Manulife

Mail this completed form to:

Living Benefits DMS
P.O. Box 1602 STN Waterloo
WATERLOO, ON N2J 4C6

manulife.ca

Critical Illness
Claimant's Statement

- *You* and *your* refer to the insured person.
- *We*, *us* and *our* refer to the insurer of the policy identified in section 1.
- Answer all questions. Incomplete forms may delay processing of the claim.
- If you have any questions call us at 1-866-575-0684.
- Print clearly.

IMPORTANT: Any reference to testing, tests, test results, or investigations excludes genetic tests. Genetic test means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmissions risks, or monitoring, diagnosis or prognosis.

1 Personal information

Policy number	Name of insured person (first, middle initial, last)	Date of birth (dd/mmm/yyyy)

Address (street and number)	Apt.

City or town	Province	Postal code	Home telephone number
			( )

Name of employer

Address (street and number)

City or town	Province	Postal code	Employer telephone number
			( )

Job title	Nature of occupation

Are you self-employed? ◯ Yes ◯ No	Your monthly income prior to illness, after the deduction of business expenses but before the deduction of income taxes $

2 Claim information

1. Describe fully the nature and extent of the condition.

2. When did symptoms first commence?
   Describe the symptoms.

   Date (dd/mmm/yyyy – for example, 01/OCT/2025)

3. When was a physician first consulted in connection with the condition?

   Date (dd/mmm/yyyy)

Name of physician consulted	Telephone number
	( )

   Physician's address

4. Was this the insured person's usual physician? ◯ Yes ◯ No
5. Were any tests or investigations performed? ◯ Yes ◯ No
   If *Yes*, tell us details and dates. _____

6. When was the condition diagnosed?

   Date (dd/mmm/yyyy)

7. If surgery was required, when was it performed?

   Date (dd/mmm/yyyy)

2 Claim information (continued)

8. Has the insured person previously suffered from or received treatment for a similar or related condition? ◯ Yes ◯ No

   If *Yes*, tell us full details and dates.

9. If this claim results from an accident, describe the incident and provide a copy of the police report.

3 Medical consultations information

1. Physician or clinic you use regularly:

Name	Address

2. Doctors or specialists consulted about the condition:

Name	Address	Date of consultation (dd/mmm/yyyy)

3. If there was any treatment at a hospital or similar institution, tell us:

Name of hospital	City or town	Date of admission (dd/mmm/yyyy)	Date of discharge (dd/mmm/yyyy)

4. What other treatment was received and is currently being received for the condition? (e.g. medications, therapy, etc.)

Type of treatment	Institution / Prescribing physician	Date (dd/mmm/yyyy)

4 General information

1. Has the father or mother or any of the brothers or sisters of the insured person ever suffered from a similar or related condition? If *Yes*, tell us:

Relationship	Name of condition	Date condition first diagnosed (dd/mmm/yyyy)

2. Is the insured person insured for benefits related to this condition with another company? If *Yes*, tell us:

Name of insurer	Policy number	Type of benefit	Amount of benefit insured	Has claim been submitted?	Issue date (dd/mmm/yyyy)
			$	◯ Yes ◯ No	
			$	◯ Yes ◯ No	
			$	◯ Yes ◯ No	

4 General information (continued)

3. Does the insured person use any form of tobacco, marijuana, nicotine products or nicotine substitutes? ◯ Yes ◯ No

   If *Yes*, tell us the amount used per day. _____

   How long have these been used? _____

   If *No*, did the insured person previously use any of these? ◯ Yes ◯ No

   When did the insured quit? Date (dd/mmm/yyyy – for example, 01/OCT/2025)

4. Tell us any other information that might support this claim.

5 Authorization, agreements and signatures

Read this section carefully. It explains how your personal information is used.

Your signature on page 5 means that you authorize and consent to the ways we collect, use, share and retain your personal information.

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

"We", "us" and "our" refer to The Manufacturers Life Insurance Company and our affiliated companies and subsidiaries.

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 you have applied for, we collect specific personal information about you such as:

- Identifying information such as your name, address, telephone number(s), email address, your date of birth, driver's license, passport number or your Social Insurance Number (SIN)
- Financial information, investigative reports, credit bureau report, and/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 information that any organization or person has 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 do we collect your personal information from?

We collect your personal information from:

- Your completed applications and forms
- Other interactions between you and the Company
- 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
  - The MIB, LLC (formerly known as the Medical Information Bureau)
  - Health Care Professionals, including Medical Practitioners, health care institutions, pharmacy and any other medically-related facility

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 to 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

continued...

5 Authorization, agreements and signatures (continued)

You can obtain a copy of our policies and practices for handling personal information by contacting our Privacy Office or by visiting manulife.ca > Privacy Policy.

- 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 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 which has entered into an agreement with us and has supervisory authority, directly or indirectly, over your advisor, and their employees
- 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 refusal the product or service.

If you wish to withdraw your consent, phone our customer care center at **1-888-MANULIFE (626-8543)** or **1-888-MANUVIE (626-8843)** in Quebec or write to the Privacy Officer at the address below.

Accuracy

It is your responsibility to notify us of any change to your contact information. Please contact us if your information has changed, or if you need to make a correction of any inaccuracies.

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 Stn 500-4-A, Waterloo, Ontario N2J 4C6** or **Canada_Privacy@manulife.ca.**

For more information you can review our Canadian Privacy Policy. Please note the security of email communication cannot be guaranteed. Do not send us information of a private or confidential nature by email.

If You Have a Concern or Complaint

You may discuss any questions or concerns you may have by contacting your advisor or our head office. More information about our complaint resolution procedures is available on the internet at manulife.ca under *Contact Us*.

† Manulife, "we", "us", "our" refers to The Manufacturers Life Insurance Company — Canadian Division operations, Manulife Securities Inc., Manulife Securities Investment Services Inc., Manulife Securities Insurance Inc., Manulife Asset Management Limited, Manulife Assurance Company of Canada, First North American Insurance Company, Manulife Bank of Canada, and affiliates of these entities.

5 Authorization, agreements and signatures (continued)

Signatures

Review this form, including the authorizations and agreements on pages 3, 4 and 5 and sign below. By signing below confirm that:

- You have read this form and confirm that the statements in it are complete, current and accurate.
- You agree to the terms of this claimant's statement.
- You make all authorizations and give your consent as described in this claimant's statement.
- You agree that a copy of this document is as valid as the original.

Provincial legislation in some provinces requires us to inform you that the time limit for taking legal action is set out in the Insurance Act or other legislation that applies to your claim.

Name of insured person (print)	
Signature of insured person ✘	Date (dd/mmm/yyyy)
Signature of beneficiary (in applicable jurisdictions) or legal representative if insured person is a minor or is incompetent (attach applicable documents) ✘	Date (dd/mmm/yyyy)

6 Authorization to share information

This completed and signed section will be copied and provided to any hospitals or other organization as your authorization to release information to us for this claim.

You and *your* refer to the insured person. *Us* and *our* refer to The Manufacturers Life Insurance Company (Manulife). By signing below, you authorize and direct doctors and other medical practitioners, health care professionals, hospitals, clinics and other medically related facilities, insurance companies, the Medical Information Bureau and any other organization, institution, association or person that has information, records or knowledge of you or your health, to share or exchange information with us or applicable reinsurers.

IMPORTANT: Any reference to testing, tests, test results, or investigations excludes genetic tests. Genetic test means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmissions risks, or monitoring, diagnosis, or prognosis.

Signed at (city or town)	Date (dd/mmm/yyyy)

Signature of insured person	Signature of witness
✘	✘