
You Choose the Benefit Level!

- \$10,000**
- \$20,000**
- \$30,000**
- \$40,000**
- \$50,000**

Spend the money as *you* see fit!

Dependents will be eligible for 50% of the benefit chosen.

There is a \$250 secondary benefit for the first time diagnosis of skin cancer.

CASH RECEIPT

Received of _____ this _____ day of _____, the sum of \$ _____ being the payment of _____ month(s) premium. The insurance applied for shall not take effect until the effective date of the policy, payment of the first premium and before any change in the applicant's insurability. In the event the application is declined, any payment made by the applicant will be returned.

Agent's Signature

Make checks payable to **United Security Life Insurance Company of Illinois**. Do not make payable to agent or leave payee blank.

Special plan features

- Guaranteed renewable for life
- The benefit will be paid directly to you or anyone you designate
- You receive the benefit you choose
- The benefit is payable in addition to any other coverage
- No benefit reduction at age 65
- No hospitalization required to collect
- A \$250.00 benefit for first time skin cancer diagnosis

Refer to Form Number CA-94 POL.

This brochure provides a brief description of the policy. Read the policy carefully. It alone describes in detail the rights and obligations of both you and the insurance company.



UNITED SECURITY
LIFE INSURANCE COMPANY
OF ILLINOIS

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CA-97 BROG

Introducing



*A plan to provide
the benefit you need
when it's needed
most—*

up to \$50,000



Underwritten by
UNITED SECURITY
LIFE INSURANCE COMPANY
OF ILLINOIS

Why a cancer benefit?

Consider these facts!

- It is estimated that 1,382,400 new cases of cancer will be diagnosed in 1998.*
- Cancer strikes all ages. Cancer causes more deaths in children, ages 1 to 14, than any other disease.*
- The frequency of cancer increases with advancing age.*
- It is estimated that over 7 million Americans alive today have a history of cancer.*
- Between birth and death, cancer will strike one of every two males and one of every three females.*

Why a lump sum cancer benefit?

- It is estimated that **66%** of the cost of treating a cancer victim is the result of indirect costs.*
- Even if you have excellent health insurance, it will probably not cover 100% of the costs of cancer!
- Most other cancer policies only pay scheduled amounts for hospitals, nursing, surgical, blood, physician, etc., while our plan provides cash benefits with written satisfactory proof of first time internal cancer or malignant melanoma.

*Source: American Cancer Society, Facts and Figures 1998

What are indirect costs?

They are the costs that most health plans do not cover. They include expenses such as:

- Insurance deductibles and co-insurance costs
- House payments or rent
- Automobile payments
- Groceries
- Utility bills
- Child care
- Household help
- Travel expenses to and from treatment facilities
- Food and lodging while you are away from home
- Lost income

How else does cancer cost you?

Cancer can cost you more than your health! What if the spouse is forced to leave employment to care for the patient? 48% of all home foreclosures are the result of disabilities*.

Who is eligible for this plan of insurance?

Anyone, age 0 through 69.

How do you qualify for the plan?

To be considered for this coverage, simply complete the attached application answering just a few medical questions.

*Source: Your Money's Worth

How much does the plan cost?

MONTHLY RATES FOR EACH \$10,000 BENEFIT			
Issue Age	Individual	Single Parent	Family
0-29	7.00	8.00	10.00
30-34	8.00	10.00	11.00
35-39	10.00	11.00	12.00
40-44	12.00	14.00	15.00
45-49	15.00	16.00	20.00
50-54	18.00	19.00	27.00
55-59	23.00	24.00	36.00
60-64	28.00	29.00	45.00
65-69	33.00	35.00	53.00

PREMIUM CALCULATION		
<input type="checkbox"/> Individual	<input type="checkbox"/> Single Parent	<input type="checkbox"/> Family
Monthly Premium per \$10,000	Number of \$10,000 Increments	Total Monthly PAC Premium
\$	X	= \$
Modal Premium Factors to Nearest Dollar =		
Annual = Monthly x 11		
Semiannual = Annual x .52		
Quarterly = Annual x .265		

Are there limitations?

Yes, first time cancer must be diagnosed in the United States,** and the diagnosis cannot be made by you, or anyone in your immediate family.

No benefit will be paid for any cancer diagnosed within 30 days of the effective date of the policy. This provision does not apply to residents of Arizona.

The primary benefit will only be payable for the first time diagnosis of internal cancer or malignant melanoma. Benefits are only available once a lifetime for each insured.

**Unless diagnosis is made on a U.S. Citizen by a physician, as defined in our policy, working in an authorized United States Military Medical Facility.