

Group Benefits Enrolment or Re-enrolment Application

- Section 1 is to be completed by the plan administrator
- The remaining sections 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 _____
Account/Location number _____ Billing division _____ Plan member's certificate number _____
Permanent hire date (dd/mmm/yyyy) _____ Do you want to waive the waiting period? Yes No
Re-hire date (dd/mmm/yyyy) _____ If a re-hire, date previous employment ended (dd/mmm/yyyy) _____
Class/Plan _____ Occupation _____
Hours worked/week _____ Salary \$ _____ Frequency _____

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 *Indian Act* 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 yes, please complete form GL0004E and send to Manulife for processing.

2 Plan member information

To be completed
by employee

Plan member's last name _____ First name _____
Date of birth (dd/mmm/yyyy) _____ Sex* Male Female Non-binary
Province of residence _____ Language English French
Do you have a spouse? (married, common law or civil union?) Yes No

*Select male, female or non-binary (intersex) consistent with your current biological sex.

For the purpose of this application, non-binary does not refer to an individual's sexual orientation, gender identity, gender expression or gender perception.

3 Plan member address

Address (number, street, apt.) _____
City _____ Province _____ Postal code _____

4 For Quebec residents

(age 65 or over) Are you participating in the RAMQ drug plan? Yes No

5 Application for coverage

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.

I am applying for Extended Health Care for	I am applying for Dental Care for
<input type="radio"/> Myself only	<input type="radio"/> Myself only
<input type="radio"/> Myself and 1 dependant (child or spouse)	<input type="radio"/> Myself and 1 dependant (child or spouse)
<input type="radio"/> Myself and 2 or more dependants (spouse and children)	<input type="radio"/> Myself and 2 or more dependants (spouse and children)
<input type="radio"/> None, because my spouse has coverage	<input type="radio"/> None, because my spouse has coverage
Are you applying for Dependant Life? <input type="radio"/> Yes <input type="radio"/> No	Dependant Life may be mandatory. Refer to the policy details.

9 Authorization and consent

I hereby apply for coverage ("Coverage") under the Group Benefits plan issued to my plan sponsor by Manulife. **I understand** that certain aspects of such Coverage may extend to my spouse and eligible dependants (collectively, "Dependants"). **I certify** that the information in this form is true and complete to the best of my knowledge. **I understand** that as the applicant, it is my responsibility to ensure that any further verbal or written statement provided by me, and/or my Dependants, in the future is true and complete to the best of our knowledge. **I acknowledge and agree** that this Coverage or any portion of this Coverage, and future claims thereunder may be denied or terminated as a result of the provision of false, incomplete, or misleading information. **I authorize** Manulife to collect, use, maintain and disclose personal information relevant to this application ("Information") for the purposes of Group Benefits plan administration, audit, assessment, investigation, claim management, underwriting and for determining plan eligibility ("Purposes"). **I authorize** any person or organization with Information, including any medical and health professionals, facilities or providers, professional regulatory bodies, any employer, group plan administrator, insurer, investigative agency, and any administrators of other benefits programs to collect, use, maintain and exchange this information with each other and with Manulife, its reinsurers and/or its service providers, for the Purposes. **I am authorized** by my Dependants to consent to this Authorization, on their behalf as if they were signing it themselves, and to disclose and receive their Information, for the Purposes. **I authorize** my plan sponsor to make deductions from my pay for my Group Benefits plan, if applicable. **I authorize** the use of my Social Insurance Number ("SIN") for the purposes of identification and administration, if my SIN is used as my plan member certificate number. **I agree** a photocopy or electronic version of this authorization is valid.

If applicable, **I authorize** Manulife to deposit all payments ("Payments") due to me from the above referenced Group Benefits policy ("Policy"), into the bank account ("Account") that I have identified on this form. **I confirm** that this direct bank deposit authorization applies to the financial institution herein named by me and any other financial institution I choose to name in the future; and shall remain valid until revoked in writing by me, or my duly authorized representative.

I understand and agree that upon the deposit of any Payment(s) into the Account, Manulife is fully discharged from any further liability with respect to such Payment(s). **I also understand and agree** that Manulife may, at any time and without prior notice, discontinue the direct deposit of Payment(s), as requested herein, and require my personal written endorsement relating to future Payment(s). **I also hereby acknowledge and agree** that any Payment(s) made by Manulife into the Account, to which I am not entitled, either by contract or by law, shall not form part of my property, and shall be immediately refunded to Manulife, either by me or by representatives of my estate.

If applicable, **I authorize** Manulife to correspond with me through the email address identified on this form regarding my Coverage, for the Purposes. **I understand** such correspondence may contain Information; and that the Information is being sent in a manner that is not guaranteed as a secured means of communication. **I agree** that Manulife is not liable for damages which I may incur as a result of interception by a third party of an email transmission sent by Manulife or by me pursuant to this authorization. **I agree** should the email address identified on this form change that I am responsible for updating the email address maintained by Manulife. **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.

I understand that any Information provided to or collected by Manulife in accordance with this authorization, will be kept in a Group Benefits life, health or disability file. Access to my Information will be limited to:

- Manulife employees, representatives, reinsurers, and service providers in the performance of their jobs;
- persons to whom I have granted access; and
- persons authorized by law.

I have the right to request access to the personal information in my file, and, where appropriate, to have any inaccurate information corrected.

I acknowledge that more specific details regarding how and why Manulife collects, uses, maintains, and discloses my personal information can be found in Manulife's Privacy Policy and Privacy Information Package, available at www.manulife.ca/planmember, or from my Plan Sponsor.

PLEASE SIGN HERE

Signature of plan member _____

Date signed (dd/mmm/yyyy) _____

10 Mailing instructions **Plan Member Administration, Manulife**
PO BOX 11006, STN CENTRE-VILLE,
MONTREAL QC H3C 4T8

Login to www.manulife.ca/signin and use the 'Send a file' feature in Plan Administrator Secure Site.