



# ManhattanLife<sup>TM</sup>

*Standing By You. Since 1850.*

Underwritten by ManhattanLife Insurance and Annuity Company

## **CP4000 LIMITED CANCER AND DREAD DISEASE POLICY**

**Policy Forms Series CP4000 4/04**

**AGENT'S GUIDE**

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## **GENERAL INFORMATION**

CP4000 is a Limited Cancer and Dread Disease Policy. Coverage is not provided for any expenses due to sickness. Use only in the states of AR, AZ, CO, IA, IL, IN, KY, LA, MO, NC, ND, NE, NM, OH, SD, SC, TX, TN and VA.

## **BENEFIT PACKAGES**

CP4000 has four plan offerings, A, B, C or D.

\*The First Occurrence Benefit Rider is not available for age band 65 and above and is not included in the premium for employee, spouse, and children.

\*\*Cancer Screening Benefit Plan A-\$50, Plan B-\$50 or \$100, Plan C and D -\$100

## **RENEWABILITY**

Guaranteed renewable for life Subject to the company's right to change premiums.

## **ACTUAL CHARGES**

The amount(s) actually paid by or on behalf of the Covered Person and accepted by the provider as full payment for the covered services provided.

We will pay monetary benefits representing the actual charges for the covered services provided. Actual Charges means the amount(s) actually paid by or on behalf of the covered person and accepted by the provider as full payment for the covered services provided. If this Policy is the covered person's only form of insurance coverage, the amount the covered person is required to pay, the provider for the covered services is the Actual Charge.

## **OPTIONAL RIDERS**

These riders are optional and have an additional cost.

- Intensive Care Unit Rider
- Critical Care Benefit Rider

## **ISSUE AGES AND PREMIUM AGES**

- The Insured and spouse must be between ages 18 through 69 to apply for individual coverage. Between the ages of 18 and 64 for payroll group rates. Eligibility for coverage is determined by each adult age.
- Family Coverage is available for unmarried, dependent children under the age of 21( in NM and TX, age 25 regardless of student status). Unmarried children under the age of 25 may also be covered if enrolled as a full-time student in an accredited college or university. When the child reaches the limiting age, the child may "convert" to an individual policy without evidence of insurability, subject to the "Conversion" provision in the base policy.
- ManhattanLife uses the Employee's current age on the policy issue date for payroll premium determination. Use the oldest participant age when determining the premium for two parent non-payroll rates.
- The Individual rates for the base plan must be used for the 65-69 age band even on payroll deduction. (Those rates do not include the FOB Rider, which is not available for ages 65+).

## **UNDERWRITING AND EFFECTIVE DATES**

- Our underwriting guidelines preclude individuals with multiple indemnity cancer policies. ManhattanLife will not issue a second indemnity Cancer plan to a proposed insured that already has an existing cancer policy. Proof of replacement is required.
- Only ONE Cancer Screening Benefit is allowed for each individual policyholder. You cannot offer the Cancer Screening Benefit with any cancer plan if the insured has an existing Cancer Screening Benefit on any other Policy (MIAC or other Associated Company). Exception: if the total of all existing benefits is \$50 annually or less, the cancer screening benefit rider will be allowed.
- Coverage is not guaranteed.
- The "Effective Date" of a policy will be the policy date stated on the policy schedule page. It is not the date the application is signed.
- With the exception of Hodgkin's disease, leukemia, and melanoma, applicants who have not been diagnosed with or been treated for cancer, or any malignancy within the last ten years will be considered for cancer coverage (excluding the First Occurrence Benefit Rider).
- Persons who have a previous history of Hodgkin's disease, leukemia or melanoma are not eligible.
- Applicants who have been diagnosed with or been treated with skin cancer, at anytime, will be considered for cancer coverage; however, skin cancer will be excluded from coverage for the life of the policy.

- New payroll groups in a Section 125 Cafeteria Plan have a one year premium rate guarantee from the date the group is established with its initial enrollee policies. A copy of the face page of the Summary Plan Document (SPD) is required as proof.
- Additional policies/insureds to an existing payroll group will be at the premium rate in effect when the additional policies are issued.
- Anyone who has had cancer in the past is not eligible for FOB.
- Any applicant that had previous Cancer FOB will be excluded from coverage.

### **COMPLETING THE APPLICATION**

- Be sure to ask the proposed insureds ALL health questions and the answers recorded on the application exactly as stated to you.
- MIAC must have the full name of the person to be excluded and the health condition listed.
- All applicants age 18 or older must sign the application.
- When submitting an application on an existing payroll account, be sure to write the group number as well as the group name as it appears on the billing on the new application.
- ManhattanLife does not accept:
  - post-dated checks;
  - C.O.D. applications;
  - partial payments;
  - applications with the date altered;
  - applications where “white-out” has been used;
  - personal checks from an agent or agency.
  - money order, cashiers check and temporary checks

### **REPLACEMENT OF COVERAGE**

- If an application is written in a state or territory other than that of the principal insured, you must state the city and state where the application was signed on the application. You must be licensed and appointed in that state.
- Home office approval needed if you are replacing coverage, make sure you list any existing policies and complete the replacement information. The 30 day waiting period will be waived for Individual and monthly bank draft policies. For List bill groups replacing another carriers cancer policies, we will waive the 30 day waiting period.
- When replacing coverage, MIAC coverage begins when the policy with the former carrier expires for insureds who have never been diagnosed with cancer.
- The replacement form is mandatory whenever replacement is involved.
- ManhattanLife accepts business on monthly bank draft, list bill and direct bill methods of payment. The annual, semiannual and quarterly modes of payment are acceptable for all forms of payment. Payroll rates are only available for list billed payroll groups of 3 or more.
- All premium checks must be payable to ManhattanLife Insurance and Annuity Company.

### **METHODS OF PAYMENT**

The method of premium payment should be selected on the application with the modal premium written in the designated field. The available premium payment modes are as follows:

#### **Direct Bill\***

Annual  
Semiannual  
Quarterly

#### **Bank Draft**

Annual  
Semiannual  
Quarterly  
Monthly

*\*Please see below for acceptable forms of payment.*

### **BANK DRAFT OPTIONS**

Pay initial and renewal premiums by bank draft. A completed Bank Draft Authorization form must accompany the application. If drafting from a checking account, a voided check must be submitted. If the applicant wishes to draft from a savings account, the Bank Draft Authorization form must be filled out in its entirety. If the information provided is incomplete or unclear the company will require proof of the routing number and account number from the financial institution.

The initial premium will be drafted upon the effective date of coverage. The applicant may select any day for the renewal premiums to be drafted excluding the 29<sup>th</sup>, 30<sup>th</sup> or 31<sup>st</sup> of the month.

*Note: if the initial EFT is returned non-sufficient funds (NSF) payment will be called due, the policy will transition to quarterly direct bill mode, and the initial premium will be required to activate the coverage. If the initial premium is drafted successfully and any renewal premiums are returned NSF, payment automatically will be called due and the policy will transition to quarterly direct bill mode.*

### **DIRECT BILL**

Acceptable forms of payment:

- Personal checks
- Electronic bill pay (from applicant)
- Business check (business owner must be applicant or spouse of applicant)

The following forms of payment are **NOT** acceptable:

- Temporary checks
- Money orders
- Cashier checks

### **MONTHLY BANK DRAFT AND DIRECT BILL FOR EMPLOYEES**

- The Company accepts business on monthly bank draft, list bill and direct bill methods of payment. The annual, semiannual and quarterly modes of payment are acceptable for all forms of payment.
- In completing a bank draft form, please print all information starting with the name of the bank to be drafted as well as their city and state.
- **A voided sample check along with a completed bank draft authorization form signed by the payor is required.**

### **PROCESSING DELAYS**

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

- Plan.
- Complete residential address.
- Date of birth.
- Any health question left blank
- Applicant's signature.
- Agent's signature.
- The application is received at the administrative office more than 60 days from the signature date.
- Authorization and Certification section was not completed and signed.
- Replacement forms not submitted when applicable.
- Agent appointment was not granted by the company when the application was solicited.
- 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.
- The Company will not accept deposit slips in the place of voided checks.

### **AMENDMENTS/ENDORSEMENTS**

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

- Any question left blank or answered incorrectly.
- 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.

### **GUARANTEED RENEWABLE FOR LIFE**

Your policy cannot be cancelled regardless of changes in health, the number of times benefits are received or advancing age. The only way the policy can be cancelled is for failure to pay premiums. The Company reserves the right to change the rates on all policies of this class in the entire state.

### **POLICY REINSTATEMENT**

Policyholders may request to have his/her policy reinstated within 90 days of the policy paid to date. The policyholder must call the Customer Service Department to request a Reinstatement Application. The application must be completed by the applicant and returned to the company within the 90 day period. A letter will accompany the Reinstatement Application specifying the due date. All underwriting requirements must be met before the policy can be reinstated.

If the application is eligible for reinstatement, a letter will be mailed to the policyholder indicating the amount of premium due to bring the policy current. The total amount due must be received by the company within 15 days of the date of this letter. If the funds are not received, the reinstatement process will cease and the policy will remain in lapse status. A new business application will be required for consideration.

If a policy Reinstatement Application is declined, notification will be sent in writing. If coverage was voluntarily cancelled by the policyholder, the policy is not eligible to be reinstated and a new application will be required.

### **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 Life at 1-800-999-2971.

### **APPLICATION STATUS**

For your convenience, you may access [www.manhattanlife.com](http://www.manhattanlife.com) at any time to verify the processing status of a submitted application.

### **APPLICATION STATUS CODES**

Data Entry	In the process of being keyed into the computer system
Pending Info	Missing items identified during data entry
Pend. Agt. Appt	Application processed, but pending agent appointment
Underwriting	Health history review
Pending PHI	Pending telephone interview with applicant
Active	Policy approved
Withdrawn	Application closed
Declined	Not eligible for coverage

## BENEFIT PACKAGES

BENEFIT PACKAGE	DESCRIPTION	PLAN A	PLAN B	PLAN C	PLAN D
First Occurrence Benefit Rider	Pays a one-time monetary benefit when a Covered Person is diagnosed for the first time as having Cancer (other than skin cancer) as defined in the policy. Not available for ages 65 and above	\$1,000	\$2,500	\$5,000	\$10,000
Hospital Confinement	For Cancer and Dread Disease, pays a monetary benefit for each day of Hospital Confinement, to a maximum of 70 days per Confinement	\$100 per day	\$150 per day	\$300 per day	\$150 per day
Radiation, Chemotherapy, and other Treatments	For Cancer and Dread Disease, pays monetary benefits for Teleradiotherapy, Radio-Active Isotopes Therapy, Chemotherapy, Chemotherapy Enhancer Drug, Anti-Nausea and Immunotherapy treatments, as defined in the policy.	Actual Charges to a maximum of \$2,500 per month	Actual Charges to a maximum of \$5,000 per month	Actual Charges to a maximum of \$7,500 per month	Actual Charges to a maximum of \$5,000 per month
Surgical Benefit	For Cancer and Dread Disease, pays monetary benefits for covered surgeries in or out of the hospital based on a percentage of the maximum amount, according to the schedule shown in the policy.	Maximum per Surgery \$2,500	Maximum per Surgery \$3,000	Maximum per Surgery \$4,000	Maximum per Surgery \$4,000
Cancer Screening Test	Payable for one annual cancer screening test, including but not limited to mammography screening, pap smear (test only); CA125 (blood test for ovarian Cancer); PSA (blood test for prostate Cancer); hemocult stool specimen; flexible sigmoidoscopy; CEA (blood test for colon Cancer); colonoscopy; chest X-ray; thermography; or serum protein electrophoresis. Payment based on benefit amount selected. Not payable if received through any free-testing program or for any other cancer screening test for which a charge is not made.	Pays \$50 per calendar year.  (MT only, \$100 per calendar year.)	Pays your choice of \$50 or \$100 per calendar year.  (MT only, \$100 per calendar year.)	Pays \$100 per calendar year.	Pays \$100 per calendar year.

## RATES FOR PLANS A - D

**Premiums must be calculated on the basis of mode of payment selected.**

Plan A Bankdraft	Individual	1 Parent Family	2 Parent Family
Ages 18 - 44	\$23.47	\$25.74	\$37.45
Ages 45 - 54	\$29.88	\$32.15	\$47.39
Ages 55 - 64	\$40.83	\$43.25	\$64.19
Ages 65 - 69*	\$44.44	\$44.44	\$66.66

Plan A Payroll	Individual	1 Parent Family	2 Parent Family
Ages 18 - 64	\$21.30	\$23.57	\$34.17

Plan B Bankdraft	Individual		1 Parent Family		2 Parent Family	
	\$50.00	\$100.00	\$50.00	\$100.00	\$50.00	\$100.00
Ages 18 - 44	\$33.71	\$37.01	\$37.12	\$40.72	\$53.91	\$59.17
Ages 45 - 54	\$42.92	\$46.22	\$46.33	\$49.93	\$68.54	\$73.80
Ages 55 - 64	\$58.95	\$62.25	\$62.73	\$66.33	\$93.52	\$98.78
Ages 65 - 69*	\$61.16	\$67.76	\$61.16	\$67.76	\$91.74	\$101.64

Plan B Payroll	Individual		1 Parent Family		2 Parent Family	
	\$50.00	\$100.00	\$50.00	\$100.00	\$50.00	\$100.00
Ages 18 - 64	\$30.55	\$33.55	\$33.96	\$37.26	\$49.11	\$53.91

Plan C Bankdraft	Individual	1 Parent Family	2 Parent Family
Ages 18 - 44	\$52.67	\$58.14	\$84.40
Ages 45 - 54	\$66.18	\$71.65	\$106.25
Ages 55 - 64	\$90.03	\$96.25	\$143.93
Ages 65 - 69*	\$92.84	\$92.84	\$139.26

Plan C Payroll	Individual	1 Parent Family	2 Parent Family
Ages 18 - 64	\$47.70	\$53.17	\$76.77

Plan D Bankdraft	Individual	1 Parent Family	2 Parent Family
Ages 18 - 44	\$46.82	\$52.44	\$75.62
Ages 45 - 54	\$58.78	\$64.40	\$96.80
Ages 55 - 64	\$81.38	\$88.50	\$134.46
Ages 65 - 69*	\$68.64	\$68.64	\$102.96

Plan D Payroll	Individual	1 Parent Family	2 Parent Family
Ages 18 - 64	\$42.20	\$47.82	\$68.42



## OPTIONAL RIDERS

**These riders are optional and have an additional cost.**

<p><b>Intensive Care Unit Rider - (Form Number ICUR 4000)</b> Benefits Reduce to ½ at age 70.</p> <p><b>Benefit for Intensive Care Unit.</b> If a Covered Person is confined in an Intensive Care Unit of a Hospital, we will pay the ICU Daily Benefit Amount for each day of such confinement, not to exceed 30 days during any one period of confinement.</p>	<p>Pays \$600 per day</p>
<p><b>Benefit for Step-Down Unit.</b> If a Covered Person is confined in a Step-Down Unit of a Hospital, we will pay for each day of such confinement, not to exceed 30 days during any one period of confinement.</p>	<p>Pays \$300 per day step down unit</p>
<p><b>Critical Care Benefit Rider - (Form Number CCBR 4000)</b></p> <p><b>Benefit for Heart Disease</b> - A Heart Disease benefit will be paid for the actual charges incurred by a Covered Person for the following due to Heart Disease: 1. pacemaker insertion; 2. angioplasty; and 3. heart catheterization. This benefit is limited to a lifetime maximum.</p>	<p>Pays Actual charges to lifetime max \$2,500</p>
<p><b>Benefit for Heart Attack/Stroke</b> - A Heart Attack/Stroke benefit will be paid for the actual charges incurred by a Covered Person.</p>	<p>Pays Actual charges to lifetime max \$5,000</p>

The following limitations apply to the Critical Care Benefit Rider and Intensive Care Unit Rider:

### **LIMITATIONS**

Pre-Existing Conditions. These Riders do not provide benefits for loss or losses due to Pre-Existing Conditions that are incurred during the 12 months (in NM, 6 months) immediately prior to the Rider Date. In addition, a loss caused by a Pre-Existing Condition will not be covered if: 1. (except in MD) the Pre-Existing Condition was revealed in the application; or 2. we have specifically excluded the Pre-Existing Condition by name or specific description. However, a claim for a Pre-Existing Condition incurred after 2 years (in NM, 6 months; in CA, 12 months) from the date these Riders become effective will be covered, unless that condition is excluded by name or specific description effective on the date of loss.

The benefits as specified in these Riders are payable in addition to all other indemnities set forth in the Policy and/or attached Riders, if any.

## CP4000 CRITICAL CARE AND INTENSIVE CARE

### Individual Rates for Monthly Bankdraft

Critical Care Rider	Individual	1 Parent Family	2 Parent Family
Ages 18 - 44	\$2.75	\$3.00	\$4.38
Ages 45 - 54	\$3.50	\$3.75	\$5.51
Ages 55 - 64	\$4.75	\$5.00	\$7.38
Ages 65 - 69*	\$5.50	\$5.50	\$8.26

Intensive Care Rider (Not available in TN)	Individual	1 Parent Family	2 Parent Family
Ages 18 - 44	\$7.92	\$8.64	\$12.60
Ages 45 - 54	\$10.08	\$10.80	\$15.84
Ages 55 - 64	\$13.68	\$14.40	\$21.24
Ages 65 - 69*	\$15.84	\$15.84	\$23.76

## CP4000 CRITICAL CARE AND INTENSIVE CARE

### Rates for Payroll Deduction

Critical Care Rider	Individual	1 Parent Family	2 Parent Family
Ages 18 - 64	\$2.50	\$2.75	\$4.01

Intensive Care Rider	Individual	1 Parent Family	2 Parent Family
Ages 18 - 64	\$7.20	\$7.92	\$11.52