

## Application for insurance

For medical student members of the Alberta Medical Association

### 1. General information

In this application, “we”, “us,” and “our” refer to the Manufacturers Life Insurance Company. “You” and “your” refer to the person to be insured, unless otherwise specified.

AMA#

Last name:  First name:  Middle initial:

Date of birth: (dd/mm/yyyy):  Residence address:

Apartment or suite:  City:  Province:

Postal code:  Email address (optional):

Telephone (residence):  Telephone (cell):

Date you started medical school (dd/mm/yyyy):  Date you expect to graduate (dd/mm/yyyy):

Select your **current year of study**, by institution:

Year University of Alberta University of Calgary

First

Second

Third

Fourth

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

Tell us about yourself:  Non-smoker\*  Smoker

Male  Female

### 1.1 Contact preference

May we contact you via email to administer this application?  Yes  No

Preferred phone number:  Residence  Cell

Preferred contact time:

Monday to Friday

Saturday

Sunday

Morning (6 am–12 noon)

Morning (6 am–12 noon)

Morning (6 am–12 noon)

Afternoon (12 noon–5 pm)

Afternoon (12 noon–5 pm)

Afternoon (12 noon–5 pm)

Evening (5 pm–10 pm)

## 2. Coverage applied for

### Telephone interview

A telephone interview will be required in order to assess your application.

Manulife has selected a national support organization to conduct this interview. A carefully screened and trained interviewer will ask you a series of questions about your medical history, your doctor's name, and any medications taken. The interview will take approximately 30 minutes and be kept in strictest confidence. The information you provide will be used solely for insurance purposes and will be sent to Manulife promptly upon completion.

You may apply for up to \$4,900,000 of additional Term Life insurance, in units of \$50,000.

The maximum amount of Term Life insurance coverage available is \$5,000,000.

### Disability insurance

To apply for Student Disability insurance, check the box below.

Student Disability insurance, including Cost of Living Adjustment rider (Telephone interview required)

Monthly benefit, by year of study and institution:

Year	University of Alberta	University of Calgary
First	\$1,500	\$1,500
Second	\$1,500	\$1,500
Third	\$2,500	\$4,000
Fourth	\$4,000	

### Life insurance

To apply for Term Life insurance, check the box(es) below.

\$100,000 Term Life insurance

\$ \_\_\_\_\_ additional Term Life insurance (Telephone interview required, and further proof of good health may be necessary)

### Optional life insurance riders

Waiver of premium rider

Future insurance option rider

## 2.1 Beneficiary designation

This designation supercedes any previous beneficiary designation and will apply to the entire amount of your AMA Term Life insurance coverage.

You hereby designate the individual(s) named under Primary beneficiary on this application to receive any death benefit payable with respect to the coverage applied for. If none of the primary beneficiaries are alive, any death benefit payable will become payable to the individual(s) named under Secondary beneficiary.

If no beneficiary is designated, benefits will be payable to your estate.

If you designate a beneficiary who is a minor when benefits become payable, benefits will be paid into court or to the Office of the Public Guardian and Trustee, unless a trustee is appointed. By appointing a trustee, 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. If you wish to name additional beneficiaries, or if your beneficiary is a minor, contact [adium@albertadoctors.org](mailto:adium@albertadoctors.org)

If you have selected Life insurance, provide your beneficiary information below.

### Primary beneficiary (share of benefits must add up to 100%)

Last name:	First name:	Middle initial:
Relationship to life insured:	Amount:	% Age if under 19:
Last name:	First name:	Middle initial:
Relationship to life insured:	Amount:	% Age if under 19:

### Secondary beneficiary (share of benefits must add up to 100%)

Last name:	First name:	Middle initial:
Relationship to life insured:	Amount:	% Age if under 19:
Last name:	First name:	Middle initial:
Relationship to life insured:	Amount:	% Age if under 19:

### Trustee for minor beneficiary

Last name:	First name:	Middle initial:
Relationship to life insured:		

### 3. Insurance information

Do you have any pending or existing Life or Disability insurance with Manulife or any other company?

Yes  No If yes, provide details below:

Amount of benefit	Insuring company	Date of issue	Elimination period (i.e. 90 days)	Benefit period (i.e. to age 65)	Taxable
\$					<input type="checkbox"/> Yes <input type="checkbox"/> No
\$					<input type="checkbox"/> Yes <input type="checkbox"/> No

Will any Disability insurance be replaced if the coverage you have applied for is issued?

Yes  No If yes, provide details below:

Insuring company: \_\_\_\_\_

Policy number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Note:** If you intend to replace coverage, do not cancel your existing coverage until you receive your new Certificate of Insurance.

### 4. Payment information

#### Your regular interest-free payments

When will you make regular pre-authorized debit (PAD) payments?

- Monthly  
 Annually (full payment for the balance of this calendar year and January 1<sup>st</sup> every year thereafter)

#### Banking information

What banking information should we use?

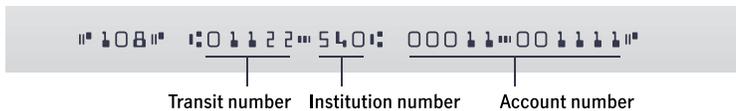
- From your existing pre-authorized debit plan  
 From the void cheque you provide  
 From your information below (Provide only if you have no void cheque)

Account holder first name: \_\_\_\_\_ Account holder last name: \_\_\_\_\_

Address of your Canadian bank or financial institution (street number and name): \_\_\_\_\_

Name of Canadian bank or financial institution: \_\_\_\_\_ Transit number: \_\_\_\_\_

Institution number: \_\_\_\_\_ Account number: \_\_\_\_\_



**Joint Accounts:** Is this a joint account requiring more than one signature?  Yes  No

If more than one signature is required on withdrawals issued from the account, both account holders must sign this authorization.

Signature of account holder: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_

Signature of account holder: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_

## 5. Payment authorization

In this section, "you" and "your" refer to the account holder(s) of the bank account from which withdrawals will be made.

You authorize the Alberta Medical Association (AMA) to collect the monthly or annual premium (including applicable provincial tax) for this insurance through Pre-Authorized Debit (PAD). You acknowledge that your financial institution may treat any withdrawal pursuant to this authorization as a withdrawal for personal services as defined by Payments Canada in Rule H-1. You acknowledge that the amount of the monthly or annual premium (including applicable provincial tax) collected through this agreement may vary. You agree to waive the requirement that the AMA notify you of any payments after the first payment whether the amount of the monthly or annual premium is changed or not. You understand that the monthly premium is due the first of each month and the annual premium is due on January 1<sup>st</sup> of every year. This PAD agreement will be cancelled automatically if the AMA is unable to make a withdrawal from your account.

This authorization is to remain in effect until the AMA has received written notification from you of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled. You may obtain a sample PAD cancellation form or more information on your right to cancel a PAD Agreement at your financial institution or by visiting [www.payments.ca](http://www.payments.ca).

The AMA may not assign this authorization to another company or person to permit them to debit your account for these payments (for example where there has been a change in control of the company) without providing at least 10 days' prior written notice to you.

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 debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution, or visit [www.payments.ca](http://www.payments.ca).

ADIUM Insurance Services Inc.  
CMA Alberta House  
12230 106 Avenue NW Edmonton, AB T5N 3Z1  
[adium@albertadoctors.org](mailto:adium@albertadoctors.org)

## 6. Declaration and authorization

You hereby apply for insurance to The Manufacturers Life Insurance Company (Manulife). You declare that the statements contained in this application are true and complete and, together with any other forms signed by you in connection with this application, form the basis for any coverage issued hereunder. You understand that any material misrepresentation, including misstatement of smoker status, shall render the insurance voidable at the instance of the insurer, and that suicide within two years of the effective date is a risk not covered. You understand that there are exclusions and limitations on the coverage applied for.

You understand and agree that, once your properly completed application and applicable payment is received, processed, and approved by Manulife, your coverage shall not become effective until the later of the date your application is approved and the date you start medical school.

Relative to the insurance applied for, you, 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 LLC, 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 you or your health to provide to Manulife or its reinsurers any such information for the purpose of this application and contract and any subsequent claim. You authorize Manulife to consult its existing files for this purpose. You authorize Manulife to hold a personal file about you and your insurance coverage. You 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 you, including institutions, investigative agencies, insurers, and reinsurers. A photocopy or faxed copy of this authorization shall be as valid as the original.

You declare that you have been made aware of the reasons why the health information is needed and the risks and benefits to the individual of consenting or refusing to consent. You understand that this consent may be revoked at any time and that, if as a result of such revocation the insurer is unable to obtain proof of claim, this may result in claims not being paid. You understand that in connection with this application, Manulife may request a medical examination, urinalysis, or tests such as a general blood profile (including blood test for HIV) which will be conducted at no expense to the applicant, and that any positive infectious disease results will be reported to the appropriate health department if required by law.

You hereby designate the individual(s) named as beneficiary to receive the proceeds in accordance with any certificate issued hereunder.

You acknowledge your receipt of and agreement with the Personal Information Statement and Notice of Exchange of Information.

If your application is approved, you will receive a certificate specifying the coverage provided and the main certificate provisions.

## 6. Declaration and authorization (continued)

Signed at (city or town):

Signed at (province):

Date (dd/mm/yyyy):

Name of member:

Signature of member:

**Note:** Your completed application must be submitted within 1 month of the date you sign.

Return your completed application to:  
ADIUM Insurance Services Inc  
CMA Alberta House  
12230 106 Avenue NW Edmonton AB T5N 3Z1  
Fax: 780-488-7558 or 1-877-302-3486  
Email: [adium@albertadoctors.org](mailto:adium@albertadoctors.org)

Transmitting your personal information electronically is not a secure method of electronic communication and has several risks associated with it. We encourage you use the AMA Member Dashboard ([albertadoctors.org/dashboard](http://albertadoctors.org/dashboard)) for the exchange of personal information.

For general information:  
Call Toll-free: 1-888-492-3486  
Website: [albertadoctors.org](http://albertadoctors.org)

## 7. Notice of exchange of information

### Information about MIB, LLC

We consider the information contained in your application to be confidential. However, Manulife or reinsurers involved with your policy may make a report to MIB, LLC based on your application, or to other insurance companies to which you apply for life, health, or critical illness insurance, or to which a claim for benefits has been made. MIB, LLC is a not-for-profit organization set up by life insurance companies to share information among its members. If you apply for insurance or submit a claim to a member company, MIB, LLC will share any information it has on file.

You may review the information in your file and request a correction if necessary by contacting MIB, LLC at:

MIB, LLC  
330 University Avenue, Suite 501 Toronto, Ontario M5G 1R7  
Telephone: (416) 597-0590  
Fax: (416) 597-1193  
Email: [canada\\_disclosure@mib.com](mailto:canada_disclosure@mib.com)

## 8. Personal information statement

### 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
- Any test that may be necessary for us to decide if and on what terms to insure you, such as a medical exam or blood.
- Your personal information from MIB, LLC, as explained in Information about MIB, LLC
- A copy of all driving related information from provincial or territorial Motor Vehicle Divisions
- 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 Manulife
- 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 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.

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 service 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.

## 9. 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 Manulife employees, mandataries, administrators, or agents 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 Canada, and subject to the laws of those foreign jurisdictions. Your consent to the use of personal information to offer you products and services is optional and if you wish to discontinue such use, you may write to Manulife at the address shown below. 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, Manulife, P.O. Box 1602, Waterloo, ON N2J 4C6.

The Alberta Medical Association (AMA), in its role as plan administrator, adheres to all applicable provincial and federal privacy legislations regarding the collection, use, disclosure, retention, and safeguarding of personal information. Compliance with these principles is reviewed regularly and revised as needed. For more information on the AMA's privacy commitment, please refer to our website, [albertadoctors.org/privacy/commitment](http://albertadoctors.org/privacy/commitment).

### **Underwritten by The Manufacturers Life Insurance Company (Manulife).**

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