



# Outline of coverage

Protection Series<sup>SM</sup> –

## **Cancer Plus Insurance Plan**

Policy Forms CLICCAN18 KS or CLICCANR18 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 CANCER POLICY FORM CLICCAN18 KS  
OR

LIMITED BENEFIT CANCER POLICY WITH RECURRENCE BENEFIT FORM CLICCANR18 KS.  
**Retain this outline for your records.**

**THIS IS A LIMITED BENEFIT POLICY. READ YOUR POLICY CAREFULLY.** This Outline of Coverage provides a 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 important that you **READ YOUR POLICY CAREFULLY!** Defined terms in the policy shall have the same meaning in this outline of coverage.

This coverage will pay a fixed benefit upon diagnosis of cancer while the policy is in force and after the policy's terms and conditions have been met. The policy provides limited benefits to supplement coverage you may already have in force.

## **BENEFIT DESCRIPTIONS**

**LIMITED BENEFIT CANCER POLICY FORM CLICCAN18 KS** - we will pay the cancer 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 cancer or cancer in situ. 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 CANCER POLICY WITH RECURRENCE BENEFIT FORM CLICCANR18 KS** - we will pay the cancer 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 cancer or cancer in situ. 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 cancer 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 received any medical advice or treatment for at least two years prior to the date of diagnosis of the recurrence of cancer.

If the insured person receives benefits payable for the recurrence of cancer that is less than 100% of the cancer recurrence benefit amount and later receives a diagnosis for another recurrence of cancer, 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 received any medical advice or treatment for at least two years prior to the date of diagnosis of the recurrence of cancer.

<b>RECURRENCE BENEFIT</b>	
<b>Time period without medical advice or treatment and recurrence</b>	<b>Percentage of above benefit amount</b>
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%
<b>Lifetime maximum percentage of the Cancer Recurrence Benefit Amount</b>	<b>100%</b>

## **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.

## **LIMITATIONS AND EXCLUSIONS**

We will not pay any benefits for losses that are caused by or the result of the insured person's:

1. Intentional self-inflicted injury or sickness;
2. Use of drugs or intoxicants unless taken under the direction of a physician; or
3. Being exposed to a declared or undeclared war, or any act of declared or undeclared war.

The policy provides benefits only for cancer as listed on the schedule of benefits page. The following illnesses, conditions, diseases and injuries are excluded:

1. Skin cancer, other than malignant melanoma;
2. Premalignant conditions or conditions with malignant potential;
3. Any diseases or illnesses other than cancer, even though other such diseases or illnesses may have been complicated, aggravated or be directly or indirectly affected or caused by cancer.

## **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 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 CLICAN18 KS, the date when the benefit amount has been paid for all insured persons. For form CLICANR18 KS, the date when the cancer 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 CLICAN18 KS, on the date on which the benefit amount for that insured person has been paid. For form CLICANR18 KS, on the date on which the cancer 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 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 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 the 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.

**CONTINUITY OF COVERAGE**

our company will give credit for the expired portion of any waiting period for any similar provision if this policy replaced another policy, your coverage under this policy is issued to replace existing coverage or is issued in addition to any existing specified disease coverage policy or rider.

**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 Cancer Policy per \$5,000 of coverage

<b>Policy Form CLICHAS18 KS</b>				
<b>Cancer per 5K</b>				
<b>Issue age</b>	<b>Individual</b>	<b>Single parent family</b>	<b>Individual and spouse</b>	<b>Family</b>
18-24	\$ 32.50	\$ 41.20	\$ 60.70	\$ 69.40
25-29	\$ 32.50	\$ 41.20	\$ 60.70	\$ 69.40
30-34	\$ 32.50	\$ 41.20	\$ 60.70	\$ 69.40
35-39	\$ 37.80	\$ 46.50	\$ 70.60	\$ 79.30
40-44	\$ 54.10	\$ 62.80	\$ 101.00	\$ 109.70
45-49	\$ 74.80	\$ 83.50	\$ 139.70	\$ 148.40
50-54	\$ 98.80	\$ 107.50	\$ 184.50	\$ 193.20
55-59	\$ 125.00	\$ 133.70	\$ 233.40	\$ 242.10
60-64	\$ 153.00	\$ 161.70	\$ 285.70	\$ 294.40
65-69	\$ 177.50	\$ 186.20	\$ 331.50	\$ 340.20
70-74	\$ 198.90	\$ 207.60	\$ 371.40	\$ 380.10
75-79	\$ 210.00	\$ 218.70	\$ 392.20	\$ 400.90
80-84	\$ 219.30	\$ 228.00	\$ 409.50	\$ 418.20
85-89	\$ 229.50	\$ 238.20	\$ 428.60	\$ 437.30

**PREMIUM INFORMATION**

Annual premium for the Cancer Policy with Recurrence Benefit per \$5,000 of coverage

<b>Policy Form CLICHASR18 KS</b>				
<b>Cancer with Recurrence per 5K</b>				
<b>Issue age</b>	<b>Individual</b>	<b>Single parent family</b>	<b>Individual and spouse</b>	<b>Family</b>
18-24	\$ 36.50	\$ 47.40	\$ 68.20	\$ 79.00
25-29	\$ 36.50	\$ 47.40	\$ 68.20	\$ 79.00
30-34	\$ 36.50	\$ 47.40	\$ 68.20	\$ 79.00
35-39	\$ 41.80	\$ 52.70	\$ 78.10	\$ 88.90
40-44	\$ 59.60	\$ 70.50	\$ 111.30	\$ 122.20
45-49	\$ 81.00	\$ 91.90	\$ 151.30	\$ 162.10
50-54	\$ 106.30	\$ 117.20	\$ 198.50	\$ 209.40
55-59	\$ 135.00	\$ 145.90	\$ 252.10	\$ 263.00
60-64	\$ 166.80	\$ 177.70	\$ 311.50	\$ 322.30
65-69	\$ 193.80	\$ 204.70	\$ 361.90	\$ 372.80
70-74	\$ 215.20	\$ 226.10	\$ 401.90	\$ 412.70
75-79	\$ 226.30	\$ 237.20	\$ 422.60	\$ 433.50
80-84	\$ 235.60	\$ 246.50	\$ 440.00	\$ 450.80
85-89	\$ 243.30	\$ 254.20	\$ 454.40	\$ 465.20

**COVERAGE CHOSEN:**

- Cancer policy or**
- Cancer 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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