



FollowMe™
Health

FollowMe™ Health Application

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

WSF	Advisor ID: ON3182
	Advisor Name: Special Benefits Insurance Services (OMERS)
	Advisor Email: general@sbis.ca



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

Please print in ink.

Part A • General Information

Primary Applicant:

Applicant's Last Name _____ First Name _____ Initial _____ Does each applicant have provincial/territorial health care coverage?* Yes No

Address _____ City or Town _____

Province _____ Postal Code _____ Email _____

Home Telephone () _____ Office Telephone () _____

If additional information is required, how may we contact you? Home Office Email Best time to call _____ AM PM

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

*All applicants must have coverage under a provincial/territorial health care insurance plan in order to be eligible for this insurance product. If anyone on the application does not meet this requirement, please contact our Customer Service for more information.

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

Employer Name _____ Insurance Company _____

Date Benefits Ended (DD/MM/YYYY) _____ 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 may not be able to issue a policy where replacement of an existing insurance product is intended. The prescription drug coverage available under this plan is limited to costs not covered by the RAMQ Prescription Drug Insurance Plan. It is not intended to be a replacement for the RAMQ Plan. In order to be eligible for coverage under this Plan, you must have a provincial health card and be registered under the RAMQ Prescription Drug Insurance Plan, or have equivalent coverage under a group plan.

Co-Applicant:

Applicant's Last Name _____ First Name _____ Initial _____

Email _____

Home Telephone () _____ Office Telephone () _____

If additional information is required, how may we contact you? Home Office Email 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 (DD/MM/YYYY) _____ 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

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Part B • Dependants To Be Covered

LAST NAME	FIRST NAME	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

FollowMe Travel Add-On: Available only with one of the above plans. Both applicant & co-applicant must be under age 70 at effective date of coverage.

Travel 15 days Travel 30 days

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 who is a minor when benefits become payable, benefits will be paid into court or to the Public Trustee unless a Trustee is appointed. By appointing a Trustee below, you agree that if the beneficiary is a minor on the date that benefits are paid, the benefits will be paid to the Trustee to hold in trust for the child until the child comes of age.

Trustee: Last Name _____ First Name _____

Trustee: Last Name _____ First Name _____

Relationship to Beneficiary _____

Relationship to Beneficiary _____

For Quebec residents only:

In the province of Quebec, if you designate a beneficiary who is under the age of 18 when benefits become payable, benefits will be paid to the Tutor or Administrator of the beneficiary and no Trustee may be appointed. 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 irrevocable.

A copy, fax, scan or image of the beneficiary designation in this application is as valid as the original.

Part E • Payment Options

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

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

Option #2 Credit Card Account

IMPORTANT: Initial Payment will be taken on the **day approved** (not the effective date). Future payments will be taken on the first of each month.

Subsequent Payments will be made by:

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

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

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-Annual (2% discount) Annual (4% discount)

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 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 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 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, Manulife, P.O. Box 1602, Del. Stn. 500-4-A, Waterloo, ON N2J 4C6.

Notice on Information Provided to the AIR MILES® Reward Program

When you or your family members apply for insurance, Manulife 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) 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. 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 Authorization and Declaration • All Applicants Must Complete This Section

This plan is underwritten by The Manufacturers Life Insurance Company.

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 understand and agree that any injury that occurred or any medical condition, the signs of which first appeared on or before the date of this application, may not be covered by my/our policy and that a failure to disclose such information could result in denial of a claim and/or the cancellation or modification of my/our policy or of coverage for the individual(s) to whom the failure to disclose relates and the continuation of coverage for any remaining insureds. Manulife reserves the right to recover any claims paid due to any failure to disclose any injury or medical condition that existed on or before the date of this application. I/We acknowledge receipt of and agree with Manulife'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.

Signed at	Signature of Primary Applicant	Dated
		(DD/MM/YYYY)
Signed at	Signature of Co-Applicant	Dated
		(DD/MM/YYYY)

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 ON3182	Signature x
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Please send the completed application to:

Regular Mail or Courier:	Fax:	Email:
Special Benefits Insurance Services	1-416-601-0308	general@sbis.ca
7th Fl - 366 Bay St		
Toronto ON M5H 4B2		

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

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

FollowMe Health and the Travel Add-On are underwritten by The Manufacturers Life Insurance Company (Manulife) and First North American Insurance Company, a wholly owned subsidiary of Manulife. Manulife and the Block Design are trademarks of The Manufacturers Life Insurance Company and are used by it, and by its affiliates under licence. ©/™ Trademarks of AIR MILES International Trading B.V. Used under licence by LoyaltyOne Inc. and Manulife. ™/® Trademarks held by The Manufacturers Life Insurance Company. © 2017 The Manufacturers Life Insurance Company. All rights reserved. Manulife, PO Box 670, Stn Waterloo, Waterloo, ON N2J 4B8.

Accessible formats and communication supports are available upon request. Visit Manulife.com/accessibility for more information.