ManhattanLife™
Standing By You. Since 1850.

PAID Enhanced

Personal Accident Indemnity Delivery

This is Accident Only Insurance

Product Features

- Helps you pay for out-of-pocket expenses
- 2 options: 24-hour, or off-the-job only
- Issue ages 18 - 84
- Guaranteed renewable for life, 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
- Blood Screening Test
- Dental Exam
- Eye Examination
- Flexible Sigmoidoscopies
- Immunization
- Mammogram
- Pap Smear
- PSA Test
- Ultrasounds

The Policy must be in force 30 days before the Optional Wellness benefit is payable.

**Not approved in CA, MI, MO, PA and WA.*

ACCIDENT

Scan the QR Code to view the full brochure!

PEH-QG_1025

Plan Benefits and Highlights

- Accidental Death
- Air and Ground Ambulance*
- Ambulatory Surgical Center Facility and/or Outpatient Hospital Facility
- Burns*
- Chiropractor Visits
- Coma
- Concussion
- Emergency Dental
- Emergency Room Treatment
- Hospital Admission & Confinement
- Intensive Care Unit*
- Lodging
- Paraplegia
- Physical Therapy*
- Physicians Follow-up Visits
- Quadriplegia
- Rehabilitation Unit - Admission
- Surgery*
- Transportation
- Urgent Care Facility
- X-Ray

Also included are benefits for 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.

**Denotes expanded benefits*

PAID Rates

Available Payment Modes

List Bill Applications: **Weekly, Bi-Weekly, Semi-Monthly, Monthly**

Individual Applications: **Monthly**

Forms AK7025, AK7024 Accident Policy Rate Schedule								
	Weekly Premium		Bi-Weekly Premium		Semi-Monthly Premium		Monthly Premium	
	One Unit	Two Units	One Unit	Two Units	One Unit	Two Units	One Unit	Two Units
24-Hour Coverage								
Individual	$4.23	$5.08	$8.46	$10.15	$9.17	$11.00	$18.33	$22.00
Individual/ Spouse*	$5.96	$7.38	$11.92	$14.77	$12.92	$16.00	$25.83	$32.00
Individual/ Child(ren)	$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-Job Coverage Only								
Individual	$3.58	$4.15	$7.15	$8.31	$7.75	$9.00	$15.50	$18.00
Individual/ Spouse*	$5.60	$6.75	$11.19	$13.50	$12.13	$14.63	$24.25	$29.25
Individual/ Child(ren)	$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 Rider**				
	Weekly Premium	Bi-Weekly Premium	Semi-Monthly Premium	Monthly Premium
Individual	$0.69	$1.38	$1.50	$3.00
Individual/ Spouse*	$1.38	$2.77	$3.00	$6.00
Individual/ Child(ren)	$1.38	$2.77	$3.00	$6.00
Family	$2.08	$4.15	$4.50	$9.00

* In CA and NV, Spouse or Domestic Partner; *In HI, Spouse or Reciprocal Beneficiary*.

*** Not approved in CA, ID, MI, MO, PA and WA.*

Benefits and rider may vary by state and may not be available in all states.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the PAID product at disclosure.manhattanlife.com. Please review this information before applying for coverage. The amounts of benefits provided depend on the plan selected. Premiums will vary according to the selection made.

Policy Form Numbers: AK7025, AK7024 (including state variations)

Rider Form Number: AK7027 (including state variations)

This flyer only provides a brief description of the important features of your policy. Only the actual policy provisions will control; therefore, it is important that you READ YOUR POLICY CAREFULLY.

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