



A Member of the Manhattan Insurance Group

24 Hour Accident and Disability Policy

Policy Form Series: EAP

AGENT'S GUIDE

For Proper Underwriting and Rates

AGENT'S GUIDE

GENERAL INFORMATION

The policy form is an individual supplemental accident expense product that provides benefits only in the case of accidents. Benefits are included for accidental injury, accidental death, accidental dismemberment, and accident related hospital income and ambulance expenses.

RENEWABILITY

GUARANTEED RENEWABLE FOR LIFE - SUBJECT TO THE COMPANY'S RIGHT TO CHANGE PREMIUMS.

APPLICATION

24-hour Accident Should Use Application Form Number: (State Variations May Exist)

BROCHURE

Please use the following brochure number (State Variations May Exist)

ACTUAL CHARGES

We will pay monetary benefits representing the actual charges for the covered services provided. "Actual Charges" means: the amount(s) actually paid by or on behalf of the covered person and accepted by the provider as full payment for the covered services provided. If this Policy is the covered person's only form of insurance coverage, the amount the covered person is required to pay, the provider for the covered services is the Actual Charge.

BASE POLICY BENEFITS

Accidental Injury Benefit

This benefit pays the covered expenses for medical treatment due to accidental injury up to the amount shown per unit. Covered expenses include physician's fees, surgery, x-rays, reduction of fractures, and dislocations or other emergency first-aid expenses. All covered expenses must be incurred within 28 days of the accident causing injury. If expenses are incurred at a hospital emergency room, a \$50 deductible will apply for each accidental injury.

0.5 Unit is equal to \$1,000

1 Unit is equal to \$2,000

1.5 Units are equal to \$3,000

2 Units are equal to \$4,000

Accidental Death Benefit

This benefit pays a fixed amount per unit if an insured suffers a fatality as a result of accidental injury.

0.5 Unit is equal to \$12,500

1 Unit is equal to \$25,000

1.5 Units are equal to \$37,000

2 Units are equal to \$50,000

Ground or Air Ambulance

This benefit pays the covered expenses for ground or ambulance transportation due to an accidental injury, up to the amount shown per unit.

0.5 Unit is equal to \$2,500 1 Unit is equal to \$5,000
 1.5 Units are equal to \$7,500 2 Units are equal to \$10,000

Hospital Income Benefit

If an insured is hospitalized for an accidental injury, we will pay a fixed amount per day, beginning the first day of confinement, subject to the number of units purchased. Payment will be made up to 30 days per hospital confinement resulting from any one accidental injury.

.5 is equal to \$75/day 1 Unit is equal to \$150/day
 1.5 Units are equal to \$225/day 2 Units are equal to \$300/day

Dismemberment Benefits

This benefit pays a fixed amount per unit if the Primary Insured suffers any of the following dismemberments as a result of accidental injury. Benefits are for the Primary Insured only.

Loss	0.5 Unit	1 Unit	1.5 Units	2 Units
Finger or Toe				
Single Loss Benefit	\$250	\$500	\$750	\$1,000
Multiple Loss Benefit	\$500	\$1,000	\$1,500	\$2,000
Hand, Arm, Foot or Leg				
Single Loss Benefit	\$2,500	\$5,000	\$7,000	\$10,000
Multiple Loss Benefit	\$5,000	\$10,000	\$15,000	\$20,000
Sight				
Single Loss Benefit (one eye)	\$2,500	\$5,000	\$7,500	\$10,000
Multiple Loss Benefit (both eyes)	\$5,000	\$10,000	\$15,000	\$10,000
Maximum Dismemberment Benefit per Accident	\$5,000	\$10,000	\$15,000	\$10,000

Optional Accident Disability Income

Rates are determined by occupation, Type I or II listed in this document.

The number of units for the Disability Rider *must match* the number of units on the Base Plan. Two elimination periods are available.

30 day Elimination Period *12 or 24 months Maximum Benefit*
 Monthly Benefit of \$500 or .5 Unit Monthly Benefit of \$1,500 or 1.5 Units
 Monthly Benefit of \$1,000 or 1 Unit Monthly Benefit of \$2,000 or 2 Units

ISSUE AGES AND PREMIUM AGES

- In computing premiums, Central United uses “Age Last Birthday” on these policy forms. The two parent family premium is based on the older age for bank draft sales and the employee’s age for payroll sales. No adult over age 74 is eligible for coverage.
- Policy Form EAP is issued from age 0 to 74. The disability income rider is issued from age 18 to 60. The limiting age may vary by state. Rates are tiered at Individual only, Individual plus Spouse.
- Coverage is sold in half units. One unit is equal to \$2,000 of accident benefit. Two units is the maximum available at \$4,000.

UNDERWRITING AND EFFECTIVE DATES

- Coverage is **not** guaranteed.
- The “**Effective Date**” of a policy will be the policy date stated on the policy schedule page. It is not the date the application is signed.

COMPLETING THE APPLICATION

- You must be properly licensed and/or appointed by the insurance department and Central United Life Insurance Company in the state you are soliciting applications, prior to soliciting any applications.
- Use the appropriate state version of the Accident Application attached to the brochure-EAP-APP or the COMBO application, as well as current approved state sales material. In addition, an Outline of Coverage for this product must be left with the applicant. The “effective date” of a policy will be the policy date on the policy schedule page. It is not the date the application is signed. Complete all questions on the EAP-APP and all questions under sections A and G in the COMBO application. Note: G3 only applies to non-payroll coverage. The proposed insured must sign the application. The writing agent must sign the application and write in his/her agent number.
- If an application is written in a state or territory other than that of the principal insured, you must state the city and state where the application was signed in the upper right hand corner of the application. In completing the application, plainly print the applicant’s full name. The applicant’s residence address must be completed making sure the zip code is included. Also, include the proper telephone number starting with the area code.
- If you are replacing coverage, make sure you complete the replacement form. If replacing a CUL policy, you must give us the Central United policy number.
- All health questions should be asked and the answers recorded on the application exactly as stated to you. On exclusions, CUL must have the full name of the person to be excluded with the health condition listed.

***Always, take a few minutes to review the application to make sure it is completed in its entirety, and the premiums are calculated properly based on the modal factors.*

BILLING AND PREMIUM MODES

- Central United Life accepts business on the Bank Draft (EFT), List Bill and Direct methods of payment. The annual, semi-annual and quarterly modes of payment are acceptable for all forms of payments. Monthly premium notices are not available.
- Central United Life does not accept:
 - post-dated checks; (b) C.O.D. applications; (c) partial payments; (d) money orders in payment of the initial premium; (e) applications with the date altered; (f) applications where “white-out” has been used; (g) personal checks from an agent or agency. All premium checks must be payable to Central United Life Insurance Company

PREMIUM MODEL FACTORS

Quarterly = 2.93 x MBD

Annual = 10.87 x MBD

Semi-Annual = 5.76 x MBD

BANK DRAFT

- Central United Life requires a voided sample check along with a completed bank draft authorization form signed by the payor in the usual manner accepted by his bank, i.e. his bank signature on file at his bank. Central United Life does not accept any Type Account Verification Form in lieu of this material.
- In completing a bank draft form, please print all information starting with the name of the bank to be drafted as well as the city and state. The ABA transit number section is obtained from the upper right hand corner of the voided sample check. (Example: 63-220. This information is usually on the date line of the voided sample check.) Under the account number section, write the account number exactly as it appears on the voided sample check. Do not include the check number. The date must be the date the bankcard is actually signed.
- The payor (person whose account will be drafted) must sign the bank authorization card using his signature as he normally signs all checks, this being the signature on file at the bank.

CREDIT CARD

- When taking credit card payments, please be sure to record the following information, wholly and accurately:
 - The Client's Full Name
 - Zip Code
 - Credit Card Verification Number (CCV)

Group Eligibility

- To be eligible a group must have been in business at least one year and be in sound financial standing.
- To be eligible, an employee must be actively-at-work for at least 20 hours per week, employed a minimum of 6 months at the employer's usual place of business.
- A minimum participation of 3 eligible lives is required for group billing.
- Coverage may not be backdated.

Ineligible Industries or Groups for list bill:

- Groups in Bankruptcy or Reorganization
- Lodges and Fraternal Organizations Members
- Groups in industries susceptible to accidents that may involve multiple deaths or injuries or those working with hazardous materials.
- Groups with transient, or seasonal workers or high turnover industries
- Or groups that fall into one of the listed categories below:

Nursing Homes, bars, or liquor stores, convenience stores, gas stations, taverns, cocktail lounges, nightclubs, dance clubs, theaters, movie houses, barber shops, beauty parlors, bowling alleys, pool halls, trucking firms, sports teams, bands, orchestras, entertainers, underground mining, explosives, fireworks, fertilizer manufacturing, chemical manufacturing and processing, race tracks, exterminators, forestry, fishing, used car dealers, junk dealers, oil or gas exploration, refining, and production.

UNDERWRITING

Simplified underwriting is used based upon the insured's answers on the application. Policies are issued on an accept/reject basis. Unacceptable Occupations and Avocations for the Accident Plan

The following is a list of occupations and/or avocations that are *ineligible for coverage*:

- Ballooning (Hot Air)
- Bus Drivers
- Commercial Fishermen
- Crop Dusters
- Entertainers and Performers
- Federal Employees
- Hang Gliding
- Highway Workers
- Lumber Industry (blasters, shooters, and others handling explosives; workers climbing and falling trees; other workers in woods, on roads, and waterways; workers below foreman in sawmills.)
- Migrant Farm Workers
- Miners
- Oil Field Roughnecks
- Professional Athletes
- Quarry Workers
- Rodeo Riders and Clowns
- Scuba/Skin Diving (over 101 foot depth)
- Security Guards
- Skydiving/Sport Parachuting
- Snow Skiing (Acrobats)
- Taxi Drivers
- Window Washers

Occupational Categories (Types) For the Disability Rider

There are two types of occupational categories for rating purposes. You will need to know the type of occupation category to calculate the premium for the Disability Rider. The number of units applied for on the Disability Rider must be equal to or less than the number of base limits.

TYPE-1 Occupations

- Advertising
- Architects
- Cartographers
- Computer employees
- Construction and building inspectors
- Counselors
- Data entry and information processing workers
- Dental hygienist
- Designer
- Diagnostic medical sonographer
- Dispatchers
- Engineering and natural sciences managers (not in field)
- Engineers
- Executives
- Financial analysts
- Financial clerk
- Funeral directors
- Healthcare support occupations
- Information and record clerks
- Insurance agents and financial advisors
- Jewelers and precious stone and metal workers
- Life scientists
- Librarians
- Lodging managers (office duties only)
- Medical and dental assistants
- Medical and health services managers
- Nuclear medicine technologists
- Office employees
- Pharmacy technicians
- Pharmacy technicians
- Physical scientists
- Production, planning and expediting clerks
- Property, real estate and community association managers
- Public relations specialists
- Purchasing managers, buyers and purchasing agents
- Retail employees (in store)
- Science technicians
- Surveyors
- Teachers

Occupational Categories (Types) For the Disability Rider (Continued)

TYPE-2 Occupations

- Aerospace manufacturing
- Agricultural productions and services
- Air transportation occupations (except office workers)
- Amusement and recreation services
- Animal care and service workers
- Artists
- Automotive body and related repairers
- Automotive service technicians and mechanics
- Barbers
- Brick masons, block masons and stonemasons
- Building cleaning and ground maintenance
- Cable and other pay television services
- Carpenters
- Carpet, floor and tile installers and finishers
- Casino employees
- Cement masons, concrete finishers, segmental pavers and terrazzo workers
- Childcare workers
- Clinical laboratory technologists and technicians
- Coin, vending and amusement machine service people and repairers
- Community and social services
- Construction equipment operators
- Construction laborers
- Construction managers (on site)
- Correctional treatment specialists
- Cosmetologists
- Drug manufacturing
- Drywall installers, ceiling tile installers and tapers
- Electrical and electronics installers and repairers
- Electricians
- Elevator installers and repairers
- EMT and paramedics
- Engineering managers (in field)
- Food preparation occupations
- Food service managers (in production)
- Glaziers
- Grocery store employees
- Hazardous materials removal workers
- Heating, air-conditioning and refrigeration mechanics and installers
- Heavy vehicle and mobile equipment service technicians and mechanics
- Home appliance repairers
- Hotel, motel and resort desk clerks
- Industrial machinery installation, repair and maintenance workers
- Industrial production managers (on floor)
- Insulation installers
- Line installers and repairers Machine setters, operators and tenders (metal and plastic)
- Machinists Material recording, scheduling, dispatching and distributing occupations (except postal workers)
- Media and communications
- Motor vehicle and equipment manufacturing
- Natural sciences manager (in field)
- Nurses
- Painters and paperhangers
- Pipe layers, plumbers, pipe fitters and steamfitters
- Plant and systems operators
- Plasterers and stucco masons
- Postal Employees
- Printing and publishing
- Probation officers
- Ranchers (in field)
- Roofers
- Sheet metal workers
- Small engine mechanics
- Social workers and assistants
- Textile mill products
- Textile, apparel and furnishings occupations
- Therapists
- Tool and die makers
- Truck and warehousing
- Truck drivers and driver/sales workers
- Welding, soldering and brazing workers
- Woodworkers

Disability Rider Unacceptable Occupations

The following occupations qualify for the base accident plan but may not apply for the Disability Rider.

- Attorneys
- Mining and quarrying workers
- Boiler operators and boilermakers
- Oil and gas extraction workers
- Bus drivers
- Pharmacists
- Chiropractors
- Physician assistants
- Clergy
- Physicians
- Conservation workers
- Podiatrists
- Court reporters Dentists
- Private detectives
- Entertainers and performers
- Professional sports and related occupations
- Federal employees
- Rail transportation occupations (except office workers)
- Fishers and fishing vessel operators
- Security guards
- Forest workers
- State employees
- Highway workers
- Structural and reinforcing iron and metal workers
- Judges
- Surgeons
- Judicial workers
- Water transportation occupations

Monthly Rates*

Accident Benefit	.5 Unit \$1,000	1 Unit \$2,000	1.5 Unit \$3,000	2 Units \$4,000
Insured	\$18.50	\$25.00	\$30.00	\$33.00
Insured Plus Spouse	\$36.50	\$47.50	\$56.50	\$61.50
Insured Plus Children	\$44.50	\$57.00	\$66.00	\$72.50
Family	\$63.00	\$79.50	\$92.50	\$101.00
	0.5 Unit	1 Unit	1.5 Unit	2 Units
Accident Disability Income Rider	\$500.00	\$1,000.00	\$1,500.00	\$2,000.00
Occupational Type 1				
12 month Benefit	\$4.50	\$9.00	\$13.50	\$17.00
24 Month Benefit	\$5.75	\$11.50	\$17.25	\$23.00
Occupational Type 2				
12 month Benefit	\$8.50	\$18.00	\$25.50	\$34.00
24 Month Benefit	\$11.50	\$23.00	\$34.50	\$46.00

Modal Factors: Quarterly= 2.93 x MBD Annual= 10.87 x MBD Semi-Annual = 5.76 x MBD
 *Rates contain a one dollar per month policy fee, which is not commissionable. Rates Displayed are for monthly credit card, bank draft or list bill.