



AGENT'S GUIDE

For Proper Underwriting

ManhattanLife Assurance Company of America
Family Life Insurance Company

DENTAL, VISION AND HEARING POLICY

Policy Form Numbers: C-DVH16, DVH17, F-DEN-FL

General

The policy form is a Limited Dental, Vision & Hearing product. The product, as filed in the State of Florida, has the Vision and Hearing benefits filed as Riders.

Guaranteed Renewability

Guaranteed Renewable for the life of the policy. Subject to the Company's right to change premiums

Issue Ages And Premium Ages

- In computing premiums, the Company uses "Age of Last Birthday" on these policy forms. The two-parent family premium is based on the older age for bank draft sales and the employee's age for payroll sales. No adult over age 85 is eligible for coverage.
- Policy Forms C-DVH16, DVH17 and F-DEN-FL are issued from age 18 to 85. Rates are tiered at Individual only and Family rates and include three children (use the 3-17 rate for each additional child).

Product Highlights

- **Waiting Periods:** Depending on the benefit, there are waiting periods for certain services. Please consult your brochure and understand that the consumer understands the waiting period provisions as outlined in the brochure.
- **Annual Maximums:** There are two Policy Year Plan Maximums available (\$1,000 & \$1,500).
- **Annual Deductible:** There is a \$100 per person/per year deductible.
- **Claim Adjudication:** When services are eligible for claim, the amount is based on a percentage based on how long the policy has been effective. It is important and helpful that applicants understand how the policy works and the manner in which a claim is to be adjudicated.

For example, if after a 12-month waiting period a policyholder were to have Major Services, they would receive 60% of the billed charge in Year 1 that the policy is in force. If the same procedure were to occur in Year 2, the benefit percentage would be 70% of the billed charge (percentage may vary in certain states, notable Ohio).

- **Usual & Customary:** As standard in the industry, we adjudicate claims based on Usual, Customary and Reasonable fees (UCR). It is important that agents and applicants understand this.
- **Usual Fee:** Dentists charge this fee most often for a given type of dental work.
- **Customary Fee:** This refers to the fee level that the administrator of a dental benefit plan sets. They base this amount on actual fees dentists have billed for a certain type of dental work. It is the most an insurer will pay under a plan for that type of work.

- **Reasonable Fee:** This is the fee a dentist charges for dental work that is more complex than usual. For instance, work that has been changed by the nature and severity of the problem that is being treated. It accounts for any medical or dental complications or unusual circumstances. Thus, it may differ from the dentist's "usual" fee or the plan's "customary" fee.

Indemnity plan claims (including ours, are based on UCR. This type of plan pays each claim based on the amount insurers determine to be usual, customary, and reasonable for each type of work and for each market area. Fees for service may vary by geographical area.

Group Eligibility

- A minimum participation of 3 eligible lives is required for group billing.
- Coverage may not be backdated.

Underwriting and Effective Dates

- Coverage is guaranteed issue.
- The "Effective Date" of a policy will be the policy date stated on the policy schedule page. It is not the date the application is signed.

Completing The Application

- Prior to soliciting any applications, you must be properly licensed and/or appointed by the insurance department and the Company in the state you are soliciting applications.
- Use the appropriate state version of the DVH application, as well as current approved state sales material.
- In addition, an Outline of Coverage for this product must be left with the applicant. Complete all questions on the C-DVHAP16, DVH17 or F-DEN-FL application.

Billing And Premium Modes

- The Company accepts business on the Bank Draft (EFT), List Bill and Direct methods of payment.
- The annual, semi-annual and quarterly modes of payment are acceptable for all forms of payments. Monthly premium notices are not available.
- The Company does not accept: post-dated checks; (b) C.O.D. applications; (c) partial payments; (d) money orders or cashier checks; (e) applications with the date altered; (f) applications where "white-out" has been used; (g) personal checks from an agent or agency. All premium checks must be payable to ManhattanLife Insurance Company of America or Family Life Insurance Company

BANK DRAFT

- The Company requires a completed bank draft authorization form signed by the payor in the usual manner accepted by his bank, i.e. his bank signature on file at his bank. The Company does not accept any Type Account Verification Form in lieu of this material.
- In completing a bank draft form, please print all information starting with the name of the bank to be drafted as well as the city and state. The ABA transit number section is obtained from the upper right hand corner of the voided sample check. (Example: 63-220. This information is usually on the date line of the voided sample check.) Under the account number section, write the account number exactly as it appears on the voided sample check. Do not include the check number. The date must be the date the bankcard is actually signed.
- The payor (person whose account will be drafted) must sign the bank authorization card using his signature as he normally signs all checks, this being the signature on file at the bank.

CREDIT CARD

- We do not accept credit cards.
- We are often asked why we don't accept credit cards and it is due to much higher lapse across product lines than other payment modes.