Manulife Financial

Group Benefits
Application for Optional Life Insurance for Plan Member and Spouse only

INSTRUCTIONS - Please print all answers

1. *Please consult your plan administrator for type of coverage available under your plan. Check (✓) the appropriate box to indicate the type of coverage for which you are applying.*
   ◯ *PLAN MEMBER ONLY* ◯ *PLAN MEMBER AND SPOUSE* ◯ *SPOUSE ONLY*
2. *Please ensure that ALL SECTIONS are completed.*
   Section 1 - Plan sponsor's information - To be completed by plan administrator.
   Sections 2, 3, 4 and 6 - Plan member's information - To be completed by plan member.
3. *This application **MUST BE** submitted to Manulife Financial with a **COMPLETED** Evidence of Insurability form (GL2979E). (Evidence of Insurability is **NOT** required if changing status from "Smoker" to "Non-smoker".)*
4. ***If required, retain a photocopy for your files.***

1 Plan sponsor's information

Plan number(s)	Account number/Division	Certificate number
		Class:
		Annual earnings $
Plan sponsor		Eligibility date (dd/mmm/yyyy)

2 Plan member's information

Plan member's name (last, first and middle initial) | Date of birth (dd/mmm/yyyy)

Language preference/Langue préférée ◯ English/Anglais ◯ French/Français | Sex ◯ Male ◯ Female | Province of residence

Have you smoked (cigarettes, cigars, pipe, etc.) or used tobacco in any other form within the last 12 months? ◯ Yes ◯ No

Optional life amount:

Applicant's present amount of optional life	$ _____	OR ___	units of	$ _____	OR ___	x salary	$ _____	=	$ _____
Additional amount requested	$ _____	OR ___	units of	$ _____	OR ___	x salary	$ _____	=	$ _____
Total amount requested	$ _____	OR ___	units of	$ _____	OR ___	x salary	$ _____	=	$ _____

3 Beneficiary designation information

If a beneficiary is not assigned, "ESTATE" will be assumed.

Name of beneficiary (last, first and middle initial)	Relationship to plan member
Additional name, if applicable (last, first and middle initial)	Relationship to plan member
Additional name, if applicable (last, first and middle initial)	Relationship to plan member

For designated beneficiaries under the age 18.

I appoint _____ as Trustee to receive any amount due to any beneficiary under the age of 18.

Irrevocability

For Quebec residents only
In Quebec, the designation of your spouse as beneficiary is irrevocable unless otherwise specified.
If spouse is beneficiary, designation is:
◯ Revocable ◯ Irrevocable

Note: If the 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.**

4 Spousal coverage

Note: you will be the beneficiary of your spouse's insurance, if you are then living, otherwise the beneficiary will be your estate.

Spouse's name (last, first and middle initial) | Sex ◯ Male ◯ Female | Date of birth (dd/mmm/yyyy)

Has your spouse smoked (cigarettes, cigars, pipe, etc.) or used tobacco in any other form within the last 12 months? ◯ Yes ◯ No

Spousal optional life amount:

Spouse's present amount of optional life	$ _____	OR ___	units of	$ _____	OR ___	x salary	$ _____	=	$ _____
Additional amount requested	$ _____	OR ___	units of	$ _____	OR ___	x salary	$ _____	=	$ _____
Total amount requested	$ _____	OR ___	units of	$ _____	OR ___	x salary	$ _____	=	$ _____

Please complete both pages of this form.

5 Mailing instructions

Please send the completed form to:

Manulife Financial
Group Benefits, Medical Underwriting
PO BOX 1650
WATERLOO ON N2J 4V7

6 Certification and authorization

I certify that the information in this form is true and complete, to the best of my knowledge.
I authorize any health care provider, other insurance company, any type of workers' compensation board, my plan sponsor, or other persons to release and exchange information requested by Manulife Financial, when the information is needed to process my application for insurance.
If my Social Insurance Number is used as my certificate number, I authorize its use for the identification and administration of my group benefits.
I agree that a photocopy of this authorization shall be as valid as the original.

At Manulife Financial, we know that confidentiality of personal information is important. Any information you provide to us will be kept in a group life and health benefits file. Access to your information will be limited to:
• our employees and service representatives in the performance of their jobs;
• persons to whom you have granted access; and
• persons authorized by law.
You have the right to request access to the personal information in your file, and, if necessary, correct any inaccurate information.

Signature of plan member	Date (dd/mmm/yyyy)