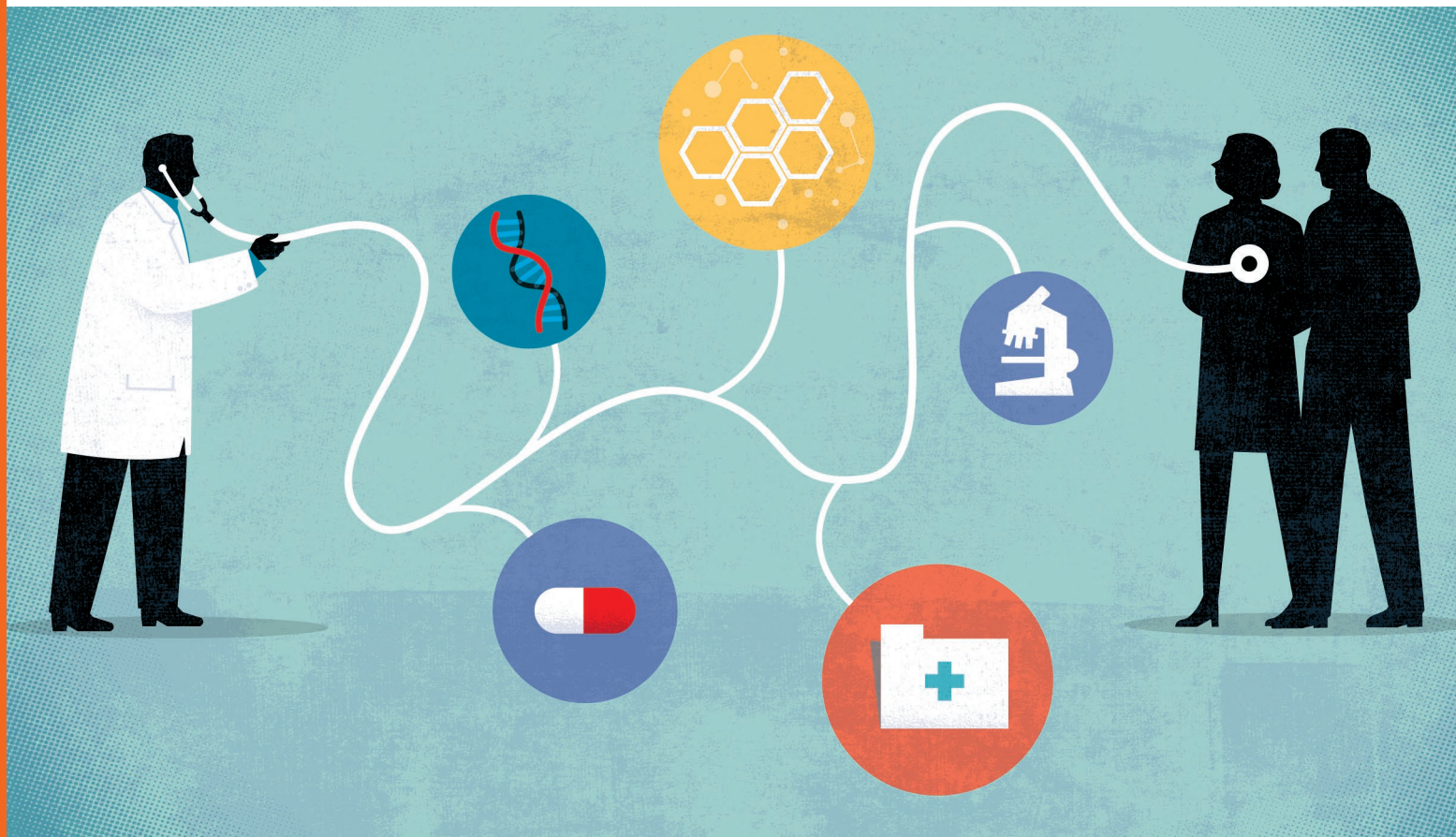




ManhattanLife™

*Standing By You. Since 1850.*



# Critical Protection and Recovery

This is a Critical Illness Insurance Policy  
Underwritten by ManhattanLife Assurance Company of America  
and The Manhattan Life Insurance Company



# Critical Protection and Recovery

This is a Critical Illness Insurance Policy

## Developing A Critical Illness Can Cause Unnecessary Hardships For Most Families!

### THESE TYPES OF CRITICAL EVENTS CAN INTERRUPT OUR LIVES:

- Heart Attack
- Stroke
- Coma
- Major Third-Degree Burns
- Major Human Organ Transplant
- Coronary Artery Bypass Surgery
- Paralysis
- End-Stage Renal Failure

### WHAT'S THE SOLUTION?

## The Critical Protection and Recovery Plan!

We Pay!	PLAN 1	PLAN 2	PLAN 3	PLAN 4
<b>First Occurrence Benefit (FOB)</b> We will pay the selected amount when first diagnosed as having a covered specified health event, payable once.*	\$5,000	\$7,500	\$10,000	\$20,000
<b>Monthly Income Benefit</b> We will pay an additional 10% of first occurrence benefit per month for 12 months.*	\$500	\$750	\$1,000	\$2,000
<b>Recurrence Benefit</b> We will pay 50% of the first occurrence benefit if a recurring or another specified health event occurs more than 365 days after the FOB became payable.*	\$2,500	\$3,750	\$5,000	\$10,000

\*See outline of coverage for benefits.

## Also Included In All Plans

### Hospital Confinement Benefit

We will pay for each day of Confinement for treatment of a Covered Specified Health Event.\*

*No lifetime maximum.*

\$300 per day

### Ambulance Benefit

The ambulance transportation must occur within 180 days following the occurrence of the most recent Covered Specified Health Event.\*

Limit: Twice per occurrence of Covered Specified Health Event.

*No lifetime maximum.*

\$1,000 Air  
 \$250 Ground

### Transportation Benefit

Pays transportation costs when prescribed medical treatment that must be provided in a Hospital or medical facility that is located outside of a 75-mile radius of the residence. This benefit is limited to \$1,500 per occurrence of a Covered Specified Health Event.\*

Must be within 180 days of Covered Specified Health Event.

*No lifetime maximum.*

\$0.50 Noncommercial  
 Actual Commercial

### Lodging Benefit

Actual charges incurred for the Covered Person or any one adult member of the immediate family when a covered person receives prescribed special medical treatment at a Hospital or medical facility that is located outside of a 75-mile radius of the residence of the Covered Person within 180 days of Covered Specified Health Event.\* Not payable for lodging occurring more than 24 hours before or after special medical treatment.

*No lifetime maximum.*

\$70 per day

### Waiver of Premium Benefit *(Does not apply in NJ)*

If the Named Insured becomes Totally Disabled for 60 days as a result of a Covered Specified Health Event, ManhattanLife Assurance Company of America/The Manhattan Life Insurance Company will waive the premiums that fall due for the remainder of that person's Total Disability.\* (Disability must occur prior to age 60. Premiums must continue to be paid for 60 days after commencement of disability. Benefit does not apply to spouse and children.)

*\*See outline of coverage for benefits.*



**ManhattanLife**<sup>™</sup>

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Underwritten by:

ManhattanLife Assurance Company of America

The Manhattan Life Insurance Company

10777 Northwest Freeway, Houston, Texas 77092

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Critical Protection and Recovery product at **[disclosure.manhattanlife.com](https://disclosure.manhattanlife.com)**. Please review this information before applying for coverage. The amounts of benefits provided depend on the plan selected. Premiums will vary according to the selection made.

Policy Form Numbers CI-A, CI-A LA 10/02, CI-A OK, CI-A TX, ML-CI-A (including state variations)

For use with states: AL, AR, AZ, CO, DC, DE, IA, IN, KS, KY, LA, MI, MN, MO, MS, MT, NC, ND, NE, NH, NM, NV, OH, OK, OR, RI, SC, TN, TX, UT, VT, WA, WI, WV, and WY.

This brochure only provides a brief description of the important features of your policy. Only the actual policy provisions will control; therefore, it is important that you **READ YOUR POLICY CAREFULLY**.