

First Choice Blue Ribbon Series

Fixed Indemnity Benefit Plan

Agent Guide

ManhattanLife Assurance Company of America
Family Life Insurance Company

Agent Use Only



ManhattanLifeTM

Standing By You. Since 1850.

I. First Choice Blue Ribbon Series Plan Designs

There are four First Choice Blue Ribbon Series Plan Designs

Blue Ribbon Series Hospital Indemnity Plan Designs

Benefit	Plan # 1	Plan # 2	Plan # 3	Plan # 4
Lump Sum Indemnity Paid to an insured upon the first hospital confinement each year.	\$1,500	\$3,000	\$3,000	\$4,000
Hospital Injury Indemnity (per day) Maximum 365 days per period of confinement when the confinement is the result of an accident or injury.	\$500	\$1,000	\$1,000	\$1,000
First Hospital Confinement (per day) Paid on 2nd, 3rd, 4th, 5th and 6th days of confinement	\$1,000	\$1,000	\$3,000	\$4,000
Intensive Care Unit (per day) Limited to 20 days per confinement	\$250	\$500	\$1,000	\$2,000
Surgical* (per day) Per day when confined and a covered surgical event takes place. Maximum of 5 days per confinement.	\$500	\$1,000	\$3,000	\$4,000
Anesthesia* (per day) Daily benefit paid for each day that a surgical benefit is paid	\$100	\$200	\$600	\$800
Daily Room Benefit (per day) Payable per day of confinement up to 365 days	\$100	\$100	\$500	\$1,000
Private Duty Nurse (per day) Maximum 30 days per period of confinement (limitations apply)	\$100	\$100	\$300	\$500
Emergency Accident (per day) Limit 1 visit per accident/4 accidents per calendar year	\$250	\$250	\$500	\$500
Outpatient Sickness (per day) Limit 1 visit per sickness/maximum 4 visits per calendar year	\$50	\$50	\$100	\$150
Accidental Death and Dismemberment** Injury*** leading to dismemberment and/or death within the states allowed time period.	\$10,000	\$20,000	\$75,000	\$100,000
Outpatient Diagnosis Procedure (per day) Pays the Scheduled Benefit amount per day for each day a Covered Diagnostic Procedure is performed on an insured, 4 per insured person per year	X	X	X	\$250

* Surgery/Anesthesia subject to a combined Calendar Year Max of \$50,000

** Please see policy for spouse and child coverage.

*** Injury must be in accordance with terms and conditions of AD&D rider.

* Please note benefit amounts may vary by state.

II. First Choice Blue Ribbon Series Premium

Monthly Premiums are generic and may have state variations.

Blue Ribbon Series Hospital Indemnity Plan Premiums

Plan 1	Employee	Emp / Spouse	Emp / Children	Family
18-39	\$51.60	\$97.90	\$93.82	\$140.12
40-59	\$70.65	\$135.85	\$112.87	\$178.07
60-65*	\$82.35	\$159.10	\$124.57	\$201.32
Plan 2	Employee	Emp / Spouse	Emp / Children	Family
18-39	\$71.50	\$137.40	\$130.93	\$196.83
40-59	\$99.75	\$193.60	\$159.18	\$253.03
60-65*	\$117.40	\$228.60	\$176.83	\$288.03
Plan 3	Employee	Emp / Spouse	Emp / Children	Family
18-39	\$146.60	\$285.95	\$269.29	\$408.64
40-59	\$200.50	\$392.63	\$323.19	\$515.32
60-65*	\$237.60	\$465.70	\$360.29	\$588.39
Plan 4	Employee	Emp / Spouse	Emp / Children	Family
18-39	\$231.08	\$454.16	\$423.46	\$646.54
40-59	\$313.05	\$616.60	\$505.43	\$808.98
60-65*	\$373.60	\$736.20	\$565.98	\$928.58

* In CA, the third age band is 60 - 64

III. Completing the Application

New Application submission can be done via Online enrollment, easy upload through Agent Resource Center, fax, or regular mail.

- Use the state version of application. The resident state of the applicant is the state that determines the version to be used. All applications can be found on the company website using your agent number and password.
- All applicants aged 18 or over must sign the application.
- The company does not accept: Postdated checks, partial payments, applications with date altered, applications where white out is used, personal checks from the agent or agency.
- Be sure to ask the proposed insureds ALL health questions and the answers recorded on the application exactly as stated to you.
- You must be properly licensed and/or appointed by the insurance department and the Company in the state you are soliciting applications, prior to soliciting any applications.
- The replacement form is mandatory whenever replacement is involved.
- If you are completing the application with the applicant, all questions should be asked, and the answers recorded on the application exactly as stated to you. On exclusions, the Company must have the full name of the person to be excluded with the health condition listed.

Effective Dates:

- The effective date of the policy will be the policy date stated on the schedule page. It is not the date the application is signed.
- The company determines the effective date, when an application is approved by the Underwriting department.
- Insurance policies may not be effective on the 29th, 30th and 31st of the month.
- If the bank draft application is submitted without premium, the first modal premium will be drafted once effective. Subsequent drafts will occur on the date requested; however, if no date is requested, the draft will occur on the date of the month on which the policy became effective.

Issue Ages:

For Family or Individual/Spouse coverage, the premium will be determined based on the age of the older spouse on the date the application is signed, regardless of how it is listed on the application. (For Group List Bill the Employee's current age is used on the policy issue date)

The insured and spouse must be between ages 18 to 65 to apply for coverage. Family coverage is available for unmarried, dependent children under the age of 26 (may vary by state).

Processing Delays:

If an application is submitted with incomplete or missing information that is critical to the risk evaluation, an amendment to the application will be issued. Critical information includes but is not limited to: Plan choice, complete residential address, Date of Birth, any unanswered health questions, Applicant's signature (mother's maiden name if applied online), replacement forms are not submitted, agent appointment not granted when the application was solicited or if the quoted premium is not accurate.

Application Assistance:

If you have any questions about the application or about how to answer any of the questions on the application, please call Manhattan at 1-800-999-2971.

Application Status:

For your convenience, you may access www.manhattanlife.com at any time to verify the processing status on a submitted application.

Application Status Codes:

- Data Entry - In the process of being keyed into the computer system
- Pending Information - Missing items identified during data entry
- Pending Agent Appointment- Application processed, but pending agent appointment
- Underwriting- Health history review
- Pending PHI- Pending telephone interview with applicant
- Withdrawn- Application closed
- Not Taken- Policy cancelled within the freelook period
- Decline- Not eligible for coverage
- Approved, future policy effective date- Application approved, pending future effective date
- Approve, Pending Premium draft- Application approved, but pending initial draft
- Active, Premium Paying- Policy Approved

IV. Plan Design Changes

Below are some general guidelines if a policyholder wishes to change to a different plan design:

Moving to a lower benefit amount: Changes to a lower benefit plan can be changed at any time. An application should be completed indicating the change to the policy and what benefit plan is being applied for. The effective date will coincide with the termination date of the prior coverage.

Moving to a higher benefit amount: Changes to a higher benefit plan can be changed at policy anniversary. An application should be completed indicating the change to the policy and what benefit plan is being applied. The application is subject to underwriting and all questions should be answered on the application. The effective date will coincide with the termination date of the prior coverage.

There will be a pre-x period for the increased benefit amounts. Therefore, if claims are submitted during the first 12 months of the new coverage, medical records maybe ordered.

V. Replacement of Coverage

- The replacement form is mandatory whenever replacement is involved.

VI. Employer List Bill

- To be eligible a group must have been in business at least one year and be in sound financial standing.
- To be eligible, an employee must be actively-at-work for at least 27 hours per week, employed a minimum of 6 months at the employer's usual place of business.
- A minimum participation of 3 eligible lives is required for group billing.
- Coverage may not be backdated.
- On payroll deduction business, you must submit a Premium Payment Agreement form (AIA0001). A true employer/employee relationship as outlined in this form must exist.
- For ManhattanLife Assurance to accommodate an employer and bill them as they instruct, we must have received all necessary material in the Home Office 14 days prior to the group effective date.

VII. Monthly Bank Draft and Direct Bill

The Company accepts business on bank draft (EFT), list bill and direct methods of payment.

- Bank drafts can be monthly, quarterly, semi-annual, and annual.
- In completing a bank draft form, please print all information especially the account holder name, the name of the bank to be drafted as well as their city and state.
- The payor (person whose account will be drafted) must sign the bank authorization using the signature normally used to sign checks (the signature on file at the bank).
- Applicants should select which date the premiums will be drafted from their account. If no date is selected, the draft will occur on the effective date and each subsequent billing period.
- Draft dates of the 29th, 30th or 31st cannot to be selected.
- Direct bill can be quarterly, semi-annual, and annual.
- Annual, semi-annual, and quarterly modes of payment are acceptable for all forms of payments. Monthly direct bill premium notice is not available.
- The Company does not accept:
 - post-dated checks
 - Credit Cards
 - personal checks from an agent or agency
 - partial payments

All premium checks must be payable to ManhattanLife Assurance Company of America or Family Life Insurance Company.

VIII. Underwriting Guidelines

This guide provides information about the evaluation process utilized in underwriting and issuing First Choice policies. Our goal is to issue insurance policies as quickly and efficiently as possible, while assuring proper evaluation of each risk. To accomplish this goal, writing agents may be contacted via email to advise him/her of any missing application item(s) or that a PHI (Personal History Interview) is required.

Important Information to Remember to Expedite Issue and Avoid PHI:

- Make sure all questions are answered and details are provided for YES answers.

Personal History Interviews:

Telephone interviews may be conducted to verify information as part of the application process.

Representatives are available Monday – Thursday 7 am to 6 pm and Friday 8 am to 5 pm CST and can be reached by dialing 1-800-877-7756 option 3.

Employment:

The primary insured must be gainfully employed outside the home and working an average minimum of 27+ hours per week at the time of application

Pregnancy:

- An application submitted when the applicant, spouse or child is pregnant will be postponed, even if the pregnant person is not applying for coverage.
- Pregnant applicants will not be considered until pregnancy has been completed, and the mother has had a normal post-partum checkup and the newborn has had a normal 6-week check-up.
- All household applicants will be declined

IX. Uninsurable Health Conditions

Uninsurable Health Conditions: Application should not be submitted if an applicant has been diagnosed and/or treated for any of the following conditions within the past 5 years or had medical tests advised/performed where results are abnormal or still pending.

- Cystic Fibrosis
- Chronic Obstructive Pulmonary Disease
- Emphysema
- Chronic Bronchitis
- Pulmonary Fibrosis
- Primary Pulmonary Hypertension
- End Stage Renal Disease
- Alcohol or Drug Abuse
- Kidney Disease or Disorder
- Liver Disease or Disorder

X. Limitations and Exclusions

Limitations and exclusions vary by state and by product, and the language below is the standard language. Please reference a state-specific policy book for state-specific language.

XI. Limited Benefit Policy(ies)

All policies are issued by ManhattanLife Assurance Company of America (administrative office in Houston, TX). For agent information only. This material should not be distributed to the public or used in any solicitation.

Insurers and their representatives are not permitted by law to offer tax or legal advice. The general and educational information here supports the sales, marketing, and service of insurance policies. Based upon an individual's or group's particular circumstances and objectives, specific advice should be sought from their own qualified and duly licensed independent tax or legal advisers.

Policy form series: HIP (including state variations)

Manhattan Insurance Group is affiliated with the following companies: Manhattan Life Insurance Company, ManhattanLife Assurance Company of America, Family Life Insurance Company, Standard Life and Casualty Insurance Company and Investors Consolidated Insurance Company. Our offices are in Houston, Texas, Miami, Florida and New York, New York

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