yearly premium costs. Reasons for higher costs include added collection and administrative costs, time value of money considerations, and lapse rates.

The annual and monthly bank draft modes have the same total yearly premium costs. As a result, there is a time value of money advantage to you for paying monthly versus annually. However, there may be other advantages to you for choosing an annual payment based on your preferences. Your agent can explain the differences in modes and help you decide which is best for you. You have the right to change your payment mode, among the modes available, during the life of your policy.

Payment Modes

- Annual.....Annual x 1
- Semi-annual.....Annual x .52
- Quarterly.....Annual x .265
- Monthly.....Annual x .08333

