Manulife

doctors of bc

Application for Disability Insurance

For the members of Doctors of BC and the Yukon Medical Association

In this application, "we", "us", and "our" refer to the Manufacturers Life Insurance Company. "You" and "your" refer to the person to be insured.
Doctors of BC may be reached toll-free at 1-800-665-2262 ext. 2904 or on their website at **doctorsofbc.ca**.

1. Member information

*A non-smoker is someone who has not used any form of tobacco or tobacco cessation products, including the use of e-cigarettes or vaporizers within the past 12 months.

Doctors of BC#: MSP number:

Last Name: First Name: Middle Initial:

Dr. ☐ Mr ☐ Ms ☐ Mrs. ☐ Miss ☐

Former Maiden Name (if applicable): Date of Birth (dd-mm-yyyy):

Province of birth: Country of birth:

Email (optional): Mailing address (street number and name):

Apartment or Suite: City:

Province or Territory: Postal Code:

Telephone (Residence): Telephone (business):

Fax: Telephone (Cell):

☐ Non-smoker* ☐ Smoker ☐ Male ☐ Female

2. Contact Preference

May we correspond with you via email so that we may contact you for the administration of this application?

☐ Yes ☐ No

Preferred phone number and time to contact member:

☐ Residence ☐ Business ☐ Cell

☐ Monday to Friday
- ☐ Morning (6:00–12:00)
- ☐ Afternoon (12:00–5:00)
- ☐ Evening (5:00–10:00)

☐ Saturday
- ☐ Morning (6:00–12:00)
- ☐ Afternoon (12:00–5:00)

☐ Sunday
- ☐ Morning (6:00–12:00)
- ☐ Afternoon (12:00–5:00)

3. Member occupational information

a) Medical Specialty:

b) Date initial medical practice commenced in Canada (if within the last two years) (dd-mm-yyyy):

4. Coverage applied for

If you are an eligible member and applying within six months of beginning initial medical practice in the province of British Columbia, and have not been issued coverage under group policy 59999, you are eligible for $1500 of monthly Disability Income Benefit with a 90-day elimination period without evidence of insurability.

Telephone interview

A telephone interview will be required in order to assess your application.
Manulife has selected a national support organization to conduct this interview.
A carefully screened and trained interviewer will ask you a series of questions about your medical history, your doctor's name and any medications taken. The interview will take approximately 30 minutes and be kept in strictest confidence. The information you provide will be used solely for insurance purposes and will be sent to Manulife promptly upon completion.

Member Disability insurance
Minimum $500, Maximum $25,000, in units of $100

Amount of insurance applied for at this time (excluding existing Doctors of BC coverage, if any)

$	28 days	$	60 days	$	90 days	$	120 days

Indicate any optional riders** applied for:

- ☐ Own Occupation
- ☐ 3% Cost of Living Adjustment
- ☐ 6% Cost of Living Adjustment
- ☐ Guaranteed Insurability Benefit
- ☐ Retirement Protection
- ☐ $500 monthly contribution benefit
- ☐ $1,000 monthly contribution benefit
- ☐ $1,500 monthly contribution benefit

Physicians Disability insurance (PDI)

☐ Yes, I am applying for PDI coverage.

The provincial government provides funding for this benefit. The premium paid on your behalf is a taxable benefit to you.

**For more information about the riders, visit the Doctors of BC website at www.doctorsofbc.ca/insurance.

5. Financial information

1. Please check as appropriate and attach financial documentation accordingly.

☐ Coverage applied for and in force from all sources is $10,000/month or less—proof of income is not required.

☐ Coverage applied for and in force from all sources is $10,001/month or over—a copy of last two years' personal tax returns is required, and if incorporated, a copy of your latest Corporate Financial Statement is also required. (If Employed Physician with no ownership, a copy of salary or employment letter or copy of your last tax return is required). Ensure you provide details of any group coverage through your employer under Other Info).

If in first two years of practice in Canada:

☐ General Practitioners can apply for up to $7,500/month (all sources)—proof of income not required.

☐ Specialists and Fellows can apply for up to $11,000/month (all sources)—proof of income not required.

2. Your employment status: Employee ☐ Self-employed ☐

3. Medical specialty:

4. a) If self-employed, what is the organizational structure of your business?

☐ Sole proprietor ☐ Partnership ☐ Corporation If incorporated, give percentage of ownership %

b) How long have you been self-employed? Since:

c) If self-employed less than two years, give details of previous employment history, if any:

5. a) How many hours do you work per week?

b) How many weeks do you work per year?

6. Do you expect your income or employment situation to change within the next 12 months? Yes ☐ No ☐

If yes, provide details:

7. What was your net annual earned income (after regular business expenses but before taxes)?

Last year: $ Two years ago: $

8. Is your net worth (assets minus liabilities, other than personal use assets such as residence, automobile, jewelry) greater than $5,000,000? Yes ☐ No ☐

If yes, provide details:

5. Financial information (continued)

9. Do you have any income which will become payable or continue should you become disabled? Yes ☐ No ☐

If yes, indicate annual amount and source: $

10. Is your unearned or investment income for last year greater than $30,000 or 15% of your insurable net annual earned income?
Yes ☐ No ☐

11. Are you eligible for employment insurance? Yes ☐ No ☐

12. Have you ever declared or are you contemplating bankruptcy? Yes ☐ No ☐

If yes, date of discharge (dd-mm-yyyy)

6. Income documentation for Disability insurance

If you are applying for Disability insurance that exceeds $10,000 per month from all sources, financial documents are required to confirm your income (unless you are in fellowship program or are in your first two years of practice).

The following income documentation will be required depending on your business structure.

☐ I am enclosing the following documentation.

Employed (salaried)

- Most current T4 or,
- Income tax return—T1 (pages 1–4)

Sole Proprietor or Partnership

- Income tax return —T1 (pages 1–4) and,
- Statement of Business or Professional Activities (T2125)

Incorporated

- Most current T4 or,
- Personal income tax return —T1 (pages 1–4) and,
- Busness Financial Statements of the Corporation

7. Accountant information

☐ I am enclosing the required documentation, **or**

☐ Contact my accountant to obtain the required income documentation.

Accountant last name: First name:

Mailing address (street number or name): Apartment or Suite:

City: Province:

Postal Code: Telephone:

Fax: Email (optional):

8. Other insurance information

Note: If you intend to replace coverage, do not cancel your existing coverage until you receive your new insurance certificate. A replacement form or declaration may be required, and we may not be able to issue an insurance certificate where replacement is indicated.

a) Do you have any pending or existing life, critical illness, disability or overhead expense insurance coverage with Manulife, Doctors of BC, or any other company?

☐ Yes ☐ No If yes, provide details below:

Amount of benefit	Insuring company	Date of issue (mm-yyyy)	Benefit period
$			
$			
$			
$			
$			
$			
$			

8. Other insurance information (continued)

b) Will any insurance be replaced if this coverage you have applied for is issued?

☐ Yes ☐ No If yes, provide details below:

Insuring company _____ Amount $ _____

Insuring company _____ Amount $ _____

Insuring company _____ Amount $ _____

Insuring company _____ Amount $ _____

9. Declaration and authorization

I (the Member) hereby apply for insurance to The Manufacturers Life Insurance Company (Manulife). I declare that the statements contained in this application, are true and complete and, together with any other forms signed by me in connection with this application, form the basis for any coverage issued hereunder. I understand that any material misrepresentation including misstatement of smoker status shall render the insurance voidable at the instance of the insurer. I understand that insurance will take effect on the date my properly completed application is received by Manulife. I understand that there are exclusions and limitations on the coverage applied for.

Relative to the insurance applied for, I, the undersigned person to be insured, hereby authorize any licensed physician, medical practitioner, hospital, pharmacy, clinic, or other medically related facility, insurance company, the MIB Inc., the group policy administrator, the insurance plan sponsor, any investigative and security agency, any agent, broker, or market intermediary, any government agency or other organization or person that has any records or knowledge of me or my health to provide to Manulife or its reinsurers any such information for the purpose of this application and contract and any subsequent claim. I authorize Manulife to consult its existing files for this purpose. I authorize Manulife to hold a personal file about myself and my insurance coverage. I authorize Manulife, the plan administrator, and their authorized staff, agents, representatives, advisors, and service providers to use and exchange information needed for underwriting, financial management, administration and adjudication of claims under this insurance coverage with any person or organization who has relevant information about me including institutions, investigative agencies, insurers, and reinsurers. A photocopy or faxed copy of this authorization shall be as valid as the original.

I hereby designate the individual(s) named as beneficiary to receive the proceeds in accordance with any certificate issued hereunder.

I acknowledge my/our receipt of and agreement with the Personal Information Statement and Notice of Exchange on Information.

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

Signed at (city or town): _____ Signed at (province): _____

Signature of member: _____ Date (dd-mm-yyyy): _____

Return completed application to:
Doctors of BC
Insurance Department
115-1665 West Broadway
Vancouver BC V6J 5A4

or Fax: 1-604-638-2909 or scan and email to: insurance@doctorsofbc.ca

10. Notice of Exchange of Information

Information about MIB, Inc.

We consider the information contained in your application to be confidential. However, Manulife or reinsurers involved with your policy may make a report to MIB, Inc. based on your application, or to other insurance companies to which you apply for life, health or critical illness insurance, or to which a claim for benefits has been made. MIB, Inc. is a not-for-profit organization set up by life insurance companies to share information among its members. If you apply for insurance or submit a claim to a member company, MIB, Inc. will share any information it has on file.

You may review the information in your file, and request a correction if necessary, by contacting MIB, Inc. at:

MIB, Inc.
330 University Avenue, Suite 501 Toronto, Ontario M5G 1R7
Telephone: (416) 597-0590
Fax: (416) 597-1193
Email: canada_disclosure@ mib.com

In this Statement, "you", and "your" refer to the policyowner or holder of rights under the contract, the insured providing consent. "We", "us", "our" and "the Company" refer to The Manufacturers Life Insurance Company and our affiliated companies and subsidiaries.

Updates to this Statement and further information about our privacy practices are posted to **www.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.
- Your personal information from MIB, Inc., as explained in Information about MIB, Inc.
- 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
- 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

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.

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
- 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 above mentioned 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.

The personal information you provided in this application:

- will become a part of all the contracts that result from this application, even if you are not the owner or one of the people to be insured for that printed contract
- will be shared with all the owners and any subsequent owners of those contracts and all people to be insured

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 center at 1-888-MANULIFE (626-8543), or 1-888-MANUVIE (626-8843) in Quebec, 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 or 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, P.O. Box 1602, 500 King Street N Waterloo, ON N2J 4C6
Privacy_office_canadian_division@manulife.com

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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