



Your Conversion Privilege

This brochure describes the plan of **Accidental Death and Dismemberment Insurance** available to insured persons who desire to convert their group accidental death and dismemberment benefits.

An enrollment form and complete instructions on how to enroll for the conversion insurance are included.

Who Can Convert

The right to convert group or blanket accidental death and dismemberment benefits to conversion insurance providing accidental death and dismemberment benefits issued by Continental Casualty Company is available to all previously covered persons under age 80. Termination of such persons' participation under the group plan must be for reasons other than:

1. Non-payment of premium; or
2. The termination of the policy (or class of eligible persons under the policy) when the terminated coverage is replaced within 31 days by similar coverage under an insurance policy sponsored or arranged by the Holder of such previous group or blanket policy.

General Information About the Policy

Persons enrolling under the conversion policy may also cover each eligible family member who was insured under the group or blanket policy at the time of termination. New or other family members are not eligible. Eligible family members are:

1. The spouse, under age 80; and
2. The unmarried dependent children through age 18 (through 22 years if attending college or other school on a full-time basis).

A person may not be insured under the policy as both an eligible person and an eligible family member. An eligible dependent child may not be insured as a dependent child of more than one insured.

Effective Date

The effective date of the conversion coverage will be the date that participation under the group or blanket policy ceases. Application must be made within 31 days after the coverage terminated under the group or blanket policy.

Renewability

The policy will be renewable annually with the consent of the Company, subject to the Company's rights to change premium rates. Coverage for you, your spouse, and any dependent children terminates when you reach 80 years of age. In addition, coverage for your family members will be automatically terminated when they cease to be eligible.

Benefits

If injury results in any of the following losses within 365 days after the date of the accident, the Company will pay for:

Loss of Life	Full Benefit Amount
Loss of Two or More Members	Full Benefit Amount
Loss of One Member	One-Half the Benefit Amount

"Member" means hand, foot or eye.

"Loss" as used above with reference to hand or foot means actual severance through or above the wrist or ankle joint; with reference to eye means irrecoverable loss of the entire sight thereof.

Only one benefit, the largest to which you are entitled, is payable for all losses resulting from one accident

If occupation changes to one more hazardous than is covered by the premium charged, payment for loss occurring thereafter would be for that amount which the premium paid would have purchased. If occupation had been changed to one less hazardous, the premium would be reduced and any unearned amount would be returned.

Air Travel Coverage

Air travel coverage under the policy is provided while riding as a passenger, and not as a pilot or crew member, in any aircraft being used for transportation of passengers.

Benefit Amounts

Insured Only

You may purchase any benefit amount desired in increments of \$10,000, subject to a minimum of \$10,000 and a maximum of \$250,000. Amounts purchased must not exceed the amount you had under the group or blanket policy from which you are converting.

Family Members

If you elect to cover your eligible family members, your spouse will be covered for 50% of your chosen amount, and each dependent child for 5% of your chosen amount.

What the Policy Does Not Cover

No payment will be made for loss resulting from:

1. Sickness or disease, except infections which shall occur through an accidental cut or wound;
2. Suicide while sane, or intentionally self inflicted injury while sane
3. War or any act or war;
Nor does the policy cover loss resulting from an accident occurring while serving full-time, active duty in the armed forces of any country, except for orders to active service for 2 months or less;

4. Travel in any vehicle or device for aerial navigation, except as provided under Air Travel Coverage.

Premiums

For costs see the enclosed rate sheet.

How and When to Apply for Conversion

Complete the enrollment form which is attached and send it, together with a check or money order covering the initial premium for the benefit amount selected, within 31 days after the date of termination of participation under the group or blanket policy.

Send the completed enrollment form, along with your check or money order made out to Continental Casualty Company, to:

**CNA Administration
ATTN: AD&D Conversion Processing
P. O. Box 248108
Cleveland, OH 44124-8108
1-800-603-1212**

To be completed by the Group Policyholder

Policyholder Name: _____

Policy Number: _____

Reason for termination of coverage under the above policy:

- Termination of employment
- Retirement
- Cancellation of above policy
- Employee is not longer eligible under above policy
- Spouse/Dependent child no longer eligible under the above policy
- Non-payment of premium by employee
- Other – Explain: _____

Date coverage under the above policy terminates: _____

Check the applicable coverage the insured is currently holding:

- Employee Only
- Employee and Spouse
- Employee, Spouse and Dependent Children
- Employee and Dependent Children

Employee's Principal Sum: _____

Completed by: Signature _____

Printed Name _____

Title _____

CONTINENTAL CASUALTY COMPANY

Q1-68990 SERIES

TABLE OF ANNUAL PREMIUMS

FOR UNDER AGE 65*

CALCULATING CONVERSION INSURANCE PREMIUM

Premiums are based on the ages and occupations of the Insured and spouse, if any, and whether children's coverage is desired. Occupations have been grouped into classes for premium calculation purposes. Occupational Classifications and their descriptions can be found on the next page.

The benefit amount the Insured had under the group/blanket policy determines the maximum benefit amount under the conversion policy, subject to a minimum of \$10,000 and a maximum of \$250,000. The spouse's benefit amount is always 50% of the Insured's benefit amount. Each child's benefit amount is 5% of the Insured's benefit amount.

If both the Insured and spouse are to be covered, separate premiums are taken from the appropriate table based on the occupation and age of each. The "All Children" premium is a composite amount. It stays the same regardless of the number of children being covered. The Table of Annual Premiums on the next page already reflects the spouse's 50% and child's 5% benefit amount adjustments.

Premiums may be paid annually or semi-annually, subject to a minimum term premium of \$10.50. The total annual premium is the sum of the premiums for the Insured, spouse and/or all children. To compute the semi-annual premiums, add \$1.00 to the total annual premium and divide by 2.

Sample Premium Calculation:
(Assumes Insured and Spouse Plan is selected)

	<u>Age</u>	<u>Class</u>	<u>Benefit Amount</u>	<u>Annual Premiums</u>
Insured	48	A3	\$50,000	\$75.00
Spouse	45	A2	50% of Insured's	\$26.25
Children	11	-	5% of Insured's	\$3.25
Total Annual Premium				\$104.50

$$\$104.50 + \$1.00 = \$105.50 / 2 = \$52.75 \text{ (Total Semi-Annual Premium)}$$

OCCUPATIONAL CLASSIFICATIONS

CLASS A1, A2

In this group we find those whose occupational duties are no more hazardous than ordinary everyday living, no manual labor and who have only a minimal risk of occupational injuries, such as: executives, lawyers, doctors, office and clerical workers, non-delivering salespeople, homemakers, unemployed and students.

CLASS A3, A4

In this group we find those whose occupational duties are associated with light manual labor, such as: office machine repair persons, bus drivers, foremen not working underground, mail carriers, and traveling salespersons or claims adjusters.

CLASS A5, A6, N

In this group we find those whose occupational duties call for heavy manual labor or exposure represents some hazard such as, structural steel workers, police, bartenders, garbage collectors, or aircraft or automobile mechanics.

TABLE OF ANNUAL PREMIUMS For Under Age 65

INSURED'S BENEFIT AMOUNT	CLASS						<u>ALL</u> <u>CHILDREN</u>
	A1, A2		A3, A4		A5, A6, N		
	<u>Insured</u>	<u>Spouse</u>	<u>Insured</u>	<u>Spouse</u>	<u>Insured</u>	<u>Spouse</u>	
\$ 10,000	\$ 10.50	\$ 5.25	\$ 15.00	\$ 7.50	\$ 27.00	\$ 13.50	\$ 0.65
\$ 20,000	\$ 21.00	\$ 10.50	\$ 30.00	\$ 15.00	\$ 54.00	\$ 27.00	\$ 1.30
\$ 30,000	\$ 31.50	\$ 15.75	\$ 45.00	\$ 22.50	\$ 81.00	\$ 40.50	\$ 1.95
\$ 40,000	\$ 42.00	\$ 21.00	\$ 60.00	\$ 30.00	\$108.00	\$ 54.00	\$ 2.60
\$ 50,000	\$ 52.50	\$ 26.25	\$ 75.00	\$ 37.50	\$135.00	\$ 67.50	\$ 3.25
\$ 60,000	\$ 63.00	\$ 31.50	\$ 90.00	\$ 45.00	\$162.00	\$ 81.00	\$ 3.90
\$ 70,000	\$ 73.50	\$ 36.75	\$105.00	\$ 52.50	\$189.00	\$ 94.50	\$ 4.55
\$ 80,000	\$ 84.00	\$ 42.00	\$120.00	\$ 60.00	\$216.00	\$108.00	\$ 5.20
\$ 90,000	\$ 94.50	\$ 47.25	\$135.00	\$ 67.50	\$243.00	\$121.50	\$ 5.85
\$100,000	\$105.00	\$ 52.50	\$150.00	\$ 75.00	\$270.00	\$135.00	\$ 6.50
\$110,000	\$115.50	\$ 57.75	\$165.00	\$ 82.50	\$297.00	\$148.50	\$ 7.15
\$120,000	\$126.00	\$ 63.00	\$180.00	\$ 90.00	\$324.00	\$162.00	\$ 7.80
\$130,000	\$136.50	\$ 68.25	\$195.00	\$ 97.50	\$351.00	\$175.50	\$ 8.45
\$140,000	\$147.00	\$ 73.50	\$210.00	\$105.00	\$378.00	\$189.00	\$ 9.10
\$150,000	\$157.50	\$ 78.75	\$225.00	\$112.50	\$405.00	\$202.50	\$ 9.75
\$160,000	\$168.00	\$ 84.00	\$240.00	\$120.00	\$432.00	\$216.00	\$10.40
\$170,000	\$178.50	\$ 89.25	\$255.00	\$127.50	\$459.00	\$229.50	\$11.05
\$180,000	\$189.00	\$ 94.50	\$270.00	\$135.00	\$486.00	\$243.00	\$11.70
\$190,000	\$199.50	\$ 99.75	\$285.00	\$142.50	\$513.00	\$256.50	\$12.35
\$200,000	\$210.00	\$105.00	\$300.00	\$150.00	\$540.00	\$270.00	\$13.00
\$210,000	\$220.50	\$110.25	\$315.00	\$157.50	\$567.00	\$283.50	\$13.65
\$220,000	\$231.00	\$115.50	\$330.00	\$165.00	\$594.00	\$297.00	\$14.30
\$230,000	\$241.50	\$120.75	\$345.00	\$172.50	\$621.00	\$310.50	\$14.95
\$240,000	\$252.00	\$126.00	\$360.00	\$180.00	\$648.00	\$324.00	\$15.60
\$250,000	\$262.50	\$131.25	\$375.00	\$187.50	\$675.00	\$337.50	\$16.25

*Premiums automatically increase upon attainment of ages 65 and 75.

CONTINENTAL CASUALTY COMPANY

Q1-68990 SERIES

TABLE OF ANNUAL PREMIUMS

FOR AGE 65-74

CALCULATING CONVERSION INSURANCE PREMIUM

Premiums are based on the ages and occupations of the Insured and spouse, if any, and whether children's coverage is desired. Occupations have been grouped into classes for premium calculation purposes. Occupational Classifications and their descriptions can be found on the next page.

The benefit amount the Insured had under the group/blanket policy determines the maximum benefit amount under the conversion policy, subject to a minimum of \$10,000 and a maximum of \$250,000. The spouse's benefit amount is always 50% of the Insured's benefit amount. Each child's benefit amount is 5% of the Insured's benefit amount.

If both the insured and spouse are to be covered, separate premiums are taken from the appropriate table based on the occupation and age of each. The "All Children" premium is a composite amount. It stays the same regardless of the number of children being covered. The Table of Annual Premiums on the next page already reflects the spouse's 50% and child's 5% benefit amount adjustments.

Premiums may be paid annually or semi-annually, subject to a minimum term premium of \$10.50. The total annual premium is the sum of the premiums for the insured, spouse and/or all children. To compute the semi-annual premiums, add \$1.00 to the total annual premium and divide by 2.

Sample Premium Calculation:

(Assumes Insured and Spouse Plan is selected)

	<u>Age</u>	<u>Class</u>	<u>Benefit Amount</u>	<u>Annual Premiums</u>
Insured	68	A3	\$30,000	\$90.00
Spouse	65	A2	50% of Insured's	\$31.50
Children	21	-	5% of Insured's	<u>\$ 1.95</u>
Total Annual Premium				\$123.45

$$\$123.45 + \$1.00 = \$124.45 \div 2 = \$62.22 \text{ (Total Semi-Annual Premium)}$$

OCCUPATIONAL CLASSIFICATIONS

CLASS A1, A2

In this group we find those whose occupational duties are no more hazardous than ordinary everyday living, no manual labor and who have only a minimal risk of occupational injuries, such as: executives, lawyers, doctors, office and clerical workers, non-delivering salespeople, homemakers, unemployed and students.

CLASS A3, A4

In this group we find those whose occupational duties are associated with light manual labor, such as: office machine repair persons, bus drivers, foremen not working underground, mail carriers, and traveling salespersons or claims adjusters.

CLASS A5, A6, N

In this group we find those whose occupational duties call for heavy manual labor or exposure represents some hazard such as, structural steel workers, police, bartenders, garbage collectors, or aircraft or automobile mechanics.

TABLE OF ANNUAL PREMIUMS For Age 65 to 74

INSURED'S BENEFIT AMOUNT	CLASS							
	A1, A2		A3, A4		A5,A6,N		ALL CHILDREN	
	<u>Insured</u>	<u>Spouse</u>	<u>Insured</u>	<u>Spouse</u>	<u>Insured</u>	<u>Spouse</u>		
\$ 10,000	\$ 21.00	\$ 10.50	\$ 30.00	\$ 15.00	\$ 54.00	\$ 27.00		\$ 0.65
\$ 20,000	\$ 42.00	\$ 21.00	\$ 60.00	\$ 30.00	\$ 108.00	\$ 54.00		\$ 1.30
\$ 30,000	\$ 63.00	\$ 31.50	\$ 90.00	\$ 45.00	\$ 162.00	\$ 81.00		\$ 1.95
\$ 40,000	\$ 84.00	\$ 42.00	\$ 120.00	\$ 60.00	\$ 216.00	\$ 108.00		\$ 2.60
\$ 50,000	\$ 105.00	\$ 52.50	\$ 150.00	\$ 75.00	\$ 270.00	\$ 135.00		\$ 3.25
\$ 60,000	\$ 126.00	\$ 63.00	\$ 180.00	\$ 90.00	\$ 324.00	\$ 162.00		\$ 3.90
\$ 70,000	\$ 147.00	\$ 73.50	\$ 210.00	\$ 105.00	\$ 378.00	\$ 189.00		\$ 4.55
\$ 80,000	\$ 168.00	\$ 84.00	\$ 240.00	\$ 120.00	\$ 432.00	\$ 216.00		\$ 5.20
\$ 90,000	\$ 189.00	\$ 94.50	\$ 270.00	\$ 135.00	\$ 486.00	\$ 243.00		\$ 5.85
\$ 100,000	\$ 210.00	\$ 105.00	\$ 300.00	\$ 150.00	\$ 540.00	\$ 270.00		\$ 6.50
\$ 110,000	\$ 231.00	\$ 115.50	\$ 330.00	\$ 165.00	\$ 594.00	\$ 297.00		\$ 7.15
\$ 120,000	\$ 252.00	\$ 126.00	\$ 360.00	\$ 180.00	\$ 648.00	\$ 324.00		\$ 7.80
\$ 130,000	\$ 273.00	\$ 136.50	\$ 390.00	\$ 195.00	\$ 702.00	\$ 351.00		\$ 8.45
\$ 140,000	\$ 294.00	\$ 147.00	\$ 420.00	\$ 210.00	\$ 756.00	\$ 378.00		\$ 9.10
\$ 150,000	\$ 315.00	\$ 157.50	\$ 450.00	\$ 225.00	\$ 810.00	\$ 405.00		\$ 9.75
\$ 160,000	\$ 336.00	\$ 168.00	\$ 480.00	\$ 240.00	\$ 864.00	\$ 432.00		\$ 10.40
\$ 170,000	\$ 357.00	\$ 178.50	\$ 510.00	\$ 255.00	\$ 918.00	\$ 459.00		\$ 11.05
\$ 180,000	\$ 378.00	\$ 189.00	\$ 540.00	\$ 270.00	\$ 972.00	\$ 486.00		\$ 11.70
\$ 190,000	\$ 399.00	\$ 199.50	\$ 570.00	\$ 285.00	\$ 1,026.00	\$ 513.00		\$ 12.35
\$ 200,000	\$ 420.00	\$ 210.00	\$ 600.00	\$ 300.00	\$ 1,080.00	\$ 540.00		\$ 13.00
\$ 210,000	\$ 441.00	\$ 220.50	\$ 630.00	\$ 315.00	\$ 1,134.00	\$ 567.00		\$ 13.65
\$ 220,000	\$ 462.00	\$ 231.00	\$ 660.00	\$ 330.00	\$ 1,188.00	\$ 594.00		\$ 14.30
\$ 230,000	\$ 483.00	\$ 241.50	\$ 690.00	\$ 345.00	\$ 1,242.00	\$ 621.00		\$ 14.95
\$ 240,000	\$ 504.00	\$ 252.00	\$ 720.00	\$ 360.00	\$ 1,296.00	\$ 648.00		\$ 15.60
\$ 250,000	\$ 525.00	\$ 262.50	\$ 750.00	\$ 375.00	\$ 1,350.00	\$ 675.00		\$ 16.25

*Premiums automatically increase upon attainment of ages 65 and 75.

CONTINENTAL CASUALTY COMPANY

Q1-68990 SERIES

TABLE OF ANNUAL PREMIUMS

FOR AGE 75-80

CALCULATING CONVERSION INSURANCE PREMIUM

Premiums are based on the ages and occupations of the Insured and spouse, if any, and whether children's coverage is desired. Occupations have been grouped into classes for premium calculation purposes. Occupational Classifications and their descriptions can be found on the next page.

The benefit amount the Insured had under the group/blanket policy determines the maximum benefit amount under the conversion policy, subject to a minimum of \$10,000 and a maximum of \$250,000. The spouse's benefit amount is always 50% of the Insured's benefit amount. Each child's benefit amount is 5% of the Insured's benefit amount.

If both the Insured and spouse are to be covered, separate premiums are taken from the appropriate table based on the occupation and age of each. The "All Children" premium is a composite amount. It stays the same regardless of the number of children being covered. The Table of Annual Premiums on the next page already reflects the spouse's 50% and child's 5% benefit amount adjustments.

Premiums may be paid annually or semi-annually, subject to a minimum term premium of \$10.50. The total annual premium is the sum of the premiums for the Insured, spouse and/or all children. To compute the semi-annual premiums, add \$1.00 to the total annual premium and divide by 2.

Sample Premium Calculation:
(Assumes Insured and Spouse Plan is selected)

	<u>Age</u>	<u>Class</u>	<u>Benefit Amount</u>	<u>Annual Premiums</u>
Insured	78	A2	\$20,000	\$84.00
Spouse	75	A2	50% of Insured's	\$42.00
Total Annual Premium				\$126.00

$$\$126.00 + \$1.00 = \$127.00 \div 2 = \$63.50 \text{ (Total Semi-Annual Premium)}$$

OCCUPATIONAL CLASSIFICATIONS

CLASS A1, A2

In this group we find those whose occupational duties are no more hazardous than ordinary everyday living, no manual labor and who have only a minimal risk of occupational injuries, such as: executives, lawyers, doctors, office and clerical workers, non-delivering salespeople, homemakers, unemployed and students.

CLASS A3, A4

In this group we find those whose occupational duties are associated with light manual labor, such as: office machine repair persons, bus drivers, foremen not working underground, mail carriers, and traveling salespersons or claims adjusters.

CLASS A5, A6, N

In this group we find those whose occupational duties call for heavy manual labor or exposure represents some hazard such as, structural steel workers, police, bartenders, garbage collectors, or aircraft or automobile mechanics.

TABLE OF ANNUAL PREMIUMS
For Age 75 to 80

INSURED'S BENEFIT AMOUNT	CLASS						<u>ALL</u>
	A1, A2		A3, A4		A5, A6, N		
	<u>Insured</u>	<u>Spouse</u>	<u>Insured</u>	<u>Spouse</u>	<u>Insured</u>	<u>Spouse</u>	
<u>CHILDREN</u>							
\$ 10,000	\$ 42.00	\$ 21.00	\$ 60.00	\$ 30.00	\$ 108.00	\$ 54.00	\$ 0.65
\$ 20,000	\$ 84.00	\$ 42.00	\$ 120.00	\$ 60.00	\$ 216.00	\$ 108.00	\$ 1.30
\$ 30,000	\$ 126.00	\$ 63.00	\$ 180.00	\$ 90.00	\$ 324.00	\$ 162.00	\$ 1.95
\$ 40,000	\$ 168.00	\$ 84.00	\$ 240.00	\$ 120.00	\$ 432.00	\$ 216.00	\$ 2.60
\$ 50,000	\$ 210.00	\$ 105.00	\$ 300.00	\$ 150.00	\$ 540.00	\$ 270.00	\$ 3.25
\$ 60,000	\$ 252.00	\$ 126.00	\$ 360.00	\$ 180.00	\$ 648.00	\$ 324.00	\$ 3.90
\$ 70,000	\$ 294.00	\$ 147.00	\$ 420.00	\$ 210.00	\$ 756.00	\$ 378.00	\$ 4.55
\$ 80,000	\$ 336.00	\$ 168.00	\$ 480.00	\$ 240.00	\$ 864.00	\$ 432.00	\$ 5.20
\$ 90,000	\$ 378.00	\$ 189.00	\$ 540.00	\$ 270.00	\$ 972.00	\$ 486.00	\$ 5.85
\$ 100,000	\$ 420.00	\$ 210.00	\$ 600.00	\$ 300.00	\$ 1,080.00	\$ 540.00	\$ 6.50
\$ 110,000	\$ 462.00	\$ 231.00	\$ 660.00	\$ 330.00	\$ 1,188.00	\$ 594.00	\$ 7.15
\$ 120,000	\$ 504.00	\$ 252.00	\$ 720.00	\$ 360.00	\$ 1,296.00	\$ 648.00	\$ 7.80
\$ 130,000	\$ 546.00	\$ 273.00	\$ 780.00	\$ 390.00	\$ 1,404.00	\$ 702.00	\$ 8.45
\$ 140,000	\$ 588.00	\$ 294.00	\$ 840.00	\$ 420.00	\$ 1,512.00	\$ 756.00	\$ 9.10
\$ 150,000	\$ 630.00	\$ 315.00	\$ 900.00	\$ 450.00	\$ 1,620.00	\$ 810.00	\$ 9.75
\$ 160,000	\$ 672.00	\$ 336.00	\$ 960.00	\$ 480.00	\$ 1,728.00	\$ 864.00	\$ 10.40
\$ 170,000	\$ 714.00	\$ 357.00	\$ 1,020.00	\$ 510.00	\$ 1,836.00	\$ 918.00	\$ 11.05
\$ 180,000	\$ 756.00	\$ 378.00	\$ 1,080.00	\$ 540.00	\$ 1,944.00	\$ 972.00	\$ 11.70
\$ 190,000	\$ 798.00	\$ 399.00	\$ 1,140.00	\$ 570.00	\$ 2,052.00	\$ 1,026.00	\$ 12.35
\$ 200,000	\$ 840.00	\$ 420.00	\$ 1,200.00	\$ 600.00	\$ 2,160.00	\$ 1,080.00	\$ 13.00
\$ 210,000	\$ 882.00	\$ 441.00	\$ 1,260.00	\$ 630.00	\$ 2,268.00	\$ 1,134.00	\$ 13.65
\$ 220,000	\$ 924.00	\$ 462.00	\$ 1,320.00	\$ 660.00	\$ 2,376.00	\$ 1,188.00	\$ 14.30
\$ 230,000	\$ 966.00	\$ 483.00	\$ 1,380.00	\$ 690.00	\$ 2,484.00	\$ 1,242.00	\$ 14.95
\$ 240,000	\$ 1,008.00	\$ 504.00	\$ 1,440.00	\$ 720.00	\$ 2,592.00	\$ 1,296.00	\$ 15.60
\$ 250,000	\$ 1,050.00	\$ 525.00	\$ 1,050.00	\$ 750.00	\$ 2,700.00	\$ 1,350.00	\$ 16.25

(Please Print)

My participation under the Group or Blanket Policy provided by _____ has terminated effective on _____
(Name of Employer/Policy Holder) Mo/Date/Year
 I apply to Continental Casualty Company for conversion insurance providing accidental death and dismemberment benefits. The coverage will be effective on the date that insurance under the Group or Blanket Policy ceases. (If your termination date is the 29th, 30th or 31st of the month, your effective date for premium billing purposes only will fall on the 1st of the following month and renews as indicated below).

Name of Insured _____ Occupation: _____

Date of Birth ____/____/____ Social Security Number ____-____-____ Sex M F

Address _____

Beneficiary* _____

* If other than the Insured Only Plan is elected, the Insured is the beneficiary for each family member.

Amount of Principal Sum: *\$ _____

*Increments of \$10,000 not to exceed the benefit amount you had under the Group or Blanket Policy, subject to a maximum of \$250,000

Check Plan Desired:

- Insured Only (Plan A) Insured, Spouse and Children (Plan C)
 Insured and Spouse (Plan B) Insured and Children (Plan D)

Complete if selecting Plan B, C or D for family members to be covered

Family Member Names (if more room is needed use separate page)	Dates of Birth
Spouse:	
Spouse's Occupation:	
Children (Oldest to Youngest):	

I am covered for other Accidental Death and Dismemberment benefits underwritten by Continental Casualty Company or American Casualty Company: Yes No

If yes, please give policy numbers and amounts of Accidental Death insurance.

My Check made out to Continental Casualty Company in the amount of \$ _____ is enclosed.

Method of Premium Payment: Annual Semi-Annual

Signature _____

Date _____

(Please Print)

My participation under the Group or Blanket Policy provided by _____ has terminated effective on _____.

(Name of Employer/Policy Holder) Mo/Date/Year

I apply to Continental Casualty Company for conversion insurance providing accidental death and dismemberment benefits. The coverage will be effective on the date that insurance under the Group or Blanket Policy ceases. (If your termination date is the 29th, 30th or 31st of the month, your effective date for premium billing purposes only will fall on the 1st of the following month and renews as indicated below).

Name of Insured _____ Occupation: _____

Date of Birth ____/____/____ Social Security Number ____-____-____ Sex M F

Address _____

Beneficiary* _____

* If other than the Inured Only Plan is elected, the Insured is the beneficiary for each family member:

Amount of Principal Sum: *\$ _____

*Increments of \$10,000 not to exceed the benefit amount you had under the Group or Blanket Policy, subject to a maximum of \$250,000

Check Plan Desired:

- Insured Only (Plan A) Insured, Spouse and Children (Plan C)
 Insured and Spouse (Plan B) Insured and Children (Plan D)

Complete if selecting Plan B, C or D for family members to be covered

Family Member Names (if more room is needed use separate page)	Dates of Birth
Spouse:	
Spouse's Occupation:	
Children (Oldest to Youngest):	

I am covered for other Accidental Death and Dismemberment benefits underwritten by Continental Casualty Company or American Casualty Company: Yes No

If yes, please give policy numbers and amounts of Accidental Death insurance.

My Check made out to Continental Casualty Company in the amount of \$ _____ is enclosed.

Method of Premium Payment: Annual Semi-Annual

Signature _____

Date _____