

# Application for reinstatement of life insurance for policies that have lapsed within the past 6 months

Mail or fax completed form to  
Manulife, Individual Insurance at:

**In all provinces  
except Quebec**  
500 King Street North  
PO BOX 1669  
WATERLOO ON N2J 4Z6  
Fax: 1-877-763-8834

**In Quebec**  
2000 RUE MANSFIELD  
BUREAU 1310  
MONTREAL QC H3A 3A1  
Fax: 1-877-271-5494

- *You* and *your* mean the policy owner unless otherwise identified. *We*, *us* and *our* mean the insurer of the policy identified in section 1.
- Use this form to reinstate a life insurance policy that lapsed within the past 6 months. Use *Application for change*, NN7001E (or *Manulife Quick Issue Term® Application for change*, NN7011E, if applicable), to reinstate a policy that lapsed more than 6 months ago.
- We may require further evidence of insurability to reinstate your policy.
- Should you have any questions about completing this form, contact your advisor or call our customer service centre at 1-888-626-8843 in Quebec, or 1-888-626-8543 in all provinces except Quebec. If you are calling from outside of North America, call us collect at 1-519-747-6600. Visit [manulife.ca](http://manulife.ca) for more information.

<b>1 Information about the policy</b>	Name of policy owner (first, middle initial, last)		Policy number		
	Name of advisor (first, middle initial, last)		Advisor code	Branch code	
	Name of insured person "A" (first, middle initial, last)		Date of birth (dd/mmm/yyyy – for example, 23/JUL/1948)		
	Address	City	Province	Postal code	
	Name of insured person "B" (first, middle initial, last)		Date of birth (dd/mmm/yyyy – for example, 23/JUL/1948)		
	Address	City	Province	Postal code	
<b>2 Evidence of insurability</b>	In this section, <i>you</i> means any person insured under this policy including any person insured under a child protection rider or other rider.		<b>Person "A" to be insured</b>	<b>Person "B" to be insured</b>	<b>Children under a child rider</b>
	1. Within the past year, have you been admitted or been advised to be admitted to a hospital or medical facility, or had surgery performed or recommended?		<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
	2. Within the past year, have you been treated for heart disease, diabetes, stroke or cancer, or has treatment for these conditions been recommended by a health care professional?		<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
	3. Within the past year, have you been absent from work for more than 10 consecutive days for any accident or sickness?		<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
	4. Have you ever been diagnosed with any immune deficiency disorder, including AIDS, AIDS Related Complex (ARC) or any generalized enlargement of the lymph glands or have you had any test results that indicate possible exposure to the AIDS (i.e. HIV, HTLV-III, LAV) virus?		<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
	5. Have you ever been declined for life, disability, critical illness or long-term care insurance, or been offered restricted coverage or coverage at a non-standard rate?		<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
<b>Details</b>	If you answered <i>Yes</i> to any of the questions in section 2, list the question number and provide full details here, including dates (and the name and address of any doctor you consulted, if applicable). If you need additional space, you can attach a separate sheet of paper that has been signed, dated and witnessed.				

### 3 Authorizations, agreements and signatures

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 (Manulife), and our affiliated companies and subsidiaries.

Updates to this statement and further information about our privacy practices are posted to [manulife.ca](http://manulife.ca).

***Please read this entire section carefully. It explains how your personal information is used to issue and administer the insurance policy you have applied for.***

***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, LLC, as explained in Information about MIB, LLC.
- 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.

**3 Authorizations, agreements and signatures (continued)**

**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 people, organizations, and service providers identified in this form 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-MANUVIE (626-8843) in Quebec, or 1-888-MANULIFE (626-8543), or write to the Privacy Officer.

**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  
Canada\_Privacy@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.

### 3 Authorizations, agreements and signatures (continued)

#### 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: 1-888-626-8843 in Quebec, **or** 1-888-626-8543 in all provinces except Quebec

More information about our complaint resolution process is available on the Internet at [manulife.ca](http://manulife.ca) under *Contact Us > Complaint resolution*.

#### Terms for reinstating policies

If we agree to reinstate your policy, this form becomes part of that document.

This reinstatement form includes the pages numbered 1 to 5, any answers you have provided, plus all written statements submitted in connection with it.

By signing on the next page, you agree that:

- You ask us to reinstate the policy identified on page 1 of this form.
- A policy reinstatement will become effective when any payment due to us as a result of the reinstatement has been paid and the application for reinstatement has been approved by us at our head office provided there has been no change in the insurability of the insured person since this form was completed.
- We have the right to question the validity of the reinstatement if an insured person or a policy owner misrepresented a material fact (whether fraudulently or not) by not disclosing it or stating it incorrectly in any application or in any medical examination or in any information we have used as evidence of insurability.
- The contestability period for any insurance coverage is the first 2 years from these dates:
  - The effective date you made a change that required updated evidence of insurability for that coverage
  - The date your policy was last reinstated
  - The coverage issue date.
- If the age or sex of any insured person has been misstated, any benefit payable on any insurance or rider coverage for that insured person will be increased or decreased to the amount we would have paid based on the last premium paid for that coverage, and the amount of insurance the last premium would have purchased according to the insured person(s) correct age or sex. If we would not have issued the coverage, we have the right to declare the coverage invalid within the period permitted by law.
- We can contest with respect to fraud at any time.
- You understand that the authorizations you provide will remain in effect after the policy owner and the people to be insured die so that we can evaluate and review any claim under the policy and fulfill our legal requirements.
- If the premiums or payments for this policy are paid by automatic monthly withdrawal, and the policy lapsed within the past 3 months, we will resume the automatic monthly withdrawal plan and the holder(s) of the bank account from which withdrawals will be made:
  - Agree that we can increase the monthly withdrawal by the new amount required to keep the policy in effect as a result of this reinstatement
  - **Waive the right to receive 10 days' notice of the amount of automatic monthly withdrawal.**

If the premiums for this policy are paid by automatic monthly withdrawal, and the policy lapsed more than 3 months ago, the payor must complete the attached *Request to change or create a new automatic monthly withdrawal plan*, NN0312E to confirm the automatic withdrawal plan details for the reinstated policy.

**3 Authorizations, agreements and signatures (continued)**

**Your advisor's access to your personal information**

- If our findings concerning your blood pressure, cholesterol level or physical build affect your policy change or reinstatement, we may share this information with your advisor.
- If the information you provide in the application or in any telephone interview or paramedical interview affects your policy change or reinstatement, we may tell your advisor whether the relevant information relates to your family history, medical information or lifestyle.

You agree that we may share the information with your advisor as described above and that your advisor can use this information to discuss your insurance options with you. If you do not agree, select the applicable box.

Insured person "A" does not agree

Insured person "B" does not agree

**Signatures**

Please review this form, including the authorizations and agreements, and sign.

By signing here, you are confirming that:

- You understand that approval of the reinstatement is subject to contract provisions and our current administrative rules.
- You have read this form and confirm that the statements in it are complete, current and accurate. You will immediately notify us of any errors or omissions.
- You agree to the terms described in this form.
- A copy of this document is as valid as the original.
- **Quebec Residents Only:** You acknowledge that you were provided with the French application and any forms required to apply for insurance. You have expressly chosen to apply for insurance and to receive any forms required for the application of insurance in English.

Signed at (city or town, province)	Date (dd/mmm/yyyy – for example, 01/NOV/2023)	
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Signature of insured person "A"	Signature of witness	Date (dd/mmm/yyyy)
X	X	

Signature of insured person "B"	Signature of witness	Date (dd/mmm/yyyy)
X	X	

Signature of policy owner (if not insured person "A" or "B")*	Signature of witness	Date (dd/mmm/yyyy)
X	X	
Title (if applicable):		

Signature of policy owner (if not insured person "A" or "B")*	Signature of witness	Date (dd/mmm/yyyy)
X	X	
Title (if applicable): Title (if applicable):		

Initial here Write your initials here to confirm that you are the only person authorized to sign on behalf of the corporation and that it does not have a seal. You must also sign above.

\* If the owner is a corporation, we require:  
 • 2 signing officers' signatures and titles  
 or  
 • 1 signing officer's signature, title and the corporate seal; if the corporation does not have a seal and you are the only person authorized to sign on behalf of the corporation, in addition to signing, write your initials in the box provided.

**Authorizations for automatic monthly withdrawals (for account holders that are not insured people or policy owners) if the policy lapsed within the past 3 months**

Name of account holder #1 (first, middle initial, last) (if that person has not signed above)	Name of account holder #2 (first, middle initial, last) (if that person has not signed above)
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Signature of account holder #1*	Signature of account holder #2*
X	X
Title (if applicable):	Title (if applicable):

For corporations: Full legal name (including Company, Limited, Inc., etc.)

Initial here Write your initials here to confirm that you are the only person authorized to sign on behalf of the corporation and that it does not have a seal. You must also sign above.

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### Authorization to share information – Person A

You and your refer to the people to be insured and the parent or guardian (tutor, in Quebec) of children to be insured who are under age 18. Us and our refer to The Manufacturers Life Insurance Company (Manulife). By signing here, 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, or of your children or their health (if applicable), to share or exchange information with us or applicable reinsurers. You also authorize us, or our reinsurers, to make a brief report of your personal health information to the MIB, LLC.

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

If the person to be insured is under age 18:  
Relationship to the person to be insured:  
 mother  father  guardian (tutor, in Quebec)

Signature of parent or guardian/tutor X
Signature of witness X

### Authorization to share information – Person B

You and your refer to the people to be insured and the parent or guardian (tutor, in Quebec) of children to be insured who are under age 18. Us and our refer to The Manufacturers Life Insurance Company (Manulife). By signing here, 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, or of your children or their health (if applicable), to share or exchange information with us or applicable reinsurers. You also authorize us, or our reinsurers, to make a brief report of your personal health information to the MIB, LLC.

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

If the person to be insured is under age 18:  
Relationship to the person to be insured:  
 mother  father  guardian (tutor, in Quebec)

Signature of parent or guardian/tutor X
Signature of witness X



### Receipt for payment

Amount received \$	The premium must be paid by cheque in Canadian funds drawn on a Canadian financial institution, and made payable to Manulife Financial.
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By signing here, the advisor confirms that this premium is for any life insurance applied for in this form, covering the people listed below.

Name of person "A" to be insured (first, middle initial, last)		Name of person "B" to be insured (first, middle initial, last)	
Total amount of insurance coverage applied for \$	Date (dd/mmm/yyyy)	Signature of advisor X	



**Detach and leave with policy owner**



### MIB, LLC

We consider the information contained in your application to be confidential. However, Manulife or reinsurers involved with your policy may make a report to the MIB, LLC (formerly known as the Medical Information Bureau) based on your application, or to other insurance companies to which you apply for life, critical illness insurance, disability or long term care insurance or to which a claim for benefits has been made.

MIB, LLC 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, the MIB, LLC will share any information it has on file.

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

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

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**Your right to access your personal information**

You can ask to review your personal information in our files and have any inaccuracies corrected by sending a written request to:

Privacy office - Individual Insurance,  
500 King St. N., PO Box 1669, Waterloo ON N2J 4C6

**Where you can find more information about our  
privacy policy**

To obtain a copy of our policies and practices for handling personal information, contact our privacy office at the address above, or visit [manulife.ca](http://manulife.ca) and search for "privacy".

**How we resolve complaints**

We're delighted that you are interested in purchasing an insurance product from us and we're committed to continually affirming your confidence in us in the years to come. If you have any concerns with the product or with the service you receive, you can rest assured that we will handle all of your questions and concerns fairly and efficiently.

To discuss any questions or concerns you may have, contact your advisor or our head office at 1-888-626-8843 in Quebec, or 1-888-626-8543 in all provinces except Quebec.

For more information about our complaint resolution process, visit [manulife.ca](http://manulife.ca) and search for "complaint resolution".