

## Section 1: Member Information

FIO under Certificate Number:

Last Name First Name Initial  
Mailing Address Unit/Apt. City  
Province/Territory Postal Code  
Date of Birth Place of Birth (province, country)  
Email (residence) Telephone (residence)  
Email (business) Telephone (business)

## Section 2: Additional Insurance Coverage Applied For

Disability Income Insurance Increase Option Amount Selected: Option Amount Requested \$

Waiting Period\* 14 days\*\* 30 days 60 days 90 days 180 days

\* additional coverage obtained will match the Waiting Period of riders and coverage currently in force

\*\* The current in-force coverage plus the additional coverage selected above may not exceed \$5,500 at 14-Day Waiting Period.

## Section 3: Insurance Information

3.1 Describe all coverage in force or applied for in the box below.

Name of Insurance Company	Amount of Disability	Waiting and Benefit Period	Taxable or Non Taxable	Date Issued (Month/Year)	Do you intend to replace this coverage?
a)	\$				Yes No
b)	\$				Yes No
c)	\$				Yes No
d)	\$				Yes No

3.2 **Note:** If you intend to replace coverage (other than coverage you may have through an employer group benefits plan), do not cancel your existing coverage until the new coverage has been approved. A replacement form or declaration may be required. Manulife may not be able to issue an insurance certificate if replacement is indicated.

## Section 4: Financial and Occupational Information

**Please check as appropriate and attach financial document where indicated.**

**The guide on the reverse of this application will determine the level of coverage you are eligible to apply for.**

- 4.1 *New General Practitioner* – in first 2 years after graduating from a Residency Program – Disability amount from all sources is \$7,500 or less – proof of income not required.  
*New Specialist* – in first 2 years after graduating from a Residency Program – Disability amount from all sources is \$11,000 or less – proof of income not required.  
*Fee for service physician* with over 2 years in practice, and coverage applied for and in force exceeds \$3,500 – Attach Pages 1, 2 and 3 of last 2 years tax returns (T1 General) plus Statement of Professional or Business Activity (T2125).  
*Employed physician* with over 2 years in practice, and coverage applied for and in force exceeds \$3,500 – Attach copy of salary/employment letter or Pages 1, 2 and 3 of last year's tax return (T1 General).  
*Manager of a medical clinic* – Attach copy of salary/employment letter or Pages 1, 2 and 3 of last year's tax return (T1 General).  
*OTHER* – Please fully describe under separate cover and provide financial documentation to support.

4.2 Do you have any income which will become payable or continue should you become disabled? Yes No  
If **yes**, provide details:

4.3 Are you disabled and on claim or satisfying your waiting period? (Any amount exercised during a period of disability will apply only to any new disability.) Yes No

Section 4: Financial and Occupational Information (continued)

Basic Coverage

Amount Requested        \$

Premiums for added coverage and any optional benefits such as Cost of Living adjustment and Own Occupation (if eligible) will increase based on the amount of the increase

**Note:** Sales Tax for residents of Manitoba is 7%, Ontario is 8% and Quebec is 9%.

**Note:** If you currently pay via MONTHLY deduction, do not submit premium. Your deduction amount will automatically be adjusted once coverage is approved and settled.

Declaration and Authorization – Please read carefully before signing.

I (the Member) 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 documents provided in connection with this application, shall be the basis on which the increase is granted. I understand that any material misrepresentation shall render the additional insurance voidable at the instance of the insurer. I consent to the additional insurance being placed on my life.

I acknowledge receipt of, and confirm my agreement with, the Information about MIB, Inc. and the Personal Information Statement.

I authorize Doctor’s Manitoba, Manulife and their subsidiaries, affiliates and agents to use the information in this application and their existing files to offer me their products or services. I understand that my consent to the use of such information to offer me products or services is optional and that if I wish to discontinue such use I may write to: Privacy Officer, Manulife, P.O. Box 1602, Del. Stn 500-4-A, Waterloo, ON, N2J 4C6.

I understand that this consent may be revoked at any time and that if as a result of such revocation the insurer is unable to obtain proof of claim, this may result in claims not being paid. I understand that subject to Manulife’s receipt of the properly completed application form and the first premium payment, the Option Amount will take effect on the option date following approval by Manulife’s underwriters.

If approved, I understand that the new coverage will be issued subject to the terms of the Option rider under which this option has been exercised and will be subject to the same exclusions and limitations specifically excluded from coverage under the original certificate. If not approved, a full refund of any premiums paid will be made.

*A photocopy or faxed copy of this authorization shall be as valid as the original.*

Signed at (city or town):

Signed at (province):

Signature of member:

Date (DD/MM/YYYY):

DD/MM/YYYY

## Personal Information Statement

In this Statement, “you” and “your” refer to the policyowner or holder of rights under the contract, the insured 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](http://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, your date of birth, or driver's license
- Medical information that any organization or person has about you
- Any test that may be necessary for us to decide if and on what terms to insure you, such as a medical exam or blood test.
- Your personal information from MIB, Inc., as explained in Information about MIB, Inc.
- A copy of all driving related information from provincial or territorial Motor Vehicle Divisions
- A personal investigation, financial information, credit bureau report and/or a consumer report from other organizations, 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
- 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

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## Personal Information Statement (continued)

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.

The personal information you provided in this application:

- will become a part of all the contracts that result from this application, even if you are not the owner or one of the people to be insured for that printed contract
- will be shared with all the owners and any subsequent owners of those contracts and all people to be insured

### 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 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 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 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 N Waterloo, ON N2J 4C6

[Privacy\\_office\\_canadian\\_division@manulife.com](mailto: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.

### Information about MIB, Inc.

We consider the information contained in your application to be confidential. However, Manulife or reinsurers involved with your policy may make a report to MIB, Inc. based on your application, or to other insurance companies to which you apply for life, health or critical illness insurance, or to which a claim for benefits has been made. MIB, Inc. is a not-for-profit organization set up by life insurance companies to share information among its members. If you apply for insurance or submit a claim to a member company, MIB, Inc. will share any information it has on file.

You may review the information in your file, and request a correction if necessary, by contacting MIB, Inc. at:

**MIB, Inc.**

330 University Avenue, Suite 501  
Toronto, Ontario M5G 1R7

Telephone: (416) 597 - 0590

Fax: (416) 597 -1193

Email: [canada\\_disclosure@mib.com](mailto:canada_disclosure@mib.com)



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