

THE MANHATTAN LIFE
INSURANCE COMPANY SM

AGENT UNDERWRITING GUIDE FOR MEDICARE SUPPLEMENT

Marketing Support, Agent Licensing, Supplies: 1-866-708-6194
Customer Service, Claims, Underwriting: 1-800-877-7703
New Business Fax: 713-583-2738
Commissions: 713-821-6533

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IMPORTANT CONTACT INFORMATION

New business, claims, administration, and overnight mailing address:

The Manhattan Life Insurance Company
10777 Northwest Freeway
Houston, TX 77092

or

P.O. Box 925568
Houston, TX 77292-5

Toll-free number: 1-800-877-7703

Option 1:	Direct dial extension
Option 2:	MLIC contact information
Option 3:	Commissions
Option 4:	Application status
Option 5:	Customer Service
Option 6:	Telephone interviews (PHI)
Option 7:	Underwriting (pre-qualifying questions)
Option 8:	Provider benefits, eligibility and claims status

Expedited Underwriting number: 1-800-982-0415

Email: csmedsupp@manhattanlife.com

Manhattan Life's Marketing Division - AIMC:
Call 1-866-708-6194 for Marketing Support, Agent Licensing, or Supplies.

Marketing Support Fax: 1-678-483-8514
Agent Licensing Fax: 1-678-483-8513

For faster service you may fax your supply order to: 1-866-888-1330

Internet orders take priority. Access www.aimc.net or email: shipping@aimc.net.

Fax Numbers for Faxed Applications:
New Business/Data Entry E-Fax: 713-583-2738

Customer Service/Underwriting Fax: 713-583-2738
(For additional information that has been requested, please include application number)

All faxed applications must be accompanied by a "Manhattan Life Fax Application Transmittal Cover Sheet." Please contact Manhattan Life's Marketing Division at 1-866-708-6194 or www.aimc.net for a copy of this form, or refer to page 23 for a copy.

FAX PROCEDURES

1. A fax transmittal cover sheet must accompany all applications sent via fax.
2. 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 we have calculated. We will amend the modal premium.
3. The first modal premium and the policy fee (if applicable) will be drafted upon issue.
4. ***Do not*** collect any money on applications that you intend to fax in for processing. Any application received without the **completed** Bank Draft Authorization form **and** the voided check will be returned to the agent upon receipt.

EASY UPLOAD PROCEDURE

The Easy Upload function can be found in the Agent Resource Center located on the Company website. This function may be used to upload applications rather than mailing or faxing them. It will only accept PDF files; therefore the application must be scanned and converted to a PDF in order to be attached. There are step-by-step instructions located in the "Help" section found to the left of the Easy Upload area within the Agent Resource Center.

EXPEDITED UNDERWRITING

Expedited Underwriting is offered with the Manhattan Life Electronic Application (commonly known as the eApp). It is only available for underwritten applications that have been completed and submitted. A pop up display screen directs you to call the toll free number, 1-800-982-0415; the applicant must be on the telephone call to complete the process. An underwriter will access the application and complete the process on the spot; if a phone history interview is necessary, the agent will be asked to disconnect from the call. If all underwriting criteria is met, the applicant will be provided their policy number and information pertaining to the first draft. The feature is available during normal business hours, which are 8:00 A.M. to 5:00 P.M. Central Standard Time. If the application is submitted outside of normal business hours, you may call the next business day to complete the process.

PURPOSE

This Guide provides information about the evaluation process utilized in underwriting and issuing Manhattan Life Medicare Supplement Insurance Policies. The goal of Manhattan Life is to issue insurance policies as quickly and efficiently as possible, while assuring proper evaluation of each risk. To accomplish this goal, writing agents may be contacted via email to advise him/her of any problem(s) with an application. Please make sure we have your current email address on file.

POLICY ISSUE GUIDELINES

All applicants must be covered under Medicare Part A & Part B. The policy issued is specific to the state of residence. The applicant's state of residence controls the application, forms, premium, and policy issue. If an applicant has more than one residence, the state where the Federal Income Taxes are filed should be considered the state of residence. Please refer to your introductory materials for required forms specific to your state.

SELECTIVE ISSUE

Applicants over the age of 65 and at least six (6) months beyond enrollment in Medicare Part B will be underwritten. All health questions must be answered, including providing all prescription history on the application. The answers to the health questions on the application will determine eligibility for coverage. Please note that a "Yes" answer to any of our health history questions MAY result in denial of coverage (see page 11 for further details).

OPEN ENROLLMENT

To be eligible for Open Enrollment, an applicant must be at least 64½ years of age (in most states) and be within six (6) months of enrollment in Medicare Part B.

Applicants covered under Medicare Part B prior to age 65 are eligible for a six (6) month Open Enrollment period upon reaching age 65.

Missouri

Annual Open Enrollment lasting 90 days, beginning 60 days before and ending 30 days after the Individual's policy anniversary date, during which time a person may replace any Medicare supplement plan with the same plan. If the individual is covered under a Medicare discontinued plan design, Plans A, B, C or F is available.

Oregon

During annual Open Enrollment, which lasts 60 days, beginning 30 days before and ending 30 days after the individual's birthday, a person may replace any Medicare Supplement policy with a policy of equal or lesser benefits. Coverage will not be made effective prior to the individual's birthday. TPlease include documentation verifying plan information for prior coverage. A replacement form must also accompany the completed application. Please refer to the chart below for replacement plans available based upon the applicant's current coverage.

OREGON ANNUAL ENROLLMENT

I have a:	I can replace it with a plan:								
	A	B	C	D	G	K	L	M	N
1990 or 2010 Medicare Supplement Plan A	X								
1990 or 2010 Medicare Supplement Plan B	X	X							
1990 or 2010 Medicare Supplement Plan C	X	X	X	X		X	X	X	X
1990 or 2010 Medicare Supplement Plan D	X	X		X		X	X	X	X
1990 Medicare Supplement Plan E	X	X		X		X	X	X	X
1990 or 2010 Medicare Supplement Plan F (not a high-deductible plan F)	Any 2010 Medicare Supplement Plan (except for innovative plan F)*								
1990 or 2010 Medicare Supplement High Deductible Plan F	2010 Medicare Supplement High Deductible Plan F								
1990 or 2010 Medicare Supplement Plan G	X	X		X	X	X	X	X	X
1990 Medicare Supplement Plan H	X	X		X		X	X	X	X
1990 Medicare Supplement Plan I	X	X		X	X	X	X	X	X
1990 Medicare Supplement Plan J	Any 2010 Medicare Supplement Plan								
1990 Medicare Supplement High Deductible Plan J	2010 Medicare Supplement High Deductible Plan F								
1990 or 2010 Medicare Supplement Plan K						X			
1990 or 2010 Medicare Supplement Plan L						X	X		
2010 Medicare Supplement Plan M								X	X
2010 Medicare Supplement Plan N									X

APPLICATION DATES

- Open Enrollment is up to six (6) months prior to and six (6) months after the month the applicant turns 65.
- Missouri applications written during the annual Open Enrollment period can be taken up to 60 days prior and 30 days following the applicant's Medicare Supplement policy anniversary date.
- West Virginia applications can only be taken up to 30 days prior to the month the applicant turns age 65.
- Oregon applications written during the annual Open Enrollment period can be taken up to 30 days before and 30 days after the applicant's birthday.
- Wisconsin applications may be taken up to 90 days prior to the month the applicant turns age 65.
- Underwritten cases may be submitted up to 60 days prior to the requested coverage effective date.
- Individuals whose employer group plan health coverage is ending can apply up to 60 days prior to the requested effective date.

REPLACEMENTS

A replacement takes place when an applicant wishes to exchange an existing Manhattan Life Medicare Supplement policy for either another Manhattan Life Medicare Supplement policy of lesser or greater value, a Family Life Medicare Supplement policy, or a policy with an external company. Internal and external replacements are processed in the same manner and both require a newly completed application with full underwriting. An applicant that wishes to be reconsidered for the household discount will be handled as an internal replacement. For internal replacements, we will use the same underwriting criteria; however, we will also use our claims database to assist in determining the risk of an applicant.

All replacements must include a completed "Replacement Notice" form. One copy is to be left with the applicant, and one copy should accompany the application.

FLIC to MLIC replacements where the writing agent is not the same, the new writing agent will receive 50% commission on open enrollment and underwritten business. FLIC to MLIC replacements where the writing agent is the same on both applications, we will conserve the duration of the policy, and the compensation will be determined based on the new commission schedule for MLIC.

***Agents will not be paid advanced commissions when replacing a FLIC policy with a MLIC policy.**

TELEPHONE INTERVIEWS

Random telephone interviews may be conducted at any time at the discretion of the Underwriter. Please be sure to advise your clients that we *may* be contacting them to conduct an interview and/or to verify information on their application. Applications submitted electronically through the Manhattan Life website will require a telephone interview to verify that the information submitted is accurate. For Open Enrollment and Guarantee Issue electronic applications, health questions *will not* be asked of the applicant. Health interviews must be completed with the applicant on any underwritten applications involving a Power of Attorney. If we are unable to complete the telephone interview, we will require two years of current medical records to be submitted at the applicant's expense. *Please be aware that agents and/or an agent's representative may not be present or on the line while a phone interview is being conducted.

PHARMACEUTICAL INFORMATION

Manhattan Life has implemented a process to support the collection of pharmaceutical information for underwritten Medicare Supplement applications. In order to obtain the pharmaceutical information, the Authorization and Certification section (found on page 5) must be signed by the applicant. Prescription information noted on the application will be compared to the additional pharmaceutical information received. This additional information will not be solely used to decline coverage.

STATE SPECIFIC GUARANTEE ISSUE

In some states, loss of Medicaid health benefits qualifies Medicare beneficiaries for Guaranteed Issue into a Medicare Supplement.

State	Qualifications	Plans offered
KS	The individual must no longer be eligible to receive Medicaid health benefits.	A,C, F, N
TN	Client, age 65 and older covered under Medicare Part B, enrolled in Medicaid (TennCare) and the enrollment involuntarily ceases, is in a Guaranteed Issue beginning with notice of termination and ending 63 days after the termination date. Client, under age 65, losing Medicaid (TennCare) coverage has a 6 month Open Enrollment period beginning on the date of involuntary loss of coverage	A, C, F Any Medigap plan offered by an issuer
TX	The individual must no longer be eligible to receive Medicaid health benefits.	A, B, C, F
UT	Medicaid health benefits must involuntarily terminate.	A, C, F
WI	Individual is eligible for benefits under Medicare Parts A and B and is covered in the medical assistance program and loses eligibility in the medical assistance program	All plans and riders

Note: The individual must apply within 63 days of loss of coverage with appropriate documentation.

GUARANTEE ISSUE RULES

The rules listed below are the Federal requirements. These rules can also be found in the Centers for Medicare & Medicaid Services (CMS) annual publication, "Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare."

Guarantee issue situation	*Client has the right to buy from MLIC:*
Client is in the original Medicare plan and has an employer group health plan (including retiree or COBRA coverage) or union coverage that pays after Medicare pays. That coverage is ending. **Note:** State laws may vary in this situation.	Medigap Plan A, B, C, or F that is sold in the client's state by any insurance company. If the client has COBRA coverage, the client must wait until the COBRA coverage ends.
Client is in the original Medicare plan and has a Medicare SELECT policy. The client moves out of the Medicare SELECT plan's service area. Client can keep their Medigap policy or he/she may want to switch to another Medigap policy.	Medigap Plan A, B, C, or F that is sold by any insurance company in the client's state or the state he/she is moving to.
The client's Medigap insurance company goes bankrupt, and the client loses coverage or, the client's Medigap policy coverage otherwise ends through no fault of the client.	Medigap Plan A, B, C, or F that is sold in the client's state by any insurance company.

GUARANTEE ISSUE RIGHTS

Guarantee Issue Situation	*Client has the right to:*
The client's Medicare Advantage plan is leaving the Medicare program, stops giving coverage in his/her area, or the client moves out of the plan's service area.	Buy a Medigap Plan A, B, C, or F that is sold in the client's state by any insurance carrier. The client must switch back to original Medicare.
The client joined a Medicare Advantage plan when first eligible for Medicare Part A at age 65 and within the first year of joining, the client decided to switch back to original Medicare.	Buy any Medigap plan that is sold in your state by any insurance company.
The client dropped his/her Medigap policy to join a Medicare Advantage plan for the first time, has been in the plan for less than one year, and wants to switch back to original Medicare.	Obtain the client's former Medigap policy back if the carrier still sells it. If the former Medigap policy is not available, the client can buy a Medigap Plan A, B, C, or F that is sold in his/her state by any insurance company.
Client leaves a Medicare Advantage plan because the company has not followed the rules or has misled the client.	Buy Medigap Plan A, B, C, or F that is sold in the client's state by any insurance company.

*Please note that applicants may apply up to 60 calendar days prior to the date the coverage will end and **MUST** apply no later than 63 days after the coverage ends.*

For persons **voluntarily** leaving their employer group coverage, Guarantee Issue rights are only available in the following states:

State	Qualifications	Plans offered
CO,ID,IL,IN, MT,NJ,NV, OH,PA,TX	If the employer sponsored plan is primary to Medicare.	A,*B, C,F
NM, OK, VA, WV	If the Employer sponsored plan's benefits are reduced substantially.	A,C, F
AR, KS, LA, MO, SD	No conditions – always qualifies	A,*B, C, F

**Please note: Plan B is not available in all states.*

For purposes of determining GI eligibility due to a Voluntary termination of an employer sponsored group welfare plan, a reduction in benefits will be defined as any increase in the insured's deductible amount or their coinsurance requirements (flat dollar co-pays or coinsurance %). A premium increase without an increase in the deductible or coinsurance requirement will not qualify for GI eligibility. This definition will be used to satisfy NM, OK, VA and WV requirements. Proof of coverage termination is required.

APPLICATION PART II – MEDICAL COVERAGE REPLACEMENT

- The applicant must be covered under Medicare Part A & Part B to be eligible for a Medicare Supplement policy. Applications may be submitted for applicants that have just enrolled in Medicare Part B even though they have not yet received their Medicare ID card.
- The Medicare Number must be given (unless not yet available). This number is crucial for the proper processing of claims.
- The Part B enrollment date must be provided, as it is used to determine if the applicant is in an Open Enrollment period.
- If the applicant is covered by the Medicaid-QMB program, the applicant is not eligible for coverage. The application will be withdrawn.
- If the applicant is covered by the Medicaid-SLMB program, there are no special restrictions on buying a Medicare Supplement policy. If the applicant is covered by a program other than Medicaid-SLMB, additional documentation or information is required to determine whether the applicant can purchase a Medicare Supplement policy.
- Question 2 pertains to the replacement of a Medicare Advantage, Medicare PPO/HMO policy or certificate. If an applicant is replacing a Medicare Advantage plan, proof of creditable coverage from the Medicare Advantage plan will be required at time of application. The documentation must confirm that the applicant has been disenrolled or will be disenrolled by the requested effective date of the Manhattan Life plan, as coverage cannot overlap. Manhattan Life cannot

issue a policy without this information. If the answer to this question is not clear, or the required replacement form is not included, new forms will be requested.

- Question 4 pertains to coverage under any other health insurance within the past 63 days (for example, an employer, union, or individual plan). An applicant will not be allowed to maintain a group plan, as Manhattan Life does not allow an applicant to be double covered. Proof of credible coverage is required at the time of application. The documentation must confirm that the coverage either has been terminated or will be terminated by the requested effective date of the Manhattan Life plan. Manhattan Life cannot issue a policy without this information. If the answer to this question is not clear, new forms will be requested.

REQUIRED FORMS

Completed Application (pages 1-7)
Only current state-approved Medicare Supplement applications may be used when applying for coverage. If there is a question as to what application is available, please call AIMC, LLC to confirm the correct application form number. In cases where couples are applying for coverage, separate applications are required for each applicant. A copy of the completed application will be made by Manhattan Life and attached to the policy to make it part of the contract.

Bank Draft Authorization form
Applicable only if premiums are paid by automatic bank draft.

Conditional Receipt
This must be completed and provided to the applicant as receipt for premium collected. This form is included in the brochure.

Replacement form
The replacement form must be signed and submitted with the application when replacing any Medicare Supplement or Medicare Advantage plan. The signed Replacement form must be left with the applicant, and a second signed Replacement form must be submitted with the application.

Household Discount form
The household discount form must be signed and submitted with the application when requesting the household discount.

Spousal Discount Form
The spousal discount form must be signed and submitted with the application when requesting the spousal discount.

STATE SPECIFIC FORMS

Illinois -Medicare Supplement Checklist.

Kentucky -Medicare Supplement Comparison Statement: this statement must be completed, signed by the applicant, and submitted to MLIC along with the application.

ELIGIBILITY

Use the following chart to determine the eligibility of the applicant based upon height and weight. If the weight is below the weight listed in the "BMI 16" column or above the weight listed in the "BMI 40" column, the applicant is not eligible for coverage.

Height		Decline	Decline
Feet	Inches	BMI 16	BMI 40
4	6	<67	166+
4	7	<69	172+
4	8	<72	179+
4	9	<74	185+
4	10	<77	192+
4	11	<79	198+
5	0	<82	205+
5	1	<85	212+
5	2	<88	219+
5	3	<91	226+
5	4	<93	233+
5	5	<96	241+
5	6	<99	248+
5	7	<102	256+
5	8	<105	263+
5	9	<109	271+
5	10	<112	279+
5	11	<115	287+
6	0	<118	295+
6	1	<121	303+
6	2	<125	312+
6	3	<128	320+
6	4	<132	329+
6	5	<135	337+
6	6	<139	346+
6	7	<142	355+

MEDIGAP POLICIES FOR PEOPLE WITH A DISABILITY OR ESRD

Manhattan Life is required to offer at least one kind of Medigap policy for people under 65 and eligible for Medicare because of a disability **or** End-Stage Renal Disease (ESRD) in the states listed below. Even if your state is not listed, you may find that we voluntarily offer plans to people under 65, however they may be required to pass underwriting, and they may pay a higher premium.

Colorado	Georgia	Illinois	Kansas	Louisiana
Maryland	Missouri	New Jersey	North Carolina	Oklahoma
Pennsylvania	Tennessee	Texas	Wisconsin	Oregon

HEALTH QUESTIONS

Unless an application is completed during an Open Enrollment or Guarantee Issue period, all health questions, including the question regarding prescription medication, must be answered. The tobacco question may need to be answered during an Open Enrollment or Guarantee Issue period in some states; please see the chart on page 17 to determine if this applies to your applicant.

In general, if an applicant answers "Yes," to any health question, they ***may*** not be eligible for coverage. There are situations in which coverage may be offered. If the following questions are answered "Yes," an applicant ***may*** be considered for coverage:

- *"Have you been advised by a physician to have surgery, medical tests, treatment or therapy that has not been performed?"*
- *"Have you had a surgical procedure performed within the last 6 months?"*
- *"Are you diabetic, and if so, do you have or have you been treated for any of the following conditions: diabetic retinopathy, peripheral vascular disease, kidney disease, kidney failure, neuropathy, stroke, congestive heart failure, heart condition, or high blood pressure treated with more than two medications?"*

Consideration for coverage may be given to those who have been advised to have ***routine/ preventative*** medical testing

Routine/Preventative testing evaluates an individual's *current* health when the applicant is symptom free. Consideration will be given to applicants that are currently undergoing routine blood testing for cholesterol and thyroid.

Individual consideration may be given to applicants undergoing Prothrombin (protime) testing. Applicants currently undergoing anticoagulant therapy (blood thinner) must have met the necessary timeframes for the specific condition for which the medication is currently being used.

Consideration for applicants who have undergone a recent surgical procedure will be given once all follow up appointments have been completed and the applicant has been fully released from their physician's care.

Procedures that would be considered include, but are not limited to: applicants who have undergone recent knee surgery or recent mole removals that have been cleared as non-cancerous with all follow up visits and/or physical therapy completed.

Consideration for coverage may be given to those persons with well-controlled cases of diabetes with hypertension. A case is considered well-controlled if the person is taking less than 50 units of insulin daily, **or** no more than two oral medications for diabetes and no more than two medications for hypertension. A combination of less than 50 units of insulin and one oral medication would be the same as two oral medications. In general, to verify stability, there should be no changes in the medications or dosages for at least two years. We consider hypertension stable if recent average high blood pressure readings are 150/85 or lower.

People with diabetes mellitus that require, or have ever required, more than 50 units of insulin daily, or people with diabetes (insulin dependent or treated with oral medications) who also have one or more of the complication conditions listed on the last health question of the application, are not eligible for coverage. For the purposes of this application, hypertension (high blood pressure) is not considered a heart condition. Some additional questions to ask your client to determine if he/she has a complication include:

- ✓ Does he/she have eye/vision problems?
- ✓ Does he/she have numbness or tingling in the toes or feet?
- ✓ Does he/she have problems with circulation or pain in the legs?

The above list of conditions/situations where individual consideration may be given is not all inclusive. If your client has a situation that falls within the above listed questions, and additional clarification is needed, please call our underwriting department to discuss the details.

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.
- Requested effective date.
- Any health question left blank (if not Open Enrollment or Guarantee Issue).
- Prescription medication section left incomplete (if not Open Enrollment or Guarantee Issue).
- Underwriting risk classification question.
- Post-dated check sent (NO post dated checks accepted – *no exceptions*).
- Applicant's signature.
- Agent's signature.
- Medical coverage replacement section is not completed.
- Signature stamps are used on the agent's and/or applicant's signature.
- The application is received at the administrative office more than 30 days from the signature date, or if the signature date is in the future.
- Authorization and Certification section was not completed and signed.
- Replacement forms not submitted when applicable.
- Agent appointment was not granted by Manhattan Life when the application was solicited.
- Medicare Part B enrollment date and/or Medicare Number were left blank.
- If the application was submitted with a premium check from any third party payor that has no immediate family OR business relationship to the applicant (see page 14 for details).

- If an applicant is replacing a Medicare Advantage plan, it must be confirmed with the Medicare Advantage company that the applicant has been disenrolled or will be disenrolled by the requested effective date for Manhattan Life. Manhattan Life cannot issue a policy until this has been confirmed and coverage cannot overlap.
- 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.
- Manhattan Life will not accept deposit slips in the place of voided checks.

SITUATIONS REQUIRING NEW APPLICATIONS

- If white-out or liquid paper has been used on the application or a change was made to the application and not initialed by the applicant.
- If the incorrect state-approved application was submitted. Only the most recent state-approved application will be accepted. If the status of the available application is in question, please call AIMC to confirm the application form number.
- If the application was taken prior to the requested effective date, as indicated below:
    - For Open Enrollees, more than 180 days prior to the applicant's Medicare eligibility date or 65th birthday if the applicant was eligible for Medicare early.
    - For Open Enrollees in West Virginia, more than 30 days prior to the applicant's 65th birth month.
    - For Open Enrollees in Wisconsin, more than 90 days prior to the applicant's 65th birth month.
    - For underwritten applicants, more than 60 days.

INSURANCE POLICY EFFECTIVE DATE

For underwritten applications, we will honor requests for effective dates starting from the date the application was signed up to 60 days in the future. For replacements, the effective date cannot be prior to the end date of the Medicare Supplement policy that is being replaced *and* the effective date should be at least 15 days from the date the application was signed. Please also note that Manhattan Life does not pro-rate.

For Open Enrollment applications received before the applicant's 65th birthday, the effective date of the insurance policy will be the 1st day of the month in which the applicant turns 65 (unless otherwise requested).

Applications may not be backdated prior to the application signature date for any reason, especially to save age.

Insurance policies may not be effective on the 29th, 30th, or 31st of the month. Applications written on these days will be made effective on the 1st of the following month (unless otherwise requested; see below).

Applications submitted during the Oregon Annual Enrollment period, the earliest effective date is the applicants date of birth, and the latest available date is the 1st of the month following the 30-day period.

Applications submitted during the Missouri Annual Enrollment period, the latest effective date available is the 1st of the month following the 30-day period.

PLANS

Manhattan Life offers 8 standard Medicare Supplement plans. Available choices are: A, B, C, D, F, G, M, and N. The plan selection must be indicated on the application in the space provided. Please note plan availability may vary by state.

Manhattan Life offers a Basic plan and six optional riders in Wisconsin. The Riders are: Rider A, B, C, D, E, and F. Please note that Rider D serves as a second base plan and cannot be purchased in conjunction with the Basic Plan, nor can it be purchased in combination with Rider C.

PREMIUM CALCULATIONS

1. Determine the ZIP code where the client resides and find the correct rate page for that ZIP code.
2. Determine plan the applicant has chosen.
3. Determine if tobacco or non-tobacco rates apply (see chart on page 17 for Open Enrollment applications).
4. Locate age and gender, and verify that the age and date of birth are the exact age as of the application date.
5. This will be your base premium.

Household Discount

If an applicant resides in the following states and meets the criteria noted below, he or she may be eligible for a seven percent household discount upon coverage approval. *The discount is twelve percent in Oregon and Wisconsin.

Arkansas	Mississippi	Virginia
Arizona	Missouri	*Wisconsin
Colorado	Nebraska	
Georgia	North Carolina	
Idaho	**Ohio (see below)	
**Illinois(see below)	*Oregon	
Indiana	Pennsylvania	
Kentucky	South Carolina	
Louisiana	Tennessee	
Michigan	Texas	

In order for an individual to qualify for a ***household discount***, they must be at least 65 at the time of the requested effective date, and meet the following criteria:

a) married and residing with their spouse; *or*,
b) must have resided in the same household with an individual that is at least 60 years old for the last 12 months.

Ohio applicants applying for the ***household discount* must meet the following criteria:

a) be at least age 65 or older; *and*
b) reside with one or more individuals who are currently applying for, or have an active ***Manhattan Life*** Medicare supplement policy

**Illinois applicants applying for the *spousal discount* must be at least 65 at the time of the requested effective date, and meet the following criteria:

a) married and residing with their spouse
b) the spouse must be currently applying for, or have an active *Manhattan Life or Family Life* Medicare Supplement policy.

Individuals applying for the household discount must complete the household discount request form (Form #ACA001) and submit it along with the completed application. Reconsideration for the household discount requires a new application which will be handled as an internal replacement; the new application must be for a plan of greater or lesser value.

Telephone interviews may be conducted to confirm that the applicant qualifies for the household discount.

METHODS OF PAYMENT

The method of premium payment should be selected on the application with the modal premium written in the designated field. The modal premium does not include the insurance policy fee (if applicable).

The available premium payment modes are as follows:

Direct bill*	**Bank draft**
Annual	Annual
Semiannual	Semiannual
Quarterly	Quarterly
	Monthly

*Please see below for acceptable forms of payment.

Bank draft options

Option 1: 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, Manhattan Life will require proof of the routing number and account number from the financial institution.

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

Option 2: Pay initial premium by paper check and renewal premiums by bank draft

The initial premium is due at the time the application is submitted for processing – *no exceptions.* A completed Bank Draft Authorization form must accompany the application. 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, Manhattan Life will require proof of the routing number and account number from the financial institution.

NOTE: If the initial EFT is returned non-sufficient funds (NSF), a second attempt will be made on the 5th business day after we are notified by the Bank. If the second attempt is unsuccessful, 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, a second attempt will be made on the 5th business day after we are notified by the Bank. If the second attempt is unsuccessful, payment will be called due and the policy will transition to quarterly direct bill mode.

Direct bill
The initial premium is due at the time the application is submitted for processing – *no exceptions*.

Acceptable forms of payment:
- Personal checks
- Electronic bill pay (from applicant)
- Business check (business owner must be applicant or spouse of applicant)
- Employer-paid **retiree** benefits ("retiree" or "retirement benefits" should be stated on the memo line)

The following forms of payment are **NOT** acceptable:
- Temporary checks
- Money orders or cashier's checks
- Employer-paid health coverage for **current** employees
- Personal checks from any individual outside of the applicant's immediate family (immediate family is considered as spouse, parent, child, sibling)
- Business check from a business not owned by the applicant or spouse
- Third party checks

PREMIUM CLASS

Unless otherwise determined by state law, the underwriting class is determined by the applicant's use of any form of tobacco in the past five years. If tobacco has been used during this time frame, the class selected and the premium noted should be Standard. If there has been no usage of any form of tobacco in the past five years, the Preferred (non-tobacco) premium should be noted.

Tobacco Reconsideration
For policyholders that wish to have a current policy re-rated to reflect Preferred Premium rates, the policy must be in effect for a minimum of twelve (12) consecutive months before reconsideration will be permitted. The policyholder will be required to submit a Physician's Statement confirming the date of last tobacco use. The policyholder will also be required to complete the Tobacco Questionnaire which can be requested through the Customer Service. Once all necessary documents have been received, the request will be processed within five (5) business days. If it is determined that Preferred rates will be applied to the policy, the policy will be amended and the new rate will go into effect with the next premium due following the date of approval. If Standard rates still apply, the policyholder will receive a letter notifying him/her of this decision.

Sample Rate Calculation:
Preferred (non-tobacco) Premium Rate Sheet

Issue Age	*Plan A*		*Plan B*		*Plan C*	
	Male	Female	Male	Female	Male	Female
67	953	829	1,160	1,009	1,321	1,148
68	996	867	1,212	1,054	1,380	1,200

Discount to be calculated as follows:
Annual premium x 0.93 (7% discount) = discounted Annual premium times the modal factor.

Applicant #1: Female

Non-tobacco user, age 67, applying for plan B

Annual premium	$1,009 x 0.93 = $938.37 =	**$938.37 Final Annual Rate**
Semiannual premium	$1,009 x 0.93 = $938.37 = $938.37 / 2 =	**$469.19 Final Semiannual Rate**
Quarterly premium	$1,009 x 0.93 = $938.37 = $938.37 / 4 =	**$234.59 Final Quarterly Rate**
Monthly premium	$1,009 x 0.93 = $938.37 = $938.37 /12 =	**$78.20 Final Monthly Rate**

Note: After modal premium is calculated add the state specific one-time policy fee, if applicable.

TYPES OF MEDICARE POLICY RATINGS

- Community-rated**:** the same monthly premium is charged to everyone who has the Medicare policy, regardless of age. Premiums are the same no matter the age of the applicant. Premiums may increase because of inflation and other factors, but not based on age.

- Issue rated: the premium is based on the age the applicant is at the time the policy is purchased. Premiums are lower for applicants who buy at a younger age and will not change as they get older. Premiums may increase because of inflation and other factors, but not because of the applicant's age.

- Attained age: the premium is based on the applicant's current age so the premium increases as the applicant gets older. Premiums are lower for younger buyers but increase as they get older. In addition to change in age, premiums may also increase because of inflation and other factors.

RATE TYPE AVAILABILITY BY STATE

(All states may not be available)

State	Gender rates	Attained, Issue or Community Rated	Tobacco rates during Open Enrollment	Application fee
AL	Y	Attained	Y	$25
AR	N	Community	N	N/A
AZ	Y	Issue	Y	$25
CO	Y	Attained	N	$25
GA	Y	Issue	Y	$25
IA	Y	Attained	N	$25
ID	N	Issue	Y	$25
IL	Y	Attained	N	$25
IN	Y	Attained	Y	$25
KS	N	Attained	Y	$25
KY	Y	Attained	N	$25
LA	Y	Attained	N	$25
MD	Y	Attained	N	$25
MI	Y	Attained	N	$25
MO	Y	Issue	N	$25
MS	Y	Attained	Y	$6

MT	N	Attained	Y	$25
NC	Y	Attained	N	$25
ND	Y	Attained	N	$25
NE	Y	Attained	Y	$25
NJ	Y	Attained	N	$25
NM	Y	Attained	Y	$25
NV	Y	Attained	Y	$25
OH	Y	Attained	N	$25
OK	Y	Attained	Y	$25
OR	Y	Attained	Y	$25
PA	Y	Attained	N	$25
SC	Y	Attained	Y	$25
SD	Y	Attained	Y	$25
TN	Y	Attained	N	$25
TX	Y	Attained	Y	$25
UT	Y	Attained	Y	$25
WI	Y	Attained	N	$25
WV	Y	Attained	Y	N/A
WY	Y	Attained	Y	$25

Note: After modal premium is calculated add the state specific one-time policy fee, if applicable.

DECLINED APPLICATIONS

Applications will be declined for the following reasons:

- The applicant does not recall filling out the application.
- The application was filled out and signed by a family member without providing a binding Power of Attorney.
- The application was taken by an agent who was not licensed and appointed at the time of solicitation in the state of solicitation or the state in which the applicant resides.
- The applicant is unable or unwilling to complete the telephone interview.
- If additional forms requested by the underwriter are not submitted within the allotted time frame.
- If the applicant was put on early disability for a specific condition listed on the application.
- Any application that the agent did not discuss with the applicant.
- If the applicant is replacing a Medicare Advantage Plan and is unable to provide proof of disenrollment from the plan.
- If the applicant cannot provide information regarding a medical condition for which a medication has been prescribed.

DECLINED APPEALS

If the applicant wishes to appeal his/her declined application, a written request must be submitted by the applicant to the Underwriting Manager within 60 days of the decision. If more than 60 days have passed since the decline, the applicant will be required to submit a new application and a telephone interview will be completed.

All appeals require medical records pertaining to the condition for which the applicant was declined. It is the responsibility of the applicant to obtain his/her medical records, as Manhattan Life does not make such requests. Medical records must be submitted to the Underwriting Department directly from the

physician's office and *will not be accepted if submitted by the applicant or agent*. Please note that Manhattan Life does not reimburse any fees associated with obtaining medical records or other supporting documentation pertaining to the requested appeal.

The written request and medical records may be faxed to 713-583-2738 and directed to the attention of the Medicare Supplement Underwriting Manager. The request and records may also be mailed to the physical address or post office box noted on page 3 of this Guide.

COMMON MISTAKES WHEN SUBMITTING APPLICATIONS

- Part II Medical Coverage Replacement section of the application is not filled out or incomplete.
- Agent's Certification not completed and/or signed by the writing agent.
- Agent writing number not provided on the application.
- Replacement form boxes not filled out or filled out incorrectly.
- Prescription Medication information not filled out or incomplete.
- Post-dated check submitted (no post-dated checks accepted – *no exceptions*).
- Agent or agency checks submitted as payment (we do not accept third party payors).
- Temporary checks submitted as payment (checks must be pre-printed from the bank or be accompanies by a verification letter on bank letterhead).
- Authorization and Certification section of the application not completed and signed.
- The incorrect premium is quoted on the application.
- Signature on the Bank Draft Authorization must be the same as on the signature card at the bank.

AMENDMENTS/ENDORSEMENTS

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

- Any question left blank or answered incorrectly (as determined by a telephone interview).
- 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.

INSURANCE POLICY DELIVERY

All insurance policies will be mailed directly from our administrative office to the agent unless otherwise indicated by the agent on the application or as state law requires. If you wish to have the policy mailed directly to the policyholder upon issue, please indicate this in the, "Special Requests" section on page 1 of the application.

POLICY DELIVERY RECEIPT

Delivery receipts are required on all policies issued in Louisiana, Nebraska, South Dakota, and West Virginia. Two copies of the delivery receipt will be included in the policy package. One copy is to be left with the client, and the second copy must be signed and returned to Manhattan Life via fax or mail.

NOTE: Nebraska requires that both the applicant/insured and agent retain a copy of the delivery receipt (an additional copy of the delivery receipt will be sent with the insurance policy for the agent to retain).

WITHDRAWN POLICIES

Applicants who wish to withdraw an issued policy must provide written notice of their request. The request can be in the form of a returned insurance policy appropriately marked indicating they do not wish to keep the insurance policy or may be in the form of a signed letter or other signed written statement.

An applicant with a withdrawn insurance policy should be encouraged to return the insurance policy.

In order to receive a full refund of premium, the request to not take the insurance policy must either be post-marked (if sent via mail) or received by the Company (if faxed) within the 30-day free look window. A full refund of the premium for withdrawn insurance policies will be processed 21 days after the date the check was deposited (to ensure the check has cleared the bank). If the applicant requests the refund prior to that, the applicant's financial institution will be contacted to verify the check has cleared.

The refund check and a letter confirming the insurance policy was withdrawn will be mailed to the applicant. A copy of the letter will also be mailed to the writing agent.
***Any commissions paid to the writing agent(s) will be reversed.**

POLICY REINSTATEMENT

Policyholders may request to have his/her policy reinstated within 90 days of the lapse 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 Manhattan Life 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 Manhattan Life 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 and no appeal will be made available.

If coverage was voluntarily cancelled by the policyholder, the policy is not eligible to be reinstated and a new application will be required.

CLAIMS

Please call 1-800-877-7703, Option 8 for assistance with any questions regarding claims.
NOTE: All claims submitted to Medicare by the health care provider will automatically be filed with us electronically once Medicare has released payment.

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 **1-800-877-7703**.

APPLICATION STATUS

For your convenience, you may access 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

UNINSURABLE HEALTH CONDITIONS

Applications should not be submitted if the applicant has any of the following conditions:

Alzheimer's Disease
Amyotrophic Lateral Sclerosis (ALS)
AIDS/HIV
ARC (AIDS Related Complex)
Chronic Obstructive Pulmonary Disease (COPD)
Other Chronic Pulmonary disorders including:
- Bronchiectasis
- Chronic Asthma
- Chronic Bronchitis
- Chronic Interstitial Lung Disease
- Chronic Obstructive Lung Disorder (COLD)
- Chronic Pulmonary Fibrosis
- Cystic Fibrosis
- Emphysema
- Sarcoidosis

Cirrhosis
Diabetes (Wisconsin)
More than two (2) diabetes medications
Crippling/Disabling Arthritis
Diabetes with >50 units insulin daily
More than two blood pressure medications (diabetics only)
Kidney Disease (ESRD) with dialysis
Lupus—systemic
Multiple Sclerosis (MS)
Myasthenia Gravis
Organ transplant (stem cells included)
Osteoporosis with fracture
Parkinson's Disease
Senile Dementia
Spinal Stenosis
Other cognitive disorders including:
- Mild cognitive impairment (MCI)
- Delirium

Organic brain disorder

In addition to the conditions noted above, the following will also lead to a decline in coverage:

- Use of more than two (2) inhalers.
- Regular use of a nebulizer.
- Use of oxygen.
- Use of an insulin pump.
- An implanted cardiac defibrillator or pacemaker/defibrillator combination unit.
- Any medication administered in a physician's office (including, but not limited to injectables).
- If weight is noted in either decline column of the BMI chart on page 10 of this guide.

Some conditions may be considered in certain states within a certain time frame. Please refer to your state's application for specific time frames.

MANHATTAN LIFE MEDICATION GUIDELINE

This list is **not** all inclusive. The same drugs may have other names (generic or brand names) or they may be included with other drugs with a combination name. Use of the following drugs will result in an automatic decline:

- 3TC
- Abilify
- Alkeran
- Apokyn
- Aricept (Donepezil)
- Arimidex (Anastrozole)
- Artane
- Avonex
- Azilect
- AZT
- Baclofen
- Betaseron
- Casodex
- Cellcept (Mycophenlate)
- Cerefolin
- Carbidopa
- Cogentin
- Cognex
- Comtan
- Copaxone
- Cytoxan
- D4T
- DDC
- DDI
- DES
- Eldepryl
- Enbrel
- Epogen
- Ergoloid
- Exelon (Rivastigmine)
- Femara (Letrozole)
- Gold
- Haldol (Haloperidol)
- Herceptin
- Hydrea (Hydroxyurea)
- Hydergine
- Humira
- Imuran
- Interferon
- Indinavir
- Invirase
- Kemadrin
- Lamcital (Lamotrigine)
- Lasix (Furosemide) >60 mg per day
- L-Dopa (Levodopa)
- Leukeran
- Lioresal
- Lithium
- Lomustine
- Megace (Megestrol)
- Mellaril (Thioridazine)
- Melphalan
- Metrifonate
- Mirapex
- Myleran
- Namenda (Memantine)
- Narcotics*
- Navane (Thiothixene)
- Nelfinavir
- Neoral
- Neupro
- Orencia (Abatacept)
- Paraplatin
- Parlodel
- Permax
- Prednisone >10 mg per day
- Procrit
- Prograf
- Prolixin
- Razadyne (Galantamine)
- Remicade
- Reminyl
- Requip
- Retrovir
- Rebif
- Ridaura (Auroanofin)
- Ribavirin
- Riluzole
- Risperdal (Risperidone)
- Ritonavir
- Sandimmune
- Seroquel (Quetiapine)
- Sinemet
- Simponi
- Stalevo
- Stelazine
- Sustiva
- Symmetrel (Amantadine)
- Tacrine
- Tamoxifen
- Tasmar
- Teslac
- Thiotepa
- Thorazine
- Tysabri
- VePesid
- Vincristine
- Viramune
- Zanosar
- Zelapar
- Zoladex
- Zyprexa (Olanzapine)

*Examples of narcotic medications: Fentanyl (Duragesic), Hydrocodone (Vicodin, Lortab, Lorcet, Darvocet, Norco), Oxycodone (Endocet, Oxycontin, Percocet), Oxymorphone (Opana), Methadone, Morphine, etc.

Manhattan Life Fax Application Transmittal Cover Sheet
Please fax to 713-583-2738

Important:

- ***Only applications paying the initial premium by bank draft are eligible to be faxed***. The premium will be drafted upon policy issue, or as state laws require, provided there are no outstanding requirements.
- **DO NOT** collect premium with an application that is being faxed.
- All applications submitted with this form must be written by the same agent.
- No more than 5 applications are to be faxed with the Fax Application Transmittal Cover Sheet.
- Do not mail in applications/forms once you have faxed them, original copies should be maintained in case of fax transmission problems.
- It is important to include phone/fax number below. Agents will be contacted if premium amount on fax cover sheet does not match our premium calculation when the application is processed.
- If commissions are to be split between two agents: **both** agents' information as well as split percentage *must* be listed in the ***Agent's Certification*** section of the application.
  ***** Do not** refax application(s)/forms unless asked to do so.

Agent Name: _____ Agent Writing # _____

Agency Name: _____

Your Phone Number: _____ Your Fax Number: _____

Total number of pages being faxed: _____ (Including cover sheet) Agent Email Address: _____

Forms sequence:

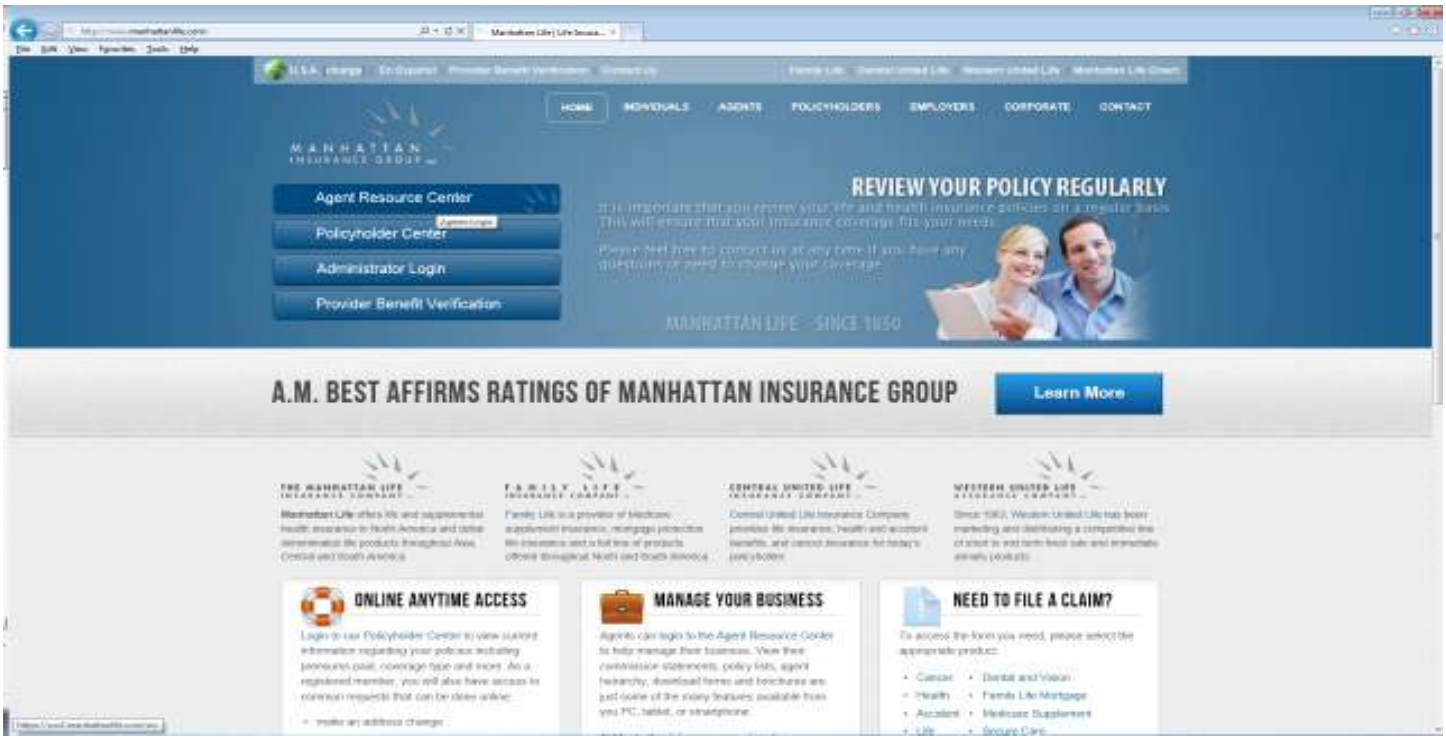
1. Application
2. Replacement form (if applicable)
3. Other state specific required forms (if applicable)
4. Guaranteed Issue documentation (if applicable)
5. Signed Bank Draft Authorization
6. Copy of a voided check **(please attach this to the Bank Draft Authorization)**

Note: Initial draft will occur upon policy issue.

Applicant Name: First, Last Name	**Selected Plan:**	**Initial Premium Amount to be Drafted (please include policy fee)**
1.		
2.		
3.		
4.		
5.		

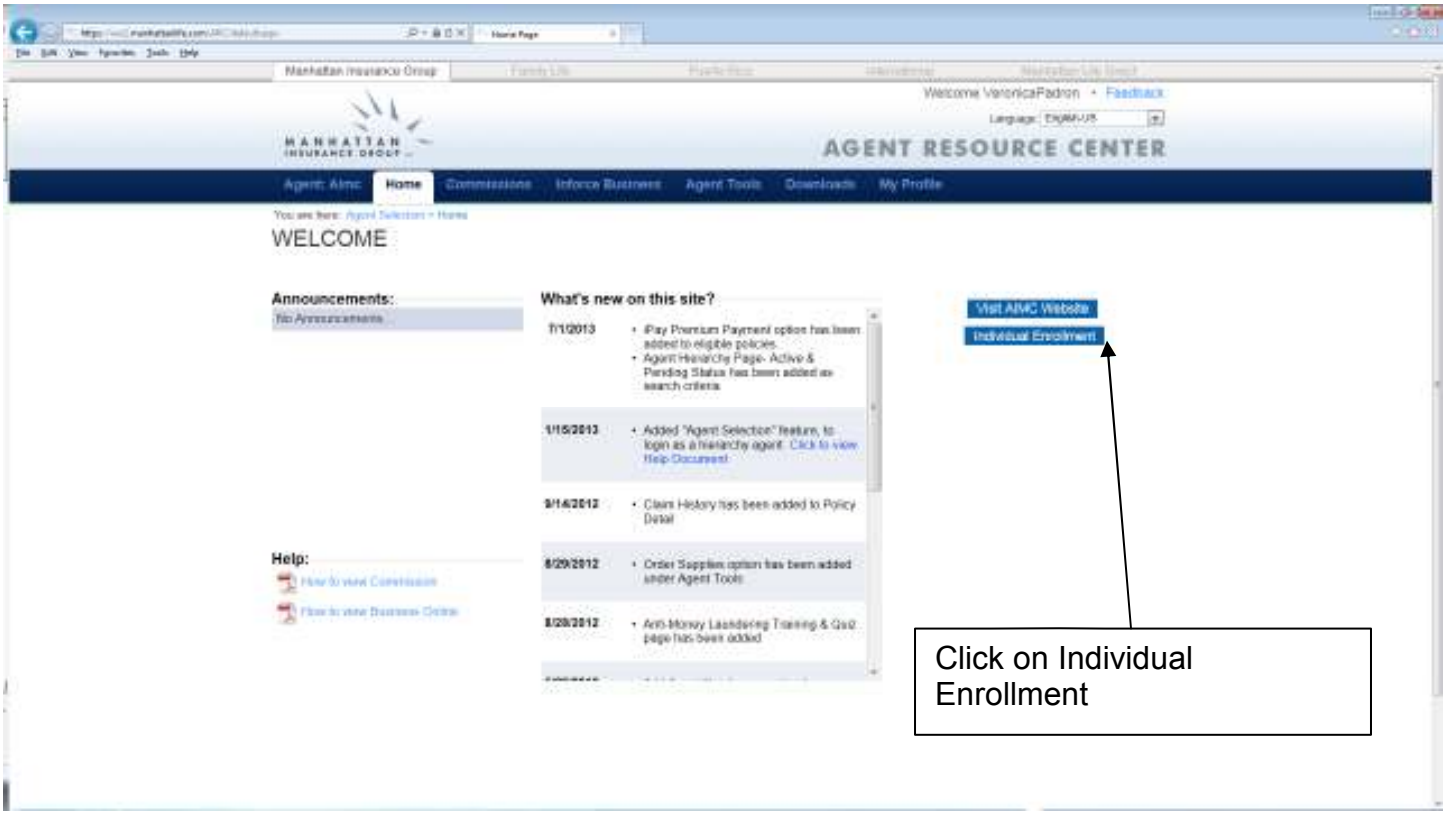
On-line Application Submittal Process

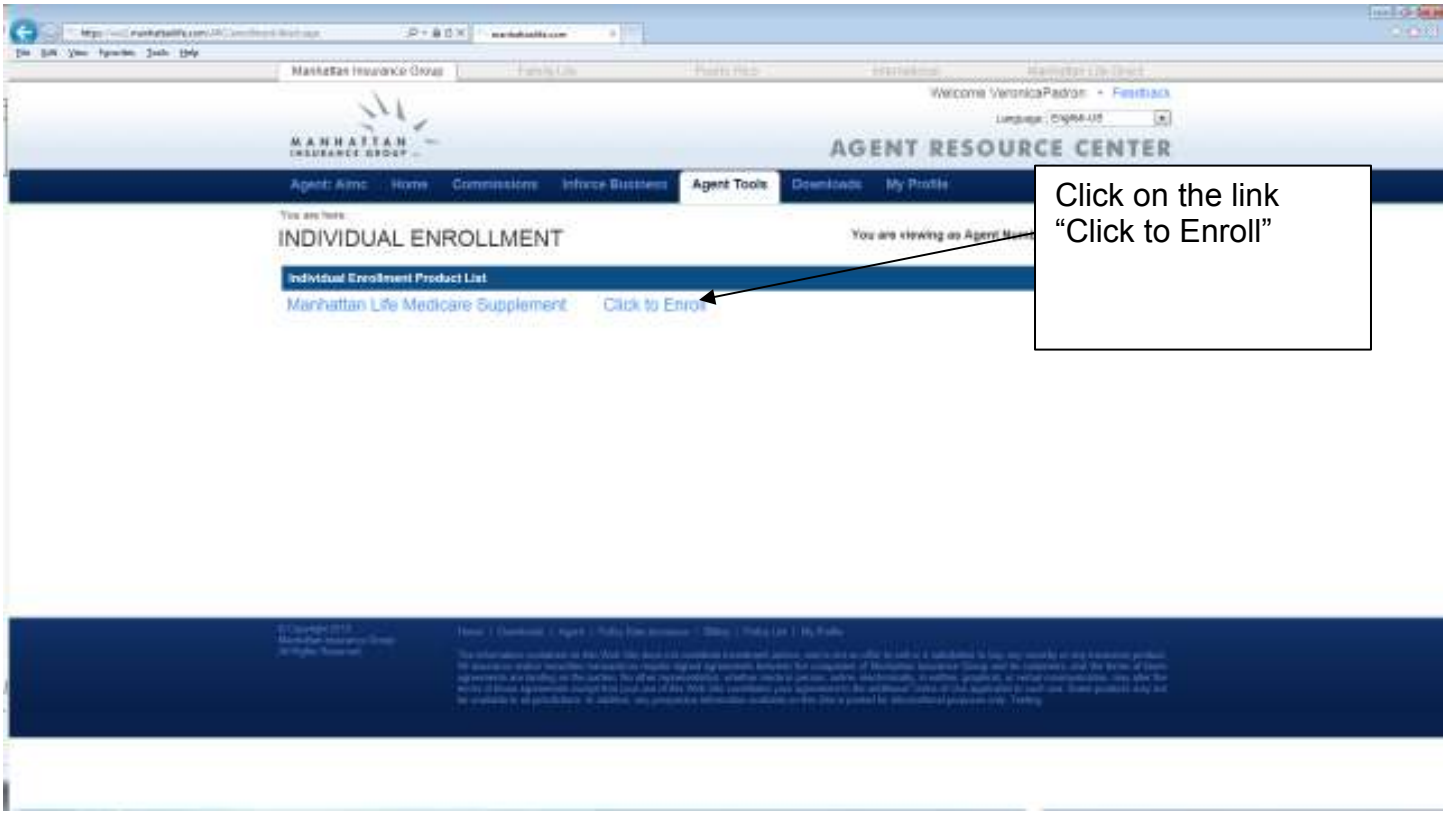
LOG ONTO THE HOME PAGE AT, WWW.MANHATTANLIFE.COM
CLICK ON AGENT RESOURCE CENTER,
AND THE FOLLOWING SCREENS WILL APPEAR.



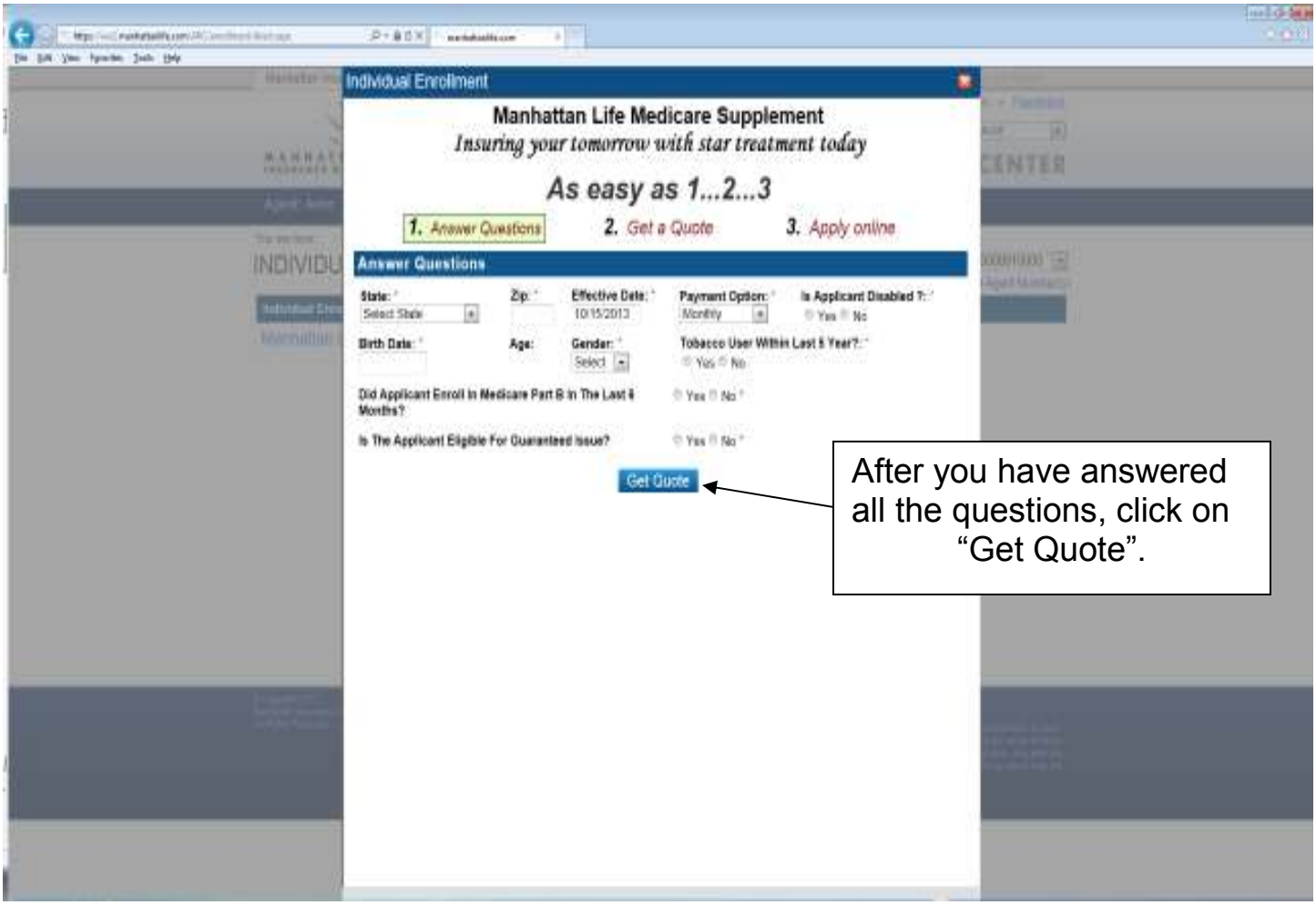


- **TYPE IN YOUR USER ID AND PASSWORD ***PLEASE NOTE IF YOU ARE A NEW USER YOU MUST FIRST REGISTER ON THE AGENT SITE*****





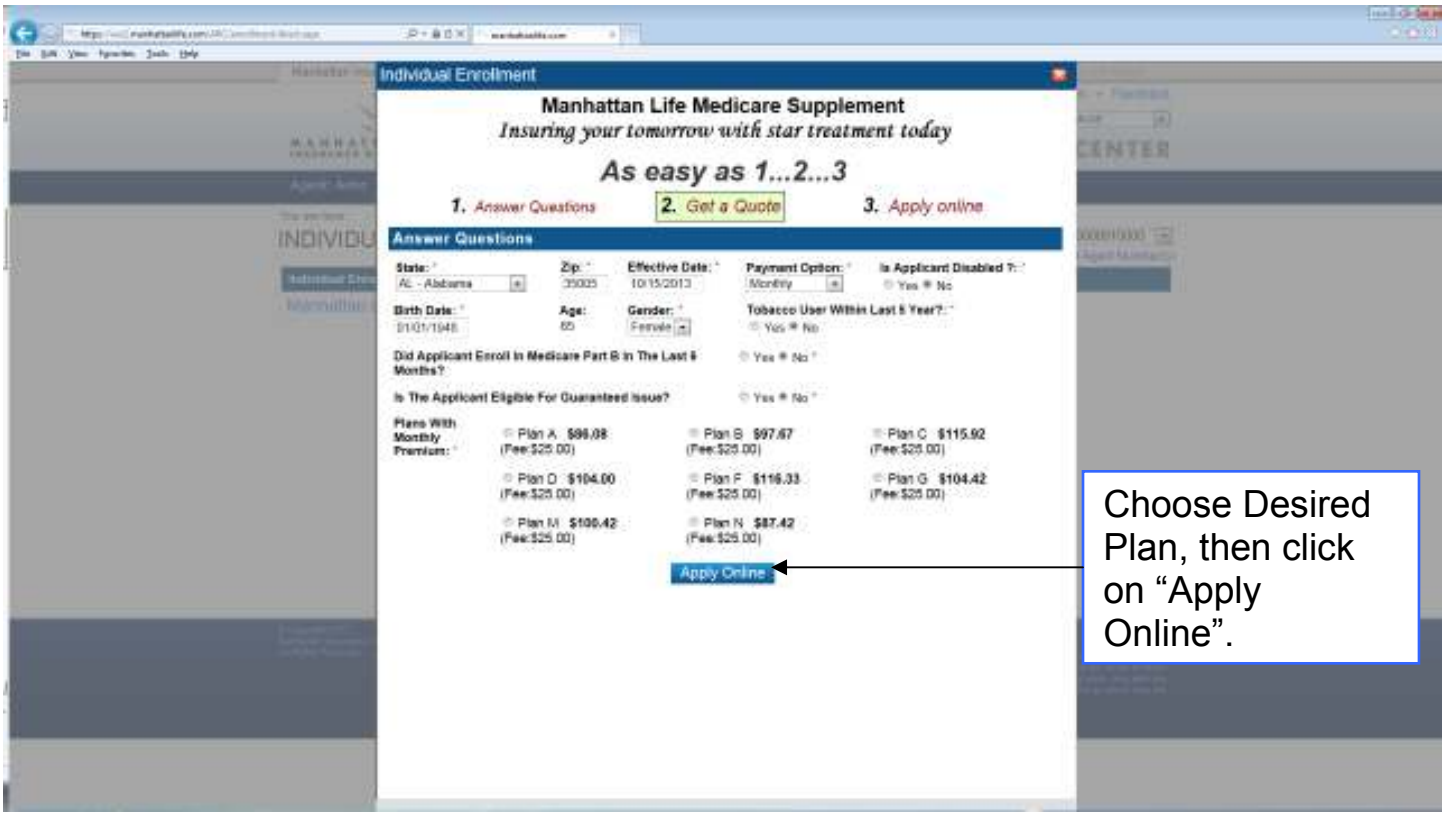
Manhattan Life flyer page appears click on "Get Quote"



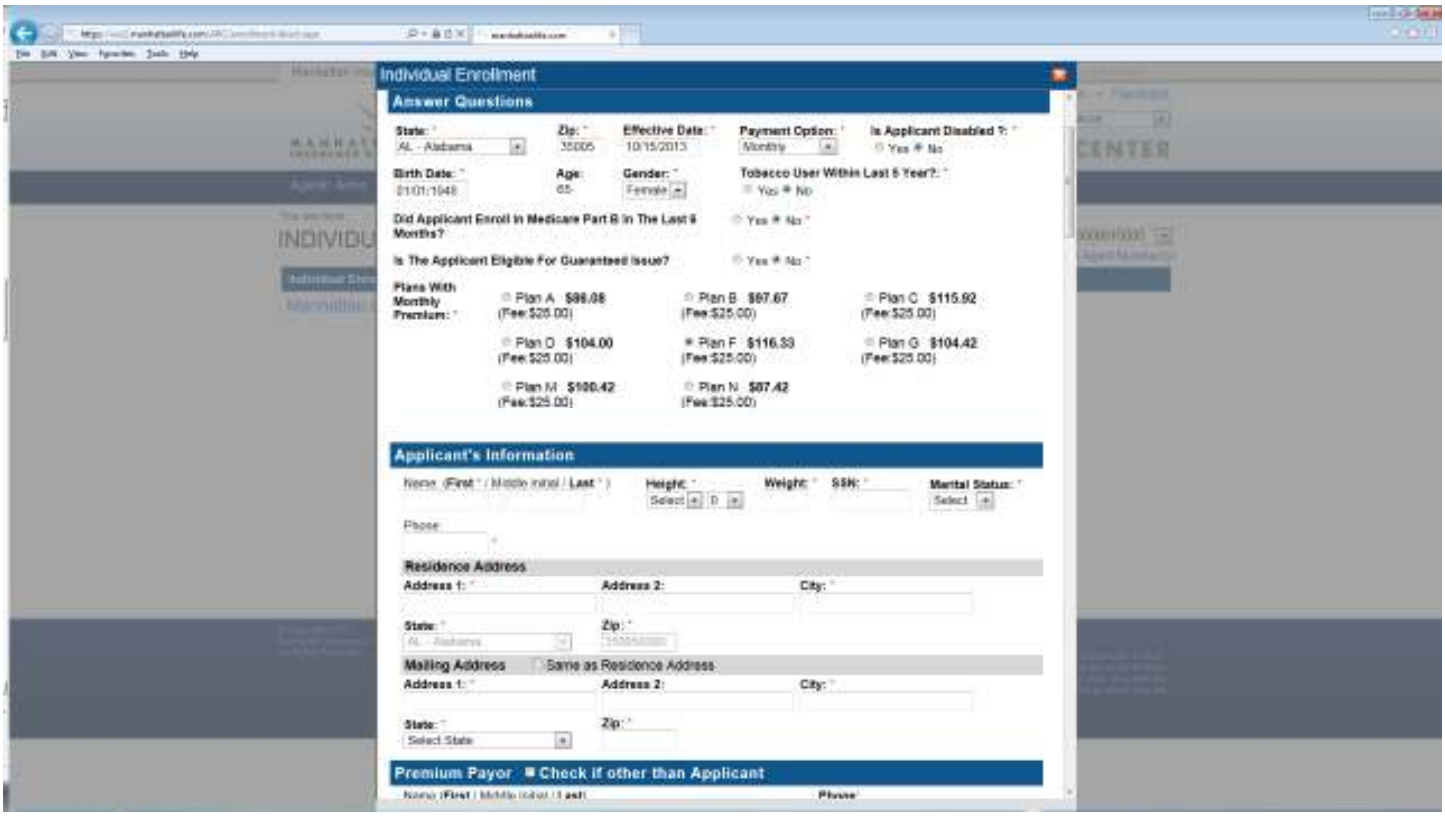
To Begin, answer all the questions in the Required Fields:

- **State**
- **Zip code**
- **Effective Date**
- **Payment Option**
- **Is Applicant Disabled?**
- **Did Applicant Enroll in Medicare Part B in the last 6 months?**
- **Birth Date**
- **Age**
- **Gender**
- **Tobacco User**
- **Guaranteed Issue Eligibility**

Then click on "Get Quote"



- **The available Plans and Premiums for each plan will appear.**
- **Choose your desired Plan.**
- **Then click “Apply Online”.**



- **The top of the Application is pre-filled with the answers you selected.**
- **Begin by filling in the Applicant's Information.**
- **Please make sure the entire application is completely filled.**

PLEASE ANSWER ALL <u>MEDICAL</u> AND <u>HEALTH</u> QUESTIONS.



Questions

MEDICARE INFORMATION

Date first enrolled in Medicare Part A: Date first enrolled in Medicare Part B: *

Medicare Claim Number: *Please include Alpha Character*

Special Requests:

Did you turn age 65 in the last 6 months? Yes No *

MEDICAL COVERAGE REPLACEMENT

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare Supplement policy, or that you had certain rights to buy such a policy you may be guaranteed acceptance in one or more of our Medicare Supplement plans. Please include a copy of the notice from your prior insurer with our application.

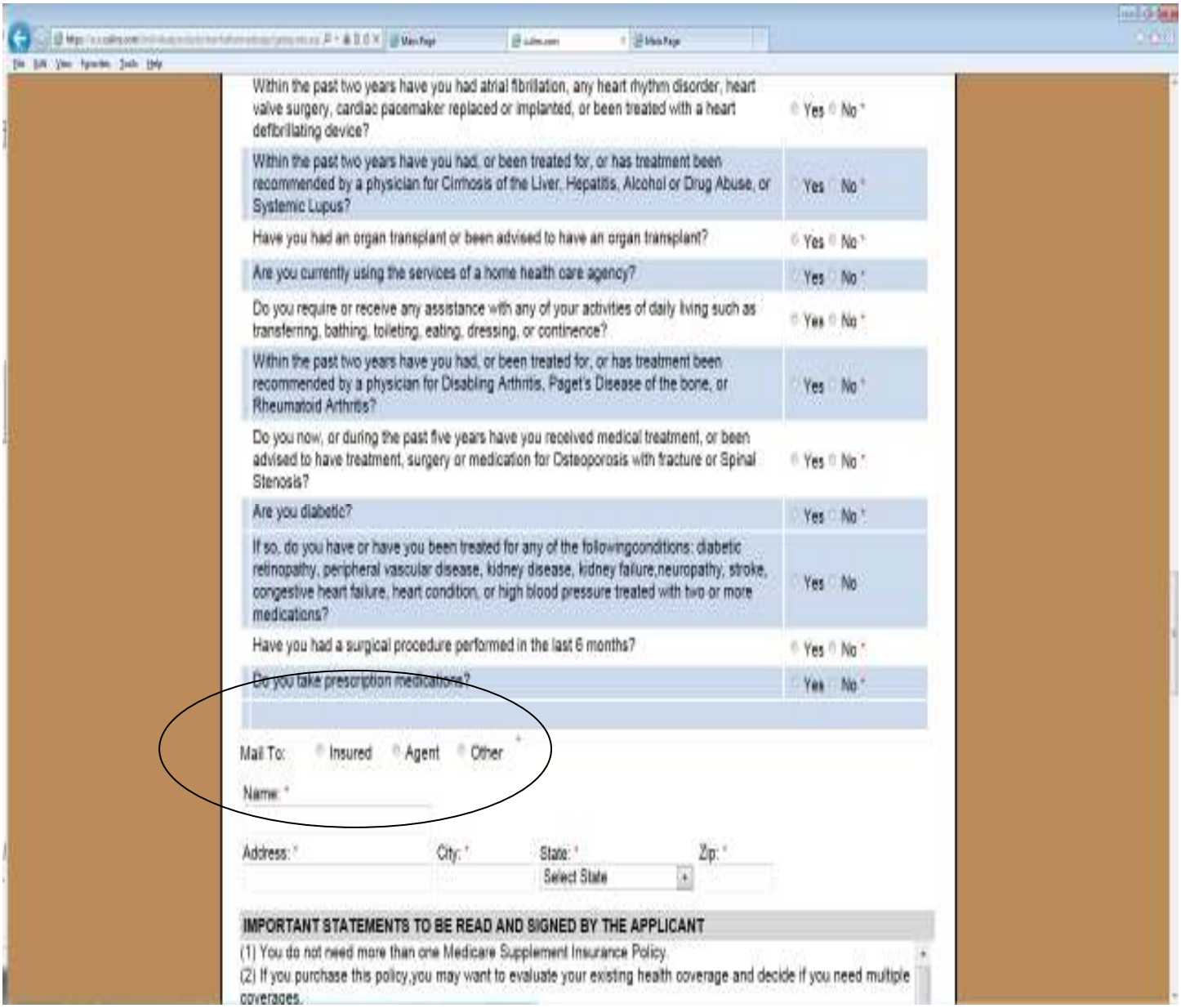
1. Are you covered for medical assistance through the state Medicaid program? Yes No *
   NOTE TO APPLICANT: If you are participating in a "Spend-Down" program and have not met your "Share of Cost," please answer NO to this question.
2. (a) If you had coverage from any Medicare plan other than original Medicare within the last 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO) fill in your start and end dates. Start End
   (b) If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare Supplement policy? Yes No *
   (c) Was this your first time in this type of Medicare plan? Yes No *
   (d) Did you drop a Medicare Supplement plan to enroll in the Medicare plan? Yes No *
3. (a) Do you have another Medicare Supplement policy in force? Yes No *
4. Have you had coverage under any other health insurance within the past 63 days (for example, an employer, union, or individual plan)? Yes No *

HEALTH QUESTIONS

Are you bedridden or confined to a wheelchair or require the assistance of a motorized mobility aid; or in the past two years have you suffered two or more falls within a six month period? Yes No *

Are you currently hospitalized or confined to a nursing facility; or have you been hospitalized two or more times within the past year? Yes No *

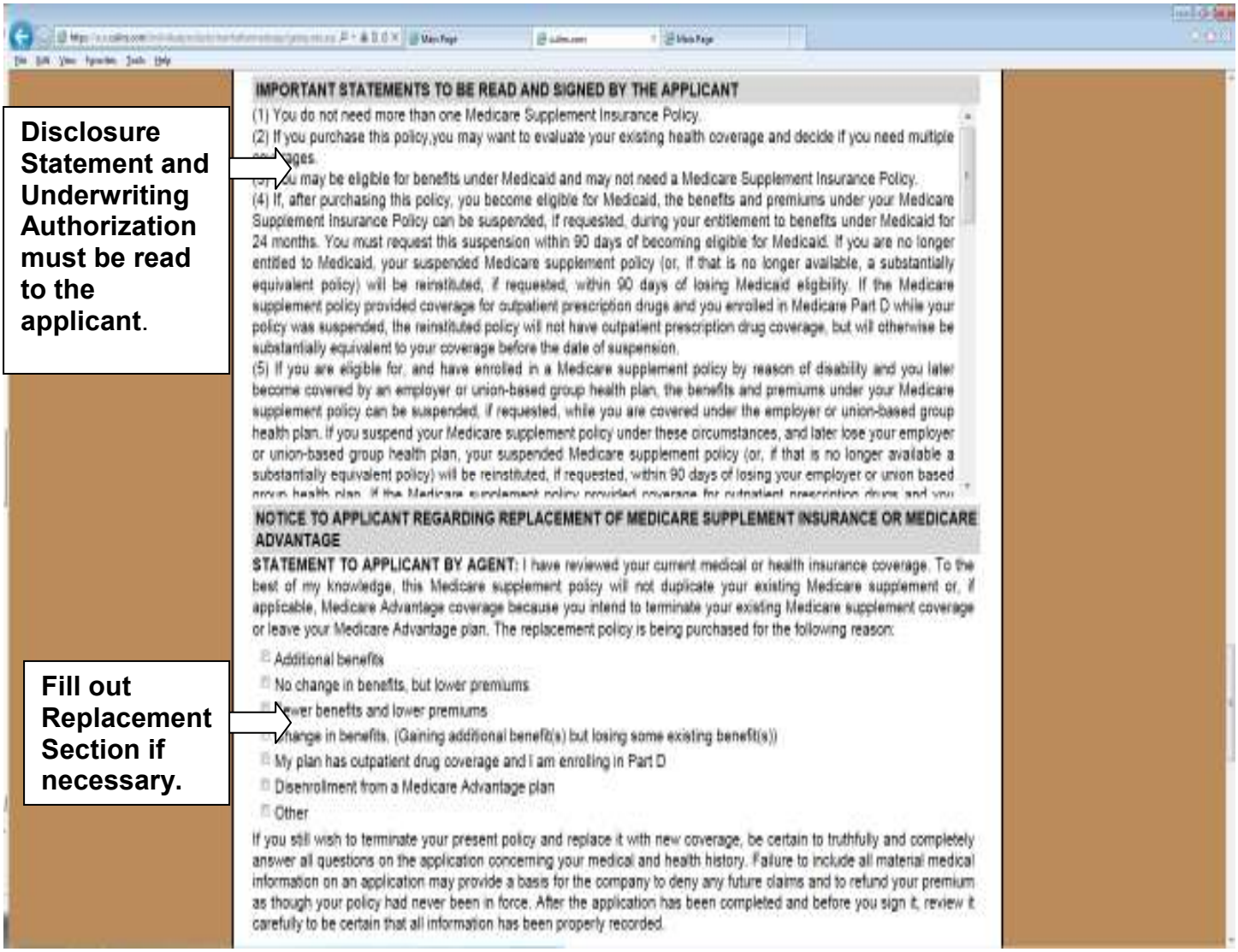
- **You must answer <u>ALL Medical Questions</u>**
- **Include any medications that have been used within the last 24 months.**



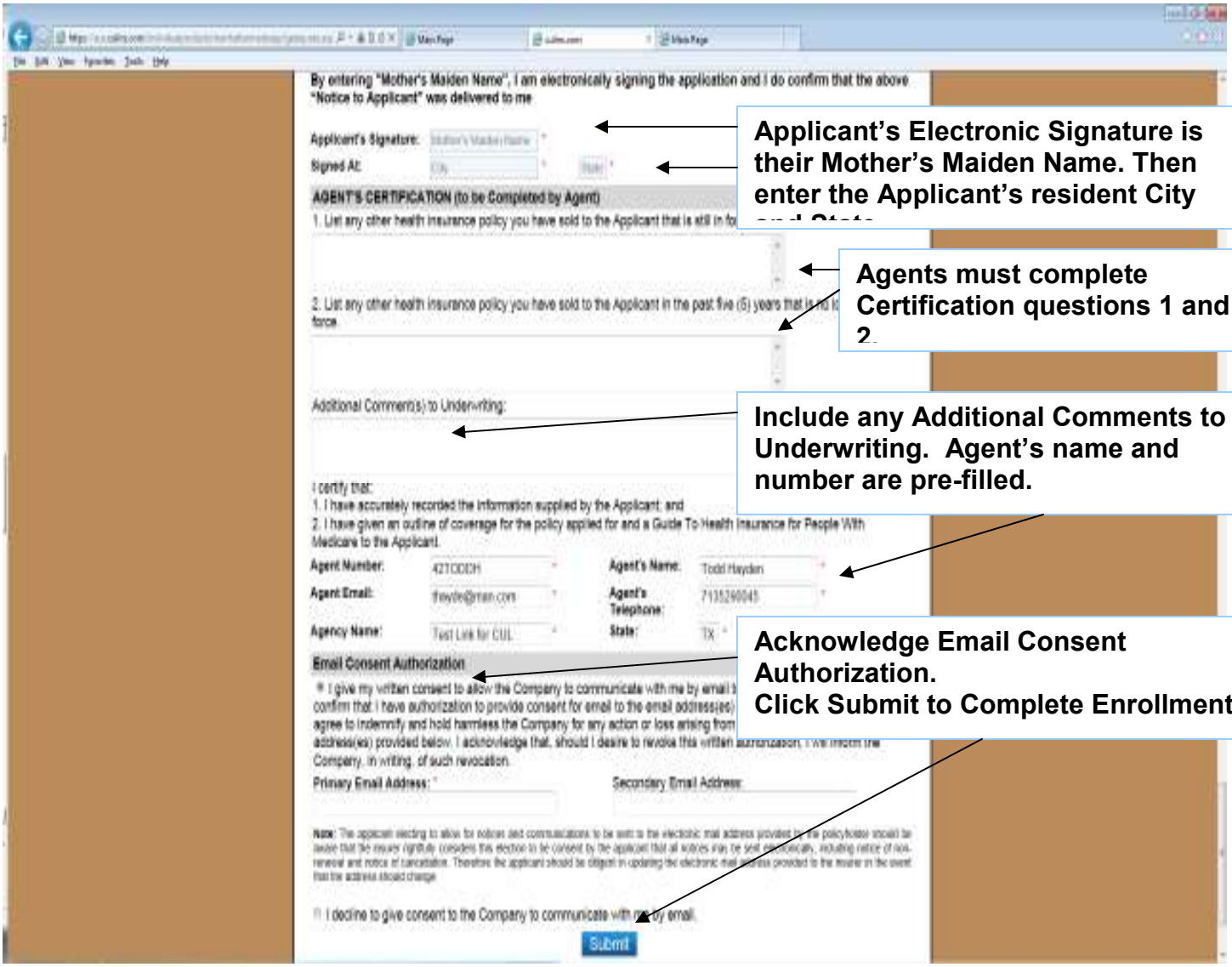
After you have answered all the Health Questions, Select who you want the policy mailed to:

- **Insured**
- **Agent**
- **Other**

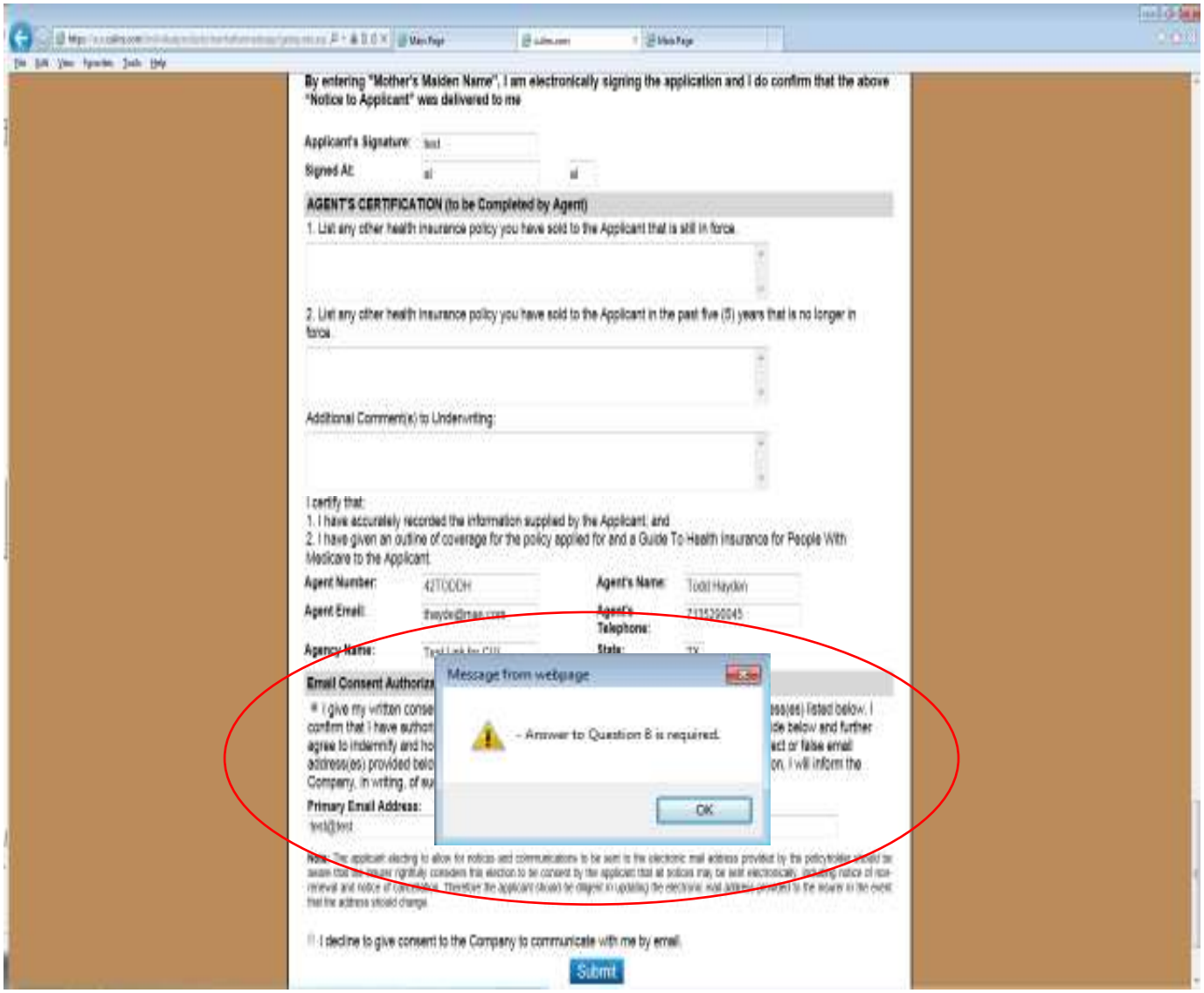
Then provide the address where you want the policy mailed.



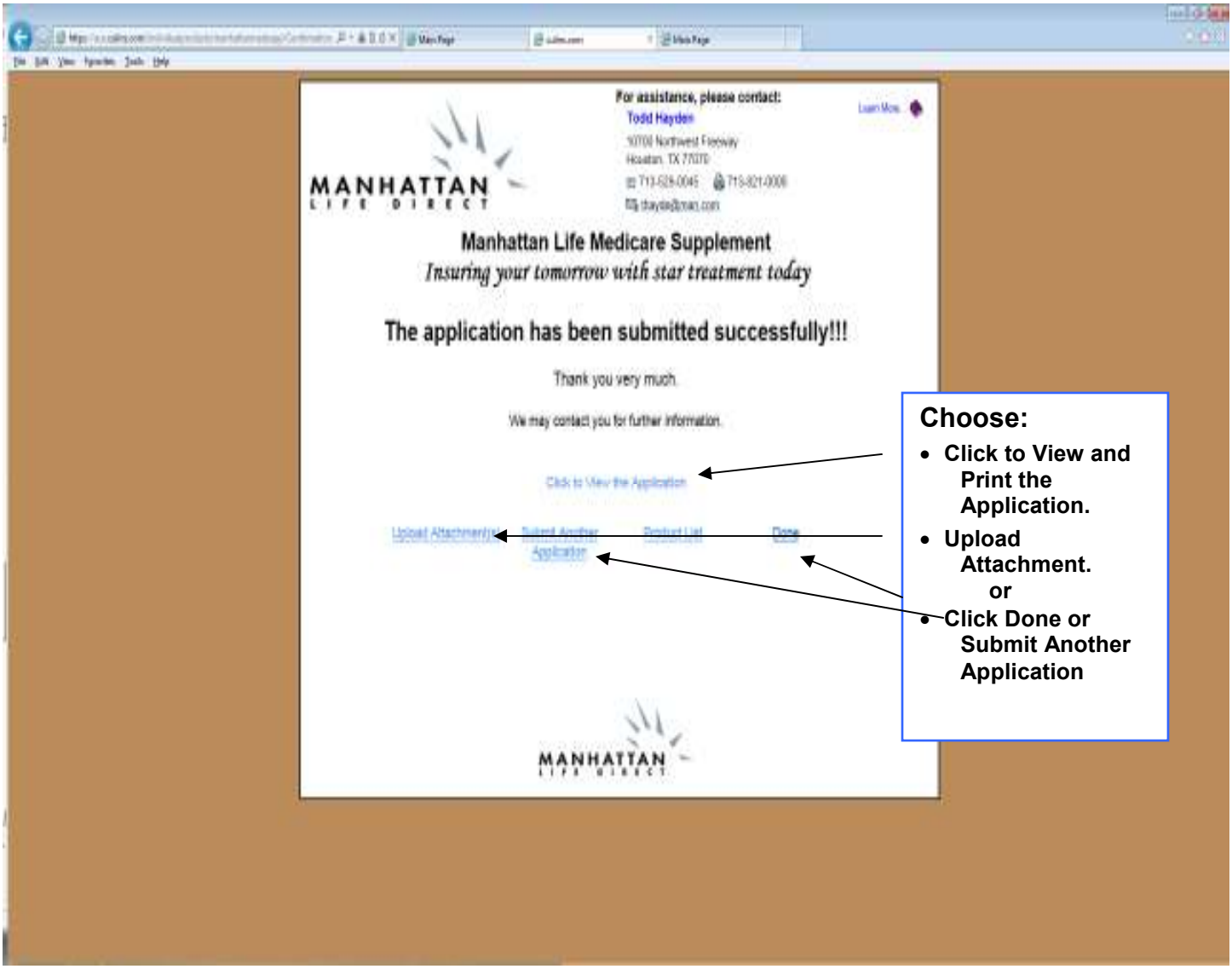
- **Be sure to read the Disclosures to the Applicant.**
- **If replacing a policy, please fill out the Replacement Section.**



- **The Applicant's Signature is their Mother's Maiden Name.**
- **Enter the City and State of the Applicant's Residence.**
- **Complete the Agent's Certification Section.**
- **The Agent Name and Agent's Number are pre-filled.**
- **Acknowledge Email consent Authorization**



- **Please make sure all required questions are answered.**
- **If not, you will receive an "Error Message".**



- **Once the application has been successfully submitted, you have the option to view the application and then print it.**
- **You can also upload attachments.**
- **Click on "Done" when you are finished.**
- **You have 40 minutes to complete the application and submit or the program will time out and you will need to start again.**
- **Once you quit you will not be able to retrieve your complete applications.**