

DOCTORS MANITOBA

Please **PRINT** clearly.

1 STUDENT INFORMATION

Name (last, first, middle initial)

Mr.
 Ms.

Miss
 Mrs.

Membership number (if known)

Date of birth (dd/mm/yyyy)

Male
 Female

Residence address (street number and name, apartment or suite)

City/Town

Province/Territory

Postal code

Telephone

Email address

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2 INSURANCE COVERAGE APPLIED FOR

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

Elimination Period – 90 Days

Benefit Period – Age 65

Select one of the following options:

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

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

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

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

3 SMOKER STATUS

Have you used any form of tobacco, tobacco cessation products or marijuana in the last 12 consecutive months?

- No If no, Non-Smoker Rates apply. Yes If yes, Smoker Rates apply.

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4 PRO-RATED PREMIUM CALCULATION FOR COVERAGE EFFECTIVE DECEMBER 1st

	Basic Coverage Only		
Male Non-Smoker Under Age 30	Base	Sales Tax	Total Due with app
Med 1 (\$1,500)	\$90.00	\$7.20	\$97.20
Med 2 (\$1,500)	\$90.00	\$7.20	\$97.20
Med 3 (\$2,500)	\$150.00	\$12.00	\$162.00
Med 4 (\$4,000)	\$240.00	\$19.20	\$259.20

	Basic Coverage Only		
Female Non-Smoker Under Age 30	Base	Sales Tax	Total Due with app
Med 1 (\$1,500)	\$108.75	\$8.70	\$117.45
Med 2 (\$1,500)	\$108.75	\$8.70	\$117.45
Med 3 (\$2,500)	\$181.25	\$14.50	\$195.75
Med 4 (\$4,000)	\$290.00	\$23.20	\$313.20

	Basic Coverage Only		
Male Non-Smoker 30-39	Base	Sales Tax	Total Due with app
Med 1 (\$1,500)	\$112.50	\$9.00	\$121.50
Med 2 (\$1,500)	\$112.50	\$9.00	\$121.50
Med 3 (\$2,500)	\$187.50	\$15.00	\$202.50
Med 4 (\$4,000)	\$300.00	\$24.00	\$324.00

	Basic Coverage Only		
Female Non-Smoker 30-39	Base	Sales Tax	Total Due with app
Med 1 (\$1,500)	\$142.50	\$11.40	\$153.90
Med 2 (\$1,500)	\$142.50	\$11.40	\$153.90
Med 3 (\$2,500)	\$237.50	\$19.00	\$256.50
Med 4 (\$4,000)	\$380.00	\$30.40	\$410.40

For Smoker Rates, or for those applicants over age 39, please contact Mark Venton at 204-985-5846 or mventon@doctorsmanitoba.ca. You will receive a renewal invoice in May for the following year.

5 DECLARATION AND AUTHORIZATION

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

I acknowledge receipt of and confirm my agreement with the NOTICE ON PRIVACY AND CONFIDENTIALITY. I understand that, subject to Manulife's receipt of the properly completed application form and the first premium payment, coverage will take effect on the first of the month following approval.

Signed in the City/Town of _____ and Province of _____ Date _____ (dd/mm/yyyy)

Signature of Student _____ Signature of Witness _____

**Please remit cheque (payable to Doctors Manitoba) with the completed application form.
Note: Line of Credit cheques are not acceptable.**

Underwritten by
The Manufacturers Life Insurance Company.

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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.