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Manulife  
P.O. Box 17001, Stn Waterloo  
Waterloo, ON N2J 0G5

## Authorization to provide information

For the members of the Ontario Medical Association (OMA), and Atlantic Medical Associations or Societies (PTMA).

For more information, visit:  
omainsurance.com

For questions, please call:  
1-888-596-8881

### 1 Member and spouse information

OMA member ID #	PTMA member ID # (if applicable)		Ref # (if known)
Member's first name	Middle initial	Last name	Date of birth (dd/mmm/yyyy)
Spouse's first name (if applying)	Middle initial	Last name	Date of birth (dd/mmm/yyyy)

### 2 Authorization

I authorize Manulife and/or New York Life Insurance Company, its agents and service providers to collect, use and disclose relevant information about me for the purpose of underwriting, administration and adjudicating claims under this insurance coverage with any person or organization who has relevant information about me including health professionals, institutions, the Medical Information Bureau, investigative agencies, insurers and re-insurers.

A photocopy or electronic version of this is as valid as the original and shall remain in effect for the duration of my insurance coverage.

Signed at (city/town, province)	
Your signature <b>X</b>	Date (dd/mmm/yyyy)
Your spouse's signature (if applying) <b>X</b>	Date (dd/mmm/yyyy)