



ManhattanLife™

Standing By You. Since 1850.

Disability Income Benefits

This is Group Disability Income Insurance



Designed Especially for: **National Nurses United**

DISABILITY INCOME – Accident* (DICERT/ML-DICERT)**

Pays a Monthly Benefit for Total Disability or Presumptive Disability if you are unable to work due to a Covered Injury. Monthly Benefits begin after an elimination period of 14 or 30 days.** Monthly Benefits continue while your Total Disability lasts or until the end of one year.

DISABILITY INCOME – Sickness* (DICERT/ML-DICERT)**

Pays a Monthly Benefit for Total Disability or Presumptive Disability if you are unable to work due to a Covered Sickness. Monthly Benefits will begin after your elimination period of 14 or 30 days.** For the 14 day elimination period only, if you are hospitalized as a resident bed patient for a Covered Sickness, Benefits will begin on the first day admitted. Monthly Benefits continue while your Total Disability lasts or until the end of one year.

**The premium for this policy includes coverage for both Accident and Sickness*

***Elimination period does not apply to Presumptive Disability.*

Waiver of Premium – All Premiums that are due after you have received Total or Presumptive Disability Benefits for 90 consecutive days will be waived for as long as Benefits are payable, at no additional charge. (Waiver of Premium not available with 90 day Benefit Period).

- ◀ Pays in addition to any other insurance, 50% if Workers' Compensation or similar law pays.
 - ◀ Disability Benefit due to childbirth available if the inception of the pregnancy occurs after the Certificate Effective Date and coverage is in full force.
 - ◀ Policy may be continued if employee changes jobs.
 - ◀ Guaranteed Renewable to age 70.
 - ◀ One rate regardless of age or sex.
 - ◀ Pre-existing conditions covered after 12 months.
-

Underwritten by ManhattanLife Assurance Company of America
CT, DC, DE, MI, NJ and NY underwritten by The Manhattan Life Insurance Company

WHITFE-GDI 0922

DEFINITIONS (May Vary State to State):

COVERED INJURY means bodily injury or injuries caused by an accident and sustained by an Employee on or after the Certificate Effective Date that must result directly and independently of all other causes. The accident must occur while Your coverage is in force under this Certificate. A Covered Injury includes pyogenic infections incurred through an accidental cut or wound and all injuries because of one accident.

COVERED SICKNESS means illness or disease of an Employee that a Physician diagnoses or first recommends treatment for, after the Certificate Effective Date and occurs while Your coverage is in force. Covered Sickness includes inguinal, umbilical or post-operative hernia and bacterial infections. We will consider Normal Pregnancy a Covered Sickness if the inception of the pregnancy occurs after the Certificate Effective Date and while Your coverage is in full force. The Company may require medical evidence to determine the inception date of the pregnancy.

TOTAL DISABILITY, TOTALLY DISABLED means You, as the result of a Covered Injury or a Covered Sickness that occurs while You are not Actively at Work: and

1. Are unable to engage in any employment or occupation for which You are qualified or for which You become qualified by reason of education, training or experience;
2. Are not engaged in any employment or occupation for wage or for profit; and
3. Are receiving care by a Physician, which is appropriate for the condition causing Your Total Disability.

ELIGIBILITY FOR EMPLOYEES: This Certificate provides coverage for all Employees who are a member of the Eligible Class of Employees. You will be eligible for coverage on the Group Policy Effective Date if You are a member of the Eligible Class of Employees shown on the Employer's application for the Group Policy.

If You become a member of the Eligible Class of Employees after the Group Policy Effective Date, You will be eligible for coverage on the Requested Effective Date shown in Your application, or the date We approve Your application, whichever is later.

Evidence of insurability satisfactory to the Company may be required.

EFFECTIVE DATES: Your coverage begins at 12:01 a.m., Standard Time, provided You have paid the required premium, at Your address on the latest of either:

1. The date You become eligible for coverage; or
2. The date enrollment occurs if You do not enroll within 31 days after first becoming eligible.

You must be actively at Work on the date Your coverage is to be effective. If You are not Actively at Work on that date, coverage will be effective on the first date You are Actively at Work.

RENEWABLE PROVISION: We Issue Group Policy for the period from 12:01 a.m., Standard Time at the Group Policyholder's address on the Group Policy Effective Date to the first Group Policy Anniversary Date; it will be renewed unless it is terminated as set forth in the Group Policy.

This brochure is presented as a matter of general information and is not a contract of insurance. Benefits are only available after the Effective Date of the Policy. For specific details about Benefits, including Definitions, Limitations and Exclusions, refer to Policy Form DICERT (or the state variation). Plans may vary by state and are not available in all states.

Policy Form Numbers: DICERT, DICERT ID, DICERT LA, DICERT MT, DICERT OK, DICERT TX; ML-DICERT (including state variations)

Underwritten by ManhattanLife Assurance Company of America, 10777 Northwest Freeway, Houston, Texas 77092
CT, DC, DE, MI, NJ and NY underwritten by The Manhattan Life Insurance Company

WHITE-GDI 0922

EXCLUSIONS

The Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection to:

1. suicide or any attempt whether sane or insane; in MO, "insane" does not apply;
2. intentional self-inflicted injury whether sane or insane; in MO, "insane" does not apply;
3. except in NY, termination or suspension of any professional license or certification for any reason other than Total Disability;
4. Mental or Nervous Disorders;
5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over;
6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto;
7. commission of, or attempt to commit, an assault or a felony; in MN "assault"; does not apply,
8. except in MN and SD, alcoholism or drug addiction or sickness or injury from the (In MT, voluntary) use of alcohol and/or the use of drugs not prescribed by a Physician;
9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft;
10. except in NY, mountaineering, parachuting, or hang-gliding; or
11. except in NY, participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.
12. In MN only, bodily injuries received while operating a motor vehicle under the influence of alcohol as evidence by blood alcohol level in excess of the state legal intoxication limit.

LIMITATIONS

FOREIGN TRAVEL: If You become Totally Disabled while You are outside the United States, the Elimination Period will not begin until You return to the United States provided You are still Totally Disabled on that date.

PRE-EXISTING CONDITIONS: The Group Policy does not provide benefits for Total or Partial Disabilities due to a Pre-Existing Condition unless You incur a covered loss due to pre-existing conditions at least 12 months after:

1. the date this Certificate became effective (in NY, (reduced by the amount of time You were previously covered under a previous group or blanket disability insurance plan or policy or employer-provided disability benefit arrangement providing substantially similar coverage or level of benefits if the previous coverage was continuous to a date not more than 60 days prior to the Certificate Effective Date); or
2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount;

and the Pre-Existing Condition was disclosed (not applicable in MO) and not misrepresented on Your application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

Monthly Benefit / Biweekly Premium

\$1000 per month Benefit	xxxxxxxxxxxxxxxxxxxxxxxxxxxx	\$25
\$1500 per month Benefit	xxxxxxxxxxxxxxxxxxxxxxxxxxxx	\$36
\$2000 per month Benefit	xxxxxxxxxxxxxxxxxxxxxxxxxxxx	\$48
\$2500 per month Benefit	xxxxxxxxxxxxxxxxxxxxxxxxxxxx	\$59
\$3000 per month Benefit	xxxxxxxxxxxxxxxxxxxxxxxxxxxx	\$70

Ted Woodburn 954-822-2399
ted@theodorebenefits.com
www.theodorebenefits.com

