

# The LaunchPlan Group Benefits Application

REQUESTED EFFECTIVE DATE		
DAY	MONTH	YEAR
1st		

<b>BUSINESS ID NUMBER</b> (Canada Revenue Agency 9 digit business identifier)	
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<b>GROUP NUMBER (HO Use Only)</b>	<b>RENEWAL DATE</b>
	<b>JUNE 1ST</b>

## PLAN SPONSOR INFORMATION

*Plan sponsor is the legal entity contracting with Manulife Financial to provide group insurance benefits for its members.*

PLAN SPONSOR'S FULL LEGAL NAME (name to appear in your contract)		
Name to appear in booklet (if different from above)		
Does the Plan Sponsor Name match the name on the binder cheque? If no, please provide details.		
ADDRESS-NUMBER AND STREET		SUITE NUMBER
CITY	PROVINCE	POSTAL CODE
NATURE OF BUSINESS/BUSINESS DESCRIPTION		
EMPLOYER CONTRIBUTION:		
The employer is contributing _____% of the premium (minimum is 50%).		

## TRANSFER OF BENEFITS

<b>Does the Plan Sponsor currently have group insurance coverage?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (skip to <a href="#">Coverage Information</a> section if no current coverage)		
NAME OF CARRIER		DATE CURRENT COVERAGE TO BE TERMINATED
	DAY	MONTH YEAR
<b>NOTE:</b> Group Insurance currently in effect should <b>NOT BE TERMINATED</b> until Manulife Financial has <b>ACCEPTED</b> this application and <b>APPROVED</b> coverage with the effective date of coverage as requested above.		

## COVERAGE INFORMATION

NUMBER OF EMPLOYEES ON PAYROLL	NUMBER ELIGIBLE <i>Must work minimum 20 hours per week (15 hours in Saskatchewan)</i>	NUMBER TO BE COVERED <i>Coverage is mandatory for all eligible employees (employees being those that you prepare source deductions for – e.g., CPP, EI)</i>

**WAITING PERIOD:** Employees who are hired on or prior to the effective date of the LaunchPlan Program are eligible for coverage on that date. Employees who are hired after the effective date of the Benefit Program are eligible for coverage after 3 months of continuous employment.

### DEPENDANT INFORMATION

Eligible Over-Age Dependants: Do any eligible Plan Members have over-age dependants  
 YES  NO (eligible over-age dependants include children under age 25 if a full-time student and dependants over age 21 who are incapacitated due to a mental or physical disability).

**If yes, please submit a completed Request for Coverage for Eligible Over-Age Dependants for each dependant.**

## PLAN ADMINISTRATOR SECURE SITE ACCESS

NAME OF PLAN ADMINISTRATOR		PHONE NUMBER	FAX NUMBER
<input type="checkbox"/> ADDRESS SAME AS ABOVE, OR PROVIDE DETAILS			
1. DATE OF BIRTH (DD/MM/YYYY)	2. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		3. LANGUAGE <input type="checkbox"/> English <input type="checkbox"/> French
4. E-MAIL ADDRESS	5. USER ID (min 6, max 20 characters)		
<p>Manulife Financial's Group Benefits secure site gives you, as the Plan Administrator, access to:</p> <ul style="list-style-type: none"> <li>• Premium statements - your premium statements will be available on the Group Benefits Plan Administrator (PA) website up to 3 business days <u>after</u> the 20<sup>th</sup> of each month. Statements may be printed from the PA website.</li> <li>• Employee coverage information.</li> <li>• Your Policy and Employee booklet.</li> <li>• Forms.</li> </ul> <p>You can also update employee information, for example:</p> <ul style="list-style-type: none"> <li>• add new employees,</li> <li>• terminate existing employees, and</li> <li>• change coverage status.</li> </ul>			
<b>Electronic Administration of Policy Agreement</b>			
<p>Whereas Manulife has created an Internet site to assist Group Benefits Policyholders in the routine administration of their plans (the "Site"); Whereas the Policyholder has requested that Manulife provide it with access to the Site, then in consideration of Manulife providing access to the Site to the Policyholder, subject to the terms set out below, the mutual promises set out in this agreement, and other good and valuable consideration, the parties agree as follows:</p> <p>(a) Manulife will provide the Policyholder with access to the Site on condition that the Policyholder complies with the Policyholder obligations described in the Terms and Conditions for Use of the Site (the "Terms"), which Terms are found or may be accessed through the Site, as well as the Personal Information Protection and Electronic Documents Act, S.C. 2000, c.5 or any supplanting legislation.</p> <p>(b) The Policyholder shall advise Manulife in writing of the name of the person(s) it designates to administer the Policy (the "Plan Administrator"), and shall notify Manulife immediately should the Plan Administrator be changed.</p> <p>(c) The Policyholder hereby appoints its Plan Administrator to review the Terms on the Policyholder's behalf and agrees that electronic acceptance of the Site's Terms (including acceptance of any subsequently updated Terms) by the Plan Administrator shall be binding upon the Policyholder. Once accepted, the Terms shall form part of this Agreement.</p> <p>(d) This Agreement shall terminate automatically on the date the Policy terminates, unless terminated earlier in accordance with the Terms, although in either case, certain of the Policyholder's obligations, identified in the Terms shall survive the termination of this Agreement.</p> <p>(e) The use of the Site shall be deemed to occur in the Province of Ontario, so that the laws of the Province of Ontario and the federal laws of Canada applicable therein shall govern the use of the Site and the interpretation of this Agreement.</p>			

## NEW PRE-AUTHORIZED DEBIT (PAD) BUSINESS AGREEMENT

Business Premium Pre-Authorized Debit is the mandatory payment method for the LaunchPlan program.

Name of person to be contacted		Email address of person to be contacted	
<b>Payor's Banking Information</b>			
<p><b>PAD pull date will be the 10<sup>th</sup> of each month.</b> No other date options are available for this product.  <b>Attach a blank cheque marked "VOID" and complete the banking information below.</b></p>			
NAME OF FINANCIAL INSTITUTION			
ADDRESS			
TRANSIT NUMBER	BANK NUMBER	ACCOUNT NUMBER	
<b>PAD Acknowledgement</b>			
<p>The payor acknowledges that this Authorization is provided for the benefit of the payee, The Manufacturers Life Insurance Company ("Manulife"), and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against the Payor's account set out above (the "Account") in accordance with the rules of the Canadian Payments Association.</p> <ol style="list-style-type: none"> <li>The Payor acknowledges that provision and delivery of this Authorization to Manulife constitutes delivery by the Payor to the Processing Institution.</li> <li>The Payor certifies that the above banking information is accurate and complete. A specimen cheque marked "void" has been attached to this Authorization. The Payor agrees to inform Manulife in writing of any change in the Account information 10 days prior to the next due date of the PAD. New PAD Agreements received at Manulife 10 days prior to your next bill run will become effective on the next Group Benefits Billing Statement.</li> <li>The Payor warrants and guarantees that all persons whose signatures are required to sign on this Account have signed this Authorization and that all persons signing this Authorization are authorized signing officers empowered to enter into this agreement.</li> <li>The Payor hereby authorizes Manulife to issue PADs drawn on this Account with the Processing Institution on a monthly basis on or after the 10<sup>th</sup> of each month for the following purposes:           <ul style="list-style-type: none"> <li>• Payment of premiums for Group Insurance as calculated by Manulife.</li> </ul>           The Payor authorizes the Processing Institution to deal with these withdrawals as if they were signed by the Payor.         </li> <li>The Payor and Manulife agree that the amount of the PAD authorized by this Authorization may vary from month to month, according to the amount due on the most recent Billing Statement, as calculated by Manulife in its discretion according to policy administration information supplied by the Payor. Any payments or adjustments processed after the date prepared on the most recent Billing Statement will be reflected on the next Billing Statement.</li> <li>The Payor acknowledges that the Processing Institution is not required to verify that a PAD has been issued in accordance with this Authorization including, but not limited to, the amount; nor is the Processing Institution required to verify that any purpose of payment for which the PAD was issued has been fulfilled by Manulife.</li> <li>This Authorization may be revoked by the Payor upon 10 days' written notice. <b>PAD is a mandatory payment method for your Group Contract. Termination of the PAD will result in termination of your group's participation in the LaunchPlan contract.</b> <ul style="list-style-type: none"> <li>• The Payor may obtain a sample cancellation form, or further information on their right to cancel a PAD Agreement, at their financial institution or by visiting <a href="http://www.cdnpay.ca">www.cdnpay.ca</a>.</li> </ul> </li> <li>The Payor has certain recourse rights if any debit does not comply with this agreement. For example, the Payor has the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on recourse rights, the Payor may contact their financial institution or visit <a href="http://www.cdnpay.ca">www.cdnpay.ca</a>.</li> <li>The Payor consents to the disclosure of any personal information contained in this Authorization to Manulife's bank, but only as far as any such disclosure is directly related to and necessary for the proper application and processing of the Pre-Authorized Debit.</li> <li>The Payor acknowledges receipt of a copy of this Authorization, and understanding, acceptance and participation in a PAD plan.</li> </ol>			

## ONTARIO RETAIL SALES TAX (For Ontario Groups Only)

Ontario legislation requires plan sponsors to remit the Ontario Retail Sales Tax (RST) collected on the Ontario plan member contributions for group life and health benefits directly to the Ministry of Finance. However, the RST can be remitted to the insurer, for remittance to the Ministry if:

- The Plan Sponsor is **not** a registered vendor, or
- The **Plan Sponsor specifically elects** to send the RST to the insurer for payment to the Ministry.

*In all cases, the Ontario RST on the **Plan Sponsor contributions** must be remitted to the insurer for remittance to the Ministry.*

### PLEASE ANSWER THE FOLLOWING QUESTIONS:

Are you a registered vendor under the Ontario Retail Sales Tax Act?

YES  NO If yes, please provide your Vendor Registration # (if known): \_\_\_\_\_

Do your Ontario plan members contribute to the premium/deposit for group life and health benefits?

YES  NO If yes, please continue.

Do you wish to remit the Ontario RST collected on plan member contributions to Manulife Financial?

YES  NO If yes, the above applicant, pursuant to regulations made under the Ontario Retail Sales Tax Act, elects to remit to Manulife Financial (The Manufacturers Life Insurance Company), all amounts of Retail Sales Tax that may be collected on plan member contributions to premiums/deposits under the Plan contract number(s) listed above. The election applies for the duration of the contract, as specified by regulation.

**BENEFITS APPLIED FOR**

Benefit	Plan Design
Basic Life/Accidental Death & Dismemberment	\$25,000 – coverage reduces by 50% at age 65
Dependent Life	\$5,000 spouse/\$2,500 child
Extended Health Care (EHC)	80% reimbursement for most services Drug card with \$1,200 drug maximum per calendar year \$400 combined maximum per calendar year for four professional services practitioners (chiropractors, psychologists, physiotherapists, and podiatrists) Eye exams, once every 24 months Out-of-province/country: \$5 million lifetime maximum, 30 day trip limit (100% reimbursement)
Dental Care	Basic Services Level 1 (e.g., exams, fillings): 80% coinsurance, \$500 calendar year maximum Level 2 (e.g., root canals, gum therapy): 50% coinsurance, \$500 calendar year maximum 9 month recall (dental check up)
Termination age	All benefits terminate at age 70 or earlier retirement

**EMPLOYEES NOT ACTIVELY AT WORK**

Are All Eligible Employees Actively At Work?

 YES    NO

*An employee who is on maternity/parental leave is deemed to be actively at work.*

 If **NO**, please contact your Manulife Financial representative.

## DECLARATIONS, AGREEMENTS AND AUTHORIZATION

The Plan Sponsor (Employer) declares that the statements and answers made in this application, including but not limited to employee information, are full, complete and true as of the date this application is signed and understands and agrees that:

1. Coverage will not take effect until the application has been accepted and approved, the effective date provided by The Manufacturers Life Insurance Company (Manulife Financial) from its Canadian Operations Head Office, and the receipt of the group contract deposit payment.
2. Once approved, the application will form part of the contract, including the applicable pre-authorized debit (PAD) arrangement, between the Plan Sponsor (Employer) and Manulife Financial.
3. An initial deposit of \$ \_\_\_\_\_ is included with this application. Negotiation of this cheque will not in itself constitute approval of this application.
4. Misrepresentation of any application and/or employee information may result in any or all of the following at the option of Manulife Financial: rescission or cancellation of the Group Policy; adjustment of the premium and/or benefits; suspension of claim payment; legal action; or, the right to offset Policy claim and commission expenses against premiums paid.

I certify that:

all employees work a normal work schedule of at least 20 hours per week (15 hours per week in Saskatchewan) over a full calendar year, including paid vacation.

all employees, (including those age 65 or older) are actively at work (or on maternity/parental leave) at the employee's usual place of work in Canada.

the business to be insured does not operate in the province of Quebec.

the business to be insured is a 'for-profit' organization.

the business to be insured operates year-round.

the business to be insured is not a holding company.

the business to be insured has been in business for more than 6 months.

***If any of the above statements are not selected, please contact your Manulife Financial representative.***

The Plan Sponsor (Employer) will notify Manulife Financial, in writing, of any potential plan member who ceases to be actively at work between the date of this application and the effective date of the contract.

In case of apparent errors or omissions in this application, Manulife Financial will amend this application by noting the change(s) in a Delivery Notice.

The Plan Sponsor (Employer) hereby appoints \_\_\_\_\_, Plan Advisor, as Agent of Record to act on the Plan Sponsor's (Employer's) behalf and authorizes Manulife Financial to provide said Plan Advisor with any information Manulife Financial deems relevant to the administration and pricing of the Group Benefits Plan.

**NAME OF PERSON AUTHORIZED TO SIGN FOR THE PLAN SPONSOR (Employer):**

\_\_\_\_\_

**TITLE** \_\_\_\_\_

**AUTHORIZED SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE OF WITNESS** \_\_\_\_\_ **DATE** \_\_\_\_\_