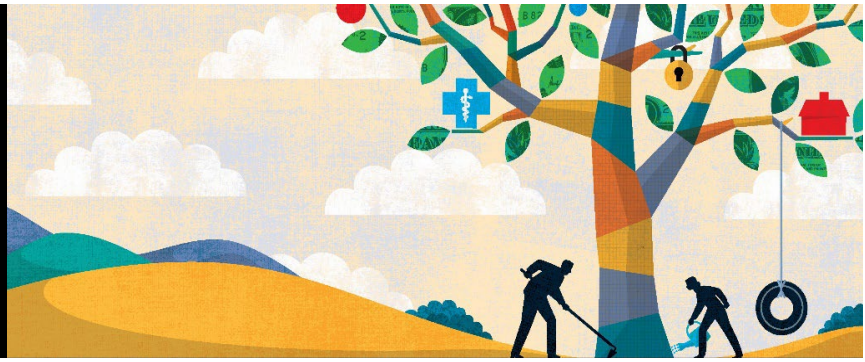




ManhattanLife™

# Voluntary Benefits



Offer Prepared For:

Wylie Independent School District

Offer Presented By:

Financial Benefit Services LLC

Date Offer Prepared: 3/10/2022

Offer Valid Until: 9/1/2022

Proposed Effective Date: 10/1/2022

Version: 1

Proposed Products: Disability Income



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## Who is ManhattanLife?

ManhattanLife is one of the oldest insurance companies in America. Since 1850 we have stood by policyholders with diligence and compassion. ManhattanLife has a storied history that has consistently proved that we deliver on our promise of standing by policyholders and producers. Through domestic and world wars, outbreaks of diseases and multiple cycles of booms and busts, life has marched on in America. ManhattanLife has been there, diligently delivering on our mission. Being trusted to do so even earned us the reputation “Old Reliable” after the Civil War, when we sought out policyholders to ensure we met the needs of families of fallen soldiers. More recently, we were the only insurance company to challenge the U.S. Department of Health and Human Services, advocating for and winning Americans’ right to purchase fixed indemnity health insurance products.

*“At our core, ManhattanLife is a reliable, independent insurance company rigorously focused on providing policyholders with the life affirmations of health, wealth and security.”*

**David Harris, CEO**

Many American workers fail to plan for expenses, such as loss of income and childcare, not covered by health insurance. ManhattanLife’s voluntary benefits can help protect your employees’ savings if they can’t work due to an illness or injury. By offering these benefits you can help your employees be more financially prepared for the unexpected.

### How You Benefit

- Expand your benefit options without breaking the budget. Voluntary benefits are 100 percent employee paid.
- Opportunity to possibly reduce your payroll tax for each enrolled employee.
- Minimize disruption to business with custom enrollment options.
- Provide a range of benefits to help keep employees productive and loyal.

### How Employees Benefit

- Choose the benefits that match their needs and concerns.
- Directly receive benefits when they need it most.
- Don’t have to rely solely on savings or incur additional debt to cover expenses such as childcare, transportation, and medical bills.
- Save money on premiums because benefits purchased through the employer are typically less expensive than purchasing on their own.
- Pay premiums through payroll deduction, many on a pre-tax basis.

This is not a complete disclosure of plan qualifications and limitations. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS. Underwritten by ManhattanLife Assurance Company of America and Manhattan Life Insurance Company. Applications will not be accepted under this offer until written acceptance of this offer, the Employer Agreement and minimum Participation Requirements are received in ManhattanLife Assurance Company of America’s New Business Department.

# Disability Income

Supplemental income protection



## Protect your financial well-being with Voluntary Disability

A Disability plan will help with day-to-day expenses – housing, food, car payments, even additional medical costs – if you become disabled from an accident or illness. You will not have to worry about using your savings or incurring additional debt to cover these costs and care for your family.

## Why do I need Disability coverage?

Most people can't afford to be disabled, even for a short time. Almost 90 percent of disabling accidents and illnesses are not work related, so you can't count on Workers Compensation to be there for you and your loved ones.

*National Safety Council, Injury Facts 2008 Ed.*

Because you can't know when a disabling illness or injury will impact your ability to bring home a paycheck, you can enroll in Disability coverage from ManhattanLife to help you and your family deal with the unexpected. You will be able to concentrate on your recovery after a sickness or accident and return to your job.

## Here's how it works

Benefits from your ManhattanLife plan are paid in addition to any Disability coverage you already have. Your monthly coverage, elimination period, benefit period and any optional benefits will depend on the plan design your employer selects. You will find the plan to be easy and economical – your premiums are conveniently paid through payroll deduction.

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## Disability Income Coverage

<b>Coverage type</b>	Disability Income Plus provides a monthly disability income benefit as a result of Non-occupational accident or sickness.		
<b>Product</b>	<b>Policy Type:</b>	Group	
	<b>Policy Name:</b>	Disability Income Plus	
	<b>Policy Form:</b>	M-8014	
<b>Eligibility</b>	<b>Issue Age:</b>	<b>Employee:</b>	18 – 70
	<b>Criteria:</b>	<ul style="list-style-type: none"> <li>Employee is benefit eligible, actively at work full-time, working at least 20 hours per week. Employee only coverage.</li> </ul>	
	<b>Termination Age:</b>	<ul style="list-style-type: none"> <li>Age 70 unless actively at work, then on last day of active employment.</li> </ul>	
			<b>Guarantee Issue</b>
<b>Underwriting Offer</b>	<b>Employee:</b>	All other Employees: Up to 65% of base salary to a max benefit of \$3,000 Superintendents: Up to 65% of base salary to a max benefit of \$5,000	
<b>Target Participation</b>	<b>Minimum to Issue:</b>	10 Employee applications or 1% of eligible Employees, whichever is greater.	
	<b>Guarantee Issue:</b>	Waived, expectation of 15% of all eligible enrolled by end of the enrollment.	
<b>Benefit Amounts</b>	<b>Employee:</b>	Minimum benefit of \$300 and maximum benefit of \$5,000* per month, not to exceed 65% of base monthly income.	

\*If Enrollment technology does not support SI Underwriting all applications must be taken on paper applications.

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**Plan Design**
**Accident & Sickness – Elimination Period/Duration**

14 Day Accident/14 Day Sickness (Illness)/12-month Duration  
 30 Day Accident/30 Day Sickness (Illness)/12-month Duration

<b>Partial Disability</b>	50%, up to 6 months
<b>Recurrent Disability</b>	Recurrs within 180 days
<b>Pre-existing Provision</b>	12/12
<b>Pregnancy</b>	Treated as any other illness
<b>Waiver of Premium</b>	After 90 Days
<b>Portability</b>	Included, Not available in AK, VT

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## Benefit Definitions

**TOTAL DISABILITY:** For the first 24 months of a disability that the Employee/member is unable to perform the substantial and material duties of his or her regular occupation, not working in any other occupation, and under the care of a physician for the disability. After 24 months of total disability, totally disabled means that the Employee/member is unable to perform the duties of any occupation, and under the care of a physician for the disability.

**PARTIAL DISABILITY:** Because of a covered sickness or injury, the Employee/member is working more than 20% but not more than 80% of the normal pre-disability schedule, and under the regular care of a physician.

**RECURRENT DISABILITY:** Total and/or partial disability that is due to the same or related causes as a prior period of disability, follows a prior period for which a monthly benefit was paid, and occurs within 180 days after the end of a prior period for which a monthly benefit was paid. The elimination period is waived, and benefits are immediately available for up to the remaining benefit from the previous disability.

**OCCUPATIONAL INCOME:** The Eligible Persons' monthly rate of earnings from His Employer as of the day before the start of Total Disability. Occupational Income including commissions will be averaged over a period of time (see certificate of coverage). Occupational Income does not include overtime pay, bonuses, or extra compensation other than commissions.

**ACCIDENT & SICKNESS:** Provides coverage for disabilities caused by either an accidental injury or sickness.

**ELIMINATION PERIOD:** The number of continuous days, beginning with the first day of a total disability, before any monthly benefit amount is payable. Separate elimination periods apply to injury and illness.

**BENEFIT PERIOD:** The period of time for which Monthly Income Benefits are payable for disability due to the same cause.

**WAIVER OF PREMIUM:** Premium is waived if the Employee is totally disabled for more than 90 days or the elimination period, whichever is longer. Waiver of Premium will continue while the insured is receiving a Total Disability Income Benefit.

**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.

## Optional Benefit Definition(s):

**PORTABILITY:** Portable after six months of continuous coverage if group master policy remains in force and the insured is less than age 70, not Totally Disabled, and no longer Actively at work for the Employer. Participants may continue coverage by paying premiums on a direct billing method. All ported certificates will be subject to any rate increases on the Employer's Master Policy. Dependents on ported certificates terminate when the spouse attained age is 70 or the child attained age is 25. If the policy terminates the ported Certificate terminates. Portability not available for groups located in AK and VT.

## Disability Income Plus Rates

### Rate Assumption Information

<b>Rate Structure:</b>	Issue Age
<b>Tobacco Status:</b>	Tobacco-Distinct
<b>Rate Guarantee Period:</b>	Three (3) Year
<b>Contributions:</b>	100% Employee Paid
<b>Takeover:</b>	Yes
<b>Commissions:</b>	Standard
<b>Coverage Type:</b>	Non-occupational
<b>Industry Class:</b>	Custom
<b>Benefits Included:</b>	As shown above in the benefits and optional benefit sections
<b>Participation Expectation:</b>	Waived, expectation of 15% of all eligible employees enrolled by end of the enrollment.

This is not a complete disclosure of plan qualifications and limitations. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS. Underwritten by ManhattanLife Assurance Company of America and Manhattan Life Insurance Company. Applications will not be accepted under this offer until written acceptance of this offer, the Employer Agreement and minimum Participation Requirements are received in ManhattanLife Assurance Company of America's New Business Department.



# Disability Income Plus

Presented by

## Wylie Independent School District



Disability Income Plus provides a monthly disability income benefit as a result of a non-occupational “off-the-job” accident or sickness. If you’re totally disabled by an accident or illness, Disability Income Plus can be there to help, helping pay the bills that won’t go away just because you can’t work: housing costs, food, car payments, and additional medical costs. You can focus on a full recovery and successful return to the workplace.

<b>Coverage type</b>	Disability Income Plus is a group disability income insurance policy that provides a monthly disability income benefit due to a non-occupational “off-the-job” accident or injury.
<b>Benefit amount</b>	Minimum benefit of \$300 and maximum benefit of \$3,000 per month (\$5,000 for Superintendents), not to exceed 65% of base monthly income.
<b>Plan design</b>	<b>Accident &amp; Sickness:</b> Provides coverage for disabilities caused by either an accidental injury or sickness.
<b>Benefit period</b>	Twelve months
<b>Elimination period</b>	Provides non-occupational coverage for injuries after 14 or 30 days and off-the job sicknesses after 14 or 30 days of total disability (depending on your selection).
<b>Definition of disability</b>	<p><b>Total disability:</b> for the first 24 months of a disability that the employee/member is unable to perform the substantial and material duties of his or her regular occupation, not working in any other occupation, and under the care of a physician for the disability.</p> <p>After 24 months of total disability, totally disabled means that the employee/member is unable to perform the duties of any occupation, and under the care of a physician for the disability.</p> <p><b>Partial disability:</b> because of a covered sickness or injury, the employee/member is working more than 20% but not more than 80% of the normal pre-disability schedule, and under the regular care of a physician.</p> <p>The normal pre-disability schedule is as defined by the employee/member’s employer but does not include overtime.</p> <p><b>Recurrent disability:</b> total and/or partial disability that is due to the same or related causes as a prior period of disability, follows a prior period for which a monthly benefit was paid, and occurs within 180 days after the end of a prior period for which a monthly benefit was paid.</p>

Bill Mode	Frequency	Action
Monthly	Semi-Monthly	Divide modal premium by 2
Monthly	Bi-Weekly	Multiply modal premium by 12, then divide by 26
Monthly	Weekly	Multiply modal premium by 12, then divide by 52
Thirteenthly (Billed every 28 days)	Bi-Weekly	Divide modal premium by 2
Thirteenthly (Billed every 28 days)	Weekly	Divide modal premium by 4
Tenthly	Monthly for 10 Months	Multiply modal premium by 12, then divide by 10
20 Pay	Semi-monthly for 10 Months	Multiply modal premium by 12, then divide by 20
9thly	Monthly for 9 Months	Multiply modal premium by 12, then divide by 9

Insured by ManhattanLife Insurance Company.

This is not a complete disclosure of plan qualifications and limitations. Your broker will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

Policy: M-8014  
Underwritten by ManhattanLife Insurance Company

1-855.448.6982 ManhattanLife.COM



# Disability Income Plus

## Wylie Independent School District

### Disability Income Plus rates

Tenthly deductions, Elimination Period: 14/14

Age	Benefit amount									
Benefit	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200
18-35	\$11.59	\$14.56	\$17.52	\$20.48	\$23.45	\$26.41	\$29.38	\$32.34	\$35.30	\$38.27
36-45	\$12.31	\$15.52	\$18.72	\$21.92	\$25.13	\$28.33	\$31.54	\$34.74	\$37.94	\$41.15
46-55	\$14.11	\$17.92	\$21.72	\$25.52	\$29.33	\$33.13	\$36.94	\$40.74	\$44.54	\$48.35
56-65	\$16.42	\$20.99	\$25.56	\$30.13	\$34.70	\$39.28	\$43.85	\$48.42	\$52.99	\$57.56
66-70	\$21.67	\$28.00	\$34.32	\$40.64	\$46.97	\$53.29	\$59.62	\$65.94	\$72.26	\$78.59
Benefit	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200
18-35	\$41.23	\$44.20	\$47.16	\$50.12	\$53.09	\$56.05	\$59.02	\$61.98	\$64.94	\$67.91
36-45	\$44.35	\$47.56	\$50.76	\$53.96	\$57.17	\$60.37	\$63.58	\$66.78	\$69.98	\$73.19
46-55	\$52.15	\$55.96	\$59.76	\$63.56	\$67.37	\$71.17	\$74.98	\$78.78	\$82.58	\$86.39
56-65	\$62.14	\$66.71	\$71.28	\$75.85	\$80.42	\$85.00	\$89.57	\$94.14	\$98.71	\$103.28
66-70	\$84.91	\$91.24	\$97.56	\$103.88	\$110.21	\$116.53	\$122.86	\$129.18	\$135.50	\$141.83
Benefit	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200
18-35	\$70.87	\$73.84	\$76.80	\$79.76	\$82.73	\$85.69	\$88.66	\$91.62	\$94.58	\$97.55
36-45	\$76.39	\$79.60	\$82.80	\$86.00	\$89.21	\$92.41	\$95.62	\$98.82	\$102.02	\$105.23
46-55	\$90.19	\$94.00	\$97.80	\$101.60	\$105.41	\$109.21	\$113.02	\$116.82	\$120.62	\$124.43
56-65	\$107.86	\$112.43	\$117.00	\$121.57	\$126.14	\$130.72	\$135.29	\$139.86	\$144.43	\$149.00
66-70	\$148.15	\$154.48	\$160.80	\$167.12	\$173.45	\$179.77	\$186.10	\$192.42	\$198.74	\$205.07
Benefit	\$3,300	\$3,400	\$3,500	\$3,600	\$3,700	\$3,800	\$3,900	\$4,000	\$4,100	\$4,200
18-35	\$100.51	\$103.48	\$106.44	\$109.40	\$112.37	\$115.33	\$118.30	\$121.26	\$124.22	\$127.19
36-45	\$108.43	\$111.64	\$114.84	\$118.04	\$121.25	\$124.45	\$127.66	\$130.86	\$134.06	\$137.27
46-55	\$128.23	\$132.04	\$135.84	\$139.64	\$143.45	\$147.25	\$151.06	\$154.86	\$158.66	\$162.47
56-65	\$153.58	\$158.15	\$162.72	\$167.29	\$171.86	\$176.44	\$181.01	\$185.58	\$190.15	\$194.72
66-70	\$211.39	\$217.72	\$224.04	\$230.36	\$236.69	\$243.01	\$249.34	\$255.66	\$261.98	\$268.31
Benefit	\$4,300	\$4,400	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000		
18-35	\$130.15	\$133.12	\$136.08	\$139.04	\$142.01	\$144.97	\$147.94	\$150.90		
36-45	\$140.47	\$143.68	\$146.88	\$150.08	\$153.29	\$156.49	\$159.70	\$162.90		
46-55	\$166.27	\$170.08	\$173.88	\$177.68	\$181.49	\$185.29	\$189.10	\$192.90		
56-65	\$199.30	\$203.87	\$208.44	\$213.01	\$217.58	\$222.16	\$226.73	\$231.30		
66-70	\$274.63	\$280.96	\$287.28	\$293.60	\$299.93	\$306.25	\$312.58	\$318.90		

# Disability Income Plus

## Wylie Independent School District

### Disability Income Plus rates

Tenthly deductions, Elimination Period: 30/30

Age	Benefit amount									
Benefit	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200
18-35	\$8.64	\$10.62	\$12.60	\$14.58	\$16.56	\$18.54	\$20.52	\$22.50	\$24.48	\$26.46
36-45	\$9.07	\$11.20	\$13.32	\$15.44	\$17.57	\$19.69	\$21.82	\$23.94	\$26.06	\$28.19
46-55	\$10.48	\$13.07	\$15.66	\$18.25	\$20.84	\$23.44	\$26.03	\$28.62	\$31.21	\$33.80
56-65	\$12.35	\$15.56	\$18.78	\$22.00	\$25.21	\$28.43	\$31.64	\$34.86	\$38.08	\$41.29
66-70	\$16.42	\$20.99	\$25.56	\$30.13	\$34.70	\$39.28	\$43.85	\$48.42	\$52.99	\$57.56
Benefit	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200
18-35	\$28.44	\$30.42	\$32.40	\$34.38	\$36.36	\$38.34	\$40.32	\$42.30	\$44.28	\$46.26
36-45	\$30.31	\$32.44	\$34.56	\$36.68	\$38.81	\$40.93	\$43.06	\$45.18	\$47.30	\$49.43
46-55	\$36.40	\$38.99	\$41.58	\$44.17	\$46.76	\$49.36	\$51.95	\$54.54	\$57.13	\$59.72
56-65	\$44.51	\$47.72	\$50.94	\$54.16	\$57.37	\$60.59	\$63.80	\$67.02	\$70.24	\$73.45
66-70	\$62.14	\$66.71	\$71.28	\$75.85	\$80.42	\$85.00	\$89.57	\$94.14	\$98.71	\$103.28
Benefit	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200
18-35	\$48.24	\$50.22	\$52.20	\$54.18	\$56.16	\$58.14	\$60.12	\$62.10	\$64.08	\$66.06
36-45	\$51.55	\$53.68	\$55.80	\$57.92	\$60.05	\$62.17	\$64.30	\$66.42	\$68.54	\$70.67
46-55	\$62.32	\$64.91	\$67.50	\$70.09	\$72.68	\$75.28	\$77.87	\$80.46	\$83.05	\$85.64
56-65	\$76.67	\$79.88	\$83.10	\$86.32	\$89.53	\$92.75	\$95.96	\$99.18	\$102.40	\$105.61
66-70	\$107.86	\$112.43	\$117.00	\$121.57	\$126.14	\$130.72	\$135.29	\$139.86	\$144.43	\$149.00
Benefit	\$3,300	\$3,400	\$3,500	\$3,600	\$3,700	\$3,800	\$3,900	\$4,000	\$4,100	\$4,200
18-35	\$68.04	\$70.02	\$72.00	\$73.98	\$75.96	\$77.94	\$79.92	\$81.90	\$83.88	\$85.86
36-45	\$72.79	\$74.92	\$77.04	\$79.16	\$81.29	\$83.41	\$85.54	\$87.66	\$89.78	\$91.91
46-55	\$88.24	\$90.83	\$93.42	\$96.01	\$98.60	\$101.20	\$103.79	\$106.38	\$108.97	\$111.56
56-65	\$108.83	\$112.04	\$115.26	\$118.48	\$121.69	\$124.91	\$128.12	\$131.34	\$134.56	\$137.77
66-70	\$153.58	\$158.15	\$162.72	\$167.29	\$171.86	\$176.44	\$181.01	\$185.58	\$190.15	\$194.72
Benefit	\$4,300	\$4,400	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000		
18-35	\$87.84	\$89.82	\$91.80	\$93.78	\$95.76	\$97.74	\$99.72	\$101.70		
36-45	\$94.03	\$96.16	\$98.28	\$100.40	\$102.53	\$104.65	\$106.78	\$108.90		
46-55	\$114.16	\$116.75	\$119.34	\$121.93	\$124.52	\$127.12	\$129.71	\$132.30		
56-65	\$140.99	\$144.20	\$147.42	\$150.64	\$153.85	\$157.07	\$160.28	\$163.50		
66-70	\$199.30	\$203.87	\$208.44	\$213.01	\$217.58	\$222.16	\$226.73	\$231.30		

# Disability Income Plus

## Wylie Independent School District

### Disability Income Plus rates

Monthly deductions, Elimination Period: 14/14

Age	Benefit amount									
Benefit	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200
18-35	\$9.66	\$12.13	\$14.60	\$17.07	\$19.54	\$22.01	\$24.48	\$26.95	\$29.42	\$31.89
36-45	\$10.26	\$12.93	\$15.60	\$18.27	\$20.94	\$23.61	\$26.28	\$28.95	\$31.62	\$34.29
46-55	\$11.76	\$14.93	\$18.10	\$21.27	\$24.44	\$27.61	\$30.78	\$33.95	\$37.12	\$40.29
56-65	\$13.68	\$17.49	\$21.30	\$25.11	\$28.92	\$32.73	\$36.54	\$40.35	\$44.16	\$47.97
66-70	\$18.06	\$23.33	\$28.60	\$33.87	\$39.14	\$44.41	\$49.68	\$54.95	\$60.22	\$65.49
Benefit	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200
18-35	\$34.36	\$36.83	\$39.30	\$41.77	\$44.24	\$46.71	\$49.18	\$51.65	\$54.12	\$56.59
36-45	\$36.96	\$39.63	\$42.30	\$44.97	\$47.64	\$50.31	\$52.98	\$55.65	\$58.32	\$60.99
46-55	\$43.46	\$46.63	\$49.80	\$52.97	\$56.14	\$59.31	\$62.48	\$65.65	\$68.82	\$71.99
56-65	\$51.78	\$55.59	\$59.40	\$63.21	\$67.02	\$70.83	\$74.64	\$78.45	\$82.26	\$86.07
66-70	\$70.76	\$76.03	\$81.30	\$86.57	\$91.84	\$97.11	\$102.38	\$107.65	\$112.92	\$118.19
Benefit	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200
18-35	\$59.06	\$61.53	\$64.00	\$66.47	\$68.94	\$71.41	\$73.88	\$76.35	\$78.82	\$81.29
36-45	\$63.66	\$66.33	\$69.00	\$71.67	\$74.34	\$77.01	\$79.68	\$82.35	\$85.02	\$87.69
46-55	\$75.16	\$78.33	\$81.50	\$84.67	\$87.84	\$91.01	\$94.18	\$97.35	\$100.52	\$103.69
56-65	\$89.88	\$93.69	\$97.50	\$101.31	\$105.12	\$108.93	\$112.74	\$116.55	\$120.36	\$124.17
66-70	\$123.46	\$128.73	\$134.00	\$139.27	\$144.54	\$149.81	\$155.08	\$160.35	\$165.62	\$170.89
Benefit	\$3,300	\$3,400	\$3,500	\$3,600	\$3,700	\$3,800	\$3,900	\$4,000	\$4,100	\$4,200
18-35	\$83.76	\$86.23	\$88.70	\$91.17	\$93.64	\$96.11	\$98.58	\$101.05	\$103.52	\$105.99
36-45	\$90.36	\$93.03	\$95.70	\$98.37	\$101.04	\$103.71	\$106.38	\$109.05	\$111.72	\$114.39
46-55	\$106.86	\$110.03	\$113.20	\$116.37	\$119.54	\$122.71	\$125.88	\$129.05	\$132.22	\$135.39
56-65	\$127.98	\$131.79	\$135.60	\$139.41	\$143.22	\$147.03	\$150.84	\$154.65	\$158.46	\$162.27
66-70	\$176.16	\$181.43	\$186.70	\$191.97	\$197.24	\$202.51	\$207.78	\$213.05	\$218.32	\$223.59
Benefit	\$4,300	\$4,400	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000		
18-35	\$108.46	\$110.93	\$113.40	\$115.87	\$118.34	\$120.81	\$123.28	\$125.75		
36-45	\$117.06	\$119.73	\$122.40	\$125.07	\$127.74	\$130.41	\$133.08	\$135.75		
46-55	\$138.56	\$141.73	\$144.90	\$148.07	\$151.24	\$154.41	\$157.58	\$160.75		
56-65	\$166.08	\$169.89	\$173.70	\$177.51	\$181.32	\$185.13	\$188.94	\$192.75		
66-70	\$228.86	\$234.13	\$239.40	\$244.67	\$249.94	\$255.21	\$260.48	\$265.75		

# Disability Income Plus

## Wylie Independent School District

### Disability Income Plus rates

Monthly deductions, Elimination Period: 30/30

Age	Benefit amount									
Benefit	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200
18-35	\$7.20	\$8.85	\$10.50	\$12.15	\$13.80	\$15.45	\$17.10	\$18.75	\$20.40	\$22.05
36-45	\$7.56	\$9.33	\$11.10	\$12.87	\$14.64	\$16.41	\$18.18	\$19.95	\$21.72	\$23.49
46-55	\$8.73	\$10.89	\$13.05	\$15.21	\$17.37	\$19.53	\$21.69	\$23.85	\$26.01	\$28.17
56-65	\$10.29	\$12.97	\$15.65	\$18.33	\$21.01	\$23.69	\$26.37	\$29.05	\$31.73	\$34.41
66-70	\$13.68	\$17.49	\$21.30	\$25.11	\$28.92	\$32.73	\$36.54	\$40.35	\$44.16	\$47.97
Benefit	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200
18-35	\$23.70	\$25.35	\$27.00	\$28.65	\$30.30	\$31.95	\$33.60	\$35.25	\$36.90	\$38.55
36-45	\$25.26	\$27.03	\$28.80	\$30.57	\$32.34	\$34.11	\$35.88	\$37.65	\$39.42	\$41.19
46-55	\$30.33	\$32.49	\$34.65	\$36.81	\$38.97	\$41.13	\$43.29	\$45.45	\$47.61	\$49.77
56-65	\$37.09	\$39.77	\$42.45	\$45.13	\$47.81	\$50.49	\$53.17	\$55.85	\$58.53	\$61.21
66-70	\$51.78	\$55.59	\$59.40	\$63.21	\$67.02	\$70.83	\$74.64	\$78.45	\$82.26	\$86.07
Benefit	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200
18-35	\$40.20	\$41.85	\$43.50	\$45.15	\$46.80	\$48.45	\$50.10	\$51.75	\$53.40	\$55.05
36-45	\$42.96	\$44.73	\$46.50	\$48.27	\$50.04	\$51.81	\$53.58	\$55.35	\$57.12	\$58.89
46-55	\$51.93	\$54.09	\$56.25	\$58.41	\$60.57	\$62.73	\$64.89	\$67.05	\$69.21	\$71.37
56-65	\$63.89	\$66.57	\$69.25	\$71.93	\$74.61	\$77.29	\$79.97	\$82.65	\$85.33	\$88.01
66-70	\$89.88	\$93.69	\$97.50	\$101.31	\$105.12	\$108.93	\$112.74	\$116.55	\$120.36	\$124.17
Benefit	\$3,300	\$3,400	\$3,500	\$3,600	\$3,700	\$3,800	\$3,900	\$4,000	\$4,100	\$4,200
18-35	\$56.70	\$58.35	\$60.00	\$61.65	\$63.30	\$64.95	\$66.60	\$68.25	\$69.90	\$71.55
36-45	\$60.66	\$62.43	\$64.20	\$65.97	\$67.74	\$69.51	\$71.28	\$73.05	\$74.82	\$76.59
46-55	\$73.53	\$75.69	\$77.85	\$80.01	\$82.17	\$84.33	\$86.49	\$88.65	\$90.81	\$92.97
56-65	\$90.69	\$93.37	\$96.05	\$98.73	\$101.41	\$104.09	\$106.77	\$109.45	\$112.13	\$114.81
66-70	\$127.98	\$131.79	\$135.60	\$139.41	\$143.22	\$147.03	\$150.84	\$154.65	\$158.46	\$162.27
Benefit	\$4,300	\$4,400	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000		
18-35	\$73.20	\$74.85	\$76.50	\$78.15	\$79.80	\$81.45	\$83.10	\$84.75		
36-45	\$78.36	\$80.13	\$81.90	\$83.67	\$85.44	\$87.21	\$88.98	\$90.75		
46-55	\$95.13	\$97.29	\$99.45	\$101.61	\$103.77	\$105.93	\$108.09	\$110.25		
56-65	\$117.49	\$120.17	\$122.85	\$125.53	\$128.21	\$130.89	\$133.57	\$136.25		
66-70	\$166.08	\$169.89	\$173.70	\$177.51	\$181.32	\$185.13	\$188.94	\$192.75		

### **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.

### **TAKEOVER EXPECTATIONS**

- The takeover/replacement policies will be underwritten on a Guarantee Issue basis.
- The takeover/replacement policies will be underwritten based on the Employee's age as of the Effective Date of Coverage with ManhattanLife.
- Takeover Provision – The Pre-Existing Conditions Clause will be reduced by a number of months equal to the number of months the replaced coverage was in force, when all of the following conditions are met:
  - ManhattanLife Assurance Company of America's coverage replaces a similar in force coverage.
  - The replaced coverage, including benefit amount and effective date, is submitted to ManhattanLife Assurance Company of America at the time of enrollment.
  - The replaced coverage was in force within 63 calendar days of the date of ManhattanLife Assurance Company of America's application.
  - The previous carrier's bill is submitted to ManhattanLife Assurance Company of America.
  - The applicant qualifies for coverage in accordance with ManhattanLife Assurance Company of America's underwriting offer.
  - The maximum amount of takeover coverage available is \$5,000.
- After the initial enrollment period is complete, takeover is no longer available.
- The takeover/replacement policies will be underwritten based on the Employee's age as of the Effective Date of Coverage with ManhattanLife.

### **OTHER CONTINGENCIES**

- Late enrollees will be accepted on an SI basis only, unless otherwise approved by underwriting.
- \*Where approved, Employees with State DI will be reduced accordingly to the following- CA/CT/MA/NJ maximum of 25% of benefit, and HI/NY/RI maximum of 40% benefit. This is based on the Employee's work location.
- This offer is contingent on no other disability coverage is quoted or inforce.
- Please refer to the certificate/policy for full benefit and limitation information.

This is not a complete disclosure of plan qualifications and limitations. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS. Underwritten by ManhattanLife Assurance Company of America and Manhattan Life Insurance Company. Applications will not be accepted under this offer until written acceptance of this offer, the Employer Agreement and minimum Participation Requirements are received in ManhattanLife Assurance Company of America's New Business Department.

# Proposal Requirements



**Sales Rep:** Harvey Knobloch  
**Offer Date:** 3/10/2022  
**Group Effective Date:** 10/1/2022  
**Situs State:** TX

**Underwriter:** Shari Bennett  
**Valid Through:** 9/1/2022  
**SIC Code:** 8211 - Elementary and Secondary Schools  
**Eligible Employee:** 692

## Proposal Overview:

<b>Enrollment Method</b>	Face-to-Face
<b>Enrollment Strategy</b>	Open Enrollment
<b>Employer Service Waiting Period</b>	Will match the employers service waiting period
<b>Enrollment Partner</b>	First Financial Capital Corp
<b>Enrollment System</b>	FFEnroll
<b>Implementation Timeline</b>	To be determined
<b>Billing Administration</b>	Traditional List Billing

This is not a complete disclosure of plan qualifications and limitations. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS. Underwritten by ManhattanLife Assurance Company of America and Manhattan Life Insurance Company. Applications will not be accepted under this offer until written acceptance of this offer, the Employer Agreement and minimum Participation Requirements are received in ManhattanLife Assurance Company of America's New Business Department.

# Agreement

<p><b>Offer Date:</b> 3/10/2022</p> <p><b>Group Effective Date:</b> 10/1/2022</p> <p><b>Situs State:</b> TX</p>	<p><b>Valid Through:</b> 9/1/2022</p> <p><b>SIC Code:</b> 8211 - Elementary and Secondary Schools</p> <p><b>Eligible Employees:</b> 692</p>
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## Proposal Qualifications and Contingencies

- All Employees are U.S. citizens or resident legal aliens. This offer excludes volunteer, temporary or seasonal Employees.
- Unless otherwise noted, the Service Waiting Period will be waived for the initial enrollment. Riders may only be added at issue, not at subsequent renewals.
- Offer does not include fees for technology.
- Offer based on a minimum Three (3) Year commitment from all stakeholders:
  - ManhattanLife Assurance Company of America's rate guarantee for the Disability product as offered.
  - Employer supports payroll deductions and active annual or perpetual re-enrollments of eligible Employees.
  - Broker/Consultant support of the product offering.
  - Enrollment Partner/Technology Vendor provides enrollment service and support.
  - If the minimum participation is achieved and maintained as noted in the product's underwriting offer, this offer will be in effect for Three (3) Year.
- ManhattanLife Assurance Company of America reserves the right to withdraw or modify this offer upon renewal. Factors such as, but not limited to, participation, experience, non-adherence to offer terms or plan design, or availability of contract type could make this necessary.

<b>Employer Agreement</b>	<ul style="list-style-type: none"> <li>• Makes available ManhattanLife's voluntary insurance plan to all eligible Employees.</li> <li>• Agrees to deduct premiums for voluntary insurance plan and remit to ManhattanLife in a timely manner.</li> </ul>
<b>Agent Agreement</b>	<ul style="list-style-type: none"> <li>• Develops an enrollment plan ensuring all eligible Employees are presented plan benefits.</li> <li>• Assists Employer with questions related to ManhattanLife's insurance plan and administrative practices.</li> <li>• This offer is valid contingent on the agent having a valid active license with ManhattanLife.</li> <li>• Single Case Agreement form is not required.</li> </ul>

### Employer of Record

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 SIGNATURE OF OFFICER AND TITLE

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 DATE

### Agent of Record

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 SIGNATURE OF OFFICER AND TITLE

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 DATE

This is not a complete disclosure of plan qualifications and limitations. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS. Underwritten by ManhattanLife Assurance Company of America and Manhattan Life Insurance Company. Applications will not be accepted under this offer until written acceptance of this offer, the Employer Agreement and minimum Participation Requirements are received in ManhattanLife Assurance Company of America's New Business Department.