Application

Protection Series℠ – Cancer and Heart Attack or Stroke Insurance Plans

Underwritten by

An Aetna Company
Continental Life Insurance Company of Brentwood, Tennessee

California
Application for Cancer and Heart Attack or Stroke Insurance Plans
from Continental Life Insurance Company of Brentwood, Tennessee

Page 1 of 5

• Print clearly and use blue or black ink.
• Complete all required sections of the application. Any incomplete or missing information could delay processing of your application.

1. Proposed insured information

If policy is issued, the proposed insured will become the policy owner.

Write the birthdate that is on the birth certificate.

*Domestic partner means your same sex or opposite sex domestic partner or civil union partner as defined by applicable law.

Additional proposed insureds
Family members include spouse or domestic partner* and unmarried child(ren) under age 26.

Full name of spouse please print

Sex Birth date mm/dd/yyyy Age

Full name of child please print

Sex Birth date mm/dd/yyyy Age

For agent use only:

Mail policy to: ○ Agent ○ Applicant
2. Benefits information

Type of coverage selected:
○ Individual
○ Individual and spouse (or domestic partner)
○ Individual and child(ren)
○ Family

Plan selected: Benefit amount:
○ Cancer only $.............................
○ Cancer and heart attack or stroke $.............................

Optional benefit: Benefit amount:
○ Intensive care unit rider $.............................

Premium mode: Payment method:
○ Annual ○ Semi-annual ○ Quarterly ○ Monthly bank draft (electronic funds transfer or List Bill only)
○ Check ○ Electronic funds transfer ○ List Bill Billing file identifier

Premium collected: $.............................

PAINMENT MODES
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.

3. Health questions

COMPLETE THIS SECTION ONLY IF THIS IS AN APPLICATION FOR NEW BUSINESS OR REINSTATEMENT.

Answer all questions.
If any answers to questions in section 3 are “yes”, the application will be declined.

A. To the best of your knowledge, within the past 10 years, have you or any person applying for coverage under this policy:

1. Been diagnosed with or treated for or are currently seeking treatment by a medical professional including surgery, radiation or chemotherapy for leukemia, Hodgkin’s Disease, lymphoma, melanoma, sarcoma, myeloma, or any internal cancer? ○ Yes ○ No
2. Been tested to determine if you have any condition listed in question 1 above for which you have not received a diagnosis or treatment by a licensed medical professional? ○ Yes ○ No
3. Been treated for or been diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? ○ Yes ○ No

California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

B. Please answer the following questions if you or any person are applying for the Heart Attack or Stroke benefit or Intensive Care Unit Rider.

To the best of your knowledge, have you or any person applying for coverage:

1. Within the past 6 months, taken prescribed medication, been diagnosed with or treated by a medical professional for uncontrolled high blood pressure? ○ Yes ○ No
Health questions continued

2. Within the past 10 years, been diagnosed or treated by a medical professional for: any form of heart surgery, or heart related surgery, coronary artery surgery; or angioplasty, pacemaker or defibrillator installed, or arteriogram?  ○ Yes  ○ No

3. Within the past 10 years been diagnosed or treated for by a medical professional or taken prescribed medications for a disease of the circulatory system including but not limited to myocardial infarction or heart attack, angina, congestive heart failure, heart bypass, coronary artery disease, cardiomyopathy, ischemic heart disease, valvular heart disease or cerebrovascular disease including Transient Ischemic Attack (TIA) or stroke?  ○ Yes  ○ No

4. Within the last 6 months had a test with regards to any condition listed in section B of this application for which you have not received a diagnosis or treatment by a medical professional?  ○ Yes  ○ No

C. Please answer the following questions if you are applying for the Intensive Care Unit Rider:

1. To the best of your knowledge, within the past 10 years been diagnosed or treated for by a medical professional or taken prescribed medications for liver disease including but not limited to hemochromatosis and alpha-1 antitrypsin deficiency, or cirrhosis of the liver, chronic hepatitis, diabetes, disease of the kidneys including but not limited to nephropathy, glomerulonephritis, or polycystic kidney disease, or disease of the pancreas including but not limited to pancreatitis or pancreatic insufficiency?  ○ Yes  ○ No

2. Are you or any person applying for this Rider currently pregnant?  ○ Yes  ○ No

3. Are you or any person applying for coverage currently hospitalized, confined in a nursing home, or bedridden?  ○ Yes  ○ No

4. Within the last 2 years, have you or any person applying for coverage been hospitalized or treated in an emergency room more than 2 times?  ○ Yes  ○ No

5. Are you or any person applying for coverage currently confined to a wheelchair or need assistance in walking such as with a cane or walker?  ○ Yes  ○ No

6. Within the past 10 years been diagnosed or treated for by a medical professional or taken prescribed medications for Chronic Obstructive Pulmonary Disease (COPD), emphysema, cystic fibrosis, or status asthmaticus?  ○ Yes  ○ No

7. Within the past 10 years been diagnosed or treated for by a medical professional or taken prescribed medications for myotrophic lateral sclerosis (ALS, or Lou Gehrig’s disease) a traumatic brain injury, brain or neurologic diseases including but not limited to intracerebral hemorrhage, encephalitis, or huntington’s disease?  ○ Yes  ○ No

4. Other health insurance and replacement questions

All of the proposed insureds must have comprehensive health benefits from an individual or group health insurance policy or an HMO or employer plan providing essential health benefits as defined in federal law. You must complete this section indicating the comprehensive health plan type, policy number and company or you will not be eligible for this policy.

Do you have any other health insurance in force?  ○ Yes  ○ No

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<tr>
<th>Type of coverage</th>
<th>Policy number</th>
<th>Company</th>
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Is the policy being applied for intended to replace any other insurance?  ○ Yes  ○ No

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<tr>
<th>Type of coverage</th>
<th>Policy number</th>
<th>Company</th>
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5. Applicant

I hereby apply to Continental Life Insurance Company of Brentwood, Tennessee for a policy to be issued in reliance on my written answers to the questions on this application. I have read or had read to me the completed application and understand all statements and answers and certify that to the best of my knowledge and belief, they are true, complete and correctly recorded. I acknowledge that I have received an outline of coverage for the policy applied for, and if 65 years of age or older, A Guide to Health Insurance for People with Medicare and a Non-Duplication of Medicare Disclosure.

I agree (1) this application and any policy issued will constitute the entire contract of insurance and the Company will not be bound in any way by any statements, promises or information made or given by or to any agent or other person at any time unless the same is in writing and submitted to the Company at its Home Office and made a part of such contract. Only a Company Officer can make, modify or discharge contracts or waive any of the Company’s rights or requirements and then only in writing; and (2) this application shall not be approved until the first premium is paid, there has been no change in my health as stated in the application and a policy has been issued by the Company.

I understand and agree that, if I choose to pay my premium by electronic funds transfer (EFT) from my checking or savings account, I am accepting the terms and conditions of the EFT authorization attached to this application.

I understand that if any answers on this application are incorrect, incomplete or untrue, Continental Life Insurance Company of Brentwood, Tennessee has the right to adjust my premium, reduce my benefits or rescind the policy.

Any false statement in this application for insurance shall not bar the right to recovery under the policy unless the statement was made with actual intent to deceive or unless it materially affected either the acceptance of risk or the hazard assumed by the insurer.

I have completed section 4 of the application to indicate the comprehensive health plan I have in force and I understand that I am not eligible for this policy if the proposed insureds do not have comprehensive health benefits.

Do all of the proposed insureds have comprehensive health benefits from an individual or group health insurance policy or an HMO or employer plan providing essential health benefits as defined in federal law?  ○ Yes  ○ No

Applicant signature  Date signed

X

Spouse signature  If applicable  Date signed

X

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

6. Privacy notice

Although your application is our initial source of information, we may collect information including health history and medical records from persons other than you, and we may conduct a telephone interview with you. Continental Life Insurance Company of Brentwood, Tennessee, its affiliates, or its reinsurer(s) may also in certain circumstances release information collected by us to third parties without authorization from you. Upon written request, we will provide you with the information contained in your file. Medical information will be disclosed to you only through the medical professional you designate. Should you wish to request correction, amendment or deletion of any information in your file, which you believe inaccurate, please contact us and we will advise you of the necessary procedures.

7. Producer compensation

When you purchase insurance from us, we pay compensation to the licensed agent, who represents us for such limited purposes as taking your insurance application, collecting your initial premiums and delivering your policy, and to any intermediaries through which the licensed agent works. This compensation may include commissions when a policy is purchased or renewed, and fees for marketing and administrative services and educational opportunities. The compensation may vary by the type of insurance purchased, or the particular features included with your policy. Additionally, some licensed agents and/or their intermediaries may also receive discounts on their own policy premiums and bonuses, and incentive trips or prizes associated with sales contests based on sales criteria, such as the overall sales volume of an agent or intermediary with our Companies, or for the percentage of completed sales. Intermediaries may also pay compensation directly to the licensed agent. If the licensed insurance agent can sell insurance policies from other insurance carriers, those carriers may pay compensation that differs from ours.
8. Agent

All information **must** be completed.

Please list any other medical or health insurance policies sold to the Proposed Insured.

1. List policies sold which are still in force
   - 
   - 

2. List policies sold in the past 5 years which are no longer in force
   - 
   - 

I certify that:

1. I have accurately recorded the information supplied by the applicant.
2. The application was provided to the applicant to review and the applicant has been advised that any false statement or misrepresentation in the application may result in an adjustment of premium, reduction of benefits or rescission of the policy.
3. I have provided an outline of coverage for the policy applied for, and if 65 years of age or older, *A Guide to Health Insurance for People with Medicare* and a Non-Duplication of Medicare Disclosure to applicant prior to completing the application.

The writing number reflects where commissions will be paid.

<table>
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<tr>
<th>Agent name Printed</th>
<th>Writing number (agent or company)</th>
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<tr>
<th>Agent signature</th>
<th>State license ID number (for FL only)</th>
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<th>Phone</th>
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9. Agent request to split commissions

This section must be completed with this application in order to split commissions.

If this application results in an issued policy through Continental Life Insurance Company of Brentwood, Tennessee (CLI), the agents listed below have agreed to split the commissions earned on the policy.

- Both agents must be properly licensed and appointed with CLI in the policy’s state of issue.
- Split commissions are calculated as a percentage of commissionable premium and will apply while the policy remains inforce.
- The percentage of the premium split can be for any amount but must be stated in whole numbers and total 100%. (For example, the percentage for the premium split can be from 1% to 99% but cannot be 0% or 100%.)
- Calculation of each agent’s commissions are based on their respective CLI commission schedule.

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<th>Percentage</th>
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<tr>
<td>Secondary Agent</td>
<td>Writing number</td>
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By signing this form, the writing agent agrees to split his/her commission with the secondary agent as indicated above.

Writing Agent Signature

X
## Initial premium receipt

from Continental Life Insurance Company of Brentwood, Tennessee

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<th>Applicant name</th>
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<th>Date of application</th>
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Electronic funds transfer (EFT) draft amount

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<th>Initial modal premium collected/drafted</th>
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Electronic funds transfer (EFT) draft date

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This acknowledges receipt of the initial premium in connection with your application for a Continental Life Insurance Company of Brentwood, Tennessee Cancer or Cancer and Heart Attack or Stroke insurance policy.

Agent name | Printed | Phone
-------------|---------|-------

Signature of agent

X

- Payment will be refunded for any coverage not issued.
- A recorded telephone interview may be necessary as part of the underwriting on your application for insurance.
- All premium payments must be made payable to Continental Life Insurance Company of Brentwood, Tennessee.
- DO NOT make any check payable to the agent and do not leave the payee blank on the check.

A. If this payment equals the full, initial premium for the mode of premium payment selected by the applicant(s); and B. if the answers are true and correct in the application and if Continental Life Insurance Company of Brentwood, Tennessee issues a policy according to its rules, limits, and standards for the plan and amount applied for by the applicant(s); then this payment shall be applied to the payment of the first premium of the issued policy. No policy shall be effective until it has actually been issued by Continental Life Insurance Company of Brentwood, Tennessee.

Thank you for choosing
Continental Life Insurance Company of Brentwood, Tennessee!
Electronic Funds Transfer (EFT) Authorization
from Aetna Health and Life Insurance Company (AHLIC),
American Continental Insurance Company (ACI), and
Continental Life Insurance Company of Brentwood, Tennessee (CLI)

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• Please fill in all appropriate information and sign where necessary.
• Please print clearly using blue or black ink.
• Include a voided check and modal premium with this form.
• Keep a copy of this form for your records.
• Please check your banking statements for payment activity after signing up for EFT.

Account information

Insured’s name

Account owner name, if different than insured’s

Account owner relationship to proposed insured:

☐ Business owned by insured
☐ Living trust
☐ Employer
☐ Power of Attorney
☐ Conservator/guardian
☐ Family member; specify

Financial institution name

Financial institution address

☐ Checking
☐ Savings

Draft:

☐ Monthly
☐ Quarterly
☐ Semi-annually
☐ Annually

Routing number

Account number

Include a voided check with this form.

This is an example of a personal check. A business check may be different.

For all other checks, use the nine-character bank routing number, which appears between the symbols, usually at the bottom left corner of the check.

Electronic funds transfer (EFT) authorization

I understand and accept these terms and conditions:

• We are authorized to withdraw funds periodically from your account to pay insurance premiums for the insured.
• If your financial institution does not honor an EFT request, we will NOT consider your premium paid.
• If your financial institution does not honor an EFT request, we may make a second attempt within five business days.
• We have the right to end EFT payments at any time and bill you directly either quarterly or less frequently for premiums due.
• Information as to each EFT charge will be provided by entry on your account statement or by any other means provided by your financial institution.
• You will not receive premium notices from us.
• If you want to cancel or change this authorization, you must contact us at least three business days before a scheduled withdrawal.
• Any refund of unearned premium will be made to the policy owner or the policy owner’s estate.

Signature of account owner

Date

X