

Critical Illness Claimant's Statement

Mail this completed form to:

Living Benefits DMS
PO Box 1602 STN Waterloo
WATERLOO, ON N2J 4C6

manulife.ca

- *You* and *your* refer to the insured person.
- *We*, *us* and *our* refer to the insurer of the policy identified in section 1.
- Answer all questions. Incomplete forms may delay processing of the claim.
- If you have any questions call us at 1-866-575-0684.
- Print clearly.

IMPORTANT: Any reference to testing, tests, test results, or investigations excludes genetic tests. Genetic test means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmissions risks, or monitoring, diagnosis or prognosis.

1 Personal information	Policy number	Name of insured person (first, middle initial, last)		Date of birth (dd/mmm/yyyy)
	Address (street and number)			Apt.
	City or town	Province	Postal code	Home telephone number ()
	Name of employer			
	Address (street and number)			
	City or town	Province	Postal code	Employer telephone number ()
	Job title		Nature of occupation	
	Are you self-employed? <input type="radio"/> Yes <input type="radio"/> No		Your monthly income prior to illness, after the deduction of business expenses but before the deduction of income taxes \$	

2 Claim information	1. Describe fully the nature and extent of the condition.	

	2. When did symptoms first commence? Describe the symptoms.	Date (dd/mmm/yyyy – for example, 27/APR/2007)

3. When was a physician first consulted in connection with the condition?	Date (dd/mmm/yyyy)	

Name of physician consulted		Telephone number ()
Physician's address		

4. Was this the insured person's usual physician? <input type="radio"/> Yes <input type="radio"/> No		
5. Were any tests or investigations performed? <input type="radio"/> Yes <input type="radio"/> No		
If yes, tell us details and dates. _____		

6. When was the condition diagnosed?	Date (dd/mmm/yyyy)	

7. If surgery was required, when was it performed?	Date (dd/mmm/yyyy)	

2 Claim information (continued)

8. Has the insured person previously suffered from or received treatment for a similar or related condition?
If yes, tell us full details and dates.

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9. If this claim results from an accident, describe the incident and provide a copy of the police report.

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3 Medical consultations information

1. Physician or clinic you use regularly:

Name	Address

2. Doctors or specialists consulted about the condition:

Name	Address	Date of consultation (dd/mmm/yyyy)

3. If there was any treatment at a hospital or similar institution, tell us:

Name of hospital	City or town	Date of admission (dd/mmm/yyyy)	Date of discharge (dd/mmm/yyyy)

4. What other treatment was received and is currently being received for the condition? (e.g. medications, therapy, etc.)

Type of treatment	Institution / Prescribing physician	Date (dd/mmm/yyyy)

4 General information

1. Has the father or mother or any of the brothers or sisters of the insured person ever suffered from a similar or related condition? If yes, tell us:

Relationship	Name of condition	Date condition first diagnosed (dd/mmm/yyyy)

2. Is the insured person insured for benefits related to this condition with another company? If yes, tell us:

Name of insurer	Policy number	Type of benefit	Amount of benefit insured	Has claim been submitted?	Issue date (dd/mmm/yyyy)
			\$	<input type="radio"/> Yes <input type="radio"/> No	
			\$	<input type="radio"/> Yes <input type="radio"/> No	
			\$	<input type="radio"/> Yes <input type="radio"/> No	

4 General information (continued)

3. Does the insured person use any form of tobacco, marijuana, nicotine products or nicotine substitutes? Yes No

If *yes*, tell us the amount used per day. _____

How long have these been used? _____

If *no*, did the insured person previously use any of these? Yes No

When did the insured quit?

Date (dd/mmm/yyyy – for example, 27/APR/2007)

4. Tell us any other information that might support this claim.

5 Authorization, agreements and signatures

Read this section carefully. It explains how your personal information is used.

Your signature on page 5 means that you authorize and consent to the ways we collect, use, share and retain your personal information.

In this statement, *you* and *your* refer to the policy owner or holder of rights under the policy, the life insured, and the parent or guardian (tutor, in Quebec) of any child named as life insured who is under the age of 16 (or under 18 in Quebec). *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 signing the application, you give your consent for us to collect, use, and disclose your personal information, as set out in this 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, driver's license, passport number, or Social Insurance Number (SIN)
- 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?

We collect your personal information from:

- your completed applications, recorded teleinterviews, 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 or 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.

continued...

5 Authorization, agreements and signatures (continued)

You can obtain a copy of our policies and practices for handling personal information by contacting our Privacy Office or by visiting www.manulife.ca > Privacy Policy.

Who do we disclose your information to?

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
- your advisor
- any agency that has entered into an agreement with us and has supervisory authority, directly or indirectly over your advisor, and their employees
- 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?

We keep your information the longer of:

- the time period required by law and by guidelines set for the financial services industry, or
- 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 SIN or Business Number, if applicable, for non-tax administration purposes. You may also 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 policy, or we may treat your withdrawal of consent as a request to terminate the policy.

If you wish to withdraw your consent, phone our customer care centre 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, a concern, or 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

500 King Street N.

Waterloo, ON N2J 4C6

Privacy_office_canadian_division@manulife.ca

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.

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5 Authorization, agreements and signatures (continued)

You can obtain a copy of our policies and practices for handling personal information by contacting our Privacy Office or by visiting www.manulife.ca > Privacy Policy.

Opting out of direct marketing

You have the right to opt out of additional product offerings. By withdrawing your consent for us to use your personal information for the purpose of marketing, you understand it will not affect our ability to continue to provide you with the products and services you have requested, but it will exclude you from receiving direct personalized marketing or special offers on other products and services.

How we resolve complaints

To discuss any questions or concerns you may have, please contact your advisor or our head office at:

1-888-626-8543 in all provinces except Quebec or
1-888-626-8843 in Quebec

More information about our complaint resolution process is available on the Internet at www.manulife.ca under *Contact Us > Complaint resolution*.

Signatures

Review this form, including the authorizations and agreements on pages 3, 4 and 5 and sign below. By signing below confirm that:

- you have read this form and confirm that the statements in it are complete, current and accurate.
- you agree to the terms of this claimant's statement.
- you make all authorizations and give your consent as described in this claimant's statement.
- you agree that a copy of this document is as valid as the original.

Provincial legislation in some provinces requires us to inform you that the time limit for taking legal action is set out in the Insurance Act or other legislation that applies to your claim.

Name of insured person (print)	
Signature of insured person X	Date (dd/mmm/yyyy)
Signature of beneficiary (in applicable jurisdictions) or legal representative if insured person is a minor or is incompetent (attach applicable documents) X	Date (dd/mmm/yyyy)

6 Authorization to share information

This completed and signed section will be copied and provided to any hospitals or other organization as your authorization to release information to us for this claim.

You and *your* refer to the insured person. *Us* and *our* refer to The Manufacturers Life Insurance Company (Manulife). By signing below, you authorize and direct doctors and other medical practitioners, health care professionals, hospitals, clinics and other medically related facilities, insurance companies, the Medical Information Bureau and any other organization, institution, association or person that has information, records or knowledge of you or your health, to share or exchange information with us or applicable reinsurers.

IMPORTANT: Any reference to testing, tests, test results, or investigations excludes genetic tests. Genetic test means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmissions risks, or monitoring, diagnosis, or prognosis.

Signed at (city or town)		Date (dd/mmm/yyyy)
Signature of insured person X	Signature of witness X	