ManhattanLife™
Standing By You. Since 1850.

ManhattanLife Lighthouse Series
OmniFlex™
Short-Term Care

Agent Guide

For Agent use only

This is a Short-Term Facility Care Insurance Policy
Underwritten by: ManhattanLife Insurance and Annuity Company
and Standard Life and Casualty Insurance Company



AGT-STC 0525



Thank You from ManhattanLife!

First of all, thank you for taking the time to read our Short-Term Care 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 175 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 175 years as an independent is a testimony to ManhattanLife's enduring history and an indicator of the reliability of our future.

The Purpose

The purpose of this Agent Guide is to provide insights into the benefits available with Short-Term Care. In addition, this agent guide should provide direction on topics such as state availability, submitting applications, the underwriting process, application fees, preventing processing delays and much more.

Why Short-Term Care?

With the cost of Long-Term Care insurance (LTCi) services continuing to rise and health eligibility requirements making it more difficult to qualify, ManhattanLife has developed OmniFlex™ Short-Term Care insurance (STCI) to address the growing need for coverage with an affordable solution.

Being financially prepared to pay for health-related services can be a major concern for a growing segment of the population, whether it's facility-based care, rehabilitative or professional home health care. ManhattanLife's new OmniFlex™ STCi plan is designed to financially help individuals who are faced with the physical challenges caused by an injury, illness or medical condition.

Working with ManhattanLife

Working with ManhattanLife has never been simpler! One of the tools that will make your life easy is our Agent Resource Center or ARC, as we often refer to it. ARC was developed to ensure producers have easy access to all the brochures, applications and forms that may be needed. ARC is also where you will find policy and commission information.

We like to say ManhattanLife Direct 2.0 is where you make your money and ARC is where you protect it!

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

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

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



Table of Contents

Base Plan Highlights & Optional Benefits 6
Availability 6
Base Plan Highlights 6
Optional Benefits 6
Product Availability Map 7
Application Fee & Spousal Discount 7
Submitting Paper Applications 8
Easy Upload Feature 8
Required Forms 8
Required Application Information 9
Top Reasons for Application Delays 9
Policy Issue Guidelines 10
Underwriting 10
Pre-Determination Request 11
Health Questions 11
Telephone Interviews 11
Pharmaceutical Information 11
Medications/Therapeutic Use Reference 12
Situations Requiring a New Application 17
Eligibility Questions 17
Application Status 18
Appealing a Declined Application 18
Application Status Codes 18
Application Assistance 18
Endorsements 19
Withdrawn/Not Taken 19
Methods of Payment 20
Bank Draft 20
Direct Bill 20
Forms of Payment Not Accepted 20
Claims 20
Restoration of Benefits 20
Contact Us 21
ManhattanLife Marketing Department 21
Fax Numbers 21

Base Plan Highlights & Optional Benefits

One of our main goals when creating the Short-Term Care offering was to provide benefit flexibility, giving insureds the ability to create a plan tailored to their specific needs. This allows for a multitude of base benefit levels, elimination periods and optional benefits.

Availability

Issue Age	45 - 89
Underwriting	Simplified Issue
Policy Type	Guaranteed Renewable

Base Plan Highlights

Facility Care	
Facility Care Daily Benefit	$50 - $400
Elimination Period	0, 20, 60, or 90 days
Benefit Period	90, 180, 270 or 360 days
Lifetime Maximum Benefit Period	2x Benefit Period
Bed Reservation Benefit	10 days (Lifetime Max 20 days)

Built-in Benefits	
Prescription Drug Benefit *(does not apply in VA)*	$10 Generic / $25 Brand $300 Policy Year Max
Fast-50™	Waives Elimination Period on Facility Care and/or Home Health Care (if coverage applies) to receive 50% level of accumulated Daily Benefit – perfect for care provided by a spouse, family or friends
Restoration of Benefits	Restores Facility Care or Home Health Care benefits after the 180 days out of care need is satisfied, up to lifetime max benefit period

**$25 One-time Policy Fee Applies*

Optional Benefits

Home Health Care	
Home Health Care Daily Benefit	$50 - $300
Elimination Period	0, 20, 60, or 90 days
Benefit Period	90, 180, 270 or 360 days
Lifetime Maximum Benefit Period	2x Benefit Period

Simple Inflation Benefit	
5% Simple Inflation	If chosen, Simple Inflation applies to Facility Care as well as Home Health Care, if the Home Health Care Rider is also elected

Hospital Indemnity	
Daily Benefit	$50 - $300
Benefit Period	3, 6 or 20 days
Lifetime Maximum Benefit Period	180 days

See policy for details and definitions.

Product Availability Map

Scan this QR Code to view the Product Availability Map

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

Application Fee & Spousal Discount

Application Fee

A one-time application fee of $25 is applicable for new policy submissions.

Rates

Short-Term Care rates vary by state and age. Consult the state-specific rate schedule for pricing details.

Spousal Discount

A 10% Spousal Discount is available to eligible individuals applying for OmniFlex Short-Term Care. To qualify for the discount, the following criteria must be met by the two individuals applying for coverage:

- The two must be married.
- The two must live at the same address.
- The two must both apply and be issued a policy.

The 10% Spousal Discount is a reduction from the individual price for each policyholder in the same household.

Submitting Paper Applications

ManhattanLife always recommends submitting applications through ManhattanDirect 2.0, 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 telephone. 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 telephone, 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 – Please see the Easy Upload Feature section below for instructions.
- Fax – 1-713-481-8216 Attention: New Business
- Mail – P.O. Box 924408 Houston, TX 77292 or
  Overnight/Specialty Mail: 10777 Northwest Freeway STE 500 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 instructions located in the "Help" section found to the left of the Easy Upload area in the Agent Resource Center. It should be noted that in order to submit via Easy Upload, you must be logged into our system.

The Easy Upload feature can be found on the home page of the Agent Resource Center (ARC) and was created to enable the submission of paper applications, rather than mailing or faxing them. The Easy Upload feature can be found at the following URL:
https://producer.manhattanlife.com/life/account/login.aspx?AsAgent

Required Forms

Completed Application (pages 1-5)

Whether completing a paper application or utilizing ManhattanDirect 2.0, please remember only current state-approved applications may be used when applying for coverage. If there is a question as to what application is available, please call our Marketing Department to confirm the correct application form number.

Sales & Marketing Hotline: 1-888-441-0770.
Email: marketingmail@manhattanlife.com

A copy of the completed application will be attached to the policy, becoming part of the contract.

Required Application Information

Whenever possible we highly recommend utilizing our ManhattanDirect 2.0 enrollment platform, as paper submissions often have often cause delays. 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
- Eligibility questions
- Applicant's signature
- 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 first piece of business is submitted. This could result in a 24-48 hr delay for this initial deal, so please keep that in mind.
- Signature stamps are not allowed on applications. Please ensure a physical signature is captured.
- Premium check from any third-party payor.
- 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.
- Information listed on application does not align with Prescription Drug History.

Policy Issue Guidelines

The policy issued is specific to where the application is signed. Laws, limitations and regulations may apply and vary by state.

Multiple Policies

An individual can only have one ManhattanLife Short-Term Care insurance policy in place at any given time.

Replacements

A replacement takes place when an applicant wishes to exchange an existing ManhattanLife Short-Term Care policy for any ManhattanLife company Short-Term Care policy of lesser or greater value, or a policy with an external company. Internal replacements with a benefit increase require a newly completed application and will be subject to 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. Benefit decrease do not require an application and can be done at any time with submission of the request in writing. Benefit decreases do not require a new application and can be done at any time via a written request.

Underwriting

The goal of ManhattanLife and 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 to our underwriters.

Underwriting Continued

Can agents submit a pre-determination request for the Short-Term Care product?

Yes. If you are curious about whether your client will qualify for a Short-Term Care policy, simply send the below details to *stcunderwriting@manhattanlife.com* and let us guide you!

- Name (Nice to have, but not required)
- Age
- Health History, Diagnosis Dates
- Prescription history
- Date of your last physical examination

Please provide details on any other information we may need. Information such as date of onset/diagnosis, severity, treatment details, and any limitations caused is very helpful.

Health Questions

- Health Questions Part I – If any answers to questions 1-5 on Part 1 of the application health questions is "Yes", the client IS NOT eligible for coverage.
- Health Questions Part II – If any answer to question 1 on Part II of the application health questions is "Yes", any Simple Inflation benefit IS NOT available, and the applicant will be limited to a MAXIMUM $100 daily benefit on the base Policy, Home Health Care Rider, and Hospital Indemnity Rider.
- Prescription Drug Questions Part III – Please be as thorough as possible when completing this section.

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 Telephone interview, the application will be declined or withdrawn.

** Any deviations from the application and information gathered during a Telephone 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

Standard Life has implemented a process to support the collection of pharmaceutical information for underwriting Short-Term care 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 pharmaceutical information received. Pharmaceutical information provided for the underwriting process will not be the sole factor in determining if coverage is approved.

Medications/Therapeutic Use Reference

These medications are a list of prescription drugs and their common therapeutic use. These prescription drugs are not limited to the treatment of the conditions indicated. This list is by no means complete since it would be impossible to list every medication in an easy reference guide.

Mirapex/Pramipexole & Requip/Ropinirole-complete Phone Health Interview & verify diagnosis, if used to treat restless leg syndrome and dose/frequency < 4mg QD, may be considerable.

Truvada/Emtricitabine Tenofovir-complete Phone Health Interview & verify diagnosis & how prescribed, if used as a preventative measure only, may be considered.

- Medications in **red** will result in a decline.
- Medications in **teal** will require a Phone Health Interview to determine diagnosis.

MEDICATION	CONDITION	DECLINE	LIMITED BENEFITS
Abilify	Schizophrenia/Bipolar Disorder		Y
Abiraterone Acetate	Cancer	Y	
Aggrenox	Prevent Blood Clot/Stroke		Y
Albuterol	Asthma/COPD		Y
Alkeran	Cancer	Y	
Altace	High Blood Pressure/ Congestive Heart Failure		Y
Anastrozole	Breast CA	Y	
Antabuse	Alcoholism		Y
Aranesp	Anemia in pts w/Chronic Renal Failure & CA Chemotherapy		
Aricept	Alzheimer's Disease/Memory Loss	Y	
Arimidex	Breast CA	Y	
Aripiprazole	Schizophrenia/Bipolar		Y
Atacand	Heart Failure/High Blood Pressure		
Atrovent	COPD/Asthma		Y
Avastin	Cancer	Y	
Avonex	MS		Y
Azathioprine	Prevent Kidney Transplant Rejection/RA		
AZT	HIV/AIDS	Y	
Benazepril	CHF/Renal Failure/High Blood Pressure		
Benztropine	Parkinson's Disease		
Bevacizumab	Cancer	Y	

MEDICATION	CONDITION	DECLINE	LIMITED BENEFITS
Bicalutamide	Prostate CA	Y	
Breo	COPD/Asthma		Y
Bumex	Fluid Retention/CHF		
Busulfan	Leukemia	Y	
Carbidopa	Parkinson's Disease	Y	
Carvedilol	CHF/High Blood Pressure		Y
Casodex	Prostate CA	Y	
CellCept	Transplant Anti-Rejection/Lupus		Y
Chlorambucil	Leukemia	Y	
Chlordiazepoxide	Anxiety/Alcoholism		Y
Chlorpromazine	Schizophrenia		Y
Ciclosporin	Dry Eyes/Organ Transplant Rejection/RA/ Psoriasis/Nephrotic Syndrome		
Clonazepam	Seizures/Panic Disorder		Y
Clopidogrel	Prevent Blood Clot/Stroke		Y
Clozapine	Schizophrenia		Y
Clozaril	Schizophrenia		Y
Cogentin	Parkinson's Disease		
Cognex	Alzheimer's Disease	y	
Combivent	COPD		Y
Comtan	Parkinson's Disease		
Copaxone	MS (injection)		Y
Coreg	CHF/High Blood Pressure		Y
Cyclophospha-mide	Cancer	Y	
Cyclosporine	Dry Eyes/Organ Transplant Rejection/RA/ Psoriasis/Nephrotic Syndrome		
Cytoxan	Cancer	Y	
Daclatasvir	Hepatitis C		Y
Daklinza	Hepatitis C		Y
Darbepoetin Alfa	Anemia in pts w/Chronic Renal Failure & CA Chemotherapy	Y	
Darunavir	HIV	Y	
Diazepam	Anxiety/Alcohol Withdrawal/Muscle Spasms		Y

MEDICATION	CONDITION	DECLINE	LIMITED BENEFITS
Diovan	Heart Failure/High Blood Pressure		
Diuril	Fluid Retention/CHF		Y
Donepezil	Alzheimer's Disease/Memory Loss	Y	
Eliquis	Prevent Blood Clot/Stroke in pts w/A Fib		Y
Enalapril	CHF/High Blood Pressure		Y
Entacapone	Parkinson's Disease		
Entresto	Chronic Heart Failure	Y	
Erlotinib	Cancer	Y	
Eulexin	Prostate CA	Y	
Exelon	Alzheimer's Disease	Y	
Extavia	MS		Y
Femara	Breast CA	Y	
Fluoxetine	Panic Disorder/Depression		Y
Fluphenazine	Schizophrenia/Psychosis		Y
Fosinopril	Heart Failure/High Blood Pressure		
Galantamine	Alzheimer's Disease	Y	
Gengraf	Prevent Organ Transplant Rejection		Y
Geodon	Schizophrenia/Bipolar		Y
Gleevec	Leukemia	Y	
Haldol	Mood Disorders/Schizophrenia		Y
Harvoni	Hepatitis C		Y
Heparin	Prevent Blood Clots (injection)		Y
Hexalen	Ovarian CA	Y	
Hydrea	Sickle Cell Anemia/Cancer/Blood Disorders		
Hydroxychloro-quine	RA/Lupus		Y
Hydroxyurea	Sickle Cell Anemia/Cancers/Blood Disorders		
Hygroton	Fluid Retention/CHF		
Imuran	Prevent Kidney Transplant Rejection/RA		
Indapamide	High Blood Pressure/CHF		
Interferon	MS/Hepatitis C		
Ipratropium	COPD/Asthma		Y
Keytruda	Lung Cancer	Y	

MEDICATION	CONDITION	DECLINE	LIMITED BENEFITS
Klonopin	Panic Disorder/Seizures		Y
Lamictal	Seizures/Bipolar Disorder		Y
Latuda	Bipolar Disorder/Schizophrenia		Y
Ledipasvir	Hepatitis C		Y
Letrozole	Breast CA	Y	
Leukeran	Leukemia	Y	
Levodopa	Parkinson's Disease		
Librium	Anxiety/Alcoholism		Y
Lisinopril	CHF/High Blood Pressure		Y
Lithium	Manic Depressive Disorder/Bipolar Disorder		Y
Lodosyn	Parkinson's Disease		
Lotensin	High Blood Pressure/CHF/Renal Failure		
Loxitane	Schizophrenia		Y
Lozol	High Blood Pressure/CHF		Y
Lupron	Prostate CA (injection)	Y	
Lurasidone	Bipolar Disorder/Schizophrenia		Y
Maraviroc	HIV	Y	
Megace	Tx of loss of appetite/wt loss d/t AIDS, advanced Breast CA, Endometrial CA	Y	
Mellaril	Schizophrenia		Y
Memantine	Alzheimer's Disease	Y	
Mercaptopurine	Acute Lymphocytic Leukemia/Ulcerative Colitis/Crohn's		Y
Methotrexate	Cancer/RA	Y	
Midamor	High Blood Pressure/CHF		Y
Mirapex	RLS/Parkinson's Disease		
Monopril	Heart Failure/High Blood Pressure		
Mycophenolate	Transplant Anti-Rejection/Lupus		Y
Myleran	Leukemia	Y	
Namenda	Alzheimer's Disease	Y	
Navane	Schizophrenia		Y
Neoral	Prevent Organ Transplant Rejection		Y
Olanzapine	Schizophrenia/Bipolar Disorder		Y

MEDICATION	CONDITION	DECLINE	LIMITED BENEFITS
Olysio	Hepatitis C		Y
Peg-Intron	Hepatitis C (injection)		Y
Pembrolizumab	Lung Cancer	Y	
Permax	Parkinson's Disease		
Perphenazine	Schizophrenia		Y
Plaquenil	RA/Lupus		Y
Plavix	Prevent Blood Clot/Stroke		Y
Pramipexole	RLS/Parkinson's Disease		
Prezista	HIV	Y	
Proair	Asthma/COPD		Y
Procrit	Anemia in pts w/Renal Failure, HIV, CA		
Prograf	Prevent Organ Transplant Rejection		Y
Prolixin	Schizophrenia/Psychosis		Y
Prozac	Panic Disorder/Depression		Y
Pulmicort	Asthma/COPD		Y
Purinethol	Acute Lymphocytic Leukemia/Ulcerative Colitis/Crohn's		Y
Quetiapine	Bipolar Disorder/Schizophrenia		Y
Ramipril	CHF/High Blood Pressure		Y
Razadyne	Alzheimer's Disease	Y	
Rebif	MS		Y
Reminyl	Alzheimer's Disease	Y	
Requip	RLS/Parkinson's Disease		
Rheumatrex	Cancer/RA	Y	
Rilutek	ALS		Y
Riluzole	ALS		Y
Risperdal	Schizophrenia/Bipolar Disorder		Y
Risperidone	Schizophrenia/Bipolar Disorder		Y
Rivastigmine	Alzheimer's Disease	Y	
Ropinirole	RLS/Parkinson's Disease	Y	
Sacubitril/ Valsartan	Chronic Heart Failure	Y	
Selegiline	Depression/Parkinson's Disease	Y	

MEDICATION	CONDITION	DECLINE	LIMITED BENEFITS
Selzentry	HIV	Y	
Seroquel	Schizophrenia/Bipolar Disorder/Major Depression		Y
Simeprevir	Hepatitis C		Y
Sinemet	Parkinson's Disease		
Sofosbuvir	Hepatitis C		Y
Sovaldi	Hepatitis C		Y
Spironolactone	High Blood Pressure/CHF/Edema		Y
Tacrine	Alzheimer's Disease	Y	
Tacrolimus	Prevent Organ Transplant Rejection		Y
Tamoxifen	Cancer	Y	
Tarceva	Cancer	Y	
Tasmar	Parkinson's Disease		
Tegretol	Seizures/Bipolar Disorder		Y
Tetrabenazine	Huntington's Disease/Chorea	Y	
Thorazine	Schizophrenia		Y
Tolcapone	Parkinson's Disease		
Trexall	Cancer/RA		
Valium	Anxiety/Alcohol Withdraw/Muscle Spasm		Y
Vasotec	CHF/High Blood Pressure		Y
Xeloda	Colon/Breast CA	Y	
Xenazine	Huntington's Disease/Chorea	Y	
Zaroxolyn	Fluid Retention/CHF		Y
Zestril	CHF/High Blood Pressure		Y
Ziprasidone	Schizophrenia/Bipolar Disorder		Y
Zoloft	Panic Disorder/Depression/PTSD		Y
Zyprexa	Schizophrenia/Bipolar Disorder		Y
Zytiga	Cancer	Y	

Medications/Therapeutic Use Reference

Want instant access to this medication list on your phone? Scan this QR!

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 at 1-888-441-0770.

Eligibility Questions

Ineligible conditions include:

For the Base Plan

- Acquired Immunodeficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV), Arthrogryposis Dysfunction-Cholestasis (ARC).
- Eligible for Medicaid, or on early Medicare due to disability or are disabled.
- Receiving assistance or supervision to perform activities of daily living such as bathing, dressing, eating, toileting, getting in or out of bed, or having an inability to control bowel or bladder function.
- Received home health care services, or confined in a rehabilitation facility, nursing facility, or assisted living facility.
- Being treated or have been diagnosed by a medical professional for Alzheimer's Disease, dementia, Parkinson's disease (stage 4 and 5), Huntington's Chorea, or cognitive impairment.
- Receiving treatment by a medical professional for diabetic complications resulting in neuropathy, proliferative retinopathy, kidney disease or failure, renal insufficiency, or kidney dialysis.
- Been advised to have tests, treatment or surgery that has not been performed or for which test results are pending within the last 12 months.

Note: Answering "No" to all the medical questions on the application does not guarantee acceptance. The underwriter reviews the applicant's entire medical history when making their decision.

Application Status

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

Appealing a Declined Application

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 Standard Life 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 Standard Life 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 Short-Term Care Underwriting Manager. The request and records may also be mailed to the physical address or post office box:

- Fax – 1-713-481-8216 Attention: New Business
- Mail – P.O. Box 924408 Houston, TX 77292

Application Status Codes

- **Pending Review:** New Application in process
- **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. The application can also be withdrawn at the insured or agent's request.
- **Declined:** Not eligible for coverage
- **Pending Info:** Additional information is needed to complete underwriting.
- **Underwriting:** Application is being reviewed for risk assessment.

Application Assistance

If you have any questions about the application or about how to answer any of the questions on the application, please call Standard Life at **1-800-879-6542**

Endorsements

An 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.

Withdrawn/Not Taken

An application that has not completed the underwriting process or has not been issued can be withdrawn by contacting ManhattanLife. If an applicant wishes to no longer be covered under an issued policy, they can return the insurance policy in the form of a signed letter or other signed document, therein indicating they do not wish to keep the policy.

An applicant with a withdrawn insurance policy should be encouraged to return the insurance policy. To receive a full refund of the 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. Once the original premium check has been cleared by the bank, a full refund of the premium will be issued. 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 terminated 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.

Methods of Payment

The method of premium payment should be selected on the application with the modal premium written in the designated field. The modal premium does not include the insurance policy fee (if applicable).

The available premium payment modes are as follows:

Direct bill*	**Bank Draft**
Annual	Annual
Semiannual	Semiannual
Quarterly	Quarterly
	Monthly

ManhattanLife 2.0 defaults to Monthly.

The amount of each modal premium is calculated by multiplying the annual Policy premium by the applicable modal factors. The modal premiums for Your Policy are shown on the Policy Schedule.

Premium Payment Mode	Modal Factor
Semi-Annually	0.52
Quarterly	0.25
Monthly	0.0833

Bank Draft

Pay initial and renewal premiums by bank draft.
A completed Bank Draft Authorization form must accompany the application and be filled out in its entirety.

Direct Bill

Acceptable forms of payment:

- Personal checks
- Electronic bill pay (from applicant)

The Following Forms of Payment are *NOT* Accepted:

- Temporary checks
- Employer-paid health coverage for current employees
- Business check from a business not owned by the applicant or spouse
- Third party checks

Claims

Restoration of Benefits

ManhattanLife is administering this benefit as outlined below.

- After receiving facility care or home health care benefits, if the insured has not received any benefits for 180 days, we will restore their benefit period to its original benefit period.
- This restoration of benefits is regardless of whether or not the insured has used their entire benefit period.
- The insured would still be subject to the lifetime maximum benefit period outlined in the policy.

Contact Us



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

Standard Life and Casualty Insurance Company
10777 Northwest Freeway
Houston, TX 77092
or
P.O. Box 924408 Houston, TX 77292

Toll-free number: 1-800-879-6542
Website: www.manhattanlife.com

ManhattanLife Marketing Department

Call 1-888-441-0770 for Marketing Support, Agent Licensing, Agent Portal Assistance or Supplies.
Marketing Support and Agent Licensing Fax: 1-713-821-6512

For direct access to the Agent Resource Center portal:

https://producer.manhattanlife.com

Fax Numbers

New Business/Customer Service/Underwriting Fax: 1-713-481-8216

For additional information that has been requested, please include application number

Claims Fax number: 1-713-583-0677

To ensure quick processing, please include the policy number on all claims inquiries.



ManhattanLife™
Standing By You. Since 1850.

Underwritten by:
ManhattanLife Insurance and Annuity Company
10777 Northwest Freeway, Houston, TX 77092

Standard Life and Casualty Insurance Company
PO Box 510690; Salt Lake City, UT 84151-0690

Thank you again for taking the time to learn about our Short-Term Care 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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