

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

Application for Subsidy Physician Health Benefit Program (PHBP) delivered by OMA Priority Insurance Program (OPIP)

In this form, *we, us, our,* and *the Company* refer to The Manufacturers Life Insurance Company (Manulife). *You, your, me, my,* and *I* refer to the insured member.

1 Member information	OMA member ID #	PTMA member ID # (if applicable)	Policy # OMA-50131/OMA-50130
	Last name	First name	Middle initial
	Former name (if applicable)	Sex <input type="radio"/> Male <input type="radio"/> Female	Date of birth (dd/mmm/yyyy)
	Home address (street number and name)		Apartment or suite
	City/Town	Province	Postal code
	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.		

2 Application for subsidy

Choose only **one** option.

You understand that to request the subsidy you must be an Eligible Physician. An Eligible Physician means a physician, excluding a medical resident, who:

- resides in Canada. Residents of Quebec are not eligible for coverage.
- is registered with the College of Physicians and Surgeons of Ontario; and has acquired an independent practice license.
- is engaged in providing medical services in the province of Ontario for at least 15 hours per week on average.
- is a member in good standing of the Ontario Medical Association, or, if not a member, has paid all dues and assessments owing under the *Ontario Medical Association dues Act, 1991*.

1. **I am applying for the Ministry of Health Long Term Care (MOHLTC) subsidy**

I understand and acknowledge that the payment of the Physician Health Benefit Program (PHBP) premium is my obligation and that this obligation, less my OPIP annual contribution, will be discharged by the subsidy provided through the Ontario Physicians Services Inc. (OPSI) to the Company. Furthermore, I understand and acknowledge that any subsidy provided through OPSI for my coverage under this benefits program may be considered income that must be reported by me for income tax purposes. Each year, to assist in that reporting, OPSI will issue a premium summary statement to me.

Signed at (city/town, province)	Date (dd/mmm/yyyy)
Your signature X	

2. **My professional corporation is applying for the MOHLTC subsidy**

Corporation name

I understand and acknowledge that the payment of the Physician Health Benefit Program (PHBP) premium is my professional corporation's obligation and that this obligation, less my corporation's obligatory OPIP annual contribution, will be discharged by the subsidy provided through the Ontario Physicians Services Inc. (OPSI) to the Company. Furthermore, I understand and acknowledge that any subsidy provided through OPSI for the individual specified in Section 1 above, for coverage under this benefits program, may be considered income that must be reported by the corporation for income tax purposes. Each year, to assist in that reporting, OPSI will issue a premium summary statement to me.

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

If your professional corporation is applying for the MOHLTC subsidy, please provide your corporation's name.

The Manufacturers Life Insurance Company (Manulife)

Manulife, Manulife & Stylized M Design, and Stylized M Design are trademarks of The Manufacturers Life Insurance Company and are used by it, and by its affiliates under licence.

© 2023 The Manufacturers Life Insurance Company. All rights reserved. Manulife, P.O. Box 17001, Stn Waterloo, Waterloo, ON N2J 0G5. manulife.ca 1-888-596-8881
 Accessible formats and communication supports are available upon request. Visit manulife.ca/accessibility for more information.

Protecting your personal information and respecting your privacy is important to us. To learn more visit manulife.ca or email our Privacy Officer at: Canada_Privacy@manulife.ca.