

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 31st of your graduation year
- Effective January 1st after your graduation year, you will receive a 50 per cent reduction on regular premiums for the Life, AD&D and TripleGuard™ Insurance in the "Double-Up" Graduate Package for three calendar years following graduation and a 15% lifetime reduction on regular premium rates for DisabilityGuard™ Insurance plan for the life of the policy. DisabilityGuard™ premium rates are guaranteed to age 65.

Accessible formats and communication supports are available upon request. Visit 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 and the Block Design are trademarks of The Manufacturers Life Insurance Company and are used by it, and by its affiliates under licence. © 2018 The Manufacturers Life Insurance Company. All rights reserved. Manulife, P.O. Box 670, Stn Waterloo, Waterloo, ON N2J 4B8.

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.

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

SECTION 2 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 issued in connection with CDSPI.

I acknowledge receipt of and confirm my agreement with Manulife's Notice on Privacy and Confidentiality, Aviva's Privacy Notice and CDSPI's Privacy Notice.

I, the undersigned, declare that the statements contained in this form 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.

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.

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 X _____ 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.

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Must be detached, read and retained by the person to be insured

- **Manulife's Notice on Privacy and Confidentiality:** The specific and detailed information requested on the application form is required to process the application. To protect the confidentiality of this information Manulife will establish a "financial services file" from which this information will be used to process the application, offer and administer services and process claims. Access to this file will be restricted to those employees, mandataries, administrators or agents of Manulife who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person you authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside of Canada, and subject to laws of those foreign jurisdictions. Your file is secured in our offices or those of our administrator or agent. You may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Affinity Markets, Manulife, P.O. Box 1602, Del. Stn. 500-4-A, Waterloo, Ontario N2J 4C6.
- **Aviva's Privacy Notice:** Aviva Insurance Company of Canada is committed to protecting your personal information and using or disclosing it only for the purposes for which it is collected. For more information about how Aviva uses and protects your personal information, please refer to Aviva's privacy statement at www.avivacanada.com. You may request to review and make corrections to the personal information in the insurer's file by writing to Aviva Canada Inc., Attention: Privacy Officer, 10 Aviva Way, Suite 100, Markham, Ontario, L6G 0G1, or sending an e-mail to CAPrivacyOfficer@avivacanada.com.
- **CDSPI's Privacy Notice:** Access to information which you provide to CDSPI or CDSPI Advisory Services Inc. or which CDSPI obtains in its capacity as the administrator of the master agreement and/or group policies will be restricted to those employees, mandataries, administrators or agents of CDSPI or CDSPI Advisory Services Inc. who are responsible for the marketing and administration of services and the facilitation of claims under the master agreement and/or group policies, and to any other person you authorize or as authorized by law. You may request to review and make corrections to the personal information contained in your file at CDSPI or CDSPI Advisory Services Inc. by writing to: The Chief Privacy Officer, 155 Lesmill Road, Toronto, Ontario M3B 2T8. For more information about our privacy practices visit www.cdspi.com.