

Group Benefits Application for Change

Section 1 is to be completed by the plan administrator. The remaining sections and Beneficiary Designation form are to be completed by the plan member. Please print clearly in dark ink using CAPITAL LETTERS.

1. Plan sponsor statement	Plan sponsor name: _____ Plan contract number: _____ Plan member name (first, last, and middle initial): _____ Plan member certificate number: _____				
	I certify that the plan member listed below is actively at work at their usual place of employment in Canada. Actively at work means the plan member works a normal work schedule of at least the set minimum hours per week as stated in the plan contract over a 52 week period including paid vacation.				
	Plan administrator signature: _____ Date (dd/mmm/yyyy): _____ Registered under the Canadian <i>Indian Act</i> for provincial tax exemption purposes? ☐ Yes ☐ No Is evidence of insurability required? ☐ Yes ☐ No (In order to determine if evidence of insurability is required, please refer to your contract) If evidence of insurability is required, plan members must complete GL0004E, Evidence of Insurability, and send it to Manulife for processing. Manulife will not contact your Plan Administrator to verify that this form has been mailed.				
2. Plan member name change	Last name: _____ First name: _____				
3. Plan member address	Address (number, street and apt.): _____ City/Town: _____ Province: _____ Postal code: _____				
4. Addition of benefits A spouse/common-law spouse is considered an eligible dependant under your group plan. Please refer to your contract for guidelines. * Please enter the date that the common-law cohabitation began in the "Date commenced" field.	Addition of Extended Health Care: I wish to add Extended Health Care for ☐ Myself only ☐ Myself and 1 dependant ☐ Myself and 2 or more dependants ☐ My dependants only (I am already covered) Dependant Life: ☐ I wish to add Dependant Life Insurance Reason for additions (check one only): ☐ Marriage ☐ Common-law relationship* ☐ Spouse's coverage cancelled ☐ Other Please give details of "Other". If necessary, attach a separate sheet.: 	Addition of Dental Care: I wish to add Dental Care for ☐ Myself only ☐ Myself and 1 dependant ☐ Myself and 2 or more dependants ☐ My dependants only (I am already covered)	Date of marriage (dd/mmm/yyyy): Date commenced (dd/mmm/yyyy): Cancellation date (dd/mmm/yyyy): Effective date (dd/mmm/yyyy):		
5. For Quebec residents	(age 65 or over) Are you participating in the RAMQ drug plan? ☐ Yes ☐ No				
6. Refusal of benefits	You may refuse Extended Health Care and or Dental Care for yourself and/or your dependant(s) only if covered for similar benefits under spouse's plan. <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Refusal of Extended Health Care: I do not want Extended Health Care for ☐ Myself only ☐ Myself and my dependant(s) ☐ My dependant(s) only Date of refusal (dd/mmm/yyyy): </td> <td style="width: 50%; vertical-align: top;"> Refusal of Dental Care: I do not want Dental Care for ☐ Myself only ☐ Myself and my dependant(s) ☐ My dependant(s) only Date of refusal (dd/mmm/yyyy): </td> </tr> </table> Some plans allow refusal of certain benefits if the plan member has coverage under their spouse's plan. If you wish to add coverage at a later date, you may reapply for these benefits at which time satisfactory medical evidence may be required.			Refusal of Extended Health Care: I do not want Extended Health Care for ☐ Myself only ☐ Myself and my dependant(s) ☐ My dependant(s) only Date of refusal (dd/mmm/yyyy):	Refusal of Dental Care: I do not want Dental Care for ☐ Myself only ☐ Myself and my dependant(s) ☐ My dependant(s) only Date of refusal (dd/mmm/yyyy):
Refusal of Extended Health Care: I do not want Extended Health Care for ☐ Myself only ☐ Myself and my dependant(s) ☐ My dependant(s) only Date of refusal (dd/mmm/yyyy):	Refusal of Dental Care: I do not want Dental Care for ☐ Myself only ☐ Myself and my dependant(s) ☐ My dependant(s) only Date of refusal (dd/mmm/yyyy):				
7. Termination of dependant coverage	☐ I wish to terminate coverage for a specific dependant(s) (see section 9) ☐ I wish to terminate all coverages for all dependants ☐ Please change coverage to single Effective date of termination (dd/mmm/yyyy): _____ Reason for termination: _____				

11. Authorization and consent

You're signing up for coverage under this Group Benefits plan. "Signing up for coverage" may include:

- adding new coverage for you and any of your family members.
- removing coverage for you and any of your family members.
- changing coverage for you and any of your family members.
- giving new or more up-to-date information about you and any of your family members.

You know that the terms given here are an overview of the coverage you're signing up for. We use the plan documents when checking claims and eligibility for coverage, and for general administration of this program. If the plan documents are different from these terms in any way, then the plan documents will apply.

Your information

You certify that the information you've given is true and complete.

If you give any false, incomplete, or misleading information as part of signing up, or for anything in the future about this coverage, you understand that we may:

- cancel this coverage
- not pay any claims under this coverage
- tell your employer

If your Social Insurance Number (SIN) is also your member certificate number, you give us permission to collect, use, and disclose it when needed to take care of your plan or to identify you.

Personal Information Statement for employers' Group Benefits plan

At Manulife, protecting your personal information and respecting your privacy is important to us.

Why do we collect, use, and disclose your personal information?

For the purposes of establishing and managing our relationship with you, providing you with products and services, administering our business, and complying with legal and regulatory requirements.

What personal information do we collect?

Depending on the product or service, we collect specific personal information about you, such as:

- Identifying information such as your name, address, telephone number(s), email address, date of birth, driver's license, passport number or Social Insurance Number (SIN)
- Financial information, investigative reports, credit bureau report, or a consumer report
- Information about how you use our products and services, and information about your preferences, demographics, and interests
- Banking and employment information
- Medical and health information from you or from any organization or person with information about you
- Any test that may be necessary for underwriting purposes
- Other personal information that we may require to administer your products or services and manage our relationship with you

We use fair and lawful means to collect your personal information.

Where we collect your personal information from?

Depending on the product or service, we collect personal information from:

- Your completed applications and forms
- Other interactions between you and us
- Other sources, such as:
 - Your advisor or authorized representative(s)
 - Third parties with whom we deal with in issuing and administering your products or services now and in the future
 - Public sources, such as government agencies, credit bureaus and internet sites
 - Financial institutions
 - Your employer or Plan Sponsor and their authorized agents, consultants and plan service providers
 - Health care professionals, including medical practitioners, health care institutions, pharmacies, and other medically-related facilities

What do we use your personal information for?

Depending on the product or service, we will use your personal information to:

- Administer the products and services that we provide and manage our relationship with you
- Confirm your identity and the accuracy of the information you provide
- Evaluate your application
- Comply with legal and regulatory requirements
- Understand more about you and how you like to do business with us
- Analyze data to help us make decisions and understand our customers better so we can improve the products and services we provide
- Perform audits, and investigations and protect you from fraud
- Determine your eligibility for, and provide you with details of, other products and services that may be of interest to you
- Automate processing to help us make decisions about your interactions with us, such as applications, approvals, or declines

Who do we disclose your personal information to?

Depending on the product or service, we disclose your personal information to:

- Persons, financial institutions, reinsurers, and other parties with whom we deal with in issuing and administering your product or service now and in the future
- Authorized employees, agents and representatives
- Your advisor and any agency that has entered into an agreement with us and has supervisory authority, directly or indirectly, over your advisor, and their employees
- Your employer or Plan Sponsor and their authorized agents, consultants and plan service providers
- Any person or organization to whom you gave consent
- People who are legally authorized to view your personal information

Continued on the next page.

11. Authorization and consent (continued)

- Service providers who require this information to perform their services for us (for example, data processing, programming, data storage, market research, printing and distribution services, paramedical and investigative agencies)
- Your doctor
- Public health authorities, as required

Except where there are contractual restrictions, these people, organizations and service providers are both within Canada and outside of Canada. Therefore, your personal information may be subject to interprovincial or cross-border transfers in order to provide services to you and subject to the laws of those jurisdictions.

Where personal information is provided to our service providers, we require them to protect the information in a manner that is consistent with our privacy policies and practices.

Withdrawing your consent:

You may withdraw your consent for us to use your personal information for certain uses, subject to legal and contractual restrictions.

You may not withdraw your consent for us to collect, use, or disclose personal information we need to issue or administer your products and services. If you do so, we may not be able to provide you with the products or services requested or we may treat your withdrawal of consent as a request to terminate or a refusal of the product or service.

If you wish to withdraw your consent, phone our customer service centre at 1-800-268-6195 or write to the Privacy Officer at the address below.

Accuracy

You will notify us of any change to your contact information. If your information has changed, or if you need to make a correction of any inaccuracies to your personal information in our files, you may phone our customer service centre at 1-800-268-6195, or write to the Privacy Officer at the address below.

Access

You have the right to access and verify your personal information maintained in our files and to request any factually inaccurate personal information be corrected, if appropriate. Requests can be sent to: **Privacy Officer Manulife, P.O. Box 1602, Del Station 500-4-A, Waterloo, Ontario N2J 4C6** or **Canada_Privacy@manulife.ca**

I am authorized by my dependents to consent to this authorization, on their behalf as if they were signing it themselves, and to disclose and receive their personal information for the purposes indicated in this personal information statement.

For more information about how we collect, use, and disclose your personal information, we invite you to read our Privacy Policy.

By signing this form, you confirm that:

- You have reviewed our Privacy Policy;
- You consent to the terms of the above Personal Information Statement.

Your email

By giving us your email address, you're giving us permission to email you.

You understand emails are convenient, but not totally secure. They can be lost, misused, opened, or changed before they're delivered. Encrypting emails is one way to help keep them safe. If you email us, you're giving us permission to email you a reply.

If your email address changes, it's up to you to let us know.

I understand that if I do not wish to receive emails from Manulife, I can remove my email address online or by contacting the Customer Service Centre.

Your money and claims

You give your plan sponsor permission to take the money you owe for your coverage from your pay.

You give us permission to pay money for claims into the bank account you've given. We have this permission until you withdraw it in writing, or your authorized representative withdraws it.

You understand and agree that once we make a payment to this bank account, we will have no further liability for that payment.

We can stop putting money into your account without warning. We may need your written permission to keep sending these payments.

If we put money into your account and that money isn't yours by contract or law, that money doesn't become part of your property. You will refund this money back to us right away, or your authorized representative will refund it.

Please sign here

Signature of plan member: _____ Date signed (dd/mm/yyyy): _____

12. Mailing instructions

Please return form to your Plan Administrator who will forward your member details to Manulife on your behalf.

Group Benefits Beneficiary Designation

All sections of this page should be completed as it will replace any prior designations.

1. Plan member information	Plan sponsor name: _____	Plan contract number: _____	Plan member certificate number: _____
	Plan member name (last, first and middle initial): _____	Province of residence: _____	Date of birth (dd/mmm/yyyy): _____
2. Primary beneficiary List all primary beneficiaries for Basic Life and/or Basic Accidental Death. Percentages must total 100% to be valid. Irrevocability	Name of beneficiary (last, first and middle initial): _____ Name of beneficiary (last, first and middle initial): _____ Name of beneficiary (last, first and middle initial): _____ Note: If beneficiary is shown as irrevocable, his/her consent is required to change it. Include a signed and dated consent with this form. You are responsible for ensuring the validity of your designation.	Date of birth (dd/mmm/yyyy): _____ Date of birth (dd/mmm/yyyy): _____ Date of birth (dd/mmm/yyyy): _____ For Quebec residents only In Quebec, the designation of your spouse as beneficiary is irrevocable unless otherwise specified.	Relationship to plan member: _____ Relationship to plan member: _____ Relationship to plan member: _____ Percentage: _____ % Percentage: _____ % Percentage: _____ % If spouse is beneficiary, the designation is: ☐ Revocable ☐ Irrevocable
3. Optional coverage (if applicable) Plan contract number: _____ List all beneficiaries for Optional Life and/or Optional Accidental Death. Irrevocability	Name of beneficiary (last, first and middle initial): _____ Name of beneficiary (last, first and middle initial): _____ Name of beneficiary (last, first and middle initial): _____ Note: If beneficiary is shown as irrevocable, his/her consent is required to change it. Include a signed and dated consent with this form. You are responsible for ensuring the validity of your designation.	Date of birth (dd/mmm/yyyy): _____ Date of birth (dd/mmm/yyyy): _____ Date of birth (dd/mmm/yyyy): _____ For Quebec residents only In Quebec, the designation of your spouse as beneficiary is irrevocable unless otherwise specified.	Relationship to plan member: _____ Relationship to plan member: _____ Relationship to plan member: _____ Percentage: _____ % Percentage: _____ % Percentage: _____ % If spouse is beneficiary, the designation is: ☐ Revocable ☐ Irrevocable
4. Contingent beneficiary	You may wish to designate a contingent beneficiary(ies) to receive any proceeds under this group policy if all of the primary beneficiary(ies), named above for either coverage, should die before you. In that event, a contingent beneficiary will automatically be entitled to the benefit that would have been payable to the primary beneficiary(ies). If you name more than one contingent beneficiary, then the proceeds will be split, evenly, amongst the contingent beneficiaries you choose to name. Should there not be any surviving beneficiaries at the time of your death, the proceeds will be paid to your estate.		
	Name of contingent beneficiary (last, first and middle initial): _____	Date of birth (dd/mmm/yyyy): _____	Relationship to plan member: _____
	Name of contingent beneficiary (last, first and middle initial): _____	Date of birth (dd/mmm/yyyy): _____	Relationship to plan member: _____
5. Trustee appointment Complete if any beneficiary named is under the age of majority.	I appoint _____ as Trustee to receive any amount due to any beneficiary under the age of majority (not applicable in Quebec).		
6. Authorization and consent Due to the legal significance of a beneficiary appointment this designation must be signed and dated to be valid. A copy, fax, scan or image of the beneficiary designation in this form is as valid as the original.	Before you review your beneficiaries, read the information below. By signing below, you're agreeing to remove any current revocable beneficiaries and replace them with the new ones you named above. Your Privacy We collect, use, and disclose the personal information provided for the purposes of processing your request. We disclose your personal information to our employees, agents, representatives, financial institutions, and other parties with whom we deal in issuing and administering your products and services, now and in the future. Also, we disclose your personal information to service providers who require this information to perform their services for us (for example data processing, programming, data storage, and investigative agencies). Unless there are contractual limitations, your personal information may be accessed or transferred within or outside Canada and may be subject to the laws of those jurisdictions. Plan member signature: _____		
	You may withdraw your consent, subject to legal and contractual restrictions. You also have the right to access and correct your personal information maintained in our files. For more information, you can review our Canadian Privacy Policy at Manulife.ca or email us at Canada_Privacy@manulife.ca. Questions? Please phone our customer service centre at 1-800-268-6195. Your email By giving us your email address, you're permitting us to email you. You understand email correspondence may contain personal information including, medical, employment, and financial information, and is not yet a secure means of communication. If your email address changes, it's up to you to let us know. You can revoke the use of your email address at any time by removing your email address online or contacting Manulife.		Date signed (dd/mmm/yyyy): _____

Manulife assumes no responsibility for the validity or sufficiency of the content provided by you. The items ‘you’ and ‘yours’ refer to the plan member, the term “Plan Sponsor” refers to the entity that offers the group benefits plan, such as an employer.

What is the purpose of a beneficiary?

If you intend for some or all of your death benefit to go to specific individuals, it is important to make sure that you plan ahead and select those beneficiaries. Having an up-to-date beneficiary designation will make this possible by listing your primary and contingent beneficiaries and intended allocations.

Beneficiary: the person, people or entity who will receive any death benefit from the basic or optional coverage you have selected through your group benefits plan that becomes payable upon your death. Basic and optional beneficiaries may differ.

Types of beneficiary – Primary vs. Contingent

Primary: the person, people or entity you choose to receive the death benefits. If you choose more than one beneficiary, you will need to indicate what percentage of the benefit you would like each person to receive. When multiple primary beneficiaries are named, the total of the percentages allocated to each primary beneficiary must add up to 100%.

Contingent: the person, people or entity you designate to receive the death benefits if all of the primary beneficiaries die before you. If you select more than one contingent beneficiary, the benefit will be split evenly between the contingent beneficiaries.

What happens to the death benefit when...

The primary beneficiary dies before you and no contingent beneficiary is named.	The death benefit will be paid to your estate.
The primary beneficiary dies before you, but there is a contingent beneficiary(ies) designated.	The benefit will be paid to the contingent beneficiary(ies).
You assign two primary beneficiaries, and one beneficiary dies before you, and you have not updated your Beneficiary Form information.	The entire death benefit that would have been paid to the deceased beneficiary will be paid to the surviving primary beneficiary.

Irrevocable vs. Revocable

Irrevocable: the beneficiary you choose cannot be changed without the written permission of that individual.
For example, if you choose your spouse or partner to be the designated beneficiary and you end up separating, you will not be able to change the beneficiary designation without a completed release form from them.

In Quebec, naming your spouse (must be a civil union) as a beneficiary automatically means that he/she is an irrevocable beneficiary, unless you specify otherwise or divorce.

Revocable: A revocable beneficiary means that the beneficiary you choose can be changed at any time without the permission of that individual.
For example, if you choose your spouse or partner to be the designated beneficiary and you end up separating, you can then change that beneficiary designation without asking for that person's permission.

Naming a minor as a beneficiary

If a benefit becomes payable to a minor who is named as a primary or contingent beneficiary, the benefit can only be paid on behalf of the minor to a trustee or guardian for property, otherwise it will be paid into court to be held until the beneficiary has reached the age of majority for your specific province. It is important therefore, if you are choosing a beneficiary who is a minor at the time of the designation to also name a trustee.

If you are a Quebec resident, the parents are considered tutors of their child.
If a minor has been designated as an irrevocable beneficiary, the policy is automatically frozen until the beneficiary has reached the age of majority for your specific province. A parent, guardian or trustee cannot consent to a beneficiary change on behalf of a minor.

Minor: a person named as a beneficiary who is under the age of majority for your specific province.
Trustee: a person appointed by you to hold the minor's proceeds in trust until the minor reaches the age of majority for your specific province.
Tutor: a tutor acts like a trustee.