



Outline of coverage

Protection SeriesSM –
**Heart Attack or Stroke Plus
Insurance Plan**

Policy Forms CLICHAS18 KS or CLICHASR18 KS

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

An Aetna Company

Kansas

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CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TENNESSEE

P.O. Box 14770 Lexington, KY 40512-4770 | 800-264-4000

Outline of coverage for policy forms:

LIMITED BENEFIT HEART ATTACK OR STROKE POLICY FORM CLICHAS18 KS OR
LIMITED BENEFIT HEART ATTACK OR STROKE POLICY WITH RECURRENCE BENEFIT
FORM CLICHASR18 KS.

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 and 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 CLICHAS18 KS- we will pay the Heart Attack or Stroke Benefit amount to you for any insured person as detailed on the schedule of benefits page of the policy 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 policy with recurrence benefit form CLICHASR18 KS- 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 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 heart attack or stroke.

If the insured person receives benefits payable for the recurrence of 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 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 may occur on the next premium due date after you are given at least 30-90 days advance notice in writing of such change.

EXCLUSIONS AND LIMITATIONS

We will not pay any benefits for losses that are caused by or the result of the insured'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 written notice delivered or mailed to us, effective upon receipt of such notice or on such later date as may be specified in such notice. In the event of cancellation or death of the policy owner, we will promptly return the unearned portion of any premium paid. The earned premium shall be computed by the use of the short-rate table last filed with the state official having supervision of insurance in the state where the policy owner resided when this policy was issued. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

Your policy and any attached riders will terminate at 12:01 AM local time at your state of residence on the earliest of the following dates:

1. The premium due date, if sufficient premium has not been paid by the end of the grace period.
2. For form CLICHAS18 KS, the date when the benefit amount has been paid for all insured persons. For form CLICHASR18 KS, the date when the Heart Attack or Stroke benefit amount and 100% of the recurrence benefit amount have been paid for all insured persons.
3. 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 the policy will terminate:

1. On the date of death of the insured person;
2. For form CLICHAS18 KS, on the date on which the benefit amount for that insured person has been paid. For form CLICHASR18 KS, 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.

Following termination of coverage due to death, if the insured person was this policy owner and the policy has family coverage or individual and spouse coverage, the surviving spouse or domestic partner will be considered the policy owner.

TIME LIMIT ON CERTAIN DEFENSES

After two years from the date of issue of this policy no misstatements, except fraudulent misstatements, made by you in the application for this policy shall be used to void the policy or to deny a claim for loss Incurred commencing after the expiration of such two year period.

No claim for loss incurred commencing after the date of issue of this policy shall be reduced or denied on The ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss has existed prior to the effective date of coverage of this policy.

PREMIUM INFORMATION

Annual premium for the Heart Attack or Stroke policy per \$5,000 of coverage

Policy Form CLICCAN18 KS				
Cancer Only 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

PREMIUM INFORMATION

Annual premium for the Heart Attack or Stroke policy with Recurrence per \$5,000 of coverage

Policy Form CLICCANR18 KS				
Cancer 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

COVERAGE CHOSEN:

- ☐ Heart Attack or Stroke policy or
☐ Heart Attack or Stroke policy with recurrence benefit

- ☐ Individual
☐ Single parent family
☐ Individual and spouse
☐ Family

Amount in chart above for your age and coverage chosen: \$ _____

Times amount of coverage (available in \$5,000 increments up to \$75,000) x _____

Annual premium amount: \$ _____

PAYMENT OPTIONS

You have a choice among several payment options or modes for paying your premium – annual, semiannual, 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

Name of agent

Date

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Signed by Continental Life Insurance Company of Brentwood, Tennessee Agent:

X
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