Manulife

Go paperless!

Extend coverage for an over-age student dependent online.

- Information is added in real time
- No need for printing, mailing, or faxing
- Built-in validation helps minimize errors / follow-up

Instructions

Plan members:

1. Visit **Manulife.ca/planmember** and sign in with your Manulife ID. (If you don't have a Manulife ID yet, select **Register now** to create one.)
2. Select **Go** under Your group benefits plans.
3. Select **My account** from the menu.
4. Select **My Personal Information**, then select the **My family** tab.
5. Select **Extend coverage** for your over-age dependent and follow the instructions.
6. Once saved, this information will appear under **My family.**

If you're unable to enter this information online, please complete the attached form and send it back to us digitally by navigating to the menu and selecting **Information & Assistance > Forms > Send a Document**.

Plan administrators:

1. Search for and select the member whose information needs updating.
2. From the **Member Plan Coverage** page, select **View/ edit dependents** under the **Related links** menu.
3. Click on dependent to be updated.
4. If the dependent is an existing over-age student:
   - Under **Relationship**, check the box for **Continue over-age student status for another year**
   - Click **Save**.
5. If the dependent turned 21 and is now an over-age student dependent:
   - Under **Relationship**, select **Over-age (Student)** from the drop-down list
   - Click **Save**.
6. Once saved, changes will appear under "dependent information" on the member coverage summary page.

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Group Benefits

◯ **Request for Over-Age Student Dependent Coverage** (Complete sections 1, 2 and 4)
◯ **Termination of Over-Age Student Dependent Coverage** (Complete sections 1, 3 and 4)

Please complete form and send to: **Plan Member Administration, Manulife, P.O. Box 11006, Station Centre-Ville, Montreal, Quebec H3C 4T8**

1. Plan member information

Plan sponsor name: | Plan number(s): | Plan member's certificate number:

Last name of plan member: | First name: | Middle Initial:

Address of plan member: | City: | Province: | Postal code:

2. Full-time student information

* 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.

Children over an age as specified in your Benefit Booklet are eligible for coverage provided they are enrolled at an accredited school/college/university as a full-time student. Coverage will be extended up to August 31st of the next school year, the upper limit of the dependent definition age, or until coverage is terminated.

Last name of dependent: | First name: | Relationship to plan member: | Dependent's date of birth (dd/mmm/yyyy): | Sex* ◯ Male ◯ Female ◯ Non-binary

Address of dependent: | City: | Province: | Postal Code:

Name of accredited school/college/university: | Location of school/college/university:

Date school year: Begins (dd/mmm/yyyy): | Ends (dd/mmm/yyyy):

3. Termination of over-age student coverage

This only applies if you have over-age dependent children who are no longer students

◯ I wish to terminate **all** coverage for: | Effective date of termination (dd/mmm/yyyy):

Reason for termination:

4. Plan member signature

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 dependents (collectively, "Dependents"). **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 Dependents, 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 Dependents 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.

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.

Print

Please sign and date here.

Plan member signature: | Date signed (dd/mmm/yyyy):

Ce document est aussi disponible en français sur demande – GL4408F