

MANHATTAN INSURANCE GROUP SM

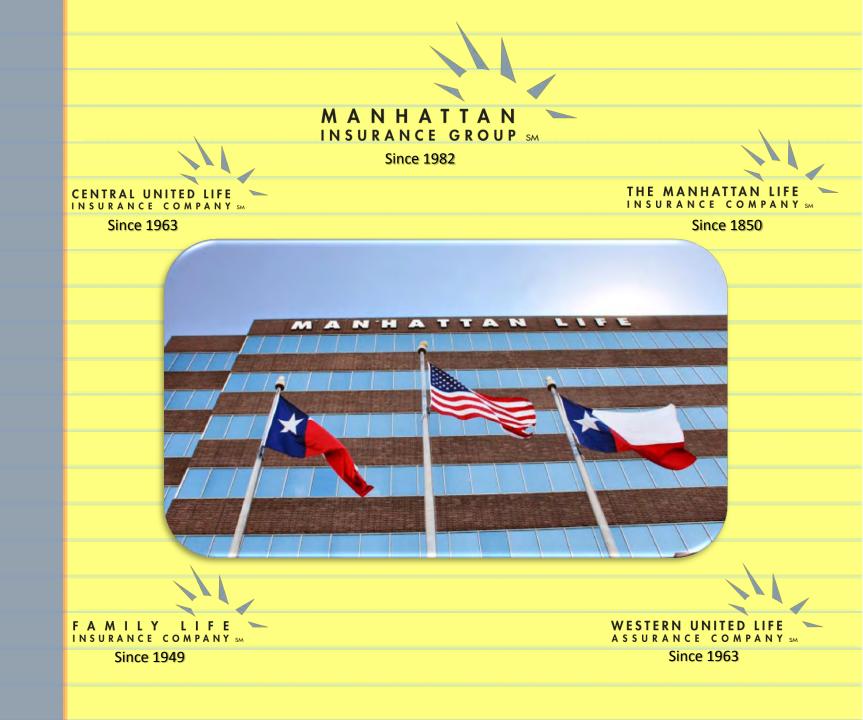
Personal Accident Indemnity Delivery (PAID) Webinar







CENTRAL UNITED LIFE TO MEAN CE COMPANY SM



Accidents Happen

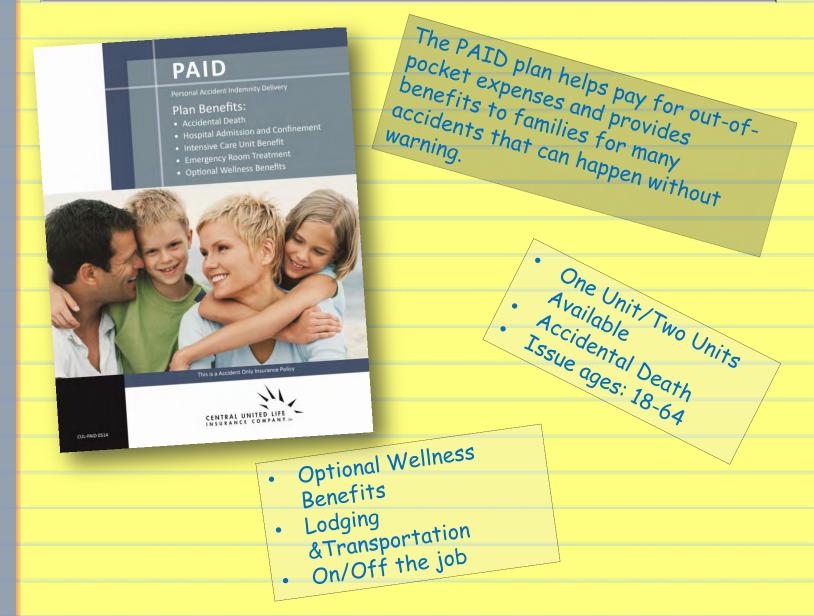


- 64% of wage earners believe they have a 2% or less chance of being disabled for 3 months or more during their working career.^{1 2}
- Almost one-third of Americans entering the workforce today (3 in 10) will become disabled before they retire.¹

"You can't plan on them, but you can plan for them."

> ¹ Social Security Administration, Fact Sheet January 2009. ²CDA Proprietary Research March 2010.

Benefit Highlights



Benefit Highlights



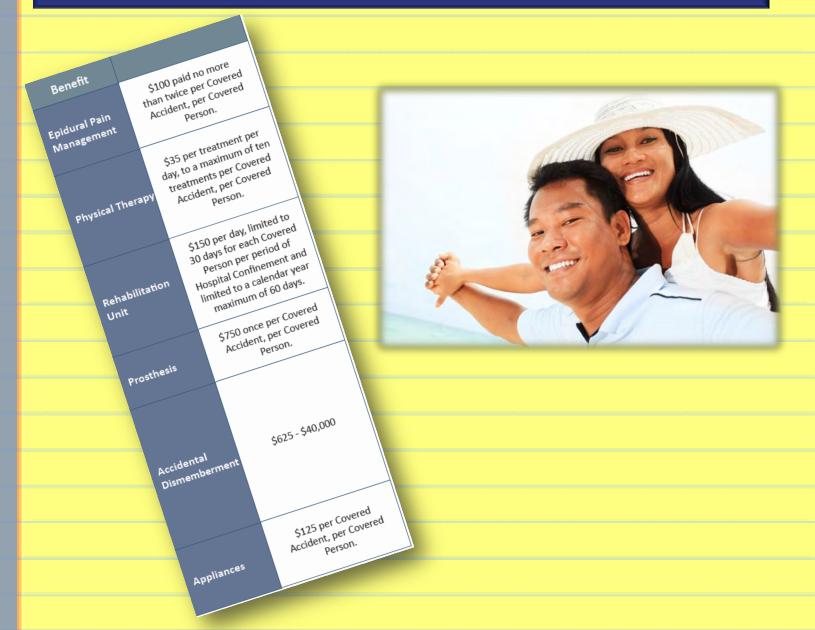
- Policy can be purchased as either 24-hour or off-the-job only.
- Guaranteed renewable to age 70

- Optional Annual Wellness Benefit Rider
- Choose one or two units

PAID Benefits

	Benefit	One-Unit	Two-Unit					
	ala amhulan sa	4500	4500		Benefit	Description	One-Unit	Two-Unit
-	Air Ambulance	\$500	\$500	-		Treated within 72 hours ¹ of a	\$375/150* for 2nd degree burns on at least 36% of the body	\$750/300* for 2nd degree burns on at least 36% of the body
-	Ambulance	\$100	\$100	-	Burn	Covered Accident. Once per Covered Accident. *Spouse and Child	\$750/300* for 3rd degree burns on at least 1% but less than 20% of the body	\$1,500/600* for 3rd degree burns on at least 1% but less than 20% of the body
-	Accidental Death	\$25,000 Employee \$10,000 Spouse	\$50,000 Employee \$20,000 Spouse				\$5,000/2,000* for 3rd degree burns on 20% or more of the body	\$10,000/4,000* for 3rd degree burns on 20% or more of the body
		\$5,000 Child	\$10,000 Child		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
	Accidental Death (Via Common Carrier)	Accidental Benefit will be doubled	Accidental Benefit will be doubled		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)
4	Emergency Room	\$200	\$200		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 ¹ and surgery within 72 hours ¹ after the injury. Primary insured only.	\$500	\$500
_	Hospital Admission	\$500	\$1,000		Laceration	Lacerations requiring repair by a physician within 72 hours of a Covered Accident. ¹	\$50 - \$400 (based on length of lacerations, see policy)	\$100 - \$800 (based on length of lacerations, see policy)
-	Hospital Confinement	\$100 per day	\$200 per day		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
-	Hospital Intensive Care Unit	\$200 per day	\$400 per day		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	Treated by a physician within 60	\$500 (less any benefit paid for arthroso)	\$1,000 opic surgery previously performed)
	Major Diagnostic Exams	\$100 per calendar year	\$200 per calendar year		- Torn	days of Covered Accident. Must be repaired within 180 days.	\$100 for exploratory surgery	\$200 for exploratory surgery
	Physicians Office/	\$50	\$50		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
	Urgent Care	000	020		Surgery	Within 72 hours after a Covered Accident to repair internal injuries caused by the Covered Accident.	\$1,000 for thoracic, open abdominal	\$1,000 for thoracic, open abdominal
	Blood, Plasma &	\$300 primary insured	\$300 primary insured		Suigery	Except in VA, hernia repair not covered. Once per Covered Accident.	\$100 for exploratory surgery	\$100 for exploratory surgery
	Platelets	\$200 spouse/dep child	\$200 spouse/dep child					

More PAID Benefits



PAID policy Rates

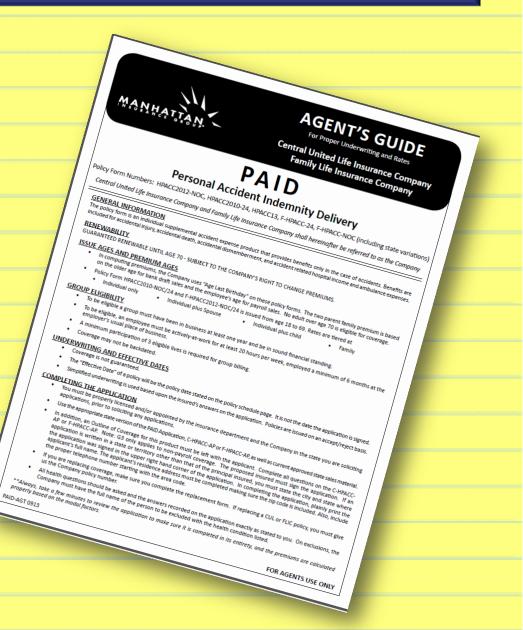
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	One Unit	Two Units	One Unit	Two Units	One Unit	Two Units	One Unit	Two Units
		-	24-H	lour Covera	<u>je</u>			
Employee	4.23	5.08	8.46	10.15	9.17	11.00	18.33	22.00
Employee/ Spouse	5.96	7.38	11.92	14.77	12.92	16.00	25.83	32.00
Employee/ Child	5.96	7.38	11.92	14.77	12.92	16.00	25.83	32.00
Family	7.69	9.69	15.38	19.38	16.67	21.00	33.33	42.00
			Off-the-	lob Coverage	e Only			
Employee	3.58	4.15	7.15	8.31	7.75	9.00	15.50	18.00
Employee/ Spouse	5.60	6.75	11.19	13.50	12.13	14.63	24.25	29.25
Employee/ Child	5.60	6.75	11.19	13.50	12.13	14.63	24.25	29.25
Family	6.52	8.08	13.04	16.15	14.13	17.50	28.25	35.00

		Wellness Rid	er	
	Weekly Premium	Bi-Weekly Premium	Semi-Monthly Premium	Monthly Premium
Employee	0.69	1.38	1.50	3.00
Employee/ Spouse	1.38	2.77	3.00	6.00
Employee/ Child	1.38	2.77	3.00	6.00
Family	2.08	4.15	4.50	9.00

Agent's Guide

Review our Agent's Guide for detailed underwriting guidelines.

IMROREANT



Manhattan Direct

Learn More... 🧶



For assistance, please contact: Alan Vala

10777 Northwest Frwy Houston, TX 77092 윤 800-869-9030 🔒 713-529-8309 6월 marketing@manhattanlife.com

Personal Accident Indemnity Delivery - PAID

A 24-Hour, World Wide Accident Expense Benefit

Accidents happen when you least expect them – at home, at work, while playing or while traveling. While you can't plan on them, you can plan for them – with our Accident Expense Insurance Plan that puts cash directly in your pocket when you are injured due to a covered accident.

- * Benefits Paid in Cash Directly to You! (Unless you assign them.)
- Guaranteed Renewable until age 70
- Pays in Addition to Any Other Insurance

		Get Quote
Accident Plan Features:		
	1 Unit	2 Unit
Accidental Death Within 90 days of accident (Benefit doubles if accident occurs on a common carrier - plane, bus, train, etc.)	\$25,000 individual \$10,000 spouse \$5,000 child	\$50,000 individual \$25,000 spouse \$10,000 child
Dismemberment (loss of toes, fingers, hands, feet, eyesight) Within 90 days of accident	\$750-\$15,000 individual \$500-\$10,000 spouse / child	\$1,500-\$30,000 individual \$1,000-\$20,000 spouse / child
Dislocations Requiring correction with anesthesia diagnosed by a physician within 90 days of accident	\$55-\$2,000 any insured	\$100-\$4,000 any insured
Fractures Fracture Requiring surgical or non-surgical realignment diagnosed by a physician within 90 days of accident	\$25-\$2,500 any insured	\$50-\$5,000 any insured
Lacerations Requiring stitches, staples or glue within 72 hours of accident	\$50-\$400 any insured	\$100-\$800 any insured
Burns Second- and third-degree burns treated within 72 hours of accident	\$375-\$5,000 individual \$150-\$2,000 spouse / child	\$750-\$10,000 individual \$300-\$4,000 spouse / child
Emergency Room Treatment Within 72 hours of accident	\$200 any insured	\$200 any insured

Our convenient online application is available for you or your client to complete from the comfort of your home.



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	Alan Vala	
2.4	10777 Northwest Frwy Houston, TX 77092	
MANHATTAN		13-529-6309
LIFE DIRECT	Re marketing@manhattan	
Personal Accid	lent Indemnity Delivery -	PAID (CUL)
A 24-Hour,	World Wide Accident Expense	Benefit
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1. Tell us about you	2. Get a Quote	3. Apply Online
Answer Questions		
Applicant: Please Select V * Birth Date:	* Year State: Select Sta	ite 🗸 *
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For assistance, please contact: Learn More (*) Alan Vala 10777 Northwest Frwy Houston, TX 77092 100-669-9030 100 800-669-9030 113-529-6309 Image: marketing@manhattanlife.com 110-11-11-11-11-11-11-11-11-11-11-11-11-
Personal Accident Indemnity Delivery - PAID (CUL)
A 24-Hour, World Wide Accident Expense Benefit
As easy as 1 2 3
1. Tell us about you 2. Get a Quote 3. Apply Online
Answer Questions
Applicant: Individual V * Birth Date: 01/01/1980 * 35 Year State: TX - Texas V *
Payment Mode: Monthly
Plans: * ○ PAID 24 Hour Coverage - 1 Unit
● PAID 24 Hour Coverage - 2 Unit
○ PAID OFF-THE-JOB- 1 Unit
O PAID OFF-THE-JOB- 2 Unit
Riders: ☑ Wellness Rider
Premium: \$25.00
Apply Online
FAMILY LIFE INSURANCE COMPANY 544

Applicant's Information
Name: Last Name * Gender: Select V * SSN: Height: 1 V 0 V * Weight: *
Marital Status: Single
Address 1: * Address 2: City: *
State: TX - Texas V * Zip: *
Email: * Home Phone: * Work Phone:
Employer's Name: * Occupation/Duties: * Hired Date: *
Hours Per Week: *
Premium Payer Other than Applicant
Name: First Name Last Name
Address: City: State: Select Zip:
Phone: Email:
Beneficiary
Primary:
Name: First Name * Last Name * SSN: Benefit %: *
Relationship: * Select
Add Primary Add Contingent
Primary Physician
Name:
Address: City: State: Select State Zip:
Phone:
Billing
Payment By: * Select

-	resentation & Questions of the Applicant		
1.	Are all persons to be Insured to the best of your knowledge and belief in good health and free from physical impairment or abnormality?	○Yes	0
2	a. Is any person to be insured engaged in any hazardous sports or activities including racing, but not limited to parachuting, rodeo riding, motorcycling, mountain climbing, scuba diving or intend to do so?	○Yes	0
	b. Is any person to be insured a member/participant in a semi-professional or professional sport?	○Yes	0
3	a. Have you had a driver's license suspended or revoked within the past 3 years?	○Yes	0
	b. Have you had a DWI or DUI within the past 3 years?	○Yes	0
	c. Is any person to be insured currently under treatment or has any person to be insured been under treatment for drug or alcohol abuse in the past 3 years?	⊖Yes	0
4.	Are all persons to be insured ages 19 to 25 years old enrolled as a full time student in an accredited school or college?	○Yes	0
5.	Is there any other health, accident or disability insurance in force on the proposed insured?	⊖Yes	0
6.	Will the insurance applied for replace or change any existing insurance? If "Yes" give name of company and type of insurance:	⊖Yes	0
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Na	me: * Address 1: *		
Ad	dress 2: City: * State: * Select State	Zip: *	
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For assistance, please contact:

Alan Vala

10777 Northwest Frwy Houston, TX 77092 ☎ 800-669-9030 ♣ 713-529-6309 ➡ marketing@manhattanlife.com

Your application has been submitted successfully!

Thank you very much!

We may contact you for further information.

If you have any questions or need assistance, please contact our authorized representative noted above.

View the Application

Submit Another Application

View/Choose Another Product

I am Done

Paper Application

CENTRAL UNITED LIFE INSURANCE COMPANY

10777 Northwest Freeway, Houston, Texas 77092

Application for: 24-Hour Off-the-Job Accident Expense Policy Requested Effective Date: PART 1 - GENERAL INFORMATION 1. PERSONS TO BE COVERED Date of leight Name (Please PRINT Full Name) Relationship Birth Aae Ft. In. Lbs. Social Security Number Sender Applicant -Spouse Child --Child Child 2. APPLICANT'S HOME ADDRESS 5 BENEFIT INFORMATION Monthly Premium: \$ Address: Benefit Amount: 1.0 Unit 2.0 Units City: State Plan Type: 🛛 Individual Individual & Shouse Home Phone: _(Single Parent Family Work Phone: Billing Method: Dianthy Bank Draft Direct Bill List Bill Email Address: Billing Mode: De Monthly De Quarterly Demi-Annual Annual 3. PREMIUM PAYOR ADDRESS (if different than Applicant) 6. OPTIONAL RIDER: Premium Payor Name: Annual Wellness Benefit Rider Yes D No D Address Premium: \$ City: 7. BENEFICIARY Phone: (Name 4. EMPLOYMENT INFORMATION (All adult applicants) Relationship: Employer's Name: 8. PRIMARY PHYSICIAN Occupation/Duties: Name: Spouse's Employer's Name (if applying) Address Spouse's Occupation/Duties; Phone PART 2 - REPRESENTATION & QUESTIONS OF THE APPLICANT YES NO Are all persons to be insured to the best of your knowledge and belief in good health and free from physical impairment or abnormality? 2a. Is any person to be insured engaged in any hazardous sports or activities including racing, but not limited to parachuting, rodeo riding, motorcycling, mountain climbing, scuba diving or intend to do so?..... 2b. Is any person to be insured a member/participant in a semi-professional or professional sport?..... 3a. Have you had a driver's license suspended or revoked within the past 3 years?..... 3b. Have you had a DWI or DUI within the past 3 years? 3c. Is any person to be insured currently under treatment or has any person to be insured been under treatment for drug or alcohol abuse in the past 3 years? 4. Are all persons to be insured ages 19 to 25 years old enrolled as a full time student in an accredited school or college?..... 5. Is there any other health, accident or disability insurance in force on the proposed insured? Will the insurance applied for replace or change any existing insurance? If YES, give name of Company and type of insurance:

C-HPACC-AP 0211

Mail GFax **DE-mail DFTP** Site □ Must see client Live Signature

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WWW.MANHATTANLIFE.COM



President's Club ASPEN

Join us at the prestigious St. Regis Aspen Resort













Contest Period May 1, 2015 - April 30, 2016

Qualifications

Marketing Director:

Agency:

Personal:

\$400,000 with 3 qualifiers in attendance \$250,000 NPAP \$50,000 NPAP

Guidelines

MANHATTAN/CENTRAL UNITED/FAMILY LIFE INSURANCE COMPANIES

The following guidelines will be followed to qualify associates and agency managers for the 2016 President's Club Conference:

- 1. The qualification period will be from May 1, 2015 to April 30, 2016. Only net paid annualized premium produced during the qualification period will count for conference qualification. Qualification numbers are not final until April 30, 2016.
- 2. 50% premium credit for First Choice, Group Dental, Vision, Employer Paid Group Life, and Employer Paid Group Accident.
- 3. The Company will confirm qualification for the conference by a personal invitation to the associate.
- 4. Only active contracted and producing associates in good standing at the time of the conference will be eligible to attend the conference.
- 5. Business written on an associates own life or on immediate family members will not be eligible for qualification for the conference. Immediate family members include spouse, mother, father, brother, sister, mother-in-law, father-in-law, brother-in-law, sister-in-law, and children.
- 6. Business written on another associate or their family in the agency will not be eligible for qualification for the conference.
- 7. Production credit is not transferable among associates or agency managers.
- 8. Multiple associate qualifications are not allowed.
- 9. A minimum portfolio persistency of 85% is required.
- 10. If an associate qualifies for the conference on a personal, agency or Marketing Director basis, the associate will only be awarded one qualification.
- 11. Cash will not be paid in lieu of attending the conference.
- 12. The qualifying associate will be allowed to bring their spouse or guest. A guest can not be a contracted associate with the Company. Children are welcome at the expense of the associate.
- 13. The Company reserves the right to modify or cancel the event if deemed necessary.
- 14. In accordance with IRS rules and regulations, associates attending our Chairman's Club Conference will receive 1099 earnings for the fair market value of the trip. Please consult your tax advisor if you have any questions concerning your income reporting requirements.
- 15. Any exceptions to the above guidelines or special requests must be approved by the Director of Marketing of the Company.

Experience

Venice

tar





Chairman's Club 2016

Imagine Yourself . . . In Rome

Rome

- trying your hand in the "mouth of truth"
- making a wish at the Trevi Fountain
- or walking the paths of gladiators in the Colosseum

In Venice

- sipping coffee at the Piazzo San Marco
- riding a gondola under the Rialto Bridge
- or touring Ca'D'oro a 15th century gothic palace



in 2016







Contest Period May 1, 2015 to April 30, 2016

Chairman's Club 2016

Qualifications

Marketing Director = \$500,000 npap*

General Agent = \$300,000 npap*

Call Center = \$250,000 npap* (with 80% first year persistency)

Personal = \$100,000 npap*

New Agent Contract after September 1, 2015 = \$75,000 npap*

125% credit for Cancer Care CP4000 sales

150% credit for new Cancer Care CP4000 sales when submitted with a new group and with a minimum of 5 Cancer Care Lives

Please Note: credit for other product sales will be the normal amount.

*Net paid annualized premium

Chairman's Club Qualifications MANHATTAN/CENTRAL UNITED/FAMILY LIFE INSURANCE COMPANIES

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TIME NUMBER

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