

**FollowMe™ Health Application**

\*All applicants must complete parts A, B, C, D, E and F  
\*All applicants must complete and sign the Applicant's Declaration



AIR MILES® Collector #: **8** | | | | | | | | | | | | | | | |

Please print in ink.

Advisor ID:
Advisor Name:
Advisor E-mail:

**Part A • General Information**

**Primary Applicant:**

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

Address \_\_\_\_\_ City or Town \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Email \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Office Telephone ( ) \_\_\_\_\_

If additional information is required, how may we contact you?  Home  Office  E-mail Best time to call \_\_\_\_\_ AM PM

Date of Birth (DD/MM/YYYY) \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Please provide us with information about your current or recently ended group health plan:

Employer Name \_\_\_\_\_ Insurance Company \_\_\_\_\_

Date Benefits Ended \_\_\_\_\_ Group and Identification Numbers \_\_\_\_\_

**Note for Quebec Residents:**

Is this application intended to replace current coverage other than your current or recently ended group health plan?  Yes  No

If you intend to replace coverage other than your current or recently ended group health plan, do not cancel your existing coverage. Manulife Financial may not be able to issue a policy where replacement of an existing insurance product is intended.

**Co-Applicant:**

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

Address (if different from Primary Applicant) \_\_\_\_\_ City or Town \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Email \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Office Telephone ( ) \_\_\_\_\_

If additional information is required, how may we contact you?  Home  Office  E-mail Best time to call \_\_\_\_\_ AM PM

Date of Birth (DD/MM/YYYY) \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Please provide us with information about your current or recently ended group health plan:

Employer Name \_\_\_\_\_ Insurance Company \_\_\_\_\_

Date Benefits Ended \_\_\_\_\_ Group and Identification Numbers \_\_\_\_\_

**Note for Quebec Residents:**

Is this application intended to replace current coverage other than your current or recently ended group health plan?  Yes  No

If you intend to replace coverage other than your current or recently ended group health plan, do not cancel your existing coverage. Manulife Financial may not be able to issue a policy where replacement of an existing insurance product is intended.

## Part B • Dependants To Be Covered

FIRST NAME	LAST NAME	HEALTH CARD NUMBER	CODE	SEX	BIRTH DATE			AGE
					DD	MM	YYYY	
			02					
			02					
			02					

## Part C • Plan Choice

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

## Part D • Beneficiary Designation

Beneficiary designation for payment of Accidental Death and Dismemberment benefit (in the case of death, if no beneficiary designation is made, benefits will be payable to the estate):

### Primary Applicant's Beneficiary

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Primary Applicant \_\_\_\_\_

% of Benefit \_\_\_\_\_

### Co-Applicant's Beneficiary

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Co-Applicant \_\_\_\_\_

% of Benefit \_\_\_\_\_

If you designate a beneficiary under the age of 18, benefits will be paid into court or to the Public Trustee, unless a trustee is appointed, except in Quebec where benefits will be paid directly to the tutor or administrator of the beneficiary and no trustee may be appointed.

Trustee: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Trustee: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Primary Applicant \_\_\_\_\_

Relationship to Co-Applicant \_\_\_\_\_

### For Quebec residents only:

In the province of Quebec, any designation of a spouse as a beneficiary is irrevocable unless stipulated to be revocable. (Check box below if designation is to be revocable.)

I hereby declare and stipulate that the beneficiary designation made in this form is revocable.  I hereby declare and stipulate that the beneficiary designation made in this form is revocable.

## Part E • Payment Options

**Initial Payment:** I/We hereby authorize Manulife Financial to debit the initial two (2) months' premium, \$ \_\_\_\_\_, from my/our:

Option #1  Financial Services Account (Pre-Authorized Debit)

Option #2  Credit Card Account

**Subsequent Payments** will be made by:

Option #1  Pre-Authorized Debit (PAD) from my/our Financial Services Account

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

**Important: For verification purposes, we require a sample cheque marked 'VOID'. Please complete Part F.**

Option #2  Credit Card Account

Credit Card Billing Frequency:  Monthly  Semi-Annually  Annually

**Please note: Billing frequency discounts are not available for credit card payment options. Please complete Part F.**

Option #3  Direct Billing

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

## Part F • Payment Information and Authorization

### Credit Card Option Payment Information & Payment Authorization

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. 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 \$25.00 fee will be charged for all NSF (Non-Sufficient Funds) transactions.

Credit Card:  Visa  MasterCard  American Express

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_ (MM/YYYY)

Name of Cardholder \_\_\_\_\_ Signature of Cardholder \_\_\_\_\_

Second Signature if Joint Account \_\_\_\_\_ Dated \_\_\_\_\_ (DD/MM/YYYY)

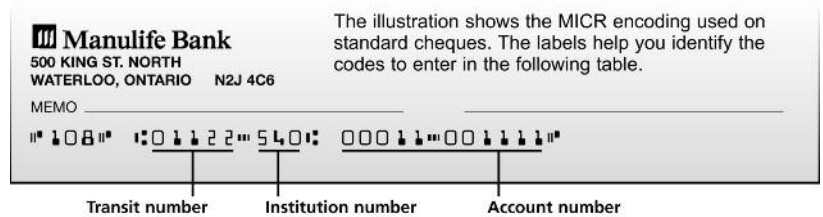
### Pre-Authorized Debit (PAD) Payment Information & Payment Authorization

Please use the following banking information:

From the cheque used to make the first payment

**OR**

As follows: (only complete the table below if you do not have a void cheque)



Transit Number \_\_\_\_\_ Institution Number \_\_\_\_\_ Bank Account Number \_\_\_\_\_

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

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 this authorization.**

Non-Chequing Accounts: Since approval from my/our financial institution is required for pre-authorized payments 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.

I/We authorize Manulife Financial to make monthly automatic withdrawals from my/our bank account **on or about the first business day of each month** for monthly insurance premiums due on or after the date I/we sign this authorization. Withdrawals from my/our account may be for variable amounts, as they may change in accordance with my/our insurance contract and as required to administer my/our policy. **I/We waive the right to receive further notice of the amount and date of each automatic withdrawal from my/our account.** If the bank or financial institution does not honour an automatic monthly withdrawal the first time it is presented for payment, Manulife Financial may attempt to withdraw that payment again within 30 days. Manulife Financial reserves the right to ask for an alternative method of payment if payment is not honoured. All one-time or automatic withdrawals from my/our bank account will be treated as personal withdrawals as defined by the Canadian Payments Association in Rule H-1. I/We or Manulife Financial may end this agreement at any time by giving 10 days' written notice. I/We understand that cancelling this PAD agreement may result in loss of insurance coverage unless Manulife Financial receives another form of payment. Any refund of premium paid pursuant to this authorization shall be made to the policy owner.

You may obtain a sample cancellation form by contacting your financial institution or through [www.cdnpay.ca](http://www.cdnpay.ca). If you have any questions about withdrawals from your bank account, contact us at 1-800-268-3763, or [more\\_info@manulife.com](mailto:more_info@manulife.com) or write to us at Manulife Financial, PO Box 670, Stn Waterloo, Waterloo, Ontario N2J 4B8.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any PAD withdrawal that is not authorized or is inconsistent with this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Signature of Cardholder \_\_\_\_\_ Dated \_\_\_\_\_ (DD/MM/YYYY)

Second Signature if Joint Account \_\_\_\_\_ Dated \_\_\_\_\_ (DD/MM/YYYY)

Account Holder Address (if different from Applicant) \_\_\_\_\_

## Notice on Privacy and Confidentiality

The specific and detailed information requested on the application form is required to process the application. To protect the confidentiality of this information, Manulife Financial will establish a "financial services file" from which this information will be used to process the application, offer and administer services and process claims. Access to this file will be restricted to those Manulife Financial employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person you authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions.

Your consent to the use of personal information to offer you products and services is optional and if you wish to discontinue such use, you may write to Manulife Financial at the address shown below. Your file is secured in our offices or those of our administrator or agent. You may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Affinity Markets, Manulife Financial, P.O. Box 4213, Station A, Toronto, Ontario M5W 5M3.

### Notice on Information Provided to the AIR MILES® Reward Program

When you or your family member apply for insurance, Manulife Financial may disclose to the AIR MILES® Reward Program your AIR MILES Collector Account number in order to administer the AIR MILES Reward Program, including the management of Collector accounts and to accurately record and update reward mile balances.

The AIR MILES Reward Program makes information about its privacy policies and practices readily available to individuals and its Collectors through written materials, its website ([www.airmiles.ca](http://www.airmiles.ca)) and other electronic means, its Interactive Voice Response system, and its Customer Care Centre. In addition, copies of the AIR MILES Privacy Pledge are available to individuals and Collectors upon request.

The AIR MILES Reward Program does not give, rent or sell Collector lists to any organization or individual other than its Affiliated Businesses, Sponsors, Suppliers and companies contracted to process and manage Collector transactions, redemption requests, research, analysis and communications and in all cases, only to fulfill the specified purposes. AIR MILES Collectors can opt out of receiving marketing and promotional communications in electronic, printed or verbal format, other than Collector Summaries, by writing to the AIR MILES Reward Program at AIR MILES, Customer Care, PO Box 602, Station A, Scarborough, Ontario, M1K 5K7 or by email to [privacyoffice@airmiles.ca](mailto:privacyoffice@airmiles.ca). The decision to opt out of additional communications does not affect your ability to collect or redeem reward miles in the AIR MILES Reward Program.

## Applicant's 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's 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 Manulife Financial's Notice on Privacy and Confidentiality and Notice on Information provided to the AIR MILES® Reward Program. I/We understand and agree that coverage shall not become effective until the first of the month following final approval.

I/We hereby designate the individual(s) named as beneficiary(ies) to receive any Accidental Death and Dismemberment proceeds payable.

A photocopy of this signed authorization shall be as valid as the original.

(DD/MM/YYYY)

Signed at	Signature of Primary Applicant	Dated
-----------	--------------------------------	-------

(DD/MM/YYYY)

Signed at	Signature of Co-Applicant	Dated
-----------	---------------------------	-------

## Advisor's Report • For Advisor/Agent Use Only

You confirm that you have disclosed the following information to the applicant:

- the name of the company or companies you represent
- that you receive commissions for the sale of life and accident and sickness insurance products and may receive bonuses, invitations to conferences or other incentives; and
- any conflicts of interest you may have with respect to this transaction.

Your name (first, middle initial, last)	Advisor code	Signature ✕
---	--------------	----------------

Please send the completed application to: **For Regular Mail:**  
Manulife Financial  
P.O. Box 670  
Stn Waterloo  
Waterloo, ON N2J 4B8

**For Courier:**  
Manulife Financial  
500 King Street  
Affinity Markets New Business  
Delivery Station 500-GB  
Waterloo, ON N2J 4C6

Note: if you are contracted through a MGA/National Account firm, please forward the completed application to their office.

FollowMe Health is offered through Manulife Financial (The Manufacturers Life Insurance Company).

Plans underwritten by The Manufacturers Life Insurance Company. Manulife, Manulife Financial, the Manulife Financial For Your Future logo and the Block Design are trademarks of The Manufacturers Life Insurance Company and are used by it, and by its affiliates under license. ©/™ Trademarks of AIR MILES International Trading B.V. Used under license by LoyaltyOne Inc. and Manulife Financial. ™/© Trademarks held by The Manufacturers Life Insurance Company. ©2011 The Manufacturers Life Insurance Company. All rights reserved.