



# AGENT'S GUIDE

For Proper Underwriting and Rates

**ManhattanLife Assurance Company of America  
Family Life Insurance Company**

## PAID

### Personal Accident Indemnity Delivery

Policy Form Numbers: HPACC2012-NOC, HPACC2010-24, HPACC13-NOC, HPACC13-24, HPACC15-NOC, HPACC15-24, F-HPACC-24, F-HPACC-NOC (including state variations)

*ManhattanLife Assurance Company of America and Family Life Insurance Company  
shall hereinafter be referred to as the Company*

#### **GENERAL INFORMATION**

The policy form is an individual supplemental accident expense product that provides benefits only in the case of accidents. Benefits are included for accidental injury, accidental death, accidental dismemberment, and accident related hospital income and ambulance expenses.

#### **RENEWABILITY**

GUARANTEED RENEWABLE UNTIL AGE 70 - **SUBJECT TO THE COMPANY'S RIGHT TO CHANGE PREMIUMS.**

#### **ISSUE AGES AND PREMIUM AGES**

- In computing premiums, the Company uses "Age 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 70 is eligible for coverage.
- Policy Form HPACC2010-NOC/24 and F-HPACC2012-NOC/24 is issued from age 18 to 64. Rates are tiered at
  - ◆ Individual only
  - ◆ Individual plus Spouse
  - ◆ Individual plus child
  - ◆ Family

#### **GROUP ELIGIBILITY**

- To be eligible a group must have been in business at least one year and be in sound financial standing.
- To be eligible, an employee must be actively-at-work for at least 20 hours per week, employed a minimum of 6 months at the employer's usual place of business.
- A minimum participation of 3 eligible lives is required for group billing.
- Coverage may not be backdated.

#### **UNDERWRITING AND EFFECTIVE DATES**

- Coverage is not guaranteed until policy has been approved and issued.
- 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.
- Simplified underwriting is used based upon the insured's answers on the application. Policies are issued on an accept/reject basis.
- Disability Income Rider

#### **COMPLETING THE APPLICATION**

- You must be properly licensed and/or appointed by the insurance department and the Company in the state you are soliciting applications, prior to soliciting any applications.
- Use the appropriate state version of the PAID Application, C-HPACC-AP or F-HPACC-AP, 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-HPACC-AP or F-HPACC-AP. In completing the application, plainly print the applicant's full name. The applicant's residence address must be completed making sure the zip code is included. Also, include the proper telephone number starting with the area code. If required by that state.
- If you are replacing coverage, make sure you complete the replacement form. If replacing a MAC or FLIC policy, you must give us the Company policy number.
- All health questions should be asked and the answers recorded on the application exactly as stated to you. On exclusions, the Company must have the full name of the person to be excluded with the health condition listed.

*\*\*Always, take a few minutes to review the application to make sure it is completed in its entirety, and the premiums are calculated properly based on the modal factors.*

## **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 in payment of the initial premium; (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 Assurance Company of America or Family Life Insurance Company.

## **INELIGIBLE INDUSTRIES OR GROUPS FOR LIST BILL:**

- Groups in Bankruptcy or Reorganization
- Lodges and Fraternal Organizations Members
- Groups in industries susceptible to accidents that may involve multiple deaths or injuries or those working with hazardous materials
- Groups with transient, or seasonal workers or high turnover industries
- Or groups that fall into one of the listed categories below:
  - ◆ nursing homes
  - ◆ hotels and motels
  - ◆ convenience stores
  - ◆ theaters, movie houses
  - ◆ bowling alleys, pool halls
  - ◆ sports teams
  - ◆ underground mining, explosives, fireworks
  - ◆ race tracks, casinos
  - ◆ forestry, fishing, logging companies
  - ◆ used car dealers, junk dealers
  - ◆ fast food restaurants
  - ◆ rodeo performers
  - ◆ nursing homes, assisted living facilities
  - ◆ bars, taverns, cocktail lounges, nightclubs, dance clubs,
  - ◆ liquor stores
  - ◆ gas stations
  - ◆ barber shops, beauty parlors, nail salons
  - ◆ trucking firms
  - ◆ bands, orchestras, entertainers
  - ◆ fertilizer manufacturing, chemical manufacturing and processing
  - ◆ exterminators
  - ◆ crop dusters
  - ◆ oil or gas exploration, refining, and production,
  - ◆ dry cleaning companies
  - ◆ private detective agencies
  - ◆ preschools, and day-care providers

## **BANK DRAFT**

- The Company requires a voided sample check along with 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.

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Form HPACC2010-NOC/HPACC2010-24 to be used in states: CO

Form HPACC13-NOC/HPACC13-24 to be used in states: AL, AR, DE, GA, IA, IL, KS, LA, MD, MS, MO, NE, NC, OK, SC, SD, TN, TX, VA, WV, WI

Form HPACC15-NOC/HPACC15-24 to be used in states: MI, ND

Form F-HPACC2010-NOC/F-HPACC2010-24 to be used in states: DC, FL, NJ