Critical Protection and Recovery

Agent Guide

ManhattanLife Insurance and Annuity Company
Manhattan Life Insurance Company
Family Life Insurance Company

Agent Use Only

ManhattanLife™
Standing By You. Since 1850.

Policy Form Numbers: CI-A, CI-B, ML-CI-A, ML-CI-B (including state variations)
ManhattanLife Insurance and Annuity Company, Manhattan Life Insurance Company and Family Life Insurance Company shall hereinafter be referred to as the Company

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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 the 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.
- 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 proposed insured and spouse must sign the application.
- Applicants must be a U.S Citizen or a Legal Resident with a valid SSN or ITIN.
- Be sure to ask the proposed insureds ALL health questions and record the answers on the application exactly as stated to you.
- The writing agent must sign the application and write in his/her name and agent number.
- The applicants residential address, zip code and daytime telephone number with area code must be completed on the application.
- Payroll group rates are based on the employee's age.
- Bank Draft rates are based on the oldest applicant.

Effective Dates:

- Coverage is not effective until a policy has been approved and issued.
- The policy effective date will be the date stated on the policy schedule page. It is not the date the application is signed.
- The company determines the effective date when the 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 authorization form is submitted without the initial 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 the policy became effective.

Processing Delays:

If an application is submitted with incomplete or missing information that is critical to the medical risk evaluation, a phone interview will be required and 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), replacements forms are not submitted, agent appointment not granted when 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 ManhattanLife 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 Interview
- Pending PHI – Pending telephone interview with applicant
- Withdrawn – Application closed
- Not Taken - Policy cancelled within the freelook period
- Declined – 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

Replacement of Coverage

- The replacement form is mandatory whenever replacement is involved.
- If you are replacing coverage, make sure you list all existing policies and complete replacement form. If replacing a ManhattanLife administered policy, you must include the policy number.

Employer List Bill

- To be eligible a group must have been in business at least one year and be in sound financial standing.
- For a new group account, a completed Premium Payment Agreement form (AIA00001)must be submitted prior to or with the applications and premium. A minimum of 3 eligible lives is required to establish a payroll deduction account.
- A true employer/employee relationship as outlined in this form must exist.
- For ManhattanLife to accommodate an employer and bill them as they instruct, we must receive all necessary material in the home office 14 days prior to the requested due date.
- When submitting a new application to an existing group, write the group number on the application.
- Coverage may not be backdated.

Billing and Premium Modes

- The Company accepts business on bank draft (EFT), list bill and direct methods of payment.
- Annual, semi-annual, and quarterly modes of payment are acceptable for all forms of payments. Monthly direct bill premium notice is not available-
- Bank drafts can be monthly, quarterly, semi-annual, or annual.
- When completing the bank draft authorization form, please print all information starting with the name of the bank to be drafted as well as their City, State, ABA transit number and account number.
- 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.
- The company does not accept:

- Postdated checks
- Partial payments
- Applications with the date altered or where whiteout is used
- Personal checks from Agent or Agency
- Money Orders as payment of the initial premium
- Credit Cards
- C.O.D. Applications

All premium checks must be payable to ManhattanLife Insurance and Annuity Company, Manhattan Life Insurance, or Family Life Insurance Company.

Prospects who have been diagnosed with or treated for any covered conditions are not eligible for the Critical Protection and Recovery Plan

Critical protection and Recovery (Critical Illness policy form CI-A/ML-CI-A) provides benefits for the first diagnosis of:

- End-Stage Renal Failure
- Major Third-Degree burns
- Paralysis
- Coma
- Heart Attack
- Stroke

Critical Illness Policy Form CI-B/ML-CI-B adds Life-Threatening Cancer to the covered events.

CRITICAL ILLNESS UNDERWRITING GUIDELINES: Automatic decline with any history of the following

- AIDS or HIV positive
- Alcohol or drug abuse
- Aneurysm
- Arrythmias - any type
- Asthma – Chronic with continuous symptoms, daily inhaler use, steroid use or with smoking.
- Build exceeding the guidelines.
- Cerebral Arteriovenous Malformation
- COPD/Emphysema
- Cystic Fibrosis
- Diabetes
- Heart disease or disorder excluding high blood pressure controlled with no more than 2 medications.
- Hemochromatosis
- Kidney disease or disorder
- Liver disease or disorder
- Pacemaker
- Stents
- Peripheral artery disease
- Pulmonary embolism
- Sarcoidosis

Adult Underwriting Height/Weight

MALE				FEMALE			
Height		Minimum	Maximum	Height		Minimum	Maximum
Feet	Inches	Weight	Weight	Feet	Inches	Weight	Weight
5	0	105	209	4	8	85	185
5	1	108	215	4	9	90	190
5	2	110	224	4	10	93	195
5	3	112	232	4	11	95	199
5	4	115	238	5	0	100	204
5	5	119	245	5	1	102	209
5	6	122	253	5	2	105	215
5	7	126	259	5	3	108	221
5	8	129	267	5	4	110	227
5	9	132	275	5	5	115	232
5	10	136	282	5	6	117	237
5	11	140	290	5	7	120	244
6	0	144	298	5	8	125	251
6	1	148	308	5	9	128	260
6	2	151	316	5	10	130	265
6	3	155	326	5	11	135	275
6	4	159	334	6	0	138	284
6	5	163	342	6	1	141	291
6	6	166	352	6	2	145	298
6	7	169	361	6	3	150	304
6	8	173	369	6	4	155	310