

# INCLUDING THOSE WHO HAVE BASIC BLUE CROSS or any similar basic hospital coverage

Your doctor, your own insurance agent, your lawyer will tell you what fine protection this is. Talk it over with them, but do it soon. This enrollment period must end midnight, June 27th.

## 65 PLUS offers basic protection

If you do not have any health insurance at all, the 65 PLUS (OA series) plan offers you excellent basic hospital-surgical protection. If you now have basic Blue Cross, or any similar basic hospital coverage, *by all means keep it*. You are still eligible to join 10,000 RESERVE or 5,000 MEDICAL—or both—and add these wonderful major-medical benefits to your total protection.

## 10,000 RESERVE is for the big bills

10,000 RESERVE (OD series) is designed for really big expenses and to start paying benefits when bills get "too big" for you to handle, or most of the benefits of your basic plan have "run out." To do this, 10,000 RESERVE has a "deductible" feature that works very much the same as the "deductible" feature used in auto collision insurance. Each calendar year after you, or 65 PLUS, or any other basic plan you may have, has paid the first \$500 of eligible expenses, the 10,000 RESERVE plan goes into effect and pays 75% of all further eligible expenses during that calendar year up

to a lifetime maximum of \$10,000. Then, after any proven continuous 6-month period without treatment, you are eligible again for another \$10,000 in benefits. As you can see, the 10,000 RESERVE plan in no way conflicts with any basic plan you may now have. It is the perfect "companion" policy to add to any basic plan.

## 5,000 MEDICAL plan is for out-of-hospital expenses

The 5,000 MEDICAL (OE series) plan offers protection against out-of-hospital expenses and also features a deductible. Each calendar year after your eligible out-of-hospital expenses have reached \$100, the 5,000 MEDICAL plan takes over and pays 75% of all further eligible expenses during that calendar year up to a lifetime maximum of \$5,000. Then, after any proven continuous 6-month period without treatment, you are eligible again for another \$5,000 in benefits. This is the first plan of its kind ever offered to anyone and everyone 65 or over!

## Under 65?

If you are 64 now, plan to join one or more of these plans when you reach 65. Clip the coupon now and save it. Mail it to us within 30 days before or after your 65th birthday and you will be enrolled.

## Sons and daughters enroll your parents

*Signature of the insured is not required*

If you have an older relative in your family, many of you will want to give him or her one or more of these policies and make the premium payments yourself. It's a wise and wonderful idea. Just fill out the enrollment blank and indicate where the premium notices are to be sent.

**Income Tax Note:** If you declare a parent or relative as a dependent on your Federal Income Tax, your payments of premiums for this health insurance are 100% tax deductible.

## Regardless of your past or present health—

- Everybody accepted • No health questions
- No physical exam to qualify

## This is your Guarantee...

As long as you pay your premium, your policy will never be cancelled, no changes will ever be made unless done so to all policyholders in your state. Of course, you have the right to cancel your policy at any time. **MONEY BACK GUARANTEE:** After you have received your policy, or policies, and examine it, if you are not 100% satisfied, return it within ten days and your first month's premium will be refunded.

★ ★ ★

For the purpose of satisfying your deductible and calculating benefits payable for 10,000 RESERVE and 5,000 MEDICAL, the first calendar year is that period commencing on the effective date of your policy and ending December 31 of the same year in which your coverage becomes effective; after the first year, each calendar year is from January 1st through December 31st. Eligible expenses incurred toward the deductible during the last 90 days of the first policy year will be counted towards the deductible of the next calendar year.

# JOIN NOW!

**Enrollment ends June 27**

**Protection begins July 1, 1963**

FROM THE COMPANY THAT INSURES MORE THAN A MILLION MEN AND WOMEN 65 AND OVER

A MILLION DOLLARS IN CLAIMS PAID EACH WEEK TO PEOPLE OVER 65

Missouri residents send for special Application form.



# CONTINENTAL CASUALTY CO.

MEMBER OF THE CONTINENTAL NATIONAL INSURANCE GROUP

## DO IT NOW!

Mail this application to your Continental Casualty Agent, or... Dept. 32, Continental Casualty Co., 310 S. Michigan Ave., Chicago 4, Ill.

Please check coverage desired and enclose check or money order for the total premium.

- \$21.00 monthly—all 3 "Golden 65" plans
- \$16.00 monthly—10,000 Reserve and 65 Plus
- \$14.50 monthly—10,000 Reserve and 5,000 Medical
- \$11.50 monthly—65 Plus and 5,000 Medical
- \$9.50 monthly—10,000 Reserve only
- \$6.50 monthly—65 Plus only
- \$5.00 monthly—5,000 Medical only

If you have one of our policies now, indicate Policy No. \_\_\_\_\_

### APPLICATION TO CONTINENTAL CASUALTY COMPANY

Please Type or Print All Information Shown

Insured's First Name	Initial	Last Name		
Deliver Mail in C/O (if any)				
Street Address				
City		Zone	State	
Date of Birth	Month	Day	Year	Sex
				Male <input type="checkbox"/> Female <input type="checkbox"/>
Applicant's Signature				
OZ-18223-B				

## GIVE EXTRA ENROLLMENT BLANK TO YOUR HUSBAND, WIFE OR FRIEND

## DO IT NOW!

Mail this application to your Continental Casualty Agent, or... Dept. 32, Continental Casualty Co., 310 S. Michigan Ave., Chicago 4, Ill.

Please check coverage desired and enclose check or money order for the total premium.

- \$21.00 monthly—all 3 "Golden 65" plans
- \$16.00 monthly—10,000 Reserve and 65 Plus
- \$14.50 monthly—10,000 Reserve and 5,000 Medical
- \$11.50 monthly—65 Plus and 5,000 Medical
- \$9.50 monthly—10,000 Reserve only
- \$6.50 monthly—65 Plus only
- \$5.00 monthly—5,000 Medical only

If you have one of our policies now, indicate Policy No. \_\_\_\_\_

### APPLICATION TO CONTINENTAL CASUALTY COMPANY

Please Type or Print All Information Shown

Insured's First Name	Initial	Last Name		
Deliver Mail in C/O (if any)				
Street Address				
City		Zone	State	
Date of Birth	Month	Day	Year	Sex
				Male <input type="checkbox"/> Female <input type="checkbox"/>
Applicant's Signature				
OZ-18223-B				

CONTINENTAL CENTER  
310 S. MICHIGAN AVE. • CHICAGO 4, ILL.