

Critical Protection and Recovery

Including life threatening cancer



This is a Critical Illness Insurance Policy

Underwritten by ManhattanLife Assurance Company of America and The Manhattan Life Insurance Company



Developing A Critical Illness Can Cause Unnecessary Hardships For Most Families!

These types of critical events can interrupt our Lives:

- Heart Attack
- Stroke
- Coma
- Major Third-Degree Burns
- Major Human Organ Transplant
- Coronary Artery Bypass Surgery
- Paralysis
- End-Stage Renal Failure
- Cancer

What's the Solution?

The Critical Protection and Recovery Plan!

<u>We Pay!</u>	Plan 1	Plan 2	Plan 3	Plan 4
<u>First Occurrence Benefit (FOB)</u> We will pay the selected amount when first diagnosed as having a covered specified health event, payable once.*	<u>\$5,000</u>	<u>\$7,500</u>	<u>\$10,000</u>	<u>\$20,000</u>
<u>Monthly Income Benefit</u> We will pay an additional 10% of first occurrence benefit per month for 12 months. *	<u>\$500</u>	<u>\$750</u>	<u>\$1,000</u>	<u>\$2,000</u>
<u>Recurrence Benefit</u> We will pay 50% of the first occurrence benefit if a recurring or another specified health event occurs more than 365 days after the FOB became payable.*	<u>\$2,500</u>	<u>\$3,750</u>	<u>\$5,000</u>	<u>\$10,000</u>

**See outline of coverage for benefits.*

Also Included In All Plans

HOSPITAL CONFINEMENT BENEFIT

We will pay for each day of Confinement for treatment of a Covered Specified Health Event.*

No lifetime maximum.

☐ \$300 per day

AMBULANCE BENEFIT

The ambulance transportation must occur within 180 days following the occurrence of the most recent Covered Specified Health Event.*

Limit: Twice per occurrence of Covered Specified Health Event.

No lifetime maximum.

☐ \$1,000 Air

☐ \$250 Ground

TRANSPORTATION BENEFIT

Pays transportation costs when prescribed medical treatment that must be provided in a Hospital or medical facility that is located outside of a 75-mile radius of the residence. This benefit is limited to \$1,500 per occurrence of a Covered Specified Health Event.* Must be within 180 days of Covered Specified Health Event.

No lifetime maximum.

☐ \$0.50 Noncommercial

☐ Actual Commercial

LODGING BENEFIT

Actual charges incurred for the Covered Person or any one adult member of the immediate family when a covered person receives prescribed special medical treatment at a Hospital or medical facility that is located outside of a 75-mile radius of the residence of the Covered Person within 180 days of Covered Specified Health Event.* Not payable for lodging occurring more than 24 hours before or after special medical treatment.

No lifetime maximum.

☐ \$70 per day

WAIVER OF PREMIUM BENEFIT (Does not apply in NJ)

If the Named Insured becomes Totally Disabled for 60 days as a result of a Covered Specified Health Event, ManhattanLife Assurance Company of America will waive the premiums that fall due for the remainder of that person's Total Disability.* (Disability must occur prior to age 60. Premiums must continue to be paid for 60 days after commencement of disability. Benefit does not apply to spouse and children.)

**See outline of coverage for benefits.*



INSURED'S RIGHT TO EXAMINE POLICY

If you are not satisfied with the Policy, you may return it for a full refund of premium. You may return the Policy by delivering it or mailing it to: (1) the agent who took your application; or, (2) the administrative office at 10777 Northwest Freeway, Houston, Texas 77092. You must do this within 10 (30 days in UT) days after you receive the Policy. Immediately upon such delivery or mailing, the Policy will be deemed void from the beginning. Any premium you have paid will be refunded. (In OK, if we fail to refund any premiums paid within 30 days from the date of receipt of cancellation, we will pay the interest on the proceeds.) (In WA, if we do not refund the premium within 30 days from the time we receive your Policy an additional 10% penalty will be added to any premium refund due.) When returning the Policy under this provision, you should state: "The Policy is returned for cancellation and refund of premium".

PRE-EXISTING CONDITION LIMITATION

During the first 12 months (in NJ, NM and UT, 6 months) following the Effective Date of the Policy, any Specified Health Event that occurs due to a Pre-Existing Condition is not covered and no benefits will be payable under the Policy in connection with such Specified Health Event. However, after the first 12 months (in NM and UT, 6 months) following the Effective Date of the Policy, benefits will be provided in connection with all Covered Specified Health Events other than a Specified Health Event that occurred due to a Pre-Existing Condition during the first 12 months (in NM and UT, 6 months) following the Effective Date of the Policy. (In NC, this limitation will be reduced by the amount of time the Covered Person was previously covered by Creditable Coverage if there was no more than a 63 day break in coverage.) (In NJ, in addition, any Specified Health Event that occurs due to 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, subject to the provisions of this Policy, a claim for a Specified Health Event that occurs after 6 months from the Effective Date due to a Pre-Existing Condition will be covered.)

EXCLUSIONS

We will not pay benefits for loss resulting from or in connection with the following:

1. except in NJ, a Specified Health Event occurring prior to the Effective Date;
2. except in NJ, OK, VT and WA, participation in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a Physician or taken according to the Physician's instructions) or while intoxicated as defined by the law of the jurisdiction in which the cause of the Loss occurs; (In MN, bodily injuries received while the Covered Person was operating a motor vehicle under the influence of alcohol as evidenced by a blood alcohol level in excess of the state legal intoxication limit) (In WI, under the voluntary influence of a controlled substance.);
3. except in IA, NJ, OK and SC, participating in any sport or sporting activity for wage, compensation or profit;
4. intentionally self-inflicting bodily injury or attempted suicide (in MO, while sane);
5. war or any act of war, whether declared or undeclared, (in NM, or) while serving in the military service (in NM, service does not apply) or any auxiliary attached thereto;
6. travel in or descent from (In OK, "or descent from" is excluded.) an aircraft, except while a fare-paying passenger;
7. committing or attempting to commit a felony;
8. except in VT and WI, engaging in an illegal occupation;
9. except in SC, an Experimental Major Human Organ Transplant ; or

In NJ only, the Covered Person's being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician.

In OK only , alcoholism or drug addiction.

GUARANTEED RENEWABLE/TERMINATION

The Policy will automatically terminate at the end of a grace period if the premium is not paid. Your policy cannot be canceled regardless of any changes in your health, the number of times you receive benefit payments, or your advancing age. The only way your policy can be canceled is for failure to pay your premium or by your written request. The Policy is guaranteed renewable for life subject to the Company's right to change rates on all policies of this class in your entire state. Coverage of an insured child ends on the premium due date following: the attainment of age 21 (in ND, age 22)(or age 25 (in ND and UT, age 26) if enrolled full-time in an accredited college or university); or marriage, whichever occurs first (in NJ, coverage ends upon attainment of age 19, or marriage, whichever occurs first) (In TX, coverage ends upon the attainment of age 25 regardless of college).

Benefit exclusions and limitations may apply to the policy. For costs or complete details of coverage, contact your agent or the Company.

Policy Form Series CI-B

Underwritten by:
ManhattanLife Assurance Company of America
The Manhattan Life Insurance Company
10777 Northwest Freeway, Houston, TX 77092
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