

# CoverMe™ Critical Illness Application Form

11801 001 WFSXX

cover me™  
Critical Illness



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

Agent ID:  
99999

## Primary Applicant Information

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_ Initial \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Date of Birth: DD / MM / YYYY  Male  Female  
Telephone (Res.) ( \_\_\_\_\_ ) \_\_\_\_\_  
Telephone (Bus.) ( \_\_\_\_\_ ) \_\_\_\_\_

## Secondary Applicant Information

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_ Initial \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Date of Birth: DD / MM / YYYY  Male  Female  
Telephone (Res.) ( \_\_\_\_\_ ) \_\_\_\_\_  
Telephone (Bus.) ( \_\_\_\_\_ ) \_\_\_\_\_

## Choice of Coverage

**I apply for CoverMe™ Critical Illness coverage:**  
(Please select  one)

- \$25,000
- \$25,000 with Return of Premium Option

At a monthly premium of \$ \_\_\_\_\_

Remember, you are eligible to apply for \$25,000 of coverage if you are a Canadian resident between 18 and 60 years of age. However, to apply for \$25,000 of coverage with the Return of Premium Option, you must be between 18 and 55 years of age.

I confirm my smoking status as:  
(Please select  one)

- Smoker
- Non-Smoker\*

\*Non-smoker rates apply to people who have not used tobacco or marijuana in any form, including smoking cessation products, in the last 12 months.

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## Payment Options — Pay monthly by PAC or credit card and collect AIR MILES® reward miles.

**PAYMENTS** will be made by:

- Option #1  Pre-Authorized Monthly Collection (PAC) plan from my Financial Services Account  
*Important: Please enclose a sample cheque marked "VOID".*
- Option #2  Credit Card Account  
Credit Card Billing Frequency:  Monthly  Annually

## Payment Information and Authorization

### For Pre-Authorized Collection (PAC) Options

Name of Account holder \_\_\_\_\_  
(if other than Applicant)

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

Type of Account:  Chequing  Non-Chequing

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.*

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

### For Credit Card Payment Options

Credit Card:  Visa  MasterCard  Amex

Account Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ MM / YY

Name of Account holder \_\_\_\_\_  
(if other than Applicant)

### Payment Authorization

For Pre-Authorized Collection and Credit Card billing options — 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.

\_\_\_\_\_  
Signature of Cardholder or Account holder

\_\_\_\_\_  
Second signature if joint account

## Declaration — Please read carefully before signing.

Check here if you do not wish to receive further information and material on Manulife Financial products.

I declare that I am a Canadian resident between the ages of 18 and 60. I understand that my coverage will come into effect on the first day of the month following the date my application is received and approved by Manulife Financial. I declare that I have not, at any time during my life, been diagnosed with, had any signs and/or symptoms of, or had any medical consultations and/or abnormal tests concerning cancer; heart attack; stroke; AIDS or HIV; diabetes; heart disease; hepatitis, including hepatitis carrier state; chronic kidney disease; transient ischemic attack (TIA); alcoholism or drug abuse; peripheral vascular disease or intracranial tumour; or had coronary artery bypass surgery or aortic surgery and I have not undergone any tests for which I am currently awaiting results. I acknowledge receipt of the CoverMe Critical Illness plan brochure and declare that I have read and understand the information concerning the terms of coverage under the plan and the limitations and exclusions applicable to such coverage, including those related to pre-existing conditions.

I also declare that, if I am selecting a non-smoker benefit and premium option, I have not used any tobacco, nicotine substitutes, tobacco cessation products or marijuana within the last 12 months. I agree that any material misrepresentation of smoking status shall render the insurance voidable by Manulife Financial at any time.

I acknowledge receipt of and agree with the Notice on Privacy and Confidentiality and Notice on Information provided to the AIR MILES® Reward Program.

Signed at: \_\_\_\_\_ Date: DD / MM / YYYY Primary Applicant's Signature \_\_\_\_\_

Signed at: \_\_\_\_\_ Date: DD / MM / YYYY Secondary Applicant's Signature \_\_\_\_\_  
(if applying for coverage)

CoverMe Critical Illness insurance is offered through Manulife Financial (The Manufacturers Life Insurance Company).

Plan underwritten by The Manufacturers Life Insurance Company.

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