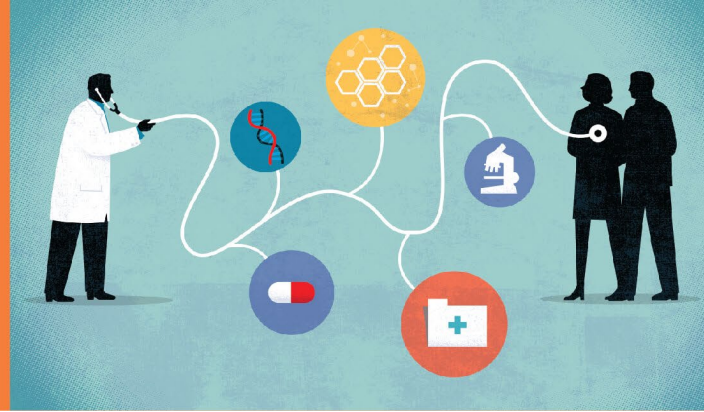


Critical Illness

Helping protect you and your family with lump sum coverage



Critical Illness/Cancer voluntary coverages pay benefits to you

With our Critical Illness and Cancer plans, you'll receive a benefit after a serious illness or a condition such as a heart attack, stroke, coronary artery disease, or cancer is diagnosed. During your recovery, you and your loved ones can rest a little easier knowing you won't have to deplete your bank accounts or take on additional debt to cover day-to-day living expenses.

Why do I need Critical Illness and Cancer coverages?

These plans can assist you with a variety of expenses so you can focus on getting better. You can use the benefit however you want:

- Make your mortgage payments.
- Hire extra help around the house, such as in-home caregivers.
- Help cover medical bills as well as therapy and training.
- Pay for travel to treatment facilities away from home – and for family visits.

In addition to the physical and emotional effects, people who are diagnosed with a serious condition may see a costly impact on their expenses. You may need additional help to absorb the expense of paying for drugs and other associated costs.

Here's how it works

All benefit payments are made directly to you, placing you in control at a time when you may feel that your options are limited. Some or all of the benefit is available to you after your initial diagnosis, so it's there when you need it most. You will save on your premiums because coverage through your employer typically is less expensive than purchasing on your own, and you can pay premiums through automatic payroll deduction. You can continue the coverage even if you change employers.

Critical Illness/Cancer Coverage

Coverage type	Voluntary Critical Illness insurance is a group policy that includes coverage for vascular, cancer, and other critical illnesses.		
Product	Policy Type:	Group	
	Policy Name:	Critical Illness	
	Policy Form:	M-8021	
Eligibility	Issue Ages:	Employee:	18 – 69
		Spouse:	18 – 69
		Child:	Under age 26
	Criteria:	<ul style="list-style-type: none"> Employee is benefit eligible, actively at work full-time, working at least 20 hours per week. Spouse and children not eligible if Employee is not issued coverage. Spouse includes domestic partner where allowed by state and Employer. 	
	Termination Age:	<ul style="list-style-type: none"> Employee: Age 70 unless actively at work, then on last day of active employment. Spouse: When Employee terminates. Child: Age 26, or when Employee terminates, whichever is earlier. 	
		Guarantee Issue¹	Simplified Issue^{*2}
Underwriting Offer	Employee:	\$20,000	\$50,000
	Spouse:	50% of the Member's benefit	50% of the Member's benefit, maximum \$25,000
	Child(ren):	25% of the Member's benefit	25% of the Member's benefit, maximum \$5,000
Target Participation	Minimum to Issue:	5 enrolled or 1% whichever is greater.	
	Guarantee Issue:	15% of all eligible (minimum of 5 enrolled)	
Benefit Amounts	Employee:	\$10,000 - \$50,000	
	Spouse:	\$5,000 - \$25,000, 50% of Employee election	
	Child(ren):	\$5,000, 25% of Member election to \$5,000	

*If Enrollment technology does not support SI Underwriting all applications must be taken on paper applications.

¹ 10+ employees for Guaranteed Issue

² 3-9 employees Simplified Issue Underwriting

Benefits and Features Conditions

Covered Conditions	Preferred	Percent Payment
Cardiac Benefits	• Myocardial Infarction	100%
	• Coronary Heart Disease	25%
	• Sudden Cardiac Arrest	100%
Cerebral Vascular Disease Benefit	• Stroke	100%
	• Ruptured Brain Aneurysm	10%
	• Transient Ischemic Attack	10%
Cancer	• Invasive	100%
	• Non-Invasive	25%
	• Skin Cancer	\$250
	• 30 day waiting period	
Other Specified Illness Category	• Benign Brain Tumor	100%
	• Major Organ Failure	100%
	• End Stage Renal Failure*	100%
	• Coma	100%
	• Severe Burns	100%
	• Permanent Paralysis*	100%
	• Functional Loss of Hearing*	100%
	• Functional Loss of Speech*	100%
	• Functional Loss of Sight*	100%
	• Occupational HIV/Hepatitis*	100%
• Bone Marrow/Stem Cell (not HSA Compliant)	100%	

*not eligible for recurrence benefit.

Additional Occurrence Benefit	Included
Pre-existing Condition Limitation	12/12
Waiver of Premium for Disability	After 180 days
Portability	Included
Benefit Reduction	Waived
Recurrence	Included

<p style="text-align: center;">Infectious Disease</p>	<p>25% Benefit per condition.</p> <p>Covered Conditions:</p> <ul style="list-style-type: none"> • Cerebrospinal Meningitis • Malaria • Encephalitis • Legionnaire's disease • Necrotizing Fasciitis • Osteomyelitis • Tuberculosis
<p style="text-align: center;">Childhood Condition*</p>	<p>25% Benefit per condition.</p> <p>Covered Conditions:</p> <ul style="list-style-type: none"> • Cerebral Palsy • Cleft Lip/Cleft Palate • Cystic Fibrosis • Down Syndrome • Spina Bifida • Type 1 Diabetes
<p style="text-align: center;">Progressive Disease*</p>	<p>100% Benefit per condition.</p> <p>Covered Conditions:</p> <ul style="list-style-type: none"> • ALS (Lou Gehrig's Disease) • Multiple Sclerosis • Advanced Dementia (including Alzheimer's) • Advanced Parkinson's
<p>*not eligible for recurrence benefit.</p>	
<p style="text-align: center;">Wellness Screening</p>	<p style="text-align: center;">\$50</p>

Benefit Definitions

WAIVER OF PREMIUM FOR DISABILITY: This waives an Member's premium if he or she becomes totally disabled for at least 180 days after the effective date of coverage. Total Disability must start while policy is in force, for employees ages 18-55.

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 Union. Participants may continue coverage by paying premiums on a direct billing method. All ported certificates will be subject to any rate increases on the Union's Master Policy. Dependents on ported certificates terminate when the spouse attained age is 70 or the child attained age is 25. If the policy terminates the ported Certificate terminates.

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 specific pre-existing limitations.

RECURRENCE: This provides a one-time additional benefit for the same condition if a covered participant is treatment-free for at least 12 months.

ADDITIONAL OCCURRENCE BENEFIT: once benefits have been paid for a Critical Illness, a benefit is paid for an additional different Critical Illness when; 1) the Date of Diagnosis for the new Critical Illness is separated from the prior Critical Illness by at least six (6) consecutive months, and 2) the new Critical Illness is not caused by a Critical Illness for which benefits have been paid, and 3) a benefit is not paid for more than one Critical Illness within a six (6) month period.

CHILDHOOD CONDITION TRIGGERS: Pays a benefit upon a covered dependent child's initial date of diagnosis on or after the policy effective date for one of the childhood conditions listed.

PROGRESSIVE DISEASE: Pays a benefit when a covered person is unable to perform two or more Activities of Daily Living due to one of the Progressive Diseases listed. These must be diagnosed by a Physician after the effective date of this policy.

WELLNESS SCREENING: Pays a cash benefit when a member has one or more of the 21 covered screening tests. This screening benefit is payable once per covered person per calendar year.

Critical Illness Rates

Rate Assumption Information

Rate Structure:	Issue Age - tiered
Tobacco Status:	Tobacco Distinct
Rate Guarantee Period:	One (1) Year
Contributions:	100% Member Paid
Commissions:	Standard
Takeover	No
Coverage Type:	Lump Sum
Benefits Included:	As shown above in the Benefits and Optional Benefits sections.
Participation Expectation:	15% of all eligible (minimum of 5 enrolled)

Product Qualifications and Contingencies

PARTICIPATION EXPECTATION:

Participation requirement is the number of enrolled needed for Guaranteed Issue offer. If the participation requirement is waived, then all applications will be Guaranteed issue up to the amount listed in the Underwriting offer of the proposal, for the initial enrollment period.

At the end of the enrollment period, it will be expected that a minimum percentage of all eligible will be enrolled into the product. This participation percentage is in the participation section of the proposal. If the participation expectation is not met, then all applications will be Underwritten on a Simplified Issue basis.

Other Contingencies

- Total amount of Critical Illness and Cancer in force with all carriers including ManhattanLife cannot exceed \$100,000.
- Late enrollees will be accepted on an SI basis only, unless otherwise approved by underwriting.
- If spouse is also an Member, they may apply as an Member or as a dependent, but not as both.
- If both parents are Members of the company, then the child(ren) may be covered under only one parent, not both.
- Please refer to the certificate/policy for full benefit and limitation information.