



Request for the Child Dependent Rider Insurance From New York Life Insurance Company

Send completed form to:
Manulife, P.O. Box 17001, Stn Waterloo, Waterloo, Ontario N2J 0G5
manulife.ca 1-888-596-8881

Name of Member	Date of birth	OMA Ref # (if known)
Name of Spouse (if applicable)		

Please complete details for all applicable dependents:

Name of Dependent	Date of birth	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Name of Dependent	Date of birth	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Name of Dependent	Date of birth	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>

Child Dependent Rider Coverage: Enter an amount under the active life policy to which you are adding this coverage (Coverage is available in \$1,000 increments up to \$25,000 and is not to exceed 10% of your or your Spouse's base amount).

Note: If you have coverage under more than one policy, you can only choose the Child Dependent Rider on one active policy. The Child Dependent Rider may be added to Member or Spouse coverage, but not both.

G-29500 – OMA Flex Term Life Plus 75

Member Plan (Amount of coverage)
\$

Spouse Plan (Amount of coverage)
\$

G-29700 – Flex 10 Policy (If you have more than one certificate, coverage will be added to the one with the most recent effective date)

Member Plan (Amount of coverage)
\$

Spouse Plan (Amount of coverage)
\$

G-29800 – Flex 20 Policy (If you have more than one certificate, coverage will be added to the one with the most recent effective date)

Member Plan (Amount of coverage)
\$

Spouse Plan (Amount of coverage)
\$

Authorization

By completing and signing this form, I(We) accept the rider on the policy noted above. I(We) understand that this additional insurance will become effective on the date approved by New York Life if this Request Form and required contribution for the additional insurance are received within 45 days of the date indicated above.

I confirm that I am requesting to add the Child Dependent Rider to my existing policy.

Signed at (City) (Province)	Date
Member/Owner Signature	