

STUDENT APPLICATION FOR DISABILITY INCOME INSURANCE

Section 1: Student Information

Membership Number (if known):

Mr.	Ms.	Miss	Mrs.	Last Name	First Name	Initial
Home Address					Unit/Apt.	City
Province/Territory			Postal Code		Date of Birth	DD/MM/YYYY
					Male	Female
Telephone			Email address			Smoker
						Non-Smoker*

*Non-smoker rates apply to people who have not used any form of tobacco or tobacco cessation products, including e-cigarettes, in the past 12 months.

Section 2: Insurance Coverage Applied for

Student Disability Income (Available to Medical Students at the University of Manitoba Only)

Elimination Period – 90 days Benefit Period – Age 65

Select one of the following options:

- | | |
|------------------------------------|------------------------------------|
| Med 1 (up to \$1,500 per month) \$ | Med 2 (up to \$1,500 per month) \$ |
| Med 3 (up to \$2,500 per month) \$ | Med 4 (up to \$4,000 per month) \$ |

Coverage amounts do not automatically increase each year. You must apply to increase coverage.

If you wish to apply for the Future Insurance Option (FIO) and/or the Cost of Living Adjustment (COLA) Option, with proof of good health contact:

Gord Brennan 204-985-1140 gbrennan@doctorsmanitoba.ca or Mark Venton 204-985-5846 mventon@doctorsmanitoba.ca

Section 3: Pro-rated Premium Calculation for Coverage Effective December 1st

Male Non-Smoker Under Age 30	Basic Coverage Premium	Sales Tax	Total due with application
Med 1 (\$1,500)	\$90.00	\$6.30	\$96.30
Med 2 (\$1,500)	\$90.00	\$6.30	\$96.30
Med 3 (\$2,500)	\$150.00	\$10.50	\$160.50
Med 4 (\$4,000)	\$240.00	\$16.80	\$256.80

Female Non-Smoker Under Age 30	Basic Coverage Premium	Sales Tax	Total due with application
Med 1 (\$1,500)	\$108.75	\$7.61	\$116.36
Med 2 (\$1,500)	\$108.75	\$7.61	\$116.36
Med 3 (\$2,500)	\$181.25	\$12.69	\$193.94
Med 4 (\$4,000)	\$290.00	\$20.30	\$310.30

Male Non-Smoker Age 30-39	Basic Coverage Premium	Sales Tax	Total due with application
Med 1 (\$1,500)	\$112.50	\$7.88	\$120.38
Med 2 (\$1,500)	\$112.50	\$7.88	\$120.38
Med 3 (\$2,500)	\$187.50	\$13.13	\$200.63
Med 4 (\$4,000)	\$300.00	\$21.00	\$321.00

Female Non-Smoker Age 30-39	Basic Coverage Premium	Sales Tax	Total due with application
Med 1 (\$1,500)	\$142.50	\$9.98	\$152.48
Med 2 (\$1,500)	\$142.50	\$9.98	\$152.48
Med 3 (\$2,500)	\$237.50	\$16.63	\$254.13
Med 4 (\$4,000)	\$380.00	\$26.60	\$406.60

For Smoker Rates, or for those applicants over age 39, please contact Mark Venton at 204-985-5846 or mventon@doctorsmanitoba.ca

You will receive a renewal invoice in May for the following year.

How to apply:

1. Download and complete the Student Application for Disability Income Application form
2. Download and complete the Doctors Manitoba Pre-Authourized Debit (PAD) form* and obtain a void cheque from the personal account you would like the premiums to be deducted from. Do not use a line of credit account.
3. Submit the completed Application Form and PAD Form with void cheque to mventon@doctorsmanitoba.ca

* Form available at www.doctorsmanitoba.ca

Personal Information Statement

In this Statement, “you” and “your” refer to the policyowner or holder of rights under the contract, the insured and the parent or guardian of any child named as insured who is under the legal age for providing consent. “We”, “us”, “our” and “the Company” refer to The Manufacturers Life Insurance Company and our affiliated companies and subsidiaries.

Updates to this Statement and further information about our privacy practices are posted to www.manulife.ca.

We collect, use, verify and disclose your personal information for identified purposes, and only with your consent, or as permitted or required by law. By selecting submit or by signing the application, you give your consent for us to collect, use and disclose your personal information, as set out in this Personal Information Statement. Any alterations to the consent must be agreed to in writing by the Company.

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, date of birth or driver's licence
- Medical information that any organization or person has about you
- A personal investigation, financial information, credit bureau report and/or a consumer report from any organization, person or source that has any information or records about you
- Information about how you use our products and services, and information about your preferences, demographics and interests
- Other personal information we may require to administer our business relationship with you

We use fair and lawful means to collect your personal information.

Where do 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 in issuing and administering your policy now, and in the future
 - Public sources, such as government agencies and Internet sites

What do we use your personal information for?

We will use your personal information to:

- Help us properly 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, and issue and administer the rights under the policy
- Comply with legal and regulatory requirements
- Understand more about you and how you like to do business with us
- Analyze data to help us understand our customers better so we can improve the products and services we provide
- Determine your eligibility for, and provide you with details of, other products or services that may be of interest to you

Who do we disclose your information to?

- Persons, financial institutions and other parties with whom we deal in issuing and administering your policy 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 medical doctor
- Public health authorities as required, if laboratory tests performed on our behalf show that you have tested positive for infectious disease

The abovementioned people, organizations and service providers are both within Canada and jurisdictions outside Canada, and would therefore be 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.

How long do we keep your information?

The longer of:

- The time period required by law and by guidelines set for the financial services industry, and
- The time period required to administer the products and services we provide.

Withdrawing your consent

You may withdraw your consent for us to use your personal information to provide you with other service or product offerings, excluding those mailed with your statements.

You may not withdraw your consent for us to collect, use, retain or disclose personal information we need to issue or administer the policy unless federal or provincial/territorial laws give you this right. If you do so, a policy may not be issued and benefits will not be payable under the contract or we may treat your withdrawal of consent as a request to terminate the contract.

If you wish to withdraw your consent, phone our customer care centre 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 and access

You will notify us of any change to your contact information. 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. If you have a question or a concern, wish to receive more information about parties who have access to your information or about our privacy policies and procedures, and/or wish to review your personal information in our files or correct any inaccuracies, you may send a written request to:

Privacy Officer
Manulife
P.O. Box 1602
500 King Street North
Waterloo, ON N2J 4C6
Privacy_office_canadian_division@manulife.com

Please note the security of email communication cannot be guaranteed. Do not send us information of a private or confidential nature by email. By contacting us via email you are authorizing us to communicate with you by email.

A copy of our privacy principles and practices is available at manulife.ca.

Declaration and Authorization – Please read carefully before signing.

I hereby apply for insurance to The Manufacturers Life Insurance Company (Manulife). I declare that the statements contained in this application are true and complete. I understand that this application, together with any other forms signed by me in connection with this application, forms the basis for any certificate issued hereunder. I understand that any material misrepresentation, including misstatement of smoker status, shall render the insurance voidable at the instance of the insurer. I understand that there are exclusions and limitations on the coverage applied for. A photocopy or faxed copy of this authorization shall be as valid as the original.

I acknowledge receipt of and confirm my agreement with the Personal Information Statement. I understand that, subject to Manulife’s receipt of the properly completed application form and the first premium payment, coverage will take effect on the first of the month following approval.

Signed in the City/Town of

and Province of

Date

DD/MM/YYYY

Signature of StudentSignature of Witness

For more information visit the website at **doctorsmanitoba.ca**
or call us toll-free at **1-888-322-4242**
20 Desjardins Drive, Winnipeg, Manitoba R3X 0E8



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