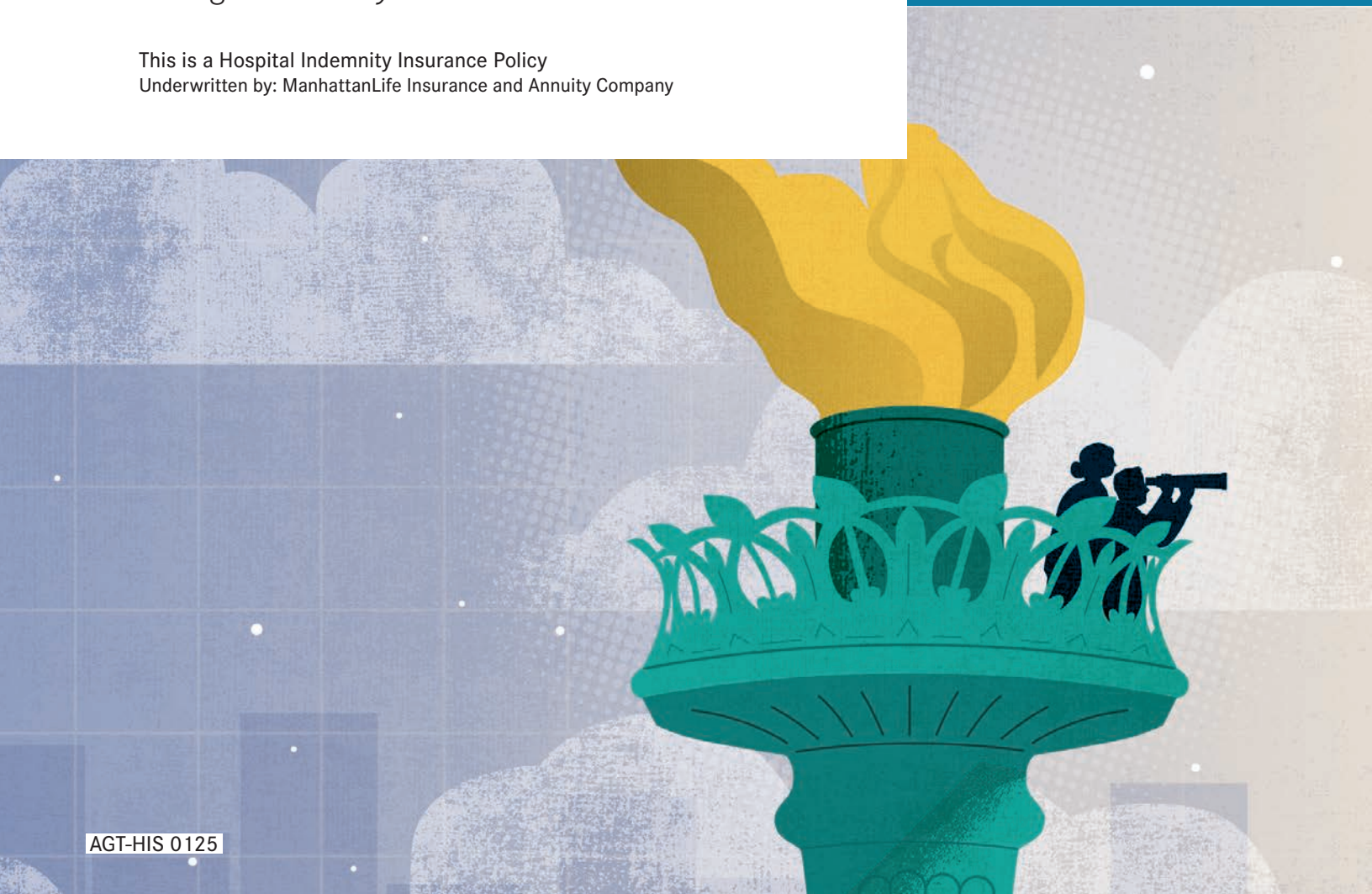
ManhattanLife™
Standing By You. Since 1850.

ManhattanLife Lighthouse Series
Hospital Indemnity Select

Agent Guide

For Agent use only

This is a Hospital Indemnity Insurance Policy
Underwritten by: ManhattanLife Insurance and Annuity Company



AGT-HIS 0125

Hospital Indemnity Select

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Thank You from ManhattanLife!

First of all, thank you for taking the time to read our Hospital Indemnity Select Agent Guide! We realize that you have many carrier and product options to choose from and we sincerely thank you for choosing ManhattanLife!

Who We Are

Who is ManhattanLife? Since 1850, we've defined our brand with our commitment to standing by policyholders and producers with diligence and compassion. For over 170 years we've been a private and closely held company by choice. And as an independent, we have always been free to make decisions that align with our values and core mission — helping policyholders attain and sustain health, wealth and security throughout their lives.

We demonstrate this commitment by striving to honor claims and pay benefits with professionalism and care. For our producers, we are a reliable and independent partner. We stay agile and open minded about customizing products or innovating new policies to meet our policyholders' evolving needs. With a national footprint and licenses to sell in every state and U.S. territory, we are everywhere you want us to be.

The Company's longevity as staying independent in the marketplace is remarkable considering the robust merger and acquisition activity the industry has experienced in modern times. To put its staying power in context, the current average age of S&P 500 Index companies is less than 20 years old. By contrast, operating successfully for over 170 years as an independent is a testimony to ManhattanLife's enduring history and an indicator of the reliability of our future.

Why Hospital Indemnity Select?

Hospital stays can be expensive, even if you have health insurance. **Hospital Indemnity Select was designed to help provide financial relief by paying a lump sum cash benefit for covered hospital stays**. This money can help cover out-of-pocket expenses such as deductibles, co-payments, and other medical costs that may not be covered by your primary health insurance.

ManhattanDirect 2.0

ManhattanDirect is ManhattanLife's online application submission portal. This resource allows for online application fulfillment and submission in lieu of paper. While ManhattanLife does accept paper applications (outlined below), we recommend using 2.0 whenever possible, as we have found that processing times are faster on average than paper applications.

Here you can find all of our up to date marketing and training collateral. Additional resources include:

- Product Availability Grids
- Policyholder List
- Trainings
- Ordering Supplies
- Social Media Collateral
- Commission Earnings

Please visit https://producer.manhattanlife.com/ and start exploring today!



Highlights

Issue Age	18 - 89
Guarantee Issue	64.5 - 70
Underwriting	Simplified Issue
Policy Type	Guaranteed Renewable
Annual Policy Fee	$12 (Billed at $1.00 per month)

Child(ren) Coverage

Newborns are covered at birth, which also includes a foster child.

Product Availability Map

Scan this QR Code to view the Product Availabilty Map

Click on this QR Code to download the Product Availability Map on Resource One

Product Maps

Base Plan Highlights & Optional Riders

A multitude of base benefit levels, coupled with multiple elimination periods & optional benefits, allow for a tailored approach to policy creation.

Benefits

Hospital Confinement Benefit Your base hospital confinement benefit will pay a daily benefit directly to you if you are hospitalized for at least 24 hours for observation or confinement. After 60 days of being discharged, your benefits will fully restore.	**Issue Ages 18 to 64 ½:** Base Plan Choices: 1 Day — Daily Benefit Amount: $50 to $10,000 **Issue Ages 64 ½ to 89:** Base Plan Choices: 3 Days — Daily Benefit Amount: $50 to $750 6 Days — $50 to $750 10 Days — $50 to $750
Mental Health	If confined to a hospital for a mental or nervous disorder, your policy will pay you $175 per day, up to 7 days per calendar year. This benefit is paid in lieu of your hospital confinement indemnity benefit.
Short Duration Hospital Stay	If you are admitted to a hospital and discharged within 12 and 24 hours for observation or confinement, your policy will pay as follows: For the 1 Day benefit period option, 25% of your daily benefit amount is payable. For all other benefit period options, 100% of your daily benefit amount is payable.
Emergency Room or Urgent Care	Your policy will pay $150 if you are treated for an Injury in an Emergency Room or an Urgent Care Facility. This benefit is payable up to 6 days per calendar year.
Ambulance Benefits	Your policy will pay $200 per ground or air ambulance ride to or from a medical facility. This benefit is payable up to 4 times per calendar year, with a lifetime maximum of 15 trips.

Optional Riders

Skilled Nursing Facility Benefit Rider	**Option 1:** Your rider will pay $100, $150 or $200 per day for days 1 through 50 if you are confined to a skilled nursing facility. **Option 2:** Your rider will pay $100, $150 or $200 per day for days 21 through 100 if you are confined to a skilled nursing facility. Your confinement to a skilled nursing facility must be within 30 days of a period of hospital confinement of at least three consecutive days.
First Day Hospital Admission Benefit Rider *(Not available under 64½)*	In addition to your base hospital confinement indemnity benefit, your First Day Hospital Admission Benefit Rider will pay either $250, $500 or $750 upon admission to the hospital. This benefit is payable up to 6 times per calendar year.
Outpatient Surgical Procedure Benefit Rider	Your Outpatient Surgical Procedure Benefit Rider will pay $250, $500, $750 or $1,000 per day when a surgical procedure is performed in an ambulatory surgical center or outpatient hospital facility. This benefit is payable up to 2 times per calendar year.

Policy Issue Guidelines

The policy issued is specific to the state where the application was submitted. The state of application controls the application, forms, premium and policy issued.

Replacements

A replacement takes place when an applicant wishes to exchange an existing ManhattanLife Hospital Indemnity Select policy for another product within the ManhattanLife Family of companies. Internal and external replacements are processed in the same manner, and both require a newly completed application with full underwriting. For internal replacements, we will use the same underwriting criteria. However, we will also use our claims database to assist in determining the risk of an applicant.

Whether completing a paper application, or utilizing ManhattanDirect 2.0, please remember only current state-approved applications may be used.

Coverage Rules - Policies Covering More than 1 Individual

For Individual/Spouse, Individual/Child(ren) or Family coverage, the premium and the base options will be determined based on the age of the older applicant on the date the application is signed.

If the individual desire differing options, then individual coverage should be applied for.

Guaranteed Renewability

This is a Guaranteed Renewable product, which means the insured can keep this plan as long as they want by continuing to pay premiums

Submitting Paper Applications

As stated above, we always suggest submitting applications through ManhattanDirect, as we have found processing times are generally quicker. We do, however, understand there may be times when this simply isn't possible. In the event a paper application has to be submitted, the agent needs to complete the application with the applicant actively engaged throughout the process. The agent can either be at the same physical location as the applicant/owner, or the application can be processed over the phone. Regardless of how the application process takes place, both the applicant/owner and the agent must physically sign the document. Therefore, if the application is completed over the phone, the agent must fax or send the application to the applicant/owner to obtain their signature before submitting it to ManhattanLife for processing. Below are options for getting paper applications to ManhattanLife for processing.

- Easy Upload – see below
- Fax – 1-713-481-8216 Attention: New Business
- Mail – P.O. Box 924408 Houston, TX 77292 OR
  Overnight/Specialty Mail: 10777 Northwest Freeway, STE 600 Houston, TX 77092

Easy Upload Feature

The Easy Upload tool can be used to upload applications rather than mailing or faxing them. Please note that currently Easy Upload will only accept PDF files. Therefore, the application must be scanned and converted to a PDF to be attached. There are step- by-step instructions located in the "Help" section found to the left of the Easy Upload area within the Agent Resource Center.
URL: *https://producer.manhattanlife.com/life/account/login.aspx?AsAgent*

Required Application Information

If an application is submitted with incomplete, unclear, or missing information critical to the risk evaluation process, a new application may be required, or an amendment to the application will be issued. Critical information includes, but is not limited to:

- Complete residential address
- Date of birth
- Plan selection
- Correct premium
- Bank draft date/Policy effective date
- Eligibility questions
- Applicant's signature (Mother's Maiden Name electronic applications only)
- Agent's signature
- Agent Number

Top Reasons for Application Delays

- The application is received at the administrative office more than 30 days from the signature date, or if the signature date is in the future.
- Pending Agent Appointment. ManhattanLife practices “Just in Time” appointments and processing of applications. What does this mean? This means that we will not run a background check and solidify appointments until your 1st piece of business is submitted. This could result in a 24-48 Hr delay for this initial deal. We appreciate your patience during this initial period.
- Signature stamps are not allowed on applications. Please ensure a physical signature is captured.
- If the amount quoted on the application is less than the modal premium we calculate, we will contact the agent to verify that it is acceptable to process the bank draft for the amount that we have calculated. We will amend the modal premium.
- All medication information and history not provided.
- Information listed on application does not align with Personal Health Interview (PHI).

Bank Draft Authorization Form

A completed Bank Draft Authorization form must accompany the application.
URL: *https://online.flippingbook.com/view/965377107/*

Billing Methods

Direct Bill – Annual, Semi-Annual, Quarterly
Bank Draft – Annual, Semi-Annual, Quarterly, Monthly
List Bill - Annual, Semi-annual, Quarterly, Monthly

Situations Requiring a New Application

- A new application is required if white-out or liquid paper has been used on the application, or a change was made to the application and not initialed by the applicant.
- If the incorrect state-approved application was submitted. Only the most recent state-approved application will be accepted. If the status of the available application is in question, please call Sales & Marketing to confirm the application form number.
- If client elects to pay premiums via bank draft, please ensure the bank draft authorization form is submitted along with the paper application.

Upgrading Benefits

An insured can request an upgrade in benefits, i.e., transitioning from a Day-1 Admission Benefit to a 6-Day Benefit plan. In order to process upgrades, the insured would need to submit a new application. Based on historical claims experience, we would either allow the new benefits, or decline. In the event of a decline, the insured could retain their existing benefits.

Application Status

For your convenience, you may access the Agent Resource Center at any time to verify the processing status of a submitted application.
https://producer.manhattanlife.com/life/account/login.aspx

Application Status Codes

- Pending Review: In the process of being reviewed for processing
- Pending Agent Appointment: Application processed, but pending agent appointment
- Pending PHI: Pending telephone interview with applicant
- Withdrawn: Application closed due to insufficient information or documentation
- Declined: Not eligible for coverage
- Postponed: Follow-up required, additional testing recommended, or diagnostic test results not received.
- Approved, Pending Premium Draft: Application is processed and policy has been issued but the first bank draft has not yet been paid pending the upcoming bank draft date

Amendments/Endorsements

An Amendment and/or Endorsement to the application will be generated for the following reasons:

- Any question left blank or answered incorrectly (as determined by a telephone interview).
- An error or unclear answer for the plan selection and/or underwriting risk classification.
- An error or unclear answer for the date of birth, sex, and/or address.
- An error or unclear answer for the modal premium.

Underwriting

The goal of ManhattanLife and its group of companies is to issue insurance policies as quickly and efficiently as possible, while ensuring proper evaluation of each risk. To accomplish this goal, writing agents may be contacted via email to advise him/her of any problem(s) with an application.

Complete applications will be reviewed and processed within 48-72 hours. It is very important to ensure the entire application is filled out completely, including all health questions. This greatly helps reduce processing timeframes.

If you (agent) or insured are unsure about past medical conditions, impairments, or terminology, please provide any additional comments that could provide additional insight into our underwriters.

This product has a Pre-Existing Exclusion period of 12-months with the exception of TX and PA which have a Pre-Existing Exclusion period of 6-months for individual insureds 65 years old or older.

Guaranteed Issue Availability

If the applicant is within the ages of 64 ½ -70 at the time of effective date and, it's their first application, coverage is guaranteed issued.

Telephone Interviews

There may be instances when a telephone interview is necessary to verify information within the application. In the event we are unable to complete a phone interview, additional medical records may be required.

Any deviations from the application and information gathered during a Phone Interview could result in processing delays. Please be aware that agents and/or an agent's representative may not be present or on the line while a phone interview is being conducted.

Pharmaceutical Information

ManhattanLife Insurance and Annuity Company has implemented a process to support the collection of pharmaceutical information for underwritten Hospital Indemnity Select applications. To obtain the pharmaceutical information, the Authorization and Certification section must be signed by the applicant. Prescription information noted on the application will be compared to the additional pharmaceutical information received. This additional information will not be solely used to decline coverage.

Medical Information Bureau (MIB):

ManhattanLife may utilize the Medical Information Bureau for a comprehensive medical history at our discretion.

Underwriting Outcomes

- Approve
- Decline
  - Applicant has been denied coverage
  - Any applicant who answers "Yes" to any health questions will be excluded from coverage

Limitations and Exclusions

We will not pay benefits for claims resulting, whether directly or indirectly, from events or losses related to or resulting from any of the following:

1. Treatment, services or supplies that are subject to the Pre-Existing Conditions Limitation provision.
2. Care for Substance-Related Disorders.
3. War or any act of war (whether declared or undeclared), riot or insurrection, service in the armed forces or auxiliary units.
4. Dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Injury.
5. Cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery that is incidental to or follows surgery from trauma, infection, or other diseases of the involved part.
6. Services ordered, directed, or performed by a health care provider who is an Immediate Family Member, or supplies purchased from a medical supply provider who is an Immediate Family Member.
7. Treatment incurred outside of the United States, except for emergency treatment.
8. Suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane.
9. Experimental or Investigational Procedures or Treatments.
10. Sickness or Injury that is a result of a work-related condition that is eligible for benefits under Worker's Compensation, Employers' Liability, or similar laws.
11. Treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance, or desire.
12. Treatment, services, and supplies related to maternity, pregnancy (except Complications of Pregnancy), or abortion.

Underwriting Height/Weight - Build Chart - Adult

Male				Female			
Height		Minimum Weight	Maximum Weight	Height		Minimum Weight	Maximum Weight
Feet	Inches			Feet	Inches		
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	296

Underwriting Height/Weight - Build Chart - Children

MALE & FEMALE

	Height		Weight	
Age	Min	Max	Min	Max
1 - 8 Months	19"	35"	5 lbs.	29 lbs.
9 - 11 Months	24"	35"	13 lbs.	32 lbs.
12 - 14 Months	26"	37"	14 lbs.	35 lbs.
15 - 20 Months	27"	40"	16 lbs.	44 lbs.
21 - 24 Months	29"	42"	19 lbs.	50 lbs.

Ages 2 - 4 Years					
Height (In.)	Min. Weight (lbs.)	Max. Weight (lbs.)	Height	Min. Weight (lbs.)	Max. Weight (lbs.)
30”	19	45	37”	25	62
31”	19	47	38”	26	64
32”	20	49	39”	27	67
33”	20	51	40”	29	70
34”	21	53	41”	30	73
35”	22	56	42”	31	75
36”	24	59	43”	32	77

Ages 5 - 8 Years					
Height (In.)	Min. Weight (lbs.)	Max. Weight (lbs.)	Height	Min. Weight (lbs.)	Max. Weight (lbs.)
38”	27	65	48"	46	100
39”	29	68	49"	48	103
40”	30	72	50"	50	107
41”	32	75	51"	52	110
42”	34	79	52"	54	114
43”	36	82	53"	56	117
44”	38	86	54"	58	121
45”	40	89	55"	60	124
46”	42	93	56"	62	128
47”	44	96			

Underwriting Height/Weight - Build Chart - Children

MALE & FEMALE

Ages 9 - 11 Years					
Height (In.)	Min. Weight (lbs.)	Max. Weight (lbs.)	Height	Min. Weight (lbs.)	Max. Weight (lbs.)
44"	35	83	54"	60	125
45"	37	87	55"	62	129
46"	40	91	56"	65	133
47"	42	95	57"	67	137
48"	45	100	58"	70	142
49"	47	104	59"	72	146
50"	50	108	60"	75	150
51"	52	112	61"	77	155
52"	55	116	62"	80	160
53"	57	121	63"	83	166

Ages 12 - 16 Years					
Height (In.)	Min. Weight (lbs.)	Max. Weight (lbs.)	Height	Min. Weight (lbs.)	Max. Weight (lbs.)
52"	54	122	63"	87	182
53"	57	127	64"	91	188
54"	60	133	65"	94	193
55"	63	138	66"	97	199
56"	66	144	67"	100	204
57"	69	149	68"	103	210
58"	72	155	69"	106	215
59"	75	160	70"	109	221
60"	78	166	71"	113	226
61"	81	171	72"	117	232
62"	84	177	73"	120	237

Decline - Maximum Weights by Height – for applicants with Diabetes

Height	Max Weight
4'8"	150
4'9"	155
4'10"	161
4'11"	167
5'0"	173
5'1"	181
5'2"	189
5'3"	197
5'4"	206
5'5"	214
5'6"	223
5'7"	231
5'8"	239
5'9"	248
5'10"	256
5'11"	265
6'0"	273
6'1"	280
6'2"	287
6'3"	294
6'4"	301
6'5"	308
6'6"	315

Uninsurable Health Conditions

Arrythmia/Heart Rhythm Disorders

- Atrial Fibrillation
- Atrial Flutter
- Atrial Tachycardia
- Bradycardia
- Premature Atrial Contractions
- Premature Ventricular Contractions
- Sick Sinus Syndrome
- Sinus Arrythmia
- Supraventricular Tachycardia
- Tachycardia
- Ventricular Arrythmia
- Ventricular Fibrillation
- Ventricular Tachycardia
- Wolff Parkinson White Syndrome

Artery Diseases

- Abdominal Aortic Aneurysm
- Atrial Disease
- Aortoiliac Occlusive Disease
- Cerebrovascular Disease
- Coronary Artery Disease
- Fibromuscular Dysplasia
- Mesenteric Vascular Disease
- Peripheral Artery Disease
- Peripheral Vascular Disease
- Popliteal Artery Entrapment Syndrome
- Renal Vascular Disease
- Thoracic Aortic Aneurysm
- Thoracic Outlet Syndrome
- Vertebrobasilar Disease

Heart Diseases/Disorder

- Angina
- Cardiomyopathy
- Congenital Heart Conditions - Uncorrected
  - Atrial Septal Defect
  - Atrioventricular Septal Defect
  - Coarctation of Aorta
  - Hypoplastic Left Heart Syndrome
  - Pulmonary Atresia
  - Tetralogy of Fallot
  - Total Anomalous Pulmonary Venous Return
  - Tricuspid Atresia
  - Transposition of the Great Arteries
  - Truncus Arteriosus
  - Ventricular Septal Defect
- Coronary Heart Disease
- Heart Attack
- Heart Failure
- Inherited Heart Conditions
  - Cardiomyopathy
  - Cardiac Amyloidosis
  - Heart Arrhythmias
  - Cardiac Tumors
  - Heart Valve Disease
  - Familial Thoracic Aortic Aneurysm Syndrome
  - High Cholesterol
  - Pulmonary Hypertension
  - Autoimmune Disease (e.g. Lupus, Rheumatoid Arthritis and Scleroderma)
- Pericardial Disease
- Valve Disease

Uninsurable Health Conditions Continued

Genetic/Inherited Disorders

- Ankylosing Spondylitis
- Beta Thalassemia
- Brugada Syndrome
- Charcot-Marie-Tooth Disease
- Cystic Fibrosis
- Down Syndrome
- Ehlers-Danlos Syndrome
- Fabry Disease
- Fragile X Syndrome
- Haemochromatosis
- Hemophilia
- Huntington's Disease
- Marfan Syndrome
- Neurofibromatosis
- Noonan Syndrome with heart defects
- Prader-Willi Syndrome
- Rett Syndrome
- Sickle Cell Disease
- Tay-Sachs Disease
- Thalassemia
- Turner Syndrome
- Von Willebrand Disease
- Williams Syndrome

Kidney Diseases/Disorders

- Atypical Hemolytic Uremic Syndrome (aHUS)
- Cardiovascular-Kidney-Metabolic Syndrome (CKM)
- C3 Glomerulopathy
- Chronic Kidney Disease
- Cystinosis
- Fabry Disease
- Focal Segmental Glomerulosclerosis (FSGS)
- Granulomatosis with Polyangiitis (GPA)
- Glomerulonephritis Disease
- Hydronephrosis
- IgA Nephropathy
- Interstitial Nephritis
- Lupus Nephritis
- Mediated Kidney Disease
- Minimal Change Disease (MCD)
- Polycystic Kidney Disease
- Primary Hyperoxaluria and Oxalate

Neurological Diseases/Disorders

- Alzheimer's Disease
- Amyotrophic Lateral Sclerosis (ALS)
- Ataxia
- Autism
- Bell's Palsy
- Brian Tumors
- Cerebral Aneurysm
- Chiari Malformation
- Encephalitis
- Epilepsy and Seizures
- Guillain-Barre Syndrome
- Hydrocephalus
- Meningitis
- Multiple Sclerosis
- Muscular Dystrophy
- Neurocutaneous Syndrome
- Parkinson's Disease
- Rett Syndrome
- Spina Bifida
- Stroke
- Tuberous Sclerosis

Uninsurable Health Conditions Continued

Sarcoidosis

- Bone marrow
- Cardiac
- Hepatic
- Musculoskeletal
- Ocular
- Pulmonary
- Neurosarcoidosis
- Renal
- Skin
- Spleen

Valve Diseases/Disorders

- Aortic Regurgitation/Insufficiency
- Aortic Stenosis
- Bicuspid Aortic Valve
- Endocarditis
- Mitral Regurgitation/Insufficiency
- Mitral Valve Prolapse
- Mitral Valve Stenosis
- Pulmonary Insufficiency
- Pulmonary Valve Stenosis
- Rheumatic Heart Valve Disease
- Tricuspid Insufficiency
- Tricuspid Valve Stenosis

Health History

Within the past 12 months, has any proposed insured been advised to have any of the tests listed below, or a treatment or surgery that has not yet been performed, or which has pending test results?

Below are examples of medical services that could be requested or recommended that have not yet been performed or performed with results pending:

Diagnostic Tests

- Bone Marrow Aspiration
- Biopsy
- Colonoscopy
- Endoscopy
- MRI
- Ultrasounds
- X-Ray
- Bone Scintigraphy
- Blood Tests
- Electroencephalography
- Mammogram
- PET Scan
- Urine Tests

Scope Procedures

- Colonoscopy
- EGD
- Sigmoidoscopy
- Laparoscopy
- Proctoscopy
- Cystoscopy
- Endoscopy
- Thoracoscopy
- Hysteroscopy

Cardiac Tests

- Coronary Calcium Scan
- Cardiac Stress Tests
- Cardiac Catheterization
- Transesophageal Echocardiogram (TEE)
- Tilt Table Test
- Myocardial Perfusion Imaging
- Electrocardiography (ECG Or EKG)
- Echocardiogram
- Holter Monitor
- Coronary Ct Angiography
- Angiography
- Doppler Echocardiography

Health History

The following information is a guide on how a few specific diagnoses and/or situations are handled.

Arthritis - In any form:

- Cannot be severe, debilitating, disabled or have surgery pending or recommended
- Cannot be Psoriatic
- Cannot require 2 or more medications or, require the use of steroids or immunosuppressants

Asthma or Reactive Airway Disease:

- Must be age 5 and above to be considered
- No hospitalizations or ER visits in the last 24 months for breathing issues/asthma attacks
- No oxygen use within the last 12 months
- Cannot be Chronic
- Cannot exceed BMI of 25
- More than one rescue inhaler within the last 24 months will be issued with an exclusion for Asthma or Reactive Airway Disease

Cancer:

- No treatment within the last 2 years for internal cancers
- Cannot have more than 1 occurrence of cancer
- Cannot have a history of Melanoma, Leukemia, Hodgkin's or Non-Hodgkin's Disease
- Basal cell or squamous cell carcinoma with recommended surgery that has not been completed yet will be issued with an exclusion

Diabetes:

Juvenile onset or the use of Insulin requiring more than 50 units of insulin per day within the last 2 years will be declined for coverage.

Applicants with a combination of high blood pressure, cholesterol and Type II Diabetes must be stable on their medications for a minimum of 6 months; this includes medication changes. In addition, they will be required to meet the following guidelines for consideration of coverage:

- Cannot exceed 2 oral diabetic medications
- Cannot exceed 2 high blood pressure medications
- Cannot exceed 1 high cholesterol medications
- Cannot exceed average blood pressure reading of 140/90
- Cannot have a history of sleep apnea within the last 12 months
- Cannot have any complications related to diabetes **** See Complications of Diabetes

Applicants with a history of Gestational Diabetes will be required to be symptom and treatment free for a minimum of 6 months

**** Complications of Diabetes: Diabetic Neuropathy or Retinopathy, Erectile Dysfunction, Chronic Cystitis, Urinary Incontinence, Kidney Disease, Skin Ulcers, Amputations

Health History

Disabled

- Applicants who are disabled will not be offered coverage

Functionally Limiting Musculoskeletal Disease or Disorder:

Applicants with a history of Rheumatoid Arthritis may be considered for coverage based on the severity of condition. Applicants that are currently being treated with or have been treated with two or more medications, immunosuppressants or steroids would not be eligible for coverage

High Blood Pressure:

- Must be controlled for a minimum of 6 months, no medication changes in the last 6 months, average blood pressure reading cannot exceed 140/90 for the last 6 months.
- Must be over age 25
- 18 and under will be declined
- 18-25 will require medical records review for cause of high blood pressure

Pregnancy:

- An application submitted with the primary applicant or any of the applicant's dependents (spouse, child(ren) under age 26), whether applying for coverage or not, is currently pregnant, or in the process for adopting a child will be postponed.
- Pregnant applicants will not be considered until pregnancy has been completed, and the mother has a normal post-partum checkup, and the newborn has had a normal 6 week checkup.
- All household applicants will be declined.

Declined Appeals

If the applicant wishes to appeal his/her declined application, a written request must be submitted by the applicant to the Underwriting Manager within 60 days of the decision. If more than 60 days have passed since the decline, the applicant will be required to submit a new application and a telephone interview will be completed. All appeals require medical records pertaining to the condition for which the applicant was declined. It is the responsibility of the applicant to obtain his/her medical records, as ManhattanLife does not make such requests. Medical records must be submitted to the Underwriting Department directly from the physician's office and will not be accepted if submitted by the applicant or agent. Please note that ManhattanLife does not reimburse any fees associated with obtaining medical records or other supporting documentation pertaining to the requested appeal. The written request and medical records may be faxed to 1-713-583-2738 and directed to the attention of the Hospital Indemnity Select Underwriting Manager. The request and records may also be mailed to the physical address or post office box noted on page 23 of this Guide.

Withdrawn Policies

Applicants who wish to withdraw an issued policy can return the insurance policy indicating they do not wish to keep the insurance policy or may be in the form of a signed letter or other signed written statement.

An applicant with a withdrawn insurance policy should be encouraged to return the insurance policy. To receive a full refund of premium, the request to not take the insurance policy must either be post- marked (if sent via mail) or received by the Company (if faxed) within the 30-day free look window. A full refund of the premium for withdrawn insurance policies will be processed 21-days after the date the check was deposited (to ensure the check has cleared the bank). If the applicant requests the refund prior to that, the applicant's financial institution will be contacted to verify the check has cleared. The refund check and a letter confirming the insurance policy was withdrawn will be mailed to the applicant. A copy of the letter will also be mailed to the writing agent.
***Any commissions paid to the writing agent(s) will be reversed.*

Contact Us

New business, claims, administration, and overnight mailing address:

ManhattanLife Insurance and Annuity Company
10777 Northwest Freeway
Houston, TX 77092
or
P.O. Box 924408 Houston, TX 77292

Marketing and Sales Support including product questions and training:

- Phone: 1-800-369-3600
- Email: aces@manhattanlife.com

Marketing and Sales support including contracting and appointments:

- Phone: 1-888-441-0700
- Fax: 713-821-6512
- Email: marketingmail@manhattanlife.com



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10777 Northwest Freeway, Houston, TX 77092

Thank you again for taking the time to learn about our Hospital Indemnity Select product. Should you have any additional questions or need more clarity, please do not hesitate to reach out to Sales & Marketing directly at:
888-441-0770 or
marketingmail@manhattanlife.com

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