

AGENT 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
January 2024



ManhattanLife™

Standing By You. Since 1850.

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IMPORTANT CONTACT INFORMATION

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

ManhattanLife Insurance & Annuity 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: Annuities
- Option 2: Company contact information
- Option 3: Commissions
- Option 4: Underwriting (pre-qualifying questions)
- Option 5: Telephone interviews (PHI)
- Option 6: Recently Submitted Applications
- Option 7: Premium inquires
- Option 8: Provider benefits, eligibility and claims status
- Option 9: Customer Service

Expedited Underwriting number: 1-800-982-0415

Email: csmesupp@manhattanlife.com

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

PURPOSE

This Guide provides information about the evaluation process utilized in underwriting and issuing ManhattanLife Insurance & Annuity Company Medicare Supplement insurance policies. The goal of MAC is to issue insurance policies as quickly and efficiently as possible, while ensuring 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.

APPLICATION SUBMISSION

Fax Procedures

1. **All** faxed applications must be accompanied by a "ManhattanLife Insurance & Annuity 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 29](#) for a copy.
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 ManhattanLife Insurance & Annuity Electronic Application (commonly known as the E-App). 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 are met, the applicant will be provided with 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. Applicants must call on the same business day of submission. If the application is submitted outside of normal business hours, you may call the next business day to complete the process.

REQUIRED FORMS

Completed Application (pages 1-8)

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 available by ManhattanLife Insurance & Annuity 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.

STATE SPECIFIC FORMS

Illinois -Medicare Supplement Checklist – The checklist must be completed and submitted with the application and a copy left with the applicant.

Kentucky -Medicare Supplement Comparison Statement: this statement must be completed, signed by the applicant, and submitted to MAC along with the application. Form is required when replacing a Medicare Supplement or Medicare Advantage Plan.

APPLICATION DATES

- Open Enrollment is up to six (6) months prior to and six (6) months after the month the applicant turns 65.
- California applications written during the annual Open Enrollment period can be taken up to 30 days before and 60 days after the applicant's birthday.
- Idaho applications written during the annual Open Enrollment period can be taken up to 30 days before and 63 days after the applicant's birthday.
- Illinois applications written during the annual Open Enrollment period can be taken up to 45 days before and 90 days after the applicant's birthday.
- Louisiana applications written during the annual Open Enrollment period can be taken up to 30 days before and 63 days after the applicant's birthday.
- Kentucky applications written during the annual Open Enrollment period can be taken up to within 60 days before and 60 days after the 1st of the applicant's birthday
- Maryland applications written during the annual Open Enrollment period can be taken up to 30 days

before and 60 days after the applicant's birthday.

- Missouri applications written during the annual Open Enrollment period can be taken up to 60 days

is the applicant's date of birth and the latest available date is 60 days after their birthday. Applicants will be rated based on the age at the time of the effective date.

- Applications submitted during the Oregon Annual Enrollment period, the earliest effective date available is 30 days before the applicant's date of birth and the latest available date is the 1st of the month following the 30-day enrollment period. Applicants will be rated based on the age they are turning.

PREMIUM CALCULATIONS

1. Determine the ZIP code where the client resides and find the correct rate page for that ZIP code.
2. Determine the plan the applicant has chosen.
3. Determine if tobacco or non-tobacco rates apply (see chart on [page 20](#) for Open Enrollment and Guaranteed Issue 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.

Sample Rate Calculation:

Preferred (non-tobacco) Premium Rate Sheet

Issue Age	Plan A		Plan G		Plan F	
	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

Household Discount to be calculated as follows:

Annual premium \times 0.93 (7% discount) = discounted Annual premium times the modal factor.

Applicant #1: Female

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

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

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

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 twelve months. 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 twelve months, the Preferred (non-tobacco) premium should be noted.

Standard rates will be applied to applicants who first became eligible for Medicare prior to age 65 in the state of Rhode Island.

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 then be required to submit a new application and will be subject to underwriting.

Tobacco reconsideration will be handled as an internal replacement. If replacement coverage is denied, the standard (tobacco rates) will remain.

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 a 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	Household /Spousal Discount	Application fee
AL	Y	Attained	Y	Household	\$25
AR	N	Issue	N	Household	\$0
AZ	Y	Issue	Y	Household	\$25
CA	N	Attained	Y	Household	\$25
CO	Y	Attained	N	Household	\$25
DE	Y	Attained	Y	Household	\$25
GA	Y	Issue	Y	Household	\$25
IA	Y	Attained	N	Household	\$25
ID	N	Community	Y	No	\$0
IL	Y	Attained	N	Household	\$25
IN	Y	Attained	Y	Household	\$25
KS	Y	Attained	Y	Household	\$25
KY	Y	Attained	N	Household	\$25
LA	Y	Attained	N	Household	\$25
MD	Y	Attained	N	Household	\$25
MI	Y	Attained	N	Household	\$25
MO	Y	Issue	N	Household	\$25
MS	Y	Attained	Y	Household	\$6
NC	Y	Attained	N	Household	\$25
ND	Y	Attained	N	**Household	\$25
NE	Y	Attained	Y	Household	\$25
NJ	Y	Attained	N	**Household	\$25
NM	Y	Attained	Y	Household	\$25
NV	Y	Attained	Y	Household	\$25
OH	Y	Attained	N	**Household	\$25
OK	Y	Attained	Y	**Household	\$25
OR	Y	Attained	Y	Household	\$25
PA	Y	Attained	N	**Spousal	\$25
RI	Y	Attained	N	Household	\$25
SC	Y	Attained	Y	Household	\$25
SD	Y	Attained	Y	Household	\$25
TN	Y	Attained	N	Household	\$25
TX	Y	Attained	Y	Household	\$25
UT	Y	Attained	N	Household	\$25
VA	Y	Attained	N	Household	\$25
WI	Y	Attained	N	Household	\$25
WV	Y	Attained	Y	Household	\$0
WY	Y	Attained	Y	Household	\$25

HOUSEHOLD DISCOUNT

To qualify for a Household Discount, the proposed insured 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.

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

- a) Must be residing with an immediate family member who is insured under ManhattanLife Insurance & Annuity Company, Western United Life Assurance, Family Life Insurance, or The Manhattan Life Insurance Company

****New Jersey applicants applying for the Household 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 or Civil Union/Domestic Partner, or have you been residing, for at least the past 12 months, with someone who is at least 50 years old and
- b) The household resident has an existing Medicare Supplement policy with ManhattanLife Insurance & Annuity Company, Western United Life Assurance, Family Life Insurance or The Manhattan Life Insurance Company.

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

- a) Married and residing with your spouse or have been residing for at least the past 12 months with someone who is at least 60 years old and
- b) The household resident must have an existing Medicare Supplement policy or be in the process of applying for a Medicare Supplement policy with this company or one of our affiliated companies. The Household discount will be removed if the other Medicare Supplement policyholder chooses to terminate his or her Medicare Supplement policy or if he or she no longer resides with you.

****Oklahoma applicants applying for the Household 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 or have you been residing, for at least the past 12 months, with someone who is at least 60 years old and
- b) The household resident or spouse must be currently applying for, or have an active ManhattanLife Insurance & Annuity Company, Western United Life Assurance Company, Family Life Insurance Company, or The Manhattan Life Insurance Company.

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

- a) Married or in a domestic partnership civil contract and residing with either their spouse or domestic partner; or
- b) Must have resided in the same household with an individual that is at least 60 years old for the last 12 months.

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

- a) Must be residing, for at least the past 12 months, with your spouse or lawful domestic partner who has an existing Medicare Supplement policy with ManhattanLife Insurance & Annuity Company, Western United Life Assurance Company, Family Life Insurance Company, or The Manhattan Life Insurance Company.

SPOUSAL DISCOUNT

To qualify for a Spousal Discount, the proposed insured must be 65 at the time of requested effective date, and meet the following criteria:

- a) Married and residing with their spouse.

Reconsideration for the household/spousal discount requires a new application, which is subject to underwriting and processed 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. Please reference your rate cards for the discount percentage in your state.

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*

Annual
Semiannual
Quarterly

Bank draft

Annual
Semiannual
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, ManhattanLife Insurance & Annuity will require proof of the routing number and account number from the financial institution.

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, ManhattanLife Insurance & Annuity 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.

California initial premium

All payment modes (as noted above) are available to applicants in California. If the applicant chooses a bank draft option, the initial premium drafted will be for one month's premium plus the policy fee. After the initial draft, the policyholder may call Customer Service and inquire on other available payment options. If the applicant chooses to pay the initial premium by direct bill, he/she will be required to submit a check for one month's premium plus the policy fee with the application. Upon approval of coverage, ManhattanLife Insurance & Annuity will send out a bill for the remainder of premium due.

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

APPLICATION ASSISTANCE

If you have any questions about the application or about how to answer any of the questions on the application, please call ManhattanLife Insurance & Annuity 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

COMMON MISTAKES WHEN SUBMITTING APPLICATIONS

- Eligibility questions section of the application is not filled out or incomplete.
- Agent's Certification form 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 accompanied 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.

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 postdated 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 ManhattanLife Insurance & Annuity when the application was solicited.
- Medicare Part A or 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 18](#) 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 ManhattanLife Insurance & Annuity. ManhattanLife Insurance & Annuity 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.
- ManhattanLife Insurance & Annuity 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 Wisconsin, more than 90 days prior to the applicant's Medicare Eligibility Date.
 - For underwritten applicants, more than 60 days.
 - For Annual Open Enrollees in California, more than 30 days prior to the applicant's birthday.
 - For Annual Open Enrollees in Idaho, more than 30 days prior to the applicant's birthday.
 - For Annual Open Enrollees in Illinois, more than 45 days prior to the applicant's birthday.
 - For Annual Open Enrollees in Louisiana, more than 30 days prior to the applicant's birthday.
 - For Annual Open Enrollees in Maryland, more than 30 days prior to the applicant's birthday.
 - For Annual Open Enrollees in Missouri, more than 60 days prior to the policy anniversary date.
 - For Annual Open Enrollees in Nevada, more than 60 days prior to the first day of the applicant's birthday month.

- For Annual Open Enrollees in Oklahoma, more than 30 days prior to the applicant's birthday.
- For Annual Open Enrollees in Oregon, more than 60 days prior to the applicant's birthday.

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.

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 unit
- Stem cell injection or platelet rich plasma therapy
- 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 6](#) of this guide.
- Any pending surgery, medical tests, treatment, or therapy
- Commencement of or an increase to cardiac related medication during the two years prior to the application
- Being diagnosed with or treated for any of the conditions listed in the table below*.

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

AIDS/HIV ARC (AIDS Related Complex) Alzheimer's disease Chronic Obstructive Pulmonary Disease (COPD) Other Chronic Pulmonary disorders to include: Chronic Bronchitis Chronic Obstructive Lung Disease (COLD) Chronic Asthma Chronic Interstitial Lung Disease Chronic Pulmonary Fibrosis Cystic Fibrosis Sarcoidosis Bronchiectasis Scleroderma Asbestosis Chronic Cardiopulmonary Disease Pulmonary Hypertension Emphysema Diabetes with insulin >50 units/day Diabetes (Wisconsin & Minnesota) Three or more high blood pressure medications (This applies to diabetic applicants only) Amyotrophic Lateral Sclerosis (ALS) Lupus-Systemic Multiple Sclerosis (MS) Myasthenia Gravis Organ transplant	*End-Stage Renal Disease (ESRD) Kidney disease requiring dialysis Kidney (renal) Failure/End-Stage Renal Disease (ESRD) Any kidney disorder that has the applicant being evaluated for, or who is currently on dialysis Chronic Kidney/Renal Disease Chronic Nephritis Chronic Glomerulonephritis Chronic Protein loss in the Urine (proteinuria) Requiring 4 or more MD office visits per year in the follow up of renal disease Chronic Renal Insufficiency Hypertensive Chronic Renal Disease Nephrotic Syndrome Parkinson's disease Senile Dementia Other Cognitive Disorders to include: Mild cognitive impairment (MCI) Delirium Organic Brain Disorder Cerebrovascular disease with cognitive deficits Dissociative Amnesia Huntington's Chorea (Huntington's Disease) Post-Concussion Syndrome with residual problems
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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 ManhattanLife Insurance & Annuity 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 ManhattanLife Insurance & Annuity 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 1](#) of this Guide.

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 ManhattanLife Insurance & Annuity 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 ManhattanLife Insurance & Annuity 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 ManhattanLife Insurance & Annuity 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.

List of Medications Associated with Uninsurable Health Conditions

This list is not all-inclusive. An application should not be submitted if a client is taking any of the following medications:

Brand Name	Generic Name	Condition	Brand Name	Generic Name	Condition
3TC, Epivir	Lamivudine	HIV/AIDS	Imuran, Azasan	Azathioprine	Prevent Organ Rejection, RA
Acetate		Prostate Cancer	*Insulin	*Wisconsin only	*DM
Actemra	Tocilizumab	Rheumatoid Arthritis	Interferon		AIDS, Cancer,
Alkeran	Melphalan	Cancer	Invirase	Saquinavir	HIV/AIDS
Apokyn	Apomorphine	Parkinson's Disease	Kaletra	Lopinavir	HIV/AIDS
Aptivus	Tipranavir	HIV/AIDS	Kemadrin	Procyclidine	Parkinson's Disease
Arava	Leflunomide	Rheumatoid Arthritis	Kineret	Anakinra	Rheumatoid Arthritis
Aricept ODT	Donepezil	Dementia	Lasix >60mg QD	Furosemide	Heart Disease
Artane	Trihexyphenidyl	Parkinson's Disease	Latuda	Lurasidone	Schizophrenia
Atripila		HIV/AIDS	L-Dopa	Levodopa	Parkinson's Disease
Avonex	Interferon beta-1a	Multiple Sclerosis	Letairis	Ambrisentan	Pulmonary Artery HTN
Azilect	Rasagiline	Parkinson's Disease	Leukeran	Chlorambucil	Leukemia, Lymphoma, RA
AZT	Zidovudine	HIV/AIDS	Lexiva	Fosamprenavir	HIV
Baclofen	Lioresal	Multiple Sclerosis	Lupron	Luprolide	Cancer
BCG		Bladder Cancer	Megace	Megestrol Acetate	Cancer
Benlysta	Belimumab	Rheumatoid Arthritis	Mellaril	Thioridazine	Schizophrenia, Psychosis
Betaseron	Interferon beta-1b	Multiple Sclerosis	Methotrexate >25mg/wk		Rheumatoid Arthritis
Brovana	Inhaler	COPD	Metrifonate		Dementia
Bumetanide		CHF	*Mirapex	*Pramipexole	*Parkinson's Disease
>1.5mg QD			Myleran	Busulfan	Cancer
Carbidopa		Parkinson's Disease	Namenda, Namenda XR	Memantine	Alzheimer's Disease
Casodex	Bicalutamide	Prostate Cancer	Namzaric	Memantine &	Alzheimer's Disease
Cellcept	Mycophenolate	Prevent Organ Rejection		Donepezil Hcl	
Cerefolin		Dementia	Narcotics (see P15)	Narcotics (see P15)	Narcotics (see P15)
Cimzia	Certlizumab Pegol	Rheumatoid Arthritis	Natrecor	Nesiritide	CHF
Cogentin	Benzotropine	Parkinson's Disease	Navane	Thiothixene	Schizophrenia, Psychosis
Cognex	Tacrine	Dementia	Nelfinavir	Varicept	HIV/AIDS
Combivir	Zidovudine	HIV/AIDS	Neoral	Cyclosporine	Prevent Organ Rejection, RA
Comtan	Entacapone	Parkinson's Disease	Neupro (patch)	Rotigotin	Parkinson's Disease HIV/AIDS
Copaxine	Glatiramer	Multiple Sclerosis	Norvir	Ritonavir	Cancer
Crixivan	Indinavir	HIV	Novatrone	Mitoxantrone	Severe Asthma
Cytosan	Cyclophosphamide	Cancer & Severe Arthritis	Nucala (injection)	Mepolizumab	Pulm Fibrosis, Lung Cancer
Daliresp	Roflumilast	COPD	OFEV, Vargatef (tablet)	Nintedanib	Rheumatoid Arthritis
D4T, Zerit	Stavudine	AIDS	Orencia	Abatacept	Cancer
DDC	Zalcitabine	AIDS	Paraplatin	Carboplatin	Parkinson's Disease
DDI, Videx	Didanosine	AIDS	Parlodel	Bromocriptine	Parkinson's Disease
DES	Diethylstilbestrol	Breast Cancer	Permax	Pergolide	Rheumatoid Arthritis
DuoNeb	Nebulizer Solution	COPD	Prednisone >10mg QD		HIV/AIDS
Eldepryl	Selegiline HCl	Parkinson's Disease	Prezista	Darunavir	Kidney Failure & HIV
Eligard	Luprolide	Prostate Cancer	Procrit	EPO	Organ Transplant
Enbrel	Etanercept	Rheumatoid Arthritis	Prograf	Tacrolimus	Schizophrenia, Psychosis
Emtriva	Emtricitabine	HIV/AIDS	Prolixin	Fluphenazine	Prostate Cancer
Epivir	Lamivudine	HIV/AIDS	Provenge	Sipuleucel-T	Dementia
Epogen	Epoetin Alfa	Kidney Failure, AIDS	Razadyne ER, Reminyl	Galantamine	Multiple Sclerosis
Ergoloid		Dementia	Rebif	Interferon beta-1a	Rheumatoid Arthritis
Exelon	Rivastigmine	Dementia	Remicade	Infliximab	Pulmonary Artery HTN
Fuzeon	Enfuvirtide	HIV/AIDS	Remodulin	Treprostinil	*Parkinson's Disease
Gleostine	Lomustine	Hodgkin's Disease, cancer	*Requip	*Ropinirole	HIV/AIDS
Gold		Rheumatoid Arthritis	Rescriptor	Delavirdine	HIV/AIDS
Haldol	Haloperidol	Psychosis	Retrovir	Zidovudine	Schizophrenia
Herceptin	Trastuzumab	Cancer	Rexulti	Brexiprazole	Rheumatoid Arthritis
Humira	Adalimumab	Rheumatoid Arthritis	Ridaura	Auranofin (Gold Compound)	Rheumatoid Arthritis
Hydergine	Ergoloid	Dementia		Tofacitinib	Cancer
Hydrea	Hydroxyurea	Leukemia & Head/Neck cancer	Xeljanz	Streptozocin	Parkinson's Disease
Rilutek	Riluzole	ALS, Lou Gehrig's Disease	Zanosar	Selegiline	
Ritonavir	Norvir	HIV/AIDS	Zelapar		

Rituxan	Rituximab	Rheumatoid Arthritis	Zerit	Stavudine	HIV/AIDS
Sandimmune	Cyclosporine	Prevent Organ Rejection, RA	Ziagen	Abacavir	HIV/AIDS
Simponi	Golimumab	Psoriatic Arthritis, RA	Zoladex	Goserlin	Cancer
Sinemet	Carbi/Levodopa	Parkinson's Disease	Zometa	Zoledronic acid	Hypercalcemia due to Cancer
Soltamox	Tamoxifen	Cancer			
Stalevo	Entacapone	Parkinson's Disease			
Stelazine	Trifluoperazine	Psychosis			
Sustiva	Efavirenz	HIV/AIDS			
Symmetrel	Amantadine	Parkinson's Disease			
Tasmar	Tolcapone	Parkinson's Disease			
Tepadina	Thiotepa	Cancer			
Teslac	Testolactone	Breast Cancer			
Thorazine	Chlorpromazine	Schizophrenia, Mania			
Torseamide		CHF			
>30mg QD					
Trelstar LA	Triptorelin inj	Prostate Cancer			
Trizivir	Abacavir, Lamivudine, Zidovudine	HIV/AIDS			
*Truvada	*Emtricitabine, Tenofovir	*HIV/AIDS, PHI to ver dx & ver if used as preventative only			
Tysabri	Natalizumab	Multiple Sclerosis			
Valcyte	Valganciclovir HCl	Prevent CMV in Organ Transplant & HIV Cancer			
VePesid	Etoposide	Cancer			
Viadur	Leuprolide Acetate Implant	Prostate Cancer			
Videx	Didanosine	HIV/AIDS			
Vincasar,	Vincristine	Cancer			
Marqibo					
Viracept	Nelfinavir	HIV/AIDS			
Viramune	Nevirapine	HIV/AIDS			
Viread	Tenofovir	HIV/AIDS			
	Disoproxil				

*Coverage not available for individuals with diabetes in Wisconsin

ManhattanLife Insurance & Annuity 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.

<i>Applicant Name: First, Last Name</i>	Selected Plan:	Initial Premium Amount to be Drafted (Please include policy fee)
1.		
2.		
3.		
4.		
5.		

prior and 63 days after the termination of their existing policy.

- Nevada applications written during the annual Open Enrollment period can be taken up to 60 days before the first day of the individual's birthday month and 60 days thereafter.
- Oklahoma applications written during the annual Open Enrollment period can be taken up to 30 days before and 60 days after the applicant's birthday.
- Oregon applications written during the annual Open Enrollment period can be taken up to 60 days before and 30 days after the applicant's birthday.
- Wisconsin applications may be taken up to 90 days prior to an applicant's Medicare Eligibility date.
- 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.

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.

PLANS

ManhattanLife Insurance & Annuity offers 4 standard Medicare Supplement plans. Available choices are: A, *F, *G and N. The plan selection must be indicated on the application in the space provided. Please note plan availability may vary by state.

**Plans C & F are only available if your Medicare Part A eligibility date is before January 1, 2020.*

ManhattanLife offers a Basic plan and six optional riders in Wisconsin. Available 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.

**Rider C is only available if your Medicare Part A eligibility date is before January 1, 2020.*

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", *including "Not Sure" in California*, answer to any of our health history questions MAY result in denial of coverage (see [page 8](#) for further details).

REPLACEMENTS

A replacement takes place when an applicant wishes to exchange an existing ManhattanLife Insurance & Annuity Company policy for either another MAC, Western United Life Medicare, Family Life or Manhattan Life Insurance Supplement policy of lesser or greater value, 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/MLIC/WULA to MAC replacements where the writing agent is not the same, the new writing agent will receive 50% commission on open enrollment and underwritten business. FLIC/MLIC/WULA to MAC 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 MAC.

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

PHARMACEUTICAL INFORMATION

ManhattanLife Insurance & Annuity 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 6 of the application) 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.

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 ManhattanLife Insurance & Annuity website will require a telephone interview to verify that the information submitted is accurate. For Open Enrollment and Guarantee Issue electronic applications, health question #1 *may be* required, however health questions #2-22 *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.

ALL underage applicants will be subject to a telephone interview to determine eligibility. All questions must be reviewed in detail, and cause of disability eligibility must be obtained. The proposed insured will be declined if disabled due to a condition noted on the application.

ELIGIBILITY

Use the following chart to determine the eligibility of the applicant based upon height and weight. If their 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

ManhattanLife Insurance & Annuity 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.

Arkansas	Colorado	Delaware	Georgia	Idaho
Illinois	Kansas	Kentucky	Louisiana	Maryland
Mississippi	New Jersey	North Carolina	Oklahoma	Oregon
Pennsylvania	Rhode Island	South Dakota	Tennessee	Texas
Wisconsin				

ELIGIBILITY QUESTIONS

- 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 4 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 ManhattanLife Insurance & Annuity plan, as coverage cannot overlap. ManhattanLife Insurance & Annuity 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 6 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

ManhattanLife Insurance & Annuity 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 ManhattanLife Insurance & Annuity plan. ManhattanLife Insurance & Annuity cannot issue a policy without this information. If the answer to this question is not clear, new forms will be requested.

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 19](#) to determine if this applies to your applicant.

In general, if an applicant answers “Yes”, *including “Not Sure” in California*, 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.

Individual consideration for applicants who have undergone a recent, minor 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. Timeframes for specific conditions must have been met for consideration.

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. 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 below, are not eligible for coverage. For the purposes of this application, hypertension (high blood pressure) is not considered a heart condition.

Diabetic complications that would not be considered are: 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. 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.

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.

California

During the annual Open Enrollment period, which lasts 90 days, beginning 30 days before and ending 60 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. Please include documentation verifying plan information for prior coverage. A replacement form must also accompany the completed application.

Idaho

During the annual Open Enrollment period, which lasts 63 days, beginning on the applicant's birthday and ending 63 days thereafter, a person may purchase a new Medicare supplement policy with ManhattanLife Insurance & Annuity Company that offers benefits equal to or lesser than those provided by their previous coverage. Coverage will not be made effective prior to the individual's birthday. Please include documentation verifying plan information for prior coverage. A replacement form must also accompany the completed application.

Illinois

During the annual Open Enrollment period for individuals aged 65-75, they may begin applying 45 days before

and lasting 90 days after their birthday, a person may replace any Manhattan Life Insurance & Annuity Company Medicare supplement policy with a Manhattan Life Insurance & Annuity policy of equal or lesser benefits. Coverage will not be made effective prior to the first day of the individuals' birthday month. A replacement form must also accompany the completed application. **This option is not available on closed blocks.**

Kentucky

During the annual Open Enrollment Period, which lasts 60 days, beginning on an individual's birthday, a person may replace a Medicare supplement policy with the same plan. Coverage will not be made effective prior to the individual's birthday or beyond 60 days from the birthdate. Please include documentation verifying plan information for prior coverage. A replacement form must also accompany the completed application.

Louisiana

During the annual Open Enrollment Period, which lasts 63 days, beginning on an individual's birthday, a person may replace any Medicare supplement policy held by ManhattanLife with a Manhattan Life Insurance & Annuity policy of equal or lesser benefits. Coverage will not be made effective prior to the individual's birthday or beyond 63 days from the application date. A replacement form must also accompany the completed application.

Maryland

During the annual Open Enrollment period, which lasts 90 days, beginning 30 days before and ending 60 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. Please include documentation verifying plan information for prior coverage. A replacement form must also accompany the completed application.

Missouri

Individuals that terminate a Medicare supplement policy within 30 days of the annual policy anniversary date may obtain the same plan on a guaranteed issue basis for a period of 63 days after the termination of their existing policy, from any issuer that offers that plan. If the individual is covered under a Medicare discontinued plan design, Plans A, B, C or F are available. Please include documentation verifying the plan information and the policy anniversary of the current coverage.

Nevada

During the annual Open Enrollment, which lasts 60 days, beginning the first day of the birthday month and ending 60 days thereafter, 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 first day of the individual's birthday month. Please include documentation verifying plan information for prior coverage. A replacement form must also accompany the completed application.

Oklahoma

During the annual Open Enrollment, which lasts 60 days, beginning on the individual's birthday and ending 60 days thereafter, a person who has had no gap in coverage greater than 90 days since initial enrollment 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. Please include documentation verifying plan information for prior coverage. A replacement form must also accompany the completed application.

Oregon

During the 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 more than 30 days before the individual's birthday. Please 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.

<u>I have a:</u>	<u>I can replace it with a plan:</u>								
	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

We will accept the following documents as proof of plan information for prior coverage:

- Policy Schedule Page
- Letter from the current plan carrier
- Policy information printed from the carrier's website
- ID card
- Termination letter
- Renewal notice
- Rate Increase letter **with** the insurance card

STATE SPECIFIC GUARANTEE ISSUE

OR - All plans available for all Guaranteed Issue situations.

WI - All plans, except the Part B deductible rider for newly eligible beneficiaries, are available for all GI situations.

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

State	Qualifications	Plans offered
CA	An individual enrolled in Medicare Part B is entitled to open enrollment upon being notified that, because of an increase in the individual's income or assets, they meet one of the following requirements: (1) they are no longer eligible for Medi-Cal benefits or (2) they are only eligible for Medi-Cal benefits with a share of cost and certifies at the time of application that they have not met the share of cost. Open enrollment beginning with notice of termination and ending six months after the termination date.	<u>65 years or older</u> Any Medigap plan offered by any issuer <u>Under Age 65</u> Plans A & *F. Not available for individuals with end stage renal disease.
CO	Client loses eligibility for health benefits under Medicaid. Guaranteed issued beginning with notice of termination and ending six months after the termination date.	A, B, *C, *F, **G
KS	The individual must no longer be eligible to receive Medicaid health benefits	Any Medigap plan offered by an issuer allowed under MACRA rules
OR	The individual must no longer be eligible to receive Medicaid health benefits.	A, B, *C, *F, **G
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, **G Any Medigap plan offered by an issuer allowed under MACRA rules
TX	The individual must no longer be eligible to receive Medicaid health benefits.	A, *C, *F, **G Persons under age 65, it is a policy which has a benefit package classified as Plan A
UT	Medicaid health benefits must involuntary terminate.	A, *C, *F, **G
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 All Riders

**Plans C & F are only available if your Medicare Part A eligibility date is before January 1, 2020.*

** Rider C is only available if your Medicare Part A eligibility date is before January 1, 2020.*

***Plans D and G are available if your Part A eligibility date is on January 1, 2020, or after.*

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."

<i>Guarantee issue situation</i>	<i>Client has the right to buy from MAC:</i>
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. <u>Note: State laws may vary in this situation.</u>	Medigap Plan A, *C, *F, or **G 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, *C, *F, or **G 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, *C, *F, or **G that is sold in the client's state by any insurance company.

GUARANTEE ISSUE RIGHTS

<i>Guarantee Issue Situation</i>	<i>Client has the right to:</i>
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, *C, *F, or **G 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 allowed under MACRA rules.
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, *C, *F, or **G 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, *C, *F, or **G that is sold in the client's state by any insurance company.

**Plans C & F are only available if your Medicare Part A eligibility date is before January 1, 2020.*

***Plans D and G are only available if your Part A eligibility date is on January 1, 2020, or after.*

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

**Plans C & F are only available if your Medicare Part A eligibility date is before January 1, 2020.*

***Plans G are only available if your Part A eligibility date is on January 1, 2020, or after.*

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.

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 ManhattanLife Insurance & Annuity does not pro-rate.

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).

- 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 submitted during the California Annual Enrollment Period, the earliest effective date available is the applicant's date of birth and the latest available date is 60 days after their birthday. Applicants will be rated based on their age at the time of the effective date.
- Applications submitted during the Idaho Annual Enrollment period; the earliest effective date available is the applicant's date of birth and the latest date available is 63 days after their birthday. Applicants will be rated based on their age at the time of the effective date.
- Applications submitted during the Illinois Annual Enrollment period, the earliest effective date available is the applicant's date of birth and the latest available date is 90 days after their birthday. Applicants will be rated based on their age at the time of the effective date.
- Applications submitted during the Louisiana Annual Enrollment period, the earliest effective date available is the applicant's date of birth and the latest date available is 63 days after their birthday. Applicants will be rated based on their age at the time of the effective date.
- Applications submitted during the Kentucky Annual Enrollment period, the earliest effective date available is the applicant's date of birth and the latest date available is 60 days after their birthday. Applicants will be rated based on their age at the time of the effective date.
- Applications submitted during the Maryland Annual Enrollment period, the earliest effective date available is the applicant's date of birth and the latest available date is 60 days after their birthday. Applicants will be rated based on their age at the time of the effective date.
- Applications submitted during the Missouri Annual Enrollment period; the earliest effective date available is the latter of 30 days prior to their policy anniversary date or the signature date, and the latest effective date available is the 1st of the month following the 30-day period. Applicants will be rated based on their age at the time of signature.
- Applications submitted during the Nevada Annual Enrollment period; the earliest effective date available is the latter of the first of their birthday month or signature date, and the latest available date is 60 days after

the beginning of their birthday month. Applicants will be rated based on their age at the time of signature.

- Applications submitted during the Oklahoma Annual Enrollment period, the earliest effective date available

is the applicant's date of birth and the latest available date is 60 days after their birthday. Applicants will be rated based on the age at the time of the effective date.

- Applications submitted during the Oregon Annual Enrollment period, the earliest effective date available is 30 days before the applicant's date of birth and the latest available date is the 1st of the month following the 30-day enrollment period. Applicants will be rated based on the age they are turning.

PREMIUM CALCULATIONS

6. Determine the ZIP code where the client resides and find the correct rate page for that ZIP code.
7. Determine the plan the applicant has chosen.
8. Determine if tobacco or non-tobacco rates apply (see chart on [page 20](#) for Open Enrollment and Guaranteed Issue applications).
9. Locate age and gender and verify that the age and date of birth are the exact age as of the application date.
10. This will be your base premium.

Sample Rate Calculation:

Preferred (non-tobacco) Premium Rate Sheet

Issue Age	Plan A		Plan G		Plan F	
	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

Household Discount to be calculated as follows:

Annual premium \times 0.93 (7% discount) = discounted Annual premium times the modal factor.

Applicant #1: Female

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

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

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

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 twelve months. 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 twelve months, the Preferred (non-tobacco) premium should be noted.

Standard rates will be applied to applicants who first became eligible for Medicare prior to age 65 in the state of Rhode Island.

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 then be required to submit a new application and will be subject to underwriting.

Tobacco reconsideration will be handled as an internal replacement. If replacement coverage is denied, the standard (tobacco rates) will remain.

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 a 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	Household /Spousal Discount	Application fee
AL	Y	Attained	Y	Household	\$25
AR	N	Issue	N	Household	\$0
AZ	Y	Issue	Y	Household	\$25
CA	N	Attained	Y	Household	\$25
CO	Y	Attained	N	Household	\$25
DE	Y	Attained	Y	Household	\$25
GA	Y	Issue	Y	Household	\$25
IA	Y	Attained	N	Household	\$25
ID	N	Community	Y	No	\$0
IL	Y	Attained	N	Household	\$25
IN	Y	Attained	Y	Household	\$25
KS	Y	Attained	Y	Household	\$25
KY	Y	Attained	N	Household	\$25
LA	Y	Attained	N	Household	\$25
MD	Y	Attained	N	Household	\$25
MI	Y	Attained	N	Household	\$25
MO	Y	Issue	N	Household	\$25
MS	Y	Attained	Y	Household	\$6
NC	Y	Attained	N	Household	\$25
ND	Y	Attained	N	**Household	\$25
NE	Y	Attained	Y	Household	\$25
NJ	Y	Attained	N	**Household	\$25
NM	Y	Attained	Y	Household	\$25
NV	Y	Attained	Y	Household	\$25
OH	Y	Attained	N	**Household	\$25
OK	Y	Attained	Y	**Household	\$25
OR	Y	Attained	Y	Household	\$25
PA	Y	Attained	N	**Spousal	\$25
RI	Y	Attained	N	Household	\$25
SC	Y	Attained	Y	Household	\$25
SD	Y	Attained	Y	Household	\$25
TN	Y	Attained	N	Household	\$25
TX	Y	Attained	Y	Household	\$25
UT	Y	Attained	N	Household	\$25
VA	Y	Attained	N	Household	\$25
WI	Y	Attained	N	Household	\$25
WV	Y	Attained	Y	Household	\$0
WY	Y	Attained	Y	Household	\$25

HOUSEHOLD DISCOUNT

To qualify for a Household Discount, the proposed insured must be at least 65 at the time of the requested effective date, and meet the following criteria:

- c) Married and residing with their spouse; or
- d) Must have resided in the same household with an individual that is at least 60 years old for the last 12 months.

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

- a) Must be residing with an immediate family member who is insured under ManhattanLife Insurance & Annuity Company, Western United Life Assurance, Family Life Insurance, or The Manhattan Life Insurance Company

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

- c) Married and residing with their spouse or Civil Union/Domestic Partner, or have you been residing, for at least the past 12 months, with someone who is at least 50 years old and
- d) The household resident has an existing Medicare Supplement policy with ManhattanLife Insurance & Annuity Company, Western United Life Assurance, Family Life Insurance or The Manhattan Life Insurance Company.

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

- c) Married and residing with your spouse or have been residing for at least the past 12 months with someone who is at least 60 years old and
- d) The household resident must have an existing Medicare Supplement policy or be in the process of applying for a Medicare Supplement policy with this company or one of our affiliated companies. The Household discount will be removed if the other Medicare Supplement policyholder chooses to terminate his or her Medicare Supplement policy or if he or she no longer resides with you.

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

- c) Married and residing with their spouse or have you been residing, for at least the past 12 months, with someone who is at least 60 years old and
- d) The household resident or spouse must be currently applying for, or have an active ManhattanLife Insurance & Annuity Company, Western United Life Assurance Company, Family Life Insurance Company, or The Manhattan Life Insurance Company.

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

- c) Married or in a domestic partnership civil contract and residing with either their spouse or domestic partner; or
- d) Must have resided in the same household with an individual that is at least 60 years old for the last 12 months.

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

- b) Must be residing, for at least the past 12 months, with your spouse or lawful domestic partner who has an existing Medicare Supplement policy with ManhattanLife Insurance & Annuity Company, Western United Life Assurance Company, Family Life Insurance Company, or The Manhattan Life Insurance Company.

SPOUSAL DISCOUNT

To qualify for a Spousal Discount, the proposed insured must be 65 at the time of requested effective date, and meet the following criteria:

- b) Married and residing with their spouse.

Reconsideration for the household/spousal discount requires a new application, which is subject to underwriting and processed 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. Please reference your rate cards for the discount percentage in your state.

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*

Annual
Semiannual
Quarterly

Bank draft

Annual
Semiannual
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, ManhattanLife Insurance & Annuity will require proof of the routing number and account number from the financial institution.

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, ManhattanLife Insurance & Annuity 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.

California initial premium

All payment modes (as noted above) are available to applicants in California. If the applicant chooses a bank draft option, the initial premium drafted will be for one month's premium plus the policy fee. After the initial draft, the policyholder may call Customer Service and inquire on other available payment options. If the applicant chooses to pay the initial premium by direct bill, he/she will be required to submit a check for one month's premium plus the policy fee with the application. Upon approval of coverage, ManhattanLife Insurance & Annuity will send out a bill for the remainder of premium due.

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

APPLICATION ASSISTANCE

If you have any questions about the application or about how to answer any of the questions on the application, please call ManhattanLife Insurance & Annuity 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

COMMON MISTAKES WHEN SUBMITTING APPLICATIONS

- Eligibility questions section of the application is not filled out or incomplete.
- Agent's Certification form 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 accompanied 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.

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 postdated 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 ManhattanLife Insurance & Annuity when the application was solicited.
- Medicare Part A or 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 18](#) 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 ManhattanLife Insurance & Annuity. ManhattanLife Insurance & Annuity 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.
- ManhattanLife Insurance & Annuity 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 Wisconsin, more than 90 days prior to the applicant's Medicare Eligibility Date.
 - For underwritten applicants, more than 60 days.
 - For Annual Open Enrollees in California, more than 30 days prior to the applicant's birthday.
 - For Annual Open Enrollees in Idaho, more than 30 days prior to the applicant's birthday.
 - For Annual Open Enrollees in Illinois, more than 45 days prior to the applicant's birthday.
 - For Annual Open Enrollees in Kentucky, more than 60 days prior to the applicant's birthday.
 - For Annual Open Enrollees in Louisiana, more than 30 days prior to the applicant's birthday.
 - For Annual Open Enrollees in Maryland, more than 30 days prior to the applicant's birthday.
 - For Annual Open Enrollees in Missouri, more than 60 days prior to the policy anniversary date.
 - For Annual Open Enrollees in Nevada, more than 60 days prior to the first day of the applicant's birthday month.

- For Annual Open Enrollees in Oklahoma, more than 30 days prior to the applicant's birthday.
- For Annual Open Enrollees in Oregon, more than 60 days prior to the applicant's birthday.

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.

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 unit
- Stem cell injection or platelet rich plasma therapy
- 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 6](#) of this guide.
- Any pending surgery, medical tests, treatment, or therapy
- Commencement of or an increase to cardiac related medication during the two years prior to the application
- Being diagnosed with or treated for any of the conditions listed in the table below*.

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

AIDS/HIV ARC (AIDS Related Complex) Alzheimer's disease Chronic Obstructive Pulmonary Disease (COPD) Other Chronic Pulmonary disorders to include: Chronic Bronchitis Chronic Obstructive Lung Disease (COLD) Chronic Asthma Chronic Interstitial Lung Disease Chronic Pulmonary Fibrosis Cystic Fibrosis Sarcoidosis Bronchiectasis Scleroderma Asbestosis Chronic Cardiopulmonary Disease Pulmonary Hypertension Emphysema Diabetes with insulin >50 units/day Diabetes (Wisconsin & Minnesota) Three or more high blood pressure medications (This applies to diabetic applicants only) Amyotrophic Lateral Sclerosis (ALS) Lupus-Systemic Multiple Sclerosis (MS) Myasthenia Gravis Organ transplant	*End-Stage Renal Disease (ESRD) Kidney disease requiring dialysis Kidney (renal) Failure/End-Stage Renal Disease (ESRD) Any kidney disorder that has the applicant being evaluated for, or who is currently on dialysis Chronic Kidney/Renal Disease Chronic Nephritis Chronic Glomerulonephritis Chronic Protein loss in the Urine (proteinuria) Requiring 4 or more MD office visits per year in the follow up of renal disease Chronic Renal Insufficiency Hypertensive Chronic Renal Disease Nephrotic Syndrome Parkinson's disease Senile Dementia Other Cognitive Disorders to include: Mild cognitive impairment (MCI) Delirium Organic Brain Disorder Cerebrovascular disease with cognitive deficits Dissociative Amnesia Huntington's Chorea (Huntington's Disease) Post-Concussion Syndrome with residual problems
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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 ManhattanLife Insurance & Annuity 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 ManhattanLife Insurance & Annuity 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 1](#) of this Guide.

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 ManhattanLife Insurance & Annuity 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 ManhattanLife Insurance & Annuity 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 ManhattanLife Insurance & Annuity 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.

List of Medications Associated with Uninsurable Health Conditions

This list is not all-inclusive. An application should not be submitted if a client is taking any of the following medications:

Brand Name	Generic Name	Condition	Brand Name	Generic Name	Condition
3TC, Epivir	Lamivudine	HIV/AIDS	Imuran, Azasan	Azathioprine	Prevent Organ Rejection, RA
Acetate		Prostate Cancer	*Insulin	*Wisconsin only	*DM
Actemra	Tocilizumab	Rheumatoid Arthritis	Interferon		AIDS, Cancer,
Alkeran	Melphalan	Cancer	Invirase	Saquinavir	HIV/AIDS
Apokyn	Apomorphine	Parkinson's Disease	Kaletra	Lopinavir	HIV/AIDS
Aptivus	Tipranavir	HIV/AIDS	Kemadrin	Procyclidine	Parkinson's Disease
Arava	Leflunomide	Rheumatoid Arthritis	Kineret	Anakinra	Rheumatoid Arthritis
Aricept ODT	Donepezil	Dementia	Lasix >60mg QD	Furosemide	Heart Disease
Artane	Trihexyphenidyl	Parkinson's Disease	Latuda	Lurasidone	Schizophrenia
Atripila		HIV/AIDS	L-Dopa	Levodopa	Parkinson's Disease
Avonex	Interferon beta-1a	Multiple Sclerosis	Letairis	Ambrisentan	Pulmonary Artery HTN
Azilect	Rasagiline	Parkinson's Disease	Leukeran	Chlorambucil	Leukemia, Lymphoma, RA
AZT	Zidovudine	HIV/AIDS	Lexiva	Fosamprenavir	HIV
Baclofen	Lioresal	Multiple Sclerosis	Lupron	Luprolide	Cancer
BCG		Bladder Cancer	Megace	Megestrol Acetate	Cancer
Benlysta	Belimumab	Rheumatoid Arthritis	Mellaril	Thioridazine	Schizophrenia, Psychosis
Betaseron	Interferon beta-1b	Multiple Sclerosis	Methotrexate >25mg/wk		Rheumatoid Arthritis
Brovana	Inhaler	COPD	Metrifonate		Dementia
Bumetanide		CHF	*Mirapex	*Pramipexole	*Parkinson's Disease
>1.5mg QD			Myleran	Busulfan	Cancer
Carbidopa		Parkinson's Disease	Namenda, Namenda XR	Memantine	Alzheimer's Disease
Casodex	Bicalutamide	Prostate Cancer	Namzaric	Memantine &	Alzheimer's Disease
Cellcept	Mycophenolate	Prevent Organ Rejection		Donepezil Hcl	
Cerefolin		Dementia	Narcotics (see P15)	Narcotics (see P15)	Narcotics (see P15)
Cimzia	Certlizumab Pegol	Rheumatoid Arthritis	Natrecor	Nesiritide	CHF
Cogentin	Benzotropine	Parkinson's Disease	Navane	Thiothixene	Schizophrenia, Psychosis
Cognex	Tacrine	Dementia	Nelfinavir	Varicept	HIV/AIDS
Combivir	Zidovudine	HIV/AIDS	Neoral	Cyclosporine	Prevent Organ Rejection, RA
Comtan	Entacapone	Parkinson's Disease	Neupro (patch)	Rotigotin	Parkinson's Disease HIV/AIDS
Copaxine	Glatiramer	Multiple Sclerosis	Norvir	Ritonavir	Cancer
Crixivan	Indinavir	HIV	Novatrone	Mitoxantrone	Severe Asthma
Cytosan	Cyclophosphamide	Cancer & Severe Arthritis	Nucala (injection)	Mepolizumab	Pulm Fibrosis, Lung Cancer
Daliresp	Roflumilast	COPD	OFEV, Vargatef (tablet)	Nintedanib	Rheumatoid Arthritis
D4T, Zerit	Stavudine	AIDS	Orencia	Abatacept	Cancer
DDC	Zalcitabine	AIDS	Paraplatin	Carboplatin	Parkinson's Disease
DDI, Videx	Didanosine	AIDS	Parlodel	Bromocriptine	Parkinson's Disease
DES	Diethylstilbestrol	Breast Cancer	Permax	Pergolide	Rheumatoid Arthritis
DuoNeb	Nebulizer Solution	COPD	Prednisone >10mg QD		HIV/AIDS
Eldepryl	Selegiline HCl	Parkinson's Disease	Prezista	Darunavir	Kidney Failure & HIV
Eligard	Luprolide	Prostate Cancer	Procrit	EPO	Organ Transplant
Enbrel	Etanercept	Rheumatoid Arthritis	Prograf	Tacrolimus	Schizophrenia, Psychosis
Emtriva	Emtricitabine	HIV/AIDS	Prolixin	Fluphenazine	Prostate Cancer
Epivir	Lamivudine	HIV/AIDS	Provenge	Sipuleucel-T	Dementia
Epogen	Epoetin Alfa	Kidney Failure, AIDS	Razadyne ER, Reminyl	Galantamine	Multiple Sclerosis
Ergoloid		Dementia	Rebif	Interferon beta-1a	Rheumatoid Arthritis
Exelon	Rivastigmine	Dementia	Remicade	Infliximab	Pulmonary Artery HTN
Fuzeon	Enfuvirtide	HIV/AIDS	Remodulin	Treprostinil	*Parkinson's Disease
Gleostine	Lomustine	Hodgkin's Disease, cancer	*Requip	*Ropinirole	HIV/AIDS
Gold		Rheumatoid Arthritis	Rescriptor	Delavirdine	HIV/AIDS
Haldol	Haloperidol	Psychosis	Retrovir	Zidovudine	Schizophrenia
Herceptin	Trastuzumab	Cancer	Rexulti	Brexiprazole	Rheumatoid Arthritis
Humira	Adalimumab	Rheumatoid Arthritis	Ridaura	Auranofin (Gold Compound)	Rheumatoid Arthritis
Hydergine	Ergoloid	Dementia		Tofacitinib	Cancer
Hydrea	Hydroxyurea	Leukemia & Head/Neck cancer	Xeljanz	Streptozocin	Parkinson's Disease
Rilutek	Riluzole	ALS, Lou Gehrig's Disease	Zanosar	Selegiline	
Ritonavir	Norvir	HIV/AIDS	Zelapar		

Rituxan	Rituximab	Rheumatoid Arthritis	Zerit	Stavudine	HIV/AIDS
Sandimmune	Cyclosporine	Prevent Organ Rejection, RA	Ziagen	Abacavir	HIV/AIDS
Simponi	Golimumab	Psoriatic Arthritis, RA	Zoladex	Goserlin	Cancer
Sinemet	Carbi/Levodopa	Parkinson's Disease	Zometa	Zoledronic acid	Hypercalcemia due to Cancer
Soltamox	Tamoxifen	Cancer			
Stalevo	Entacapone	Parkinson's Disease			
Stelazine	Trifluoperazine	Psychosis			
Sustiva	Efavirenz	HIV/AIDS			
Symmetrel	Amantadine	Parkinson's Disease			
Tasmar	Tolcapone	Parkinson's Disease			
Tepadina	Thiotepa	Cancer			
Teslac	Testolactone	Breast Cancer			
Thorazine	Chlorpromazine	Schizophrenia, Mania			
Torseamide		CHF			
>30mg QD					
Trelstar LA	Triptorelin inj	Prostate Cancer			
Trizivir	Abacavir, Lamivudine, Zidovudine	HIV/AIDS			
*Truvada	*Emtricitabine, Tenofovir	*HIV/AIDS, PHI to ver dx & ver if used as preventative only			
Tysabri	Natalizumab	Multiple Sclerosis			
Valcyte	Valganciclovir HCl	Prevent CMV in Organ Transplant & HIV Cancer			
VePesid	Etoposide	Cancer			
Viadur	Leuprolide Acetate Implant	Prostate Cancer			
Videx	Didanosine	HIV/AIDS			
Vincasar,	Vincristine	Cancer			
Marqibo					
Viracept	Nelfinavir	HIV/AIDS			
Viramune	Nevirapine	HIV/AIDS			
Viread	Tenofovir	HIV/AIDS			
	Disoproxil				

*Coverage not available for individuals with diabetes in Wisconsin

ManhattanLife Insurance & Annuity 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:

7. Application
8. Replacement form (if applicable)
9. Other state specific required forms (if applicable)
10. Guaranteed Issue documentation (if applicable)
11. Signed Bank Draft Authorization
12. Copy of a voided check (**please attach this to the Bank Draft Authorization**)

Note: Initial draft will occur upon policy issue.

<i>Applicant Name: First, Last Name</i>	Selected Plan:	Initial Premium Amount to be Drafted (Please include policy fee)
1.		
2.		
3.		
4.		
5.		