



**CONTINENTAL LIFE INSURANCE COMPANY  
OF BRENTWOOD, TENNESSEE**

101 CONTINENTAL PLACE • BRENTWOOD, TENNESSEE 37027 • PHONE (615) 377-1300

DATE \_\_\_\_\_

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ STATE SUPPLIES REQUESTED \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**INSTRUCTIONS FOR ORDERING SUPPLIES:**

Be specific as to **QUANTITY** and **DESCRIPTION**.  
If articles cannot be clearly identified, attach sample.  
One item per line.

Must use street address, **NOT a P. O. Box**

(UPS cannot deliver to P.O. Box)

**ORDERS CANNOT BE FILLED PROMPTLY UNLESS REQUISITION IS COMPLETED PROPERLY.**

**NOTE: MAKE COPY FOR YOUR RECORDS. SEND ALL ORDERS TO MARKETING FOR PROCESSING, OR FAX TO 615-377-1369 OR E-MAIL INFO@CONT-LIFE.COM**

**AGENTS SUPPLYING E-MAIL ADDRESS WILL BE NOTIFIED WHEN SUPPLIES ARE SHIPPED BY U.P.S.**

Writing  
Number:

Financial  
Number:

**HEALTH PLANS**

**MEDICARE SUPPLEMENT**

| QUANTITY | DESCRIPTION         |
|----------|---------------------|
|          | Brochure            |
|          | Application         |
|          | Outline of Coverage |
|          | Replacement Form    |
|          | Premium Rates       |

**Required Supplemental Forms By State**

| STATE    | FORM                         |           |
|----------|------------------------------|-----------|
| Florida  | Certification                | (LMK0665) |
| Illinois | Policy Check List            | (LMK0336) |
| Kentucky | Compare Statement            | (LMK0335) |
| Texas    | Acknowledgment of Non-Dup    | (LMK776)  |
| Texas    | Supplement to Med Supp App   | (LMK0281) |
| Virginia | Authorization                | (LMK0037) |
| Virginia | Notice of Attained Age Rates | (LMK0204) |
| Arizona  | Authorization                | (LPS104A) |
| Oklahoma | LHDISC                       | (LMK0062) |

**MEDICARE SELECT**

|  |   |           |
|--|---|-----------|
|  | Brochure                                    |           |
|  | Application                                 |           |
|  | Outline of Coverage/Rates                   |           |
|  | Replacement Form                            |           |
|  | Compare Statement (KY only)                 | (LMK0335) |
|  | Acknowledgment of Non-Duplication (TX only) | (LMK776A) |
|  | Certification (FL only)                     | (LMK0665) |
|  | Medicare Select Disclosure (SC only)        | (LMK0385) |
|  | Select Hospital List                        |           |

**GROUP MEDICARE SUPPLEMENT**

|  |   |           |
|--|---|-----------|
|  | Application                             |           |
|  | Outline of Coverage                     |           |
|  | Replacement Form                        |           |
|  | Association Application (if applicable) | (LMK0573) |

**BASICARE**

|  |                      |
|--|----------------------|
|  | Brochure/Application |
|  | Outline of Coverage  |
|  | DUP-9                |

**CANCER**

|  |   |
|--|---|
|  | CA-97 Cancer and Dread Disease (Ages 15-64) |
|  | Brochure                                    |
|  | Application / Rates                         |
|  | Outline of Coverage                         |

**CANCER (continued)**

|  |                         |           |
|--|-------------------------|-----------|
|  | CA-94 Issue Ages 0 - 64 |           |
|  | Brochure                |           |
|  | Application             |           |
|  | Rates                   | (LMK0114) |
|  | Outline of Coverage     |           |
|  | DUP-4                   | (LMK1595) |

**CA-2000 Issue Ages 0 - 59**

|  |                     |           |
|--|---------------------|-----------|
|  | Brochure            |           |
|  | Outline of Coverage |           |
|  | DUP-4               | (LMK1595) |

**CI-3000 Issue Ages 60 - 85**

|  |                     |           |
|--|---------------------|-----------|
|  | Brochure            |           |
|  | Outline of Coverage |           |
|  | DUP-4               | (LMK1595) |

**CANCER PLUS (Ages 18-79)**

|  |                     |           |
|--|---------------------|-----------|
|  | Brochure            |           |
|  | Application         |           |
|  | Outline of Coverage |           |
|  | DUP-4               | (LMK1595) |
|  | MIB                 | (LMK3382) |

**CHS-04 CANCER, HEART ATTACK & STROKE**

|  |                                     |           |
|--|-------------------------------------|-----------|
|  | Brochure / Application (Ages 0-60+) |           |
|  | Outline of Coverage                 |           |
|  | DUP-10                              | (LMK3388) |

**CAREPLUS**

|  |                     |           |
|--|---------------------|-----------|
|  | Brochure            |           |
|  | Application         |           |
|  | Outline of Coverage |           |
|  | Rate Sheet          | (LMK0121) |
|  | DUP-10              | (LMK3388) |
|  | MIB                 | (LMK3382) |

**COMFORT CARE**

|  |                      |
|--|----------------------|
|  | Brochure/Application |
|  | Outline of Coverage  |
|  | DUP-5                |

**HIS-96 CONTINENTAL CARE Hospital Indemnity**

|  |                        |           |
|--|------------------------|-----------|
|  | Brochure / Application |           |
|  | Outline of Coverage    |           |
|  | DUP-5                  | (LMK1596) |

**EXC-93 EXTRACARE Hospital / HomeCare Indemnity**

|  |                                |           |
|--|--------------------------------|-----------|
|  | Brochure / Rates / Application |           |
|  | Outline of Coverage            |           |
|  | DUP-6                          | (LMK1597) |

|  |   |
|--|---|
| <b>HC-96 HOME CARE Home Health Care Indemnity</b>  |   |
|  | Brochure/Application                              |
|  | Outline of Coverage                               |
|  | DUP-5 (LMK1596)                                   |
| <b>680 HOSPITAL PLUS Hospital Indemnity</b>        |   |
|  | Brochure / Rates / Application                    |
|  | Outline of Coverage                               |
|  | DUP-6 (LMK1597)                                   |
| <b>HSIP HOSPITAL AND SURGICAL INDEMNITY POLICY</b> |   |
|  | Brochure / Rates                                  |
|  | Application                                       |
|  | Outline of Coverage                               |
| <b>NURSING HOME CARE HNF-97</b>                    |   |
|  | Brochure / Rates / Application                    |
|  | Outline of Coverage                               |
| <b>OTHER FORMS</b>                                 |   |
|  | Catalog of Products (LMK0096B)                    |
|  | New Business Transmittal (white) (LMK0100)        |
|  | Advance Transmittal (green) (LMK0102)             |
|  | Supply Requisition Form (CLI0017)                 |
|  | Bank Draft Authorization                          |
|  | New Business Envelope                             |
|  | A.M. Best Brochure                                |
|  | "Your Security for Protection" Brochure (LMK0138) |
|  | HIPAA Form (LMK0324)                              |
|  | NAIC Guide to Medicare                            |
|  | CLi Story Brochure (LMK0066)                      |
|  | Health Replace (if Applicable)                    |
|  | Drug Information List (LMK0273)                   |

**Non-duplication forms, where required, will be shipped with all orders.**

| <b>LIFE PLANS</b> |  |
|-------------------|--|
| <b>QUANTITY</b>   | <b>DESCRIPTION</b>                           |
|                   | <b>ABC PLAN</b>                              |
|                   | Brochure                                     |
|                   | Application/Rates                            |
|                   | <b>E-Z LIFE</b>                              |
|                   | Brochure / Rates / Application               |
|                   | Money Purchase Form (LMK0048)                |
|                   | <b>E-Z LIFE MODIFIED</b>                     |
|                   | Brochure / Rates / Application               |
|                   | <b>FAMILY TERM LIFE</b>                      |
|                   | Brochure / Rates                             |
|                   | Application                                  |
|                   | Underwriting Guide (LMK1973)                 |
|                   | <b>FOUR-STAR TERM</b>                        |
|                   | Brochure                                     |
|                   | Application                                  |
|                   | Rates and Field Underwriting Guide (LMK3023) |
|                   | Conditional Receipt (LUN004)                 |
|                   | <b>FUTURE EXECUTIVE</b>                      |
|                   | Brochure / Rates / Application               |
|                   | <b>GOLDEN CHOICES</b>                        |
|                   | Brochure / Rates / Application               |
|                   | <b>L-100 SELECT RISK Issue Ages 0 -59</b>    |
|                   | Brochure / Rates                             |
|                   | Application                                  |
|                   | Table of Cash Values (LMK1462)               |
|                   | <b>LIFE MADE EASY</b>                        |
|                   | Brochure / Rates / Application               |
|                   | <b>THE MEMORIAL PLAN</b>                     |
|                   | Brochure / Application                       |
|                   | <b>SAFEGUARD</b>                             |
|                   | Brochure / Rates / Application               |
|                   | Underwriting Guide (LMK3475)                 |
|                   | <b>SELECT LIFE</b>                           |
|                   | Brochure / Rates / Application               |
|                   | Select Life Underwriting Guide (LUN109)      |
|                   | <b>MISCELLANEOUS LIFE FORMS</b>              |
|                   | Drug Information List (LMK0273)              |
|                   | Pre-Planning Memorial Guide (LMK1999)        |
|                   | Life Replacement                             |
|                   | Claim Form                                   |
|                   | QuickCash Benefit (LMK0228)                  |

**Life Insurance Buyer's Guide is included with all life supply orders (LMK0049)**

**COMMENTS:**

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