

# 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.

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 Insurance and Annuity Company, and ManhattanLife Insurance Company for FL, NJ, & NY. 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's New Business Department.

## Disability Income Coverage

<b>Coverage type</b>	Disability Income Plus provides a monthly disability income benefit as a result of an 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>Underwriting Offer</b>	<b>Employee:</b>	Guaranteed Issue up to 65% of base salary to a max benefit of \$3,000.	
	<b>Superintendents:</b>	Guaranteed Issue 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**

0 Day Accident/7 Day Sickness (Illness)/12-month 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>Portability</b>	Included
<b>Waiver of Premium</b>	After 90 Days

**Benefit Definitions**

**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.

**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.

**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. Portability not available for groups located in AK and VT.

**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 the specific pre-existing limitations.

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## Disability Income Plus Rates Texas

12 Month Benefit Period, 0/7 Elimination Period

Displaying **Semi-Monthly Premiums** for Non-Occ Coverage

Age	Uni-Tobacco				
	Benefit	18-35	36-45	46-55	56-65
\$300	\$6.69	\$7.12	\$8.01	\$9.04	\$11.95
\$400	\$8.54	\$9.12	\$10.30	\$11.68	\$15.56
\$500	\$10.40	\$11.12	\$12.60	\$14.32	\$19.17
\$600	\$12.25	\$13.12	\$14.89	\$16.96	\$22.78
\$700	\$14.11	\$15.12	\$17.19	\$19.60	\$26.39
\$800	\$15.96	\$17.12	\$19.48	\$22.24	\$30.00
\$900	\$17.82	\$19.12	\$21.78	\$24.88	\$33.61
\$1,000	\$19.67	\$21.12	\$24.07	\$27.52	\$37.22
\$1,100	\$21.53	\$23.12	\$26.37	\$30.16	\$40.83
\$1,200	\$23.38	\$25.12	\$28.66	\$32.80	\$44.44
\$1,300	\$25.24	\$27.12	\$30.96	\$35.44	\$48.05
\$1,400	\$27.09	\$29.12	\$33.25	\$38.08	\$51.66
\$1,500	\$28.95	\$31.12	\$35.55	\$40.72	\$55.27
\$1,600	\$30.80	\$33.12	\$37.84	\$43.36	\$58.88
\$1,700	\$32.66	\$35.12	\$40.14	\$46.00	\$62.49
\$1,800	\$34.51	\$37.12	\$42.43	\$48.64	\$66.10
\$1,900	\$36.37	\$39.12	\$44.73	\$51.28	\$69.71
\$2,000	\$38.22	\$41.12	\$47.02	\$53.92	\$73.32
\$2,100	\$40.08	\$43.12	\$49.32	\$56.56	\$76.93
\$2,200	\$41.93	\$45.12	\$51.61	\$59.20	\$80.54
\$2,300	\$43.79	\$47.12	\$53.91	\$61.84	\$84.15
\$2,400	\$45.64	\$49.12	\$56.20	\$64.48	\$87.76
\$2,500	\$47.50	\$51.12	\$58.50	\$67.12	\$91.37
\$2,600	\$49.35	\$53.12	\$60.79	\$69.76	\$94.98
\$2,700	\$51.21	\$55.12	\$63.09	\$72.40	\$98.59
\$2,800	\$53.06	\$57.12	\$65.38	\$75.04	\$102.20
\$2,900	\$54.92	\$59.12	\$67.68	\$77.68	\$105.81
\$3,000	\$56.77	\$61.12	\$69.97	\$80.32	\$109.42
\$3,100	\$58.63	\$63.12	\$72.27	\$82.96	\$113.03
\$3,200	\$60.48	\$65.12	\$74.56	\$85.60	\$116.64
\$3,300	\$62.34	\$67.12	\$76.86	\$88.24	\$120.25
\$3,400	\$64.19	\$69.12	\$79.15	\$90.88	\$123.86
\$3,500	\$66.05	\$71.12	\$81.45	\$93.52	\$127.47
\$3,600	\$67.90	\$73.12	\$83.74	\$96.16	\$131.08
\$3,700	\$69.76	\$75.12	\$86.04	\$98.80	\$134.69
\$3,800	\$71.61	\$77.12	\$88.33	\$101.44	\$138.30
\$3,900	\$73.47	\$79.12	\$90.63	\$104.08	\$141.91
\$4,000	\$75.32	\$81.12	\$92.92	\$106.72	\$145.52
\$4,100	\$77.18	\$83.12	\$95.22	\$109.36	\$149.13
\$4,200	\$79.03	\$85.12	\$97.51	\$112.00	\$152.74
\$4,300	\$80.89	\$87.12	\$99.81	\$114.64	\$156.35
\$4,400	\$82.74	\$89.12	\$102.10	\$117.28	\$159.96
\$4,500	\$84.60	\$91.12	\$104.40	\$119.92	\$163.57
\$4,600	\$86.45	\$93.12	\$106.69	\$122.56	\$167.18
\$4,700	\$88.31	\$95.12	\$108.99	\$125.20	\$170.79
\$4,800	\$90.16	\$97.12	\$111.28	\$127.84	\$174.40
\$4,900	\$92.02	\$99.12	\$113.58	\$130.48	\$178.01
\$5,000	\$93.87	\$101.12	\$115.87	\$133.12	\$181.62

## Disability Income Plus Rates Texas

12 Month Benefit Period, 14/14 Elimination Period

Displaying **Semi-Monthly Premiums** for Non-Occ Coverage

Age	Uni-Tobacco					
	Benefit	18-35	36-45	46-55	56-65	66+
	\$300	\$4.83	\$5.13	\$5.88	\$6.84	\$9.03
	\$400	\$6.06	\$6.46	\$7.46	\$8.74	\$11.66
	\$500	\$7.30	\$7.80	\$9.05	\$10.65	\$14.30
	\$600	\$8.53	\$9.13	\$10.63	\$12.55	\$16.93
	\$700	\$9.77	\$10.47	\$12.22	\$14.46	\$19.57
	\$800	\$11.00	\$11.80	\$13.80	\$16.36	\$22.20
	\$900	\$12.24	\$13.14	\$15.39	\$18.27	\$24.84
	\$1,000	\$13.47	\$14.47	\$16.97	\$20.17	\$27.47
	\$1,100	\$14.71	\$15.81	\$18.56	\$22.08	\$30.11
	\$1,200	\$15.94	\$17.14	\$20.14	\$23.98	\$32.74
	\$1,300	\$17.18	\$18.48	\$21.73	\$25.89	\$35.38
	\$1,400	\$18.41	\$19.81	\$23.31	\$27.79	\$38.01
	\$1,500	\$19.65	\$21.15	\$24.90	\$29.70	\$40.65
	\$1,600	\$20.88	\$22.48	\$26.48	\$31.60	\$43.28
	\$1,700	\$22.12	\$23.82	\$28.07	\$33.51	\$45.92
	\$1,800	\$23.35	\$25.15	\$29.65	\$35.41	\$48.55
	\$1,900	\$24.59	\$26.49	\$31.24	\$37.32	\$51.19
	\$2,000	\$25.82	\$27.82	\$32.82	\$39.22	\$53.82
	\$2,100	\$27.06	\$29.16	\$34.41	\$41.13	\$56.46
	\$2,200	\$28.29	\$30.49	\$35.99	\$43.03	\$59.09
	\$2,300	\$29.53	\$31.83	\$37.58	\$44.94	\$61.73
	\$2,400	\$30.76	\$33.16	\$39.16	\$46.84	\$64.36
	\$2,500	\$32.00	\$34.50	\$40.75	\$48.75	\$67.00
	\$2,600	\$33.23	\$35.83	\$42.33	\$50.65	\$69.63
	\$2,700	\$34.47	\$37.17	\$43.92	\$52.56	\$72.27
	\$2,800	\$35.70	\$38.50	\$45.50	\$54.46	\$74.90
	\$2,900	\$36.94	\$39.84	\$47.09	\$56.37	\$77.54
	\$3,000	\$38.17	\$41.17	\$48.67	\$58.27	\$80.17
	\$3,100	\$39.41	\$42.51	\$50.26	\$60.18	\$82.81
	\$3,200	\$40.64	\$43.84	\$51.84	\$62.08	\$85.44
	\$3,300	\$41.88	\$45.18	\$53.43	\$63.99	\$88.08
	\$3,400	\$43.11	\$46.51	\$55.01	\$65.89	\$90.71
	\$3,500	\$44.35	\$47.85	\$56.60	\$67.80	\$93.35
	\$3,600	\$45.58	\$49.18	\$58.18	\$69.70	\$95.98
	\$3,700	\$46.82	\$50.52	\$59.77	\$71.61	\$98.62
	\$3,800	\$48.05	\$51.85	\$61.35	\$73.51	\$101.25
	\$3,900	\$49.29	\$53.19	\$62.94	\$75.42	\$103.89
	\$4,000	\$50.52	\$54.52	\$64.52	\$77.32	\$106.52
	\$4,100	\$51.76	\$55.86	\$66.11	\$79.23	\$109.16
	\$4,200	\$52.99	\$57.19	\$67.69	\$81.13	\$111.79
	\$4,300	\$54.23	\$58.53	\$69.28	\$83.04	\$114.43
	\$4,400	\$55.46	\$59.86	\$70.86	\$84.94	\$117.06
	\$4,500	\$56.70	\$61.20	\$72.45	\$86.85	\$119.70
	\$4,600	\$57.93	\$62.53	\$74.03	\$88.75	\$122.33
	\$4,700	\$59.17	\$63.87	\$75.62	\$90.66	\$124.97
	\$4,800	\$60.40	\$65.20	\$77.20	\$92.56	\$127.60
	\$4,900	\$61.64	\$66.54	\$78.79	\$94.47	\$130.23
	\$5,000	\$62.87	\$67.87	\$80.37	\$96.37	\$132.87

## Disability Income Plus Rates Texas

12 Month Benefit Period, 30/30 Elimination Period

Displaying **Semi-Monthly Premiums** for Non-Occ Coverage

Age	Uni-Tobacco					
	Benefit	18-35	36-45	46-55	56-65	66+
	\$300	\$3.60	\$3.78	\$4.36	\$5.14	\$6.84
	\$400	\$4.42	\$4.66	\$5.44	\$6.48	\$8.74
	\$500	\$5.25	\$5.55	\$6.52	\$7.82	\$10.65
	\$600	\$6.07	\$6.43	\$7.60	\$9.16	\$12.55
	\$700	\$6.90	\$7.32	\$8.68	\$10.50	\$14.46
	\$800	\$7.72	\$8.20	\$9.76	\$11.84	\$16.36
	\$900	\$8.55	\$9.09	\$10.84	\$13.18	\$18.27
	\$1,000	\$9.37	\$9.97	\$11.92	\$14.52	\$20.17
	\$1,100	\$10.20	\$10.86	\$13.00	\$15.86	\$22.08
	\$1,200	\$11.02	\$11.74	\$14.08	\$17.20	\$23.98
	\$1,300	\$11.85	\$12.63	\$15.16	\$18.54	\$25.89
	\$1,400	\$12.67	\$13.51	\$16.24	\$19.88	\$27.79
	\$1,500	\$13.50	\$14.40	\$17.32	\$21.22	\$29.70
	\$1,600	\$14.32	\$15.28	\$18.40	\$22.56	\$31.60
	\$1,700	\$15.15	\$16.17	\$19.48	\$23.90	\$33.51
	\$1,800	\$15.97	\$17.05	\$20.56	\$25.24	\$35.41
	\$1,900	\$16.80	\$17.94	\$21.64	\$26.58	\$37.32
	\$2,000	\$17.62	\$18.82	\$22.72	\$27.92	\$39.22
	\$2,100	\$18.45	\$19.71	\$23.80	\$29.26	\$41.13
	\$2,200	\$19.27	\$20.59	\$24.88	\$30.60	\$43.03
	\$2,300	\$20.10	\$21.48	\$25.96	\$31.94	\$44.94
	\$2,400	\$20.92	\$22.36	\$27.04	\$33.28	\$46.84
	\$2,500	\$21.75	\$23.25	\$28.12	\$34.62	\$48.75
	\$2,600	\$22.57	\$24.13	\$29.20	\$35.96	\$50.65
	\$2,700	\$23.40	\$25.02	\$30.28	\$37.30	\$52.56
	\$2,800	\$24.22	\$25.90	\$31.36	\$38.64	\$54.46
	\$2,900	\$25.05	\$26.79	\$32.44	\$39.98	\$56.37
	\$3,000	\$25.87	\$27.67	\$33.52	\$41.32	\$58.27
	\$3,100	\$26.70	\$28.56	\$34.60	\$42.66	\$60.18
	\$3,200	\$27.52	\$29.44	\$35.68	\$44.00	\$62.08
	\$3,300	\$28.35	\$30.33	\$36.76	\$45.34	\$63.99
	\$3,400	\$29.17	\$31.21	\$37.84	\$46.68	\$65.89
	\$3,500	\$30.00	\$32.10	\$38.92	\$48.02	\$67.80
	\$3,600	\$30.82	\$32.98	\$40.00	\$49.36	\$69.70
	\$3,700	\$31.65	\$33.87	\$41.08	\$50.70	\$71.61
	\$3,800	\$32.47	\$34.75	\$42.16	\$52.04	\$73.51
	\$3,900	\$33.30	\$35.64	\$43.24	\$53.38	\$75.42
	\$4,000	\$34.12	\$36.52	\$44.32	\$54.72	\$77.32
	\$4,100	\$34.95	\$37.41	\$45.40	\$56.06	\$79.23
	\$4,200	\$35.77	\$38.29	\$46.48	\$57.40	\$81.13
	\$4,300	\$36.60	\$39.18	\$47.56	\$58.74	\$83.04
	\$4,400	\$37.42	\$40.06	\$48.64	\$60.08	\$84.94
	\$4,500	\$38.25	\$40.95	\$49.72	\$61.42	\$86.85
	\$4,600	\$39.07	\$41.83	\$50.80	\$62.76	\$88.75
	\$4,700	\$39.90	\$42.72	\$51.88	\$64.10	\$90.66
	\$4,800	\$40.72	\$43.60	\$52.96	\$65.44	\$92.56
	\$4,900	\$41.55	\$44.49	\$54.04	\$66.78	\$94.47
	\$5,000	\$42.37	\$45.37	\$55.12	\$68.12	\$96.37