



## GROUP MEMBERSHIP ASSOCIATION Backdating/Save the Age Disclosure Notice

Name:		Social Security Number (Last 4 digits):
Address:		
City:	State:	Zip:
Group Policyholder Name:		Group Policy Number/Certificate Number:

The \_\_\_\_\_ you applied for was initially approved with an \_\_\_\_\_  
Level Term Life Insurance/Long Term Disability Insurance Insurance Date/Effective Date  
of \_\_\_\_\_ .  
(mm/dd/yyyy)

At your request, in order to obtain a lower premium rate based on a younger insurance age, your premium will be calculated beginning on \_\_\_\_\_ . All premiums due from \_\_\_\_\_ must be paid with your first premium payment.  
(mm/dd/yyyy) (mm/dd/yyyy)

Please be advised that by doing so, you are paying premiums for a time frame in which you were not insured and will not be eligible for a claim incurred during this period.

Your signature below confirms that you understand that you are requesting to change the \_\_\_\_\_ of insurance to a  
Insurance Date/Effective Date  
date earlier than the initial \_\_\_\_\_ as provided for in your certificate and that this date cannot be changed once this  
Insurance Date/Effective Date  
certificate is in effect.

Owner Signature: \_\_\_\_\_ Date (dd/mmm/yyyy): \_\_\_\_\_

Print Your Name: \_\_\_\_\_

**RECORDED ON BEHALF OF NEW YORK LIFE, subject to the terms and conditions of the group policy.**

By \_\_\_\_\_ Date \_\_\_\_\_

**Please return this completed form to** Manulife, P.O. Box 17001, Stn Waterloo, Waterloo, Ontario N2J 0G5. manulife.ca  
Assistance is available by calling 1.888.596.8881 between 8 a.m. and 8 p.m. ET, Monday through Friday.