ManhattanLife™
Standing By You. Since 1850.

OmniFlex™ Short-Term Care Underwriting Guide

Questions: 800.842.7799

ManhattanLife's OmniFlex™ Short-Term Care utilizes two-tiered underwriting to ensure coverage is available to a wider range of clients. The more familiar you are with the factors that go into evaluating eligibility, the more confident you and your client can be about deciding whether to proceed with an application.

Two-Tiered Underwriting (Defined)

The OmniFlex™ STC policy application has two distinct sections of questions related to the applicant's health history.

Part 1 of the health questions are used to determine overall plan eligibility. If any answer to questions in Part 1 are "YES", the applicant is not eligible.

Part II of the health questions will determine whether some benefit restrictions will apply. If any answer to Part II questions are "YES", the simple inflation benefit is not available, and the applicant will be limited to a maximum of $100 Daily Benefit on the base Policy, Home Health Care Rider, and Hospital Indemnity Rider.

NOTE: Answering "NO" to all medical questions on the application does not guarantee acceptance. The underwriter reviews the applicant's entire medical history when making their decision.

Issue Ages

OmniFlex™ is available to applicants between 45 - 89. Consideration is based on issued age.

Underwriting Requirements

An applicant's build / Body Mass Index (BMI) is NOT a factor when determining eligibility for OmniFlex™.

Eligibility for OmniFlex™ is based on applicant answers to the health questions on the application, a pharmaceutical check and telephone interview clarification call (as needed).

The telephone interview is only required if clarification is needed regarding medications. Please refer to the ManhattanLife STC Medication List.

In the event ManhattanLife is unable to complete a phone interview, additional medical records may be required.

Download OmniFlex™ Medication List

Pre-screen Your Tough Cases

Do you have a client with a lengthy or complicated health history? Utilize our OmniFlex™ prescreen form to help you determine eligibility for even your toughest cases!

Complete the OmniFlex™ Health Prescreen Form with your client's information and follow the submission instructions.

Download OmniFlex™ Health Prescreen Form

ManhattanLife Underwriting Contacts:

Health Prescreen: 800-672-4535 option 9, then option 2 (OmniFlex)
Interview Clarification Call (PHI): 800-672-4535 option 8, then option 2 (OmniFlex)

STCUnderwriting@manhattanlife.com

Hours to reach OmniFlex™ Underwriting Team:

- Monday - Thursday: 8:00 a.m. to 5:00 p.m. Central Time
- Friday: 8:00 a.m. to 2:00 p.m. Central Time

GoldenCare
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AN INTEGRITY COMPANY

QUESTIONS?
Call our Marketing Team at **800.842.7799** or email marketing@goldencareusa.com

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ManhattanLife's OmniFlex™ Short-Term Care application approval process is 48-72 hours on average. These Frequently Asked Questions will help you avoid underwriting delays.

Q: What is the average time frame for policy issue?

A: 48-72 hours. Please review the tips below to ensure timely approval and policy issuance.

Q: What notifications are made upon OmniFlex™ policy approval?

A: Currently, ManhattanLife does not send any notifications/emails to the insured on policy approval. Insureds only receive their printed policy if that option is elected at time of application.

Q: Why do we need a diagnosis for the medications listed on the application?

A: ManhattanLife requires a definitive diagnosis for each medication to accurately determine the conditions the applicant is being treated for. This information helps us process applications more efficiently. **If a diagnosis is missing or marked as "NA," it can delay the underwriting process.** Complete information allows us to make faster decisions, and in many cases, approve the application on the same day.

Q: What is a "Definitive Diagnosis"?

A: A definitive diagnosis specifies the exact condition being treated. General terms or drug classes are not sufficient. Here are some examples for what we need:
- Pain: Specify the cause (e.g., sciatica, post-surgery pain, arthritis, unspecified knee pain, neuropathy).
- Prevention: State the reason (e.g., past cancer treatment, history of blood clots). There is a reason that prevention is prescribed.
- Blood Thinner: Explain the condition (e.g., atrial fibrillation, post stroke in 2020).
- Diuretic: Clarify the purpose (e.g., high blood sure, swelling).
- Heart/Circulation Issues: Detail the specific contion (e.g., congestive heart failure, high blood pressure, atrial fibrillation, murmur).

Providing accurate and detailed information helps us process your application more quickly and reduces theneed for follow-up calls.

Q: How Long does the PHI interview take if needed?

A: Phone Interview times vary depending on the questions that need to be asked and answered, as well as the answers from the applicant.

Q: I forgot to add the medication list to the application. Can I send it later?

A: Once the application is submitted, it is processed immediately. If medications are missing from the application but appear in the prescription report, we only contact the applicant if the medications relate to conditions we underwrite. Agents should ensure all medications are listed on the application or notify STC Underwriting within a couple of hours of submission, as we process applications quickly. Many times, the applicant has already been contacted for their phone health interview by the time the list is received by underwriting. It is important that the medications are listed on the application upon submission.

Q: My applicant said they are not taking any medications and answered all health questions as "No." Why do they need a phone health interview?

A: We review prescription histories for all OmniFlex applicants. If we find recent medications that could indicate a condition we underwrite for, we will call the applicant to clarify the diagnosis and treatment timeframe.

Q: Are there certain medications taken that automatically trigger a PHI?

A: Medications in the RX report that are not listed on the application and could indicate a condition we underwrite for would prompt a PHI.

Q: My client takes a medication that is not listed on the medication list. Does this mean that they will be automatically approved.

A: No. There is no way to make the medication list all-inclusive.

Q: Does ManhattanLife use a build chart?

A: No. For OmniFlex, no build chart is used.

Q: What are the eligibility Questions?

A: Please Click Here to review health questions, of refer to the questions on the application.

Q: What is two-tiered underwriting? How Does this effect my clients benefit options?

A: Omni-Flex offers two levels of benefits: full and limited. Applicants wishing to apply for less than $100 per day and no simple inflation rider would need to pass the first section of health questions on the application. Applicants wishing to apply for OVER $100/day and/or include the simple inflation rider, must pass both sets of health questions.

Q: For Tier 1 underwriting qualification, what - if any - limitations apply to the optional Hospital Indemnity Benefit?

A: For Tier 1 underwriting, just as the Daily Benefit Maximum is $100 for the Facility Care Base & Home Health Care Rider, the same Daily Benefit Maximum of $100 applies to Hospital Indemnity Benefits. Note: the 3, 6 and 20 day Benefit Period options all remain available.

Q: If my client is declined, will they receive a letter with the explanation via mail?

A: Yes, they will receive a letter in the mail outlining the reason for the decline and the process to appeal.

Q: Can my client appeal the underwriter's decision if declined and what is the process to do so?

A: If you would like to appeal the decision, please submit your request in writing. In order to assist us in processing your appeal, please include records regarding the condition for which you were declined. If you request any medical records or other supporting documentation, please note that we do not reimburse any fees associated with such requests. submitted with your application, therefore no If Please submit medical records to:

> **ManhattanLife Insurance and Annuity Company**
> **Attention: Health Underwriting Dept.**
> **10777 Northwest Freeway TX 77092**
> OR
> **Fax to 713-583-8508 Houston, Attention: Health Underwriting Dept.**

NOTE: Appointed agents may also take advantage of GoldenCare's Underwriting Concierge Service for support thoughout the appeal process.

Q: *Do OmniFlex™ declines get reported to the Medical Information Bureau (MIB)?*
A: No, declinations for coverage are not reported to the MIB.

Q: *What are the premiums based upon?*
A: Rates vary by state and age. Consult the state specific rate schedule for pricing details. Rider and benefits may vary by state and may not be available in all states. Refer to our OmniFlex Premium Examples for more detail.

Q: *Can my client increase benefits on their policy?*
A: A request to increase benefits will only be accepted during the policy anniversary. The insured must submit a new application to add riders, increase the daily benefit amount, or decrease the elimination period. The only exception to this rule is if changes are requested within the 30-day free look period.

Q: *Can my client add an inflation rider to an existing policy?*
A: The inflation rider cannot be added to any existing policy. The insured must apply for a new policy and be subject to all first-year percentage and policy provisions.

Q: *Can my client decrease benefits on en existing policy?*
A: Decreased benefit requests must be submitted in writing via email, US mail, or Fax. Riders and benefit amounts can be removed/decreased at any time. Once removed a new application will be required to re-enroll/increase.

Q: *What is the new business submission process?*
A: Refer to the agent guide for full directions on submitting new business with ManhattanLife's e-App.

Q: *Can my client have an existing STC policy and still apply for an OmniFlex plan?*
A: Yes, but they can only hold one OmniFlex policy at any given time.

Q: *What type of affect does tobacco use have on the premium?*
A: Refer to the rate sheet for each state. Smoker to non-smoker rate-change is not allowed.

Q: *Where can I find the medication list?*
A: Download OmniFlex™ Medication List

Q: *Where can I find the prescreen form?*
A: Download OmniFlex™ Health Prescreen Form

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