Manulife

doctors of bc

Application for INCOMEprotect Disability Insurance for Practising Physicians

For members of Doctors of BC and the Yukon Medical Association

In this application, *we*, *us*, and *our* refer to The Manufacturers Life Insurance Company (Manulife). *You* and *your* refer to the person to be insured.
Doctors of BC may be reached toll-free at 1-800-665-2262 ext. 2904 or via their website at **doctorsofbc.ca**.

1. Personal information

Doctors of BC#: | MSP number:

Last name: | First name: | Middle initial:

Dr. ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss ☐ ☐ Male ☐ Female

Former maiden name (if applicable): | Date of birth (dd-mm-yyyy):

Province of birth: | Country of birth:

Email:

Mailing address (street number and name):

Apartment or suite: | City:

Province or territory: | Postal code:

Telephone (cell): | Telephone (business):

Fax: | Telephone (residence):

☐ Non-smoker* ☐ Smoker

* A non-smoker is someone who has not used any form of tobacco or tobacco cessation products, including e-cigarettes or vaporizers, within the past 12 months.

2. Contact preference

May we correspond with you via email to administer this application?

☐ Yes ☐ No

Preferred phone number and time to contact you:

☐ Cell ☐ Business ☐ Residence

☐ Monday to Friday	☐ Saturday	☐ Sunday
☐ Morning (6 am – 12 noon)	☐ Morning (6 am – 12 noon)	☐ Morning (6 am – 12 noon)
☐ Afternoon (12 noon – 5 pm)	☐ Afternoon (12 noon – 5 pm)	☐ Afternoon (12 noon – 5 pm)
☐ Evening (5 pm – 10 pm)		

3. Member occupational information

a) Medical specialty:

b) Date your initial medical practice commenced in Canada (if within the last 2 years) (dd-mm-yyyy):

4. Coverage applied for

Telephone interview

A telephone interview will be required in order to assess your application. Manulife has selected a national support organization to conduct this interview. A carefully screened and trained interviewer will ask you a series of questions about your medical history, your doctor's name and any medications taken. The interview will take approximately 30 minutes and be kept in strictest confidence. The information you provide will be used solely for insurance purposes and will be sent to Manulife promptly upon completion.

INCOMEprotect disability insurance

You may apply for disability insurance in increments of $100, for a benefit of between $500/month and $25,000/month. Tell us the amount of monthly benefit you are applying for: $

(Exclude any existing Doctors of BC coverage you may have.)

An elimination period is the period of time that must expire before you get any benefits.

Select your elimination period.

- ☐ 28 days
- ☐ 60 days
- ☐ 90 days
- ☐ 120 days

Optional riders

Select any optional riders**:

- ☐ Own Occupation
- ☐ Guaranteed Insurability Benefit
- ☐ Cost of Living Adjustment
  - Choose one:
  - ☐ 3% Cost of Living Adjustment
  - ☐ 6% Cost of Living Adjustment
- ☐ Retirement Protection
  - Choose one:
  - ☐ $500 monthly contribution benefit
  - ☐ $1,000 monthly contribution benefit
  - ☐ $1,500 monthly contribution benefit

**For more information about the riders, visit the Doctors of BC website at doctorsofbc.ca/insurance.

Physicians Disability Insurance (PDI)

☐ Yes, you are applying for PDI.

The provincial government pays the premium for PDI. The premium paid on your behalf is a taxable benefit to you.

5. Financial information

1. Please check as appropriate and attach financial documentation accordingly.
   - ☐ Coverage applied for and in force from all sources is $10,000/month or less – proof of income is not required.
   - ☐ Coverage applied for and in force from all sources is $10,001/month or more – a copy of last 2 years' personal tax returns is required, and if incorporated, a copy of your latest Corporate Financial Statement is also required. (If Employed Physician with no ownership, a copy of salary or employment letter or copy of your last tax return is required). Ensure you provide details of any group coverage through your employer under Other insurance information).

   If in first 2 years of practice in Canada:
   - ☐ General Practitioners can apply for up to $7,500/month (all sources) – proof of income not required.
   - ☐ Specialists and Fellows can apply for up to $11,000/month (all sources) – proof of income not required.
2. Your employment status: Employee ☐ Self-employed ☐
3. Medical specialty:
4. a) If self-employed, what is the organizational structure of your business?
   ☐ Sole proprietor ☐ Partnership ☐ Corporation If incorporated, give percentage of ownership %

   b) How long have you been self-employed? Since:

   c) If self-employed less than 2 years, give details of previous employment history, if any:
5. a) How many hours do you work per week?

   b) How many weeks do you work per year?
6. Do you expect your income or employment situation to change within the next 12 months? ☐ Yes ☐ No

   If yes, provide details:
7. What was your net annual earned income (after regular business expenses but before taxes)?

   Last year: $ 2 years ago: $
8. Is your net worth (assets minus liabilities, other than personal use assets such as residence, automobile, jewellery) greater than $5,000,000? ☐ Yes ☐ No

   If yes, provide details:

5. Financial information (continued)

9. Do you have any income that will become payable or continue should you become disabled? ☐ Yes ☐ No

If yes, indicate annual amount and source: $

10. Is your unearned or investment income for last year greater than $30,000 or 15% of your insurable net annual earned income?
☐ Yes ☐ No

11. Are you eligible for employment insurance? ☐ Yes ☐ No

12. Have you ever declared or are you contemplating bankruptcy? ☐ Yes ☐ No

If yes, date of discharge (dd-mm-yyyy):

6. Income documentation for INCOMEprotect disability insurance

If you are applying for disability insurance that exceeds $10,000 per month from all sources, financial documents are required to confirm your income (unless you are in a fellowship program or are in your first 2 years of practice).

The type of income documentation required depends on your business structure.

You are enclosing the following documentation:

☐ **Employed (salaried)**
- Most current T4 or,
- Income tax return – T1 (pages 1–4)

☐ **Sole proprietor or partnership**
- Income tax return – T1 (pages 1–4) and,
- Statement of Business or Professional Activities (T2125)

☐ **Incorporated**
- Most current T4 or,
- Personal income tax return – T1 (pages 1–4) and,
- Business Financial Statements of the Corporation

7. Accountant information

☐ You are enclosing the required income documentation, or

☐ You authorize Manulife to contact your accountant to obtain the required income documentation.

Accountant last name: First name:

Company name:

Mailing address (street number or name):

Suite: City: Province:

Postal code: Telephone:

Fax: Email:

8. Other insurance information

Note: If you intend to replace existing coverage with INCOMEprotect, do not cancel your existing coverage until you receive your new INCOMEprotect insurance certificate. A replacement form or declaration may be required, and we may not be able to issue an insurance certificate where replacement is indicated.

Do you have any pending or existing disability or overhead expense insurance coverage with Manulife, Doctors of BC, or any other company?

☐ Yes ☐ No If yes, provide details below:

Name of insurance company	Amount of monthly benefit	Pending	Date issued (mm-yyyy)	Taxable Benefit?	Elimination period	Benefit period	Are you replacing this coverage?	Are you reducing this coverage?
	$	☐ Yes ☐ No		☐ Yes ☐ No			☐ Yes ☐ No	☐ Yes ☐ No
	$	☐ Yes ☐ No		☐ Yes ☐ No			☐ Yes ☐ No	☐ Yes ☐ No
	$	☐ Yes ☐ No		☐ Yes ☐ No			☐ Yes ☐ No	☐ Yes ☐ No

9. Declaration and authorization

I (the Applicant) hereby apply for insurance to The Manufacturers Life Insurance Company (Manulife). I declare that the statements contained in this application, including my smoker status and health declaration during the interview, are/will be 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 discretion of the insurer. I understand that exclusions and limitations apply to the coverage applied for.

Suicide within the first 2 years is a risk not covered.

Relative to the insurance applied for, I hereby authorize any licensed physician, medical practitioner, hospital, pharmacy, clinic or other medically related facility, insurance company, MIB, LLC, the group policy administrator, the insurance plan sponsor, any investigative and security agency, any agent, broker or market intermediary, any government agency, or other organization or person that has any records or knowledge of me or my health pursuant to this application to provide to Manulife or its reinsurers any such information for the purpose of this application and contract and any subsequent claim. I authorize Manulife to consult its existing files for this purpose.

I authorize Manulife, its subsidiaries, affiliates, and agents to use the information in this application and its existing files to offer me their products or services. I understand that my consent to the use of such information to offer me products or services is optional, and that if I wish to discontinue such use, I may write to Manulife's Privacy Officer at the address shown on this document.

An electronic copy, a photocopy, or a faxed copy of this authorization shall be as valid as the original.

I acknowledge receipt of and confirm my agreement with the Personal Information Statement and Information about MIB, LLC.

I declare that I have been made aware of the reasons why the health information is needed and the risks and benefits to me of consenting or refusing to consent. I understand that this consent may be revoked at any time and that if as a result of such revocation the insurer is unable to obtain proof of claim, this may result in claims not being paid.

I acknowledge that the insurer may request a medical examination, urinalysis, or tests, such as a general blood profile (including blood test for HIV), which will be made at no expense to me.

I further acknowledge that results of any positive infectious disease tests will be reported to the appropriate provincial or territorial health department if required by law and that, based on my health information, Manulife may offer insurance on an alternative basis or may decline to offer coverage.

I understand that if my application is approved, I will receive a certificate specifying the coverage provided and the main certificate provisions.

Signed at (city or town):	Signed at (province):
Signature of member:	Date (dd-mm-yyyy):

Return completed application to:
Doctors of BC
Insurance Department
115-1665 West Broadway
Vancouver BC V6J 5A4

or Fax: 1-604-638-2909

or scan and email to: insurance@doctorsofbc.ca

10. Information about MIB, LLC

We consider the information contained in your application to be confidential. However, Manulife or reinsurers involved with your policy may make a report to MIB, LLC based on your application, or to other insurance companies to which you apply for life, health, or critical illness insurance, or to which a claim for benefits has been made. MIB, LLC is a not-for-profit organization set up by life insurance companies to share information among its members. If you apply for insurance or submit a claim to a member company, MIB, LLC will share any information it has on file.

You may review the information in your file, and request a correction if necessary, by contacting MIB, LLC at:

MIB, LLC
330 University Avenue, Suite 501 Toronto, Ontario M5G 1R7
Telephone: (416) 597-0590
Fax: (416) 597-1193
Email: canada_disclosure@mib.com

11. Personal Information Statement

At Manulife, protecting your personal information and respecting your privacy is important to us.
We, *us* and *our* refer to The Manufacturers Life Insurance Company (Manulife) and our affiliated companies and subsidiaries.

Why do we collect, use, and disclose your personal information?

For the purposes of establishing and managing our relationship with you, providing you with products and services, administering our business, and complying with legal and regulatory requirements.

What personal information do we collect?

Depending on the product or service, we collect specific personal information about you such as:

- Identifying information such as your name, address, telephone number(s), email address, date of birth, driver's license, passport number, or Social Insurance Number (SIN)
- Financial information, investigative reports, credit bureau report, and/or a consumer report
- Information about how you use our products and services, and information about your preferences, demographics, and interests
- Banking and employment information
- Medical information that any organization or person has about you
- Any test that may be necessary for underwriting purposes
- Other personal information that we may require to administer your products or services and manage our relationship with you

We use fair and lawful means to collect your personal information.

Where do we collect your personal information from?

Depending on the product or service, we collect personal information from:

- Your completed applications and forms
- Other interactions between you and us
- Other sources, such as:
  - Your advisor or authorized representative(s)
  - Third parties with whom we deal with in issuing and administering your products or services now and in the future
  - Public sources, such as government agencies, credit bureaus, and internet sites
  - Financial institutions
  - Your employer or plan sponsor and their authorized agents, consultants, and plan service providers
  - The MIB, LLC (formerly known as the Medical Information Bureau)
  - Health care professionals, including medical practitioners, health care institutions, pharmacy, and any other medically-related facility

What do we use your personal information for?

Depending on the product or service, we will use your personal information to:

- Administer the products and services that we provide and to manage our relationship with you
- Confirm your identity and the accuracy of the information you provide
- Evaluate your application
- Comply with legal and regulatory requirements
- Understand more about you and how you like to do business with us
- Analyze data to help us make decisions and understand our customers better so we can improve the products and services we provide
- Perform audits and investigations, and protect you from fraud
- Determine your eligibility for, and provide you with details of, other products and services that may be of interest to you
- Automate processing to help us make decisions about your interactions with us, such as applications, approvals, or declines

Who do we disclose your personal information to?

Depending on the product or service, we disclose your personal information to:

- Persons, financial institutions, reinsurers, and other parties with whom we deal with in issuing and administering your product or service now and in the future
- Authorized employees, agents, and representatives
- Your advisor and any agency that has entered into an agreement with us and has supervisory authority, directly or indirectly, over your advisor and their employees
- Your plan sponsor and their authorized agents, consultants, and plan service providers
- Any person or organization to whom you gave consent
- People who are legally authorized to view your personal information
- Service providers who require this information to perform their services for us (for example data processing, programming, data storage, market research, printing and distribution services, paramedical and investigative agencies)
- Your doctor
- Public health authorities as required or the MIB, LLC

Except where there are contractual restrictions, these people, organizations, and service providers are both within Canada and outside of Canada. Therefore, your personal information may be subject to interprovincial or cross-border transfers in order to provide services to you and subject to the laws of those jurisdictions.

Where personal information is provided to our service providers, we require them to protect the information in a manner that is consistent with our privacy policies and practices.

11. Personal Information Statement (continued)

Withdrawing your consent

You may withdraw your consent for us to use your personal information for certain uses, subject to legal and contractual restrictions.

You may not withdraw your consent for us to collect, use, retain, or disclose personal information we need to issue or administer your products and services. If you do so, we may not be able to provide you with the products or services requested, or we may treat your withdrawal of consent as a request to terminate or refusal of the product or service.

If you wish to withdraw your consent, phone our customer care center at 1-888-MANULIFE (626-8543) or write to the Privacy Officer at the address below.

Accuracy

You will notify us of any change to your contact information. If your information has changed, or if you need to make a correction of any inaccuracies to your personal information in our files, you may contact us at 1-877-268-3763.

Access

You have the right to access and verify your personal information maintained in our files, and to request any factually inaccurate personal information be corrected, if appropriate.

Privacy related requests (**NOT application forms**) may be sent to:
Privacy Officer, Manulife
P.O. Box 1602, Del Stn 500-4-A
Waterloo, Ontario N2J 4C6
or Canada_Privacy@manulife.ca.

For more information you can review our Canadian Privacy Policy.

Please note the security of email communication cannot be guaranteed. Do not send us information of a private or confidential nature by email.

Underwritten by The Manufacturers Life Insurance Company (Manulife).

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