



Critical Protection and Recovery

Including Life Threatening Cancer

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

Not available in all states.

CPRC-BR 0520

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
- Cancer

WHAT'S THE SOLUTION?

The Critical Protection and Recovery Plan!

We Pay!	PLAN 1	PLAN 2	PLAN 3	PLAN 4
First Occurrence Benefit (FOB) 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
Monthly Income Benefit We will pay an additional 10% of first occurrence benefit per month for 12 months.*	\$500	\$750	\$1,000	\$2,000
Recurrence Benefit 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

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.)



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**. 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-B, CI-B LA 10/02, CI-B OK, CI-B TX, ML-CI-B (including state variations)

For use with states: AL, AR, AZ, CO, DC, DE, IA, IN, KS, KY, LA, MI, MN, MO, MS, 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.