

CP4000 LIMITED CANCER AND DREAD DISEASE POLICY

Agent's Guide To Proper Underwriting FOR AGENTS USE ONLY

GENERAL INFORMATION

CP4000 is a Limited Cancer and Dread Disease Policy. Coverage is not provided for any expenses due to sickness.

RENEWABILITY

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

BENEFITS

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

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

*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

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) may be covered. Unmarried children under the age of 25 may also be covered if enrolled as a full-time student in an accredited college or university, or marriage, whichever occurs first. 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

- ManhattanLife will not issue a Cancer plan to a proposed insured who 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.
- 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.

COMPLETING THE APPLICATION

- When applying for family coverage and there is no spouse, write “None” in the spouse section and state “Children only to be covered”.
- 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.
- Always take 60 seconds to recheck each application to make sure it is completed in its entirety and the premium calculated properly.
- 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.

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.
- 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.

REPLACEMENT OF COVERAGE (cont)

- 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.

MONTHLY BANK DRAFT AND DIRECT BILL

- 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.
- MIAC requires a voided sample check along with a completed bank draft authorization form signed by the payor.
- The ABA transit number section is obtained from the upper right hand corner of the voided check. This information is usually on the date line of the voided sample check.
- Under the account number section write the account number identically as it appears on the voided check. Do not include the check number.

PAYROLL LIST BILL

- Payroll rates are only available for list billed payroll groups of 3 or more non-related employees.
- On payroll deduction business, you must submit a Premium Payment Agreement form (PAYAGRMT-05-02). A true employer/ employee relationship as outlined in this form must exist.
- In order for ManhattanLife to accommodate an employer and bill them as they instruct, we must have received all necessary material in the Home Office 24 days prior to the requested due date.
- New payroll groups in a Section 125 Cafeteria Plan have a one year guaranteed premium rate 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. Additional policies/insureds to an existing payroll group will be at the premium rate in effect when the additional policies are issued.
- An individual employee with a payroll deduction premium rate can switch to bank draft (EFT) for premium payments and keep the reduced payroll premium rate should the employee terminate employment.

PREMIUMS MUST BE CALCULATED ON THE BASIS OF MODE OF PAYMENT SELECTED.

RATES FOR PLANS A-D

INDIVIDUAL RATES for Plan A

PLAN A	INDIVIDUAL	1 PARENT FAMILY	2 PARENT FAMILY
18 - 44	\$23.47	\$25.74	\$37.45
45 - 54	\$29.88	\$32.15	\$47.39
55 - 64	\$40.83	\$43.25	\$64.19
65 - 69*	\$44.44	\$44.44	\$66.66

PAYROLL DEDUCTION RATES for Plan A - ages 18 - 64

PLAN A	EMPLOYEE	1 PARENT FAMILY	2 PARENT FAMILY
18-64	\$21.30	\$23.57	\$34.17
65-69*	\$44.44	\$44.44	\$66.66

INDIVIDUAL RATES for Plan B

PLAN B	INDIVIDUAL		1 PARENT FAMILY		2 PARENT FAMILY	
	\$50	\$100	\$50	\$100	\$50	\$100
18 - 44	\$33.71	\$37.01	\$37.12	\$40.72	\$53.91	\$59.17
45 - 54	\$42.92	\$46.22	\$46.33	\$49.93	\$68.54	\$73.80
55 - 64	\$58.95	\$62.25	\$62.73	\$66.33	\$93.52	98.78
65 - 69*	\$61.16	\$67.76	\$61.16	\$67.76	\$91.74	\$101.64

PAYROLL DEDUCTION RATES for Plan B - ages 18 - 64

PLAN B	EMPLOYEE		1 PARENT FAMILY		2 PARENT FAMILY	
	\$50	\$100	\$50	\$100	\$50	\$100
18-64	\$30.55	\$33.55	\$33.96	\$37.26	\$49.11	\$53.91
65-69*	\$61.16	\$67.76	\$61.16	\$67.76	\$91.74	\$101.64

INDIVIDUAL RATES for Plan C

PLAN C	INDIVIDUAL	1 PARENT FAMILY	2 PARENT FAMILY
18 - 44	\$52.67	\$58.14	\$84.40
45 - 54	\$66.18	\$71.65	\$106.25
55 - 64	\$90.03	\$96.25	\$143.93
65 - 69*	\$92.84	\$92.84	\$139.26

PAYROLL DEDUCTION RATES for Plan C - ages 18 - 64

PLAN C	EMPLOYEE	1 PARENT FAMILY	2 PARENT FAMILY
18-64	\$47.70	\$53.17	\$ 76.77
65-69*	\$92.84	\$92.84	\$139.26

INDIVIDUAL RATES for Plan D

PLAN D	INDIVIDUAL	1 PARENT FAMILY	2 PARENT FAMILY
18 - 44	\$46.82	\$52.44	\$75.62
45 - 54	\$58.78	\$64.40	\$96.80
55 - 64	\$81.38	\$88.50	\$134.46
65 - 69*	\$68.64	\$68.64	\$102.96

PAYROLL DEDUCTION RATES for Plan D - ages 18 - 64

PLAN D	EMPLOYEE	1 PARENT FAMILY	2 PARENT FAMILY
18-64	\$42.20	\$47.82	\$68.42
65-69*	\$62.40	\$62.40	\$93.60

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