

# Plan Application

For Manulife Financial Use Only  
 Keyed \_\_\_\_\_  
 Approved \_\_\_\_\_

Membership Number \_\_\_\_\_  
 Centre \_\_\_\_\_  
 Agent ID \_\_\_\_\_  
 Logo ID \_\_\_\_\_

Please print in ink

## Part A — General Information

Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_ Health Card Number: | | | | | | | | | | | | | | | | | | | | | |

Apt. Number, Street Number & Name \_\_\_\_\_ Marital Status:  Single  Married  Other

City or Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Occupation: \_\_\_\_\_

If additional information is required, how may we contact you?  
 Home Telephone: \_\_\_\_\_  Office Telephone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Please provide us with information on your current group health plan:  
 Employer Name \_\_\_\_\_ Insurance Company \_\_\_\_\_  
 Coverage to be Replaced \_\_\_\_\_ Date Benefits End DD / MM / YYYY  
 Group and Identification Numbers \_\_\_\_\_

Beneficiary designation for payment of Accidental Death & Dismemberment benefit (in the case of death, if no beneficiary designation is made, benefits will be payable to the estate):  
 Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_ Dated DD / MM / YYYY

If you designate a beneficiary under the age of 18, benefits will be paid into court, unless a trustee is appointed.  
 Name of Trustee \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_ Dated DD / MM / YYYY

## Part B — Plan Choice

I/We apply for:  FollowMe Basic  FollowMe Enhanced  FollowMe Enhanced Plus  FollowMe Premiere

## Part C — Individuals to be covered

First Name	Last Name	Health Card No.	Code	Sex	Birth Date DD/MM/YYYY	Age
A P P L I C A N T			00			
C O - A P P L I C A N T			01			
D E P E N D A N T C H I L D			02			
D E P E N D A N T C H I L D			02			
D E P E N D A N T C H I L D			02			

## Part D — Billing Options

**INITIAL PAYMENT:** I hereby authorize Manulife Financial to debit the initial 2 months premium, \$ \_\_\_\_\_ from my/our:  
 Financial Services Account     Credit Card Account

**SUBSEQUENT PAYMENTS: Will be made by:**

**Pre-Authorized Payment (PAP) Plan from my Financial Services Account (please complete Part E below)**

PAP Billing Frequency:     Monthly     Semi-Annually (2% discount)     Annually (4% discount)

**Credit Card: (Please also complete Part E below)**

Visa     Mastercard     Amex    Account Number \_\_\_\_\_    Expiry Date MM / YYYY

Cardholder \_\_\_\_\_    Signature of Cardholder \_\_\_\_\_  
(if other than Applicant or Co-Applicant)

Credit Card Billing Frequency:     Monthly     Semi-Annually     Annually

**Direct Billing:** Direct Billing Frequency:     Semi-Annually (2% discount)     Annually (4% discount)

**Important:** For verification purposes, we require a VOID cheque if a payment is being withdrawn from your financial institution.  
Please Note: Billing frequency discounts are not available for Credit Card payment options.

Manulife Financial may terminate coverage or change the method of payment to another qualifying method should a withdrawal be refused for any reason, and the financial institution shall in no way be held liable should such an event occur. A \$25 NSF fee will be charged for all NSF transactions.

## Part E — Financial Institution

Name of the account holder (if other than Applicant) \_\_\_\_\_

Financial Institution \_\_\_\_\_

Address \_\_\_\_\_    City/Town \_\_\_\_\_

**Type of Account:**     Personal Chequing     Chequing/Savings     Savings     Current     Direct Deposit Account     Other

**Joint Accounts:** Is this a joint account requiring only one signature?     Yes     No

If more than one signature is required on withdrawals issued against the account, both account holders must sign the authorization.

**Non-Chequing Accounts:** Since approval from my/our financial institution is required for pre-authorized payment from accounts with no chequing privileges, I/we have made prior arrangements to allow for pre-authorized payments from my/our account. Enclosed is a withdrawal slip that has been stamped by my/our financial institution allowing withdrawals to be made from my/our non-chequing account. This authorization shall remain in effect unless 30 days written notice is given to Manulife Financial requesting cancellation by the account holder.

**For Pre-Authorized Payment and Credit Card Billing Options:** I/We hereby authorize Manulife Financial to make a withdrawal from my/our account on or about the first business day of each month in which insurance premiums are due. This authorization may be terminated by either Manulife Financial or by me/us through written notice.

Signature of Applicant \_\_\_\_\_    Second Signature if Joint Account \_\_\_\_\_

## Part F — Declaration

**ALL APPLICANTS MUST COMPLETE THIS SECTION**

**This plan is underwritten by The Manufacturers Life Insurance Company.**

Check here if you do not wish to receive further information and material on Manulife Financial products.

I/We hereby acknowledge that the statements contained herein are true and complete and together with any other forms signed by me/us in connection with this application form the basis for any Policy issued hereunder. I/We acknowledge receipt of and agree with the Notice on Privacy and Confidentiality. I/We understand and agree that coverage shall not become effective until the first of the month following final approval. A photocopy of this signed authorization shall be as valid as the original.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date DD / MM / YYYY