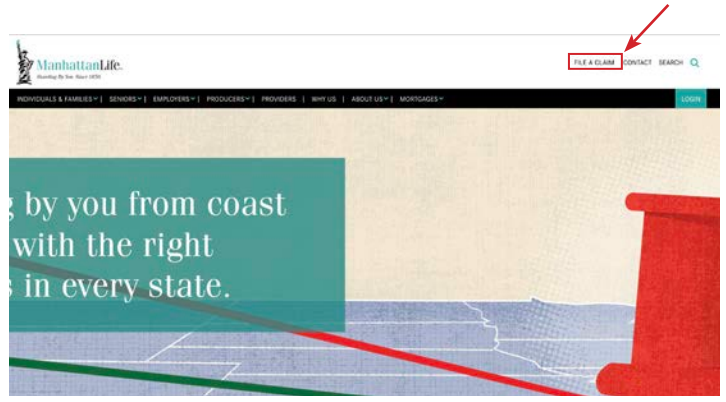




Online Account Access

Visit the Main Page

Visit www.manhattanlife.com. Click on 'File a Claim', located in the top right corner of the page.

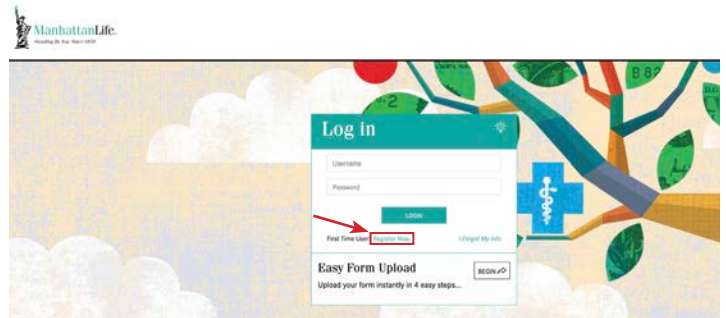


Click 'Contract/Policy Holder'

Click on 'Contract/Policy Holder' located under the 'To Process a Claim' section.

Registering

You should be brought to a screen like the one on the right. Click on 'Register Now' to start the registration process.





Registration: ● ● ● ● ●

Terms & Conditions

Important: If you don't have policies or contracts with us yet, you can [contact an agent/producer to discuss adding a new policy or contract.](#)

Please read the following and accept below:

This website is owned and operated by the companies of ManhattanLife Group ("We," "Us," "Our,") which is comprised of The ManhattanLife Insurance Company, ManhattanLife Assurance Company, Western United Life Assurance Company and Family Life Insurance Company.

The following terms and conditions govern your use of Our Online Services. By using Online Services, you agree, on your own behalf and on behalf of the account you represent, to these terms and conditions. You certify that You are authorized to access on a continuing basis any online information available through Our Online Services. We may request confirmation of Your authorization at any time, and We may restrict or terminate Your access to online information at any time. You agree that You will not allow another individual to use Your user name and password to access Your online information. We have no liability for any loss or damage caused by Your failure to protect Your user name and password.

Online information is generally current; however, errors and omissions may occur. **ONLINE INFORMATION IS SUBJECT TO UPDATES, ADJUSTMENTS AND CORRECTIONS.**

You agree to keep any information obtained online confidential. You agree to use the website and the information provided therein, only to conduct business between Us and the policy to which You have authorized access.

The availability of Our Online Services is not guaranteed at any time. Availability of data and services are subject to change without notice. **THE COMPANIES OF MANHATTAN LIFE GROUP DISC AIM ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, ALL**

If you are experiencing any problems during registration, please let us know by emailing web@manhattanlife.com.

To accept the Terms & Conditions above and continue with registration, click one of the two white buttons below. If you have a "contract annuity", click the "I have an ANNUITY" button. For everything else, click the "I have a LIFE or HEALTH policy" button.

CANCEL | I have a LIFE or HEALTH policy → | I have an ANNUITY →

Terms & Conditions

Carefully read the Terms & Conditions. Afterwards, click on the type of policy you have with ManhattanLife.

Registration

Please fill out the required fields, afterwards hit 'Next' in the bottom right corner.

Registration: ● ● ● ● ●

Personal Information

Please fill out the following required fields:

First Name

Last Name

Middle Name or Initial

YES: Do you have a United States Social Security Number?

Social Security Number

Birth Date

Phone Number

Phone Number must be a US phone number (Country Code=1) since it may be used to receive notifications or website login attempts.

CANCEL | ← PREVIOUS | **NEXT** →

Registration: ● ● ● ● ●

New Account Information

Please fill out the following required fields:

New Username

Username is required

Email Address

Please fill out this field

The password must have:

- At least 8 characters
- At least one number
- At least one lowercase letter
- At least one uppercase letter

New Password

Please fill out this field

Retype Password

This field must be filled out and match the password field.

CANCEL | ← PREVIOUS | **NEXT** →

New Account Information

You will need to create a Username and Password. After creating a new Username and Password, hit 'Next' in the bottom right corner.

Registration Review

Double check to make sure your information is correct in all of the fields. After reviewing, click 'Next' on the bottom right of the page.

Registration: ● ● ● ● ●

Please Review this Registration Information

First Name: Jane
Last Name: Doe
Middle Name/Initial:

SSN: 098765432
Birthdate: 1971-04-30
Phone Number: 1234567890
Email Address: JaneDoe@manhattanlife.com
Username: JaneDoe
Password: 1234Aadf!@#S

The account will be created after you confirm by clicking Next below. Please remember this password and username. When everything looks correct, click the Next button to submit your registration.

CANCEL | ← PREVIOUS | **NEXT** →

Registration:



Registration Complete

Congratulations! You have successfully registered for ManhattanLife's Client Services website. Please proceed to the login page by clicking the CLOSE button below.

CLOSE

Completed Registration

Congratulations on registering! Click 'Close', then sign in with your login information you created.

Welcome Screen

You should now have access to all your policies with ManhattanLife.



Welcome

Click the icons below for more details.

Your Policies

Policy	Block No.	Effective Date
Policy: 000001 Company No: [REDACTED] Status: Active Insured: DOE, JANE Description: IND DENTAL, VISION, & HEARING	Block No: 71	Effective Date: 7/1/2019
Policy: 000002 Company No: [REDACTED] Status: Active Insured: DOE, JANE Description: SICKLEAVE/DISABLE/ACCIDENT	Block No: 81	Effective Date: 9/1/2019

BENEFIT PAYMENT SETUP

Click here to get your policy benefits paid by Electronic Funds Transfer (EFT)

GET STARTED

Ready to Get Started? Upload your form instantly in 4 easy steps.

Policy: 000001

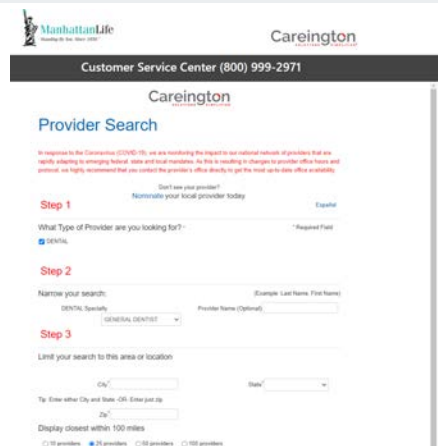
Company No: [REDACTED] Block No: 216
 Status: Active
 Insured: DOE, JANE Effective Date: 9/1/2022
 Description: IND DENTAL, VISION, & HEARING [Find a Dentist](#)

DVH Policy

To access the Careington Network from the Policyholder Portal, find your DVH policy within the policy list. Click on 'Find a Dentist'.

Provider Search

You should arrive on this page where you can search for providers near your location.



Careington
Customer Service Center (800) 999-2971

Provider Search

In response to the Coronavirus (COVID-19), we are monitoring the impact to our national network of providers that are actively reacting to emerging federal, state and local mandates. As this is resulting in changes to provider office hours and network, we highly recommend that you contact the provider in their directory to get the most up-to-date office availability.

Don't see your provider?
Reauthorize your local provider today. [Enroll](#)

What Type of Provider are you looking for? *Required Field

DENTAL

Step 1

Narrow your search: (Example: Last Name, First Name)

DENTAL Specialty: Provider Name (Optional):

Step 2

Step 3

Limit your search to this area or location:

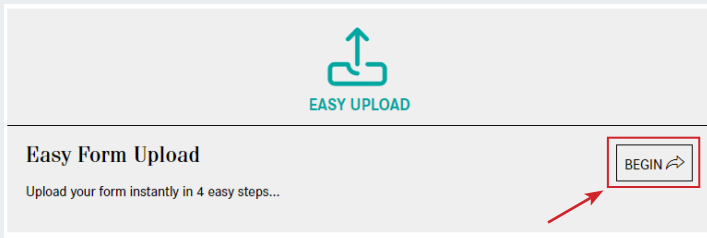
City: State:

*To Enter either City and State - OR - Enter just Zip

Zip:

Display closest within 100 miles

All providers 25 providers 50 providers 100 providers

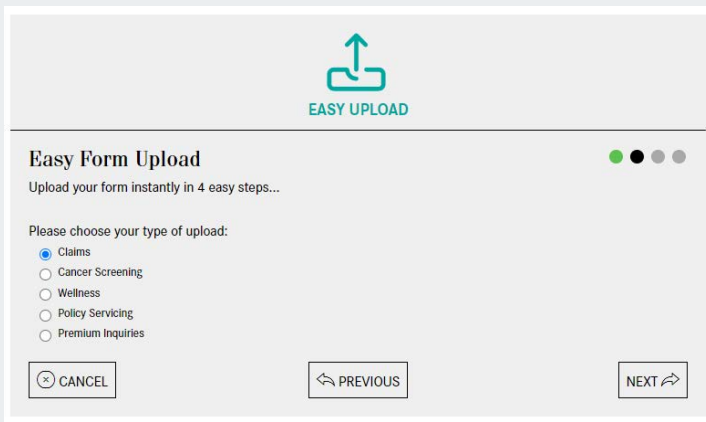
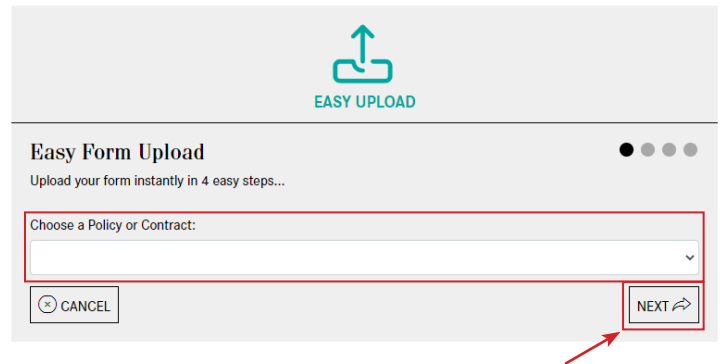


Process a Claim

On the right-hand side, you should see a section that says: 'Easy Upload'. Click 'Begin'.

Choose a Policy

Select the policy you would like to file a claim from the dropdown menu and click 'Next'

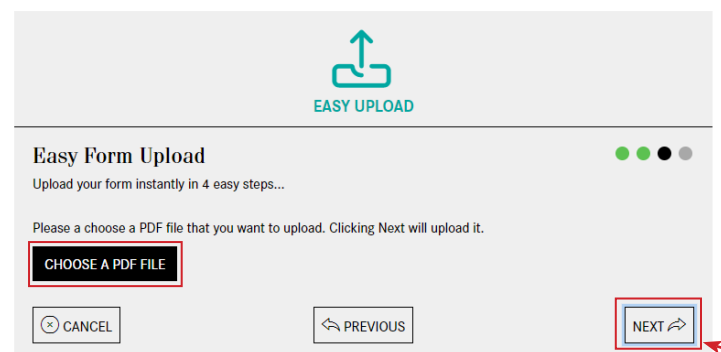


Form Upload Type

It will ask what type of upload. Please select the correct type then click 'Next'.

Uploading Your File

It will then ask you to upload the PDF file. Select the correct one and then click 'Next' to continue.





EASY UPLOAD

Easy Form Upload

Upload your form instantly in 4 easy steps...



Your file upload was a success!

CLOSE

Upload Success

After you've uploaded the file, you should see 'Your file upload was a success!'

Sign Up for EFT Reimbursement

On the right-hand side, click on 'Benefit Payment Sign Up'



BENEFIT PAYMENT SIGNUP

[Click here to get your policy benefits paid by Electronic Funds Transfer \(EFT\)](#)

Benefit Payment SignUp

If you have previously submitted the Benefit Payment Sign Up form for these policies, a newly submitted form will replace your existing benefit payment on file. To receive benefits by Electronic Funds Transfer (EFT), please fill out the form below. All fields are required:

Policies

Select the policies for the EFT Sign-Up:

- Policy 000001 - Cancer Screening Benefit (role: Insured, Owner, Payor)
- Policy 000002 - Dental, Vision, Hearing (role: Insured, Owner, Payor)

Banking Information



Bank Name:

Enter bank name

City:

Enter city

Bank Information

Please fill out the Bank Information

Sign Up Complete

After filling out your Bank Information, click 'Confirm' on the bottom right to finish signing up.

Email Consent Authorization

Choose one:

- I give my written consent to allow the ManhattanLife companies associated with the chosen policies above to communicate with me by email to the address entered below. I confirm that I have authorization to provide consent for email to the email address(es) that I provided below and further agree to indemnify and hold harmless the Company for any action or loss arising from any incorrect or false email address(es) provided below. I acknowledge that, should I desire to revoke this written authorization, I will inform the Company, in writing, of such revocation.
- I decline to give consent to the Company to communicate with me by email.

Note: The applicant electing to allow for notices and communications to be sent to the electronic mail address provided by the policyholder should be aware that the insurer rightfully considers that this election to be consent by the applicant that all notices may be sent electronically, including notice of non-renewal and notice of cancellation. Therefore, the applicant should be diligent in updating the electronic mail address provided to the insurer in the event that the address should change.

Authorization

The undersigned hereby authorizes the ManhattanLife company associated with the chosen policies to initiate deposits, credits and/or corrections to previous credits to the financial institution indicated above. The financial institution is authorized to credit and/or correct the amounts to the account shown. This authority is to remain in full force and effect until the undersigned revokes it, by giving 10 days written notice to the associated ManhattanLife company.

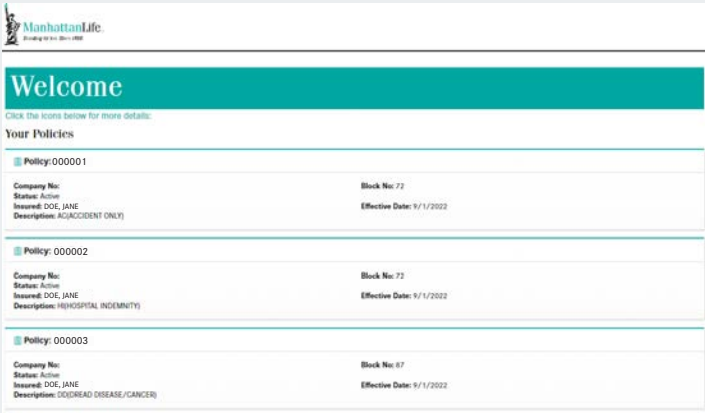
I understand and agree that only benefit payments will be deposited into the account referenced above.

I agree and understand that I have input the routing and banking information and that the ManhattanLife companies associated with the chosen policies are not responsible for any errors on the information that I entered.

By entering your Mother's maiden name and clicking the 'CONFIRM' button, you are electronically signing the form and have read and agree to the [Consent and Disclosure to Use Online E-Signatures](#). [Click to print/download](#)

Mother's Maiden Name:

Enter maiden name



Welcome

Click the icons below for more details:

Your Policies

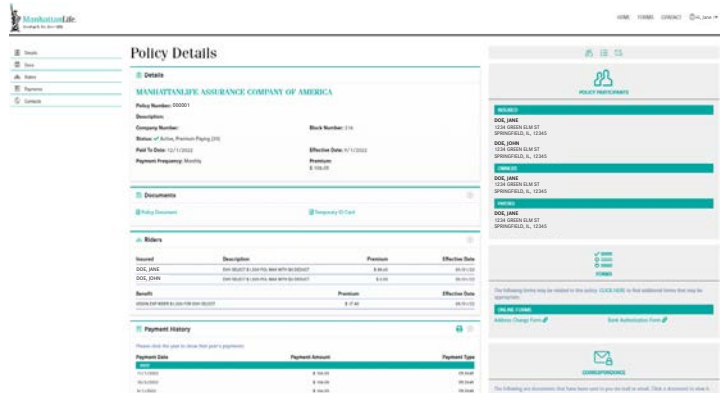
- Policy: 000001**
Company No: [icon] Block No: 72
Status: Active
Insured: DOE, JANE
Description: AC(ACCIDENT ONLY)
Effective Date: 9/1/2022
- Policy: 000002**
Company No: [icon] Block No: 72
Status: Active
Insured: DOE, JANE
Description: H(HOSPITAL INDEMNITY)
Effective Date: 9/1/2022
- Policy: 000003**
Company No: [icon] Block No: 67
Status: Active
Insured: DOE, JANE
Description: C(COCHREAD DISEASE/CANCER)
Effective Date: 9/1/2022

Access Forms

On the main page, you should see all the policies listed. Click on one of the policies.

Access Forms

You should see the Policy Details Page. On the right-hand side, you should see 'Online Forms'. Here you can access the 'Address Change' and 'Bank Authorization Form'. If additional forms are needed, click on 'Click Here'



Policy Details

MANHATTANLIFE ASSURANCE COMPANY OF AMERICA

Policy Number: 000001

Description: [icon] Block Number: 72
Company Number: [icon]
Status of Active: Premium Paying (PS)
Paid To Date: 12/1/2022
Effective Date: 9/1/2022
Payment Frequency: Monthly
Premium: \$ 100.00

Documents

Policy Documents: [icon] Temporary ID Card

Billings

Invoice	Description	Premium	Effective Date
DOE, JANE	MANHATTANLIFE ASSURANCE COMPANY OF AMERICA	\$ 100.00	09/01/22
DOE, JOHN	MANHATTANLIFE ASSURANCE COMPANY OF AMERICA	\$ 0.00	09/01/22

Results

Invoice	Premium	Effective Date
MANHATTANLIFE ASSURANCE COMPANY OF AMERICA	\$ 0.00	09/01/22

Payment History

Please click the link to view this plan's payment history.

Payment Date	Payment Amount	Payment Type
11/1/2022	\$ 100.00	PP
08/01/2022	\$ 100.00	PP
07/01/2022	\$ 100.00	PP

Online Forms

- Address Change Form
- Bank Authorization Form
- Click Here




TEMPORARY INSURANCE CARD

[POLICY DETAILS](#) [PRINT](#)

DVH Select Coverage

Policy Number: 000001
Effective Date: 09/01/22
Insured: DOE, JANE
Dependents: DOE, JOHN



This card does not guarantee coverage or benefits.

For questions about eligibility or benefits, call Customer Service at 800-999-2971

Claims:

MANHATTAN LIFE INSURANCE COMPANY
P. O. Box 924408
Houston, TX 77292-4408

DVH ID Card

On the main page, you should see Policy Details. Below the details, you should see 'Documents'. Click on the link 'Temporary ID Card'. You should see the following page.