

FollowMe™ Health

Advisor ID

Health and Dental Application

All applicants must complete Parts A, B, C and D. All applicants must complete and sign Applicant's Authorization and Declaration.

All applicants must have coverage under a Canadian provincial/territorial health care insurance plan in order to be eligible for this insurance product. If anyone on the application does not meet this requirement, please contact our Customer Service for more information.

When you apply for insurance, your beneficiary is set as your estate. To change this, please log into SecureServe at manulife.ca/secureserve.

Part A – General Information

Primary Applicant

Last Name	First Name	Initial
Does each applicant have provincial/territorial health care coverage? Yes No		
Home Address	Unit/Apt.	City
Home Telephone	Office Telephone	Province
If additional information is required, how may we contact you?	Postal Code	
Email	Home	Office
	Email	

Co-Applicant

Last Name	First Name
Telephone	
If additional information is required, how may we contact you?	Email
Email	

To communicate electronically and maintain confidentiality, separate email addresses for the primary applicant and co-applicant are required.

Are you now covered by or did you recently have employer group health insurance coverage? Yes No
If yes, please indicate:

Primary Applicant

Group Plan Number	ID Number
Insurance Company	Date Benefits Ended
	DD/MM/YYYY

Co-Applicant

Group Plan Number	ID Number
Insurance Company	Date Benefits Ended
	DD/MM/YYYY

Part B – Plan Choice

I/We apply for FollowMe™ Health: Basic Enhanced Enhanced Plus Premiere

Part C – Individuals to be Covered

Last Name	First Name	Code	Sex	Birth date DD/MM/YYYY	Age
Applicant		00			
Co-applicant		01			
Dependant		02			
Dependant		02			
Dependant		02			
Dependant		02			

If you require more space to complete any part of this application, please attach a separate sheet, signed and dated.

Part D – Payment Options

Initial Payment: I/We hereby authorize Manulife to debit the initial two (2) months' premium, \$ _____, using my/our: _____
Pre-Authorized Debit (PAD)

Important: Initial payment will be taken on the day approved (not the effective date). Future payments will be taken on the first of each month.

Subsequent payments will be made by:

Option #1 Pre-Authorized Debit (PAD)
PAD Billing Frequency: Monthly Semi-Annual (2% savings) Annual (4% savings)

Important: For verification purposes, we require a sample cheque marked 'VOID'.

Option #2 Direct Billing
Direct Billing Frequency: Semi-Annual (2% savings) Annual (4% savings)

Pre-Authorized Debit (PAD) Payment Information

Please use the following banking information:

From the cheque used to make the first payment or

As follows (only complete the information below if you do not have a void cheque):

Name of Account Holder _____

Transit Number _____

Institution Number _____

Bank Account Number _____

Financial Institution _____

Address of Account Holder _____

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 this authorization.

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

Pre-Authorized Debit (PAD) Payment Authorization

I/We hereby authorize Manulife to make a withdrawal from my/our bank account on the day on which insurance premiums are due for insurance premiums due on or after I/we sign this authorization.

Withdrawals from my/our account may be for variable amounts, as they may change in accordance with my/our insurance contract and as required to administer my/our policy. I/We waive the right to receive further notice of the amount and date of each automatic withdrawal from my/our account. If the bank or financial institution does not honour an automatic monthly withdrawal the first time it is presented for payment, Manulife may attempt to withdraw that payment again within 30 days. Manulife reserves the right to ask for an alternative method of payment if payment is not honoured. All one-time or automatic withdrawals from my/our bank account will be treated as personal withdrawals as defined by Payments Canada in Rule H-1.

I/We or Manulife may end this agreement at any time by giving 10 days' written notice. I/We understand that cancelling this PAD agreement may result in loss of insurance coverage unless Manulife receives another form of payment.

You may obtain a sample cancellation form by contacting your financial institution or through www.payments.ca. If you have any questions about withdrawals from your bank account, contact us at 1-800-482-0758 or more_info@manulife.ca, or write to us at Manulife, PO Box 670, Stn Waterloo, Waterloo, ON N2J 4B8.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any PAD withdrawal that is not authorized or is inconsistent with this PAD agreement. To obtain a form for a reimbursement claim, or for more information on your recourse rights, contact your financial institution or visit www.payments.ca.

Signature of Account Holder _____ Dated _____ DD/MM/YYYY

Second Signature if Joint Account _____ Dated _____ DD/MM/YYYY

Account Holder Address (if different from Applicant) _____

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 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, your date of birth, driver's license, passport number or your 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 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 which has entered into an agreement with us and has supervisory authority, directly or indirectly, over your advisor, and their employees
- Your employer or 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

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.

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, 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 centre at **1-877-268-3763**, 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. Requests can 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.

Applicant's Authorization and Declaration

All applicants must complete this section.

I/We hereby acknowledge that the statements contained herein are true and complete and, together with any other forms signed by me/us in connection with this application, form the basis for any policy issued hereunder. I/We hereby authorize any licensed physician, medical practitioner, hospital, pharmacy, clinic or other medically related facility, any insurance company, agent, broker, market intermediary, plan sponsor or third party administrator (where applicable), any government agency, investigative or security agency or any other organization or person that has any records or knowledge of me/us or my/our health, or the health of any member of my/our family to be insured under this plan, to provide any such information to Manulife or its reinsurers for the purpose of this application, any policy issued hereunder and any subsequent claim. I/We further authorize Manulife to consult this application and its existing files for this purpose. I/We understand and agree that any injury that occurred or any medical condition, the signs of which first appeared on or before the date of this application may not be covered by my/our policy and that a failure to disclose such information could result in denial of a claim and/or the cancellation or modification of my/our policy. Manulife reserves the right to recover any claims paid due to any failure to disclose any injury or medical condition that existed on or before the date of this application. I/We acknowledge receipt of and agree with Manulife's Personal Information Statement. I/We understand and agree that coverage shall not become effective until the first of the month following final approval and receipt of the first premium payment.

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

Signature of Applicant _____ Signed at _____ City, Province _____ Date DD/MM/YYYY

Signature of Co-Applicant _____ Signed at _____ City, Province _____ Date DD/MM/YYYY

Please send the completed application to:

Regular Mail:	Courier:
Manulife	Manulife
P.O. Box 670	500 King Street
Stn Waterloo	Affinity Markets New Business
Waterloo, ON N2J 4B8	Delivery Station 500-GB
	Waterloo, ON N2J 4C6



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