



MCI Gold

Agent Guide

MCI Gold

POLICY FORM NUMBER* FGAP02

RIDER FORM NUMBERS*

ACCIDENTAL DEATH BENEFIT (ADB) FGADR01

SPOUSE'S ACCIDENTAL DEATH BENEFIT (SADB) FGSAD01

ACCIDENT ONLY DISABILITY INCOME (AODI) FAODI01

ADDITIONAL INSURED RIDER (AIR) FGAIR01

CHILDREN'S INSURANCE BENEFIT (CIB) FGCIB01

CRITICAL ILLNESS (CI) CIABR02

WAIVER OF PREMIUM (WP) FGWPD01

**The information given here is based on the generic policy form and may vary by state.*

MCI Gold

This policy provides level term insurance for the insured's choice of 15, 20, 25 or 30 years.*

ISSUE AGE TABLE

Level Term	Issue Ages**
15 years	18-60
20 years	18-55
25 years	18-50
30 years	18-45

**Age last birthday, unisex

Issue Amount

- \$25,000 and greater

Premium Bands

- \$25,000 to \$99,999
- \$100,000 - \$1,000,000

Policy Fees

- Fully commissionable \$60 policy fee on base insured.
- No policy fees on AIRs.

Classes

- Tobacco
- Non-tobacco

Underwriting

- Simplified issue \$25,000 - \$250,000
- Standard to Table 4. See new business and underwriting guidelines.
- Application, MIB and Prescription Drug check.
- Full underwriting is required for face amounts above \$250,000.
- Maximum face amount is \$1,000,000.

Modal Factors

- | | |
|---------------|-----|
| • Monthly | .09 |
| • Quarterly | .26 |
| • Semi-Annual | .51 |

Monthly payments are available through lender billing, electronic draft and credit card. Quarterly and semi-annual payments are available through direct billing and subject to direct bill minimums.

Renewal

This policy is renewable to age 95. Each renewal will be for a one-year term period without evidence of insurability.

Conversion

On or before the earlier of the tenth policy anniversary or the insured's 70th birthday, this policy may be exchanged for a new policy on the life of the insured. The new policy may be on any form of life insurance, other than term insurance, then being issued by us. No evidence of insurability will be required.

The premium for the new policy will be at our rates in use on the date of conversion at the insured's attained age and in the same premium class the initial policy was issued.

The death benefit under the new policy may not exceed the death benefit of the original policy at the date of exchange.

Premiums

The premium is guaranteed for the term period. Initially chosen; thereafter, we reserve the right to change the premium on any policy anniversary.

Termination

This policy will automatically end:

- At the end of the initial term period, unless renewed;
- On the policy anniversary at which the age of the insured is 95;
- If the premium is not paid by the end of the grace period;
- When the policy is converted or any non-forfeiture provision of the policy takes effect; or
- At any premium due date, upon written request from the policy owner.

Riders Available

- Accidental Death Benefit (ADB)
- Spouse's Accidental Death Benefit (SADB)
- Accident Only Disability Income (AODI)
- Additional Insured Rider (AIR)
- Children's Insurance Benefit (CIB)
- Critical Illness (CI)
- Waiver of Premium (WP)

** On a Family Plan issued with an Additional Insured Rider, the term period must be the same for the primary insured and spouse / additional insured. If the insureds are in different age brackets, the older age will be used to determine the term period.*

MCI Gold

This policy provides level term insurance for the insured's choice of 15, 20, 25 or 30 years.*

Accidental Death Rider & Spouse's Accidental Death Rider

This rider provides additional benefits in the event of the insured or insured spouse's death as a result of injury effected through accidental means. In the case of a SADR, the spouse must be covered under an AIR in order to select this rider. Death must occur within 90 days after the injury and while this rider is in force

Ages

Same as base policy.

Minimum Issue

Face value of base policy.

Maximum Issue

\$250,000

This rider may be issued in any \$1,000 increments between the minimum and the maximum.

Exclusions**

This rider does not cover death resulting from, or contributed to by:

- War or any act of war;
- Injury while in the military service;
- Suicide or attempt at suicide;
- Bodily or mental infirmity, illness, or disease;
- Medical or surgical treatment;
- Committing or attempting to commit an assault or a felony, or engaging in an illegal occupation;
- Intoxication as evidenced by a blood alcohol content at or above the presumptive level of intoxication set by the law of the state in which injury occurs;
- Voluntary use of narcotics or drugs (except as prescribed by a physician); or
- Operating, riding or descending from any vehicle or device for aerial flight if the insured was (1) a pilot, officer, or member of the crew, or had any duties on such aircraft; or (2) giving or receiving any kind of training or instruction; or (3) aboard for the purpose of descending from such aircraft while in flight.

Termination

This rider will automatically end:

- When the base policy terminates or is converted, or when any non-forfeiture provision of the policy takes effect;
- If any premium for this policy is not paid by the end of the grace period;
- On the policy anniversary nearest the insured's 70th birthday; or
- At any premium due date upon written request from the policy owner.

** On a Family Plan issued with an Additional Insured Rider, the term period must be the same for the primary insured and spouse / additional insured. If the insureds are in different age brackets, the older age will be used to determine the term period.*

***The information given here is based on the generic policy form and may vary by state.*

MCI Gold

This policy provides level term insurance for the insured's choice of 15, 20, 25 or 30 years.*

ADDITIONAL INSURED RIDER

This rider provides level term life insurance on each additional insured. Up to three additional insureds can be covered on this rider.

Ages

Same as base policy

Minimum Issue

\$25,000

Maximum

Amount of base policy

Rates

Same as base policy.

Renewal

If the policy is renewed, this rider may also be renewed, but only with respect to additional insureds who have not attained age 95 prior to renewal. No evidence of insurability will be required.

Conversion

On or before the tenth policy anniversary, the additional insured may convert the insurance on his or her life under this rider to a separate policy. The new policy may be on any form of life insurance, other than term insurance, then being issued by us. No evidence of insurability will be required.

The premium for the new policy will be at our rates in use on the date of conversion at the additional insured's attained age and in the same premium class the initial policy was issued.

The insurance on the additional insured under the new policy may not exceed the amount of insurance on the additional insured under this rider at the date of conversion.

Termination

This rider will automatically end:

- When the base policy terminates or is converted;
- On the rider anniversary at which the age of the additional insured is 95;
- Upon the death of the additional insured; or
- On any premium due date upon written request from the policy owner.

** On a Family Plan issued with an Additional Insured Rider, the term period must be the same for the primary insured and spouse / additional insured. If the insureds are in different age brackets, the older age will be used to determine the term period.*

MCI Gold

This policy provides level term insurance for the insured's choice of 15, 20, 25 or 30 years.*

CHILDREN'S INSURANCE BENEFIT

We will pay the insurance amount of \$1,000 for each unit of this rider. The death must occur before the policy anniversary after the covered child's 25th birthday.

Issue Amounts

From 1 to 10 units of \$1,000 each.

Covered Child

A covered child is any child, stepchild, or legally adopted child of the insured. The child must be named in your application and must be living and less than 18 years of age on the date of the application. Any child who is born of the insured, or who is legally adopted by the insured while less than 18 years of age, after the date of application, is also a covered child. No child will be a covered child until reaching the age of 15 days.

Paid-up Insurance

If the insured dies while this policy and rider are in force, the children's coverage becomes fully paidup insurance until the earlier of: the end of the initial level term period for the policy, each child's 25th birthday, or the date that it is converted.

Conversion

The children's coverage terminates on the policy anniversary after a covered child's 25th birthday. You may then convert the insurance on this child to a new policy. You have the same conversion right on the expiration date if the child has not reached age 25. The largest amount of insurance under the new policy is \$6,000 per unit. The smallest amount under the new policy is \$2,000 per unit. We will issue the new policy without proof of insurability.

The right to convert any insurance will belong to the child whose life is covered unless that child is less than 14 1/2 years old on the conversion date. In that case, the conversion right will belong to the owner.

Termination

This rider will automatically end on the earliest of:

- The expiration date of this rider;
- The end of the grace period if you fail to pay premium within the grace period;
- The date that this policy terminates, is exchanged, or matures;
- The first monthly anniversary date after we receive your request in writing to terminate this rider; or
- On the policy anniversary after the base insured's 65th birthday.

** On a Family Plan issued with an Additional Insured Rider, the term period must be the same for the primary insured and spouse / additional insured. If the insureds are in different age brackets, the older age will be used to determine the term period.*

MCI Gold

This policy provides level term insurance for the insured's choice of 15, 20, 25 or 30 years.*

WAIVER OF PREMIUM

This rider waives the payment of all premiums falling due while the insured has a covered disability, subject to the provisions of the policy. The premium to be waived will be the total premium for this policy including any attached rider unless such rider specifies otherwise.

Ages

18 - 55

Covered Disability

A covered disability must:

- Be caused by an injury which occurs or a disease which first manifests itself while this rider is in force; and
- Begin prior to the policy anniversary at which the insured's age is 60; and
- Cause the insured to be unable to work at any occupation for which the insured is qualified by education, training, or experience; and
- Be continuous for at least six months.

Termination

This rider will automatically end:

- Upon failure to pay a premium on or before its due date or within the grace period;
- On the date that the base policy terminates or is converted;
- On the first premium due date after we receive written request from the policy owner; or
- On the policy anniversary nearest the insured's 60th birthday, except for benefits for a covered disability which began before that policy anniversary.

** On a Family Plan issued with an Additional Insured Rider, the term period must be the same for the primary insured and spouse / additional insured. If the insureds are in different age brackets, the older age will be used to determine the term period.*

Accident Only Disability Income Rider

Monthly Income Benefit

After the elimination period is satisfied, we will pay the monthly disability benefit for any month that the insured is disabled provided the disability is a result of an accidental bodily injury.

Waiver of Premium Benefit

If the insured is disabled throughout the elimination period, we will waive the premium for this rider as long as the monthly income disability benefits under this rider are being paid. We will refund any premium already paid for that period on a pro rata basis.

Rehabilitation Benefit

We will pay a rehabilitation benefit if the insured is disabled and receiving the monthly disability income benefit for coverage under this rider. The rehabilitation benefit is equal to expenses incurred for tuition and any special books and equipment required by the rehabilitation program. The rehabilitation program must be approved by us and must be a formal program with a licensed vocational or business school.

Issue Ages

Issue ages are the same as those of the base plan to which this rider is attached up to a maximum of 55. Issue age is based on age last birthday.

Elimination Period

The waiting period prior to benefits being paid is 30 days.

Benefit Periods Available

Period of time for which benefits are payable.**

- 12 Months
- 24 Months
- 36 Months

***If the disability begins at age 64, the maximum benefit period is two years. If the disability begins at age 65 or later, the maximum benefit period is one year.*

Form Requirement

Issue ages are the same as those of the base plan to which this rider is attached up to a maximum of 55. Issue age is based on age last birthday.

Medical Underwriting

If the life insurance is to be issued with a rating greater than Table 4, the AODI rider will be declined.

Financial Underwriting

The minimum monthly benefit is \$200 and the maximum monthly benefit is \$1500. The monthly benefit can not be more than 60% of the proposed insured's adjusted gross income. The monthly benefit must be in increments of \$100.

If this policy is being written as mortgage protection insurance, the benefit may be determined based on the monthly mortgage payment, plus the monthly premium for this policy, including all riders.

Occupational Underwriting

All applicants must be working full time. Full time means at least 30 hours per week on a regular schedule at one employer, or at one occupation, if self-employed. If the applicant is working less than 30 hours per week, coverage will be denied.

There are two occupation classes:

- Preferred: Job duties 25% or less manual.
- Standard: Job duties more than 25% manual.

While most occupations can be covered with this disability plan, certain occupations are considered too high risk to cover. A list of uninsurable occupations is given on page 3. Please note that where the category indicates "employee" only, the owner of the business is still insurable in a standard occupation class.

Residence Requirement

All applicants must be permanent legal residents with a social security number or ITIN.

Accident Only Disability Income Rider

Disability*

Disability means that as a result of an accidental bodily injury:

- For the first 12 months of disability, you are unable to perform the material and substantial duties of your own occupation and are not working at any other occupation for wage or profit. Thereafter, you must not be able to engage in any reasonable occupation for which you are qualified by reason of education, training, or experience; and
- You must be under the care of a physician.

Termination

This rider will automatically end:

- On the date the policy to which this rider is attached terminates or is converted;
- On the first premium due date after we receive written request from the policy owner to terminate this rider; or
- On the date coverage for the last covered insured under the rider terminates.

Exclusions and Limitations*

This rider does not cover benefits for any disability or loss resulting from:

- War, declared or undeclared, or any act of war, riot or insurrection;
- Full-time active service in the military of any country, combination of countries, or international organization. Upon notice and proof of such period of service, we will return the pro rata portion of the premium paid for this rider for any such period of military service;
- An intentionally self-inflicted injury or an attempted suicide;
- Committing or attempting to commit a felony or being engaged in an illegal occupation;
- Being under the influence of alcohol or drugs, excluding those drugs that were prescribed by a physician and taken in the dosage and manner prescribed;
- Operating, riding in, or descending from any aircraft. This does not apply while you are a passenger on a licensed, commercial, nonmilitary aircraft regularly offered over an established passenger route; or
- Participating in hazardous activities such as parachuting, hang gliding sports, bungee jumping, rock climbing, or any motorized race or speed contest.

Pre-existing Condition Limitation

We do not cover disability or other loss resulting from a pre-existing condition if the disability or loss occurs during the first 12 months from the issue date, unless it is fully disclosed in the application and is not excluded by name or specific description. A disability or loss that occurs after 12 months from the issue date will be covered unless it is excluded by name or specific description.

A pre-existing condition is a physical condition, which during the 24 months prior to the issue date, caused you:

- To receive medical care, treatment, medication, or advice from a physician; or
- To have symptoms that would lead an ordinarily prudent person to seek medical care, advice, or treatment.

Conditionally Renewable

At the end of the initial accident only disability income rider term and at the end of each policy year thereafter, coverage under this rider may be renewed annually if:

- The base policy is in force;
- Coverage under this rider is in force;
- The insured has not reached age 70; and the insured is working at least 30 hours a week.

Renewal premiums will be based on the premiums in effect for this rider on the date the rider is renewed.

Premiums

If the base policy has waiver of premium (WP), the AODI rider must be sold with WP.

We have the right to change the premium rates for all insureds in the same class for this rider on any premium due date. We will give the insured 60 days prior written notice of any change in premium rates.

**The information given here is based on the generic policy form and may vary by state.*

Accident Only Disability Income Rider

Uninsurable Occupations

Agricultural or farm (non-manager employee)	Fish, forest, game, harbor or park employee
Airline pilot, flight instructor or flight attendant	Fisherman (not coming ashore nightly)
Amusement park employee	Freelance or self-employed artist or writer
Animal groomer, handler or trainer (large animals)	Hazardous waste industry employee
Antenna erector or servicer	Lineman, tower erector
Athlete	Logging, lumber, paper products manufacturer employee
Bartender or bar/lounge/club employee	Mail carrier
Billboard erector	Marine industry employee
Building maintenance employee (e.g. janitor)	Massage parlor owner or employee
Casino or gambling industry employee (only gaming employees are excluded - hotel-only employees are covered)	Military personnel
Chimney sweep	Mining or quarrying employee (handling explosives, in the pit or underground)
Clothing alteration (in-home)	Nuclear energy employee
Clothing manufacture employee	Oil and gas offshore employee
Construction vehicle or heavy equipment operator	Painter (outdoor, commercial or over 2 stories)
Detective, private investigator	Parole officer
Domestic help or cleaning service	Photographer (aerial)
Driver (ambulance, cab, long-distance trucking, race car)	Police officer
Elevator installer or servicer	Roofer
Emergency medical technician, paramedic	Security guard (carrying firearms)
Entertainer	Slaughterhouse employee
Explosives handler	Sports, fitness or health club instructor or employee (insurable if full-time employee of club or spa)
Exterminator, fumigator, (aerial or cyanide use)	Stockyard employee
Firefighter or paramedic	Structural steel industry employee
	Tattoo business owner or employee

Critical Illness Rider

This rider provides for an accelerated payment of life insurance proceeds.
Death benefits will be reduced if an accelerated benefit is paid.

Issue Ages

Equal to the base plan to which it is attached.

Rate Classes

- Smoker
- Non-Smoker

Underwriting

- Unisex

Form Requirement

Depending on your state, the L-9 or L-10 supplement to application must be completed when applying for this rider.

Waiting Period

Number of days that must pass after this rider is issued before the critical illness first occurs.*

- | | |
|---------------------------|---------|
| • Life threatening cancer | 90 days |
| • Non-invasive cancer | 90 days |
| • Other critical illness | 30 days |

Benefits

A benefit will be payable for the first occurrence of one of the following conditions. That benefit will be the percent elected (100%, 50%, or 25%) of the maximum eligible amount of the base policy.

- Life threatening cancer;
- Heart attack;
- Major organ transplant;
- Paralysis;
- Renal failure; or
- Stroke.

A reduced benefit will be payable for coronary by-pass surgery, heart valve surgery, or aortic surgery. That benefit will be one-fourth of the amount payable for the six conditions listed above. This benefit is payable only once.

A reduced benefit will be payable for angioplasty surgery or cancer in situ. That benefit will be one-tenth of the amount payable for the six conditions listed above. This benefit is payable only once.

When a partial benefit is paid, the face amount of the base policy will be reduced by the amount of benefit paid. Partial payments will also reduce any future benefits under this rider. The premium will be reduced to reflect the reduction. The reduction will not be pro-rata because the policy premium includes a policy fee which does not vary with the face amount and which will not be reduced.

If the full death benefit is paid, the policy and this rider will terminate with no further benefits. If a reduced benefit has been paid, the death benefit of the base policy will be reduced by the amount paid.

Eligibility for Benefit

Payment of any benefit is subject to the following conditions:

- The base policy and this rider are in force;
- You have furnished due proof of the occurrence of a covered condition;
- The policy has not been assigned; and
- The waiting period must elapse before the critical illness first occurs.

“First Occurrence” Date

- For heart attack or stroke, the date of diagnosis;
- For life-threatening cancer, the date of diagnosis;
- For major organ transplant, the date of the transplant surgery;
- For renal failure, the earlier of the date regular dialysis begins, or the date renal transplantation takes place;
- For major heart surgery or angioplasty, the date surgery takes place.

*The information given here is based on the generic policy form and may vary by state.

Critical Illness Rider

This rider provides for an accelerated payment of life insurance proceeds.
Death benefits will be reduced if an accelerated benefit is paid.

Exclusions and Limitations*

This rider does not cover any critical illness resulting from:

- War, declared or undeclared, or any act of war, riot or insurrection;
- An intentionally self-inflicted injury or an attempted suicide;
- The covered insured committing or attempting to commit a felony or being engaged in an illegal occupation;
- The covered insured being under the influence of alcohol or drugs, excluding those drugs that were prescribed by a physician and taken in the dosage and manner prescribed;
- Cosmetic surgery, other than from a cosmetic surgery for the reconstruction or repair of damage from an injury or illness;
- The covered insured operating, riding in or descending from any aircraft. This does not apply while the covered insured is a passenger on a licensed, commercial, non-military aircraft regularly offered over an established passenger route;
- The covered insured participating in hazardous activities such as parachuting, hang gliding sports, bungee jumping, rock climbing, or any motorized race or speed contest; or
- A critical illness that occurs during the waiting period.

Premiums

If the base policy has waiver of premium (WP), the critical illness rider must be sold with WP.

We have a right to change the premium rates for all insureds in the same class in the covered insured's state for this rider. This change can take place on any premium due date on or after the first policy anniversary. We will provide at least 60 days prior written notice of any change in premium rates.

If a critical illness first occurs for a covered insured during the waiting period, all premiums paid for the critical illness portion will be returned. The rider will terminate for the covered insured.

Reinstatement

If coverage is reinstated, we will only cover a critical illness that first occurs after the date of reinstatement. A new waiting period will apply.

Termination

Coverage for a covered insured under this rider will terminate on the earlier of:

- Any premium due date upon written request by the owner;
- The date the critical illness rider term for the covered insured expires;
- The following date, as determined by the status of the covered insured:
 - If the status is "additional insured," the date the coverage for the covered insured under the additional insured rider terminates or is converted;
 - If the status is "spouse," then the date the coverage for the covered insured under the family benefit rider terminates or is converted;
- The date a critical illness benefit has been paid for the covered insured;
- The date a critical illness has first occurred during the waiting period;
- The date of the covered insured's death; or
- The date a premium for the covered insured under this rider is not paid within the grace period.

*The information given here is based on the generic policy form and may vary by state.

Sample Application

(This is the generic application, state variations may apply to your state)

Application

To:



Family Life

A ManhattanLife Company

10777 Northwest Freeway • Houston, Texas 77092 • 1-800-877-7705 • www.familylifefins.com

Policy #

1. PROPOSED INSURED: Last Name			First	M.I.	2. Sex <input type="checkbox"/> F <input type="checkbox"/> M	3. Age	4. Birth Date	5. Ht.	6. Wt.	7. Birthplace
8. Address					City		State		Zip	
9. SSN/ITIN			10. Driver's License #			11. A.I.R. Driver's License #				
12. Home Phone # ()			13. Work Phone # ()			14. E-mail				
15. Annual Income			16. Occupation/Duties			17. Marital Status <input type="checkbox"/> M <input type="checkbox"/> S				
18. Has any proposed insured used tobacco in any form within the past 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes," describe type and amount _____										
19. BENEFICIARY AND RELATIONSHIP TO PROPOSED INSURED: (Unless otherwise noted, the beneficiary of the other persons proposed for coverage will be the owner).										
Beneficiary					SSN/ITIN		Relationship to Insured			
Contingent Beneficiary					SSN/ITIN		Relationship to Insured			
20. OWNER: (Unless noted, Owner will be Proposed Insured.) Name							SSN/ITIN			
Address					Phone # ()		Relationship to Insured			
21. Face Amount		Plan		Term		Guarantee		Death Benefit <input type="checkbox"/> Level <input type="checkbox"/> Increasing		
22. RIDERS AND BENEFITS:										
<input type="checkbox"/> a) Waiver of Premium		\$ _____		<input type="checkbox"/> e) AIR/Other Insured Rider (1)		\$ _____		<input type="checkbox"/> i) Critical Illness Rider <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 100%		
<input type="checkbox"/> b) Accidental Death Benefit		\$ _____		<input type="checkbox"/> f) AIR/Other Insured Rider (2)		\$ _____		<input type="checkbox"/> j) Return of Premium <input type="checkbox"/> 100%		
<input type="checkbox"/> c) Spouse's Accidental Death Benefit		\$ _____		<input type="checkbox"/> g) Accident Only Disability		\$ _____				
<input type="checkbox"/> d) Children's Insurance Rider		\$ _____		<input type="checkbox"/> 12 mos. <input type="checkbox"/> 24 mos. <input type="checkbox"/> 36 mos.						
23. OTHER INSURED(S):										
		Sex	Age	Birth Date	Birthplace	Ht./Wt.	SSN/ITIN	Relationship	Tobacco	Occupation
a)		<input type="checkbox"/> F <input type="checkbox"/> M							<input type="checkbox"/> Yes <input type="checkbox"/> No	
b)		<input type="checkbox"/> F <input type="checkbox"/> M							<input type="checkbox"/> Yes <input type="checkbox"/> No	
c)		<input type="checkbox"/> F <input type="checkbox"/> M							<input type="checkbox"/> Yes <input type="checkbox"/> No	
24. BILLING MODE: <input type="checkbox"/> Monthly Bank Draft (PAC form) Draft Date (not 29, 30, 31) _____ Direct <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly										
<input type="checkbox"/> Monthly with Mortgage Payment Loan # _____ Lender _____										
25. MODAL PREMIUM AMOUNT: \$ _____ Total Premium Collected for Receipt \$ _____										
COMPLETE THE FOLLOWING: (Check the box with the correct answer and list names and details below.)										
26. In the last ten years have any of the proposed insureds been diagnosed or treated by a member of the medical profession as having any disease or disorder of:										
a. the heart or circulatory system including, heart attack, chest pain, palpitations, heart murmur, or high blood pressure; Yes <input type="checkbox"/> No <input type="checkbox"/>										
b. the brain or nervous system including seizures, fainting, paralysis, stroke, mental illness, or dementia; Yes <input type="checkbox"/> No <input type="checkbox"/>										
c. the endocrine system including diabetes, or thyroid; Yes <input type="checkbox"/> No <input type="checkbox"/>										
d. the digestive system including the esophagus, stomach, intestine, liver, or pancreas; Yes <input type="checkbox"/> No <input type="checkbox"/>										
e. the respiratory system including asthma, bronchitis, or emphysema; Yes <input type="checkbox"/> No <input type="checkbox"/>										
f. the urinary or reproductive systems including the kidneys, bladder, or prostate; Yes <input type="checkbox"/> No <input type="checkbox"/>										
g. the muscles or bones, such as arthritis; Yes <input type="checkbox"/> No <input type="checkbox"/>										
h. the blood or lymph glands; or for having cancer, a tumor or cyst? Yes <input type="checkbox"/> No <input type="checkbox"/>										
27. In the last ten years have any of the proposed insureds:										
a. used narcotics, cocaine, hallucinogens, barbiturates, heroin, marijuana, or any other drugs not prescribed by a physician; Yes <input type="checkbox"/> No <input type="checkbox"/>										
b. been treated, counseled, or joined an organization because of alcohol or drug abuse; Yes <input type="checkbox"/> No <input type="checkbox"/>										
c. been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>										
28. In the last five years have any of the proposed insureds:										
a. been to a hospital, clinic, institution, or had any medical exam, diagnostic test, x-ray, electrocardiogram, surgery, treatment, or advised to have such and did not; Yes <input type="checkbox"/> No <input type="checkbox"/>										
b. been or are now disabled, or made a claim for disability as a result of sickness or injury; Yes <input type="checkbox"/> No <input type="checkbox"/>										
c. had convictions or citations for motor vehicle violations, or had their driver's license revoked, suspended, or limited; Yes <input type="checkbox"/> No <input type="checkbox"/>										
d. participated or plan to participate in any type of racing, sky or scuba diving, mountain or rock climbing, or hang gliding; Yes <input type="checkbox"/> No <input type="checkbox"/>										
e. flown as other than a passenger, or plan to? Yes <input type="checkbox"/> No <input type="checkbox"/>										
29. Has any proposed insured ever tested positive for antibodies to: Acquired-Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC) or Human Immunodeficiency Virus (HIV)? Yes <input type="checkbox"/> No <input type="checkbox"/>										
30. Does any proposed insured have a personal physician?										
Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes," Physician's Name _____										
Address & Phone # _____										
Last Seen? _____ What Reason? _____										
31. Within in the next five years does any proposed insured plan on any foreign travel or residence? Yes <input type="checkbox"/> No <input type="checkbox"/>										
32. Does any proposed insured have any existing life or annuity policies? Yes <input type="checkbox"/> No <input type="checkbox"/>										
If "Yes," provide amount in force _____										
33. Will insurance now applied for replace any insurance or annuity? Yes <input type="checkbox"/> No <input type="checkbox"/>										
34. Has any proposed insured: ever had an application for life, accident, disability income, critical illness, long term care, or health insurance rated or declined, or have an application for any of these pending? ..Yes <input type="checkbox"/> No <input type="checkbox"/>										
35. Has any proposed insured had any other physical or mental disorder not listed on this application? Yes <input type="checkbox"/> No <input type="checkbox"/>										
36. If questions 26 - 35 are answered "Yes," give explanations, dates, names and addresses of physicians and hospital (if any) below.										
Proposed Insured		Explanation or Medication		Onset Date	Duration	Hospital	Physician	Address & Phone #		
						Yes <input type="checkbox"/> No <input type="checkbox"/>				
						Yes <input type="checkbox"/> No <input type="checkbox"/>				

F-8399 0814

Sample Application

(This is the generic application, state variations may apply to your state)

37. ADDITIONAL REMARKS OR INSTRUCTIONS: (Include additional insured(s) here. Use the L-9 SUP form if additional space is needed.)

38. INSURED'S AUTHORIZATION AND SIGNATURE: I hereby authorize any licensed physician, medical practitioner, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager or other medical facility, insurance or reinsurance company, MIB, Inc., Division of Motor Vehicles, the Veterans Administration or other medical or medically-related facility, insurance company or other organization, institution or person, that has any records or knowledge of me or my health or having any non-medical information concerning me to give Family Life Insurance Company (hereinafter called the Company) or its reinsurers, any such information. All information used or disclosed pursuant to authorization may be subject to redisclosure by the recipient and may no longer be protected.

I understand that I am authorizing the Company to receive my health information, prescription drug usage history and my non-medical information. I understand that prescription drug usage may be used to verify the presence of certain medical conditions and that such history will not be used to decline coverage. These medical conditions will be confirmed by a telephone interview prior to being used in the underwriting process. The released information received by the Company will remain protected by federal and/or state regulations.

I understand that the information requested is necessary for evaluation and underwriting of my application for the policy for which I have applied; to determine eligibility for insurance, risk rating, or policy issue determinations; to obtain reinsurance; to administer claims and determine or fulfill responsibility for coverage and provision of benefits; and, to conduct other legally permissible activities that relate to any coverage I have, or have applied for, with the Company.

I understand that telephone interviews may be a part of the application process and that any information obtained from such telephone interviews may be used to decline my application for coverage. I understand that failure to provide the authorization to the Company will result in the rejection of the insurance policy coverage. I understand that I may revoke this authorization at any time by notifying the Company in writing at their Administrative Office: 10777 Northwest Freeway, Houston, Texas 77092. I understand that such revocation will not have any effect on actions the Company took prior to their receiving the revocation notice.

I understand that this authorization will be valid for twenty-four (24) months from the date signed if used in connection with an application for an insurance policy, reinstatement of an insurance policy, or change in policy benefits. I understand that this authorization will be valid for the duration of a claim if used for the purpose of collecting information with a claim for benefits under a policy. A photocopy of this authorization will be treated in the same manner as the original.

To the best of my knowledge and belief, all of the answers to the questions contained in this application are true and complete, and I understand and agree that: (a) the insurance shall not take effect unless and until the application has been accepted and approved by the Company, the full first premium has been paid, and the policy has been delivered to the applicant; and, (b) oral statements between the agent and myself are not binding on the Company unless accepted by the Company in writing.

I, the undersigned applicant, certify that I have read, or had read to me, the completed application, and I realize that any false statements or misrepresentations therein material to the risk may result in loss of coverage under the policy to which this application is a part.

FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of criminal offense under state law.

I agree that no insurance shall be in effect until: (a) a policy has been issued; and, (b) the first premium is paid while my insurability remains unchanged and then only if I am actually in the state of health represented in this application. I state that the answers set forth above are full, complete, and true to the best of my knowledge and belief. The answers are to be the basis of any insurance issued. I also acknowledge that I have received the Investigative Consumer Reports notification and MIB Notice attached to this application. All statements made by or on behalf of the insured or annuitant shall be deemed to be representations and not warranties.

X
Proposed Insured age 15 or more (parent must sign under 15) _____ Date _____ Signed at (City and State) _____
X
Owner(s) (if not Proposed Insured or if they are under age 18) _____ X
Additional Insured(s) age 15 or more _____

39. AUTHORIZATION FOR AUTOMATIC PAYMENT PLAN: PLEASE ATTACH A VOIDED PERSONAL CHECK!

Family Life Insurance Company is authorized to initiate debit entries to the account indicated below, and the depository institution named below is authorized to debit the same to such account. This authority can be terminated by the undersigned at any time by written notification to the Company, provided only that the Company and the depository will have a reasonable opportunity to act on such notification. If applicable, I also have the right to receive notice of the reason for any adverse underwriting decision.

Depository Name: _____ Type of Account: ☐ Checking ☐ Savings
Depository Address: _____
Account #: _____ Transit/ABA #: _____
Name of Policyholder: _____ Signature of Payor: _____ Date: _____

40. AUTHORIZATION FOR CREDIT CARD

Name as Shown on Card: _____ Type of Card: ☐ VISA ☐ MasterCard
Credit Card Account #: CVC Code#: Expiration Date: _____
Billing Address of Card Holder (Street, City, State and Zip Code): _____

Mode of Premium: ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual Frequency: ☐ One Time Payment ☐ Recurring Payment

TO:

(Print Name, Address and Telephone number of Company Issuing card)

As a convenience to me, I, _____ (Cardholder), do hereby request and authorize Family Life Insurance Company to make charges to my credit card specified above for payment of policy premiums. This authorization will remain in effect until revoked by me in writing, and until you actually receive such notice. I agree that you shall be fully protected in honoring any such debit. This arrangement shall terminate immediately upon the closing of my account with you or upon receipt by you of notice of my bankruptcy. I agree that your treatment of and rights in respect to each such charge shall be the same as if it were signed by me. I further agree that if any such charge be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever, even though such dishonor results in the forfeiture of insurance. The information above has been completed and this form signed and dated signifying acceptance of this transaction.

Signature of Cardholder _____

Signature of Agent _____

Signature of Applicant _____

Date _____

F-8399 0814



ManhattanLife™

Standing By You. Since 1850.

Underwritten by:

Family Life Insurance Company

Administrative Office: 10777 Northwest Freeway, Houston, TX 77092

Toll Free Telephone: 800-669-9030