



Outline of coverage

Protection SeriesSM –

Cancer Plus Insurance Plan

Policy Form CLICCAN18 NJ or CLICCANR18 NJ

Underwritten by

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

An Aetna Company

New Jersey

[AetnaSeniorProducts.com](https://www.aetna.com/seniorproducts)

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CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TENNESSEE

P.O. Box 14770
Lexington, KY 40512-4770
1-800-264-4000

LIMITED BENEFIT POLICY

CRITICAL ILLNESS COVERAGE ONLY

**OUTLINE OF COVERAGE FOR POLICY FORMS:
LIMITED BENEFIT CANCER POLICY FORM CLICCAN18 NJ
OR**

LIMITED BENEFIT CANCER POLICY WITH RECURRENCE BENEFIT FORM CLICCANR18 NJ

RETAIN THIS OUTLINE FOR YOUR RECORDS

This policy is an individual policy of insurance. This policy provides critical illness coverage ONLY. This policy does NOT provide comprehensive medical or hospital insurance, Medicare supplement insurance, long-term care insurance, nursing home insurance only, home health care insurance only, or nursing home and home care insurance. You may also contact your local social security office or this company and obtain a copy of the Guide to Health Insurance for People with Medicare.

BENEFIT DESCRIPTIONS

LIMITED BENEFIT CANCER POLICY FORM CLICCAN18 NJ

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 Benefits may be selected in \$1,000 increments from \$5,000 to the policy's maximum benefit level of \$75,000.

LIMITED BENEFIT CANCER POLICY WITH RECURRENCE BENEFIT FORM CLICCANR18 NJ

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. Benefits may be selected in \$1,000 increments from \$5,000 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.

RECURRENCE BENEFIT	
TIME PERIOD WITHOUT MEDICAL ADVICE OR TREATMENT 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 Cancer 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 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 any narcotics 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 and diseases 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 the 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 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 CLICAN18 NJ, the date when the Benefit Amount has been paid for all Insured Persons. For form CLICANR18 NJ, the date when the Cancer 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 Civil Union 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 NJ, on the date on which the Benefit Amount for that Insured Person has been paid. For form CLICANR18 NJ, 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 Civil Union Partner, on the date they no longer meet the eligibility requirements of a Civil Union 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. 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 Civil Union Partner will be considered the Policy Owner.

This outline of coverage is a very brief summary of your policy.

The policy itself sets forth the rights and obligations of both you and the insurance company. It is therefore imperative that you READ YOUR POLICY carefully.

The anticipated loss ratio for this policy is 60%. This ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this policy.

PREMIUM INFORMATION

**MAXIMUM BENEFITAMOUNT FOR THIS POLICY IS \$75,000 AND A MINIMUM OF \$5,000 PER INSURED.
ANNUAL PREMIUM FOR THE CANCER POLICY PER \$1,000 OF COVERAGE**

Policy Form CLICAN18 NJ				
Cancer Only per 1K				
Issue Age	Individual	Single Parent Family	Individual and Spouse	Family
18-24	\$ 5.90	\$ 7.90	\$11.10	\$ 13.10
25-29	\$ 5.90	\$ 7.90	\$11.10	\$ 13.10
30-34	\$ 5.90	\$ 7.90	\$11.10	\$ 13.10
35-39	\$ 6.90	\$ 8.80	\$13.00	\$ 14.90
40-44	\$ 9.90	\$ 11.90	\$18.50	\$ 20.50
45-49	\$ 13.80	\$ 15.60	\$25.60	\$ 27.50
50-54	\$ 18.20	\$ 20.00	\$33.80	\$ 35.80
55-59	\$ 22.90	\$ 24.90	\$42.80	\$ 44.80
60-64	\$ 28.10	\$ 29.90	\$52.40	\$ 54.30
65-69	\$ 32.60	\$ 34.40	\$60.70	\$ 62.70
70-74	\$ 36.50	\$ 38.40	\$68.10	\$ 70.10
75-79	\$ 38.50	\$ 40.40	\$71.90	\$ 73.80
80-84	\$ 40.30	\$ 42.10	\$75.10	\$ 77.00
85-89	\$ 42.10	\$ 44.00	\$78.70	\$ 80.50

**MAXIMUM BENEFITAMOUNT FOR THIS POLICY IS \$75,000 AND A MINIMUM OF \$5,000 PER INSURED.
ANNUAL PREMIUM FOR THE CANCER POLICY WITH RECURRENCE BENEFIT PER \$1,000 OF COVERAGE**

Policy Form CLICANR18 NJ				
Cancer With Recurrence Benefit per 1K				
Issue Age	Individual	Single Parent Family	Individual and Spouse	Family
18-24	\$ 6.70	\$9.10	\$12.50	\$14.90
25-29	\$ 6.70	\$9.10	\$12.50	\$14.90
30-34	\$ 6.70	\$9.10	\$12.50	\$14.90
35-39	\$ 7.70	\$10.00	\$14.30	\$16.70
40-44	\$ 10.90	\$13.30	\$20.40	\$22.80
45-49	\$ 14.90	\$17.30	\$27.70	\$30.10
50-54	\$ 19.50	\$21.90	\$36.40	\$38.70
55-59	\$ 24.80	\$27.20	\$46.20	\$48.60
60-64	\$ 30.60	\$33.00	\$57.10	\$59.50
65-69	\$ 35.50	\$38.00	\$66.30	\$68.80
70-74	\$ 39.50	\$41.80	\$73.70	\$76.00
75-79	\$ 41.50	\$43.90	\$77.40	\$79.90
80-84	\$ 43.20	\$45.50	\$80.60	\$83.10
85-89	\$ 44.60	\$47.00	\$83.30	\$85.70

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

