

# No-Cost Undergraduate Package Enrolment Form For Students Under Age 40

Life, Accidental Death & Dismemberment (AD&D), Disability and TripleGuard™ Insurance

## SECTION 1 Applicant Information

**A.** Are you a full-time dental student? ☐ Yes ☐ No

**B.** Are you a Canadian citizen or permanent resident of Canada? ☐ Yes ☐ No

NOTE: If you answered "No" to questions A. or B. **you are not eligible** for coverage.

You are eligible for coverage if you are a dental student (or a dentist who was a student and has graduated this calendar year). "Student" means a full-time dental student enrolled in an accredited Canadian school or faculty of dentistry who is a Canadian citizen or a permanent resident of Canada.

**C.** Name of Person To Be Insured (please print):

Check one: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.

\_\_\_\_\_  
Last First Middle or Initial

**D.** University: \_\_\_\_\_

**E.** Year of graduation: \_\_\_\_\_  
Year

**F.** Are you enrolled in the qualifying program for foreign-trained dentists? ☐ Yes ☐ No

**G.** Date of birth: \_\_\_\_\_  
Day Month Year

**H.** Place of birth: \_\_\_\_\_  
(Province/Territory, Country)

**I.** ☐ Male ☐ Female

**J.** I am a: ☐ Smoker ☐ Non-Smoker

The definition of a non-smoker is that you have not used any tobacco products (i.e. cigarettes, pipe tobacco, chewing tobacco, tobacco cessation products, etc.) for 12 months prior to signing this form.

**K.** CDSPI Account Number (if known): \_\_\_\_\_

**L.** Current mailing address:

\_\_\_\_\_  
Street and Number Suite No.

\_\_\_\_\_  
City/Town Province Postal Code

\_\_\_\_\_  
Telephone Cellular Telephone

\_\_\_\_\_  
Email Address (please include to expedite the application process)

**M.** Other fixed address:

\_\_\_\_\_  
Street and Number Suite No.

\_\_\_\_\_  
City/Town Province Postal Code

\_\_\_\_\_  
Telephone

Please turn over ►

## Important Notes:

- You must be age 18 to 39 on the date this Enrolment Form is received by CDSPI and meet other eligibility criteria to receive coverage. If you are age 40 to 64, you must complete a different form. Contact CDSPI for details.
- No medical underwriting is required for students who are age 18 to 39.
- The "Double-Up" Graduate Package is provided automatically upon graduation. The "Double-Up" Graduate Package has twice the life, LTD and AD&D protection — and you pay absolutely no premiums for this coverage up to December 31<sup>st</sup> of your graduation year.
- Effective January 1<sup>st</sup> after your graduation year, you will save 50 per cent on regular premiums for the Life, AD&D and TripleGuard™ Insurance in the "Double-Up" Graduate Package for three calendar years following graduation and enjoy a 15% **lifetime** savings on regular premium rates for DisabilityGuard™ Insurance plan for the life of the policy. DisabilityGuard™ premium rates are guaranteed to age 65.
- Students graduating in the year 2026 onwards, must be a member of the Canadian Dental Association or provincial or territorial dental association, which, at the relevant time, is a corporate member of the Canadian Dental Association, in order to be eligible for the premium reductions.**

Accessible formats and communication supports are available upon request. Visit [cdspi.com/accessibility](https://cdspi.com/accessibility) for more.

**LIFE, AD&D AND DISABILITYGUARD™ INSURANCE ARE UNDERWRITTEN BY THE MANUFACTURERS LIFE INSURANCE COMPANY (MANULIFE).**

Manulife has the authority to grant or refuse insurance coverage based on health considerations. Precise details, terms, conditions and exclusions are set out in the insurance contracts for these plans. Manulife, Manulife & Stylized M Design, and Stylized M Design are trademarks of The Manufacturers Life Insurance Company and are used by it, and by its affiliates under license. © 2020 The Manufacturers Life Insurance Company. All rights reserved. Manulife, P.O. Box 670, Stn Waterloo, Waterloo, ON N2J 4B8. TripleGuard™ insurance is underwritten by Zurich Insurance Company Ltd.

## SECTION 1 Applicant Information (continued)

N. Language Preference: ☐ English ☐ French

O. I designate the person named below as my beneficiary to receive any money payable under the Life and AD&D Insurance upon my death.

Name of Beneficiary (please print)

Last	First	Middle or Initial

Beneficiary's Relationship to the Person to be Insured

Your beneficiary designation is revocable\* unless you specify otherwise. If you wish to make your beneficiary irrevocable, please contact CDSPI to obtain a form for this purpose.

If you designate a beneficiary who is a minor when benefits become payable, benefits will be paid into court or to the Public Trustee, unless a trustee is appointed. By appointing a trustee below, you agree that if the beneficiary is a minor on the date that benefits become payable, the benefits will be paid to the trustee to hold in trust for the minor until the minor comes of age.

\* In Quebec, a spouse designated as beneficiary is irrevocable unless you specify otherwise. **I hereby appoint my spouse as a revocable beneficiary:** ☐

## SECTION 2 Consent to Electronic Delivery of Insurance Documents

(To be read and one box checked by Applicant/Person To Be Insured.)

By selecting "I agree to the electronic delivery of documents and notices" below, you agree to the following terms and conditions:

1. You will receive insurance account documents and notices electronically from CDSPI and CDSPI Advisory Services Inc., collectively called "CDSPI".
2. You agree to the electronic delivery of documents and notices relating to the CDSPI insurance account listed on this application.
3. You understand that documents and notices will be made available in your online account located in the secure login section of the CDSPI website. You will be notified by email when the actual document or notice is available for viewing in your online account. If this is for a joint account, you acknowledge that delivery to the email address provided is delivery to each account owner.
4. You understand that you must be registered with access to the secure login section of the CDSPI website in order to electronically receive documents. You confirm that you have the necessary technical ability and electronic resources to access and view the electronic documents and notices. You will require internet access and document viewing software that allows you to view PDF files, such as Adobe Reader or a browser plug in. It is your responsibility to view all documents and notices sent to your online account located in the secure login section of the CDSPI website.
5. You will advise CDSPI immediately if your email address changes from the one provided in this document. CDSPI may send paper copies of documents and notices if it receives notice of a failed email delivery.

6. If you are unable to successfully download your documents and notices, you may request a printed copy to be sent by regular mail.

7. You understand documents and notices will be posted in your online account for delivery for a period of time corresponding to the notice period stipulated under applicable legislation and the documents and notices will remain posted on your online account for a period of time which is appropriate and relevant, given the nature of the document or notice.

8. You can withdraw your consent to the electronic delivery of insurance documents and notices at any time by calling CDSPI at 1.800.561.9401 or emailing [insurance@cdspi.com](mailto:insurance@cdspi.com).

9. CDSPI in its sole discretion, may provide you with a paper copy of any document or notice through standard mail if it is of the view that a paper copy is necessary or if it is unable to deliver any document or notice electronically, including if required by applicable law.

☐ I agree to the electronic delivery of documents and notices

☐ I do not agree to the electronic delivery of documents and notices

### SECTION 3 Declaration and Authorization (To be read and signed by Applicant/Person To Be Insured.)

I apply to The Manufacturers Life Insurance Company (Manulife) for insurance under the group policies, Life, Accidental Death & Dismemberment, and Disability, and to Zurich Insurance Company Ltd. for TripleGuard™ insurance, issued in connection with CDSPI.

I acknowledge receipt of and confirm my agreement with Manulife's Notice on Privacy and Confidentiality, the Notice on Exchange of Information, Zurich's Privacy Notice and CDSPI's Privacy Notice.

I, the undersigned, declare that the statements contained in this form, including the statements in Section 3, Declaration of Insurability, are true and complete and, together with any other forms that may be signed by me in connection with this application, form the basis for any policy or certificate issued under the group policies. The information provided by me is true and complete and Zurich Insurance Company Ltd. may rely on it in issuing insurance coverage to me. I acknowledge receipt of and confirm my agreement with the Privacy Statement. A photocopy or facsimile of this authorization shall be as valid as the original.

I understand that any material misrepresentation, including misstatement of smoker status, shall render any insurance issued pursuant to this application voidable at the instance of the insurer.

I understand that conditions, limitations and exclusions apply to the insurance products applied for in connection with this application. I understand that for life insurance, death resulting from suicide within 2 years of the effective date or any reinstatement date is not covered.

**Important: In respect of the Undergraduate Package and "Double-Up" Graduate Package:** This Form must be received by CDSPI by your graduation date and within 30 days of the signature date below, in order to enrol in the Undergraduate Package and the "Double-Up" Graduate Package. I understand that, provided that I am under age 40 when I apply, I do not need to provide evidence of good health to apply for the Undergraduate Package and "Double-Up" Graduate Package. However, a pre-existing condition exclusion will be applicable to Life and Disability coverage that is not medically underwritten. Claims arising from a pre-existing condition, which means an illness or condition for which treatment or advice was or should have been sought during the 12 month period prior to the effective date of coverage, are excluded. This exclusion will not apply to any claim arising after coverage has been in effect for 12 months.

A photocopy or facsimile of this authorization shall be as valid as the original.

Signed at \_\_\_\_\_  
City/Town Province

Applicant's Signature  \_\_\_\_\_ Date 

Day		Month		Year			

#### QUEBEC PARTICIPANTS ONLY

☐ Les parties ont expressément convenu que la présente entente ainsi que tous annexes ou documents s'y rattachant soient rédigés en anglais.  
(The parties have expressly requested that this Agreement and any related appendices or documents be drafted in the English language.)

**Note :** Ce document est aussi disponible en français.

## **NOTICE ON EXCHANGE OF INFORMATION — MUST BE DETACHED, READ AND RETAINED BY THE PERSON TO BE INSURED.**

All information requested will be for insurance purposes only and will be treated as confidential. The insurer or its reinsurers may, however, make a brief report on it to the MIB Group, Inc. (MIB). MIB is a non-profit membership organization of life insurance companies which operates an insurance information exchange on behalf of its members. Subject to your authorization, MIB will supply information from its files to another member insurance company to which you have applied for life or health insurance or to which a claim is submitted. On your request, MIB will arrange for disclosure to you of any information it may have in your file. If you question the accuracy of MIB's file, you may contact MIB and seek a correction. You can reach the MIB's information office by writing to **330 University Avenue, Suite 501, Toronto, ON M5G 1R7**, calling **416.597.0590** or emailing **canada\_disclosure@mib.com**.

### **Manulife's Notice on Privacy and Confidentiality:**

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](http://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, date of birth, or driver's licence  
A personal investigation, financial information, credit bureau report and/or a consumer report from any other organization, 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  
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 abovementioned 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.

The personal information you provided in this application:

will become a part of all the contracts that result from this application, even if you are not the owner or one of the people to be insured for that printed contract

will be shared with all the owners and any subsequent owners of those contracts and all people to be insured

### **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 centre at 1-877-261-8222, 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 North  
Waterloo, ON N2J 4C6**

[Privacy\\_office\\_canadian\\_division@manulife.com](mailto: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.

**Zurich's Privacy Notice:** By submitting personal information, including, but not limited to, name, address, date of birth, and medical information, to Zurich Insurance Company Ltd and its affiliates (collectively, "Zurich") and authorized representatives respecting individuals insured or covered by this policy, you acknowledge and confirm that you have consented to or, if applicable, you have obtained, and are retaining the consent of such individuals to the collection, storage, use and disclosure of their personal information for the purposes of securing and administering such insurance coverage(s). Personal information is processed and stored by Zurich and its affiliates and authorized representatives in both domestic and foreign jurisdictions. Please contact the Zurich Privacy Officer if you require further additional information regarding the collection, use, disclosure, processing and storage of your personal information via email at [privacy.zurich.canada@zurich.com](mailto:privacy.zurich.canada@zurich.com) or you can review our privacy statement at <https://www.zurichcanada.com/en-ca/about-zurich/privacy-statement>. The policyholder may refuse to consent or withdraw their consent to the collection, storage, use or disclosure of personal information; however, the refusal to provide consent may result in Zurich being unable to offer and administer insurance coverage or prevent Zurich from being able to pay claim benefits. Zurich is committed to protecting the privacy and confidentiality of information provided. Your file is secured in our offices or those of our administrator or agent. You may request to review your personal information and make corrections by writing to: Privacy Officer, Zurich Insurance Company Ltd (Canadian Branch), 100 King Street West, Suite 5500, P.O. Box 290, Toronto, ON M5X 1C9.

**CDSPI's Privacy Notice:** CDSPI and CDSPI Advisory Services Inc. collect, use and disclose your personal information on this application for purposes that include: determining your eligibility for our plans; administering and providing insurance and financial services to you; underwriting; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; marketing and to advise you of other related products and services. We limit access to your personal information in our files to our employees, authorized agents and third-party service providers, and to any other person you authorize or as authorized by law. These people, organizations and service providers may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You may request to review the personal information your file contains and make corrections by sending a written request to: CDSPI, Attn: The Chief Privacy Officer, 2005 Sheppard Ave East, Suite 500, Toronto, ON M2J 5B4. To find out more about our privacy practices, visit [www.cdspi.com/privacy](http://www.cdspi.com/privacy).

Accessible formats and communication supports are available upon request. Visit **[www.cdspi.com](http://www.cdspi.com)** for more information.