Manulife Financial

For your future™

Personal Benefits – a new twist on your benefits program

Group Benefits

Introducing Personal Benefits – a new twist on your benefits program

Personal Benefits are a simple, affordable way to help you get the financial protection and security you need. Personal Benefits puts a twist on traditional employee benefits as the benefits are individual insurance coverage and you are the policyholder. This makes the coverage portable, so it moves with you even if you change employers.

Personal Benefits make it easy for you to purchase **life** and **critical illness** protection. This affordable coverage can be purchased for you, your spouse or your children.

Personal Benefits are brought to you by your benefits plan sponsor and are underwritten by Manulife Financial. The protection offered by Personal Benefits can be an important addition to your financial planning, helping you to further protect the things you value most – your family and your lifestyle.

Personal Life Insurance

No one likes to think about the need for life insurance, but it's comforting to know that you've protected your family against loss of income in the event of your death or the death of your spouse.

Personal Life insurance supplements basic coverage available through your benefits program and is designed to help reduce the potentially devastating financial effects that the loss of income could have on you or your family and your standard of living.

Personal Life coverage offers:

- $25,000 of life insurance for each of you and your spouse without providing detailed medical information*
- The opportunity to purchase coverage of up to $500,000 in units of $25,000 with additional medical information*
- Child life coverage in the amount of $20,000 for each of your eligible children

Living Benefit

Another advantage of Personal Life coverage is our Living Benefit feature. In the unfortunate event that you or your spouse become terminally ill, the Living Benefit provides a one-time advance payment in an amount that is no more than 50% of the face amount of the Personal Life coverage you have, up to a maximum of $50,000. Your Personal Life benefit amount will be reduced by the amount of the Living Benefit amount paid. The Living Benefit amount will only be payable once your Personal Life Insurance has been in effect for two years.

In cases where you become terminally ill and a Living Benefit is paid to you, then all premiums in relation to any of your Personal Life coverage will be waived for up to 12 months.

The Living Benefit feature can offer welcome financial assistance when you need it most.

Personal Critical Illness Insurance

Most of us know someone who's been diagnosed with or suffered from a critical illness. The effects – physical, emotional and financial – can seriously affect your way of life and standard of living. Personal Critical Illness insurance helps to provide relief from financial strain, so you can make recovery your priority.

Personal Critical Illness provides coverage that may not be available through your group benefits plan and supplements your traditional health and disability benefits. And it's an affordable alternative to many individual critical insurance policies. With Critical Illness coverage, you receive a tax free lump-sum payment to use however you wish. It becomes available when an insured individual is diagnosed with one of the covered critical conditions as outlined below.

When deciding on the amount of Personal Critical Illness coverage that's right for you, some possible considerations may include your existing financial resources (savings and credit), the age of the dependants that you may have, the working status of your spouse and your current expenses.

Personal Critical Illness coverage offers:

- Protection for 22 medical conditions (see page 8)
- Up to $25,000 of Personal Critical Illness insurance for each of you and your spouse without providing detailed medical information*
- The opportunity to purchase coverage of up to $150,000 in units of $5,000 with additional medical information*
- A minimum coverage amount of $10,000

Child Critical Illness coverage is also available. It covers all of the same adult medical conditions as for you and your spouse, plus 7 childhood medical conditions (see page 8) and provides a flat $10,000 of protection for each of your eligible children until they reach age 21. It can also be purchased on its own, without coverage for adults.

At age 65 your coverage is reduced to 50% of the original policy amount, up to a maximum allowable benefit of $50,000.

** See page 6 for details*

Why purchase Personal Critical Illness Insurance?

With your Personal Critical Illness lump-sum benefit you can choose to use it any way that you wish.

- Financial needs – use your benefit as an income replacement to cover expenses such as mortgage payments, rent, education fees, etc.
- Unexpected health care costs – to pay for medications and treatments not covered by provincial health plans.
- Lifestyle choices – to defray the costs of home renovations, vehicle upgrades, personal or family expenses that will ease the effects of a critical illness.

Health Service Navigator®

Another feature of Personal Critical Illness coverage is that you and your family gain access to an innovative service designed to assist in navigating the complexities of the Canadian health care system. Health Service Navigator® provides a health resource centre that is accessed online or through a toll-free customer care centre. Health Service Navigator can help you locate a family doctor or specialist, find information on illnesses, medications, provincial health coverage, and support for chronic conditions. A premier second opinion service is also available through Health Service Navigator, rounding out the services designed to help maximize your health care experience.

Personal Benefits are easy to purchase

Applying for Personal Benefits is simple

We've made applying for Personal Benefits as easy and convenient as possible for you. You simply:

1. Decide how much insurance to purchase.
2. Complete and submit the application form along with additional medical information, if required.
3. Provide banking or credit card information for monthly premiums.

Coverage will begin following the approval of the application. You will receive a Personal Benefits confirmation package by mail.

You must retain a copy of your application form(s) for your personal files as they will form part of your insurance policy.

Calculating your monthly premium

Calculating premium can be done in a few easy steps:

Step 1: Determine the amount of coverage you want.

Step 2: Calculate the number of units of $1,000. For example $25,000 of coverage is 25 units.

Step 3: Locate the premium rate on the enclosed rate table based on your age, gender and smoking status.

Step 4: Multiply the number of units of coverage by the premium rate to calculate your monthly premium.

A Choice of Options Makes Payment Convenient

Personal Benefits insurance premiums are paid by you directly to Manulife Financial, by your choice of either:

- credit card, or,
- pre-authorized bank withdrawal.

All premium payments are collected monthly, on the first business day of each month.

Personal Benefits Eligibility Requirements

If you and your spouse (if applying for spousal coverage) are between the ages of 18 and 65, live in Canada and are in good health as described in the application form then you can apply for Personal Benefits coverage.

Similarly, if your dependent children are in good health, as described in the application form, they are eligible for coverage from birth to age 21.

Please refer to the ***Frequently Asked Questions*** concerning the definitions of spouse and children.

You can purchase coverage for your spouse and children without purchasing coverage for yourself.

Termination provisions

For you, the policyholder, coverage with Manulife Financial terminates on the earliest of the following events:

- when you reach age 70, or
- when premiums cease to be paid, or
- a claim is paid, in the case of Personal Critical Illness or,
- the date of your death, or
- when you cancel your coverage or your Personal Benefits policy.

For your spouse, coverage with Manulife Financial terminates on the earliest of the following events:

- when your spouse reaches age 70, or
- when premiums cease to be paid, or
- a claim is paid for your spouse, in the case of Personal Critical Illness or,
- the date of your spouse's death, or
- the death of the policyholder, or
- when you cancel your Personal Benefits policy or your spouse's coverage.

For each child, coverage with Manulife Financial terminates on the earliest of the following events:

- when such child reaches age 21,
- premiums cease to be paid, or
- a claim is paid for such child, in the case of Personal Critical Illness or,
- the date of death for such child, or
- the date of the policyholder's death, or
- when you cancel your Personal Benefits policy or child coverage.

Frequently Asked Questions

When does coverage become effective?

Coverage will begin on the first of the month following approval of your application and receipt of your first premium payment. Your premium payment is due on the first day of the month.

What medical information is required?*

If you elect coverage amounts that require detailed medical information, you must complete the evidence of insurability questionnaire and disclose any medical condition, injury or illness that occurred on or before the date of your application. For your convenience the evidence of insurability questionnaire is attached to the application making it easy to apply for the amounts of coverage that you require.

In most cases, a medical examination is not required, although we do reserve the right to request one if we determine it is required to assess your application.

Do I need to name a beneficiary for my life benefit?

You will automatically be designated as the beneficiary for your spousal or child life coverage, but it's important to choose the appropriate beneficiary for your own coverage. In the event that you do not name a beneficiary we will pay any death benefit due and owing to your estate. It's important to note that proceeds payable to the estate may be subject to estate taxes. Under current Canada Revenue Agency rules, life benefits paid to a named beneficiary are tax exempt. However, for additional information in this regard, you should contact your tax advisor.

Will my rates change?

As the rates are grouped by age, when the insured person (you or your spouse) attains a new age band the rates will change on the first policy anniversary date following the attainment of the new age band.

In addition, because this coverage is renewed annually, there will be some years where rates will be adjusted. The adjustments will take place on **July 1** of that year and you will be notified in advance of any changes.

What is the definition of a non-smoker?

To qualify as a non-smoker you or your spouse must declare that you have not used tobacco in any form for at least 12 months prior to the date of your application for Personal Benefits. This includes not having smoked cigarettes, cigars, or pipes, chewed tobacco, used a nicotine patch or nicotine gum within the previous year.

Do provincial sales taxes apply to Personal Benefits?

No. Sales tax does not apply to the premium payments for Personal Benefits.

Are the benefit payments considered taxable income?

No, the benefit payments are not currently considered taxable income; however, any interest earned on the life benefit prior to any payment would be taxable. At the time of a payment/settlement a T5 (and Releve 3 if you are a resident of Quebec) is issued if the interest paid is more than $50.00. However, for additional information in this regard, you should contact your tax advisor.

How do I change coverage levels in the future?

Changing your coverage is as simple as completing the application form. If you're increasing the total coverage for yourself or your spouse to an amount that is in excess $25,000, you will need to provide medical information by completing the evidence of insurability portion of the application form.

Why purchase Personal Life over traditional individual coverage or creditor insurance?

Typically, the premium rates for Personal Benefits are more affordable than comparable individual insurance coverage. Personal Life coverage is easy to purchase. You can apply for coverage by completing a form and typically no additional medical tests are required. Also, unlike creditor insurance, such as mortgage insurance, your Personal Benefits coverage does not reduce in value over time. Many creditor insurance policies pay a reduced benefit as you pay down your mortgage or loan.

How do I notify Manulife of a change of address, banking, beneficiary or dependants?

For Personal Benefits you can process banking and address changes online by going to the plan member secure site, www.manulife.ca/groupbenefits and registering by using your Personal Benefits policy number. To update dependant, beneficiary or credit card information you will need to complete a "notification of change" form located under the forms section of the secure site or contact our customer service centre at 1-800-268-6195 to obtain a copy of this form. The "notification of change" form can also be used to change banking and address information.

How do I initiate a claim for my Personal Benefits coverage?

Initiating a Personal Benefits claim is as easy as completing one of our claim forms and providing proof of claim. To get more information about claiming for personal benefits, visit www.manulife.ca/mypersonalbenefits or call our customer service centre at 1-800-268-6195.

Will the information on my application and the results of any medical tests be kept confidential?

At Manulife Financial, protecting the confidentiality of personal information we collect has always been a priority. We have long-standing policies and practices related to the collection, use, disclosure and safeguarding of our customers' personal information. Our commitment to the protection of personal information is set out in Manulife Financial's Canadian Division Privacy Policy. With Personal Benefits there is an additional level of protection as your contract is directly with Manulife and decisions relating to your application are not shared with your employer.

To learn more about Manulife Financial's Canadian Division Privacy Policy please visit www.manulife.ca/mypersonalbenefits.

How do you define spouse and child?

Spouse

A person, residing in Canada, who is your legal spouse, or the person continuously living with you in a role like that of a marriage partner, and publicly represented as such.

A spouse does not include:

a) a person divorced from you, or

b) a person separated from you where such separation is pursuant to a court order or a legal separation agreement, or the parties are living separate and apart without benefit of a court order or separation agreement, or

c) a person cohabiting with you without public representation of married status.

Child

Your natural or legally adopted child, or stepchild who is:

a) a resident of Canada;

b) unmarried;

c) not employed on a full-time basis; and

e) under 21 years of age, and who relies on you for financial support.

Covered conditions

Personal Critical Illness insurance is intended to provide financial support at the time of a critical illness. The covered conditions are recognized within the medical profession as being critical in nature and each covered condition has a specific definition that will be applied when adjudicating claims.

As medical advances and treatment of critical illnesses evolve, the definitions for the conditions covered under your policy may change, but not without advance notice in writing to you.

To view the definitions for the 22 covered conditions, and the additional 7 childhood conditions, visit www.manulife.ca/mypersonalbenefits.

Group Critical Illness Covered Conditions	You and your spouse	Your child
Alzheimer's Disease	X	X
Aortic Surgery	X	X
Benign Brain Tumour	X	X
Blindness	X	X
Cancer (Life-Threatening)	X	X
Coma	X	X
Coronary Artery Bypass Surgery	X	X
Deafness	X	X
Heart Attack (Myocardial Infarction)	X	X
Heart Valve Replacement	X	X
Kidney Failure	X	X
Loss Of Limbs	X	X
Loss Of Speech	X	X
Major Organ Failure on Waiting List	X	X
Major Organ Transplant	X	X
Motor Neuron Disease	X	X
Multiple Sclerosis	X	X
Occupational HIV Infection	X	X
Paralysis	X	X
Parkinson's Disease	X	X
Severe Burns	X	X
Stroke (Cerebrovascular Accident)	X	X
Autism		X
Cerebral Palsy		X
Congenital Heart Disease (for which corrective surgery has been performed)		X
Cystic Fibrosis		X
Down Syndrome		X
Muscular Dystrophy		X
Type 1 Diabetes Mellitus		X

A pre-existing conditions exclusion applies when Personal Life and Personal Critical Illness coverage has been purchased without providing detailed medical information:

A **pre-existing medical conditions exclusion** applies to a condition for which the insured person has exhibited signs or symptoms, has received or should have received medical treatment, consulted a physician or has been prescribed medication during the **24 months prior** to the effective date of coverage. During the **first 24 months** of coverage, no benefit is payable for a condition that is directly or indirectly related to a **pre-existing condition**.

To be eligible for insurance coverage for amounts that are equal to or less than $25,000 and that do not require the completion of a detailed medical questionnaire, we ask you to briefly confirm our assumption that the person you seek to insure is healthy, in order for us to be assured that they do not suffer from a pre-existing condition. If it is later determined that they did have a pre-existing condition at the time of your application no benefit will be payable for a claim within the first 24 months of the effective date of the applicable coverage, if it is related to a pre-existing condition.

Additional exclusion pertaining to child life coverage

All exclusions and limitations apply to child coverage. In addition, no life benefit will be paid in relation to a child who is born within the first ten (10) months of the application for child coverage, and whose death occurs within those ten (10) months.

Additional exclusion pertaining to child critical illness coverage

All exclusions and limitations apply to child coverage. In addition, no critical illness benefit will be paid in relation to a child who is born within the first ten (10) months of the application for child coverage, and who is diagnosed with a child covered condition within those ten (10) months.

Standard Exclusions for Life

In addition to the pre-existing condition exclusion, if applicable, no benefit will be paid under this Policy where your death occurs either during or after the 24 month period following the effective date and results directly or indirectly from, or is in any manner or degree associated with or occasioned by suicide, attempted suicide or other self-inflicted injury which occurs or takes place during the same 24 month period.

Some conditions will apply to your Personal Critical Illness Insurance.

- You must survive at least 30 days following the diagnosis of a covered condition in order to receive the benefit.
- No benefit will be paid for cancer or a benign brain tumor within the first 90 days of your policy effective date, or if you have had any pre-existing signs or symptoms leading up to a diagnosis of cancer (whether covered or excluded under the policy).
- Benefits are payable for the first covered diagnosis only.
- You must satisfy the definition of the covered conditions.
- Other conditions and limitations as set out in your Policy.

Standard Exclusions for Personal Critical Illness

In addition to the pre-existing condition exclusion, if applicable, and the limitations associated with the definitions of the covered conditions, no benefits are payable for any condition directly or indirectly related to:

a) self-inflicted injuries or illnesses, whether the insured is sane or insane,

b) abuse of addictive substances, including but not limited to legal and illegal drugs and alcohol,

c) war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion,

d) the committing of or the attempt to commit an assault or criminal offence,

e) injuries sustained while operating a motor vehicle, either while under the influence of any intoxicant or if the insured's blood contained more than 80 milligrams of alcohol per 100 milliliters of blood at the time of the injury, and

f) intentionally taking a poisonous substance or inhaling toxic gases or fumes.

Start protecting what matters to you most

Apply for Personal Benefits today by completing the enclosed application form or by visiting **www.manulife.ca/mypersonalbenefits** to complete the form available online.

Manulife Financial

Personal Benefits

Personal Benefits Life Insurance: Coverage Levels and Rates

Member and Spouse Coverage: Available in multiples of $25,000 to a maximum of $500,000.

	Monthly Personal Life Rates per $1,000 of Coverage			
	Male		Female	
Age Bands	**Smoker**	**Non-smoker**	**Smoker**	**Non-smoker**
To age 24	$ 0.11	$ 0.07	$ 0.08	$ 0.06
25-29	$ 0.10	$ 0.07	$ 0.08	$ 0.05
30-34	$ 0.11	$ 0.07	$ 0.09	$ 0.06
35-39	$ 0.13	$ 0.08	$ 0.11	$ 0.07
40-44	$ 0.22	$ 0.13	$ 0.17	$ 0.11
45-49	$ 0.38	$ 0.21	$ 0.28	$ 0.17
50-54	$ 0.63	$ 0.35	$ 0.46	$ 0.28
55-59	$ 0.99	$ 0.62	$ 0.70	$ 0.49
60-64	$ 1.48	$ 0.92	$ 1.02	$ 0.68
65-69	$ 2.35	$ 1.40	$ 1.82	$ 1.04

Child Coverage: Flat amount of coverage: $20,000 per eligible dependent child

The total premium for coverage for all children is **$4.20** per month.

How do I calculate my monthly premium?

Calculating premium can be done in a few easy steps:

Step 1: Determine the amount of coverage you want.
Step 2: Calculate the number of units of $1,000. For example $25,000 of coverage is 25 units.
Step 3: Locate the premium rate on the table based on your age, gender and smoking status.
Step 4: Multiply the number of units of coverage by the premium rate to calculate your monthly premium.

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Personal Benefits

Personal Benefits Critical Illness Insurance (22 covered conditions) Coverage Levels and Rates

Member and Spouse Coverage: Available in multiples of $5,000 to a maximum of $150,000. The minimum coverage requirement is $10,000.

	Monthly Personal Critical Illness Rates per $1,000 of Coverage			
	Male		Female	
Age Bands	**Smoker**	**Non-smoker**	**Smoker**	**Non-smoker**
To age 24	$ 0.16	$ 0.14	$ 0.15	$ 0.14
25-29	$ 0.18	$ 0.15	$ 0.18	$ 0.16
30-34	$ 0.22	$ 0.18	$ 0.23	$ 0.20
35-39	$ 0.34	$ 0.22	$ 0.35	$ 0.27
40-44	$ 0.58	$ 0.32	$ 0.54	$ 0.39
45-49	$ 0.94	$ 0.51	$ 0.81	$ 0.57
50-54	$ 1.59	$ 0.85	$ 1.24	$ 0.82
55-59	$ 2.59	$ 1.34	$ 1.88	$ 1.14
60-64	$ 3.86	$ 2.08	$ 2.65	$ 1.54
65-69	$ 5.79	$ 3.34	$ 4.01	$ 2.45

Child Coverage: Flat amount of coverage: $10,000 per eligible dependent child

The total premium for coverage for all children is **$3.70** per month.

How do I calculate my monthly premium?

Calculating premium can be done in a few easy steps:

Step 1: Determine the amount of coverage you want.
Step 2: Calculate the number of units of $1,000. For example $25,000 of coverage is 25 units.
Step 3: Locate the premium rate on the table based on your age, gender and smoking status.
Step 4: Multiply the number of units of coverage by the premium rate to calculate your monthly premium.

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Group Benefits
Personal Life Application

Conditions for eligibility

By signing the Authorization section of this Application on page 7 of 8, I signify my understanding and acknowledgement that in order to qualify for coverage in amounts of $25,000 or less that do not require the completion of a detailed medical questionnaire, the person(s) whom I seek to insure under this application (myself, my spouse, my child(ren) or any one of us) must be in good health ("Good Health"), and accordingly, I **declare** that the person(s) whom I seek to insure is (are) in Good Health and more specifically, that any adult(s) to be insured does (do) not have any physical or mental conditions that prevent them:

(a) if they are employed, from regularly attending to their occupation , or

(b) if they are not employed, from being so employed if they chose to engage in an occupation; and

that the person(s) whom I seek to insure has (have) never been declined when they have either applied for or been the subject of any application for life insurance coverage with any insurer, or other entity. I also **understand and acknowledge** that where this application is approved by Manulife Financial, the contract issued to me will contain an exclusion under which benefits will not be paid for any pre-existing medical conditions, as defined in the contract.

Instructions:

1. Please consult your plan administrator for the policy number and certificate number, if applicable.
2. Please print in ink.
3. **Please retain a photocopy for your files.**

1 a) Plan member information

Required if applying for member, spousal or child coverage

Policy number(s)	Plan member certificate number

Plan sponsor/employer name

Plan member name (first, middle initial, last)

Sex	Date of birth (dd/mmm/yyyy)	Home phone number	Business phone number
◯ Male ◯ Female		( )	( )

Email address (optional)

Plan member's address (street number, street and apartment)

City	Province	Postal code

1 b) Personal life amount

Required if applying for member coverage

Available in multiples of $25,000 up to $500,000.

Are you applying for the first time? ◯ Yes ◯ No

If *yes*, amount requested $_____

If *no*, additional amount requested $_____

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

2 Beneficiary designation information

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

NOTE: This section is to be used to identify beneficiaries for coverage on the plan member only. For spouse and/or dependant coverage, the plan member is automatically the beneficiary, if living, and if not living, the plan member's estate will be the beneficiary.

Name of beneficiary (first, middle initial, last) (please print)	Relationship to plan member	Percentage of benefit
		%
		%
		%
	TOTAL	100%

For designated beneficiaries under the age of majority.

I appoint _____ as Trustee to receive any amount due to any beneficiary under the age of majority (not applicable in Quebec).

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 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.**

3 Spousal information

Only required if applying for spousal coverage

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

Spousal life amount
Available in multiples of $25,000 up to $500,000.

Are you applying for the first time? ◯ Yes ◯ No

If *yes*, amount requested $_____

If *no*, additional amount requested $_____

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

4 Child information

Only required if applying for coverage for child(ren)

Child life amount:

◯ $20,000 benefit applies to all eligible dependent children under age 21.

Please provide the following information for each dependant to be insured.

Name (first, middle initial, last)	Date of birth (dd/mmm/yyyy)	Sex
		◯ Male ◯ Female
		◯ Male ◯ Female
		◯ Male ◯ Female
		◯ Male ◯ Female
		◯ Male ◯ Female

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Group Benefits
Personal Life Evidence of Insurability

Complete only if applying for a total coverage amount over $25,000.

For Manulife Financial use

Policy number(s)	Plan member certificate number

Plan member name (first, middle initial, last)	Member	Spouse
	◯ Smoker ◯ Non-smoker	◯ Smoker ◯ Non-smoker

1 a) Plan member basic medical information

Only required if applying for total coverage over $25,000

Height	Weight
_____ m _____ cm _____ ft _____ in	◯ kg ◯ lb

Have you lost or gained more than 10 lbs. during the last 12 months? ◯ Yes ◯ No If "Yes", please answer the following:

What was the amount of weight change? ◯ kg ◯ lb	Was this a gain or a loss?	Reason

Name of personal physician (first, middle initial, last)	Physician's phone number
	( )

Address of personal physician (street number, street and suite)

City	Province	Postal code

1 b) Spouse basic medical information

Only required if applying for total spousal coverage over $25,000

Height	Weight
_____ m _____ cm _____ ft _____ in	◯ kg ◯ lb

Have you lost or gained more than 10 lbs. during the last 12 months? ◯ Yes ◯ No If "Yes", please answer the following:

What was the amount of weight change? ◯ kg ◯ lb	Was this a gain or a loss?	Reason

Is name of personal physician the same as member? ◯ Yes ◯ No
If "No," please provide:

Name of personal physician (first, middle initial, last)	Physician's phone number
	( )

Address of personal physician (street number, street and suite)

City	Province	Postal code

2 Medical questionnaire

	Plan member	Spouse
1. Have you, within the last three (3) years, had an application for life or health insurance declined, postponed or modified in any way?	◯ Yes ◯ No	◯ Yes ◯ No
2. Have you, within the last three (3) years, consulted a physician, or been treated, for high blood pressure, chest pain, heart attack, heart murmur, stroke, cancer, tumour, ulcer, colitis, diabetes, asthma, epilepsy, back pain, nervous or mental illness, an emotional condition, anxiety or depression, urinary tract infection, sexually transmitted disease, alcoholism, drug addiction, or any disease or disorder of the heart, blood, lungs, liver, kidneys, or urine?	◯ Yes ◯ No	◯ Yes ◯ No
3. Have you, within the last three (3) years, been told that you had any immune deficiency disorder, including AIDS or AIDS RELATED COMPLEX (ARC), or any generalized enlargement of your lymph glands, or any test results indicating possible exposure to the AIDS virus (e.g. HIV, HTLV-III, LAV)?	◯ Yes ◯ No	◯ Yes ◯ No
4. Have you had surgery or been hospitalized within the past three years?	◯ Yes ◯ No	◯ Yes ◯ No
5. Have you consulted a physician or other practitioner within the past sixty days and been advised to have further treatment, examination, diagnostic test, or surgery not already performed?	◯ Yes ◯ No	◯ Yes ◯ No
6. Have you, during the last five (5) years had X-rays, Electrocardiograms, blood or other special tests, for other than regular medical checkups, taken or currently on any treatment/medication?	◯ Yes ◯ No	◯ Yes ◯ No
7. Any family history of any inherited or familial disease? (e.g. Huntington's Chorea, diabetes, heart or kidney disease)	◯ Yes ◯ No	◯ Yes ◯ No
8. During the past 12 months have you, your spouse or your dependants: (a) flown as a pilot, student pilot or crew member or have any intention of doing so? (b) ever engaged in racing, underwater diving, parachuting or any other hazardous sport or have any intention of doing so? Please specify which activity. _____	◯ Yes ◯ No ◯ Yes ◯ No	◯ Yes ◯ No ◯ Yes ◯ No

Please provide details below, if you have answered "Yes" to ANY questions.
If more space is needed, use another form or sheet of paper (both must be signed and dated).

QUESTION NUMBER	NAME OF PERSON (FIRST & MIDDLE)	DETAILS OR NAME OF CONDITION	DATE AND DURATION	TREATMENT AND RESULTS (RECOVERY OR REMAINING EFFECTS)	NAMES AND ADDRESSES OF PHYSICIANS AND HOSPITALS

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Group Benefits
Personal Life Payment Information

Premium amount(s) are specified in your contract and may change over time. Please ensure funds are available in your account at the time of the application as your premium is due the 1st of the month following approval. If more than one month of premium is due that amount will be withdrawn from your account.

For Manulife Financial use

Policy number(s)	Certificate number

Plan member name (first, middle initial, last)

1 Monthly payment options

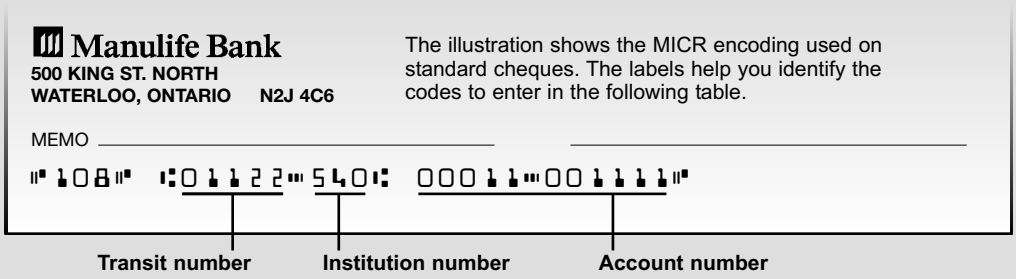
Please complete section 1a for Pre-Authorized Debit or 1b for credit card payment.

a) For Pre-Authorized Debit (PAD)

For verification purposes we require a VOID cheque if a payment is being withdrawn from your financial institution.

Select one of the following:

◯ Personal PAD ◯ Business PAD



Name of account holder

Name of financial institution	Type of account ◯ Chequing ◯ Non-chequing

Transit number	Institution number	Account number

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 on page 7 of 8.

Non-chequing accounts: For accounts with no chequing privileges, Manulife Financial requires validation from your financial institution (e.g. withdrawal slip with official stamp) in order to begin the pre-authorized payment process.

b) For credit card payment

Name of account holder (if other than plan member)

Credit card ◯ Visa ◯ MasterCard ◯ Amex	Account number	Expiry date (mm/yy)

Manulife Financial

Group Benefits
Personal Life Certification and Authorization

1 Certification and authorization

I certify that I, being the plan member with the capacity to contract, am applying for this personal benefits coverage/insurance ("Coverage") and that all information provided in support of this application is true and complete. **I agree** that my Coverage may be denied or terminated at any time as a result of any false, incomplete, or misleading information having been provided in support of this application. **I authorize** Manulife Financial ("Manulife") to collect, use, maintain and disclose my personal information and personal health information including, but not limited to, copies of all consultation reports, clinical notes, test results, my medical history, treatment, and hospital records, relevant to this application ("Information") for the purposes of the assessment, investigation and/or management of this application, including but not limited to medical underwriting; and where Coverage is issued, the administration, audit and management of my Coverage and the investigation of any claims made thereunder, including my participation in any independent medical assessments (collectively, the "Purposes"). **I understand** that I am responsible for any fees related to the completion of this application. Where this application pertains to one of my Dependents (spouse and/or child) **I certify that I am authorized** to consent to the collection, use, maintenance, exchange and disclosure of Information pertaining to any such Dependants, for the Purposes. **I authorize** any person or organization with Information including, but not limited to, any medical and health professionals, facilities or providers, professional regulatory bodies, any employer, group plan administrator, insurer, investigative agency, and any administrators of other programs to collect, use, maintain and exchange this information with each other and with Manulife, its reinsurers and/or its service providers, for the Purposes. **I understand** that any Coverage shall not become effective until approved by Manulife. **I hereby authorize** the use of my Social Insurance Number ("SIN"), where my SIN is used as my certificate number, for the purposes of identification and administration of this application and any Coverage, and for the facilitation of any pre-authorized collection and credit card billing.

I authorize Manulife to withdraw, until further written notice from me or my duly authorized representative, all premium payments ("Payments") due in relation to the Coverage, either from the bank account identified on the attached void cheque, or from the credit card account I have identified in this application (both referred to herein as the "Account"), whichever is applicable, on or about the first business day of each month in which Coverage premiums are due. **I also understand and agree** that either Manulife or I may, at any time upon written notice, discontinue the direct withdrawal of Payment(s), from my Account, in which case Manulife shall be entitled to require another method of payment, acceptable to Manulife. The terms and conditions of this pre-authorized collection and credit card billing authorization shall apply to the Accounts herein named by me and any other Accounts I choose to name in the future, and shall remain valid for the duration of my Coverage or until revoked by me in writing. **I agree** that if I have asked Manulife to debit my bank account for a Pre-authorized Debit (PAD) plan (Funds Transfer PAD), **I authorize** the bank or other financial institution I have named to honour my instructions. **I understand** that Manulife or I may terminate a PAD plan by giving 10 days written notice, beginning on the date the notice is mailed. **I understand** that I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights or cancellation rights, I may contact Manulife or visit www.cdnpay.ca for more information.

If applicable, **I authorize** Manulife to correspond with me through the email address identified on this form regarding my Coverage, for the Purposes. **I understand** such correspondence may contain Information; and that the Information is being sent in a manner that is not yet guaranteed as a secured means of communication. **I agree** that Manulife is not liable for damages which I may incur as a result of interception by a third party of an email transmission sent by Manulife or by me pursuant to this authorization. **I agree** should the email address identified on this form change that I am responsible for updating the email address maintained by Manulife. **I understand** that if I do not wish to receive Information (or other materials related Manulife products and services) from Manulife through the email address identified on this form that I may contact the Customer Service Centre to opt-out of receiving this information.

I agree a photocopy or electronic version of this authorization is valid. **I designate** the person(s) named under the Beneficiary Designation section, above, as my beneficiary, in the event that the Coverage is issued. **I acknowledge** that Manulife's Privacy Policy is available upon request or at www.manulife.ca

Signature of plan member	Date signed (dd/mmm/yyyy)
Signature of spouse (required only if the Evidence of Insurability has been completed on behalf of the spouse)	Date signed (dd/mmm/yyyy)
Signature of account holder, if different from plan member	Date signed (dd/mmm/yyyy)
Signature of joint account holder (if applicable)	Date signed (dd/mmm/yyyy)

Any Information provided to or collected by Manulife in accordance with this authorization, will be kept in a personal benefits file. Access to your Information will be limited to:

- Manulife employees, representatives, reinsurers, and service providers 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, where appropriate, to have any inaccurate information corrected.

Please complete next page.

2 Mailing instructions

We require a VOID cheque if payment is being withdrawn from your financial institution.

Please send the completed form to:

Plan Member Administration
Manulife Financial
PO BOX 2026
HALIFAX NS B3J 2Z1

Manulife Financial

Group Benefits
Personal Critical Illness Application

Conditions for eligibility

By signing the Authorization section of this Application on page 8 of 9, I signify my understanding and acknowledgement that in order to qualify for coverage in amounts of $25,000 or less that do not require the completion of a detailed medical questionnaire, the person(s) whom I seek to insure under this application (myself, my spouse, my child(ren) or any one of us) must be in good health ("Good Health"), and accordingly, I **declare** that the person(s) whom I seek to insure is (are) in Good Health and more specifically, that any adult(s) to be insured does (do) not have any physical or mental conditions that prevent them:

(a) if they are employed, from regularly attending to their occupation, or

(b) if they are not employed, from being so employed if they chose to engage in an occupation; and

that the person(s) whom I seek to insure has (have) never been declined when they have either applied for or been the subject of any application for life insurance or critical illness insurance coverage with any insurer, or other entity. I also **understand and acknowledge** that where this application is approved by Manulife Financial, the contract issued to me will contain an exclusion under which benefits will not be paid for any pre-existing medical conditions, as defined in the contract.

Instructions:

1. Please consult your plan administrator for the policy number and certificate number, if applicable.
2. Please print in ink.
3. **Please retain a photocopy for your files.**

1a) Plan member information

Required if applying for member, spousal or child coverage

Policy number(s)	Plan member certificate number

Plan sponsor/employer name

Plan member name (first, middle initial, last)

Sex	Date of birth (dd/mmm/yyyy)	Home phone number	Business phone number
◯ Male ◯ Female		( )	( )

Email address (optional)	Plan member's address (street number, street and apartment)

City	Province	Postal code

1b) Personal critical illness amount

Required if applying for member coverage

Available in multiples of $5,000 with a minimum $10,000 up to $150,000.

Are you applying for the first time? ◯ Yes ◯ No

If *yes*, amount requested $_____

If *no*, additional amount requested $_____

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

2 Spousal information

Only required if applying for spousal coverage

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

Spousal critical illness amount

Available in multiples of $5,000 with a minimum $10,000 up to $150,000.

Are you applying for the first time? ◯ Yes ◯ No

If *yes*, amount requested $_____

If *no*, additional amount requested $_____

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

3 Child information

Only required if applying for coverage for child(ren)

Child critical illness amount:

◯ $10,000 benefit applies to all eligible dependent children under age 21.

Provide details for all children under age 21.

Name (first, middle initial, last)	Date of birth (dd/mmm/yyyy)	Sex
		◯ Male ◯ Female
		◯ Male ◯ Female
		◯ Male ◯ Female
		◯ Male ◯ Female

Manulife Financial

Group Benefits
Personal Critical Illness Evidence of Insurability

Complete only if applying for a total coverage amount over $25,000.

The following questions should be answered by each individual applying for coverage that needs to provide evidence of insurability as part of your application. If more space is needed, use another form or sheet of paper (both must be signed and dated).

For Manulife Financial use

Policy number(s)	Plan member certificate number
Plan member name (first, middle initial, last)	Member ◯ Smoker ◯ Non-smoker Spouse ◯ Smoker ◯ Non-smoker

1 a) Plan member basic medical information

Only required if applying for total coverage over $25,000

Height	Weight	Any weight change greater than 10 pounds in the last 12 months?
_____ m _____ cm _____ ft _____ in	◯ kg ◯ lb	◯ No ◯ Yes Gain/loss _____ ◯ kg ◯ lb Reason: _____

Name of personal physician (first, middle initial, last)	Physician's phone number
	( )

Date of last visit (dd/mmm/yyyy)	Reason

Address of personal physician (street number, street and suite)		
City	Province	Postal code

1 b) Spouse basic medical information

Only required if applying for total spousal coverage over $25,000

Height	Weight	Any weight change greater than 10 pounds in the last 12 months?
_____ m _____ cm _____ ft _____ in	◯ kg ◯ lb	◯ No ◯ Yes Gain/loss _____ ◯ kg ◯ lb Reason: _____

Name of personal physician (first, middle initial, last)	Physician's phone number
	( )

Date of last visit (dd/mmm/yyyy)	Reason

Address of personal physician (street number, street and suite)		
City	Province	Postal code

2 Medical questionnaire

	Plan member	Spouse
A. **Have you ever had an application for any insurance that was declined, postponed or rated in any way?** If answered yes, please provide details.	◯ Yes ◯ No	◯ Yes ◯ No

Name of person	Date (dd/mmm/yyyy)	Reason

	Plan member	Spouse
B. **Have you ever been diagnosed with, had any known indication of, had a positive test for, consulted a physician about, suffered from, received medication, medical advice, treatment, care or been advised to receive care or have further treatment for:**		
1) AIDS, a positive HIV test or AIDS-related disease?	◯ Yes ◯ No	◯ Yes ◯ No
2) Diabetes?	◯ Yes ◯ No	◯ Yes ◯ No
3) Multiple sclerosis?	◯ Yes ◯ No	◯ Yes ◯ No
4) Organ transplant?	◯ Yes ◯ No	◯ Yes ◯ No
5) Hepatitis or hepatitis carrier state, other than Hep A?	◯ Yes ◯ No	◯ Yes ◯ No
6) Stroke or transient ischemic attack (TIA)?	◯ Yes ◯ No	◯ Yes ◯ No
7) Alzheimer's disease or Parkinson's disease?	◯ Yes ◯ No	◯ Yes ◯ No

2 Medical questionnaire (continued)

	Plan member	Spouse
8) Kidney disease (excluding kidney stones or an acute kidney infection with full recovery)?	◯ Yes ◯ No	◯ Yes ◯ No
9) Motor neuron diseases, including but not limited to Amyotrophic Lateral Sclerosis (Lou Gehrig's disease)?	◯ Yes ◯ No	◯ Yes ◯ No
10) Heart disease, including heart attack, angina, valvular surgery or disease, coronary bypass surgery or angioplasty, congestive heart failure, arrhythmia, peripheral vascular disease, or aneurysm?	◯ Yes ◯ No	◯ Yes ◯ No
11) Paralysis? If answered yes, please provide details.	◯ Yes ◯ No	◯ Yes ◯ No

Name of person	Is it trauma related? ◯ Yes ◯ No	◯ Local or ◯ General paralysis
Details		

	Plan member	Spouse
12) Chest pain? If answered yes, please provide details.	◯ Yes ◯ No	◯ Yes ◯ No

Name of person	Date (dd/mmm/yyyy)	Cause
Diagnosis		Status
Treatment		

	Plan member	Spouse
13) Congenital heart disorder? If answered yes, please provide details.	◯ Yes ◯ No	◯ Yes ◯ No

Name of person	Date (dd/mmm/yyyy)	Cause
Diagnosis		Status
Treatment		

	Plan member	Spouse
14) Heart murmur, shortness of breath, irregular heart beat, any disorder of the blood? If answered yes, please provide details.	◯ Yes ◯ No	◯ Yes ◯ No

Name of person	Date (dd/mmm/yyyy)	Cause
Diagnosis		Status
Treatment		

	Plan member	Spouse
15) Lymph, glandular disorder, or thyroid disorder? If answered yes, please provide details.	◯ Yes ◯ No	◯ Yes ◯ No

Name of person	Date (dd/mmm/yyyy)
Diagnosis	Status
Treatment	

	Plan member	Spouse
16) Disorder of the eye or ear leading to blindness or deafness? If answered yes, please provide details.	◯ Yes ◯ No	◯ Yes ◯ No

Name of person	Date (dd/mmm/yyyy)
Diagnosis	Status
Treatment	

	Plan member	Spouse
17) Alcohol or drug abuse? If answered yes, please provide details.	◯ Yes ◯ No	◯ Yes ◯ No

Name of person	Date (dd/mmm/yyyy) and duration
Treatment and results	

2 Medical questionnaire (continued)

	Plan member	Spouse
18) Disorder of the brain or nervous system, neurological disorder, epilepsy, optic neuritis, blurred or double vision, memory loss, weakness, tremor, numbness or tingling, impaired balance, loss of consciousness? If answered yes, please provide details.	◯ Yes ◯ No	◯ Yes ◯ No

Name of person	Date of onset (dd/mmm/yyyy)	Date of last symptoms (dd/mmm/yyyy)

Diagnosis	Status

Treatment

Name and address of doctor seen

19) Cancer, leukemia, Hodgkin's disease or other malignancy?	◯ Yes ◯ No	◯ Yes ◯ No
20) Growths, cysts or tumour? If answered yes, please provide details.	◯ Yes ◯ No	◯ Yes ◯ No

Name of person	Date (dd/mmm/yyyy)	Type

Location on body	Status ◯ Benign ◯ Malignant

Treatment

21) Dysplastic nevi or moles? If answered yes, please provide details.	◯ Yes ◯ No	◯ Yes ◯ No

Name of person	Date (dd/mmm/yyyy)	Type

Location on body	Status ◯ Benign ◯ Malignant

Treatment

22) Any disorder of the lung, kidney, bladder, breast, prostate, gastro-intestinal tract or reproductive organs? If answered yes, please provide details.	◯ Yes ◯ No	◯ Yes ◯ No

Name of person	Date of onset (dd/mmm/yyyy)	Date of last symptoms (dd/mmm/yyyy)

Diagnosis	Status

Treatment

Name and address of doctor seen

C. 1) **Have any of your immediate family members (parents, sisters, brothers) been diagnosed with cancer, heart disease, chronic kidney disease, angina, stroke, multiple sclerosis, Parkinson's disease, Alzheimer's disease, Amyotrophic Lateral Sclerosis (Lou Gehrig's disease) or motor neuron disease prior to age 60?** If answered yes, please provide details in the chart below.	◯ Yes ◯ No	◯ Yes ◯ No

Member or spouse's family member	Name of family member	Relationship	Condition	Age at onset	Age at death (if applicable)
◯ Member ◯ Spouse					
◯ Member ◯ Spouse					
◯ Member ◯ Spouse					
◯ Member ◯ Spouse					

2 Medical questionnaire (continued)

	Plan member	Spouse
2) If you have a family history of breast or ovarian cancer, have you had a breast exam, mammogram or other investigation? If answered yes, please provide details.	◯ Yes ◯ No	◯ Yes ◯ No

Name of person | Date (dd/mmm/yyyy)

Results

	Plan member	Spouse
3) If you have a family history of colon cancer, have you had a colonoscopy? If answered yes, please provide details.	◯ Yes ◯ No	◯ Yes ◯ No

Name of person | Date (dd/mmm/yyyy)

Results

	Plan member	Spouse
D. **During the last 5 years, have you had any abnormal result of any of the following: EKG, stress EKG, echocardiograms, mammogram, Pap smear (exclude if 2 subsequent Pap smears have been normal), PSA, sigmoidoscopy, colonoscopy, biopsy?** If answered yes, please provide details.	◯ Yes ◯ No	◯ Yes ◯ No

Name of person | Test type | Date (dd/mmm/yyyy)

Test results | Status

Treatment

	Plan member	Spouse
E. **Other than for a common cold, osteoarthritis, bone fractures, have you had an abnormal result of any of the following: X-ray, CAT scan, or MRI?** If answered yes, please provide details.	◯ Yes ◯ No	◯ Yes ◯ No

Name of person | Test type | Date (dd/mmm/yyyy)

Test results | Status

	Plan member	Spouse
F. **Have you ever had elevated blood pressure or cholesterol?** If answered yes, please provide details.	◯ Yes ◯ No	◯ Yes ◯ No

Name of person | Date (dd/mmm/yyyy)

Most recent results | Is it under control?

Treatment

	Plan member	Spouse
G. **Are you aware of any symptoms or complaints for which you have not sought treatment or advice, or are you awaiting any tests or test results?** If answered yes, please provide details.	◯ Yes ◯ No	◯ Yes ◯ No

Name of person

Details

Manulife Financial

Group Benefits
Personal Critical Illness Payment Information

Premium amount(s) are specified in your contract and may change over time. Please ensure funds are available in your account at the time of the application as your premium is due the 1st of the month following approval. If more than one month of premium is due that amount will be withdrawn from your account.

For Manulife Financial use

Policy number(s)	Certificate number

Plan member name (first, middle initial, last)

1 Monthly payment options

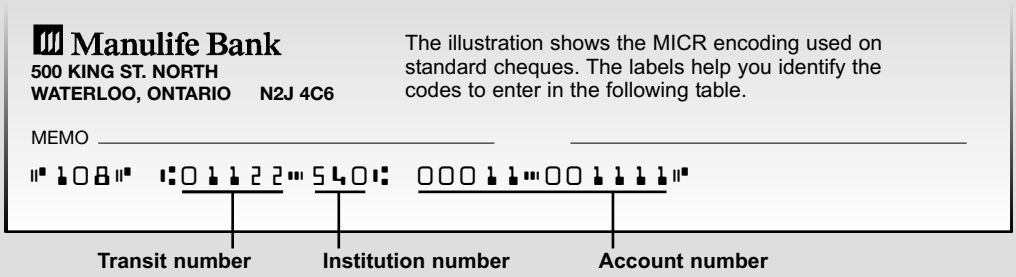
Please complete section 1a for Pre-Authorized Debit or 1b for credit card payment.

a) For Pre-Authorized Debit (PAD)

For verification purposes we require a VOID cheque if a payment is being withdrawn from your financial institution.

Select one of the following:

◯ Personal PAD ◯ Business PAD



Name of account holder

Name of financial institution	Type of account
	◯ Chequing ◯ Non-chequing

Transit number	Institution number	Account number

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 on page 8 of 9.

Non-chequing accounts: For accounts with no chequing privileges, Manulife Financial requires validation from your financial institution (e.g. withdrawal slip with official stamp) in order to begin the pre-authorized payment process.

b) For credit card payment

Name of account holder (if other than plan member)

Credit card	Account number	Expiry date (mm/yy)
◯ Visa ◯ MasterCard ◯ Amex		

Manulife Financial

Group Benefits
Personal Critical Illness Certification and Authorization

1 Certification and authorization

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Signature of plan member	Date signed (dd/mmm/yyyy)
Signature of spouse (required only if the Evidence of Insurability has been completed on behalf of the spouse)	Date signed (dd/mmm/yyyy)
Signature of account holder, if different from plan member	Date signed (dd/mmm/yyyy)
Signature of joint account holder (if applicable)	Date signed (dd/mmm/yyyy)

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- 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, where appropriate, to have any inaccurate information corrected.

Please complete next page.

2 Mailing instructions

We require a VOID cheque if payment is being withdrawn from your financial institution.

Please send the completed form to:

Plan Member Administration
Manulife Financial
PO BOX 2026
HALIFAX NS B3J 2Z1

This brochure is a summary of the policy provisions

This brochure is intended to assist you in making a decision about the purchase of Personal Benefits. It is only a summary of some of the features of our Personal Benefits policies. These features are set out in detail in the policy(ies) you will receive if you apply for and are approved for coverage. In all cases, the specific wording of such policy(ies) will always prevail over any summary.

GC2388E (11/2010)