Cancer and/or Heart and Stroke

Agent Guide

Lump Sum Cancer Policy Form: AK7029
Optional Cancer Recurrence Benefit Rider: AK7029CR
Lump Sum Heart & Stroke Policy Form: AK7030
Optional Heart & Stroke Restoration of Benefits Rider: AK7030RR

ManhattanLife Insurance and Annuity Company
Standard Life and Casualty Insurance Company

Agent Use Only

Rates can be found in brochure

ManhattanLife™
Standing By You. Since 1850.

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COVERAGE OPTIONS

- Individual
- Individual & Spouse
- One Parent
  - Covers one adult and all dependent children[1]
- Family
  - Covers the primary insured, their spouse & all dependent children[1]
- Group
  - Group consists of 3 or more individuals[2]

1 All children must be listed on the policy to be covered.

2 The Group Administrator must complete a Group Set Up form prior to writing the group. The form available on the Agent Resource Center.

ISSUE AGES

Applicants must be between the ages of 20-84 to apply for coverage. For “Individual & Spouse” and “Family” coverage, we will determine the issue age based on the age of whichever spouse is older on the date they sign the application.

Dependent child coverage is available to unmarried children under the age of 26.

GENERAL INFORMATION

The Cancer Policy provides a one-time, lump sum benefit for the initial diagnosis of a qualifying cancer.

The Heart & Stroke Policy may provide multiple benefits depending on which and how many qualifying events an insured experiences.

BEFORE COMPLETING AN APPLICATION

Review the specifics of each policy and ensure your applicant understands the costs and benefits. Always take time with your applicant to assure they fully understand all application questions and terminology.

COMPLETING AN APPLICATION

You can complete and submit applications through our online enrollment platform, ManhattanDirect2.0, which is available via the Agent Resource Center. In addition to electronic applications, paper applications can be submitted via Easy Upload in the Agent Resource Center, by mail, or by fax.

Follow these guidelines when completing an application:

- You must have a license in the applicant's resident state.
- You must use the state specific version of the application that matches the applicant's resident state.
- ALL answers to the health questions should be recorded on the application verbatim, as the applicant states them to you.
- If both spouses apply for coverage, each person must sign the application.
- White Out is not allowed.
    - If a question is answered in error, draw a single line through the error and have the applicant initial the correction.
- ***We cannot accept any application that has been altered or corrected*** with regard to the applicant's signature, the date signed, or the licensed agent's signature.
- The Company must receive the application within **30 days** of the application signature date.
    - If we receive an application **31 days** after the application signature date, we will require a new, completed, and currently dated application. We will base the premium on the applicant's age as of the new application signing date.

MAILING ADDRESSES & FAX FOR APPLICATIONS

Mailing Addresses:

New Business
10777 Northwest Freeway
Houston, TX 77092
Fax Number: 713-481-8216

New Business
P.O. Box 924408
Houston, TX 77292

EFFECTIVE DATES

- Coverage is not guaranteed until we have approved and issued the policy.
- The applicant cannot request an effective date that is before the application date or more than 60 days after the applications signature date.
- Insurance policies cannot be effective on the 29th, 30th, or 31st of the month.
- The Effective Date of the policy will be the Policy Date stated on the schedule page. It is not the date the applicants sign their application. The company determines the Effective Date when the Underwriting Department approves the application.

PROCESSING DELAYS

If we receive an application with incomplete or missing information that is critical for risk evaluation, we will issue an amendment to the application. Critical information includes but is not limited to:

- Benefit amount
- Complete residential address
- Date of birth for any applicant
- SSN or TIN
- ANY unanswered health questions
- Applicant's signature or mother's maiden name for E-applications
- Replacement forms
- Agent appointment not granted
- Inaccurate quoted premium

APPLICATION STATUS

For your convenience, you can access ManhattanLife any time to verify the processing status on a submitted application.

Data Entry	In the process of being entered into the policy admin system
Pending Information	Missing items identified during data entry
Pending Agent Appointment	Application processed, but agent appointment is pending
Underwriting	Health history review
Pending PHI	Pending telephone interview with applicant
Withdrawn	Application closed
Not Taken	Policy cancelled within the “Free Look” period
Decline	Not eligible for coverage
Approved, future policy effective date	Application approved, pending policy effective date
Approved, Pending Premium Draft	Application approved, but pending initial premium draft
Active, Premium Paying	Policy Inforce

APPLICATION ASSITANCE

If you have any questions about the application or how to best answer specific questions, please call ManhattanLife at 1-800-879-6542.

AVAILABLE BENEFIT AMOUNTS

The benefit amounts available to any one Covered Person for each policy and optional rider are $5,000 up to $75,000 in increments of $5,000. Rates can be calculated using the brochure.

LUMP SUM CANCER BENEFITS

If a Physician diagnoses a Covered Person with Cancer or malignant melanoma (excluding all other Skin Cancer), we will pay the Lump Sum Cancer Benefit Amount shown in the Policy Schedule.

- No benefit is payable for the diagnosis of any Skin Cancer except malignant melanoma or any conditions specifically excluded by amendment or endorsement.
- Each Covered Person is limited to one (1) Cancer Benefit under the Policy terms.
- The maximum First Occurrence Benefit amount on any one life for all products issued by ManhattanLife, Family Life, or Manhattan Life is $75,000.

CANCER DEFINTION

AS DEFINED IN THE POLICY: means a disease, including Hodgkin's disease, lymphoma, sarcoma, malignant tumors, and malignant melanoma, characterized by the uncontrolled growth and spread of malignant cells and invasion of normal tissue. Cancer is further defined for the purposes of this policy to include Cancer in Situ, which is a Cancer that is in position or localized in the site of origin and which has not spread beyond the organ or tissue in which it originated.

Cancer In Situ and/or pre-malignant conditions or conditions with malignant potential, myelodysplastic and myeloproliferative disorders, leukoplakia, hyperplasia, benign carcinoid tumors, Bowen's disease, Letterer-Siwe disease and non-malignant melanoma will not be considered Cancer and therefore not covered under this Policy.

Skin Cancer other than malignant melanoma, is not considered Cancer and therefore will not be covered under this Policy.

OPTIONAL CANCER RECCURENCE BENEFIT RIDER

This is an optional rider available for an additional premium. This Rider has Issue Ages of 20-84 only. See policy schedule for specifics.

RIDER PAYMENT CONDITIONS

A Cancer Recurrence Benefit is payable each time a Covered Person receives a diagnosis for the recurrence of Cancer. However, for the Cancer Recurrence Benefit to be payable:

1. diagnosis must be made within the United States or its territories;
2. the diagnosis must occur while the Covered Person is covered by this Rider;
3. payment shall be precluded by any general or specific exclusion, limitation or reduction set forth in this Rider or attached to the Policy or any failure by the Covered Person to meet any condition precedent;
4. the Lump Sum Cancer Benefit Amount under the Policy to which this Rider is attached shall have been previously paid for the Covered Person; and,
5. the Covered Person shall not have received any Advice or Treatment for at least twenty-four (24) consecutive months prior to the Date of Diagnosis for the recurrence of Cancer.

The amount payable for the recurrence of Cancer is equal to the percentage multiplied by the Cancer Recurrence Rider Benefit Amount shown on the Policy Schedule or Policy endorsement.

If a Covered Person receives benefits payable under this Rider for the recurrence of Cancer that is less than 100% of the Cancer Recurrence Rider Benefit Amount payable, and later receives a diagnosis for a different recurrence of Cancer, We will pay the specified percentage that is shown on the Policy Schedule, less any prior amounts paid or payable under this benefit for such Covered Person.

However, for the Cancer Recurrence Benefit to be payable such diagnosis of Cancer must be separated by at least twenty-four (24) consecutive months from a Covered Person's last Date of Diagnosis for Cancer under this Rider.

The Lifetime Maximum Benefit Amount of Cancer recurrence benefit We will pay for each Covered Person is shown on the Policy Schedule or Policy endorsement. After payment of the maximum percentage of the Cancer Recurrence Rider Benefit Amount for a Covered Person shown on the Policy Schedule, coverage for that Covered Person will terminate under this Rider.

HEART & STROKE BENEFITS

We will pay the Lump Sum Heart and Stroke Benefit if a Covered Person receives a Diagnosis of any of the Qualifying Events subject to the definitions, terms, limitations, and exclusions set forth in this Policy and the following conditions:

1. the Date of Diagnosis is after the Waiting Period has expired;
2. the Date of Diagnosis shall occur while the Covered Person is covered by this Policy; and,
3. payment shall be precluded by any general or specific exclusion, limitation or reduction set forth in or attached to this Policy (including, without limitation, the exclusion for any Pre-Existing Condition) or any failure by the Covered Person to meet any condition precedent.

The amount payable for each Qualifying Event is equal to the percentage multiplied by the Lifetime Maximum Benefit Amount for this Lump Sum Heart and Stroke Policy, as shown on the Policy Schedule or Policy endorsement.

The Coronary Artery Bypass Surgery, Aortic Surgery, Heart Valve Replacement/Repair Surgery, Angioplasty, and Stent benefits are each payable only once in a Covered Person's lifetime.

If a Covered Person receives benefits payable for a Qualifying Event that is less than 100% of the Lifetime Maximum Benefit Amount for this Lump Sum Heart and Stroke Policy and later receives a Diagnosis for a different Qualifying Event, We will pay the specified percentage of the Qualifying Event on the Policy Schedule or by Policy endorsement, subject to the Lifetime Maximum Benefit Amount.

If the Date of Diagnosis of two (2) or more Qualifying Events are on the same day, We will pay only one (1) Qualifying Event Benefit Amount. We will pay the larger of the Qualifying Event benefits Diagnosed on the same day.

The Date of Diagnosis of two (2) or more Qualifying Event surgical treatments performed at the same time and through a common incision or entry point are considered one (1) operation. We will pay the larger of the Qualifying Event benefits performed at the same time.

HEART & STROKE QUALIFYING BENEFITS

Qualifying event means one (1) of the diseases, conditions, or surgical procedures listed below for which benefits may be payable:

- Angioplasty
- Aortic Surgery
- Coronary Artery Bypass Surgery
- Heart Attack
- Heart Transplant
- Heart Valve Replacement/Repair Surgery
- Stents
- Stroke

ANGIOPLASTY means reconstitution or recanalization of a blood vessel. It may involve balloon dilation, mechanical stripping of intima, or forceful injection of fibrinolytics. The Physician performing the procedure must be a board-certified cardiologist. Placements of a stent or other surgical or non-surgical techniques such as laser relief or any other intra-arterial procedures are excluded.

AORTIC SURGERY means undergoing surgery for disease of the aorta needing excision and surgical replacement of a portion of the diseased aorta with a graft. The Physician performing the procedure must be a board-certified cardiologist, cardiovascular thoracic surgeon, or vascular surgeon. For this definition, aorta means the thoracic and abdominal aorta but not its branches.

CORONARY ARTERY BYPASS SURGERY means open heart surgery to correct narrowing or blockage of one (1) or more coronary arteries with bypass grafts, but excluding procedures such as, but not limited to, balloon angioplasty, laser relief, or other nonsurgical procedures. This surgery requires placement of the Covered Person on a cardiac-pulmonary bypass machine and must be performed by a Physician who is a board-certified cardiothoracic surgeon. Other surgical or non-surgical techniques such as any other intra-arterial procedures are excluded.

HEART ATTACK means the myocardial infarction, coronary thrombosis, or coronary occlusion that is Diagnosed or treated after the Policy Effective Date. The following are not considered as a Heart Attack: congestive heart failure, atherosclerotic heart disease, an EKG change consistent with transient ischemic change, angina, chance finding of EKG changes suggestive of a previous Heart Attack, coronary artery disease or any other dysfunction of the cardiovascular system, or death of the heart muscle coincident with death of a Covered Person from other causes. Diagnosis of a Heart Attack must be positively made by a Physician who is board-certified and be based on all of the following criteria:

1. associated new EKG changes consistent with injury;
2. elevation of cardiac enzymes above generally accepted laboratory levels of normal (a diagnostic elevation of Troponin I or in the case of CPK, a CPK-MB measurement must be used); and,
3. confirmatory imaging studies such as thallium scans, MUGA scans or stress echocardiograms.
4.

HEART TRANSPLANT means a surgery in which a Covered Person receives, from a suitable donor and in accordance with generally accepted medical procedures, as a result of a surgical transplant, a heart, heart-lung, or other combination transplant including heart. For the transplant to be covered under this Policy, the Covered Person must be registered by the United Network for Organ Sharing (UNOS) or the National Marrow Donor Program (NMDP). It does not include transplants involving mechanical or non-human organs.

HEART VALVE REPLACEMENT/REPAIR surgery means undergoing open heart surgery to replace or repair one (1) or more valves. The surgery must be performed by a Physician who is a board-certified cardiologist or cardiovascular surgeon.

STENTS means the surgical placement of a stent for the purpose of correcting narrowing or blockage of one (1) or more coronary arteries caused by heart disease.

STROKE means an acute cerebral vascular accident (due to rupture or acute occlusion of a cerebral artery) producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit, positively Diagnosed by a Physician, persisting for at least thirty (30) days. This definition of stroke shall specifically exclude transient ischemic attacks, attacks of vertebrobasilar ischemia, head injury, chronic cerebrovascular insufficiency, and reversible ischemic neurological deficits. The Physician who makes the diagnosis must be a board-certified neurologist.

OPTIONAL HEART & STROKE RESTORATION OF BENEFITS RIDER

This is an optional rider available for an additional premium. This Rider has Issue Ages of 20-54 only. See policy schedule for specifics.

RIDER PAYMENT CONDITIONS

Subject to the Benefit Payment Conditions listed below, a Heart & Stroke Restoration Benefit is payable when a Covered Person receives a Diagnosis of a Heart Attack, Stroke, or Heart Transplant, as defined under “Definitions” in the Policy. However, for the Heart & Stroke Restoration Benefit to be payable:

1. diagnosis must be made within the United States or its territories;
2. the Diagnosis shall occur while the Covered Person is covered by this Rider; and payment shall be precluded by any general or specific exclusion, limitation or reduction set forth in this Rider or attached to the Policy or any failure by the Covered Person to meet any condition precedent,
3. The Lump Sum Heart and Stroke Policy Benefit for the Heart Attack, Heart Transplant, or Stroke Qualifying Event benefit under the Policy to which this Rider is attached shall have been previously paid for the Covered Person; and,
4. such Heart Attack, Stroke, or Heart Transplant diagnosis must be separated by at least twenty-four (24) consecutive months from a Covered Person’s last Date of Diagnosis for a Heart Attack, Stroke, or Heart Transplant under the Policy to which this Rider is attached.

The amount payable for the Heart Attack, Stroke, or Heart Transplant is equal to the percentage multiplied by the Heart & Stroke Restoration Benefit Amount shown on the Policy Schedule or Policy endorsement.

If a Covered Person receives benefits payable under this Rider for a Heart Attack, Stroke, or Heart Transplant that is less than 100% of the Heart and Stroke Restoration Benefit Amount payable under this Rider and later receives a diagnosis for a different Heart Attack, Stroke or Heart Transplant, We will pay the specified percentage that is shown on the Policy Schedule, less any prior amounts paid or payable under this benefit for such Covered Person. However, for the Heart and Stroke Restoration Benefit to be payable such Heart and Stroke Restoration Benefit Diagnosis must be separated by at least twenty-four (24) consecutive months from a Covered Person’s last Date of Diagnosis for a Heart Attack, Stroke, or Heart Transplant under this Rider.

The Lifetime Maximum Amount of the Heart and Stroke Restoration Benefit Amount We will pay for each Covered Person is shown on the Policy Schedule or Policy endorsement. After payment of the maximum percentage of the Heart and Stroke Restoration Benefit Amount for a Covered Person shown on the Policy Schedule, coverage for that Covered Person will terminate under this Rider.

CANCER, HEART & STROKE: LIMITATIONS & EXCLUSIONS

In addition to any benefit-specific conditions, limitations, or exclusions, no benefits will be payable under this Policy for:

1. any disease, sickness, or incapacity other than Qualifying Event; this is even though such disease, sickness or incapacity may have been complicated, affected (directly or indirectly) or caused by a Qualifying Event;
2. Loss that begins prior to the Policy Effective Date;
3. A Qualifying Event Diagnosed during the Waiting Period;
4. Diagnosis received outside the United States or its territories;
5. Intentionally self-inflicted injury, suicide, or any attempt while sane or insane;
6. Any illness specifically excluded from the definition of Qualifying Events listed in this Policy;
7. Anything for which no charge was incurred by the Covered Person.

GENERAL UNDERWRITING GUIDELINES

Underwriting Program

- Simplified Underwriting
  - Simple “Yes”/ “No” knock-out questions.
  - Additional underwriting requirements may be needed such as:
    - Pharmaceutical History
    - Phone Interview
- Fully Underwritten – required for $50,001+ benefit amount
  - Additional underwriting requirements may include:
    - MIB Inquiry
    - Pharmaceutical History
    - Phone Interview

Lump Sum Cancer Uninsurable Medical Conditions

- Applicants who have been diagnosed with or treated for:
  - Human Immunodeficiency Virus (HIV);
  - Acquired Immune Deficiency Syndrome (AIDS);
  - AIDS Related Complex (ARC); and/or
  - An AIDS related condition
- Applicants who, within the last 5 years, have:
  - Had Cancer,
  - Been treated for Cancer in any form including carcinoma in situ, and/or
  - Had a history of melanoma, Hodgkin’s disease, or leukemia.
- Applicants who, within the last 12 months, have:
  - Had an elevated or rising prostate specific antigen (PSA) or carcinoembryonic antigen (CEA) test,
  - Had abnormal results from a mammogram, pap smear, radiological exam, biopsy, or scope procedure, and/or
  - Received treatment

- Applicants who, within the last 12 months, experienced any of the following for which medical advice, diagnosis, and/or treatment has not yet been obtained:
    - Unexplained weight loss,
    - A lump, growth, or tumor in a breast or elsewhere, and/or
    - A change in a mole.

Lump Sum Heart & Stroke Uninsurable Medical Conditions

- Applicants who have been diagnosed with or treated for:
    - Human Immunodeficiency Virus (HIV);
    - Acquired Immune Deficiency Syndrome (AIDS);
    - AIDS Related Complex (ARC); and/or
    - An AIDS related condition
- Applicants who, within the last 5 years, have received advice from a medical professional to have any diagnostic testing or surgeries related to any disease of the heart or circulatory system.
    - This includes any testing any testing that has not been completed or that has pending results.
- Applicants who, within the last 5 years, have consulted with a medical professional for or have been diagnosed, treated, or hospitalized for:
    - Myocardial infarction (heart attack),
    - Stroke or Transient Ischemic Attack (TIA),
    - Any disorder of the heart or circulatory system, including but not limited to arteries, veins, lymphatic nodes, and vessels,
    - Insulin-dependent diabetes,
    - Diabetic neuropathy or retinopathy,
    - Uncontrolled hypertension (high blood pressure), and/or
    - Hypertension requiring more than 2 medications to regulate.

Height and Weight Charts

Adult

Male			Female		
Height	Avg. Weight	Decline	Height	Avg. Weight	Decline
5’ 0”	129	196+	4’ 8”	107	174+
5’ 1”	133	202+	4’ 9”	110	179+
5’ 2”	138	210+	4’ 10”	113	183+
5’ 3”	143	217+	4’ 11”	115	186+
5’ 4”	147	223+	5’ 0”	118	192+
5’ 5”	151	230+	5’ 1”	121	197+
5’ 6”	156	237+	5’ 2”	124	202+
5’ 7”	160	243+	5’ 3”	128	208+
5’ 8”	165	251+	5’ 4”	131	213+
5’ 9”	170	259+	5’ 5”	134	218+
5’ 10”	174	265+	5’ 6”	137	223+
5’ 11”	179	273+	5’ 7”	141	230+
6’ 0”	184	280+	5’ 8”	145	236+
6’ 1”	190	290+	5’ 9”	150	245+
6’ 2”	195	297+	5’ 10”	153	249+
6’ 3”	201	307+	5’ 11”	159	259+
6’ 4”	206	314+	6’ 0”	164	268+
6’ 5”	211	322+	6’ 1”	168	274+
6’ 6”	217	331+	6’ 2”	172	281+
6’ 7”	223	340+	6’ 3”	176	287+
6’ 8”	228	348+	6’ 4”	181	296+

Child

Male and Female

Ages	MIN	MAX	Ages	MIN	MAX	Ages	MIN	MAX
0 – 2 Yrs.	LBS.	LBS.	3 – 9 Yrs.	LBS.	LBS.	10 – 14 Yrs.	LBS.	LBS.
20"	5	14	30"	18	40	48"	44	92
24"	9	23	32"	20	42	52"	54	108
26"	10	26	34"	22	44	56"	63	126
28"	13	31	36"	24	50	60"	74	144
30"	15	36	38"	26	54	62"	81	155
32"	18	40	40"	30	58	64"	87	166
34"	21	42	42"	32	64	66"	94	176
36"	23	48	46"	38	78	68"	100	186
38"	26	54	50"	46	94	72"	113	206
40"	29	59	54"	56	111	74"	120	216
			58"	66	128	76"	126	228

Underwriting Outcomes

- Approve
- Decline
    - Applicant has been denied coverage
    - Any applicant who answers “Yes” to any health questions will be excluded from coverage

WAITING PERIOD

Both policy forms have a thirty (30) day Waiting Period.

The Waiting Period is the first thirty (30) days following the Policy Effective Date.

- No benefits will be paid for a Qualifying Event or Cancer diagnosed during the Waiting Period.
- If a Covered Person is diagnosed with a Qualifying Event or Cancer during the Waiting Period, we will terminate the Covered Person's coverage and refund the applicable portion of premium paid.

OTHER CANCER INSURANCE WITH US

The insured and their estate are limited to one inforce Cancer First Occurrence Benefit Policy, similar Cancer Policy, and Viva Life Living Benefits with one of our Companies. We will return all premiums paid for duplicate coverage periods for all other such policies.

RENEWAL

Both policy forms are guaranteed renewable subject to the Company's right to change premiums.

CONVERSION PRIVILEGE

If Your Spouse's coverage under this Policy ends due to a divorce or lawful dissolution, a policy of Lump Sum Cancer (hereinafter called a Conversion Policy) may be applied for subject to the following conditions:

1. an application for the Conversion Policy and the first premium must be received by Us within thirty-one (31) days after the date on which the Covered Person's coverage under this Policy ends;

2. the premium for the Conversion Policy will be the premium payable on the effective date of the Conversion Policy for the form and amount of coverage provided;

3. the effective date of the Conversion Policy will be the date coverage ends for the Covered Person under this Policy;
4. the Conversion Policy will not provide benefits greater than those provided to the Covered Person under this Policy;
5. the converted coverage will be as provided on a substantially similar or comparable policy form then being issued by Us;
6. any special provisions that apply to a Covered Person under this Policy will also apply under the Conversion Policy;
7. any benefit amounts paid for a Covered Person under this Policy will be applied to any benefit limits under the Conversion Policy;
8. no Pre-Existing Condition or Waiting Period limitation will be imposed unless there was an unexpired Pre-Existing Condition or Waiting Period limitation prior to conversion; and,
9. other Dependents may be covered under the Conversion Policy but may not be covered under both policies.

PREMIUM PROCESSING

Bank Draft

- Initial premium for Bank Draft applications will be drafted on the Issue Date.
    - Subsequent drafts will occur monthly on the day which the policy became effective unless otherwise requested.
        - Example: For Policy with Effective Date 10/12/2021, bank draft will occur on the 12th of every month.
    - The applicant can request a different bill date on their application.
        - **Billing dates requested to draft on the 29th, 30th, or 31st will be drafted on the 28th of the month.**
        - The bill date should not be more than 15 days after the policy Effective Date.
            - **If the bill date is more than 15 days after the Effective Date, our system will draft the policyholders account twice the first month to make sure their policy does not lapse before the next bill date.**
    - All premium modes can be drafted – monthly, quarterly, semi-annual & annual.

Direct Billing

- If Direct Billing is selected as the payment method, we must receive the initial premium **within 30 days of the Issue Date**.
    - No commissions or claims are processed until we receive the initial premium.
    - Direct Billing is available for quarterly, semi-annual & annual premium modes only.
    - **Billing dates cannot be on the 29th, 30th, or 31st for Direct Billing.**

Payment

The Company does not accept:

- Post-dated checks
- Credit Cards
- Personal checks from an agent or agency
- Partial Payments
- C.O.D. applications

All checks must be payable to the company that underwrote the policy, either:

- ManhattanLife Insurance and Annuity Company
- Standard Life and Casualty Insurance Company

Employer List Bill:

- On payroll deduction business, you must submit a Premium Payment Agreement form (AIA0001_0118). A true employer/employee relationship as outlined in that form must exist. You can download this form from the Agent Resource Center.
- For ManhattanLife to accommodate an employer and bill them as they instruct, we must have received all necessary material in the Home Office 14 days prior to the requested due date.