Manulife

doctors of bc

Application for Doctors of BC Resident Individual Disability Insurance (without Evidence of Insurability)

Use this form to:

- apply for individual Disability Insurance if you are an Eligible Member and applying within 90 days of beginning your residency in the province of British Columbia, or
- apply for coverage or request increased coverage under your Guaranteed Insurability Benefit (GIB), during the open enrollment period between July 1 to 31.

In this application, **"we"**, **"us"**, and **"our"** refer to The Manufacturers Life Insurance Company. **"You"** and **"your"** refer 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. Personal information

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

Doctors of BC#:

Last Name: | First Name: | Middle Initial:

Dr. ☐ Mr ☐ Ms ☐ Mrs. ☐ Miss ☐

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

Province of birth: | Country of birth:

Email (optional):

Mailing address (street number and name):

Apartment or Suite: | City:

Province or Territory: | Postal Code:

Telephone (Residence): | Telephone (business):

Fax: | Telephone (Cell):

☐ Non-smoker* ☐ Smoker ☐ Male ☐ Female

2. Program Information

Date you started your program (dd-mm-yyyy):

Date your program is due to be completed (dd-mm-yyyy):

Year of residency: R1 ☐ R2 ☐ R3 ☐ R4 ☐ R5 ☐ R6 ☐ R7 ☐ Fellowship ☐

Location of your residency program (hospital and city):

Type of program (specialty):

Are you actively at work full-time at least 30 hours per week in your occupation? Yes ☐ No ☐

If no, explain why:

3. Amount of Disability insurance applied for

A Resident or Fellow who maintains a minimum of $2,000 of coverage for at least 12 months immediately prior to completing their program, will not be required to provide evidence of insurability when applying for the government funded Physicians' Disability Insurance (PDI) plan within 90 days of starting their practice.

This insurance plan includes Guaranteed Insurability Benefit (GIB), Cost of Living Adjustment (COLA), and an Own Occupation definition of disability.

Tell us how much coverage you are applying for, excluding existing Doctors of BC coverage if any:

You may apply for an amount, or increase your coverage during the open enrollment period, from $500/month to the maximum based on your program year, in increments of $100:

- Program years 1–5: $4,000/month maximum
- Program years 6–7: $6,000/month maximum
- Fellowship: $7,500/month maximum

☐ This is an increase of existing coverage under the Guaranteed Insurability Benefit (GIB) during an open enrollment period.

☐ Retirement Protection rider ($500/month)

☐ Retirement Protection rider ($1,000/month) available if you earn over $100,000 per year

☐ Retirement Protection rider ($1,500/month) available if you earn over $100,000 per year

4. 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 or have you concurrently applied for any other disability income insurance coverage other than with Doctors of BC?
☐ Yes ☐ No

If yes, provide the details below:

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

5. 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 including misstatement of smoker status shall render the insurance voidable at the instance of the insurer. I understand that insurance will take effect on the date my properly completed application is received by Manulife. I understand that there are exclusions and limitations on the coverage applied for.

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 MIB Inc., 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 this application and 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/our receipt of and agreement with the Notice on Personal Information Statement and Notice of Exchange on Information.

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:

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

6. 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
- 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
- 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 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.

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).

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