

# Disability Income Benefits

This is Group Disability Income Insurance



**Designed Especially for: *National Nurses United***

## **DISABILITY INCOME – Accident\* (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 days.\*\* Monthly Benefits continue while your Total Disability lasts or until the end of the chosen benefit period.

## Monthly Benefit

**\$600-\$5,000\***  
(Accident & Sickness)

**DISABILITY INCOME – Sickness\* (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 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 the chosen benefit period.

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

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

**Building Benefit Rider** – Your Maximum Benefit Period will increase according to the schedule below based on the number of years this Rider has been in force as follows:

Rider Years	0	1	2	3-4	5 & over
6 Month Benefit Period	6 months	6 1/2 months	7 months	7 1/2 months	9 months
One Year Benefit Period	12 months	13 months	14 months	15 months	18 months

**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.
- ◀ Maternity is covered as any other sickness.
- ◀ 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 for eligible groups.

## LIMITATIONS & EXCLUSIONS

The Policy (except in GA, including any Rider(s) attached) does not cover losses sustained while caused by, contributed to or resulting from: a. being legally intoxicated as defined by State law where the loss occurred or being under the influence of any narcotic unless administered on the advice of a Physician (in OK, being legally intoxicated as defined by State law where the loss occurred does not apply); or b. alcoholism or drug addiction (except in OK) or Sickness or Injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; or c. attempted suicide while sane or insane (in MO, insane does not apply) or intentionally self-inflicted Injury; or d. Mental or Nervous Disorders; or e. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces (in KY, being exposed to does not apply) (in FL and NC, this exclusion does not apply to any act of terrorism); or f. engaging in an illegal activity (in GA and MO, illegal occupation) ; or g. participation in any form of aviation other than as a fare-paying passenger in a fully licensed passenger carrying aircraft; or h. voluntary inhalation of gas; or i. (except in OK) mountaineering, sky diving, hang gliding or bungee jumping; or j. (except in OK) riding in or driving any motor-driven vehicle in (in GA, an organized race) a race, stunt show or speed test; or k. conditions specifically excluded by Amendment or Endorsement; or l. (except in IN) any Pre-Existing Conditions as defined in the Policy. The Policy (except in GA, including any Rider(s) attached) does not pay Benefits for: a. (except in GA) care that is primarily for: 1) rest; or 2) convalescence; or 3) rehabilitation; or b. (except in GA) treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of Sickness or Injury sustained while traveling for business or pleasure; or c. Total or Partial Disability while You are outside of the United States, its possessions, or Canada; or d. (except in GA) Dental Treatment or plastic surgery for cosmetic purposes. This exclusion does not apply if the treatment or surgery is: 1) due to an Injury; or 2) to restore normal bodily functions; or e. Total or Presumptive Disability that begins while not Employed. We will not pay Benefits for any period the Insured is incarcerated in any type of penal institution (in TX, due to a felony conviction).

## PRE-EXISTING CONDITIONS

The Policy does not cover Pre-Existing Conditions for any loss that occurs during the first 12 months beginning on the date that person becomes an Insured under the Policy (in TN, whether disclosed in the application or not does not apply). Any Disability resulting from a Pre-Existing Condition will not be covered if it begins during the first 12 months after the Policy Effective Date. Refer to When a Recurrent Disability Becomes a New Disability section for a Recurrent Disability from a Pre-Existing Condition. By Pre-Existing Conditions, We mean a condition for which a Physician prescribed, recommended or gave to the Insured during the 12 months before the Insured's Policy Effective Date: 1) treatment; or 2) medical advice; or 3) consultation; or 4) diagnosis or diagnostic tests; or 5) medication. For any person who was age 65 and over when they become an Insured under the Policy, Pre-Existing Conditions shall mean only those conditions specifically excluded in any part of the contract or attached endorsement. Conditions specifically named or described as excluded in any part of the Policy are never covered. In TX, with respect to coverage provided under any Riders attached to the Policy that provide coverage for Hospital, medical or surgical benefits, credit will be given for any portion of the Pre-existing Condition Limitation that was met under the previous plan to which the Policy is a successor.

## TERMINATION

The Policy will end on the earliest of: a. the date You fail to pay Premiums within Your Grace Period; or b. the date You die; or c. the Policy Anniversary Date after You turn age 70; or d. the date You notify Us in writing to end the Policy. All coverage under the Policy and any attached Rider(s) will terminate when the Policy ceases to be in force. (In FL, if You fail to pay Premiums within the Grace Period, and Your Premiums are due to be paid by You less frequently than monthly, We will give you at least 10 days written notice of Termination to Your last known address according to our records. The notice of Termination due to Your nonpayment of Premiums will be without prejudice to any claim that began prior to the effective date of cancellation.) Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse. When an Insured Dependent's coverage ends, We will: a. refund any Premium accepted for the period the Insured is not eligible; and b. consider any claim that began before the insurance ended; and c. allow a conversion policy as set forth in the Conversion Privilege provision of the Policy.

## 30\* DAY RIGHT TO EXAMINE POLICY

You have thirty (30\*) days to examine the policy. If you are not satisfied, you may return it to us and have your premiums refunded. In OK, we do not return any premiums or monies paid within 30 days from the date of cancellation. We will pay interest on the proceeds.

*\*In FL, 10 day.*

Benefit exclusions and limitations apply to the policy.

**For costs or complete details of coverage, contact your agent or the Company.**

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

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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

WHITFE-GDI (BBR)

## Biweekly Payroll Deduction Cost

Tax Free Monthly Benefit	6 Month Benefit	1 Year Benefit
\$ 600 per month Benefit	\$14.00	\$17.00
\$ 700 per month Benefit	\$16.00	\$19.00
\$ 800 per month Benefit	\$18.00	\$22.00
\$ 900 per month Benefit	\$20.00	\$24.00
\$ 1000 per month Benefit	\$22.00	\$27.00
\$ 1100 per month Benefit	\$24.00	\$29.00
\$ 1200 per month Benefit	\$26.00	\$32.00
\$ 1300 per month Benefit	\$27.00	\$34.00
\$ 1400 per month Benefit	\$29.00	\$36.00
\$ 1500 per month Benefit	\$31.00	\$39.00
\$ 1600 per month Benefit	\$33.00	\$41.00
\$ 1700 per month Benefit	\$35.00	\$44.00
\$ 1800 per month Benefit	\$37.00	\$46.00
\$ 1900 per month Benefit	\$39.00	\$48.00
\$ 2000 per month Benefit	\$41.00	\$51.00
\$ 2100 per month Benefit	\$43.00	\$53.00
\$ 2200 per month Benefit	\$45.00	\$56.00
\$ 2300 per month Benefit	\$47.00	\$58.00
\$ 2400 per month Benefit	\$49.00	\$61.00
\$ 2500 per month Benefit	\$50.00	\$63.00
\$ 2600 per month Benefit	\$52.00	\$65.00
\$ 2700 per month Benefit	\$54.00	\$68.00
\$ 2800 per month Benefit	\$56.00	\$70.00
\$ 2900 per month Benefit	\$58.00	\$73.00
\$ 3000 per month Benefit	\$60.00	\$75.00
\$ 3100 per month Benefit	\$62.00	\$77.00
\$ 3200 per month Benefit	\$64.00	\$80.00
\$ 3300 per month Benefit	\$66.00	\$82.00
\$ 3400 per month Benefit	\$68.00	\$85.00
\$ 3500 per month Benefit	\$70.00	\$87.00
\$ 3600 per month Benefit	\$72.00	\$90.00
\$ 3700 per month Benefit	\$74.00	\$92.00
\$ 3800 per month Benefit	\$75.00	\$94.00
\$ 3900 per month Benefit	\$77.00	\$97.00
\$ 4000 per month Benefit	\$79.00	\$99.00
\$ 4100 per month Benefit	\$81.00	\$102.00
\$ 4200 per month Benefit	\$83.00	\$104.00
\$ 4300 per month Benefit	\$85.00	\$106.00
\$ 4400 per month Benefit	\$87.00	\$109.00
\$ 4500 per month Benefit	\$89.00	\$111.00
\$ 4600 per month Benefit	\$91.00	\$114.00
\$ 4700 per month Benefit	\$93.00	\$116.00
\$ 4800 per month Benefit	\$95.00	\$118.00
\$ 4900 per month Benefit	\$97.00	\$121.00
\$ 5000 per month Benefit	\$98.00	\$123.00