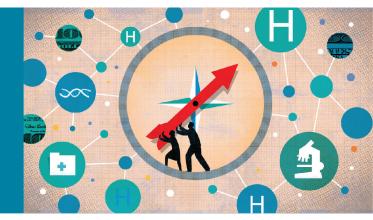


Hospital Indemnity

Providing supplemental hospital benefits for you and your family



Cash benefits paid to you

Hospital Indemnity plans pay employees a lump-sum cash benefit when they're hospitalized. These cash benefits pay in addition to other coverage. Benefits can be used however they choose: to help pay medical bills and cover everyday expenses. It can help them get back on their feet and back to work.

Here are some more benefits to you

- Receive a cash benefit regardless of any other insurance you have.
- Don't worry about a physical exam; it's not required.
- Pay your premiums through payroll deduction.

Here's how it works

You'll be reimbursed a specified amount for covered hospital confinement. Benefits are paid directly to you, and you can use the cash however you want. It's that simple.



Hospital Indemnity

Coverage type	Hospital Indemnity is a galong with other benefits		includes coverage for inpatient confinement nospital stays.
	Policy Type:	Group	
Product	Policy Name:	Hospital Indemnity Insurance	
	Policy Form:	M-8019	
Eligibility	Issue Age:	Employee:	18-90
		Spouse:	18-90
		Child:	Under age 26
	Criteria:	 Employee is benefit eligible, actively at work full-time, working at least 20 hours per week. Spouse and children not eligible if Employee is not issued coverage. Spouse includes domestic partner where allowed by state and Employer. 	
	Termination Age:	 EE: Age 91 unless actively at work, then on last day o active employment. SP: Age 91, or when Employee terminates, whicheve earlier. Child: Age 26, or when Employee terminates, whicheve is earlier. 	
		Coverage Tier	Guarantee Issue
		Employee:	Guarantee Issue
Underwriting Offer		Spouse:	Guarantee Issue
		Child(ren):	Guarantee Issue
Target Participation	Minimum to Issue:	5 Employee applications or 1% of eligible Employees, whichever is greater.	
raiget i ai doipation	Guarantee Issue:	Waived, expectation of 15% of all eligible enrolled by end of the enrollment.	



Benefits and Features

	Option Two
Hospital Indemnity	\$200
Pre-existing Condition Limitation	Waived
Maternity Waiting Period	300 Day Waiting Period-Waived
Portability	None
Waiver of Premium	Included
First Admission	\$1,500
Intensive Care/Cardiac Care/ Burn Unit	\$200
Wellness Screening	\$50

Definitions

HOSPITAL INDEMNITY BENEFIT: If a covered person is confined as an inpatient in a hospital, pays a daily benefit. Hospital confinement must be for at least 18 hours. Max 30 days.

WAIVER OF PREMIUM: Maximum waiver of premium benefit is limited to a total of 12 consecutive months per disability. This waives an Employee's premium if he or she becomes totally disabled for at least 90 days after the effective date of coverage. There is no lifetime maximum. Issue age 18-55.

PRE-EXISTING CONDITION LIMITATION: If a member has a pre-existing condition that is diagnosed or symptoms occurred in the 12 months prior to the policy effective date, no benefits will be paid for the first 12 months of the policy effective date. Refer to the certificate of coverage for specific pre-existing limitations.

FIRST HOSPITAL ADMISSION BENEFIT: If a covered person is confined as an inpatient in a hospital for the first time during a calendar year, pays a one-time lump sum per year. Hospital confinement must be for at least 18 hours as an inpatient.

INTENSIVE CARE (ICU)/CARDIAC CARE (CCU)/BURN UNIT BENEFIT: Pays a daily benefit when confined to an intensive care unit. Max 30 days Hospital confinement must be for at least 18 hours as an inpatient.

WELLNESS SCREENING: Pays a cash benefit when a member has one or more of the 21 covered screening tests. This screening benefit is payable once per covered person per calendar year.



Hospital Indemnity

Rate Assumption Information

Rate Structure: Composite

Tobacco Status: Uni-tobacco

Rate Guarantee Period: One (1) Year

Contributions: 100% Employee Paid

Takeover: Yes

Commissions: Heaped

Coverage Type: Non-Occupational

Benefits Included: As shown above in the Benefits and Optional Benefits sections.

Participation Expectation: Waived, expectation of 15% of all eligible enrolled by end of the enrollment.

Monthly ((12)) premium
-----------	------	-----------

Benefit:	Employee	Employee/Spouse	Employee/Child(ren)	Family
Option 2	\$32.88	\$62.29	\$49.58	\$78.97

Tenthly	(10)	premium
---------	------	---------

Benefit:	Employee	Employee/Spouse	Employee/Child(ren)	Family
Option 2	\$39.45	\$74.74	\$59.51	\$94.76

Note: Final implementation rate may vary slightly due to rounding

PARTICIPATION EXPECTATION:

Participation requirement is the number of enrolled needed for Guaranteed Issue offer. If the participation requirement is waived, then all applications will be Guaranteed issue up to the amount listed in the Underwriting offer of the proposal, for the initial enrollment period. At the end of the enrollment period, it will be expected that a minimum percentage of all eligible will be enrolled into the product. This participation percentage is in the participation section of the proposal. If the participation expectation is not met, then all applications will be Underwritten on a Simplified Issue basis.

OTHER CONTINGENCIES

- ManhattanLife Assurance Company of America's Group Hospital Indemnity product is a true supplemental product. All applicants must be enrolled in a group health insurance plan to be eligible for benefits.
- Only one level may be sold to a group, unless pre-approved by underwriting.
- Rates may change if the SIC code changes.
- Late enrollees will be accepted on an SI basis only, unless otherwise approved by underwriting.
- Employer must have an in force medical plan offered to all eligible Employees.
- If spouse is also an Employee, they may apply as an Employee or as a dependent, but not as both.
- If both parents are Employees of the company, then the child(ren) may be covered under only one parent, not both.
- Please refer to certificate/policy for full benefit and limitation information.