Manulife

doctors of bc

Application to exercise the guaranteed insurability benefit rider (GIB - DI)

The Doctors of BC Disability Income Insurance Plan

In this application, "we", "us", and "our" refer to the Manufacturers Life Insurance Company. "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 on their website at **doctorsofbc.ca**.

1. Member information

Doctors of BC # | **MSP Billing #**

Last Name: | First Name: | Middle Initial:

Former Maiden Name (if applicable): | Date of Birth: (dd-mm-yyyy):

Address (street number and name) | Apartment or Suite:

City: | Province or Territory: | Postal Code:

May we correspond with you via email so that we may contact you for the administration of this application? ☐ Yes ☐ No

If yes, Email address:

Telephone (Residence): | Telephone (Cell):

☐ Male ☐ Female

2. Financial Information

What is your current employment status?

☐ Employee (if your declared net income is on lines 10100 and 10400 on your income tax return)

☐ Sole proprietor (if your declared net income is on lines 13500-14300 of your income tax return)

☐ Partner (if your declared net income is on lines 13500-14300 of your income tax return)

Percentage of ownership _____ % Fiscal year-end dd-mm-yyyy

☐ Incorporated (if your declared net income is on lines 10100 and 10400 of your income tax return, plus your share of the corporate profits or losses)

Percentage of ownership _____ % Fiscal year-end dd-mm-yyyy

Option amounts can be exercised during the option period and up to $2,500, in multiples of $100.

If an option period occurs during a period of disability, an approved leave of absence or parental leave, the benefit amount you may exercise is one option amount in multiples of $100, but not exceeding $1,000; which will only become effective upon your return to work for a minimum of 15 hours per week for a continuous period of 30 days.

Note: Any amount approved during a period of disability will apply only to any new disability.

Amount of GIB increase applied for: $

The elimination period will be the same or longer elimination period that the rider is attached to.

Elimination period applied for: ☐ 28 days ☐ 60 days ☐ 90 days ☐ 120 days

Are you currently disabled, on an approved leave of absence or parental leave? ☐ Yes ☐ No

If yes, provide full details (type of leave, start and return dates):

Are you currently actively engaged in the practice of medicine? ☐ Yes ☐ No

Insurable net annual earned income is your net annual earned income after allowable business expenses are deducted, but before taxes, as declared to Revenue Canada Agency.

Unearned income is income that is not dependent upon your ability to work such as investment income, rental income, royalties, pension income or similar income.

What was your insurable net annual earned income for last year and year-to-date?

Last year yyyy | $ | Year-to-date yyyy | # of months | $

Do you have any unearned income in excess of $30,000 or 15% of your insurable net annual earned income? ☐ Yes ☐ No

If yes, amount of unearned income: $ | Source of unearned income:

3. Financial documentation

Financial documentation is not required for amounts up to and including $1,000/month. However, proof of income is required every three years.

The following income documentation will be required depending on your financial reporting situation:

☐ I am enclosing the following documentation.

☐ Contact my accountant to obtain the required 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

4. Accountant Information

Accountant Last Name: | First Name:

Telephone: | Email:

5. Other Insurance Information

Note: If you intend to replace coverage, do not cancel your existing coverage until you receive your new 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 insurance coverage with Manulife, Doctors of BC, or any other company?

☐ Yes ☐ No

If yes, provide the details below:

Name of Insurance Company	Pending	Date of Issue (mm-yyyy)	Monthly Benefit Amount	Elimination Period	Benefit Period	Replacing this coverage if approved
	☐ Yes ☐ No		$			☐ Yes ☐ No
	☐ Yes ☐ No		$			☐ Yes ☐ No
	☐ Yes ☐ No		$			☐ Yes ☐ No
	☐ Yes ☐ No		$			☐ Yes ☐ No
	☐ Yes ☐ No		$			☐ Yes ☐ No
	☐ Yes ☐ No		$			☐ Yes ☐ No

6. Declaration and authorization

I (the Member) hereby apply for insurance to The Manufacturers Life Insurance Company (Manulife). I declare that the statements contained in this application, are true and complete and, together with any other forms signed by me in connection with this application, form the basis for any coverage issued hereunder. I understand that any material misrepresentation shall render any insurance issued pursuant to this application voidable at the instance of the insurer. Relative to the insurance applied for, I, the undersigned person to be insured, hereby authorize any licensed physician, medical practitioner, hospital, pharmacy, clinic, or other medically related facility, insurance company, 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 to provide to Manulife or its reinsurers any such information for the purpose of the insurance coverage, contract and any subsequent claim. I authorize Manulife to consult its existing files for this purpose. I authorize Manulife to hold a personal file about myself and my insurance coverage. I authorize Manulife, the plan administrator, and their authorized staff, agents, representatives, advisors, and service providers to use and exchange information needed for underwriting, financial management, administration, and adjudication of claims under this insurance coverage with any person or organization who has relevant information about me including institutions, investigative agencies, insurers, and reinsurers. A photocopy or faxed copy of this authorization shall be as valid as the original.

I acknowledge my receipt of and agreement with the Personal Information Statement.

Signed at (city or town): | Signed at (province):

Date (dd-mm-yyyy): | Signature of member:

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

7. Personal Information Statement

In this Statement, "you" and "your" refer to the policyowner or holder of rights under the contract, the insured providing consent. "We", "us", "our," and "the Company" refer to The Manufacturers Life Insurance Company and our affiliated companies and subsidiaries.

Updates to this Statement and further information about our privacy practices are posted to **www.manulife.ca**.

We collect, use, verify, and disclose your personal information for identified purposes, and only with your consent, or as permitted or required by law. By selecting submit or by signing the application, you give your consent for us to collect, use, and disclose your personal information, as set out in this Personal Information Statement. Any alterations to the consent must be agreed to in writing by the Company.

What personal information do we collect?

Depending on the product you have applied for, we collect specific personal information about you, such as:

- Identifying information such as your name, address, telephone number(s), email address, your date of birth, or driver's license
- Medical information that any organization or person has about you
- A personal investigation, financial information, credit bureau report, and/or a consumer report from other organizations, person, or source that has any information or records about you
- Information about how you use our products and services, and information about your preferences, demographics, and interests
- Other personal information we may require to administer our business relationship with you

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

Where do we collect your personal information from?

- Your completed applications and forms
- Other interactions between you and the Company
- Other sources, such as: Your advisor or authorized representative(s)
- Third parties with whom we deal in issuing and administering your policy now, and in the future
- Public sources, such as government agencies and internet sites

What do we use your personal information for?

We will use your personal information to:

- Help us properly 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, and issue and administer the rights under the policy
- Comply with legal and regulatory requirements
- Understand more about you and how you like to do business with us
- Analyze data to help us understand our customers better so we can improve the products and services we provide
- Determine your eligibility for, and provide you with details of, other products or services that may be of interest to you.

Who do we disclose your information to?

- Persons, financial institutions, and other parties with whom we deal in issuing and administering your policy now, and in the future
- Authorized employees, agents, and representatives
- Any person or organization to whom you gave consent
- Your advisor and any agency which has entered into an agreement with us and has supervisory authority, directly or indirectly, over your advisor, and their employees
- 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 medical doctor
- Public health authorities as required, if laboratory tests performed on our behalf show that you have tested positive for infectious disease

The above mentioned people, organizations, and service providers are both within Canada and jurisdictions outside Canada, and would therefore be 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.

How long do we keep your information?

The longer of:

- the time period required by law and by guidelines set for the financial services industry, and
- the time period required to administer the products and services we provide.

7. Personal Information Statement (continued)

Withdrawing your consent

You may withdraw your consent for us to use your personal information to provide you with other service or product offerings, excluding those mailed with your statements.

You may not withdraw your consent for us to collect, use, retain, or disclose personal information we need to issue or administer
the policy unless federal or provincial laws give you this right. If you do so, a policy may not be issued and benefits will not be payable under the contract or we may treat your withdrawal of consent as a request to terminate the contract.

If you wish to withdraw your consent, phone our customer care center at 1-888-MANULIFE (626-8543), or 1-888-MANUVIE (626-8843) in Quebec, or write to the Privacy Officer at the address below.

Accuracy and Access

You will notify us of any change to your contact information. 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. If you have a question or a concern, wish to receive more information about parties who have access to your information or about our privacy policies and procedures, and/or wish to review your personal information in our files or correct any inaccuracies, you may send a written request to:

Privacy Officer Manulife, P.O. Box 1602, 500 King Street N Waterloo, ON N2J 4C6
Privacy_office_canadian_division@manulife.com

Please note the security of email communication cannot be guaranteed. Do not send us information of a private or confidential nature by email. By contacting us via email, you are authorizing us to communicate with you by email.

Underwritten by The Manufacturers Life Insurance Company (Manulife).

MBPSCS5397ENXI GAG