

RESIDENT DOCTORS OF SASKATCHEWAN (RDoS)

Application for SMA Disability Insurance

Part A – Applicant Information

SMA ID#

Last Name First Name Initial

Male Female Province/Territory of Birth Country of Birth

Date of Birth DD / MM / YYYY Residence Address

City/Town Province/Territory Country

Postal Code Telephone Email Address

Membership Number Specialty

Program Year of Medical Studies: 1 2 3 4 5 6

Non-Smoker* Smoker

*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.

Part B – Amount of Insurance Applied For

1. Select your base monthly coverage *

Program Year 1 (\$5,100)	Program Year 2 (\$5,600)	Program Year 3 (\$6,100)
Program Year 4 (\$6,500)	Program Year 5 (\$7,000)	Program Year 6 (\$7,400)
Other Amount \$ <input type="text"/>	Non-Medical coverage (\$2,500 only)	

Note: Manulife reserves the right to reduce the monthly benefit at time of underwriting if the applicant has pending or existing disability insurance with Manulife or another carrier as disclosed in Part C - Other Information.

* The monthly benefit amount will automatically increase after you have completed each consecutive program year without submission of an application. Please refer to the brochure for more information.

2. Select your optional riders:

(Note: The premium for these riders is not covered by RDoS and will be deducted through your payroll if added.)

Own Occupation Rider: Yes No Retirement Protection Rider: Yes No Amount \$ (min. \$300 max. \$1,500)

Waiting / Elimination Period

Injury = 0 days. Benefits commence on the 1st day for injury and are payable for the lifetime of the insured.

Sickness = 90 days. Benefits commence on the 91st day for sickness and are payable to age 65.

Note: No benefits are payable during the waiting period and benefits may be limited if the disability commences after age 63.

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.

Part C – Other Information

Do you have any pending or existing disability insurance coverage with Manulife or any other company, including any existing SMA disability insurance? Yes No

If yes, complete the following:

Name of Insurance Company	Date Issued (Month/Year)	Amount of Monthly Disability Benefit	Taxable Benefits	Elimination Period	Benefit Period	Are you replacing this coverage?
		\$ <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
		\$ <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
		\$ <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
		\$ <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>

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

Part D — 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. (formerly known as the Medical Information Bureau) 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 non-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

Part E — Notice on Privacy and Confidentiality

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 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 abovementioned 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.

Part F – Declaration and Authorization

I 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 certificate issued hereunder. I understand that any material misrepresentation shall render any insurance issued pursuant to this application voidable at the instance of the insurer. I understand that other exclusions and limitations will apply to the coverage applied for. I hereby authorize any licensed physician, medical practitioner, hospital, pharmacy, clinic or other medically related facility, MIB, Inc., any insurance company, agent, broker, market intermediary, plan sponsor, group policy administrator or third-party administrator (where applicable), any government agency, investigative or security agency or any other organization or person that has any records or knowledge of me or my health, or the health of any member of my family to be insured under this plan, to provide such information to Manulife or its reinsurers for the purpose of the insurance coverage, contract and any subsequent claim. I further authorize Manulife to consult this application and its existing files for this purpose. I understand that in connection with this application, Manulife may request a medical examination, urinalysis or tests such as a general blood profile (including blood test for HIV) which will be conducted at no expense to the applicant, and that any positive infectious disease results will be reported to the appropriate health department if required by law.

I declare that I have been made aware of the reasons why the health information is needed and the risks and benefits to the individual of consenting or refusing to consent. I understand that this consent may be revoked at any time and that, if as a result of such revocation the insurer is unable to obtain proof of claim, this may result in claims not being paid.

Coverage is effective the first day of the month following the date of approval of the written application including such evidence of insurability as the Company may require. The first premium is collected following approval and is not collected at time of application. If my application is approved, I will receive a certificate specifying the coverage provided and the main certificate provisions.

I acknowledge receipt of, and confirm my agreement with, the **NOTICE ON EXCHANGE OF INFORMATION** and the **NOTICE ON PRIVACY AND CONFIDENTIALITY**.

A fax or photocopy of this signed authorization shall be as valid as the original.

Signed in the City/Town of

and Province of

Date

Signature of Member

Signature of Witness

Saskatchewan Medical Association

201 – 2174 Airport Drive
Saskatoon, SK S7L 6M6

Phone: 306 244-2196
Toll Free in Saskatchewan: 1 800 667-3781
Email: insurance@sma.sk.ca
www.sma.sk.ca

Plan underwritten by **The Manufacturers Life Insurance Company.**

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