

# Lifecheque Basic Critical Illness Application Form

11801 001 WSFXL

Agent Code:  
ON2169

Agent Name: \_\_\_\_\_

## Primary Applicant Information

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Initial \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Date of Birth: DD / MM / YYYY  Male  Female

Telephone (Res.) (\_\_\_\_\_) \_\_\_\_\_

Telephone (Bus.) (\_\_\_\_\_) \_\_\_\_\_

## Secondary Applicant Information

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Initial \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Date of Birth: DD / MM / YYYY  Male  Female

Telephone (Res.) (\_\_\_\_\_) \_\_\_\_\_

Telephone (Bus.) (\_\_\_\_\_) \_\_\_\_\_

## Choice of Coverage

### I apply for Lifecheque Basic Critical Illness insurance:

(Please select  one)

- \$25,000  
 \$25,000 with Return of Premium Option

At a monthly premium of \$ \_\_\_\_\_

Remember, you are eligible to apply for \$25,000 of coverage if you are a Canadian resident between 18 and 60 years of age. However, to apply for \$25,000 of coverage with the Return of Premium Option, you must be between 18 and 55 years of age.

I confirm my smoking status as:

(Please select  one)

- Smoker  
 Non-Smoker\*

\*Non-smoker rates apply to people who have not used tobacco or marijuana in any form, including smoking cessation products, in the last 12 months.

## Choice of Coverage

### I apply for Lifecheque Basic Critical Illness insurance:

(Please select  one)

- \$25,000  
 \$25,000 with Return of Premium Option

At a monthly premium of \$ \_\_\_\_\_

Remember, you are eligible to apply for \$25,000 of coverage if you are a Canadian resident between 18 and 60 years of age. However, to apply for \$25,000 of coverage with the Return of Premium Option, you must be between 18 and 55 years of age.

I confirm my smoking status as:

(Please select  one)

- Smoker  
 Non-Smoker\*

\*Non-smoker rates apply to people who have not used tobacco or marijuana in any form, including smoking cessation products, in the last 12 months.

## Payment Options — Pay monthly by PAC or credit card.

**PAYMENTS** will be made by:

Option #1  Pre-Authorized Monthly Collection (PAC) plan from my Financial Services Account

*Important: Please enclose a sample cheque marked "VOID".*

Option #2  Credit Card Account

Credit Card Billing Frequency:  Monthly  Annually

Please complete both sides >

## Payment Information and Authorization

### For Pre-Authorized Collection (PAC) Options

Name of Account holder \_\_\_\_\_  
(if other than Applicant)

Financial Institution \_\_\_\_\_

Type of Account:  Chequing  Non-Chequing

Joint Accounts: Is this a joint account requiring only one signature?  Yes  No

*If more than one signature is required on withdrawals issued against the account, both account holders must sign the authorization.*

Non-Chequing Accounts: Since approval from my/our financial institution is required for pre-authorized payment from accounts with no chequing privileges, I/we have made prior arrangements to allow for pre-authorized payments from my/our account. Enclosed is a withdrawal slip that has been stamped by my/our financial institution allowing withdrawals to be made from my/our non-chequing account.

### For Credit Card Payment Options

Credit Card:  Visa  MasterCard  Amex

Account Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ MM / YY

Name of Account holder \_\_\_\_\_  
(if other than Applicant)

### Payment Authorization

For Pre-Authorized Collection and Credit Card billing options — I/We hereby authorize Manulife Financial to make a withdrawal from my/our account on or about the first business day of each month in which insurance premiums are due. This Authorization may be terminated by either Manulife Financial or by me/us through written notice. Manulife Financial may terminate coverage or change the method of payment to another qualifying method should a withdrawal be refused for any reason and the financial institution shall in no way be held liable should such an event occur. A \$25.00 fee will be charged for all NSF (Non-Sufficient Funds) transactions.

\_\_\_\_\_  
Signature of Cardholder or Account holder

\_\_\_\_\_  
Second signature if joint account

## Declaration — Please read carefully before signing.

Check here if you do not wish to receive further information and material on Manulife Financial products.

I declare that I am a Canadian resident between the ages of 18 and 60. I understand that my coverage will come into effect on the first day of the month following the date my application is received and approved by Manulife Financial. I declare that I have not, at any time during my life, been diagnosed with, had any signs and/or symptoms of, or had any medical consultations and/or abnormal tests concerning cancer; heart attack; stroke; AIDS or HIV; diabetes; heart disease; hepatitis, including hepatitis carrier state; chronic kidney disease; transient ischemic attack (TIA); alcoholism or drug abuse; peripheral vascular disease or intracranial tumour; or had coronary artery bypass surgery or aortic surgery and I have not undergone any tests for which I am currently awaiting results. I acknowledge receipt of the Lifecheque Basic Critical Illness insurance brochure and declare that I have read and understand the information concerning the terms of coverage under the plan and the limitations and exclusions applicable to such coverage, including those related to pre-existing conditions.

I also declare that, if I am selecting a non-smoker benefit and premium option, I have not used any tobacco, nicotine substitutes, tobacco cessation products or marijuana within the last 12 months. I agree that any material misrepresentation of smoking status shall render the insurance voidable by Manulife Financial at any time.

I acknowledge receipt of and agree with the Notice on Privacy and Confidentiality.

Signed at: \_\_\_\_\_ Date:    DD /    MM /    YYYY Primary Applicant's Signature \_\_\_\_\_

Signed at: \_\_\_\_\_ Date:    DD /    MM /    YYYY Secondary Applicant's Signature \_\_\_\_\_  
(if applying for coverage)

Lifecheque Basic is offered through Manulife Financial (The Manufacturers Life Insurance Company).

Plan underwritten by The Manufacturers Life Insurance Company.

Manulife Financial and the block design are registered service marks and trademarks of The Manufacturers Life Insurance Company and are used by it and its affiliates including Manulife Financial Corporation.

™ Trademarks of The Manufacturers Life Insurance Company.

© 2008 The Manufacturers Life Insurance Company. All rights reserved.

 **Manulife Financial**

LCBCI.APPS.NE 01/08