



Manhattan Life Assurance Company

Benefit Package for Tulsa Firefighters



Local 440

2018 Cancer Packages

Complete an application today!

Access an enrollment link through

<http://www.manhattanlife.com/agency/CandiceBarber42L7037>

Complete an app and fax to 888.301.3305

Complete an app scan email to: fire@cbenefits.com

For questions during enrollment

please speak with your on site agent

or call 800.752.3419

***Benefits provided through the purchase of multiple insurance policies**



Cancer Care Plus

Cancer and Dread Disease Insurance

Financial Solutions, Treatment and Recovery



This is a Cancer and Dread Disease - Only Policy





Why Cancer Insurance?

According to the American Cancer Society:

- In the United States, men have about a 1-in-2 lifetime risk of developing cancer; for women the risk is a little more than 1-in-3.*
- It is projected that on an annual basis over 1.6 million new cancer cases will be diagnosed.*

As advances in cancer treatment continue, more and more people will survive:

- Approximately 13.7 million Americans with a history of cancer were alive in 2009.*
- The five-year relative survival rate for all cancers diagnosed between 2003 - 2007 is 68%, up from 49% in 1975-1977.*
- The National Institutes of Health estimated the overall costs for cancer in the year 2009 at \$216.6 billion.

Although health insurance can help offset the costs of cancer treatment, you still may have to cover deductibles and copayments on your own.

Additionally, cancer treatment can cause out-of-pocket expenses that aren't covered by traditional health insurance:

- Travel
- Food
- Lodging
- Long-distance calls
- Childcare
- Household help

Meanwhile, living expenses such as car payments, mortgages or rent, and utility bills continue, whether or not you are able to work. If a family member has to stop working to take care of you, the loss of income may be doubled. Central United Life Insurance Company helps provide an important safety net in fighting the financial consequences of cancer that result beyond traditional health insurance.

Central United Life pays benefits directly to you, unless assigned.
You use the cash however you decide.

** American Cancer Society - Cancer Facts and Figures 2014*

Cancer and Specified Disease Insurance Protection with Optional Critical Care Rider Available



Benefit Package Options	Low Plan	High Plan
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.	Pays \$100 per calendar year.
First Occurrence Benefit (Rider) Payable when a covered person is diagnosed with cancer for the first time. Payable only once for each covered person and not payable for skin cancer. Not available for ages 65 and above.	Pays \$2,500.	Pays \$10,000.
Daily Hospital Confinement Benefit Payable when a covered person is confined to the hospital for the treatment of cancer or a dread disease. Payment is based on the daily benefit amount selected. Payable for the first 70 days of each period of confinement.	Pays \$150 per day.	Pays \$150 per day.
Surgical Benefit Payable for surgeries performed in or out of the hospital to treat cancer or a specified dread disease. Benefits for surgical procedures are calculated as a percentage of the per-surgery maximum benefit amount selected.	Pays maximum per surgery \$3,000.	Pays maximum per surgery \$4,000.
Radiation, Chemotherapy and Other Benefits We will pay the actual charges for Teleradiotherapy, Radio-Active Isotopes Therapy, Chemotherapy, Chemotherapy Enhancer Drugs, and Anti-Nausea and Immunotherapy drugs, as indicated in the policy, for the treatment of cancer or a specified dread disease. Benefits are based on the maximum monthly benefit amount selected. 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. This benefit is not payable if treatment is received in a government or charity hospital.	Pays actual charges, maximum \$5,000 per month.	Pays actual charges, maximum \$10,000 per month.

The following defines the list of Dread Diseases covered under the Policy:

- Addison's Disease • Muscular Dystrophy • Tay-Sachs Disease • Amyotrophic Lateral Sclerosis • Myasthenia Gravis • Tetanus
- Diphtheria • Niemann-Pick Disease • Toxic Epidermal Necrolysis • Encephalitis • Osteomyelitis • Toxic Shock Syndrome
- Epilepsy • Poliomyelitis • Tuberculosis • Legionnaire's Disease • Reye's Syndrome • Tularemia • Lupus Erythematosus
- Rheumatic Fever • Typhoid Fever • Meningitis • Rocky Mountain Spotted Fever • Whipple's Disease • Multiple Sclerosis
- Sickle-Cell Anemia • Whooping Cough

Hospital and Other Care Facility Benefits:

Prescribed Drugs and Medicines Actual charges for drugs and medicines prescribed while confined in a hospital. Limited to the first 70 days for each period of confinement.	Actual charges to a maximum of 20% of the Daily Hospital Confinement Benefit.
Physician's Attendance If the regular physician visits during a confinement in the hospital.	\$50 per day
Ambulance For transfer of a covered person to or from a hospital for confinement as an inpatient.	\$250 per trip 3 trips per year
Private Duty Nursing Service When confined in a hospital and a private duty nursing service is retained.	\$150 per day
Extended Benefits Beginning on the 71st day of one continuous period of hospital confinement for cancer or a dread disease. Payable in lieu of all other benefits payable for the same time period.	\$1,000 per day
Government or Charity Hospital Pays a total benefit of \$200 per day of treatment for outpatient Teleradiotherapy, Radio-Active Isotopes Therapy, Chemotherapy, Chemotherapy Enhancer Drug, Anti-Nausea, and Immunotherapy, as indicated in the policy, received in a government or charity hospital. Paid in lieu of all other benefits except for transportation and lodging benefits.	\$200 per day
Extended Care Facility Confinement must be recommended by the attending physician and begin within 14 days of a covered hospital confinement. All days for which a Hospital Confinement benefit is paid will be included in determining the maximum of 70 days for the Extended Care Facility benefit.	\$100 for each day of confinement to a maximum of 70 days
Hospice Care For confinement in a hospice care center for care provided if a covered person has been diagnosed as terminally ill due to cancer or dread disease. Limited to a lifetime maximum of 180 days for confinement in a hospice care center, or 30 days if hospice services are provided in the covered person's home.	\$100 per day



Transportation Benefits

Transportation and Lodging for Bone Marrow Donors

Paid for a donor who is either a covered person, or someone donating to a covered person. When a covered person is the donor, this benefit is payable in lieu of any other benefits payable under the policy.

- Actual charges to \$2,500 for medical expenses directly relating to the services provided to the donor during the transplant.
- Actual charges for round trip coach fare on a common carrier, or a personal automobile allowance of 50 cents per mile if distance is more than 50 miles one-way. Maximum 700 miles round trip.
- Actual charges to \$75 per day for lodging and meal expenses incurred by the donor.

*Transportation for Non-Local Treatment Which Requires Hospital Confinement

Actual charges for round trip coach fare, or a personal automobile allowance of 50 cents per mile if the distance is more than 50 miles one-way. Maximum 700 miles round trip.

Prescribed treatment must not be available locally and must require hospital confinement.

*Transportation and Lodging for Non-Local Treatment Which Does Not Require Hospital Confinement

- Actual charges for round trip coach fare, or a personal automobile allowance of 50 cents per mile if the distance is more than 50 miles one way, maximum 700 miles round trip. Maximum of \$1,500 per calendar year.
- Actual charges to \$50 per day for lodging and meal expenses. Payable only for the days you receive treatment for cancer or dread disease for which a benefit is payable.

Prescribed treatment must not be available locally and must not require hospital confinement.

*Adult Companion Transportation and Lodging

Payable only for an adult companion residing and traveling within the continental United States.

- Actual charges for one adult companion to be near a covered person who is hospital confined in a non-local hospital for covered treatments. Maximum \$2,500 per confinement.
- Actual charges to \$50 per day for lodging and meal expenses incurred. Limited to the number of days of the covered person's hospitalization.
- Actual charges of one round trip coach fare, or a personal automobile allowance of 50 cents per mile, if the distance is more than 50 miles one way. Maximum 700 miles round trip.

**Not payable for periodic checkups, cancer screening tests, or for treatments, services, or procedures for which a benefit is not payable under this policy*



Surgical Benefits

Anesthesia Pays for the procedure in which anesthesia is used. We will pay \$50 for the administration of anesthesia for each skin cancer operation.	Pays 25% of the surgical benefit amount paid
Additional Surgical Opinions Pays for a second and third surgical opinion if the surgical opinions differ.	\$200 each opinion
Artificial Limb and Prosthesis Pays per prosthetic device or artificial limb and the reconstructive procedure to affix or implant it. Benefits limited to only two of the same type of prosthetic device or artificial limb. Not payable if a breast reconstruction and breast prosthesis benefit is payable.	Actual charges to \$1,500
Outpatient Surgery Benefit Payable for outpatient surgery in a hospital or ambulatory surgical center. Not payable for surgery in a physician's office or clinic, or for skin cancer treatment.	Pays \$375 per operation for drugs, medicines and lab tests. Pays maximum of 150% of surgery shown in surgical benefits schedule.
Skin Cancer <ul style="list-style-type: none"> If the diagnosis is made by a physician other than a pathologist, \$150 for removal of skin cancer to a maximum of \$600 per calendar year. If the diagnosis is made by a pathologist, actual charges to the maximum amount for such surgery shown in the surgical benefits schedule. 	Pays \$150 per calendar year. Maximum benefit \$600.
Breast Reconstruction/Breast Prosthesis Actual Charges incurred for reconstructive surgery, and an external or internal breast prosthesis and the surgeon's fee for implantation following a mastectomy. This benefit is in lieu of the surgical benefit provided in this policy.	Pays actual charges.
Bone Marrow Transplant for Cancer Actual charges incurred for bone marrow transplants or other forms of stem cell rescue and all related services and supplies. Lifetime maximum of \$10,000. This benefit is in lieu of any other benefit associated with the treatment, service, or procedure underlying Bone Marrow Transplant, with the exception of the Transportation and Lodging for Bone Marrow Donors benefit.	Pays actual charges, lifetime maximum of \$10,000.

Other Benefits

Experimental Treatment Treatment must be received in the United States or its territories. This benefit is in lieu of all other benefits payable for the treatment of cancer or dread disease.	Pays actual charges, to a lifetime maximum of \$10,000.
Physical, Occupational or Speech Therapy \$50 for each 60-minute session for Physical, Occupational or Speech Therapy.	\$50 each session. Lifetime maximum of \$1,500.
Outpatient Positive Diagnosis Test For a diagnostic test that leads to a positive diagnosis within 90 days of such test. Payable once per diagnosis.	\$250 for a diagnostic test
Blood and Blood Plasma For blood, blood plasma and platelets inserted into a covered person. Not payable for blood which is donated or replaced.	Pays actual charges, to a maximum of \$5,000 per calendar year.
Home Health Care Services Payable when services are provided by a licensed home health care agency. Benefit paid in lieu of all other policy benefits. Must be prescribed by a physician and cannot be provided by a relative.	Pays \$60 per day at home services, 180 days max per calendar year. Pays \$150 per day at home private duty nursing, 15 days max per calendar year. Pays \$50 per day at home physician visits, 15 days max per calendar year.
Hairpiece Benefit One-time benefit for a hairpiece when hair loss is the result of cancer treatment.	Pays \$100
Rental or Purchase of Durable Medical Equipment For the rental or purchase of a respirator or similar mechanical device; brace; crutches; hospital bed; or a wheel chair.	Pays actual charges, maximum \$1,000 per calendar year.
Professional Mental Health Consultation For a consultation with a licensed mental health professional when receiving treatment for cancer or a dread disease. The licensed mental health professional may not be a relative.	\$50 per session. Lifetime maximum of \$250.
Tutor Tutor session for an insured child under age 19, when the child is receiving treatment for cancer or a dread disease.	\$25 per 60-minute. Lifetime maximum of 50 sessions.

Optional Rider (available at additional cost)

Critical Care Benefit Rider (Form Number CCBR 4000 OK) Benefit for Heart Disease - 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.	Pays Actual charges to lifetime max \$2,500
Benefit for Heart Attack/Stroke - A Heart Attack/Stroke benefit will be paid for the actual charges incurred by a Covered Person.	Pays Actual charges to lifetime max \$5,000



**Payroll Rates
for Low Plan /
HighPlan**

LOW PLAN	Individual	1 Parent Family	2 Parent Family
Ages 18 - 64	\$31.55	\$35.44	\$50.59
HIGH PLAN	Individual	1 Parent Family	2 Parent Family
Ages 18 - 64	\$59.80	\$67.08	\$95.98

**Payroll Rates
for Critical Care Rider**

HIGH PLAN PAYROLL	Individual	1 Parent Family	2 Parent Family
Ages 18 - 64	\$2.50	\$2.75	\$4.01

ELIGIBILITY - You and your covered spouse must be ages 18 through 69 to apply for coverage. Unmarried, dependent children under the age of 21 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.

LIMITATIONS - 30-Day Waiting Period. There is a 30-day Waiting Period during which no benefits will be paid during the first 30 days. Covered losses which manifest after the Effective Date will be payable starting on the 31st day.

WAIVER OF PREMIUM - If the Named Insured becomes Totally Disabled for 60 days as a result of a Positive Diagnosis of Cancer or a Dread Disease while this Policy is in force, We will waive the premiums that fall due while he or she is Totally Disabled. The Total Disability must begin before the policy anniversary following that person's attainment of age 60. To be eligible for this benefit, premiums must continue to be paid for 60 days after the commencement of Total Disability. Upon approval of this benefit, waiver of premiums will begin on the premium due date next following 60 days of continuous Total Disability. This provision does not apply to Total Disability of the Insured Spouse or Insured Child(ren).

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.

10 DAY RIGHT TO EXAMINE POLICY - You have ten (10) days to examine the policy. If you are not satisfied, you may return it to us and have your premiums refunded.

EXCLUSIONS - Subject to the Time Limit on Certain Defenses provision, We will not pay benefits for: 1. anything caused by or resulting from Injury; 2. anything other than Cancer or a Dread Disease; 3. anything due to Cancer or a Dread Disease for which a Positive Diagnosis was made, or treatment was received, prior to the Effective Date; 4. anything for which no charge was incurred by the Covered Person (except as expressly provided herein); 5. any care and/or treatment received outside the U.S. or its territories unless the Covered Person has traveled outside the United States and/or its territories and treatment is received due to an Emergency Situation; or 6. any care, confinement and/or treatment in a government or charity hospital except as specifically provided in the Government or Charity Hospital benefit.

Actual charges are the amounts paid by you or on your behalf and accepted by the provider for the 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.

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 immediately prior to the Rider Date. In addition, a loss caused by a Pre-Existing Condition will not be covered if: 1. 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 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.

Policy Form Numbers CP 4000 OK 4/04

This brochure only provides a brief description of the important features of your policy. Only the actual policy provisions will control; therefore, it is important that you READ YOUR POLICY CAREFULLY.

Underwritten by:
ManhattanLife Assurance Company of America
10777 Northwest Freeway, Houston, Texas 77092



PAID

Personal Accident Indemnity Delivery

Plan Benefits:

- Accidental Death
- Hospital Admission and Confinement
- Intensive Care Unit Benefit
- Emergency Room Treatment
- Optional Wellness Benefits
- Disability Income Rider



This is a Accident Only Insurance Policy
Underwritten by ManhattanLife Assurance Company of America



PAID

Personal Accident Indemnity Delivery

You're injured, you need emergency treatment, and you end up confined in the hospital for five days. "Accidents happen," the old saying goes. "You can't plan on them, but you can plan for them."

People call them accidents for a reason; they are unplanned and can happen to anyone at the most inopportune times.

When an accident affects your livelihood or that of a family member, having a plan for the unexpected can be invaluable. ManhattanLife Assurance's Personal Accident Indemnity Delivery product (PAID) can provide you with a vital piece of that plan. The PAID plan **helps you pay for out-of-pocket expenses** and provides benefits to you or your family for many of the accidents that can happen without warning.

Additionally, our policy is flexible in both benefits and its options. You can purchase the policy as either **24-hour on or off-the-job** only. With PAID, eligible issues ages are **18-64**, and is **guaranteed renewable until age 70**, subject to our right to change premium rates.

Accidents Happen

- 64% of wage earners believe they have a 2% or less chance of being disabled for 3 months or more during their working career. The actual odds for a worker entering the workforce today are about 30%. ^{1 & 2}
- Almost one-third of Americans entering the workforce today (3 in 10) will become disabled before they retire. ¹
- Medical problems contributed to half of all home foreclosure filings in 2006. ⁴
- In 2015, there were over 2.9 million non-fatal injuries and illnesses in private industry. ³
- Over 900,000 cases involved requiring days away from work. ³
- The average number of days away from work was 8. ³

Sources for statistics: ¹ Social Security Administration, Fact Sheet January 2009. ² CDA Proprietary Research March 2010.

³ Source for above is Bureau of Labor Statistics (www.bls.gov). ⁴ Get Sick, Get Out: The Medical Causes of Home Mortgage Foreclosures; August 8, 2008.



PAID

Personal Accident Indemnity Delivery

Our Plan Pays Benefits for Accidents, big and small.

Benefit highlights include:

- Accidental Death
- Hospital Admission and Confinement
- Intensive Care Unit
- Air and Ground Ambulance
- Emergency Room Treatment
- Emergency Dental
- Lodging
- Transportation
- Surgery

Also included are benefits for burns, dislocations, fractures, dismemberment, eye injuries, and major diagnostic exams. Benefits are outlined on the following page and the policy explains in detail any limitations and/or exclusions.

Product Features

- Helps you pay for out-of-pocket expenses
- 24-hour on or off-the-job only
- Issue ages 18 - 64
- Guaranteed renewable to age 70, subject to our right to change premium rates
- Choose one or two units



Optional Annual Wellness Benefit Rider*

\$60 paid each year for any one of the following examinations:

- Annual Physical Examination
- Dental Exam
- Mammogram
- Pap Smear
- Eye Examination
- Immunization
- Flexible Sigmoidoscopies
- PSA Test
- Ultrasounds
- Blood Screening Test

The Policy must be in force 30 days before this benefit is payable.


** Not approved in MD and ND.*

Disability Income Rider

- Two Benefit Amounts:
\$1,000 / \$2,000
- Two Elimination Periods:
14 days / 30 days
- Two Benefit Durations:
6 months / 1 year
- Two Occupational Classes:
Class 1 / Class 2

Riders may not be available in all states.

PAID Benefits

Benefit	Description	One-Unit	Two-Unit
 Disability Income Rider	Benefit Amounts: \$1,000 / \$2,000 Elimination Periods: 14 days / 30 days Benefit Durations: 6 months / 1 year Occupational Classes: Class 1 / Class 2		
Air Ambulance	Air transportation within 48 hours. Once per Covered Accident.	\$500	\$500
Ambulance	Ground transportation within 90 days. Once per Covered Accident.	\$100	\$100
Accidental Death	Within 90 days of covered accident, and caused by resulting injury/injuries. (in UT, 180 days)	\$25,000 Employee \$10,000 Spouse* \$5,000 Child	\$50,000 Employee \$20,000 Spouse* \$10,000 Child
Accidental Death (Via Common Carrier)	Death must occur within 90 days of covered accident while fare-paying passenger on a common carrier (plane, bus, train). (in UT, 180 days)	Accidental Benefit will be doubled	Accidental Benefit will be doubled
Emergency Room Treatment	Treatment sought within 72 hours of Covered Accident.	\$200	\$200
Hospital Admission	Confined within 180 days. Once per Covered Accident. (minimum of 20 hours)	\$500	\$1,000
Hospital Confinement	Confined within 180 days. Maximum of 90 days.	\$100 per day	\$200 per day
Hospital Intensive Care Unit	Within 30 days of Covered Accident. Maximum of 15 days.	\$200 per day	\$400 per day
Major Diagnostic Exams	Angiogram, CT and CTA scan; MRI, MRA or EEG as result of a Covered Accident.	\$100 per calendar year	\$200 per calendar year
Physicians Office/ Urgent Care	Within 60 days of Covered Accident. Once per Covered Accident.	\$50	\$50
Blood, Plasma & Platelets	Transfusion, administration, cross-matching, typing and processing required within 90 days of a Covered Accident. Once per Covered Accident.	\$300 primary insured \$200 Spouse*/dep child	\$300 primary insured \$200 Spouse*/dep child

* In NV, Spouse or Domestic Partner.

Benefit	Description	One-Unit	Two-Unit
Burn	Treated within 72 hours of a Covered Accident. Once per Covered Accident. <i>*Spouse** and Child</i>	\$375/150* for 2nd degree burns on at least 36% of the body \$750/300* for 3rd degree burns on at least 1% but less than 20% of the body \$5,000/2,000* for 3rd degree burns on 20% or more of the body	\$750/300* for 2nd degree burns on at least 36% of the body \$1,500/600* for 3rd degree burns on at least 1% but less than 20% of the body \$10,000/4,000* for 3rd degree burns on 20% or more of the body
Emergency Dental Work	Once per Covered Accident regardless of teeth involved.	\$150 repairs with crown \$50 for extraction	\$300 repairs with crown \$100 for extraction
Dislocation (separated joint)	Diagnosed within 90 days, correction with anesthesia by Physician and corrected by Open (surgical) or Closed (non-surgical) reduction.	\$50 - \$2,000 (policy contains complete schedule)	\$100 - \$4,000 (policy contains complete schedule)
Fracture (broken bone)	Fractures requiring Surgical or Non-Surgical reduction within 90 days of Covered Accident.	\$25 - \$2,500 (any Insured) (policy contains complete schedule)	\$50 - \$5,000 (any Insured) (policy contains complete schedule)
Gunshot Wounds	Unintentional wound requiring confinement within 24 hours and surgery within 72 hours after the injury. Primary insured only.	\$500	\$500
Laceration	Lacerations requiring repair by a physician within 72 hours of a Covered Accident.	\$50 - \$400 (based on length of lacerations, see policy)	\$100 - \$800 (based on length of lacerations, see policy)
Lodging	Companion Lodging when Insured is confined to a hospital more than 100 miles from home. Maximum of 30 days	\$100 per night	\$100 per night
Eye Injury	Treated by a physician within 90 days of Covered Accident. Must require surgery or removal of a foreign object.	\$200	\$200
Knee Cartilage - Torn	Treated by a physician within 60 days of Covered Accident. Must be repaired within 180 days.	\$500 (less any benefit paid for arthroscopic surgery previously performed) \$100 for exploratory surgery	\$1,000 \$200 for exploratory surgery
Transportation	Round trip when hospital confined and distance is more than 100 miles round trip from residence. Three round trips per Covered Accident.	\$300 round trip	\$300 round trip
Surgery	Within 72 hours after a Covered Accident to repair internal injuries caused by the Covered Accident. Hernia repair not covered. Once per Covered Accident.	\$1,000 for thoracic, open abdominal \$100 for exploratory surgery	\$1,000 for thoracic, open abdominal \$100 for exploratory surgery

** In NV, Spouse or Domestic Partner.



Benefit	Description	
Epidural Pain Management	Payable when a Covered Person is prescribed, receives and incurs a charge for an epidural administered for pain management in a hospital or a physician's office for on or Off-the-Job Injuries sustained in a Covered Accident. This benefit is not payable for an epidural administered during a surgical procedure.	\$100 paid no more than twice per Covered Accident, per Covered Person.
Physical Therapy	Payable when a Covered Person receives emergency treatment for on or Off-the-Job Injuries sustained in a Covered Accident and later a physician advises the Covered Person to seek treatment from a licensed physical therapist. Physical therapy must be for on or Off-the-Job Injuries sustained in a Covered Accident and must start within 30 days of the Covered Accident or discharge from hospital. The treatment must take place within six months after the accident.	\$35 per treatment per day, to a maximum of ten treatments per Covered Accident, per Covered Person.
Rehabilitation Unit	Payable when a Covered Person is admitted for a Hospital Confinement and is transferred to a bed in a rehabilitation unit of a hospital for treatment of on or Off-the-Job Injuries sustained in a Covered Accident and a charge is incurred. The Rehabilitation Unit Benefit will not be payable for the same day(s) that the Accident Hospital Confinement Benefit is paid. The highest eligible benefit will be paid. No lifetime maximum.	\$150 per day, limited to 30 days for each Covered Person per period of Hospital Confinement and limited to a calendar year maximum of 60 days.
Prosthesis	Payable when a Covered Person requires use of a prosthetic device as a result of on or Off-the-Job Injuries sustained in a Covered Accident. This benefit is not payable for repair or replacement of prosthetic devices, hearing aids, wigs, or dental aids, to include false teeth.	\$750 once per Covered Accident, per Covered Person.
Accidental Dismemberment	We will pay the applicable lump sum benefit indicated in the policy for dismemberment. Dismemberment must occur as a result of on or Off-the-Job Injuries sustained in a Covered Accident and must occur within 90 (in UT, 180) days of the accident. Only the highest single benefit per Covered Person will be paid for dismemberment. Benefits will be paid only once per Covered Person, per Covered Accident. If death and dismemberment result from the same accident, only the Accidental Death Benefit will be paid. Loss of use does not constitute dismemberment, except for the eye injuries resulting in at least 80% of vision that is permanently lost. See schedule in policy.	\$625 - \$40,000
Appliances	Payable when a Covered Person receives a medical appliance, prescribed by a physician, as an aid in personal locomotion for on or Off-the-Job Injuries sustained in a Covered Accident. Benefits are payable for the following types of appliances: a wheelchair, a leg brace, a back brace, a walker, and/or a pair of crutches.	\$125 per Covered Accident, per Covered Person.

Ten-Day Free Look

You may cancel the policy within 10 days of receiving it (in MD by notifying US in writing that You wish to do so). Return the Policy to ManhattanLife Assurance's Administrative Office or to your ManhattanLife Assurance sales agent. As soon as you deliver or mail the Policy to Us, it is treated as if it was never issued. We will refund your premium payment when we receive the returned Policy.

In OK, if You are not satisfied for any reason, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded and Your coverage will be void from the Effective Date. If We do not return any premiums or monies paid therefore within 30 days from the date of cancellation, We will pay interest on the proceeds.

Termination

Coverage will terminate and no Benefits will be payable under the Policy and the attached Rider, if any, on the earliest of the following:

- when any premium due for the policy is not paid before the end of the Grace Period;
- when you give Us a written request to do so;
- when you establish residence in a foreign country;
- upon your death;
- attainment of age 70.

Coverage of a Dependent Child will terminate when the policy terminates*, or when any such child no longer meets the definition of Dependent Child. Coverage of a Spouse** will terminate on the earliest of the following:

- when the policy terminates;
- upon Spouse's** death;
- upon Spouse's** attainment of age 70; or
- on the next premium due date after the date of divorce (in NV, dissolution) or legal separation (in GA, a valid decree of divorce is entered) from you, the named Insured.

It is your responsibility to notify Us of an Insured's loss of eligibility of coverage. Our acceptance of premium for such person whose coverage has terminated will not extend coverage for such persons. Our only liability will be to return the premium for the period the person is not covered.

* In UT, or at the end of the month if the premium has been paid

** In NV, Spouse or Domestic Partner.

Renewal Provision

You have the right to renew the policy until age 70 if you pay the correct premium when due or within the Grace Period. If premiums are paid on time, we cannot (prior to age 70) cancel the policy or place any restrictive rider on it. In LA, during the initial twelve months of coverage, the premium for the Policy is guaranteed not to change. We reserve the right to change premiums (except in NC) from time to time (in LA, not more than once in any six month period following the initial twelve month period). If we do change premiums, we will only do so only if: 1) we change the premiums for all policies of this class in your state (in NC, and no more frequently than once in any twelve month period); 2) such change is in accordance with the laws and regulations of your state; and 3) we give you 30 days (in GA, MS and NV, 60 days; in LA, NC and UT, 45 days) written notice before such change becomes effective.



PAID

Personal Accident Indemnity Delivery

For complete details of coverage, contact your agent or the Company.

Form HPACC13-24 Accident Policy Rate Schedule

	Weekly Premium		Bi-Weekly Premium		Semi-Monthly Premium		Monthly Premium	
	One Unit	Two Units	One Unit	Two Units	One Unit	Two Units	One Unit	Two Units
24-Hour Coverage								
Employee	4.23	5.08	8.46	10.15	9.17	11.00	18.33	22.00
Employee/Spouse	5.96	7.38	11.92	14.77	12.92	16.00	25.83	32.00
Employee/Child	5.96	7.38	11.92	14.77	12.92	16.00	25.83	32.00
Family	7.69	9.69	15.38	19.38	16.67	21.00	33.33	42.00
Off-the-Job Coverage Only								
Employee	3.58	4.15	7.15	8.31	7.75	9.00	15.50	18.00
Employee/Spouse	5.60	6.75	11.19	13.50	12.13	14.63	24.25	29.25
Employee/Child	5.60	6.75	11.19	13.50	12.13	14.63	24.25	29.25
Family	6.52	8.08	13.04	16.15	14.13	17.50	28.25	35.00

Wellness Rider

	Weekly Premium	Bi-Weekly Premium	Semi-Monthly Premium	Monthly Premium
Employee	0.69	1.38	1.50	3.00
Employee/Spouse	1.38	2.77	3.00	6.00
Employee/Child	1.38	2.77	3.00	6.00
Family	2.08	4.15	4.50	9.00

Disability Income Rider

Elimination/ Duration Period	\$1,000		\$2,000	
	Class 1	Class 2	Class 1	Class 2
14/6	11.11	19.70	22.20	39.40
14/12	12.10	22.60	24.20	45.20
30/6	8.60	13.20	17.20	26.40
30/12	9.10	15.10	18.20	30.20

Exclusions

We will not pay benefits for losses that are caused by or are the result of any Insured Person(s): 1. operating, learning to operate, or serving as a crew member of any aircraft; 2. except in OK, engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting (except in MD, NE and ND) or any similar activities; 3. except in OK, riding in or driving any motor-driven vehicle in a (in NE, an organized) race, stunt show or speed test; 4. except in OK, officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received; 5. who has any sickness or condition caused by a sickness independent of the Covered Accident, including physical or mental infirmity (in TX, mental does not apply). Sickness means any illness, infection, disease or any other abnormal physical condition (in NC, but for ptomaine poisoning) which is not caused by any injury; 6. being exposed to war or any act of war, declared or undeclared (in NC, except for acts of terrorism against the general population). In OK, War or act of war (whether declared or undeclared) while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer; participation in a felony, riot or insurrections, service in the armed forces or units auxiliary thereto; 7. actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve; 8. except in TX, suffering from Mental or Nervous Disorders; 9. except in SD, being addicted to drugs or suffering from alcoholism; 10. except MI, being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant including those prescribed by a Physician that are misused. In LA, unless taken on the advice of the insured's Physician. In NV, being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused. In OK, being under the influence of any narcotic unless administered on the advice of a Physician; 11. in SD only, bodily injury(s) that were sustained during the commission of a felony and while being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused. In NE, being under the influence of any narcotic unless administered on the advice of a physician; or voluntarily taking illegal drugs; 12. except in MI, ND, and SD, receiving Injuries caused directly or indirectly while under the influence of a controlled substance or by intoxication as defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred; 13. having cosmetic surgery or other elective procedures that are not medically necessary; 14. having dental treatment except as the result of an Injury; 15. except in TX, having a hernia; 16. except in GA, MI, and UT participating in (in NE, commission of) or attempting to commit a felony. In NV, commission of or attempt to commit a felony, or to which a contributing cause was the Insured Person being engaged in an illegal occupation; 17. except in ID, NE and VA, being incarcerated in a penal institution or government detention facility; 18. except in OK, driving any taxi for wage, compensation or profit; 19. except in MI, NV, and UT, engaging in an illegal activity or occupation (in LA, and NE, illegal occupation) In GA, commission of or attempt to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation; 20. self-inflicting an Injury intentionally; or 21. except in MI, committing or attempting to commit suicide, while sane or insane;

In KS only, the insured may cancel the policy at any time by written notice delivered or mailed to the insurer, effective upon receipt of such notice or on such later date as may be specified in such notice. In the event of cancellation or death of the insured, the insurer will promptly return the unearned portion of any premium paid. The earned premium shall be computed by the use of the pro-rata method. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

In MD only, we will not pay for any health care services that the appropriate regulatory board determines were provided as a result of a prohibited referral.

In MI only, commission of or attempt to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation or other willful criminal activity ("Willful criminal activity," as used herein, includes, but is not limited to, (a) operating a vehicle while intoxicated as defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred; (b) operating a methamphetamine laboratory. Willful criminal activity does not include a civil infraction or other activity that does not rise to the level of a misdemeanor or felony).

In UT only, the Insured Person's voluntary commission of or attempt to commit a felony, or to which a contributing cause was the Insured Person being engaged in an illegal occupation.

In KS only, Pre-Existing Conditions - The policy only covers treatment for accidents that occur after the Policy effective date. Any treatment for accidents that occurred prior to the effective date, regardless of when the treatment is received, is considered a pre-existing condition and is not covered under the policy.

Policy Form Numbers: HPACC13-NOC, HPACC13-NOC-LA, HPACC13-NOC-OK, HPACC13-NOC-TX, HPACC13-24, HPACC13-24-LA, HPACC13-24-OK, HPACC13-24-TX, HPACC15-NOC, HPACC15-24 (including state variations)

Rider Form Numbers: DIAR, DIASR, HRWEL2010 (including state variations)

If you have any questions, please contact your ManhattanLife Assurance Life Agent or
ManhattanLife Assurance Company of America
10777 Northwest Freeway, Houston, Texas 77092
800-669-9030

Out-of-Pocket Protection Plan

- Helps pay deductibles and co-payments.
- You choose benefits and premiums.
- Pays benefits directly to you unless assigned to help with hospital bills and out-of-pocket costs.
- Pays in addition to all other insurance and workers' compensation.



This is a Hospital Confinement Protection Insurance Policy
Underwritten by ManhattanLife Assurance Company of America and Family Life Insurance Company



OUT-OF-POCKET PROTECTION PLAN

With today's rising cost of medical care and health insurance premiums, many individuals and groups have selected higher deductibles, fewer co-pays and more out-of-pocket costs. This has been done to make health insurance premiums more affordable.*

**National Center Biotechnology information.*

But, out-of-pocket costs may still cause unnecessary burdens on many individuals.

What's the solution?

THE NEW OUT-OF-POCKET PROTECTION PLAN!

- Pays directly to you, unless you assign your benefits to your provider(s).
- Your choice of benefits and premiums.
- Pays in addition to all other insurance.
- No deductibles.
- No networks.



How Our Plan Works

Once you have met the requirements, fill out the necessary claims form and attach your itemized statement.

It's that easy!

Benefits can be paid in a lump sum directly to you!

MANDATORY BENEFITS	DAILY INPATIENT HOSPITAL CONFINEMENT BENEFIT** (per hospital admission) If you are confined in a hospital as a resident inpatient* Pays the daily inpatient benefit you select (maximum of 10 days) (in TX, 31 days) per hospital confinement. In FL, payable for first 20 days of confinement then \$10/\$20 for next 11 days - depending on benefit level selected. This benefit is not payable for the treatment of Mental/ Nervous disorders and substance abuse.	You may choose a daily inpatient benefit of either: <input type="checkbox"/> \$ 100 a day <input type="checkbox"/> \$ 200 a day
	HOSPITAL ADMISSION BENEFIT (1 per year) If you are admitted to a hospital as a resident inpatient* Pays the Hospital Admission Benefit you selected.	You may choose your hospital admission benefit below <input type="checkbox"/> \$ 2,500 <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$ 6,350
	DOCTOR OFFICE VISIT (2 per year)	\$ 50
OPTIONAL BENEFITS	OUTPATIENT SURGERY BENEFIT*** (2 per year) For surgical services rendered in an Ambulatory Surgical Center or Outpatient Hospital Facility, pays the amount you selected for outpatient surgery.	You may choose a benefit of either: <input type="checkbox"/> \$ 1,000 <input type="checkbox"/> \$ 2,000 <input type="checkbox"/> \$ 3,000
	EMERGENCY ACCIDENT BENEFIT (4 per year) (FL maximum 2 per year) If you sustain an injury which requires emergency care by a physician in a emergency room or urgent care facility, pays the amount per emergency treatment. The treatment must be received within 72 hours of the injury. In FL, this benefit is payable only if you are confined as an inpatient within 24 hours of emergency treatment.	\$ 250 Maximum benefit per injury

* Confined as a resident inpatient means assigned to a hospital bed for an overnight stay for medically necessary reasons resulting from injury or illness on the advice of a physician

** A day is a 24 hour period where room and board is charged

***Refer to policy for limitations on this benefit

Conditionally renewable to age 69 (in CA, age 65) - Your Policy cannot be canceled regardless of changes in health or the number of times benefits are received. You have the right to renew this Policy until the earliest of when You become insured under Medicare or attain age 69 (in CA, age 65) if You pay the correct premium when due or within the Grace Period. The Company reserves the right to change the rates on all policies of this class in the entire state.

Out-of-Pocket Protection Plan

This is a Hospital Confinement Protection Plan

Monthly Rates

Individual					
	Issue Age				
	18-34	35-44	45-54	55-69	Additional Child Only
Daily Inpatient Hospital Confinement Benefit with Doctor Office Visit					
\$100 / day	\$9.25	\$9.66	\$10.16	\$10.41	\$1.50
\$200 / day	\$10.16	\$11.00	\$12.00	\$12.50	\$2.09
First Hospital Admission Benefit					
\$2,500	\$5.00	\$7.08	\$9.17	\$10.83	\$2.92
\$5,000	\$10.00	\$14.17	\$18.33	\$21.67	\$5.83
\$6,350	\$12.70	\$17.99	\$23.28	\$27.52	\$7.41
Optional Benefits					
Outpatient Surgery Benefit					
\$1,000	\$7.67	\$11.00	\$14.33	\$16.67	\$4.33
\$2,000	\$15.33	\$22.00	\$28.67	\$33.33	\$8.67
\$3,000	\$23.00	\$33.00	\$43.00	\$50.00	\$13.00
Emergency Accident Benefit					
\$250 up to 4x/year	\$2.33	\$2.33	\$2.33	\$2.33	\$0.92



Individual & Child

	Issue Age			
	18-34	35-44	45-54	55-69
Daily Inpatient Hospital Confinement Benefit with Doctor Office Visit				
\$100 / day	\$16.50	\$16.92	\$17.33	\$17.67
\$200 / day	\$18.00	\$18.83	\$19.67	\$20.33
First Hospital Admission Benefit				
\$2,500	\$7.50	\$9.58	\$12.08	\$13.33
\$5,000	\$15.00	\$19.17	\$24.17	\$26.67
\$6,350	\$19.05	\$24.34	\$30.69	\$33.87
Optional Benefits				
Outpatient Surgery Benefit				
\$1,000	\$12.00	\$15.33	\$18.67	\$21.00
\$2,000	\$24.00	\$30.67	\$37.33	\$42.00
\$3,000	\$36.00	\$46.00	\$56.00	\$63.00
Emergency Accident Benefit				
\$250 up to 4x/year	\$3.25	\$3.25	\$3.25	\$3.25

Individual & Spouse

	Issue Age			
	18-34	35-44	45-54	55-69
Daily Inpatient Hospital Confinement Benefit with Doctor Office Visit				
\$100 / day	\$16.67	\$17.50	\$18.25	\$18.75
\$200 / day	\$18.33	\$20.00	\$21.50	\$22.50
First Hospital Admission Benefit				
\$2,500	\$8.75	\$12.50	\$16.25	\$19.17
\$5,000	\$17.50	\$25.00	\$32.50	\$38.33
\$6,350	\$22.23	\$31.75	\$41.28	\$48.68
Optional Benefits				
Outpatient Surgery Benefit				
\$1,000	\$13.33	\$19.67	\$26.00	\$30.00
\$2,000	\$26.67	\$39.33	\$52.00	\$60.00
\$3,000	\$40.00	\$59.00	\$78.00	\$90.00
Emergency Accident Benefit				
\$250 up to 4x/year	\$4.17	\$4.17	\$4.17	\$4.17

Individual & Children (up to 3 children)

	Issue Age			
	18-34	35-44	45-54	55-69
Daily Inpatient Hospital Confinement Benefit with Doctor Office Visit				
\$100 / day	\$29.00	\$29.42	\$29.84	\$30.09
\$200 / day	\$31.34	\$32.17	\$33.00	\$33.50
First Hospital Admission Benefit				
\$2,500	\$11.67	\$13.75	\$16.25	\$17.50
\$5,000	\$23.33	\$27.50	\$32.50	\$35.00
\$6,350	\$29.63	\$34.93	\$41.28	\$44.45
Optional Benefits				
Outpatient Surgery Benefit				
\$1,000	\$18.33	\$21.67	\$25.33	\$27.67
\$2,000	\$36.67	\$43.33	\$50.67	\$55.33
\$3,000	\$55.00	\$65.00	\$76.00	\$83.00
Emergency Accident Benefit				
\$250 up to 4x/year	\$4.58	\$4.58	\$4.58	\$4.58

Individual & Family (up to 3 children)

	Issue Age			
	18-34	35-44	45-54	55-69
Daily Inpatient Hospital Confinement Benefit with Doctor Office Visit				
\$100 / day	\$36.33	\$37.16	\$37.91	\$38.50
\$200 / day	\$39.33	\$41.00	\$42.50	\$43.66
First Hospital Admission Benefit				
\$2,500	\$15.42	\$19.17	\$23.33	\$25.83
\$5,000	\$30.83	\$38.33	\$46.67	\$51.67
\$6,350	\$39.16	\$48.68	\$59.27	\$65.62
Optional Benefits				
Outpatient Surgery Benefit				
\$1,000	\$24.33	\$30.33	\$36.67	\$40.67
\$2,000	\$48.67	\$60.67	\$73.33	\$81.33
\$3,000	\$73.00	\$91.00	\$110.00	\$122.00
Emergency Accident Benefit				
\$250 up to 4x/year	\$6.42	\$6.42	\$6.42	\$6.42

Underwritten by:
 ManhattanLife Assurance Company of America
 10777 Northwest Freeway, Houston, Texas 77092
 800-669-9030



This brochure is designed to give a brief description of the policies and optional benefits and does not constitute a contract. The exact terms, limitations, exclusions definitions, conditions and qualifications of a specific procedure or service will be found in the policy delivered to you. The terms of the policy govern.

TEN-DAY RIGHT TO RETURN

If, You are not satisfied, return the Policy to Us or Our agent within 10 (in CA and KY, 30) days after You have received it. All premiums will be refunded, and Your coverage will be void from the Effective Date. In OK, if We do not return any premium or moneys paid within 30 days from the date of cancellation, We will pay interest on the proceeds.

PRE-EXISTING CONDITIONS

This Policy does not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 (in NM and NV, 6) months beginning on the date that person becomes an Insured on this Policy or Rider. In NC, however, for any Insured over 65 years of age at the time this Policy is issued, Pre-Existing Conditions are only those conditions specifically eliminated by rider.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

By Pre-Existing Conditions, we mean:

- those conditions for which medical advice or treatment was received or recommended or that could be medically documented; and
- conditions or symptoms that would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment, within the 12 (in NV, 6) months period immediately preceding the Policy Effective Date.

EXCLUSIONS AND LIMITATIONS - This Policy provides benefits only for losses identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from events or loss related to or resulting from any of the following: a. except in MI and SD, being intoxicated or under the influence of any controlled substance unless prescribed by a physician. In IL, being legally intoxicated as defined and determined by the laws of the jurisdiction where the loss or cause of the loss was incurred, or being under the influence of any drug unless prescribed by a physician, or being under the influence of any over-the-counter drug unless administered in accordance to the manufacturer's instructions. In MO, being intoxicated or under the influence of any narcotic unless administered on the advice of a physician. In OK, being under the influence of any narcotic unless administered on the advice of a physician. In TN, any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a physician; b. attempted suicide while sane or insane (in MO, insane does not apply) or any willful and intentional act by the Insured to purposely cause harm or damage to him-/herself; c. being exposed to war or any act of war, declared or undeclared (in FL, except for acts of terrorism against the general population) (in NC, and acts of terrorism occurring outside the country for which the Policy is issued) or while serving in the armed forces or auxiliary units thereto, including the National Guard or Army Reserve (in OK, including while working in an area of war whether voluntarily or as required by an employer.); d. the Insured's commission of or attempt to commit a felony or to which a contributing cause was the Insured's being engaged in an illegal occupation. In SD, the Insured's commission of a felony at the time of loss; e. except in TX, cosmetic Service dental treatment or dental surgery. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or, (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease (in IL, except infections which result from an accidental injury or infections which result from an accidental, involuntary or unintentional ingestion of a contaminated substance); f. care that is primarily for rest, convalescence, or rehabilitation; g. treatment of Mental or Nervous Disorders without demonstrable organic disease; h. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of a covered Sickness or Injury or combination thereof sustained while traveling for business or pleasure; i. except in GA, SD and TX, any Pre-Existing Conditions as defined in this Policy; j. except in FL and TX, conditions specifically excluded by amendment or endorsement; k. except in TX, cosmetic Service surgery. This exclusion does not apply if the surgery is: (1) due to an Injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease (in IL, except (infections which result from an accidental injury or infections which result from an accidental, involuntary or unintentional ingestion of a contaminated substance), tumors, or disease). (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema; l. except in AZ, MO and TX, being incarcerated in a penal institution or government detention facility; m. except in OK and TX, driving any taxi for wage, compensation, or profit; n. except in OK and TX, operating, learning to operate, or serving as a crew member of any aircraft; o. except in IL, OK and TX, engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, or any similar activities; p. except in IL, OK and TX, riding in or driving any motor-driven vehicle in a race, stunt show, or speed test; or, q. except in IL, OK and TX, officiating, coaching, practicing for, or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

TERMINATION - You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid. This Policy will terminate at 12:01 a.m. local time at Your state of residence on the earliest of the following date: 1. The end of the month You attain age 69 (in CA, 65); 2. The date You are insured under Medicare; 3. The date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; 4. The date this Policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section; 5. except in ND, the date We terminate or nonrenew all individual marketed hospital indemnity insurance Policies in the state in which this Policy was issued or the state in which You presently reside. We will give You (in IL, 90 days) advance notice, as required by state law, of the termination of Your coverage. In FL, the date all policies the same as this one are non-renewed in the state in which this Policy was issued or the state in which You presently reside. We will give You at least 180 days advance written notice, as required by state law, of the non-renewal of Your coverage; or, 6. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage.

Except in AR, coverage of a Covered Dependent will terminate on: 1. The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later date that is requested by You for termination of a Covered Dependent; or, 2. The date a Covered Dependent no longer meets the Covered Dependent definition in this Policy. We will pay benefits to the end of the time for which We have accepted premiums. If coverage terminates due to Your death, Your spouse (in CA and NV, domestic partner) will become the named Policyholder provided Your spouse (in CA and NV, domestic partner) is a Covered Person under this Policy on the date of death. When such Insured's insurance ends, We will consider any claim that began before the insurance ended. Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would have terminated according to this Policy.

THIS HOSPITAL INDEMNITY INSURANCE PLAN IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

Policy Form Numbers: C-GAPJ15, C-GAPJ15-LA, C-GAPJ15-OK,
C-GAPJ15-TX; F-GAPJ15 (including state variations)

Underwritten by:
ManhattanLife Assurance Company of America
10777 Northwest Freeway, Houston, TX 77092
Toll Free Telephone: 800-669-9030