# Group Critical Illness Insurance

Policy Form M-9012-TX
Underwritten by ManhattanLife Assurance Company of America

## Plan Features

- Pays regardless of other coverage
- Portable (take it with You)

Choose from flexible benefit options including:

- Heart Attack and Stroke
- Coronary Bypass Surgery
- Major Organ Transplant
- Cancer
- End Stage Renal Failure
- Alzheimer's Dementia
- Diabetes

***All benefits may not be available to you. Please see Rate Quote or Application for benefits selected.***

## Benefits

**Heart Attack Benefit**
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with a covered Heart Attack.

**Heart Transplant Benefit**
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person:

- demonstrates Heart Failure; and
- is registered with and on the waiting list of the United Network for Organ Sharing or its successor for a human to human replacement of the whole heart.

Heart Transplant under this Policy includes a Heart Lung Transplant.

**Stroke Benefit**
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with a covered Stroke.

**Coronary By Pass Surgery Benefit**
We will pay 25% of the Face Amount when We receive Proof of Loss showing that a Covered Person has undergone a covered Coronary Artery Bypass Surgery.

**Angioplasty**
We will pay 10% of the Face Amount when We receive Proof of Loss showing that a Covered Person has undergone Angioplasty.

**Invasive Cancer or Malignant Melanoma Benefit**
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with a covered Invasive Cancer.

**Carcinoma in Situ Benefit**
We will pay 25% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with a covered Carcinoma in Situ.

**Major Organ Transplant Benefit**
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person:

- demonstrates Major Organ Failure; and
- is registered with and on the waiting list of the United Network for Organ Sharing or its successor for a human to human replacement of the failing Major Organ.

Major Organ Transplant does not include:

- Heart Transplant; or
- Heart Lung Transplant.

**End Stage Renal Failure Benefit**
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with a covered End Stage Renal Failure.

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### Loss of Vision, Speech or Hearing Benefit
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with a Covered:

- Loss of Vision;
- Loss of Speech; or
- Loss of Hearing.

### Coma Benefit
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with a covered Coma.

### Severe Burns Benefit
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with covered Severe Burns caused by an Accident.

### Permanent Paralysis Benefit
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with a covered Permanent Paralysis caused by an Accident.

### Occupational HIV Benefit
We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with an Occupational HIV.

### Alzheimer's Dementia Benefit
We will pay 25% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with Alzheimer's Dementia.

### Loss of Independent Living Benefit
We will pay 25% of the Face Amount for a Covered Person when We receive Proof from a Physician that the Loss of Independent Living is permanent and has continued after the end of the 180 day Elimination Period. This benefit is payable only once per lifetime per Covered Person.

### Diabetes Benefit
We will pay 10% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with Type I or Type II Diabetes

### Additional Occurrence Benefit
We pay one additional benefit upon the diagnosis of a covered condition for which benefits have not been previously paid. The diagnosis must be separated from any other critical illness by at least six months.

### Recurrence Benefit
With the exception of Diabetes and Loss of Independent Living, We will pay this Benefit one time if a Covered Person is diagnosed for a second time with one of the named Critical Illnesses for which We paid a Benefit before. We will not pay a Recurrence Benefit for Diabetes or Loss of Independent Living. The Benefit is 25% of the Face Amount. This is subject to the following:

- the second diagnosis must follow the first by more than 12 months;
- the Covered Person must not have received treatment during a 12 consecutive month period between the two diagnoses; and
- the second diagnosis must take place while the Covered Person's coverage is in effect.

For the purposes of this Benefit, "treatment" does not include:

- preventative medications in the absence of disease; or
- routine scheduled follow-up visits to a Physician.

When this Benefit is paid, it ends for the Covered Person. No Recurrence Benefit will be paid thereafter for recurrence of any Critical Illness of the Covered Person.

### Health Screening Benefit
We will pay the amount shown on the schedule, if during a Calendar Year, a Covered Person has one or more of the following tests performed:

- Bone Marrow Testing
- CA-125 (blood test for ovarian cancer)
- Chest x-ray
- Flexible Sigmoidoscopy
- Mammography (including breast ultrasound)
- PSA (blood test for prostate cancer)
- Biopsy for Skin Cancer
- Electrocardiogram (EKG) (including stress EKG)
- Blood Test for Triglycerides
- Fasting blood glucose test
- CA 15-3 (blood test for breast cancer)
- CEA (blood test for colon cancer)
- Colonoscopy
- Hemocult stool analysis
- Pap Smear (including ThinPrep Pap Test)
- Serum Protein Electrophoresis (test for myeloma)
- Stress test (bike or treadmill)
- Lipid Panel (total cholesterol count)
- Oral Cancer Screening using ViziLite, OraTest or other or other Current Dental Terminology © Code D0431
- Serum cholesterol test to determine level of HDL and LDL

### Waiver of Premium Benefit
We will waive Premiums from the first day of Total Disability when Your Total Disability:

- starts while the Policy and Your Certificate are in force or in the Grace Period;
- starts before the Certificate Anniversary following Your 60th birthday; and
- continues without interruption for at least 90 days.

Waiver will start on the first day of Total Disability. We will waive Premiums:

- as they fall due while You remain Totally Disabled; and
- using the mode of Premium payment that was in effect when Total Disability began.

We will not end a claim if You attempt to return to work for 14 days or less.

**Spouse Coverage is 50% of the Face Amount/ Child Coverage is 25% of the Face Amount. The Face Amount Reduces by 50% at Age 70. Payment of Benefits Shall Not Exceed 300% of the Face Amount. Subject to the Recurrence Benefits, payment of Benefits within a Benefit Group will not exceed 100% of the Face Amount.**

## *Payment Of Benefits*

We will pay Benefits when We receive Proof of Loss acceptable to Us. Benefits are subject to the Benefit Conditions, Limitations and Exclusions provision.

## *Benefit Conditions, Limitations and Exclusions*

A Critical Illness must be diagnosed after the effective date of coverage and during the lifetime of the Covered Person while the Certificate is in force.

No Benefits of the Policy will be paid for loss that is contributed to, caused by, or occurs during:

- any intentionally self-inflicted injury;
- suicide, or attempted suicide, while sane or insane;
- active duty military service;
- participation in the commission or attempted commission of a felony;
- being intoxicated or under the influence of alcohol, drugs or any narcotic (including overdose) unless administered on, and taken in accordance with, the instructions of a Physician;
- psychosis; or
- alcoholism or drug addiction; or
- care and treatment by You or a person related to the insured by blood or marriage.

## *Pre-Existing Condition Limitation*

Any loss due to a Pre-existing Condition will not be covered if the loss begins within 12 months after the Covered Person's Effective Date of Insurance. However, Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered:

- by a Replaced Policy; and
- by the Policy on its Initial Effective Date.

When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one Benefit. The Benefit paid will be the larger. If the Benefits are equal, the Employee may choose the Benefit to be paid.

**Pre-existing Condition** means a disease or physical condition, for which a Covered Person has received medical advice, treatment, care, services, or for which diagnostic test(s) have been recommended during the 12 months immediately preceding the Covered Person's Effective Date of Insurance or during the 12 months immediately preceding an increase in benefits for the Covered Person.

A Tentative, Clinical or Pathological Diagnosis of Invasive Cancer during the 30-day period after a Covered Person's Effective Date of Insurance is not covered. The 30-day period is reduced by one day for each day that a Replaced Policy was in force.

Benefits for Invasive Cancer or Carcinoma In Situ will not be payable based on a Tentative Diagnosis.

## *Termination Of Insurance – Covered Persons*

Subject to the Portability provisions, all insurance ends on the earliest of the following dates:

- the date the Policy terminates;
- the date of termination of any section or part of the Policy with respect to insurance under such section or part;
- the premium due date that coincides with or next follows the date that You cease to be a member of an eligible class; or
- the last day of the grace period, if premium remains unpaid by the end of the grace period; or
- with respect to a covered Spouse, on the date he or she is divorced from You; or
- on the date You die, unless continued under the Widow or Widower's Continuation provision; or
- with respect to a covered Dependent Child, on the Policy anniversary following the date the Dependent Child no longer qualifies as a Dependent Child, as defined, unless continued under the Incapacitated Child Continuation provision.

If a Recurrence Benefit is paid for a Covered Person, the Recurrence Benefit for that person ends. When Your coverage ends, insurance on other persons covered by this Certificate will also end. Termination of insurance on a Covered Person or of the Policy is without prejudice to claims that occur or start prior to the date of termination.

## *Covered Persons*

**Covered Person**
means an eligible Employee or Eligible Dependent who is covered under the Policy. Persons eligible for coverage are shown on the Schedule.

**Child (Children)**
means the Covered Employee's unmarried child, including a natural child from the moment of birth, stepchild, foster or legally adopted child, or child in the process of adoption (including a child while the Covered Employee is a party to a proceeding in which the adoption of such child by the Covered Employee is sought); a child for whom the Covered Employee is required by a court order to provide medical support, and grandchildren who are dependent on the Covered Employee for federal income tax purposes at the time of application that are not yet age 26.

**Eligible Dependents**
means a Spouse, His or Her Child(ren) and the Child(ren) of an Eligible Employee. We must approve eligibility of the Spouse and Child(ren) of an Employee. Each such person must meet the Eligibility requirements shown in the Schedule. If a Child is covered by the Policy, the Child's Eligibility will not end if the Child is and remains:

- unmarried;
- incapable of earning his or her own living due to intellectual disability or physical handicap; and
- primarily dependent on the Employee for support and maintenance.

However, in no event will Eligibility or coverage of any Child continue beyond the date that the Employee's coverage ends.The Employee must furnish Us with proof of physical or intellectual disability within 60 days after the Child's Eligibility would otherwise end. Thereafter, We may require proof, but not more frequently than once a year.

## *Portability*

On the date the Policy terminates or the date the Named Insured ceases to be Actively at Work as an Employee and is not Totally Disabled, Insureds and their covered dependents will be eligible to exercise the portability privilege. Portability coverage may continue beyond the termination date of the Policy, subject to the timely payment of premiums. Portability coverage will be effective on the day after insurance under the Policy terminates.

The benefits, terms and conditions of the portability coverage will be the same as those provided under the Policy when the insurance terminated. The initial portability premium rate is the rate in effect under the Policy for active employees who have the same coverage. The premium rate for portability coverage may change for the class of Covered Persons on portability on any premium due date.

**This sales brochure is not a contract. It is intended only as a brief description of the policy provisions in the planning of your program. The benefits are determined by the terms and conditions of the policy and certificate alone. This is not a medicare supplement policy. If you are eligible for medicare, see the medicare supplement buyer's guide available from the company. In all cases, consult your certificate for full details. Upon receipt of your policy, please review it and your application. If any information is incorrect, please contact us.**

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