

Send completed form to:  
 Manulife  
 P.O. Box 17001, Stn Waterloo  
 Waterloo, ON N2J 0G5  
 For more information, visit:  
 omainsurance.com  
 For questions, please call:  
 1-888-596-8881

## Application for 70+ Disability Coverage Option

For the members of the Ontario Medical Association (OMA), and Atlantic Medical Associations or Societies (PTMA). In this application, *we, us, and our* refer to The Manufacturers Life Insurance Company (Manulife). *You, your, and I* refer to the person applying for coverage.

<p><b>1 Member information</b></p> <p>To be eligible for this coverage you must reside in Canada, excluding Quebec.</p>	OMA member ID #	PTMA member ID # (if applicable)	Advisor name (if known)	Policy # <b>OMA-140004</b> <b>OMA-17849</b>
1. Last name <input style="width: 100%;" type="text"/> First name <input style="width: 100%;" type="text"/> Middle initial <input style="width: 100%;" type="text"/>				
Former name (if applicable) <input style="width: 100%;" type="text"/> Date of birth (dd/mmm/yyyy) <input style="width: 100%;" type="text"/> Sex <input type="radio"/> Male <input type="radio"/> Female				
Home address (street number and name) <input style="width: 100%;" type="text"/> Apartment or suite <input style="width: 100%;" type="text"/>				
City/Town <input style="width: 100%;" type="text"/> Province <input style="width: 100%;" type="text"/> Postal code <input style="width: 100%;" type="text"/>				
Telephone (preferred contact) <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Cell				
Email (optional) By providing us your email you are authorizing us to communicate with you by email for business purposes. <input style="width: 100%;" type="text"/>				
2. Are you actively working at least 25 hours per week in your occupation? <input type="radio"/> Yes <input type="radio"/> No				
If <i>no</i> , explain why: <input style="width: 100%;" type="text"/>				
3. Which provincial medical association or society are you a member of for insurance eligibility? <input type="radio"/> Ontario Medical Association (OMA) <input type="radio"/> New Brunswick Medical Society (NBMS) <input type="radio"/> Medical Society of Prince Edward Island (MSPEI) <input type="radio"/> Newfoundland and Labrador Medical Association (NLMA) <input type="radio"/> Doctors Nova Scotia (DNS)				
4. Have you smoked or used cigarettes, e-cigarettes, vapes, cigars, cigarillos, chewing tobacco, nicotine substitutes (such as gum or patches), shisha or hookah pipe, betel nuts, or nicotine or tobacco in any other form in the past 24 months? <input type="radio"/> Yes <input type="radio"/> No				
<p><b>2 Coverage details</b></p> <p>Refer to <i>Section 5 Income benefit</i> guide to find the appropriate coverage.</p>	Amount of monthly benefit applied for, in increments of \$100. Minimum of \$500. <input style="width: 100%;" type="text"/>			
	Annual Earned Income Amount <input style="width: 100%;" type="text"/>			
<ul style="list-style-type: none"> <li>The maximum amount of monthly benefit available is the lesser of \$10,000 or the total combined coverage you currently have in force under Group Policy numbers: OMA-2718, OMA-59997, OMA-17849, and OMA-140004.</li> <li>If you currently have coverage under OMA-140004, your 70+ group disability insurance policy will be issued under Group Policy OMA-140004. Otherwise, it will be issued under Group Policy OMA-17849.</li> <li>If the amount of insurance applied for is greater than the limit in the income benefit guide, shown on page 4 of this application, you must adjust the amount you are applying for at this time.</li> <li>Elimination period: <b>90 days</b></li> </ul>				

### 3 Declaration and authorization

Residents of Quebec are not eligible for coverage.

You hereby apply for insurance to The Manufacturers Life Insurance Company (Manulife), under the terms of group insurance policies issued to the Ontario Medical Association (OMA). 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 shall render the insurance voidable at the instance of the insurer.

As member of the Ontario Medical Association, Newfoundland and Labrador Medical Association, New Brunswick Medical Society, Medical Society of Prince Edward Island or Doctors Nova Scotia, you understand and agree that this application is void unless you are in active medical practice working minimum 25 hours per week and reside in Canada on both the date of this application and on the effective date of coverage. Residents of Quebec are not eligible for coverage.

You understand that there are exclusions and limitations on the coverage applied for. Relative to the insurance applied for, you hereby authorize Manulife, the plan administrator, OMA, the group policyholder, OMA Insurance Inc. (OMAI), a licensed insurance agency, and their authorized staff, agents, representatives, advisors, and service providers to collect, use and exchange information, for you and any covered dependents, needed for underwriting, financial management, administration, and adjudication of claims with each other and any person or organization who has any records or knowledge of you or your health including OMA, OMAI, any licensed physician, medical practitioner, hospital, pharmacy, clinic, or other medically related facility, insurance company, the group policy administrator, the insurance plan sponsor, any investigative and security agency, any agent, broker, or market intermediary, any government agency. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions. You confirm that if you are providing personal information related to your spouse or child(ren) that you have the authority to collect and provide such information and for Manulife and the other organizations referenced above to access the information for the purposes specified.

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

You acknowledge your receipt of, and agreement with Manulife's Personal Information Statement found at section 4 of this application. You also acknowledge and agree that any personal information that is collected or used by OMA or OMAI is subject to the terms of their respective privacy policies which are available at oma.org and omainsurance.com. In the event that OMA, the group policyholder, elects to appoint another plan administrator or insurance carrier to administer or underwrite the insurance provided under either group insurance policy, you consent to having your information transferred to the replacement administrator or underwriter in order to ensure that your benefits and coverage continue uninterrupted.

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

Signed at (city/town, province)	Date (dd/mmm/yyyy)
Signature of applicant X	

## 4 Personal information statement

In this statement, “you” and “your” refer to the policyowner or holder of rights under the contract, the insured and the parent or guardian of any child named as insured who is under the legal age for providing consent. “We”, “us”, “our” and “the company” refer to The Manufacturers Life Insurance Company (Manulife) and our affiliated companies and subsidiaries.

Updates to this statement and further information about our privacy practices are posted to [manulife.ca](http://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, 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 test
- 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
- Banking and employment data to administer benefits
- 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
  - Health Care Professionals, including Medical Practitioners, health care institutions, pharmacy and any other medically-related facility
  - Other insurance carriers
  - Administrators of government benefits and other benefit programs

### 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
- 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
- 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.

### 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 1-888-596-8881, 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, 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, PO Box 1602, 500 King Street N., Waterloo, ON N2J 4C6.**

[Canada\\_privacy@manulife.ca](mailto:Canada_privacy@manulife.ca)

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.

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

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## 5 Income benefit guide

### How earned income is calculated

This information is a guide and does not replace the definition of earned and unearned income, as defined in the Certificate. Please refer to your Certificate for complete details.

**Earned income** is income that depends on your ability to work and is declared to Canada Revenue Agency (CRA). This may include, but is not limited to: salary, bonus, commissions or fees. If incorporated, the earned income may also include your share of the net profit/loss (before taxes) of your corporation.

**Unearned income** is any monetary income that is not earned through employment. This may include, but is not limited to: capital gains, dividends, investment income, grants, pension, retirement benefits, support payments, disability benefits, Workers Compensation Board benefits.

### To determine your earned income, consider your employment status.

If you are a:	Refer to:
Salaried employee No ownership in business	The income declared on lines 10100 and/or 10400 of your personal T1 tax return
Unincorporated Business Owner (and sole proprietor or partner)	The income declared on lines 13500 through 14300 of your personal T1 tax return
Incorporated Business Owner	The income declared on lines 10100 and/or 10400 of your personal T1 tax return <b>Plus</b> Your share of the Incorporated Business net income (Gross revenue <b>minus</b> eligible business expenses = net income before taxes)

### 70+ Disability Insurance Coverage Option Income Benefit Guide

The OMA 70+ Disability Insurance coverage option is available to a maximum of \$10,000 per month from all sources.

Based on your earned income, the recommended benefit limits are shown in this table.

Please review annually and adjust your insurance coverage in accordance with any changes to your income.

Annual Earned Income	Total Monthly Disability Income (from all sources)	Annual Earned Income	Total Monthly Disability Income (from all sources)	Annual Earned Income	Total Monthly Disability Income (from all sources)	Annual Earned Income	Total Monthly Disability Income (from all sources)
\$60,000	\$3,500	\$100,000	\$5,200	\$146,250	\$6,900	\$197,000	\$8,500
\$62,500	\$3,600	\$102,500	\$5,300	\$149,375	\$7,000	\$200,500	\$8,600
\$63,750	\$3,700	\$105,000	\$5,400	\$152,500	\$7,100	\$204,000	\$8,700
\$65,000	\$3,800	\$107,500	\$5,500	\$155,625	\$7,200	\$207,500	\$8,800
\$68,333	\$3,900	\$110,000	\$5,600	\$158,750	\$7,300	\$211,000	\$8,900
\$70,000	\$4,000	\$112,500	\$5,700	\$161,875	\$7,400	\$214,500	\$9,000
\$72,500	\$4,100	\$115,000	\$5,800	\$165,000	\$7,500	\$218,000	\$9,100
\$75,000	\$4,200	\$117,500	\$5,900	\$168,125	\$7,600	\$221,500	\$9,200
\$77,500	\$4,300	\$120,000	\$6,000	\$171,250	\$7,700	\$225,000	\$9,300
\$80,000	\$4,400	\$123,000	\$6,100	\$174,375	\$7,800	\$228,500	\$9,400
\$82,333	\$4,500	\$126,000	\$6,200	\$177,500	\$7,900	\$232,000	\$9,500
\$84,667	\$4,600	\$129,000	\$6,300	\$180,625	\$8,000	\$235,500	\$9,600
\$87,000	\$4,700	\$132,000	\$6,400	\$183,750	\$8,100	\$239,000	\$9,700
\$89,333	\$4,800	\$135,000	\$6,500	\$186,875	\$8,200	\$242,500	\$9,800
\$92,000	\$4,900	\$137,500	\$6,600	\$190,000	\$8,300	\$246,000	\$9,900
\$94,667	\$5,000	\$140,000	\$6,700	\$193,500	\$8,400	\$250,000+	\$10,000
\$97,333	\$5,100	\$143,125	\$6,800				