



Outline of coverage

Protection SeriesSM –

Heart Attack or Stroke Plus Insurance Plan

Policy Form CLICHAS18 NE or CLICHASR18 NE

Underwritten by

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

An Aetna Company

CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TENNESSEE

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**OUTLINE OF COVERAGE FOR POLICY FORMS:
LIMITED BENEFIT HEART AND STROKE POLICY FORM CLIHAS18 LA
OR
LIMITED BENEFIT HEART ATTACK AND STROKE POLICY WITH RECURRENCE BENEFIT
FORM CLIHASR18 LA**

RETAIN THIS OUTLINE FOR YOUR RECORDS

THIS IS A LIMITED BENEFIT POLICY. READ YOUR POLICY CAREFULLY. This outline of coverage provides a very 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 will pay a fixed benefit upon Diagnosis of Heart Attack or Stroke while this policy is in force and after this policy's terms have been met. The policy provides limited benefits to supplement coverage you already have in force.

BENEFIT DESCRIPTIONS

LIMITED BENEFIT HEART ATTACK OR STROKE POLICY FORM CLIHAS18 LA

We will pay the Heart Attack or Stroke Benefit Amount to You for any Insured Person as detailed on the Schedule of Benefits page if the Insured Person is Diagnosed with a Heart Attack or Stroke. This policy has a 30 day Benefit Waiting Period. Benefits may be selected in \$5,000 increments to the policy's maximum benefit level of \$75,000.

LIMITED BENEFIT HEART ATTACK OR STROKE WITH RECURRENCE POLICY FORM CLIHASR18 LA

We will pay the Recurrence Benefit Amount to You for any Insured Person as detailed on the Schedule of Benefits page of the policy. This policy has a 30 day Benefit Waiting Period. Benefits may be selected in \$5,000 increments to the policy's maximum benefit level of \$75,000.

In addition, We will pay the Recurrence Benefit Amount, each time an Insured Person receives a Diagnosis for the Recurrence of a Heart Attack or Stroke subject to the Recurrence Benefit table on the Schedule of Benefits page of the policy and listed below. In order for any benefits to be payable, the Insured Person must not have been diagnosed with a Heart Attack or Stroke for at least two years prior to the date of Diagnosis of the Recurrence of a Heart Attack or Stroke.

If the Insured Person receives benefits payable for the Recurrence of a Heart Attack or Stroke that is less than 100% of the Heart Attack or Stroke Recurrence Benefit Amount and later receives a Diagnosis for another Recurrence of Heart Attack or Stroke, We will pay another Recurrence Benefit Amount, subject to the Lifetime Maximum Percentage as shown on the Schedule of Benefits page of the policy and listed below. In order for another benefit to be payable, the Insured Person must not have been diagnosed with a Heart Attack or Stroke for at least two years prior to the date of Diagnosis of the Recurrence of a Heart Attack or Stroke.

RECURRENCE BENEFIT	
TIME PERIOD SINCE PRIOR DIAGNOSIS AND RECURRENCE	PERCENTAGE OF ABOVE BENEFIT AMOUNT
Less than 2 years	0%
2 years or more but less than 5 years	25%
5 years or more but less than 7 years	50%
7 years or more but less than 9 years	75%
9 years or more	100%
Lifetime Maximum Percentage of the Heart Attack or Stroke Recurrence Benefit Amount	100%

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 will not occur until after the first year, and not more than once in any six-month period following the initial twelve month period, except for increases in premium due to the addition of an Insured Person, a change in state of residence or an increase in the benefit level. We will give You at least 30 days advance notice in writing of a premium change and at least 45 days advance notice in writing of a premium increase of 20% (twenty percent) or more.

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;
6. Balloon angioplasty procedure; laser relief or other like procedure; or
7. Practicing for or participating in any semi-professional or professional competitive athletic contest for which compensation or remuneration is received.

This policy provides benefits only for Heart Attack or Stroke as listed on the Schedule of Benefits page. The following illnesses, conditions, diseases and injuries are excluded:

1. Transient Ischemic Attack (TIA);
2. Brain damage due to accident or injury, infection, vasculitis, inflammatory disease, or demyelinating process;
3. Vascular disease affecting the eye or optic nerve;
4. Vertebrobasilar insufficiencies
5. Incidental findings on imaging studies
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 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 Heart Attack or Stroke.

POLICY TERMINATION

The Policy Owner may cancel this policy at any time by sending Us a written request to cancel. Upon cancellation, We will return any unearned premium paid in accordance with the laws in Your state of residence.

Your policy and any attached Riders will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following dates:

1. The date We receive Your written request to cancel Your policy or on a later date that is requested by You.

2. The Premium Due Date, if sufficient premium has not been paid by the end of the Grace Period.
3. For form CLIHAS18 LA, the date when the Benefit Amount has been paid for all Insured Persons. For form CLIHASR18 LA, the date when the Heart Attack or Stroke Benefit Amount and 100% of the Recurrence Benefit Amount have been paid for all Insured Persons.
4. The date of death of the policy Owner, if there is no surviving spouse or Domestic Partner who is an Insured Person on the policy.

COVERAGE TERMINATION

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

1. On the date of death of the Insured Person;
2. For form CLIHAS18 LA, on the date on which the Benefit Amount for that Insured Person has been paid. For form CLIHASR18 LA, on the date on which the Heart Attack or Stroke Benefit Amount and 100% of the Recurrence Benefit Amount for that Insured Person have been paid;
3. For a Child, on the date they no longer meet the eligibility requirements of a Child under this policy;
4. For a Domestic Partner, on the date they no longer meet the eligibility requirements of a Domestic Partner under this 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 Heart Attack or Stroke prior to the Effective Date or before the expiration of the Benefit Waiting Period. We will refund the portion of premium paid for that Insured Person's Coverage.

We will notify the Policy Owner by Certified Mail at least 60 days prior to cancellation, non-renewal or termination of this Policy.

Following termination of Coverage due to death, if the Insured Person was the policy Owner and this policy has Family Coverage or Individual and Spouse Coverage, the surviving spouse or Domestic Partner will be considered the policy Owner.

PREMIUM INFORMATION

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

Policy Form CLIHAS18				
Heart Attack and Stroke per 5K				
Issue Age	Individual	Single Parent Family	Individual and Spouse	Family
18-24	\$ 37.50	\$ 39.80	\$ 70.00	\$ 72.30
25-29	\$ 37.50	\$ 39.80	\$ 70.00	\$ 72.30
30-34	\$ 37.50	\$ 39.80	\$ 70.00	\$ 72.30
35-39	\$ 40.00	\$ 42.30	\$ 74.70	\$ 77.00
40-44	\$ 55.75	\$ 58.10	\$ 104.10	\$ 106.40
45-49	\$ 70.00	\$ 72.30	\$ 130.70	\$ 133.00
50-54	\$ 92.50	\$ 94.80	\$ 172.70	\$ 175.00
55-59	\$ 115.00	\$ 117.30	\$ 214.80	\$ 217.10
60-64	\$ 150.00	\$ 152.30	\$ 280.10	\$ 282.40
65-69	\$ 185.00	\$ 187.30	\$ 345.50	\$ 347.80
70-74	\$ 224.00	\$ 226.30	\$ 418.30	\$ 420.60
75-79	\$ 265.00	\$ 267.30	\$ 494.90	\$ 497.20
80-84	\$ 325.00	\$ 327.30	\$ 606.90	\$ 609.20
85-89	\$ 375.00	\$ 377.30	\$ 700.30	\$ 702.60

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

Policy Form CLIHASR18				
Heart Attack and Stroke with Recurrence per 5K				
Issue Age	Individual	Single Parent Family	Individual and Spouse	Family
18-24	\$ 42.50	\$ 45.40	\$ 79.40	\$ 82.20
25-29	\$ 42.50	\$ 45.40	\$ 79.40	\$ 82.20
30-34	\$ 42.50	\$ 45.40	\$ 79.40	\$ 82.20
35-39	\$ 45.50	\$ 48.40	\$ 85.00	\$ 87.80
40-44	\$ 62.50	\$ 65.40	\$ 116.70	\$ 119.60
45-49	\$ 82.00	\$ 84.90	\$ 153.10	\$ 156.00
50-54	\$ 105.50	\$ 108.40	\$ 197.00	\$ 199.90
55-59	\$ 130.80	\$ 133.70	\$ 244.30	\$ 247.10
60-64	\$ 169.60	\$ 172.50	\$ 316.70	\$ 319.60
65-69	\$ 207.40	\$ 210.30	\$ 387.30	\$ 390.20
70-74	\$ 247.70	\$ 250.60	\$ 462.60	\$ 465.50
75-79	\$ 288.70	\$ 291.60	\$ 539.10	\$ 542.00
80-84	\$ 348.70	\$ 351.60	\$ 651.20	\$ 654.10
85-89	\$ 398.70	\$ 401.60	\$ 744.60	\$ 747.40

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