

AGENT UNDERWRITING GUIDE FOR MEDICARE SUPPLEMENT

Marketing Support, Agent Licensing, Supplies: 1-866-708-6194
Customer Service, Claims, Underwriting: 1-800-877-7703
New Business Fax: 713-583-2738
Commissions: 713-821-6533

April 2021



ManhattanLifeTM

Standing By You. Since 1850.

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IMPORTANT CONTACT INFORMATION

New business, claims, administration, and overnight mailing address:

ManhattanLife Assurance Company of America
10777 Northwest Freeway
Houston, TX 77092

or

P.O. Box 925568
Houston, TX 77292-5

Toll-free number: 1-800-877-7703

- Option 1: Direct dial extension
- Option 2: MAC contact information
- Option 3: Commissions
- Option 4: Application status
- Option 5: Customer Service
- Option 6: Telephone interviews (PHI)
- Option 7: Underwriting (pre-qualifying questions)
- Option 8: Provider benefits, eligibility and claims status
- Option 9: Recently Submitted Applications

Expedited Underwriting number: 1-800-982-0415

Email: csmedsupp@manhattanlife.com

ManhattanLife's Marketing Division - AIMC:

Call 1-866-708-6194 for Marketing Support, Agent Licensing, or Supplies.

Marketing Support Fax: 1-678-483-8514
Agent Licensing Fax: 1-678-483-8513
For faster service you may fax your supply order to: 1-866-888-1330
Internet orders take priority. Access www.aimc.net or email: shipping@aimc.net.

Fax Numbers for Faxed Applications:

New Business/Data Entry E-Fax: 713-583-2738

Customer Service/Underwriting Fax: 713-583-2738

(For additional information that has been requested,
please include application number)

All faxed applications must be accompanied by a "ManhattanLife Assurance Fax Application Transmittal Cover Sheet." Please contact ManhattanLife 's Marketing Division at 1-866-708-6194 or www.aimc.net for a copy of this form or refer to [page 25](#) for a copy.

FAX PROCEDURES

1. A fax transmittal cover sheet must accompany all applications sent via fax.
2. If the amount quoted on the application is less than the modal premium we calculate, we will contact the agent to verify that it is acceptable to process the bank draft for the amount we have calculated. We will amend the modal premium.
3. The first modal premium and the policy fee (if applicable) will be drafted upon issue.
4. **Do not** collect any money on applications that you intend to fax in for processing. Any application received without the **completed** Bank Draft Authorization form **and** the voided check will be returned to the agent upon receipt.

EASY UPLOAD PROCEDURE

The Easy Upload function can be found in the Agent Resource Center located on the company website. This function may be used to upload applications rather than mailing or faxing them. It will only accept PDF files; therefore, the application must be scanned and converted to a PDF in order to be attached. There are step-by-step instructions located in the "Help" section found to the left of the Easy Upload area within the Agent Resource Center.

EXPEDITED UNDERWRITING

Expedited Underwriting is offered with the ManhattanLife Assurance Electronic Application (commonly known as the E-App). It is only available for underwritten applications that have been completed and submitted. A pop-up display screen directs you to call the toll-free number, 1-800-982-0415; the applicant must be on the telephone call to complete the process. An underwriter will access the application and complete the process on the spot; if a phone history interview is necessary, the agent will be asked to disconnect from the call. If all underwriting criteria is met, the applicant will be provided their policy number and information pertaining to the first draft. The feature is available during normal business hours, which are 8:00 A.M. to 5:00 P.M. Central Standard Time. Applicants must call in the same business day of submission. If the application is submitted outside of normal business hours, you may call the next business day to complete the process.

PURPOSE

This Guide provides information about the evaluation process utilized in underwriting and issuing ManhattanLife Assurance Medicare Supplement insurance policies. The goal of MAC is to issue insurance policies as quickly and efficiently as possible, while ensuring proper evaluation of each risk. To accomplish this goal, writing agents may be contacted via email to advise him/her of any problem(s) with an application. Please make sure we have your current email address on file.

POLICY ISSUE GUIDELINES

All applicants must be covered under Medicare Part A & Part B. The policy issued is specific to the state of residence. The applicant's state of residence controls the application, forms, premium, and policy issue. If an applicant has more than one residence, the state where the federal income taxes are filed should be considered the state of residence. Please refer to your introductory materials for required forms specific to your state.

SELECTIVE ISSUE

Applicants over the age of 65 and at least six (6) months beyond enrollment in Medicare Part B will be underwritten. All health questions must be answered, including providing all prescription history on the application. The answers to the health questions on the application will determine eligibility for coverage. Please note that a "Yes" answer to any of our health history questions MAY result in denial of coverage (see page [11](#) for further details).

APPLICATION DATES

- Open Enrollment is up to six (6) months prior to and six (6) months after the month the applicant turns 65.
- Oregon applications written during the annual Open Enrollment period can be taken up to 30 days before and 30 days after the applicant's birthday.
- Wisconsin applications may be taken up to 90 days prior to an applicant's Medicare Eligibility date.
- Underwritten cases may be submitted up to 60 days prior to the requested coverage effective date.
- Individuals whose employer group plan health coverage is ending can apply up to 60 days prior to the requested effective date.

REPLACEMENTS

A replacement takes place when an applicant wishes to exchange an existing ManhattanLife Assurance Supplement policy for either another MAC, Western United Life Medicare, Family Life or Manhattan Life Insurance Supplement policy of lesser or greater value, or a policy with an external company.

Internal and external replacements are processed in the same manner and both require a newly completed application with full underwriting. An applicant that wishes to be reconsidered for the household discount will be handled as an internal replacement. For internal replacements, we will use the same underwriting criteria; however, we will also use our claims database to assist in determining the risk of an applicant.

All replacements must include a completed "Replacement Notice" form. One copy is to be left with the applicant, and one copy should accompany the application.

FLIC/MLIC/WULA to MAC replacements where the writing agent is not the same, the new writing agent will receive 50% commission on open enrollment and underwritten business. FLIC/MLIC/WULA to MAC replacements where the writing agent is the same on both applications, we will conserve the duration of the policy, and the compensation will be determined based on the new commission schedule for MAC.

***Agents will not be paid advanced commissions when replacing a FLIC/MLIC/WULA policy with a MAC policy.**

TELEPHONE INTERVIEWS

Random telephone interviews may be conducted at any time at the discretion of the underwriter. Please be sure to advise your clients that we *may* be contacting them to conduct an interview and/or to verify information on their application. Applications submitted electronically through the ManhattanLife Assurance website will require a telephone interview to verify that the information submitted is accurate. For Open Enrollment and Guarantee Issue electronic applications, health question #1 *may be* required, however health questions #2-22 *will not* be asked of the applicant. Health interviews must be completed with the applicant on any underwritten applications involving a Power of Attorney. If we are unable to complete the telephone interview, we will require two years of current medical records to be submitted at the applicant's expense.

*Please be aware that agents and/or an agent's representative may not be present or on the line while a phone interview is being conducted.

ALL underage applicants will be subject to a telephone interview to determine eligibility. All questions must be reviewed in detail, and cause of disability eligibility must be obtained. The proposed insured will be declined if disabled due to a condition noted on the application.

PHARMACEUTICAL INFORMATION

ManhattanLife Assurance has implemented a process to support the collection of pharmaceutical information for underwritten Medicare Supplement applications. In order to obtain the pharmaceutical information, the Authorization and Certification section (found on page 6) must be signed by the applicant. Prescription information noted on the application will be compared to the additional pharmaceutical information received. This additional information will not be solely used to decline coverage.

OPEN ENROLLMENT

To be eligible for Open Enrollment, an applicant must be at least 64½ years of age (in most states) and be within six (6) months of enrollment in Medicare Part B.

Applicants covered under Medicare Part B prior to age 65 are eligible for a six (6) month Open Enrollment period upon reaching age 65.

Oregon

During annual Open Enrollment, which lasts 60 days, beginning 30 days before and ending 30 days after the individual's birthday, a person may replace any Medicare Supplement policy with a policy of equal or lesser benefits. Coverage will not be made effective prior to the individual's birthday. Please include documentation verifying plan information for prior coverage. A replacement form must also accompany the completed application. Please refer to the chart on the next page for replacement plans available based upon the applicant's current coverage.

OREGON ANNUAL ENROLLMENT

I have a:	I can replace it with a plan:									
	A	B	C	D	G	K	L	M	N	
1990 or 2010 Medicare Supplement Plan A	X									
1990 or 2010 Medicare Supplement Plan B	X	X								
1990 or 2010 Medicare Supplement Plan C	X	X	X	X		X	X	X	X	
1990 or 2010 Medicare Supplement Plan D	X	X		X		X	X	X	X	
1990 Medicare Supplement Plan E	X	X		X		X	X	X	X	
1990 or 2010 Medicare Supplement Plan F (not a high-deductible plan F)	Any 2010 Medicare Supplement Plan (except for innovative plan F)*									
1990 or 2010 Medicare Supplement High Deductible Plan F	2010 Medicare Supplement High Deductible Plan F									
1990 or 2010 Medicare Supplement Plan G	X	X		X	X	X	X	X	X	X
1990 Medicare Supplement Plan H	X	X		X		X	X	X	X	
1990 Medicare Supplement Plan I	X	X		X	X	X	X	X	X	
1990 Medicare Supplement Plan J	Any 2010 Medicare Supplement Plan									
1990 Medicare Supplement High Deductible Plan J	2010 Medicare Supplement High Deductible Plan F									
1990 or 2010 Medicare Supplement Plan K						X				
1990 or 2010 Medicare Supplement Plan L						X	X			
2010 Medicare Supplement Plan M								X	X	
2010 Medicare Supplement Plan N									X	

STATE SPECIFIC GUARANTEE ISSUE

OR - All plans available for all Guaranteed Issue situations.

WI - All plans, except the Part B deductible rider for newly eligible beneficiaries, are available for all GI situations.

In some states, loss of Medicaid health benefits qualifies Medicare beneficiaries for Guaranteed Issue into a Medicare Supplement.

State	Qualifications	Plans offered
CO	Client loses eligibility for health benefits under Medicaid. Guaranteed issued beginning with notice of termination and ending six months after the termination date.	A, B, *C, *F, **G
KS	The individual must no longer be eligible to receive Medicaid health benefits	Any Medigap plan offered by an issuer allowed under MACRA rules
OR	The individual must no longer be eligible to receive Medicaid health benefits.	A, B, *C, *F, **G
TN	Client, age 65 and older covered under Medicare Part B, enrolled in Medicaid (TennCare) and the enrollment involuntarily ceases, is in a Guaranteed Issue beginning with notice of termination and ending 63 days after the termination date. Client, under age 65, losing Medicaid (TennCare) coverage has a 6-month Open Enrollment period beginning on the date of involuntary loss of coverage	A, *C, *F, **G Any Medigap plan offered by an issuer allowed under MACRA rules
TX	The individual must no longer be eligible to receive Medicaid health benefits.	A, *C, *F, **G Persons under age 65, it is a policy which has a benefit package classified as Plan A
UT	Medicaid health benefits must involuntary terminate.	A, *C, *F, **G
WI	Individual is eligible for benefits under Medicare Parts A and B and is covered in the medical assistance program and loses eligibility in the medical assistance program	All Plans and All Riders

**Plans C & F are only available if your Medicare Part A eligibility date is before January 1, 2020.*

** Rider C is only available if your Medicare Part A eligibility date is before January 1, 2020.*

***Plans D and G are available if your Part A eligibility date is on January 1, 2020 or after.*

Note: The individual must apply within 63 days of loss of coverage with appropriate documentation.

GUARANTEE ISSUE RULES

The rules listed below are the federal requirements. These rules can also be found in the Centers for Medicare & Medicaid Services (CMS) annual publication, "Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare."

<i>Guarantee issue situation</i>	<i>Client has the right to buy from MAC:</i>
<p>Client is in the original Medicare plan and has an employer group health plan (including retiree or COBRA coverage) or union coverage that pays after Medicare pays. That coverage is ending.</p> <p>Note: <u>State laws may vary in this situation.</u></p>	<p>Medigap Plan A, *C, *F, or **G that is sold in the client's state by any insurance company.</p> <p>If the client has COBRA coverage, the client must wait until the COBRA coverage ends.</p>
<p>Client is in the original Medicare plan and has a Medicare SELECT policy. The client moves out of the Medicare SELECT plan's service area.</p> <p>Client can keep their Medigap policy or he/she may want to switch to another Medigap policy.</p>	<p>Medigap Plan A, *C, *F, or **G that is sold by any insurance company in the client's state or the state he/she is moving to.</p>
<p>The client's Medigap insurance company goes bankrupt, and the client loses coverage or, the client's Medigap policy coverage otherwise ends through no fault of the client.</p>	<p>Medigap Plan A, *C, *F, or **G that is sold in the client's state by any insurance company.</p>

GUARANTEE ISSUE RIGHTS

<i>Guarantee Issue Situation</i>	<i>Client has the right to:</i>
<p>The client's Medicare Advantage plan is leaving the Medicare program, stops giving coverage in his/her area, or the client moves out of the plan's service area.</p>	<p>Buy a Medigap Plan A, *C, *F, or **G that is sold in the client's state by any insurance carrier. The client must switch back to original Medicare.</p>
<p>The client joined a Medicare Advantage plan when first eligible for Medicare Part A at age 65 and within the first year of joining, the client decided to switch back to original Medicare.</p>	<p>Buy any Medigap plan that is sold in your state by any insurance company allowed under MACRA rules.</p>
<p>The client dropped his/her Medigap policy to join a Medicare Advantage plan for the first time, has been in the plan for less than one year, and wants to switch back to original Medicare.</p>	<p>Obtain the client's former Medigap policy back if the carrier still sells it. If the former Medigap policy is not available, the client can buy a Medigap Plan A, *C, *F, or **G that is sold in his/her state by any insurance company.</p>
<p>Client leaves a Medicare Advantage plan because the company has not followed the rules or has misled the client.</p>	<p>Buy Medigap Plan A, *C, *F, or **G that is sold in the client's state by any insurance company.</p>

**Plans C & F are only available if your Medicare Part A eligibility date is before January 1, 2020.*

***Plans D and G are only available if your Part A eligibility date is on January 1, 2020 or after.*

*Please note that applicants may apply up to 60 calendar days prior to the date the coverage will end and **MUST** apply no later than 63 days after the coverage ends.*

For persons **voluntarily** leaving their employer group coverage, Guarantee Issue rights are only available in the following states:

State	Qualifications	Plans offered
CO, ID IL, IN, NJ, NV, OH, PA, TX	If the employer sponsored plan is primary to Medicare.	A, ***B, *C, *F, **G
NM, OK, WV	If the Employer sponsored plan's benefits are reduced substantially.	A, *C, *F, **G
AR, KS, LA, SD	No conditions – always qualifies	A, ***B, *C, *F, **G

**Plans C & F are only available if your Medicare Part A eligibility date is before January 1, 2020.*

***Plans G are only available if your Part A eligibility date is on January 1, 2020 or after.*

For purposes of determining GI eligibility due to a Voluntary termination of an employer sponsored group welfare plan, a reduction in benefits will be defined as any increase in the insured's deductible amount or their coinsurance requirements (flat dollar co-pays or coinsurance %). A premium increase without an increase in the deductible or coinsurance requirement will not qualify for GI eligibility. This definition will be used to satisfy NM, OK, VA and WV requirements. Proof of coverage termination is required.

ELIGIBILITY QUESTIONS

- The applicant must be covered under Medicare Part A & Part B to be eligible for a Medicare Supplement policy. Applications may be submitted for applicants that have just enrolled in Medicare Part B even though they have not yet received their Medicare ID card.
- The Medicare Number must be given (unless not yet available). This number is crucial for the proper processing of claims.
- The Part B enrollment date must be provided, as it is used to determine if the applicant is in an Open Enrollment period.
- If the applicant is covered by the Medicaid-QMB program, the applicant is not eligible for coverage. The application will be withdrawn.
- If the applicant is covered by the Medicaid-SLMB program, there are no special restrictions on buying a Medicare Supplement policy. If the applicant is covered by a program other than Medicaid-SLMB, additional documentation or information is required to determine whether the applicant can purchase a Medicare Supplement policy.
- Question 4 pertains to the replacement of a Medicare Advantage, Medicare PPO/HMO policy or certificate. If an applicant is replacing a Medicare Advantage plan, proof of creditable coverage from the Medicare Advantage plan will be required at time of application. The documentation must confirm that the applicant has been disenrolled or will be disenrolled by the requested effective date of the ManhattanLife Assurance plan, as coverage cannot overlap. ManhattanLife Assurance cannot issue a

policy without this information. If the answer to this question is not clear, or the required replacement form is not included, new forms will be requested.

- Question 6 pertains to coverage under any other health insurance within the past 63 days (for example, an employer, union, or individual plan). An applicant will not be allowed to maintain a group plan, as ManhattanLife Assurance does not allow an applicant to be double covered.

Proof of credible coverage is required at the time of application. The documentation must confirm that the coverage either has been terminated or will be terminated by the requested effective date of the ManhattanLife Assurance plan. ManhattanLife Assurance cannot issue a policy without this information. If the answer to this question is not clear, new forms will be requested.

REQUIRED FORMS

Completed Application (pages 1-8)

Only current state-approved Medicare Supplement applications may be used when applying for coverage. If there is a question as to what application is available, please call AIMC, LLC to confirm the correct application form number. In cases where couples are applying for coverage, separate applications are required for each applicant. A copy of the completed application will be made by ManhattanLife Assurance and attached to the policy to make it part of the contract.

Bank Draft Authorization form

Applicable only if premiums are paid by automatic bank draft.

Conditional Receipt

This must be completed and provided to the applicant as receipt for premium collected. This form is included in the brochure.

Replacement form

The replacement form must be signed and submitted with the application when replacing any Medicare Supplement or Medicare Advantage plan. The signed Replacement form must be left with the applicant, and a second signed Replacement form must be submitted with the application.

STATE SPECIFIC FORMS

Illinois -Medicare Supplement Checklist – The checklist must be completed and submitted with the application and a copy left with the applicant.

Kentucky -Medicare Supplement Comparison Statement: this statement must be completed, signed by the applicant, and submitted to MAC along with the application. Form is required when replacing a Medicare Supplement or Medicare Advantage Plan .

ELIGIBILITY

Use the following chart to determine the eligibility of the applicant based upon height and weight. If the weight is below the weight listed in the "BMI 16" column or above the weight listed in the "BMI 40" column, the applicant is not eligible for coverage.

Height		Decline	Decline
Feet	Inches	BMI 16	BMI 40
4	6	<67	166+
4	7	<69	172+
4	8	<72	179+
4	9	<74	185+
4	10	<77	192+
4	11	<79	198+
5	0	<82	205+
5	1	<85	212+
5	2	<88	219+
5	3	<91	226+
5	4	<93	233+
5	5	<96	241+
5	6	<99	248+
5	7	<102	256+
5	8	<105	263+
5	9	<109	271+
5	10	<112	279+
5	11	<115	287+
6	0	<118	295+
6	1	<121	303+
6	2	<125	312+
6	3	<128	320+
6	4	<132	329+
6	5	<135	337+
6	6	<139	346+
6	7	<142	355+

Medigap Policies for People with a Disability or ESRD

ManhattanLife Assurance is required to offer at least one kind of Medigap policy for people under 65 and eligible for Medicare because of a disability or End-Stage Renal Disease (ESRD) in the states listed below. Even if your state is not listed, you may find that we voluntarily offer plans to people under 65, however they may be required to pass underwriting, and they may pay a higher premium.

Arkansas	Colorado	Delaware	Georgia	Idaho
Illinois	Kansas	Kentucky	Louisiana	Maryland
Mississippi	New Jersey	North Carolina	Oklahoma	Oregon
Pennsylvania	South Dakota	Tennessee	Texas	Wisconsin

HEALTH QUESTIONS

Unless an application is completed during an Open Enrollment or Guarantee Issue period, all health questions, including the question regarding prescription medication, must be answered. The tobacco question may need to be answered during an Open Enrollment or Guarantee Issue period in some states; please see the chart on [page 17](#) to determine if this applies to your applicant.

In general, if an applicant answers “Yes,” to any health question, they *may* not be eligible for coverage. There are situations in which coverage may be offered. If the following questions are answered “Yes,” an applicant *may* be considered for coverage:

- *“Have you been advised by a physician to have surgery, medical tests, treatment or therapy that has not been performed?”*
- *“Have you had a surgical procedure performed within the last 6 months?”*
- *“Are you diabetic, and if so, do you have or have you been treated for any of the following conditions: diabetic retinopathy, peripheral vascular disease, kidney disease, kidney failure, neuropathy, stroke, congestive heart failure, heart condition, or high blood pressure treated with more than two medications?”*

Consideration for coverage may be given to those who have been advised to have *routine/ preventative* medical testing

Routine/Preventative testing evaluates an individual’s *current* health when the applicant is symptom free. Consideration will be given to applicants that are currently undergoing routine blood testing for cholesterol and thyroid.

Individual consideration may be given to applicants undergoing Prothrombin (protime) testing. Applicants currently undergoing anticoagulant therapy (blood thinner) must have met the necessary timeframes for the specific condition for which the medication is currently being used.

Individual consideration for applicants who have undergone a recent, minor surgical procedure will be given once all follow up appointments have been completed and the applicant has been fully released from their physician's care. Timeframes for specific conditions must have been met for consideration.

Consideration for coverage may be given to those persons with well-controlled cases of diabetes with hypertension. A case is considered well-controlled if the person is taking less than 50 units of insulin daily, or no more than two oral medications for diabetes and no more than two medications for hypertension. In general, to verify stability, there should be no changes in the medications or dosages for at least two years. We consider hypertension stable if recent average high blood pressure readings are 150/85 or lower.

People with diabetes mellitus that require, or have ever required, more than 50 units of insulin daily, or people with diabetes (insulin dependent or treated with oral medications) who also have one or more of the complication conditions listed below, are not eligible for coverage. For the purposes of this application, hypertension (high blood pressure) is not considered a heart condition.

Diabetic complications that would not be considered are: Diabetic retinopathy, peripheral vascular disease, kidney disease, kidney failure, neuropathy, stroke, congestive heart failure, heart condition, or high blood pressure treated with more than two medications. Some additional questions to ask your client to determine if he/she has a complication include:

- ✓ Does he/she have eye/vision problems?
- ✓ Does he/she have numbness or tingling in the toes or feet?
- ✓ Does he/she have problems with circulation or pain in the legs?

The above list of conditions/situations where individual consideration may be given is not all inclusive. If your client has a situation that falls within the above listed questions, and additional clarification is needed, please call our underwriting department to discuss the details.

PROCESSING DELAYS

If an application is submitted with incomplete, unclear, or missing information critical to the risk evaluation, a new application may be required or an amendment to the application will be issued. Critical information includes, but is not limited to:

- Plan.
- Complete residential address.
- Date of birth.
- Requested effective date.
- Any health question left blank (if not Open Enrollment or Guarantee Issue).
- Prescription medication section left incomplete (if not Open Enrollment or Guarantee Issue).
- Underwriting risk classification question.
- Post-dated check sent (NO postdated checks accepted – *no exceptions*).
- Applicant's signature.
- Agent's signature.
- Medical coverage replacement section is not completed.
- Signature stamps are used on the agent's and/or applicant's signature.

- The application is received at the administrative office more than 30 days from the signature date, or if the signature date is in the future.
- Authorization and Certification section was not completed and signed.
- Replacement forms not submitted when applicable.
- Agent appointment was not granted by ManhattanLife Assurance when the application was solicited.
- Medicare Part A or B enrollment date and/or Medicare number were left blank.
- If the application was submitted with a premium check from any third-party payor that has no immediate family OR business relationship to the applicant (see page 15 for details).
- If an applicant is replacing a Medicare Advantage plan, it must be confirmed with the Medicare Advantage company that the applicant has been disenrolled or will be disenrolled by the requested effective date for ManhattanLife Assurance. ManhattanLife Assurance cannot issue a policy until this has been confirmed and coverage cannot overlap.
- If the amount quoted on the application is less than the modal premium we calculate, we will contact the agent to verify that it is acceptable to process the bank draft for the amount that we have calculated. We will amend the modal premium.
- ManhattanLife Assurance will not accept deposit slips in the place of voided checks.

SITUATIONS REQUIRING NEW APPLICATIONS

- If white-out or liquid paper has been used on the application or a change was made to the application and not initialed by the applicant.
- If the incorrect state-approved application was submitted. Only the most recent state-approved application will be accepted. If the status of the available application is in question, please call AIMC to confirm the application form number.
- If the application was taken prior to the requested effective date, as indicated below:
 - For Open Enrollees, more than 180 days prior to the applicant's Medicare eligibility date or 65th birthday if the applicant was eligible for Medicare early.
 - For underwritten applicants, more than 60 days.

INSURANCE POLICY EFFECTIVE DATE

For underwritten applications, we will honor requests for effective dates starting from the date the application was signed up to 60 days in the future. For replacements, the effective date cannot be prior to the end date of the Medicare Supplement policy that is being replaced *and* the effective date should be at least 15 days from the date the application was signed. Please also note that ManhattanLife Assurance does not pro-rate.

For Open Enrollment applications received before the applicant's 65th birthday, the effective date of the insurance policy will be the 1st day of the month in which the applicant turns 65 (unless otherwise requested).

Applications may not be backdated prior to the application signature date for any reason, especially to save age.

Insurance policies may not be effective on the 29th, 30th, or 31st of the month. Applications written on these days will be made effective on the 1st of the following month (unless otherwise requested; see below).

Applications submitted during the Oregon Annual Enrollment period, the earliest effective date is the

applicant's date of birth, and the latest available date is the 1st of the month following the 30-day period.

Please note, for Oregon annual open enrollment policies, the premium age is based on the age at the time of the effective date.

PLANS

ManhattanLife Assurance offers 4 standard Medicare Supplement plans. Available choices are: A, *F, *G and N. The plan selection must be indicated on the application in the space provided. Please note plan availability may vary by state.

**Plans C & F are only available if your Medicare Part A eligibility date is before January 1, 2020.*

*Manhattan Life offers a Basic plan and six optional riders in Wisconsin. The Riders are: Rider A, B, *C, D, E, and F. Please note that Rider D serves as a second base plan and cannot be purchased in conjunction with the Basic Plan, nor can it be purchased in combination with Rider C.*

** Rider C is only available if your Medicare Part A eligibility date is before January 1, 2020.*

PREMIUM CALCULATIONS

1. Determine the ZIP code where the client resides and find the correct rate page for that ZIP code.
2. Determine plan the applicant has chosen.
3. Determine if tobacco or non-tobacco rates apply (see chart on [page 17](#) for Open Enrollment applications).
4. Locate age and gender and verify that the age and date of birth are the exact age as of the application date.
5. This will be your base premium.

METHODS OF PAYMENT

The method of premium payment should be selected on the application with the modal premium written in the designated field. The modal premium does not include the insurance policy fee (if applicable).

The available premium payment modes are as follows:

<u>Direct bill*</u>	<u>Bank draft</u>
Annual	Annual
Semiannual	Semiannual
Quarterly	Quarterly
	Monthly

*Please see below for acceptable forms of payment.

Bank draft options

Option 1: Pay initial and renewal premiums by bank draft

A completed Bank Draft Authorization form must accompany the application. If drafting from a checking account, a voided check must be submitted. If the applicant wishes to draft from a savings account, the Bank Draft Authorization form must be filled out in its entirety. If the information provided is incomplete or unclear, ManhattanLife Assurance will require proof of the routing number and account number from the financial institution.

The initial premium will be drafted upon approval of coverage. The applicant may select any day for the renewal premiums to be drafted excluding the 29th, 30th, or 31st of the month.

Option 2: Pay initial premium by paper check and renewal premiums by bank draft

The initial premium is due at the time the application is submitted for processing – *no exceptions*. A completed Bank Draft Authorization form must accompany the application. If the applicant wishes to draft from a savings account, the Bank Draft Authorization form must be filled out in its entirety. If the information provided is incomplete or unclear, ManhattanLife Assurance will require proof of the routing number and account number from the financial institution.

NOTE: If the initial EFT is returned non-sufficient funds (NSF), a second attempt will be made on the 5th business day after we are notified by the Bank. If the second attempt is unsuccessful, payment will be called due, the policy will transition to quarterly direct bill mode, and the initial premium will be required to activate the coverage. If the initial premium is drafted successfully and any renewal premiums are returned NSF, a second attempt will be made on the 5th business day after we are notified by the Bank. If the second attempt is unsuccessful, payment will be called due and the policy will transition to quarterly direct bill mode.

Direct bill

The initial premium is due at the time the application is submitted for processing – *no exceptions*.

Acceptable forms of payment:

- Personal checks
- Electronic bill pay (from applicant)
- Business check (business owner must be applicant or spouse of applicant)
- Employer-paid **retiree** benefits (“retiree” or “retirement benefits” should be stated on the memo line)

The following forms of payment are **NOT** acceptable:

- Temporary checks
- Money orders or cashier’s checks
- Employer-paid health coverage for **current** employees
- Personal checks from any individual outside of the applicant’s immediate family (immediate family is considered as spouse, parent, child, sibling)
- Business check from a business not owned by the applicant or spouse
- Third party checks

PREMIUM CLASS

Unless otherwise determined by state law, the underwriting class is determined by the applicant's use of any form of tobacco in the past twelve months. If tobacco has been used during this time frame, the class selected, and the premium noted should be Standard. If there has been no usage of any form of tobacco in the past twelve months, the Preferred (non-tobacco) premium should be noted.

Standard rates will be applied to applicants who first became eligible for Medicare prior to age 65 in the state of Rhode Island.

Tobacco Reconsideration

For policyholders that wish to have a current policy re-rated to reflect Preferred Premium rates, the policy must be in effect for a minimum of twelve (12) consecutive months before reconsideration will be permitted. The policyholder will then be required to submit a new application and will be subject to underwriting. Tobacco reconsideration will be handled as an internal replacement. If replacement coverage is denied, the standard (tobacco rates) will remain.

Sample Rate Calculation:

Preferred (non-tobacco) Premium Rate Sheet

<i>Issue Age</i>	<i>Plan A</i>		<i>Plan G</i>		<i>Plan F</i>	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
67	953	829	1,160	1,009	1,321	1,148
68	996	867	1,212	1,054	1,380	1,200

Household Discount to be calculated as follows:

Annual premium \times 0.93 (7% discount) = discounted Annual premium times the modal factor.

Applicant #1: Female

Non-tobacco user, age 67, applying for plan G

Annual premium	$\$1,009 \times 0.93 = \$938.37 =$	\$938.37 Final Annual Rate
Semiannual premium	$\$1,009 \times 0.93 = \$938.37 = \$938.37 / 2 =$	\$469.19 Final Semiannual Rate
Quarterly premium	$\$1,009 \times 0.93 = \$938.37 = \$938.37 / 4 =$	\$234.59 Final Quarterly Rate
Monthly premium	$\$1,009 \times 0.93 = \$938.37 = \$938.37 / 12 =$	\$78.20 Final Monthly Rate

Note: After modal premium is calculated add the state specific one-time policy fee, if applicable.

TYPES OF MEDICARE POLICY RATINGS

- **Community-rated:** the same monthly premium is charged to everyone who has the Medicare policy, regardless of age. Premiums are the same no matter the age of the applicant. Premiums may increase because of other factors, but not based on age.
- **Issue rated:** the premium is based on the age the applicant is at the time the policy is purchased. Premiums are lower for applicants who buy at a younger age and will not change as they get older. Premiums may increase because of other factors, but not because of the applicant's age.
- **Attained age:** the premium is based on the applicant's current age so the premium increases as the applicant gets older. Premiums are lower for younger buyers but increase as they get older. In addition to change in age, premiums may also increase because of other factors.

RATE TYPE AVAILABILITY BY STATE

(All states may not be available)

State	Gender rates	Attained, Issue or Community Rated	Tobacco rates during Open Enrollment	Household /Spousal Discount	Application fee
AL	Y	Attained	Y	Household	\$25
AR	N	Issue	N	Household	\$0
AZ	Y	Issue	Y	Household	\$25
CO	Y	Attained	N	Household	\$25
DE	Y	Attained	Y	Household	\$25
GA	Y	Issue	Y	Household	\$25
IA	Y	Attained	Y	Household	\$25
ID	N	Issue	N	No	\$25
IL	Y	Attained	N	Household	\$25
IN	Y	Attained	Y	Household	\$25
KS	Y	Attained	Y	Household	\$25
KY	Y	Attained	N	Household	\$25
LA	Y	Attained	N	Household	\$25
MD	Y	Attained	N	Household	\$25
MI	Y	Attained	N	Household	\$25
MS	Y	Attained	Y	Household	\$6
NC	Y	Attained	N	Household	\$25
ND	Y	Attained	N	**Household	\$25
NE	Y	Attained	Y	Household	\$25
NJ	Y	Attained	N	**Household	\$25
NM	Y	Attained	Y	Household	\$25
NV	Y	Attained	Y	Household	\$25
OH	Y	Attained	N	Household	\$25
OK	Y	Attained	Y	**Household	\$25
OR	Y	Attained	Y	Household	\$25
PA	Y	Attained	N	**Spousal	\$25
RI	Y	Attained	N	Household	\$25
SC	Y	Attained	Y	Household	\$25
SD	Y	Attained	Y	Household	\$25
TN	Y	Attained	N	Household	\$25
TX	Y	Attained	Y	Household	\$25
UT	Y	Attained	N	Household	\$25
WI	Y	Attained	N	Household	\$25
WV	Y	Attained	Y	Household	\$0
WY	Y	Attained	Y	Household	\$25

Note: After modal premium is calculated add the state specific one-time policy fee, if applicable.

HOUSEHOLD DISCOUNT

To qualify for a Household Discount, the proposed insured must be at least 65 at the time of the requested effective date, and meet the following criteria:

- a) Married and residing with their spouse; or
- b) Must have resided in the same household with an individual that is at least 60 years old for the last 12 months.

****North Dakota applicants applying for the Household discount must be at least 65 at the time of the requested effective date, and meet the following criteria:**

- a) Must be residing with an immediate family member who is insured under ManhattanLife Assurance Company of America, Western United Life Assurance, Family Life Insurance, or The Manhattan Life Insurance Company

****New Jersey applicants applying for the Household discount must be at least 65 at the time of the requested effective date, and meet the following criteria:**

- a) Married and residing with their spouse or Civil Union/Domestic Partner, or have you been residing, for at least the past 12 months, with someone who is at least 50 years old? and
- b) The household resident has an existing Medicare Supplement policy with ManhattanLife Assurance Company of America, Western United Life Assurance, Family Life Insurance or The Manhattan Life Insurance Company.

****Oklahoma applicants applying for the Household discount must be at least 65 at the time of the requested effective date, and meet the following criteria:**

- a) Married and residing with their spouse or have you been residing, for at least the past 12 months, with someone who is at least 60 years old? and
- b) The household resident or spouse must be currently applying for, or have an active ManhattanLife Assurance Company of America, Western United Life Assurance Company, Family Life Insurance Company, or The Manhattan Life Insurance Company

****Pennsylvania applicants applying for the Household discount must be at least 65 at the time of requested effective date, and meet the following criteria:**

- a) Must be residing, for at least the past 12 months, with your spouse or lawful domestic partner who has an existing Medicare Supplement policy with ManhattanLife Assurance Company of America, Western United Life Assurance Company, Family Life Insurance Company, or The Manhattan Life Insurance Company

SPOUSAL DISCOUNT

To qualify for a Spousal Discount, the proposed insured must be 65 at the time of requested effective date, and meet the following criteria:

- a) Married and residing with their spouse

Reconsideration for the household/spousal discount requires a new application, which is subject to underwriting and processed as an internal replacement; the new application must be for a plan of greater or lesser value.

Telephone interviews may be conducted to confirm that the applicant qualifies for the household discount. Please reference your rate cards for the discount percentage in your state.

DECLINED APPLICATIONS

Applications will be declined for the following reasons:

- The applicant does not recall filling out the application.
- The application was filled out and signed by a family member without providing a binding Power of Attorney.
- The application was taken by an agent who was not licensed and appointed at the time of solicitation in the state of solicitation or the state in which the applicant resides.
- The applicant is unable or unwilling to complete the telephone interview.
- If additional forms requested by the underwriter are not submitted within the allotted time frame.
- If the applicant was put on early disability for a specific condition listed on the application.
- Any application that the agent did not discuss with the applicant.
- If the applicant is replacing a Medicare Advantage Plan and is unable to provide proof of disenrollment from the plan.
- If the applicant cannot provide information regarding a medical condition for which a medication has been prescribed.

DECLINED APPEALS

If the applicant wishes to appeal his/her declined application, a written request must be submitted by the applicant to the Underwriting Manager within 60 days of the decision. If more than 60 days have passed since the decline, the applicant will be required to submit a new application and a telephone interview will be completed.

All appeals require medical records pertaining to the condition for which the applicant was declined. It is the responsibility of the applicant to obtain his/her medical records, as ManhattanLife Assurance does not make such requests. Medical records must be submitted to the Underwriting Department directly from the physician's office and *will not be accepted if submitted by the applicant or agent*. Please note that ManhattanLife Assurance does not reimburse any fees associated with obtaining medical records or other supporting documentation pertaining to the requested appeal.

The written request and medical records may be faxed to 713-583-2738 and directed to the attention of the Medicare Supplement Underwriting Manager. The request and records may also be mailed to the physical address or post office box noted on [page 1](#) of this Guide.

APPLICATION ASSISTANCE

If you have any questions about the application or about how to answer any of the questions on the application, please call ManhattanLife Assurance at **1-800-877-7703**.

APPLICATION STATUS

For your convenience, you may access www.manhattanlife.com at any time to verify the processing status of a submitted application.

APPLICATION STATUS CODES

Data Entry	In the process of being keyed into the computer system
Pending Info	Missing items identified during data entry
Pend. Agt. Appt	Application processed, but pending agent appointment
Underwriting	Health history review
Pending PHI	Pending telephone interview with applicant
Active	Policy approved
Withdrawn	Application closed
Declined	Not eligible for coverage

COMMON MISTAKES WHEN SUBMITTING APPLICATIONS

- Eligibility questions section of the application is not filled out or incomplete.
- Agent's Certification form not completed and/or signed by the writing agent.
- Agent writing number not provided on the application.
- Replacement form boxes not filled out or filled out incorrectly.
- Prescription medication information not filled out or incomplete.
- Post-dated check submitted (no post-dated checks accepted – *no exceptions*).
- Agent or agency checks submitted as payment (we do not accept third party payors).
- Temporary checks submitted as payment (checks must be pre-printed from the bank or be accompanied by a verification letter on bank letterhead).
- Authorization and Certification section of the application not completed and signed.
- The incorrect premium is quoted on the application.
- Signature on the Bank Draft Authorization must be the same as on the signature card at the bank.

AMENDMENTS/ENDORSEMENTS

An Amendment and/or Endorsement to the application will be generated for the following reasons:

- Any question left blank or answered incorrectly (as determined by a telephone interview).
- An error or unclear answer for the plan selection and/or underwriting risk classification.
- An error or unclear answer for the date of birth, sex, and/or address.
- An error or unclear answer for the modal premium.

INSURANCE POLICY DELIVERY

All insurance policies will be mailed directly from our administrative office to the agent unless otherwise indicated by the agent on the application or as state law requires. If you wish to have the policy mailed directly to the policyholder upon issue, please indicate this in the, "Special Requests" section on page 1 of the application.

POLICY DELIVERY RECEIPT

Delivery receipts are required on all policies issued in Louisiana, Nebraska, South Dakota and West Virginia. Two copies of the delivery receipt will be included in the policy package. One copy is to be left with the client, and the second copy must be signed and returned to ManhattanLife Assurance via fax or mail.

NOTE: Nebraska requires that both the applicant/insured and agent retain a copy of the delivery receipt (an additional copy of the delivery receipt will be sent with the insurance policy for the agent to retain).

WITHDRAWN POLICIES

Applicants who wish to withdraw an issued policy must provide written notice of their request. The request can be in the form of a returned insurance policy appropriately marked indicating they do not wish to keep the insurance policy or may be in the form of a signed letter or other signed written statement.

An applicant with a withdrawn insurance policy should be encouraged to return the insurance policy.

In order to receive a full refund of premium, the request to not take the insurance policy must either be post-marked (if sent via mail) or received by the Company (if faxed) within the 30-day free look window. A full refund of the premium for withdrawn insurance policies will be processed 21 days after the date the check was deposited (to ensure the check has cleared the bank). If the applicant requests the refund prior to that, the applicant's financial institution will be contacted to verify the check has cleared.

The refund check and a letter confirming the insurance policy was withdrawn will be mailed to the applicant. A copy of the letter will also be mailed to the writing agent.

Any commissions paid to the writing agent(s) will be reversed.

POLICY REINSTATEMENT

Policyholders may request to have his/her policy reinstated within 90 days of the lapse date. The policyholder must call the Customer Service Department to request a Reinstatement Application. The application must be completed by the applicant and returned to ManhattanLife Assurance within the 90-day period. A letter will accompany the Reinstatement Application specifying the due date. All underwriting requirements must be met before the policy can be reinstated.

If the application is eligible for reinstatement, a letter will be mailed to the policyholder indicating the amount of premium due to bring the policy current. The total amount due must be received by ManhattanLife Assurance within 15 days of the date of this letter. If the funds are not received, the reinstatement process will cease, and the policy will remain in lapse status. A new business application will be required for consideration.

If a policy Reinstatement Application is declined, notification will be sent in writing and no appeal will be made available.

If coverage was voluntarily cancelled by the policyholder, the policy is not eligible to be reinstated and a new application will be required.

CLAIMS

Please call 1-800-877-7703, Option 8 for assistance with any questions regarding claims.

NOTE: All claims submitted to Medicare by the health care provider will automatically be filed with us electronically once Medicare has released payment.

The following will also lead to a decline in coverage:

- Use of more than two (2) inhalers.
- Regular use of a nebulizer
- Use of oxygen
- Use of an insulin pump
- An implanted cardiac defibrillator or pacemaker/defibrillator unit
- stem cell injection or platelet rich plasma therapy
- Any medication administered in a physician's office (including, but not limited to injectables).
- If weight is noted in either decline column of the BMI chart on page 10 of this guide.
- Any pending surgery, medical tests, treatment, or therapy
- Commencement of or an increase to cardiac related medication during the two years prior to the application

Some conditions may be considered in certain states within a certain time frame. Please refer to your state's application for specific time frames.

<p>AIDS/HIV ARC (AIDS Related Complex) Alzheimer's disease Chronic Obstructive Pulmonary Disease (COPD) Other Chronic Pulmonary disorders to include: Chronic Bronchitis Chronic Obstructive Lung Disease (COLD) Chronic Asthma Chronic Interstitial Lung Disease Chronic Pulmonary Fibrosis Cystic Fibrosis Sarcoidosis Bronchiectasis Scleroderma Asbestosis Chronic Cardiopulmonary Disease Pulmonary Hypertension Diabetes with insulin >50 units/day Diabetes (Wisconsin & Minnesota) Three or more high blood pressure medications (this applies to diabetic applicants only) Amyotrophic Lateral Sclerosis (ALS) Lupus-Systemic Multiple Sclerosis (MS) Myasthenia Gravis Organ transplant</p>	<p>Emphysema *End-Stage Renal Disease (ESRD) Kidney disease requiring dialysis Kidney (renal) Failure/End-Stage Renal Disease (ESRD) Any kidney disorder that has the applicant being evaluated for, or who is currently on dialysis Chronic Kidney/Renal Disease Chronic Nephritis Chronic Glomerulonephritis Chronic Protein loss in the Urine (proteinuria) Requiring 4 or more MD office visits per year in the follow up of renal disease Chronic Renal Insufficiency Hypertensive Chronic Renal Disease Nephrotic Syndrome Parkinson's disease Senile Dementia Other Cognitive Disorders to include: Mild cognitive impairment (MCI) Delirium Organic Brain Disorder Cerebrovascular disease with cognitive deficits Dissociative Amnesia Huntington's Chorea (Huntington's Disease) Post-Concussion Syndrome with residual problems</p>
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Individual consideration for applicants who have undergone a recent, minor surgical procedure will be given once all follow up appointments have been completed and the applicant has been fully released from their physician's care. Timeframes for specific conditions must have been met for consideration

List of Medications Associated with Uninsurable Health Conditions

This list is not all-inclusive. An application should not be submitted if a client is taking any of the following medications:

Brand Name	Generic Name	Condition	Brand Name	Generic Name	Condition
3TC, Epivir	Lamivudine	HIV/AIDS	Interferon		AIDS, Cancer, Hepatitis
Acetate		Prostate Cancer	Invirase	Saquinavir	HIV/AIDS
Actemra	Tocilizumab	Rheumatoid Arthritis	Kaletra	Lopinavir	HIV/AIDS
Alkeran	Melphalan	Cancer	Kemadrin	Procyclidine	Parkinson's Disease
Apokyn	Apomorphine	Parkinson's Disease	Kineret	Anakinra	Rheumatoid Arthritis
Aptivus	Tipranavir	HIV/AIDS	Lasix >60mg QD	Furosemide	Heart Disease
Arava	Leflunomide	Rheumatoid Arthritis	Latuda	Lurasidone	Schizophrenia
Aricept	Donepezil	Dementia	L-Dopa	Levodopa	Parkinson's Disease
ODT	Trihexyphenidyl	Parkinson's Disease	Letairis	Ambrisentan	Pulmonary Artery HTN
Artane		HIV/AIDS	Leukeran	Chlorambucil	Leukemia, Lymphoma, RA
Atripla	Interferon beta-1a	Multiple Sclerosis	Lexiva	Fosamprenavir	HIV
Avonex		Parkinson's Disease	Lupron	Luprolide	Cancer
Azilect	Rasagiline	HIV/AIDS	Megace	Megestrol	Cancer
AZT	Zidovudine	Multiple Sclerosis	Mellaril	Acetate	Cancer
Baclofen	Lioresal	Bladder Cancer	Methotrexate >25mg/wk	Thioridazine	Schizophrenia, Psychosis
BCG		Rheumatoid Arthritis	Metrifonate		Rheumatoid Arthritis
Benlysta	Belimumab	Multiple Sclerosis	*Mirapex	*Pramipexole	Dementia
Betaseron	Interferon beta-1b	COPD	Myleran	Busulfan	*Parkinson's Disease
Brovana	Inhaler	CHF	Namenda, Namenda XR	Memantine	Cancer
Bumetanide		Parkinson's Disease	Namzaric	Memantine & Donepezil Hcl	Alzheimer's Disease
>1.5mg QD		Prostate Cancer		Narcotics (see P15)	Alzheimer's Disease
Carbidopa		Prevent Organ Rejection		Nesiritide	Narcotics (see P15)
Casodex	Bicalutamide	Dementia	Narcotics (see P15)	Thiothixene	CHF
Cellcept	Mycophenolate	Rheumatoid Arthritis	Natrecor	Varicept	Schizophrenia, Psychosis
Cerefolin		Parkinson's Disease	Navane	Cyclosporine	HIV/AIDS
Cimzia	Certlizumab	Dementia	Nelfinavir	Rotigotin	Prevent Organ Rejection, RA
Cogentin	Pegol	HIV/AIDS	Neoral	Ritonavir	Parkinson's Disease
Cognex	Benzotropine	Parkinson's Disease	Neupro (patch)	Mitoxantrone	HIV/AIDS
Combivir	Tacrine	Multiple Sclerosis	Nucala (injection)	Mepolizumab	Cancer
Comtan	Zidovudine	HIV	OFEV, Vargatef (tablet)	Nintedanib	Severe Asthma
Copaxine	Entacapone	Cancer & Severe Arthritis	Orencia	Abatacept	Pulm Fibrosis, Lung Cancer
Crixivan	Glatiramer	COPD	Paraplatin	Carboplatin	Rheumatoid Arthritis
Cytosan	Indinavir	AIDS	Parlodel	Bromocriptine	Cancer
Daliresp	Cyclophosphamide	AIDS	Permax	Pergolide	Parkinson's Disease
D4T, Zerit		AIDS	Prednisone >10mg QD	Darunavir	Parkinson's Disease
DDC	Roflumilast	Breast Cancer	Prezista	EPO	Rheumatoid Arthritis
DDI, Videx	Stavudine	COPD	Procrit	Tacrolimus	HIV/AIDS
DES	Zalcitabine	Parkinson's Disease	Prograf	Fluphenazine	Kidney Failure & HIV Organ Transplant
DuoNeb	Didanosine	Prostate Cancer	Prolixin	Sipuleucel-T	Schizophrenia, Psychosis
Eldepryl	Diethylstilbestrol	Rheumatoid Arthritis	Provenge	Galantamine	Prostate Cancer
Eligard	Nebulizer	HIV/AIDS	Razadyne ER, Reminyl	Interferon beta-1a	Dementia
Enbrel	Solution	HIV/AIDS	Rebif	Infliximab	Multiple Sclerosis
Emtriva	Selegiline HCl	Kidney Failure, AIDS	Remicade	Treprostinil	Rheumatoid Arthritis
Epivir	Luprolide	Dementia	Remodulin	*Ropinirole	Pulmonary Artery HTN
Epogen	Etanercept	Dementia	*Requip	Delavirdine	*Parkinson's Disease
Ergoloid	Emtricitabine	HIV/AIDS	Rescriptor	Zidovudine	HIV/AIDS
Exelon	Lamivudine	Hodgkin's Disease, cancer	Retrovir	Brexiprazole	HIV/AIDS
Fuzeon	Epoetin Alfa	Rheumatoid Arthritis	Rexulti		Schizophrenia
Gleostine		Psychosis			
Gold	Rivastigmine	Cancer			
Haldol	Enfuvirtide	Rheumatoid Arthritis			

Herceptin	Lomustine	Dementia	Ridaura	Auranofin (Gold Compound)	Rheumatoid Arthritis
Humira	Haloperidol	Leukemia & Head/Neck cancer	Rilutek	Riluzole	ALS, Lou Gehrig's Disease
Hydergine	Trastuzumab		Ritonavir	Norvir	HIV/AIDS
Hydrea	Ergoloid				
Imuran,	Adalimumab	Prevent Organ Rejection, RA			
Azasan	Ergoloid	*DM			
*Insulin	Hydroxyurea	Rheumatoid Arthritis			
Rituxan		Prevent Organ Rejection, RA			
Sandimmune	Azathioprine	Psoriatic Arthritis, RA			
Simponi	*Wisconsin only	Parkinson's Disease			
Sinemet	Rituximab	Cancer			
Soltamox	Cyclosporine	Parkinson's Disease			
Stalevo	Golimumab	Psychosis			
Stelazine	Carbi/Levodopa	HIV/AIDS			
Sustiva	Tamoxifen	Parkinson's Disease			
Symmetrel	Entacapone	Parkinson's Disease			
Tasmar	Trifluoperazine	Cancer			
Tepadina	Efavirenz	Breast Cancer			
Teslac	Amantadine	Schizophrenia, Mania			
Thorazine	Tolcapone	CHF			
Torsemide	Thiotepa	Prostate Cancer			
>30mg QD	Testolactone	HIV/AIDS			
Trelstar LA	Chlorpromazine				
Trizivir					
*Truvada	Triptorelin inj	*HIV/AIDS, PHI to ver dx & ver if used as preventative only			
Tysarbi	Abacavir,				
Valcyte	Lamivudine,	Multiple Sclerosis			
	Zidovudine	Prevent CMV in Organ Transplant & HIV			
	*Emtricitabine,				
VePesid	Tenofovir	Cancer			
Viadur	Natalizumab	Prostate Cancer			
	Valganciclovir				
Videx	HCl	HIV/AIDS			
Vincasar,		Cancer			
Marqibo	Etoposide				
Viracept	Leuprolide	HIV/AIDS			
Viramune	Acetate Implant	HIV/AIDS			
Viread	Didanosine	HIV/AIDS			
	Vincristine				
Xeljanz		Rheumatoid Arthritis			
Zanosar	Nelfinavir	Cancer			
Zelapar	Nevirapine	Parkinson's Disease			
Zerit	Tenofovir	HIV/AIDS			
Ziagen	Disoproxil	HIV/AIDS			
Zoladex	Tofacitinib	Cancer			
Zometa	Streptozocin	Hypercalcemia due to Cancer			
	Selegiline				
	Stavudine				
	Abacavir				
	Goserlin				

* Coverage not available for individuals with diabetes in Wisconsin

ManhattanLife Assurance Fax Application Transmittal Cover Sheet

Please fax to 713-583-2738

Important:

- *Only applications paying the initial premium by bank draft are eligible to be faxed.* The premium will be drafted upon policy issue, or as state laws require, provided there are no outstanding requirements.
 - **DO NOT** collect premium with an application that is being faxed.
 - All applications submitted with this form must be written by the same agent.
 - No more than 5 applications are to be faxed with the Fax Application Transmittal Cover Sheet.
 - Do not mail in applications/forms once you have faxed them, original copies should be maintained in case of fax transmission problems.
 - It is important to include phone/fax number below. Agents will be contacted if premium amount on fax cover sheet does not match our premium calculation when the application is processed.
 - If commissions are to be split between two agents: **both** agents' information as well as split percentage *must* be listed in the *Agent's Certification* section of the application.
- *** Do not refax application(s)/forms unless asked to do so.

Agent Name: _____	Agent Writing # _____
Agency Name: _____	
Your Phone Number: _____	Your Fax Number: _____
Total number of pages being faxed: _____ (Including cover sheet)	Agent Email Address: _____

Forms sequence:

1. Application
2. Replacement form (if applicable)
3. Other state specific required forms (if applicable)
4. Guaranteed Issue documentation (if applicable)
5. Signed Bank Draft Authorization
6. Copy of a voided check (**please attach this to the Bank Draft Authorization**)

Note: Initial draft will occur upon policy issue.

<i>Applicant Name:</i> <i>First, Last Name</i>	Selected Plan:	Initial Premium Amount to be Drafted (please include policy fee)
1.		
2.		
3.		
4.		
5.		