

Dental, Vision and Hearing

This is a Limited Benefit Insurance Policy for Dental, Vision and Hearing Expenses

Underwritten by ManhattanLife Insurance and Annuity Company

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Alabama

Policy Form AK7016

Thirty-Day Right To Return - Please read Your policy. If you are not satisfied, return the policy to ManhattanLife's Administrative Office or to Your ManhattanLife Insurance and Annuity Company sales Agent within 30 days after You receive it. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. We will return your premium paid, less any claims paid.

Pre-Existing Conditions - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. any intentionally self-inflicted Injury; 3. any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation; 4. any services that are not recommended by a Physician; 5. any Experimental or Investigational procedure or treatment; 6. orthodontic treatment or dental implants; 7. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 8. expenses incurred for surgical procedures (other than Medically Necessary outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 9. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 10. impacted wisdom teeth; 11. occlusal guards; 12. prescription drugs; 13. treatment or diagnosis received while outside the territorial limits of the United States; 14. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 15. loss that occurs while this policy is not in force.

Arizona

Policy Form AK7016-AZ

Ten-Day Right To Return - Please read Your policy. If, for any reason, you are not satisfied, return the policy to ManhattanLife's Administrative Office or to Your ManhattanLife Insurance and Annuity Company sales Agent within 10 days after You receive it. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. We will return your premium paid, less any claims paid.

Pre-Existing Conditions - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

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Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. any intentionally self-inflicted Injury; 3. any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation; 4. any services that are not recommended by a Physician; 5. any Experimental or Investigational procedure or treatment; 6. orthodontic treatment or dental

implants; 7. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 8. expenses incurred for surgical procedures (other than Medically Necessary outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 9. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 10. impacted wisdom teeth; 11. occlusal guards; 12. prescription drugs; 13. treatment or diagnosis received while outside the territorial limits of the United States; 14. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 15. loss that occurs while this policy is not in force.

Arkansas

Policy Form AK7016-AR

Thirty-Day Right To Return - Please read Your policy. If you are not satisfied, return the policy to ManhattanLife's Administrative Office or to Your ManhattanLife Insurance and Annuity Company sales Agent within 30 days after You receive it. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. We will return your premium paid, less any claims paid.

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Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. any intentionally self-inflicted Injury; 3. any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation; 4. any services that are not recommended by a Physician; 5. any Experimental or Investigational procedure or treatment; 6. orthodontic treatment or dental implants; 7. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 8. expenses incurred for surgical procedures (other than Medically Necessary outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 9. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 10. impacted wisdom teeth; 11. occlusal guards; 12. prescription drugs; 13. treatment or diagnosis received while outside the territorial limits of the United States; 14. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 15. loss that occurs while this policy is not in force.

California

Policy Form AK7016-CA

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Pre-Existing Conditions - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

Pre-Existing Conditions are those conditions for which medical advice, diagnosis, care, or treatment was received or recommended within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - Your coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse or Domestic Partner, as defined in this Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse or Domestic Partner, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. any willful and intentional act by the Insured to purposefully cause harm or damage to him-/herself; 3. any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation; 4. any services that are not recommended by a Physician; 5. any Experimental or Investigational procedure or treatment; 6. orthodontic treatment or dental implants; 7. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 8. expenses incurred for surgical procedures (other than outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 9. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), or conductive keratoplasty (CK); 10. impacted wisdom teeth; 11. occlusal guards; 12. prescription drugs; 13. treatment or diagnosis received while outside the territorial limits of the United States; 14. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 15. loss that occurs while this policy is not in force.

Delaware

Policy Form AK7016

Thirty-Day Right To Return - Please read Your policy. If you are not satisfied, return the policy to ManhattanLife's Administrative Office or to Your ManhattanLife Insurance and Annuity Company sales Agent within 30 days after You receive it. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. We will return your premium paid, less any claims paid.

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Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. any intentionally self-inflicted Injury; 3. any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation; 4. any services that are not recommended by a Physician; 5. any Experimental or Investigational procedure or treatment; 6. orthodontic treatment or dental implants; 7. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 8. expenses incurred for surgical procedures (other than Medically Necessary outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 9. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 10. impacted wisdom teeth; 11. occlusal guards; 12. prescription drugs; 13. treatment or diagnosis received while outside the territorial limits of the United States; 14. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 15. loss that occurs while this policy is not in force.

Florida

Policy Form AK7016FL

Thirty-Day Right To Return - Please read Your policy. If you are not satisfied, return the policy to ManhattanLife Insurance's Administrative Office or to Your ManhattanLife Insurance and Annuity Company sales Agent within 30 days after You receive it. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. We will return your premium paid, less any claims paid.

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By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

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Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. any intentionally self-inflicted Injury; 3. any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation; 4. any services that are not recommended by a Physician; 5. any Experimental or Investigational procedure or treatment; 6. orthodontic treatment or dental implants; 7. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 8. expenses incurred for surgical procedures (other than Medically Necessary outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 9. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 10. impacted wisdom teeth; 11. occlusal guards; 12. prescription drugs; 13. treatment or diagnosis received while outside the territorial limits of the United States; 14. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 15. loss that occurs while this policy is not in force.

Georgia

Policy Form AK7016-GA

Thirty-Day Right To Return - Please read Your policy. If you are not satisfied, return the policy to ManhattanLife's Administrative Office or to Your ManhattanLife Insurance and Annuity Company sales Agent within 30 days after You receive it. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. We will return your premium paid, less any claims paid.

Pre-Existing Conditions - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - Your coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - This will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. any intentionally self-inflicted Injury; 3. any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation; 4. any services that are not recommended by a Physician; 5. any Experimental or Investigational procedure or treatment; 6. orthodontic treatment or dental implants; 7. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 8. expenses incurred for surgical procedures (other than Medically Necessary outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 9. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 10. impacted wisdom teeth; 11. occlusal guards; 12. prescription drugs; 13. treatment or diagnosis received while outside the territorial limits of the United States; 14. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 15. loss that occurs while this policy is not in force.

Idaho

Policy Form AK7016-ID

Ten-Day Right To Return - Please read Your policy. If you are not satisfied, return the policy to ManhattanLife's Administrative Office or to Your ManhattanLife Insurance and Annuity Company sales Agent within 10 days after You receive it. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. We will return your premium paid, less any claims paid.

Pre-Existing Conditions - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean conditions that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment during the six (6) months immediately preceding the Policy Effective Date; or, a condition for which medical advice, diagnosis, care, or treatment was recommended or received during the six (6) months immediately preceding the Policy Effective Date.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. any intentionally self-inflicted Injury; 3. any loss to which a contributing cause was your participation in a felony, riot or insurrection; 4. any services that are not recommended by a Physician; 5. any Experimental or Investigational procedure or treatment; 6. orthodontic treatment or dental implants; 7. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 8. expenses incurred for surgical procedures (other than Medically Necessary outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 9. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 10. impacted wisdom teeth; 11. occlusal guards; 12. prescription drugs; 13. treatment or diagnosis received while outside the territorial limits of the United States; 14. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 15. loss that occurs while this policy is not in force.

Illinois

Policy Form AK7016-IL

Right To Examine Policy For 10 Days - Please read Your policy. If you are not satisfied for any reason, return the policy to ManhattanLife's Administrative Office or to Your ManhattanLife Insurance and Annuity Company sales Agent within 10 days after You receive it. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. We will return your premium paid, less any claims paid.

Pre-Existing Conditions - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - Your coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end at 12:01 a.m. local time at Your state of residence on the earlier of: a. when You fail to pay Premiums within Your Grace Period; b. the date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; c. the date all Policies the same as this one are non-renewed or terminated in the state in which this Policy was issued or the state in which You presently reside. We will give You 90 days advance notice, as required by state law, of the termination of Your coverage; d. The date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage; or, e. The Insured performed an act or practice that constitutes fraud or made an intentional misrepresentation of material fact under the terms of the coverage.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child, Eligible Spouse, or Eligible Civil Union Partner as defined in this Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child, Eligible Spouse, or Eligible Civil Union Partner as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation; 3. any services that are not recommended by a Physician; 4. any Experimental or Investigational procedure or treatment; 5. orthodontic treatment or dental implants; 6. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 7. expenses incurred for surgical procedures (other than Medically Necessary outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 8. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 9. impacted wisdom teeth; 10. occlusal guards; 11. prescription drugs; 12. treatment or diagnosis received while outside the territorial limits of the United States; 13. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 14. loss that occurs while this policy is not in force.

Indiana

Policy Form AK7016-IN

Thirty-Day Right To Return - Please read Your policy. If you are not satisfied, return the policy to ManhattanLife's Administrative Office or to Your ManhattanLife Insurance and Annuity Company sales Agent within 30 days after You receive it. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. We will return your premium paid, less any claims paid.

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This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

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Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. any intentionally self-inflicted Injury; 3. any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation; 4. any services that are not recommended by a Physician; 5. any Experimental or Investigational procedure or treatment; 6. orthodontic treatment or dental implants; 7. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 8. expenses incurred for surgical procedures (other than Medically Necessary outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 9. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 10. impacted wisdom teeth; 11. occlusal guards; 12. prescription drugs; 13. treatment or diagnosis received while outside the territorial limits of the United States; 14. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 15. loss that occurs while this policy is not in force.

Iowa

Policy Form AK7016

Thirty-Day Right To Return - Please read Your policy. If you are not satisfied, return the policy to ManhattanLife's Administrative Office or to Your ManhattanLife Insurance and Annuity Company sales Agent within 30 days after You receive it. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. We will return your premium paid, less any claims paid.

Pre-Existing Conditions - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. any intentionally self-inflicted Injury; 3. any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation; 4. any services that are not recommended by a Physician; 5. any Experimental or Investigational procedure or treatment; 6. orthodontic treatment or dental implants; 7. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 8. expenses incurred for surgical procedures (other than Medically Necessary outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 9. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 10. impacted wisdom teeth; 11. occlusal guards; 12. prescription drugs; 13. treatment or diagnosis received while outside the territorial limits of the United States; 14. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 15. loss that occurs while this policy is not in force.

Kansas

Policy Form AK7016-KS

Thirty-Day Right to Return - Please read Your policy. If you are not satisfied, return the policy to ManhattanLife's Administrative Office or to Your ManhattanLife Insurance and Annuity Company sales Agent within 30 days after it is delivered to You. As soon as You return the policy to Us or to Our sales Agent, the policy will be void from the beginning, and the parties shall be in the same position as if no policy had been issued.

Pre-Existing Conditions Limitation - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. any intentionally self-inflicted Injury; 3. any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation; 4. any services that are not recommended by a Physician; 5. any Experimental or Investigational procedure or treatment; 6. orthodontic treatment or dental implants; 7. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 8. expenses incurred for surgical procedures (other than Medically Necessary outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 9. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 10. impacted wisdom teeth; 11. occlusal guards; 12. prescription drugs; 13. treatment or diagnosis received while outside the territorial limits of the United States; 14. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 15. loss that occurs while this policy is not in force.

Kentucky

Policy Form AK7016KY

Thirty-Day Right To Return - Please read Your policy. If you are not satisfied for any reason, return the policy to ManhattanLife's Administrative Office or to Your ManhattanLife Insurance and Annuity Company sales Agent within 30 days after You receive it. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. We will return your premium paid, less any claims paid.

Pre-Existing Conditions - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. any intentionally self-inflicted Injury; 3. any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation; 4. any services that are not recommended by a Physician; 5. any Experimental or Investigational procedure or treatment; 6. orthodontic treatment or dental implants; 7. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 8. expenses incurred for surgical procedures (other than Medically Necessary outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 9. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 10. impacted wisdom teeth; 11. occlusal guards; 12. prescription drugs; 13. treatment or diagnosis received while outside the territorial limits of the United States; 14. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 15. loss that occurs while this policy is not in force.

Louisiana

Policy Form AK7016-LA

Ten-Day Right to Return - Please read Your policy. If you are not satisfied for any reason, return the policy to ManhattanLife's Administrative Office or to Your ManhattanLife Insurance and Annuity Company sales Agent within 10 days after You receive it. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. We will immediately return your premium paid, less any claims paid.

Pre-Existing Conditions Limitation - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. any intentionally self-inflicted Injury; 3. any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation; 4. any services that are not recommended by a Physician; 5. any Experimental or Investigational procedure or treatment; 6. orthodontic treatment or dental implants; 7. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 8. expenses incurred for surgical procedures (other than Medically Necessary outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 9. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 10. impacted wisdom teeth; 11. occlusal guards; 12. prescription drugs; 13. treatment or diagnosis received while outside the territorial limits of the United States; 14. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 15. loss that occurs while this policy is not in force.

Maryland

Policy Form AK7016-MD

Ten-Day Right to Return - If, for any reason, You decide not to keep this Policy, You must notify Us in writing and return it to Us within 10 days after You receive it. You may return it to Our Administrative Office or to the Agent who sold it to You. We will treat the Policy as if it had never been issued. If the policy is cancelled during this 10-day period, a pro rata premium for the unexpired term will be returned to You.

Pre-Existing Conditions Limitation - This Policy and any attached Rider(s), if any, do not cover Pre-Existing Conditions for the first 12 months beginning on the date that person becomes an insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date. With respect to Pre-Existing Conditions disclosed in the application, this Pre-Existing Condition Limitation will not include a condition revealed on the application for coverage, unless the condition was excluded by a signed waiver rider attached to the policy.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child, Eligible Covered Dependent, or Eligible Spouse/Domestic Partner, as defined in this Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child, Eligible Covered Dependent, or Eligible Spouse/Domestic Partner, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. any intentionally self-inflicted Injury; 3. any services that are not recommended by a Physician; 4. prohibited health care practitioner referrals; 5. orthodontic treatment or dental implants; 6. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 7. expenses incurred for surgical procedures (other than outpatient dental surgery, prescribed by a Physician, following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 8. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 9. impacted wisdom teeth; 10. occlusal guards; 11. prescription drugs; 12. treatment or diagnosis received while outside the territorial limits of the United States; 13. services for which you are not liable or for which no charge normally is made in the absence of insurance (other than benefits provided by Medicaid); and, 14. loss that occurs while this policy is not in force, subject to the Extension of Benefits Provision.

Michigan

Policy Form AK7016-MI

Thirty-Day Right To Return - Please read Your policy. If you are not satisfied, return the policy to ManhattanLife's Administrative Office or to Your ManhattanLife Insurance and Annuity Company sales Agent within 30 days after You receive it. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. We will return your premium paid, less any claims paid.

Pre-Existing Conditions Limitation - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss to which a contributing cause was the Insured's commission of or attempt to commit a felony or to which a contributing cause was the Insured being engaged in an illegal occupation or other willful criminal activity; 2. any services that are not recommended by a Physician; 3. any Experimental or Investigational procedure or treatment; 4. orthodontic treatment or dental implants; 5. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 6. expenses incurred for surgical procedures (other than Medically Necessary outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 7. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 8. impacted wisdom teeth; 9. occlusal guards; 10. prescription drugs; 11. treatment or diagnosis received while outside the territorial limits of the United States; 12. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 13. loss that occurs while this policy is not in force.

Mississippi

Policy Form AK7016-MS

Ten-Day Right to Return - Please read Your policy. If you are not satisfied, return the policy to ManhattanLife's Administrative Office or to Your ManhattanLife Insurance and Annuity Company sales Agent within 30 days after You receive it. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. We will return your premium paid, less any claims paid.

Pre-Existing Conditions Limitation - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. any intentionally self-inflicted Injury; 3. any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation; 4. any services that are not recommended by a Physician; 5. any Experimental or Investigational procedure or treatment; 6. orthodontic treatment or dental implants; 7. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 8. expenses incurred for surgical procedures (other than Medically Necessary outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 9. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 10. impacted wisdom teeth; 11. occlusal guards; 12. prescription drugs; 13. treatment or diagnosis received while outside the territorial limits of the United States; 14. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 15. loss that occurs while this policy is not in force.

Missouri

Policy Form AK7016-MO

Ten-Day Right to Return - Please read Your policy. If you are not satisfied for any reason, return the policy to ManhattanLife's Administrative Office or to Your ManhattanLife Insurance and Annuity Company sales Agent within 10 days after You receive it. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. We will return your premium paid, less any claims paid.

Pre-Existing Conditions Limitation - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

You may cancel this Policy at any time by sending Us written notice. Upon cancellation, We will return the unearned portion of any premium paid. See the "Cancellation" provision, under the "General Provisions" below.

Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. while sane, any intentionally self-inflicted Injury; 3. any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation; 4. any services that are not recommended by a Physician; 5. any Experimental or Investigational procedure or treatment; 6. orthodontic treatment or dental implants; 7. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 8. expenses incurred for surgical procedures (other than Medically Necessary outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 9. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 10. impacted wisdom teeth; 11. occlusal guards; 12. prescription drugs; 13. treatment or diagnosis received while outside the territorial limits of the United States; 14. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 15. loss that occurs while this policy is not in force.

Montana

Policy Form AK7016-MT

Thirty-Day Right to Return - Please read Your policy. If you are not satisfied, return the policy to ManhattanLife's Administrative Office or to Your ManhattanLife Insurance and Annuity Company sales Agent within 30 days after You receive it. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. We will return your premium paid, less any claims paid.

Pre-Existing Conditions Limitation - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice, diagnosis, care or treatment was received or recommended within the 3 years preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

We will give the primary insured notice of cancellation, as follows: a. at the beginning of the period for which premiums have not been paid in full if the notice of cancellation for nonpayment of premiums is mailed or delivered within 15 days after the due date of the missed premiums for that period; b. on the date of mailing or delivery of notice of cancellation for nonpayment of premiums if notice of cancellation for nonpayment of premiums is not mailed or delivered within 15 days after the premium due date for the applicable policy period; or, c. Ninety days after the date of mailing or delivery of the notice of cancellation or refusal to renew for any reason other than nonpayment of premiums or a material misrepresentation contained in the application.

Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. any services that are not recommended by a Physician or Physician Assistant; 3. any Experimental or Investigational procedure or treatment; 4. orthodontic treatment or dental implants; 5. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 6. expenses incurred for surgical procedures (other than outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 7. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 8. impacted wisdom teeth; 9. occlusal guards; 10. prescription drugs; 11. treatment or diagnosis received while outside the territorial limits of the United States; 12. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 13. any Pre-Existing conditions as defined below.

Illegal occupation: We shall not be liable for any loss to which a contributing cause was the insured's commission of or attempt to commit a felony or to which a contributing cause was the insured being engaged in an illegal occupation.

Nebraska

Policy Form AK7016-NE

Thirty-Day Right to Return - Please read Your policy. If you are not satisfied, return the policy to ManhattanLife's Administrative Office or to Your ManhattanLife Insurance and Annuity Company sales Agent within 30 days after You receive it. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. We will return your premium paid, less any claims paid.

Pre-Existing Conditions Limitation - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. any intentionally self-inflicted Injury; 3. any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation; 4. any services that are not recommended by a Physician; 5. any Experimental or Investigational procedure or treatment; 6. orthodontic treatment or dental implants; 7. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 8. expenses incurred for surgical procedures (other than Medically Necessary outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 9. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 10. impacted wisdom teeth; 11. occlusal guards; 12. prescription drugs; 13. treatment or diagnosis received while outside the territorial limits of the United States; 14. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 15. loss that occurs while this policy is not in force.

North Carolina

Policy Form AK7016-NC

Thirty-Day Right to Return - Please read Your policy. If you are not satisfied, return the policy to ManhattanLife's Administrative Office or to Your ManhattanLife Insurance and Annuity Company sales Agent within 30 days after You receive it. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. We will return your premium paid, less any claims paid.

Pre-Existing Conditions Limitation - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. any intentionally self-inflicted Injury; 3. any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation; 4. any services that are not recommended by a Physician; 5. any Experimental or Investigational procedure or treatment; 6. orthodontic treatment or dental implants; 7. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 8. expenses incurred for surgical procedures (other than Medically Necessary outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 9. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 10. impacted wisdom teeth; 11. occlusal guards; 12. prescription drugs; 13. treatment or diagnosis received while outside the territorial limits of the United States; 14. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 15. loss that occurs while this policy is not in force.

North Dakota

Policy Form AK7016-ND

Thirty-Day Right To Return - Please read Your policy. If you are not satisfied, return the policy to ManhattanLife's Administrative Office or to Your ManhattanLife Insurance and Annuity Company sales Agent within 30 days after You receive it. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. We will return your premium paid, less any claims paid.

Pre-Existing Conditions - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. any intentionally self-inflicted Injury; 3. any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation; 4. any services that are not recommended by a Physician; 5. any Experimental or Investigational procedure or treatment; 6. orthodontic treatment or dental implants; 7. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 8. expenses incurred for surgical procedures (other than Medically Necessary outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 9. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 10. impacted wisdom teeth; 11. occlusal guards; 12. prescription drugs; 13. treatment or diagnosis received while outside the territorial limits of the United States; 14. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 15. loss that occurs while this policy is not in force.

Oklahoma

Policy Form AK7016-OK

Ten-Day Right to Return - Please read Your policy. If you are not satisfied for any reason, return the policy to ManhattanLife's Administrative Office or to Your ManhattanLife Insurance and Annuity Company sales Agent within 10 days after You receive it. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. We will return your premium paid, less any claims paid. If we do not return any premium or moneys paid within 30 days from the date of cancellation, We will pay interest on the proceeds.

Pre-Existing Conditions Limitation - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared, while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntary or as required by an employer; 2. any intentionally self-inflicted Injury; 3. any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation; 4. any services that are not recommended by a Physician; 5. any Experimental or Investigational procedure or treatment; 6. orthodontic treatment or dental implants; 7. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 8. expenses incurred for surgical procedures (other than Medically Necessary outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 9. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 10. impacted wisdom teeth; 11. occlusal guards; 12. prescription drugs; 13. treatment or diagnosis received while outside the territorial limits of the United States; 14. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 15. loss that occurs while this policy is not in force.

Ohio

Policy Form AK7016-OH

Ten-Day Right to Return - Please read Your policy. If, for any reason, you are not satisfied, return the policy to ManhattanLife's Administrative Office at [10777 Northwest Freeway, Houston, TX 77092] or to Your ManhattanLife Insurance and Annuity Company sales Agent within 10 days after You receive it. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. We will return your premium paid, less any claims paid.

Pre-Existing Conditions Limitation - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 6-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, “full mouth” extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. any intentionally self-inflicted Injury; 3. any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation; 4. any services that are not recommended by a Physician; 5. any Experimental or Investigational procedure or treatment; 6. orthodontic treatment or dental implants; 7. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 8. expenses incurred for surgical procedures (other than Medically Necessary outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 9. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 10. impacted wisdom teeth; 11. occlusal guards; 12. prescription drugs; 13. treatment or diagnosis received while outside the territorial limits of the United States; 14. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 15. loss that occurs while this policy is not in force.

Oregon

Policy Form AK7016-OR

Thirty-Day Right To Return - Please read Your policy. If you are not satisfied, return the policy to ManhattanLife’s Administrative Office or to Your ManhattanLife Insurance and Annuity Company sales Agent within 30 days after You receive it. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. We will return your premium paid, less any claims paid.

Pre-Existing Conditions Limitation - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child, Eligible Spouse or Eligible Domestic Partner, as defined in this Policy.

When such Insured’s insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child, Eligible Spouse or Eligible Domestic Partner, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, “full mouth” extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. any intentionally self-inflicted Injury; 3. any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation; 4. any services that are not recommended by a Physician; 5. any Experimental or Investigational procedure or treatment; 6. orthodontic treatment or dental implants; 7. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 8. expenses incurred for surgical procedures (other than Medically Necessary outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 9. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 10. impacted wisdom teeth; 11. occlusal guards; 12. prescription drugs; 13. treatment or diagnosis received while outside the territorial limits of the United States; 14. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 15. loss that occurs while this policy is not in force.

Pennsylvania

Policy Form AK7016-PA

Notice of the Insured’s Right to Examine Policy for Ten Days - Please read Your policy. If, for any reason, you are not satisfied, return the policy to ManhattanLife’s Administrative Office or to Your ManhattanLife Insurance and Annuity Company sales Agent within 10 days after You receive it. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. We will return your premium paid, less any claims paid.

Pre-Existing Conditions Limitation - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended by a Physician within the 12-month period preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. any intentionally self-inflicted Injury; 3. any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation; 4. any services that are not recommended by a Physician; 5. any Experimental or Investigational procedure or treatment; 6. orthodontic treatment or dental implants; 7. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 8. expenses incurred for surgical procedures (other than Medically Necessary outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 9. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 10. impacted wisdom teeth; 11. occlusal guards; 12. prescription drugs; 13. treatment or diagnosis received while outside the territorial limits of the United States; 14. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 15. loss that occurs while this policy is not in force.

South Carolina

Policy Form AK7016-SC

Thirty-Day Right to Return - Please read Your policy. If you are not satisfied, return the policy to ManhattanLife's Administrative Office or to Your ManhattanLife Insurance and Annuity Company sales Agent within 30 days after You receive it. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. We will return your premium paid, less any claims paid.

Pre-Existing Conditions Limitation - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. any intentionally self-inflicted Injury; 3. any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation; 4. any services that are not recommended by a Physician; 5. any Experimental or Investigational procedure or treatment; 6. orthodontic treatment or dental implants; 7. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 8. expenses incurred for surgical procedures (other than Medically Necessary outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 9. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 10. impacted wisdom teeth; 11. occlusal guards; 12. prescription drugs; 13. treatment or diagnosis received while outside the territorial limits of the United States; 14. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 15. loss that occurs while this policy is not in force.

South Dakota

Policy Form AK7016-SD

Thirty-Day Right to Return - Please read Your policy. If you are not satisfied, return the policy to ManhattanLife's Administrative Office or to Your ManhattanLife Insurance and Annuity Company sales Agent within 30 days after You receive it. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. We will return your premium paid, less any claims paid.

Pre-Existing Conditions Limitation - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. any intentionally self-inflicted Injury; 3. any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation; 4. any services that are not recommended by a Physician; 5. any Experimental or Investigational procedure or treatment; 6. orthodontic treatment or dental implants; 7. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 8. expenses incurred for surgical procedures (other than Medically Necessary outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 9. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 10. impacted wisdom teeth; 11. occlusal guards; 12. prescription drugs; 13. treatment or diagnosis received while outside the territorial limits of the United States; 14. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 15. loss that occurs while this policy is not in force.

Tennessee

Policy Form AK7016-TN

Thirty-Day Right to Return - Please read Your policy. If you are not satisfied, return the policy to ManhattanLife's Administrative Office or to Your ManhattanLife Insurance and Annuity Company sales Agent within 30 days after You receive it. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. We will return your premium paid, less any claims paid.

Pre-Existing Conditions Limitation - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. any intentionally self-inflicted injury; 3. any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation; 4. any services that are not recommended by a Physician; 5. any Experimental or Investigational procedure or treatment; 6. orthodontic treatment or dental implants; 7. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 8. expenses incurred for surgical procedures (other than Medically Necessary outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 9. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 10. impacted wisdom teeth; 11. occlusal guards; 12. prescription drugs; 13. treatment or diagnosis received while outside the territorial limits of the United States; 14. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 15. loss that occurs while this policy is not in force.

Texas

Policy Form AK7016-TX

Thirty-Day Right to Return - Please read Your policy. If you are not satisfied, return the policy to ManhattanLife's Administrative Office or to Your ManhattanLife Insurance and Annuity Company sales Agent within 30 days after You receive it. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. We will return your premium paid, less any claims paid.

Pre-Existing Conditions Limitation - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. any intentionally self-inflicted injury; 3. any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation; 4. any services that are not recommended by a Physician; 5. any Experimental or Investigational procedure or treatment; 6. orthodontic treatment or dental implants; 7. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 8. expenses incurred for surgical procedures (other than outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 9. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 10. impacted wisdom teeth; 11. occlusal guards; 12. prescription drugs; 13. treatment or diagnosis received while outside the territorial limits of the United States; 14. services for which you are not liable or for which no charge normally is made in the absence of insurance; 15. loss that occurs while this policy is not in force; and, 16. services ordered, directed, or performed by a Physician or supplies purchased from a medical supply provider who is the Insured or an Immediate Family member.

West Virginia

Policy Form AK7016

Thirty-Day Right to Return - Please read Your policy. If you are not satisfied, return the policy to ManhattanLife's Administrative Office or to Your ManhattanLife Insurance and Annuity Company sales Agent within 30 days after You receive it. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. We will return your premium paid, less any claims paid.

Pre-Existing Conditions Limitation - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. any intentionally self-inflicted Injury; 3. any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation; 4. any services that are not recommended by a Physician; 5. any Experimental or Investigational procedure or treatment; 6. orthodontic treatment or dental implants; 7. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 8. expenses incurred for surgical procedures (other than Medically Necessary outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 9. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 10. impacted wisdom teeth; 11. occlusal guards; 12. prescription drugs; 13. treatment or diagnosis received while outside the territorial limits of the United States; 14. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 15. loss that occurs while this policy is not in force.

Wisconsin

Policy Form AK7016-WI

Thirty-Day Right to Return - Please read Your policy. If you are not satisfied, return the policy to ManhattanLife's Administrative Office or to Your ManhattanLife Insurance and Annuity Company sales Agent within 30 days after You receive it. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. We will return your premium paid, less any claims paid.

Pre-Existing Conditions Limitation - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. any intentionally self-inflicted Injury; 3. any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation; 4. any services that are not recommended by a Physician; 5. any Experimental or Investigational procedure or treatment; 6. orthodontic treatment or dental implants; 7. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 8. expenses incurred for surgical procedures (other than Medically Necessary outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 9. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 10. impacted wisdom teeth; 11. occlusal guards; 12. prescription drugs; 13. treatment or diagnosis received while outside the territorial limits of the United States; 14. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 15. loss that occurs while this policy is not in force.

Wyoming

Policy Form AK7016-WY

Thirty-Day Right to Return - Please read Your policy. If you are not satisfied, return the policy to ManhattanLife's Administrative Office or to Your ManhattanLife Insurance and Annuity Company sales Agent within 30 days after You receive it. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. We will return your premium paid, less any claims paid.

Pre-Existing Conditions Limitation - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 6-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. any intentionally self-inflicted Injury; 3. any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation; 4. any services that are not recommended by a Physician; 5. any Experimental or Investigational procedure or treatment; 6. orthodontic treatment or dental implants; 7. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 8. expenses incurred for surgical procedures (other than outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 9. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 10. impacted wisdom teeth; 11. occlusal guards; 12. prescription drugs; 13. treatment or diagnosis received while outside the territorial limits of the United States; 14. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 15. loss that occurs while this policy is not in force.

