

# PAID

Personal Accident Indemnity Delivery

## Plan Benefits:

- Accidental Death
- Hospital Admission and Confinement
- Intensive Care Unit Benefit
- Emergency Room Treatment
- Optional Wellness Benefits
- Disability Income Rider



This is a Accident Only Insurance Policy  
Underwritten by ManhattanLife Assurance Company of America





# PAID

## *Personal Accident Indemnity Delivery*

*You're injured, you need emergency treatment, and you end up confined in the hospital for five days. "Accidents happen," the old saying goes. "You can't plan on them, but you can plan for them."*

People call them accidents for a reason; they are unplanned and can happen to anyone at the most inopportune times.

When an accident affects your livelihood or that of a family member, having a plan for the unexpected can be invaluable. ManhattanLife Assurance's Personal Accident Indemnity Delivery product (PAID) can provide you with a vital piece of that plan. The PAID plan **helps you pay for out-of-pocket expenses** and provides benefits to you or your family for many of the accidents that can happen without warning.

Additionally, our policy is flexible in both benefits and its options. You can purchase the policy as either **24-hour on or off-the-job** only. With PAID, eligible issues ages are **18-64**, and is **guaranteed renewable until age 70**, subject to our right to change premium rates.

### Accidents Happen

- More than one in four of today's 20-year-olds can expect to be out of work for at least a year because of a disabling condition before they reach the normal retirement age. <sup>1</sup>
- There were approximately 2.8 million nonfatal workplace injuries and illnesses reported by private industry employers in 2017. <sup>2</sup>
- There were 882,730 occupational injuries and illnesses in 2017 that resulted in days away from work in private industry. <sup>2</sup>
- Those who've faced household medical bill problems report struggling to make payments, both for their medical and non-medical bills. 61% say they have been late on a payment for a medical bill, and 56% say they've missed a payment. Similarly 56% report being late and 46% report missing payments for non-medical. <sup>3</sup>

Sources for statistics: <sup>1</sup> [disabilitycanhappen.org/disability-statistic](http://disabilitycanhappen.org/disability-statistic) March 28, 2018; <sup>2</sup> Bureau of Labor Statistics, 11/08/2018 News Release: Employer-Reported Workplace Injuries and Illnesses; <sup>3</sup> The Burden of Medical Debt: Results from the Kaiser Family Foundation/New York Times Medical Bills Survey, January 5, 2016



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## *Personal Accident Indemnity Delivery*

### ***Our Plan Pays Benefits for Accidents, big and small.***

Benefit highlights include:

- Accidental Death
- Hospital Admission and Confinement
- Intensive Care Unit
- Air and Ground Ambulance
- Emergency Room Treatment
- Emergency Dental
- Lodging
- Transportation
- Surgery

Also included are benefits for burns, dislocations, fractures, dismemberment, eye injuries, and major diagnostic exams. Benefits are outlined on the following page and the policy explains in detail any limitations and/or exclusions.

### **Product Features**

- Helps you pay for out-of-pocket expenses
- 24-hour on or off-the-job only
- Issue ages 18 - 64
- Guaranteed renewable to age 70, subject to our right to change premium rates
- Choose one or two units



### **Optional Annual Wellness Benefit Rider\***

\$60 paid each year for any one of the following examinations:

- Annual Physical Examination
- Dental Exam
- Mammogram
- Pap Smear
- Eye Examination
- Immunization
- Flexible Sigmoidoscopies
- PSA Test
- Ultrasounds
- Blood Screening Test

The Policy must be in force 30 days before this benefit is payable.


*\* Not approved in MD and ND.*

### **Disability Income Rider**

- Two Benefit Amounts:  
\$1,000 / \$2,000
- Two Elimination Periods:  
14 days / 30 days
- Two Benefit Durations:  
6 months / 1 year
- Two Occupational Classes:  
Class 1 / Class 2

***Riders may not be available in all states.***

# PAID Benefits

Benefit	Description	One-Unit	Two-Unit
 Disability Income Rider	Benefit Amounts: \$1,000 / \$2,000 Elimination Periods: 14 days / 30 days Benefit Durations: 6 months / 1 year Occupational Classes: Class 1 / Class 2		
Air Ambulance	Air transportation within 48 hours. Once per Covered Accident.	\$500	\$500
Ambulance	Ground transportation within 90 days. Once per Covered Accident.	\$100	\$100
Accidental Death	Within 90 days of covered accident, and caused by resulting injury/injuries. (in UT, 180 days)	\$25,000 Employee \$10,000 Spouse* \$5,000 Child	\$50,000 Employee \$20,000 Spouse* \$10,000 Child
Accidental Death (Via Common Carrier)	Death must occur within 90 days of covered accident while fare-paying passenger on a common carrier (plane, bus, train). (in UT, 180 days)	Accidental Benefit will be doubled	Accidental Benefit will be doubled
Emergency Room Treatment	Treatment sought within 72 hours of Covered Accident.	\$200	\$200
Hospital Admission	Confined within 180 days. Once per Covered Accident. (minimum of 20 hours)	\$500	\$1,000
Hospital Confinement	Confined within 180 days. Maximum of 90 days.	\$100 per day	\$200 per day
Hospital Intensive Care Unit	Within 30 days of Covered Accident. Maximum of 15 days.	\$200 per day	\$400 per day
Major Diagnostic Exams	Angiogram, CT and CTA scan; MRI, MRA or EEG as result of a Covered Accident.	\$100 per calendar year	\$200 per calendar year
Physicians Office/ Urgent Care	Within 60 days of Covered Accident. Once per Covered Accident.	\$50	\$50
Blood, Plasma & Platelets	Transfusion, administration, cross-matching, typing and processing required within 90 days of a Covered Accident. Once per Covered Accident.	\$300 primary insured \$200 Spouse*/dep child	\$300 primary insured \$200 Spouse*/dep child

\* In NV, Spouse or Domestic Partner.

Benefit	Description	One-Unit	Two-Unit
Burn	Treated within 72 hours of a Covered Accident. Once per Covered Accident. <i>*Spouse** and Child</i>	\$375/150* for 2nd degree burns on at least 36% of the body \$750/300* for 3rd degree burns on at least 1% but less than 20% of the body \$5,000/2,000* for 3rd degree burns on 20% or more of the body	\$750/300* for 2nd degree burns on at least 36% of the body \$1,500/600* for 3rd degree burns on at least 1% but less than 20% of the body \$10,000/4,000* for 3rd degree burns on 20% or more of the body
Emergency Dental Work	Once per Covered Accident regardless of teeth involved.	\$150 repairs with crown \$50 for extraction	\$300 repairs with crown \$100 for extraction
Dislocation (separated joint)	Diagnosed within 90 days, correction with anesthesia by Physician and corrected by Open (surgical) or Closed (non-surgical) reduction.	\$50 - \$2,000 (policy contains complete schedule)	\$100 - \$4,000 (policy contains complete schedule)
Fracture (broken bone)	Fractures requiring Surgical or Non-Surgical reduction within 90 days of Covered Accident.	\$25 - \$2,500 (any Insured) (policy contains complete schedule)	\$50 - \$5,000 (any Insured) (policy contains complete schedule)
Gunshot Wounds	Unintentional wound requiring confinement within 24 hours and surgery within 72 hours after the injury. Primary insured only.	\$500	\$500
Laceration	Lacerations requiring repair by a physician within 72 hours of a Covered Accident.	\$50 - \$400 (based on length of lacerations, see policy)	\$100 - \$800 (based on length of lacerations, see policy)
Lodging	Companion Lodging when Insured is confined to a hospital more than 100 miles from home. Maximum of 30 days	\$100 per night	\$100 per night
Eye Injury	Treated by a physician within 90 days of Covered Accident. Must require surgery or removal of a foreign object.	\$200	\$200
Knee Cartilage - Torn	Treated by a physician within 60 days of Covered Accident. Must be repaired within 180 days.	\$500 (less any benefit paid for arthroscopic surgery previously performed) \$100 for exploratory surgery	\$1,000 \$200 for exploratory surgery
Transportation	Round trip when hospital confined and distance is more than 100 miles round trip from residence. Three round trips per Covered Accident.	\$300 round trip	\$300 round trip
Surgery	Within 72 hours after a Covered Accident to repair internal injuries caused by the Covered Accident. Hernia repair not covered. Once per Covered Accident.	\$1,000 for thoracic, open abdominal \$100 for exploratory surgery	\$1,000 for thoracic, open abdominal \$100 for exploratory surgery

\*\* In NV, Spouse or Domestic Partner.





Benefit	Description	
<b>Epidural Pain Management</b>	Payable when a Covered Person is prescribed, receives and incurs a charge for an epidural administered for pain management in a hospital or a physician's office for on or Off-the-Job Injuries sustained in a Covered Accident. This benefit is not payable for an epidural administered during a surgical procedure.	\$100 paid no more than twice per Covered Accident, per Covered Person.
<b>Physical Therapy</b>	Payable when a Covered Person receives emergency treatment for on or Off-the-Job Injuries sustained in a Covered Accident and later a physician advises the Covered Person to seek treatment from a licensed physical therapist. Physical therapy must be for on or Off-the-Job Injuries sustained in a Covered Accident and must start within 30 days of the Covered Accident or discharge from hospital. The treatment must take place within six months after the accident.	\$35 per treatment per day, to a maximum of ten treatments per Covered Accident, per Covered Person.
<b>Rehabilitation Unit</b>	Payable when a Covered Person is admitted for a Hospital Confinement and is transferred to a bed in a rehabilitation unit of a hospital for treatment of on or Off-the-Job Injuries sustained in a Covered Accident and a charge is incurred. The Rehabilitation Unit Benefit will not be payable for the same day(s) that the Accident Hospital Confinement Benefit is paid. The highest eligible benefit will be paid. No lifetime maximum.	\$150 per day, limited to 30 days for each Covered Person per period of Hospital Confinement and limited to a calendar year maximum of 60 days.
<b>Prosthesis</b>	Payable when a Covered Person requires use of a prosthetic device as a result of on or Off-the-Job Injuries sustained in a Covered Accident. This benefit is not payable for repair or replacement of prosthetic devices, hearing aids, wigs, or dental aids, to include false teeth.	\$750 once per Covered Accident, per Covered Person.
<b>Accidental Dismemberment</b>	We will pay the applicable lump sum benefit indicated in the policy for dismemberment. Dismemberment must occur as a result of on or Off-the-Job Injuries sustained in a Covered Accident and must occur within 90 (in UT, 180) days of the accident. Only the highest single benefit per Covered Person will be paid for dismemberment. Benefits will be paid only once per Covered Person, per Covered Accident. If death and dismemberment result from the same accident, only the Accidental Death Benefit will be paid. Loss of use does not constitute dismemberment, except for the eye injuries resulting in at least 80% of vision that is permanently lost. See schedule in policy.	\$625 - \$40,000
<b>Appliances</b>	Payable when a Covered Person receives a medical appliance, prescribed by a physician, as an aid in personal locomotion for on or Off-the-Job Injuries sustained in a Covered Accident. Benefits are payable for the following types of appliances: a wheelchair, a leg brace, a back brace, a walker, and/or a pair of crutches.	\$125 per Covered Accident, per Covered Person.

## Ten-Day Free Look

You may cancel the policy within 10 days of receiving it (in MD by notifying US in writing that You wish to do so). Return the Policy to ManhattanLife Assurance's Administrative Office or to your ManhattanLife Assurance sales agent. As soon as you deliver or mail the Policy to Us, it is treated as if it was never issued. We will refund your premium payment when we receive the returned Policy.

In OK, if You are not satisfied for any reason, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded and Your coverage will be void from the Effective Date. If We do not return any premiums or monies paid therefore within 30 days from the date of cancellation, We will pay interest on the proceeds.

### Termination

Coverage will terminate and no Benefits will be payable under the Policy and the attached Rider, if any, on the earliest of the following:

- when any premium due for the policy is not paid before the end of the Grace Period;
- when you give Us a written request to do so;
- when you establish residence in a foreign country;
- upon your death;
- attainment of age 70.

Coverage of a Dependent Child will terminate when the policy terminates\*, or when any such child no longer meets the definition of Dependent Child. Coverage of a Spouse\*\* will terminate on the earliest of the following:

- when the policy terminates;
- upon Spouse's\*\* death;
- upon Spouse's\*\* attainment of age 70; or
- on the next premium due date after the date of divorce (in NV, dissolution) or legal separation (in GA, a valid decree of divorce is entered) from you, the named Insured.

It is your responsibility to notify Us of an Insured's loss of eligibility of coverage. Our acceptance of premium for such person whose coverage has terminated will not extend coverage for such persons. Our only liability will be to return the premium for the period the person is not covered.

\* In UT, or at the end of the month if the premium has been paid

\*\* In NV, Spouse or Domestic Partner.

### Renewal Provision

You have the right to renew the policy until age 70 if you pay the correct premium when due or within the Grace Period. If premiums are paid on time, we cannot (prior to age 70) cancel the policy or place any restrictive rider on it. In LA, during the initial twelve months of coverage, the premium for the Policy is guaranteed not to change. We reserve the right to change premiums (except in NC) from time to time (in LA, not more than once in any six month period following the initial twelve month period). If we do change premiums, we will only do so only if: 1) we change the premiums for all policies of this class in your state (in NC, and no more frequently than once in any twelve month period); 2) such change is in accordance with the laws and regulations of your state; and 3) we give you 30 days (in GA, MS and NV, 60 days; in LA, NC and UT, 45 days) written notice before such change becomes effective.



## Exclusions

We will not pay benefits for losses that are caused by or are the result of any Insured Person(s): 1. operating, learning to operate, or serving as a crew member of any aircraft; 2. except in OK, engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting (except in MD, NE and ND) or any similar activities; 3. except in OK, riding in or driving any motor-driven vehicle in a (in NE, an organized) race, stunt show or speed test; 4. except in OK, officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received; 5. who has any sickness or condition caused by a sickness independent of the Covered Accident, including physical or mental infirmity (in TX, mental does not apply). Sickness means any illness, infection, disease or any other abnormal physical condition (in NC, but for ptomaine poisoning) which is not caused by any injury; 6. being exposed to war or any act of war, declared or undeclared (in NC, except for acts of terrorism against the general population). In OK, War or act of war (whether declared or undeclared) while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer; participation in a felony, riot or insurrections, service in the armed forces or units auxiliary thereto; 7. actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve; 8. except in TX, suffering from Mental or Nervous Disorders; 9. except in SD, being addicted to drugs or suffering from alcoholism; 10. except MI, being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant including those prescribed by a Physician that are misused. In LA, unless taken on the advice of the insured's Physician. In NV, being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused. In OK, being under the influence of any narcotic unless administered on the advice of a Physician; 11. in SD only, bodily injury(s) that were sustained during the commission of a felony and while being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused. In NE, being under the influence of any narcotic unless administered on the advice of a physician; or voluntarily taking illegal drugs; 12. except in MI, ND, and SD, receiving Injuries caused directly or indirectly while under the influence of a controlled substance or by intoxication as defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred; 13. having cosmetic surgery or other elective procedures that are not medically necessary; 14. having dental treatment except as the result of an Injury; 15. except in TX, having a hernia; 16. except in GA, MI, and UT participating in (in NE, commission of) or attempting to commit a felony. In NV, commission of or attempt to commit a felony, or to which a contributing cause was the Insured Person being engaged in an illegal occupation; 17. except in ID, NE and VA, being incarcerated in a penal institution or government detention facility; 18. except in OK, driving any taxi for wage, compensation or profit; 19. except in MI, NV, and UT, engaging in an illegal activity or occupation (in LA, and NE, illegal occupation) In GA, commission of or attempt to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation; 20. self-inflicting an Injury intentionally; or 21. except in MI, committing or attempting to commit suicide, while sane or insane;

**In KS only**, the insured may cancel the policy at any time by written notice delivered or mailed to the insurer, effective upon receipt of such notice or on such later date as may be specified in such notice. In the event of cancellation or death of the insured, the insurer will promptly return the unearned portion of any premium paid. The earned premium shall be computed by the use of the pro-rata method. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

**In MD only**, we will not pay for any health care services that the appropriate regulatory board determines were provided as a result of a prohibited referral.

**In MI only**, commission of or attempt to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation or other willful criminal activity ("Willful criminal activity," as used herein, includes, but is not limited to, (a) operating a vehicle while intoxicated as defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred; (b) operating a methamphetamine laboratory. Willful criminal activity does not include a civil infraction or other activity that does not rise to the level of a misdemeanor or felony).

**In UT only**, the Insured Person's voluntary commission of or attempt to commit a felony, or to which a contributing cause was the Insured Person being engaged in an illegal occupation.

**In KS only, Pre-Existing Conditions** - The policy only covers treatment for accidents that occur after the Policy effective date. Any treatment for accidents that occurred prior to the effective date, regardless of when the treatment is received, is considered a pre-existing condition and is not covered under the policy.

**Policy Form Numbers:** HPACC13-NOC, HPACC13-NOC-LA, HPACC13-NOC-OK, HPACC13-NOC-TX, HPACC13-24, HPACC13-24-LA, HPACC13-24-OK, HPACC13-24-TX, HPACC15-NOC, HPACC15-24 (including state variations)

**Rider Form Numbers:** DIAR, DIASR, HRWEL2010 (including state variations)

If you have any questions, please contact your ManhattanLife Assurance Life Agent or  
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