

Did you know?

THE RISKS

- Men have nearly a 1-in-2 lifetime risk of developing cancer. Women have a 1-in-3 lifetime risk.¹
- This year an estimated 770,000 Americans will have a new heart attack.²
- On average, every 40 seconds someone in the United States has a stroke.³

THE COSTS

- The total overall cost of cancer in 2007 was \$219.2 billion.⁴
- The estimated direct and indirect 2008 cost of coronary heart disease is \$156.4 billion.⁵
- The estimated direct and indirect cost of stroke for 2008 is \$65.5 billion.⁶



¹ American Cancer Society, *Cancer Facts & Figures 2008, 2008*, p.1.

² American Heart Association/American Stroke Association, *Heart Disease and Stroke Statistics, 2008 Update (At-a-Glance Version)*, p.12.

³ *Ibid*, p.15.

⁴ American Cancer Society, *Cancer Facts & Figures 2008, 2008*, p.3.

⁵ American Heart Association/American Stroke Association, *Heart Disease and Stroke Statistics, 2008 Update (At-a-Glance Version)*, p.14.

⁶ *Ibid*, p.17.

The above facts represent the U.S. population, are for information only and do not imply coverage under the policy or endorsement of the company or the policy by the people and organizations above.

This brochure is not the contract and is only intended to be a brief, general description of coverage. The benefits described are contained in policy form CIC1039 (including state variations) and have limitations. For costs and complete details of coverage, contact your agent.

Limitations and exclusions

Benefits will not be paid for loss contributed to, caused by or resulting from having or being diagnosed with any other disease, sickness or incapacity, even if the disease or condition was caused, complicated or aggravated by the specified critical illness;¹ diagnosis of a specified critical illness during the waiting period (the waiting period is the first 30 days following the effective date of coverage); participating or attempting to participate in an illegal act or working at an illegal job; being legally intoxicated or so intoxicated that mental or physical abilities are seriously impaired, being under the influence of any illegal drugs or being under the influence of a narcotic, unless such narcotic is taken under the direction of and as directed by a physician; injuring or attempting to injure yourself intentionally, regardless of mental capacity; committing or attempting to commit suicide, regardless of mental capacity; participating in any sporting event for pay or prize money; being exposed to war or any act of war, declared or not, or participating in or contracting with the armed forces (including Coast Guard) of any country or international authority; and alcoholism, drug abuse or chemical dependency.

No benefits are payable for a pre-existing condition during the first twelve (12) months after the effective date of coverage. A pre-existing condition is defined as the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12)-month period preceding the effective date of coverage of the insured, or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a twelve (12)-month period preceding the effective date of coverage. A pre-existing condition can exist even though a diagnosis has not yet been made.

Critical Illness without cancer coverage and Critical Illness with cancer coverage: Heart attack does not include any other disease or injury involving the cardiovascular system; cardiac arrest not caused by a myocardial infarction is not a heart attack. Heart attacks or strokes occurring during or as the result of any medical procedures are not covered. Renal failure caused by a traumatic event, including surgical trauma, is not covered.

¹ Not applicable in South Carolina and Wisconsin.

Policy form series: CIC1039 (with state variations)

Rider form series: R1022CV

CONSECO INSURANCE COMPANY
Administrative Office
11825 N. Pennsylvania Street
Carmel, IN 46032

CIC-CS-CB-CV (08/08) 131059
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CONSECO INSURANCE COMPANY
A life and health insurance company

conseco
critical
solutionsSM

CRITICAL ILLNESS
SUPPLEMENTAL
HEALTH INSURANCE

Protecting your
family, finances
and future.

CIC-CS-CB-CV

Day-to-day life is complicated enough all on its own. So when you're facing the extra stress of a critical illness, you need to keep your financial worries to a minimum. You need the assurance of a supplemental health insurance policy that helps protect your family, finances and future.

Conseco Critical Solutions can provide you benefits to help with the expenses associated with a critical illness diagnosis and treatment.

Selecting the right coverage level is easy:

STEP 1: CHOOSE FROM THREE COVERAGES.

1. **Critical Illness cancer only** provides payment upon diagnosis of cancer.
2. **Critical Illness without cancer** provides payment upon diagnosis of heart attack, stroke or end-stage renal failure.
3. **Critical Illness with cancer** provides payment upon diagnosis of cancer, heart attack, stroke or end-stage renal failure.

STEP 2: CHOOSE FROM TWO BENEFIT OPTIONS.

1. **Option A** offers you a lump-sum benefit payment of \$10,000 to \$70,000.
2. **Option B** offers you a lump-sum payment of \$10,000 to \$70,000—plus additional indemnity benefits to help provide extra security if you're treated for a covered critical illness.

CHOOSE THE CASH VALUE RIDER,
AN OPTIONAL BENEFIT THAT WILL RETURN
YOUR PREMIUMS TO YOU.

How would you pay for out-of-pocket expenses associated with a critical illness?

If you're like many people, you have just a few options:

- Spend your savings.
- Sell your assets.
- Buy supplemental insurance to protect your family, finances and future.

Conseco Critical Solutions	OPTION A	OPTION B
Lump-sum benefit	✓	✓
Wellness benefit		✓
Hospital confinement		✓
Consultation benefit		✓
Radiation and chemotherapy*		✓
Optional Cash Value rider	✓	✓

Premium amounts will vary based upon the coverage, option and lump-sum benefit amount selected.

**Not applicable to the Critical Illness without cancer coverage.*

With Conseco Insurance Company, your supplemental coverage includes these important assurances:

- Your benefits are **paid directly to you** or to whomever you choose (unless otherwise required).
- Your benefits are **paid regardless** of any other insurance you carry.
- Your rates **cannot be increased** unless all rates of that kind are raised in your state.
- Your policy is **guaranteed renewable for life** as long as premiums are paid when due.
- Only you can cancel your coverage.

Benefit descriptions

LUMP-SUM BENEFIT

- \$10,000, \$20,000, \$30,000, \$40,000, \$50,000, \$60,000 or \$70,000

This benefit is paid when an insured person is first diagnosed with cancer (except skin cancer), heart attack, stroke or end-stage renal failure, based on the coverage you've selected, with acceptable proof of diagnosis. This benefit is payable only once for each insured, and premiums are based on the benefit level selected. Coverage for child(ren) is available at \$10,000.

WELLNESS BENEFIT

- \$50 per year for Critical Illness cancer only coverage or Critical Illness without cancer coverage
- \$100 per year for Critical Illness with cancer coverage

After a 30-day waiting period, this benefit will be paid to the insured for covered screenings. Covered screenings will vary based on the coverage you've selected. The policy contains a complete list of covered screenings. This preventive benefit is limited to one test per person per calendar year. Payment of this benefit does not require a diagnosis of cancer, heart attack, stroke or end-stage renal failure.

HOSPITAL CONFINEMENT (INCLUDES U.S. GOVERNMENT HOSPITALS)¹

- \$200 per day, 1–30 days
- \$400 per day, 31+ days

Benefits are paid for each day an insured is confined to a hospital due to diagnosis of cancer, heart attack, stroke or end-stage renal failure, based on the coverage you've selected.

CONSULTATION BENEFIT

- \$250 per specified critical illness diagnosis

This benefit is payable when you are diagnosed with cancer, heart attack, stroke or end-stage renal failure (one time, depending on the coverage selected) and consult a physician or alternative care practitioner for a treatment plan.

¹ A hospital is not a bed, unit or facility that functions as a/an: skilled nursing facility; nursing home; extended care facility; convalescent home; rest home or home for the aged; sanatorium; rehabilitation center; place primarily providing care for alcoholics or drug addicts; or facility for the care and treatment of mental disease or mental disorders.

² In Kansas, a benefit is payable for a drug or treatment that has not yet been approved by the FDA for cancer treatment, but has been recognized as a cancer treatment in standard medical references as defined in the policy.

RADIATION AND CHEMOTHERAPY

\$200 per day or \$200 per drug

This benefit is payable when a physician prescribes radiation or chemotherapy as part of a cancer treatment plan. Treatment may be performed on an inpatient or outpatient basis. At the time of administration, these treatments must be fully or investigationally approved for the treatment of cancer by the U.S. Food and Drug Administration.²

- **Radiation: \$200 per day**
- **Chemotherapy (injected by medical personnel): \$200 per day**

Injections must be made by medical personnel in a physician's office, clinic or hospital.

- **Chemotherapy (self-administered): \$200 per drug**

This benefit is limited to a monthly maximum of \$1,600.

CASH VALUE RIDER (form R1022CV)

Choose a benefit that can return your premiums back to you. With the Cash Value (CV) rider, you can receive a check for all premiums paid—minus claims incurred—every 25 years (or on the rider anniversary date following your 75th birthday, if that comes sooner).

You're only required to keep your policy and this rider in force until maturity. When your money is returned, you can continue your coverage...and collect again. (Beginning with the sixth year, upon surrender of the policy, you will receive a percentage of premiums paid, minus claims incurred. The longer your rider is in force, the larger this percentage becomes.)

If you are aged 60 or older when you begin a cash-value period, and you have kept your policy and rider in force, you receive all premiums paid—minus any claims incurred—at the end of every 15 years.

There is an additional cost for this optional rider. This rider is available through age 74 and is based on the policyowner's age at issue. State abbreviations may apply to the rider form number when used. This rider is not available with policies purchased as part of a Section 125 plan.

In Wisconsin, if total benefits paid for claims during a cash value period would exceed the cash value maturity benefit payable on the maturity date, then a new cash value period will begin on the next rider anniversary date following the date benefits paid for claims exceed the cash value maturity benefit. The length of the new cash value period will be based on your attained age, as defined in the rider.

(Magenta rule represents pocket when finished.)

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Die lines for placement only. Do NOT print.



Application to: Conseco Insurance Company
11825 North Pennsylvania Street • Carmel, Indiana 46032

SECTION I

Is this a reinstatement? Yes [] No [] Is this an upgrade of existing coverage? Yes [] No []

Is this a guaranteed conversion? Yes [] No []

If "Yes" to any of the above, provide existing policy number: _____

Requested Effective Date: _____

SECTION II

Please Print Primary Applicant's Name (First, Middle Initial, Last) Height Weight

(Applicant) Date of Birth (mm/dd/yy) Age Social Security Number (Area Code) Phone Number
[] Male [] Female

Spouse's Name(if applying for spouse insurance) (First, Middle Initial, Last) Height Weight

(Spouse) Date of Birth (mm/dd/yy) Age Social Security Number If applying for Child(ren) Insurance, complete Section IV.
[] Male [] Female

Applicant's Street Address

City State Zip Code

E-mail Address:

SECTION III If you are applying through a guaranteed conversion, please answer only questions 1 and 2.

Please answer the questions below for the type of insurance being applied for:
For All Insurance Applied For:
1. Will this insurance replace any accident and sickness insurance currently in force with us or another company for any person to be insured?
2. Have you or anyone to be covered used any tobacco products in the past 10 years?
3. In the past 10 years, have you or anyone proposed for coverage been treated for or diagnosed by a physician as having Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?

For Cancer Coverage.
4. Has any person proposed for coverage had within the past 5 years: cancer or any malignancy which includes: carcinoma, sarcoma, Hodgkin's disease, leukemia, lymphoma, malignant tumor, cirrhosis, hepatitis B or C, blood disorder, emphysema, or chronic obstructive pulmonary disease (COPD)?
5. Within the last 5 years, has anyone to be covered been treated for or diagnosed as having a pre-leukemic condition, a pre-malignant condition or a condition with malignant potential?

For Heart Attack, Stroke, End-Stage Renal Failure Coverage.

6. Has any person proposed for coverage had within the past 5 years:
heart attack, heart disease, heart surgery, congestive heart failure, angina or prescribed nitroglycerin, any other abnormality of the heart including coronary artery disease, peripheral vascular disease, stroke, transient ischemic attack, or any other cerebrovascular disease, any abnormal kidney function, kidney disease, renal failure or insufficiency, required dialysis, diabetes, spina bifida, lupus, or sickle cell anemia?
7. Has any person proposed for coverage had a blood pressure reading in the last 6 months of greater than 150 systolic or 95 diastolic?
- If "Yes" to question 6 or 7, the named individual(s) is not eligible for coverage. Please list individual(s) name: _____
- _____

Yes No

Yes No

SECTION IV Dependent Child Coverage (Please Print and fill out completely)
(Each Child to be insured must meet policy eligibility requirements)

Name	Child(ren) Relationship to Primary Applicant	Date of Birth

Check here if additional space is needed and attach separate sheet.

SECTION V

Coverage Selection:

Critical Illness Cancer Only Coverage Critical Illness without Cancer Coverage Critical Illness with Cancer Coverage

Coverage Option: Option A Option B

Coverage Level:

\$10,000 \$20,000 \$30,000 \$40,000 \$50,000 \$60,000 \$70,000

Optional Rider:

Cash Value *not available with Section 125

Payment Mode:	Premium Total:
<p>Current Direct Bill Options:</p> <p><input type="checkbox"/> Monthly Bank Draft</p> <p><input type="checkbox"/> Semi-Annual</p> <p><input type="checkbox"/> Annual</p> <p>Current Payroll Bill Options:</p> <p><input type="checkbox"/> Payroll deduction</p> <p><input type="checkbox"/> Federal Allotment</p> <p>Payroll Deduction Frequency:</p> <p><input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52</p> <p><input type="checkbox"/> Section 125</p> <p>Monthly Bank Draft is the only mode available on the following:</p> <p><input type="checkbox"/> Credit Union Account Number _____</p> <p><input type="checkbox"/> Employee Non-payroll Account Number _____</p>	<p>Applicant Premium \$ _____</p> <p>Spouse Premium \$ _____</p> <p>Child(ren) Premium \$ _____</p> <p>Optional Rider \$ _____</p> <p>Total \$ _____</p> <p>Amount Collected \$ _____</p> <p><input type="checkbox"/> Draft initial premium payment (an "Authorization to Draft Initial Premium" form must be completed.)</p> <p><input type="checkbox"/> Check remitted with application</p> <p>*All checks should be payable to: Conseco Insurance Company</p>
Special Instructions:	

SECTION VI

Applicant's Statement: I have read or have had read to me, the completed application; all representations are true and complete. I understand that: any false statements or misrepresentations in this application may result in loss of insurance if such false statement materially affected either the acceptance of the risk or the hazard assumed by the Company. The agent has no authority to approve the application, change the policy or waive any policy provisions. For ages 65 and above, I have received the booklet containing insurance advice for people eligible for Medicare. Additionally, I acknowledge that I have received an Outline of Coverage. **No coverage will be effective until all eligibility requirements are met and until the later of: (1) the Effective Date as shown on the Policy Schedule, if issued; or (2) the date the first premium is accepted by Conseco Insurance Company.**

WARNING: Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Date: _____ Signature of Applicant: _____

Where Signed: _____
(City, State)

This Section to be Completed by Agent: I hereby certify that I have explained to the applicant all exceptions and limitations pertaining to the insurance applied for, including any concerning pre-existing conditions. I hereby certify that I have truthfully and accurately recorded in this application the information supplied by the applicant. I further certify that I am a licensed agent in the state where this application is being solicited by me and signed by the applicant.

Date: _____ Signature of Agent: _____

Agency: _____ Agent Number: _____

Agent's E-mail address: _____

Agent's Phone Number: _____

Mail to Policyholder

Mail to Agent

CRITICAL ILLNESS CANCER ONLY – OPTION A ANNUAL PREMIUMS

Base premium rates¹

Policy form CIC1039

FOR EACH \$10,000 LUMP-SUM INCREMENT:

Issue age	Nontobacco	Tobacco
18-39	\$49.20	\$73.20
40-49	\$115.20	\$170.40
50-59	\$198.00	\$292.80
60-64	\$273.60	\$404.40
65-69	\$318.00	\$469.20
70-74	\$351.60	\$519.60
75-79	\$373.20	\$552.00
80-85	\$386.40	\$571.20
CHILD(REN) ²	\$12.00	\$12.00

Premium rates with Cash Value¹

Policy form CIC1039 (ROP form R1022CV)

FOR EACH \$10,000 LUMP-SUM INCREMENT:

Issue age	Nontobacco	Tobacco
18-39	\$88.80	\$130.80
40-49	\$210.00	\$309.60
50-59	\$349.20	\$514.80
60-64	\$493.20	\$727.20
65-69	\$572.40	\$843.60
70-74	\$633.60	\$936.00
CHILD(REN) ²	\$21.60	\$21.60

CRITICAL ILLNESS CANCER ONLY – OPTION B ANNUAL PREMIUMS

ADD THIS FLAT RATE TO YOUR OPTION A TOTAL FOR EACH INDIVIDUAL

Base premium rates¹

Policy form CIC1039

FOR PLAN B INDEMNITY BENEFITS (LUMP-SUM NOT INCLUDED):

Issue age	Nontobacco	Tobacco
18-39	\$64.80	\$76.80
40-49	\$97.20	\$124.80
50-59	\$130.80	\$174.00
60-64	\$157.20	\$211.20
65-69	\$165.60	\$223.20
70-74	\$180.00	\$243.60
75-79	\$192.00	\$260.40
80-85	\$196.80	\$268.80
CHILD(REN)	\$6.00	\$6.00

Premium rates with Cash Value¹

Policy form CIC1039 (ROP form R1022CV)

FOR PLAN B INDEMNITY BENEFITS (LUMP-SUM NOT INCLUDED):

Issue age	Nontobacco	Tobacco
18-39	\$115.20	\$138.00
40-49	\$175.20	\$225.60
50-59	\$234.00	\$309.60
60-64	\$283.20	\$380.40
65-69	\$298.80	\$402.00
70-74	\$324.00	\$438.00
CHILD(REN)	\$10.80	\$10.80

CRITICAL ILLNESS WITHOUT CANCER – OPTION A ANNUAL PREMIUMS

Base premium rates¹

Policy form CIC1039

FOR EACH \$10,000 LUMP-SUM INCREMENT:

Issue age	Nontobacco	Tobacco
18-39	\$30.00	\$44.40
40-49	\$68.40	\$100.80
50-59	\$111.60	\$164.40
60-64	\$139.20	\$205.20
65-69	\$154.80	\$228.00
70-74	\$180.00	\$266.40
75-79	\$207.60	\$307.20
80-85	\$234.00	\$345.60
CHILD(REN) ²	\$6.00	\$6.00

Premium rates with Cash Value¹

Policy form CIC1039 (ROP form R1022CV)

FOR EACH \$10,000 LUMP-SUM INCREMENT:

Issue age	Nontobacco	Tobacco
18-39	\$54.00	\$78.00
40-49	\$122.40	\$181.20
50-59	\$199.20	\$292.80
60-64	\$250.80	\$370.80
65-69	\$278.40	\$410.40
70-74	\$325.20	\$480.00
CHILD(REN) ²	\$10.80	\$10.80

CRITICAL ILLNESS WITHOUT CANCER – OPTION B ANNUAL PREMIUMS

ADD THIS FLAT RATE TO YOUR OPTION A TOTAL FOR EACH INDIVIDUAL

Base premium rates¹

Policy form CIC1039

FOR PLAN B INDEMNITY BENEFITS (LUMP-SUM NOT INCLUDED):

Issue age	Nontobacco	Tobacco
18-39	\$46.80	\$50.40
40-49	\$62.40	\$74.40
50-59	\$81.60	\$102.00
60-64	\$99.60	\$128.40
65-69	\$109.20	\$141.60
70-74	\$127.20	\$169.20
75-79	\$145.20	\$194.40
80-85	\$150.00	\$202.80
CHILD(REN)	\$3.60	\$3.60

Premium rates with Cash Value¹

Policy form CIC1039 (ROP form R1022CV)

FOR PLAN B INDEMNITY BENEFITS (LUMP-SUM NOT INCLUDED):

Issue age	Nontobacco	Tobacco
18-39	\$82.80	\$91.20
40-49	\$111.60	\$133.20
50-59	\$146.40	\$182.40
60-64	\$178.80	\$231.60
65-69	\$195.60	\$255.60
70-74	\$229.20	\$303.60
CHILD(REN)	\$6.00	\$6.00

CRITICAL ILLNESS WITH CANCER – OPTION A ANNUAL PREMIUMS

Base premium rates¹

Policy form CIC1039

FOR EACH \$10,000 LUMP-SUM INCREMENT:

Issue age	Nontobacco	Tobacco
18-39	\$76.80	\$112.80
40-49	\$176.40	\$259.20
50-59	\$294.00	\$434.40
60-64	\$392.40	\$579.60
65-69	\$448.80	\$661.20
70-74	\$506.40	\$746.40
75-79	\$554.40	\$817.20
80-85	\$594.00	\$876.00
CHILD(REN) ²	\$18.00	\$18.00

Premium rates with Cash Value¹

Policy form CIC1039 (ROP form R1022CV)

FOR EACH \$10,000 LUMP-SUM INCREMENT:

Issue age	Nontobacco	Tobacco
18-39	\$136.80	\$200.40
40-49	\$318.00	\$469.20
50-59	\$520.80	\$769.20
60-64	\$706.80	\$1,042.80
65-69	\$806.40	\$1,191.60
70-74	\$910.80	\$1,344.00
CHILD(REN) ²	\$32.40	\$32.40

CRITICAL ILLNESS WITH CANCER – OPTION B ANNUAL PREMIUMS

ADD THIS FLAT RATE TO YOUR OPTION A TOTAL FOR EACH INDIVIDUAL

Base premium rates¹

Policy form CIC1039

FOR PLAN B INDEMNITY BENEFITS (LUMP-SUM NOT INCLUDED):

Issue age	Nontobacco	Tobacco
18-39	\$109.20	\$127.20
40-49	\$158.40	\$198.00
50-59	\$212.40	\$274.80
60-64	\$255.60	\$338.40
65-69	\$273.60	\$363.60
70-74	\$306.00	\$411.60
75-79	\$334.80	\$453.60
80-85	\$345.60	\$470.40
CHILD(REN)	\$8.40	\$8.40

Premium rates with Cash Value¹

Policy form CIC1039 (ROP form R1022CV)

FOR PLAN B INDEMNITY BENEFITS (LUMP-SUM NOT INCLUDED):

Issue age	Nontobacco	Tobacco
18-39	\$195.60	\$226.80
40-49	\$285.60	\$356.40
50-59	\$378.00	\$489.60
60-64	\$459.60	\$608.40
65-69	\$492.00	\$655.20
70-74	\$550.80	\$740.40
CHILD(REN)	\$15.60	\$15.60

HEIGHT AND WEIGHT CHART

Height	Minimum	Maximum
Up to 4'10	79	199
4'11	81	205
5'0	84	212
5'1	86	220
5'2	90	227
5'3	93	234
5'4	96	242
5'5	98	249
5'6	101	257
5'7	104	265
5'8	107	273
5'9	110	281
5'10	113	289
5'11	116	298
6'0	120	306
6'1	124	315
6'2	127	323
6'3	131	332
6'4	134	341
6'5	137	350
6'6	141	359
6'7	145	368
6'8	148	378
6'9 or taller	152	387

THIS CHART IS NOT A REQUIREMENT FOR CRITICAL ILLNESS CANCER ONLY COVERAGE.

DIRECT:

SEMI-ANNUALLY = 0.5 * ANNUAL | MONTHLY PAC = 0.08333 * ANNUAL

PAYROLL:

09-PAY = 0.11111 * ANNUAL 24-PAY = 0.04167 * ANNUAL
 10-PAY = 0.1 * ANNUAL 26-PAY = 0.03846 * ANNUAL
 13-PAY = 0.07692 * ANNUAL 52-PAY = 0.01923 * ANNUAL

¹ Total premium must be greater than or equal to \$180.00/yr.

² Coverage for child(ren) is a \$10,000 lump-sum, regardless of adult lump-sum amount.

For agent information only. Not for public use.

CONSECO INSURANCE COMPANY
 Administrative Office
 11825 N. Pennsylvania Street
 Carmel, IN 46032

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CONSECO[®]
 Step up.

CONSECO INSURANCE COMPANY

**AUTHORIZATION FOR UNDERWRITING PURPOSES
Pursuant to the HIPAA Privacy Rule §164.508(c)**

I, the undersigned, authorize any licensed physician, medical practitioner, hospital, clinic, medical or medical related facility, the Veteran's Administration, insurance company, the Medical Information Bureau, Inc. (MIB), employer or Government agency to disclose personal information about me as described below.

This authorization was prepared by Conseco Insurance Company for purposes of obtaining personal information necessary to underwrite the application for insurance submitted with this authorization. The information subject to this authorization is any and all health information being requested by Conseco Insurance Company for the purpose stated above as well as any information provided to them or their affiliated insurance companies on any previous applications. The information covered by this authorization does not include psychotherapy notes but does include information about drug abuse, alcoholism, and mental illness. In addition, the information covered by this authorization does include any such information that has been restricted by my request.

Persons or entities employed by or authorized by Conseco Insurance Company to perform tasks related to the underwriting process are hereby authorized to use the personal information covered by this authorization. I understand that if the person or entity that receives this information is not a health care provider or health plan covered by federal privacy regulations, the information will likely no longer be protected by the federal privacy regulations and may be subject to redisclosure. However, I further understand that all such persons or entities have signed agreements to protect said information.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken by Conseco Insurance Company, or, so long as Conseco Insurance Company has a legal right to contest the coverage or a claim under the coverage. Revocation requests must be sent in writing to:

ATTN: Privacy Office
Conseco Insurance Company
PO Box 1916
Carmel, Indiana 46082-1916

I understand that my application for insurance can be declined if I choose not to sign this authorization. This authorization is valid for a period of twenty-four months from the date of my signature. A copy of this authorization may be used in place of the original. If this authorization is for someone other than myself, that individual and my authority to act on his/her behalf are explained below.

(Please Print) Name of Individual Whose Information is Covered By This Authorization

Signature of Individual and Date

(Please Print) Name of Representative with authority to act on behalf of the Individual Whose Information Is Covered By This Authorization

Relationship of Representative to Individual

Signature of Representative and Date

APPLICANT COPY

CONSECO INSURANCE COMPANY

**AUTHORIZATION FOR UNDERWRITING PURPOSES
Pursuant to the HIPAA Privacy Rule §164.508(c)**

I, the undersigned, authorize any licensed physician, medical practitioner, hospital, clinic, medical or medical related facility, the Veteran's Administration, insurance company, the Medical Information Bureau, Inc. (MIB), employer or Government agency to disclose personal information about me as described below.

This authorization was prepared by Conseco Insurance Company for purposes of obtaining personal information necessary to underwrite the application for insurance submitted with this authorization. The information subject to this authorization is any and all health information being requested by Conseco Insurance Company for the purpose stated above as well as any information provided to them or their affiliated insurance companies on any previous applications. The information covered by this authorization does not include psychotherapy notes but does include information about drug abuse, alcoholism, and mental illness. In addition, the information covered by this authorization does include any such information that has been restricted by my request.

Persons or entities employed by or authorized by Conseco Insurance Company to perform tasks related to the underwriting process are hereby authorized to use the personal information covered by this authorization. I understand that if the person or entity that receives this information is not a health care provider or health plan covered by federal privacy regulations, the information will likely no longer be protected by the federal privacy regulations and may be subject to redisclosure. However, I further understand that all such persons or entities have signed agreements to protect said information.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken by Conseco Insurance Company, or, so long as Conseco Insurance Company has a legal right to contest the coverage or a claim under the coverage. Revocation requests must be sent in writing to:

ATTN: Privacy Office
Conseco Insurance Company
PO Box 1916
Carmel, Indiana 46082-1916

I understand that my application for insurance can be declined if I choose not to sign this authorization. This authorization is valid for a period of twenty-four months from the date of my signature. A copy of this authorization may be used in place of the original. If this authorization is for someone other than myself, that individual and my authority to act on his/her behalf are explained below.

(Please Print) Name of Individual Whose Information is Covered By This Authorization

Signature of Individual and Date

(Please Print) Name of Representative with authority to act on behalf of the Individual Whose Information Is Covered By This Authorization

Relationship of Representative to Individual

Signature of Representative and Date

ADMINISTRATIVE OFFICE COPY

RATE WORKSHEET

Coverage

- Critical Illness cancer only Critical Illness without cancer
 Critical Illness with cancer

Rider

- Base rates Base rates with 100% ROP Base rates with 50% ROP
 Base rates with CV

Option A

Primary Age (____) Tobacco/Nontobacco
Annual premium \$ _____
+

Spouse Age (____) Tobacco/Nontobacco
Annual premium \$ _____
=

Subtotal \$ _____
x
Lump-sum increments
(7 increments for \$70,000) _____
=

Subtotal \$ _____
+

Child(ren) Annual premium (flat rate) \$ _____
=

Option A annual premium \$ _____

Option B

Option B indemnity benefits

Primary Age (____) Tobacco/Nontobacco
Annual premium \$ _____
+

Spouse Age (____) Tobacco/Nontobacco
Annual premium \$ _____
+

Child(ren) Annual premium (flat rate) \$ _____
=

Option B additional premium (if selected) \$ _____
(\$180.00 minimum) Total annual premium \$ _____

Payment mode

<input type="checkbox"/> Monthly	0.08333	<input type="checkbox"/> 13-pay	0.07692
<input type="checkbox"/> Semiannually	0.50000	<input type="checkbox"/> 24-pay	0.04167
<input type="checkbox"/> 9-pay	0.111110	<input type="checkbox"/> 26-pay	0.03846
<input type="checkbox"/> 10-pay	0.10000	<input type="checkbox"/> 52-pay	0.01923

Total annual premium x payment mode = \$ _____

Option A

Option B

Payment mode

*Policy form series: CIC1039
Rider form series:
R1022ROP, R1041ROP and R1022CV
Availability may vary by state.*

CONSECO INSURANCE COMPANY
Administrative Office
11825 N. Pennsylvania Street
Carmel, IN 46032

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Pharmacy	Meijer	Wal-Mart
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