

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 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 ☐ NoIs 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-binaryProvince of residence: _____ Language: ☐ English ☐ FrenchDo you have a spouse? (married, common law or civil union?) ☐ Yes ☐ No

*Select male, female or non-binary 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.

By providing your email address, you will receive an invitation to register for your Plan Member secure site where you can view your electronic claim statements.

Email address (Please print clearly): _____

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:

☐ Myself only☐ Myself and 1 dependent (child or spouse)☐ Myself and 2 or more dependents (spouse and children)☐ None, because my spouse has coverage

I am applying for Dental Care for:

☐ Myself only☐ Myself and 1 dependent (child or spouse)☐ Myself and 2 or more dependents (spouse and children)☐ None, because my spouse has coverageAre you applying for Dependent Life? ☐ Yes ☐ No Dependent Life may be mandatory. Refer to the policy details.

6. Coordination of benefits

This section is required if you are applying for coverage on your dependents.

Do you or your dependents (spouse and/or children) have benefit coverage under another benefits plan? ☐ Yes ☐ No

If **yes**, please provide the following details: Name of other insurer: _____

Insured's last name: _____ First name: _____

Date of birth (dd/mmm/yyyy): _____ Effective date of coverage (dd/mmm/yyyy): _____

Identification/certificate number: _____ Policy number: _____

Please indicate type of coverage under other plan:

In cases where the information is not complete, a default value of Secondary will be applied.

Extended Health Benefits:

Dental Care:

☐ Single

☐ Single

☐ Couple

☐ Couple

☐ Family

☐ Family

☐ None

☐ None

7. Dependent information

Spouse

If there is not enough room to list your dependents, attach details on a separate sheet.

Last name: _____ First name: _____

Date of birth (dd/mmm/yyyy): _____ Sex*: ☐ Male ☐ Female ☐ Non-binary

If common law, please provide the effective date of cohabitation (dd/mmm/yyyy): _____

Last name	First name	Date of birth (dd/mmm/yyyy)	Sex*			Over-age student	Over-age disabled dependent**
			Male	Female	Non-binary		
_____	_____	_____	☐	☐	☐	☐	☐
_____	_____	_____	☐	☐	☐	☐	☐
_____	_____	_____	☐	☐	☐	☐	☐
_____	_____	_____	☐	☐	☐	☐	☐

*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.

**To apply for over-age disabled dependent coverage, please complete form GL0514E.

8. Banking information

We use your banking information to deposit claim payments directly into your account.

You will soon receive an email with instructions on how to register your account on the Plan Member secure site and set up direct deposit.

9. 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

9. Authorization and consent (continued)

- Any person or organization to whom you gave consent
- People who are legally authorized to view your personal information
- 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/mmm/yyyy): _____

10. Mailing instructions

Plan Member Administration

Manulife

P.O. Box 11006, Station Centre-Ville
Montreal, Quebec H3C 4T8

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