

# **Group Benefits Enrolment or Re-enrolment Application**

Section 1 is to be completed by the employer/plan administrator. The remaining sections and Beneficiary Designation form are to be completed by the plan member. Please print clearly in dark ink using CAPITAL LETTERS. Date example: mmm/dd/yyyy - Mar/03/2003

1	Plan sponsor/ Participating	Dian anancer name IIIE AIIUIII VIIIII VII VAIIAUA Dian contract number	5640		
	employer statement	loyer Permanent hire date (mmm/dd/vvvv) Billing division Plan member's certificate			
		Waive the waiting period?* O Yes O No *Waiting period waived only if re-hired within 6 months of pro-	evious end date.		
		Re-hire date (mmm/dd/yyyy) If a re-hire, date previous employment ended (mmm/	dd/yyyy)		
		Diocese/Participating employer			
Е	mployed at least half-	alf-time? O Yes O No If no, please indicate the hours worked per week Salary \$	Frequency		
l c	certify that the plan normal work schedule	n member listed below is actively at work at their usual place of employment in Canada. Actively at work meadule of at least the set minimum as stated in the plan contract over a 52 week period including paid vacation.	ns the <b>plan member</b> works		
		Diocese/Participating employer signature Date (mmm/dd	/yyyy)		
		Registered under the Canadian <i>Indian Act</i> for provincial tax exemption purposes? O Yes O No			
		Is evidence of insurability required? O Yes O No If increasing coverage or adding a dependant meligible date; an Evidence of Insurability will be			
_		If yes, please contact the Pension office to obtain the Evidence of Insurability form and send to Manulife for p	rocessing.		
2	Plan member information	Plan member's last name First name			
	To be completed Date of birth (mmm/dd/yyyy) Gender O Male Female Province of residence				
	by employee	Do you have a spouse/partner? (married, common law or civil union?)  OYes  No			
3	Plan member address	Address (number street ant)			
		City Province Postal c	ode		
4	For Quebec res	residents (age 65 or over)  Are you participating in the RAMQ drug plan?   Yes   No			
5	Application for coverage	Extended health and dental coverage may be refused. If coverage is being refused please indicate the reaso coverage at a later date, you may reapply for these benefits at which time satisfactory medical evidence may result in coverage being denied.			
		I am applying for Extended Health Care for I am applying for Dental Care for			
		○ Myself only ○ Myself only			
		Myself and 1 dependant (spouse/partner or child)  Myself and 2 or more dependant (spouse/partner or child)  Myself and 2 or more dependant (spouse/partner or child)	,		
		<ul> <li>Myself and 2 or more dependants (spouse/partner and child)</li> <li>None, because I have coverage under another plan</li> <li>None, because I have coverage under another plan</li> </ul>			
		None, because I do not wish to have this coverage  None, because I do not wish to have this coverage  None, because I do not wish to have this coverage			
		Are you applying for Dependant Life? Yes No If you have an eligible dependant, dependant life the diocese of Niagara where there is no Depen	e is mandatory, except in		
<u> </u>	Coordination				
Ū	of benefits	This section is required if you are applying for coverage on your dependants.  Do you or your dependants (spouse /partner and/or children) have benefit coverage under another benefits p	lan? () Yes () No		
		If yes, please complete the following:	idii: O ico O ivo		
Ins	sured's last name	First name Date of birth (mmm/dd	/yyyy)		
Eff	ective date of coverage	erage (mmm/dd/yyyy)			
Ple	ease indicate type of	of coverage under other plan: Extended Health Benefits Dental Ca			
In cases where the information is not complete, Manulife will assume your dependant has other coverage and claims for the dependant will be declined.					
	nore than one other p parate sheet.	er plan is applicable please attach details on a Family Family None None	•		

Continued on the next page.

7 Dependant information	Complete the follo			and/or dental coverage	e and you ha	ve not refu	sed benefits	for your
	Spouse/partner's first name		Spouse/p	partner's		ouse/partn		/y)
If there is not enough room to list all your children, attach details on a separate sheet.	Gender Male Female If common law please provide the effective date of cohabitation (mmm/dd/vavy)							
Last name		First name		Date of birth (mmm/dd/yyyy)	Ge Male	ender Female	Over-age student*	Over-age disabled dependant**
					0	$\bigcirc$	$\circ$	$\circ$
						$\bigcirc$	$\circ$	$\circ$
					$\circ$	$\bigcirc$	$\circ$	$\bigcirc$
						$\circ$	$\circ$	$\bigcirc$
*Over-age student mus  **To apply for over-age  8 Email address	disabled dependan	•		office for the form.				
9 Authorization as Inhereby apply for cover may extend to my spous knowledge. I understand in the future is true and a thereunder may be deni and disclose personal in claim management, und and health professionals administrators of other by	rage ("Coverage") use and eligible dependent that as the application of the best of the best of the desired as information relevant the rewriting and for despectively.	ndants (collectively ant, it is my resport tof our knowledge a result of the pro- to this application (' termining plan elig ers, professional re	y, "Dependants"). Lcensibility to ensure that to Lacknowledge and vision of false, incompe ("Information") for the publish ("Purposes"). Lacegulatory bodies, any of the publish ("Purposes"). Lacegulatory bodies, any of the publish ("Purposes").	<u>tify</u> that the information any further verbal or writ <u>agree</u> that this Coverag lete, or misleading infone purposes of Group Bene <u>uthorize</u> any person or employer, group plan ad	in this form intenstatement e or any port mation. I authors plan admorganization ministrator, ir	s true and out provided ion of this of the thick	complete to to to by me, and/occoverage, and ulife to collect audit, assessination, including stigative age	he best of my or my Dependants, nd future claims ct, use, maintain sment, investigation, ing any medical ency, and any

providers, for the Purposes. I am authorized by my Dependants to consent to this Authorization, on their behalf as if they were signing it themselves, and to disclose and receive their Information, for the Purposes.

<u>lauthorize</u> my plan sponsor/employer to make deductions from my pay for my Group Benefits plan, if applicable.

<u>I understand and agree</u> that upon the deposit of any Payment(s) into my bank account ("Account"), Manulife is fully discharged from any further liability with respect to such Payment(s). I also understand and agree that Manulife may, at any time and without prior notice, discontinue the direct deposit of Payment(s), as requested herein, and require my personal written endorsement relating to future Payment(s). Lalso hereby acknowledge and agree that any Payment(s) made by Manulife into the Account, to which I am not entitled, either by contract or by law, shall not form part of my property, and shall be immediately refunded to Manulife, either by me or by representatives of my estate.

<u>I understand</u> that any Information provided to or collected by Manulife in accordance with this authorization, will be kept in a Group Benefits life, health or disability file. Access to my Information will be limited to:

- · Manulife employees, representatives, reinsurers, and service providers in the performance of their jobs;
- · persons to whom I have granted access; and
- · persons authorized by law.

I have the right to request access to the personal information in my file, and, where appropriate, to have any inaccurate information corrected.

<u>I acknowledge</u> that more specific details regarding how and why Manulife collects, uses, maintains, and discloses my personal information can be found in Manulife's Privacy Policy and Privacy Information Package, available at www.manulife.ca/planmember, or from my Plan Sponsor.

#### PLEASE SIGN HERE

Signature of plan member	Date signed (mmm/dd/yyyy)
Signature of plan member	Date signed (mmm/dd/yyyy)

10 Mailing instructions

Please return this form to your employer who will forward your member details to the Plan administrator to update your information with Manulife.



Please see reverse for assistance in completing this form. Please send the completed form to your Plan Administrator.

## **Group Benefits Beneficiary Designation**

All sections of this page should be completed as it will replace any prior designations.

1	Plan member information	n member information Participating employer name The Anglican Church of Canada		Plan contract number <b>5640</b>		Plan member certificate number		
		Plan member name (last, first and middle initial)		Province of residence	С	Date of birth (mmm/dd/yy	уу)	
2	Primary beneficiary	Name of beneficiary (last, first and middle initial)	Date of birth (mmm/dd/yyyy)		Relationship to plan member		Percentage %	
	List all primary beneficiaries for Basic Life and/or Basic Accidental Death.	Name of beneficiary (last, first and middle initial)	Date of birth (mmm/dd/yyyy)		Relationship to plan member			
	Percentages must total 100% to be valid.	Name of beneficiary (last, first and middle initial)	Date	Date of birth (mmm/dd/yyyy) Re		ionship to plan member	Percentage %	
	Irrevocability	Note: If beneficiary is shown as irrevocable, his/her consent is required to change it. Include a signed and dated consent with this form. You are responsible for ensuring the validity of your designation.	In Quebec, the designation of you unless othe		f your otherv neficia	residents only ir spouse as beneficiary is irrevocable whise specified. ciary, the designation is:  Irrevocable		
3	Optional coverage (if applicable)	Name of beneficiary (last, first and middle initial)	Date	of birth (mmm/dd/yyyy)	Relati	ionship to plan member	Percentage %	
	Plan contract number 5640	Name of beneficiary (last, first and middle initial)	Date	of birth (mmm/dd/yyyy)	Relati	ionship to plan member	Percentage %	
	List all beneficiaries for Optional Life and/or Optional Accidental Death.	Name of beneficiary (last, first and middle initial)	Date of birth (mmm/dd/yyyyy) Re		Relati	ionship to plan member	Percentage %	
	Irrevocability	Note: If beneficiary is shown as irrevocable, his/her consent is required to change it. Include a signed and dated consent with this form. You are responsible for ensuring the validity of your designation.	unless otherwise specified.					
4	Contingent beneficiary	You may wish to designate a contingent beneficiary(ies) to receive any proceeds under this group pol the primary beneficiary(ies), named above for either coverage, should die before you. In that event, a beneficiary will automatically be entitled to the benefit that would have been payable to the primary be If you name more than one contingent beneficiary, then the proceeds will be split, evenly, amongst the beneficiaries you choose to name. Should there not be any surviving beneficiaries at the time of your proceeds will be paid to your estate.			u. In that event, a con e to the primary benefivenly, amongst the co	itingent iciary(ies). ntingent		
			Relationship to plan me	ember				
		Name of contingent beneficiary (last, first and middle initia	l)	Date of birth (mmm/dd/y	ууу)	Relationship to plan me	ember	
5	Trustee appointment  Complete if any beneficiary named is under the age of majority.	I appoint as Trustee to receive any amount due to any beneficiary under the age of majority (not applicable in Quebec).			ount due to			
6	Declaration and authorization	I hereby revoke any previous beneficiary designations in relation to my foregoing coverage(s) and designate the person(s) named above.			nate the			
	Due to the legal significance of a beneficiary appointment this designation must be signed and dated to be valid.  A copy, fax, scan or image of the							
	beneficiary designation in this form is as valid as the original.	information. <u>I acknowledge</u> that more detailed information concerning how and why Manulife collects, uses and discloses my personal information is available at www.manulife.ca/planmember, or by requesting a copy from my plan sponsor.						
		Plan member signature Da				Date signed (mmm/dd/yyyy)		

Manulife assumes no responsibility for the validity or sufficiency of the content provided by you. The items 'you' and 'yours' refer to the plan member, the term "Plan Sponsor" refers to the entity that offers the group benefits plan, such as an employer.

## What is the purpose of a beneficiary?

If you intend for some or all of your death benefit to go to specific individuals, it is important to make sure that you plan ahead and select those beneficiaries. Having an up-to-date beneficiary designation will make this possible by listing your primary and contingent beneficiaries and intended allocations.

Beneficiary: the person, people or entity who will receive any death benefit from the basic or optional coverage you have selected through your group benefits plan that becomes payable upon your death. Basic and optional beneficiaries may differ.

### Types of beneficiary - Primary vs. Contingent

Primary: the person, people or entity you choose to receive the death benefits. If you choose more than one beneficiary, you will need to indicate what percentage of the benefit you would like each person to receive. When multiple primary beneficiaries are named, the total of the percentages allocated to each primary beneficiary must add up to 100%.

Contingent: the person, people or entity you designate to receive the death benefits if all of the primary beneficiaries die before you. If you select more than one contingent beneficiary, the benefit will be split evenly between the contingent beneficiaries.

What happens to the death benefit when				
The primary beneficiary dies before you and no contingent beneficiary is named.	The death benefit will be paid to your estate.			
The primary beneficiary dies before you, but there is a contingent beneficiary(ies) designated.	The benefit will be paid to the contingent beneficiary(ies).			
You assign two primary beneficiaries, and one beneficiary dies before you, and you have not updated your beneficiary form information.	The entire death benefit that would have been paid to the deceased beneficiary will be paid to the surviving primary beneficiary.			

#### Irrevocable vs. Revocable

Irrevocable: the beneficiary you choose cannot be changed without the written permission of that individual.

For example, if you choose your spouse or partner to be the designated beneficiary and you end up separating, you will not be able to change the beneficiary designation without a completed release form from them.

In Quebec, naming your spouse (must be a civil union) as a beneficiary automatically means that he/she is an irrevocable beneficiary, unless you specify otherwise or divorce.

Revocable: a revocable beneficiary means that the beneficiary you choose can be changed at any time without the permission of that individual.

For example, if you choose your spouse or partner to be the designated beneficiary and you end up separating, you can then change that beneficiary designation without asking for that person's permission.

### Naming a minor as a beneficiary

If a benefit becomes payable to a minor who is named as a primary or contingent beneficiary, the benefit can only be paid on behalf of the minor to a trustee or guardian for property, otherwise it will be paid into court to be held until the beneficiary has reached the age of majority for your specific province. It is important therefore, if you are choosing a beneficiary who is a minor at the time of the designation to also name a trustee.

If you are a Quebec resident, the parents are considered tutors of their child.

If a minor has been designated as an irrevocable beneficiary, the policy is automatically frozen until the beneficiary has reached the age of majority for your specific province. A parent, guardian or trustee cannot consent to a beneficiary change on behalf of a minor.

Minor: a person named as a beneficiary who is under the age of majority for your specific province.

Trustee: a person appointed by you to hold the minor's proceeds in trust until the minor reaches the age of majority for your specific province.

Tutor: a tutor acts like a trustee.