

Please review the form carefully and complete all green highlighted sections. Form must be hand signed with original copy brought to Human Resources, E Wing 4th Floor.

Group Benefits Enrolment or Re-enrolment Application

- Section 1 is to be completed by the plan administrator
- The remaining sections and Beneficiary Designation form are to be completed by the plan member
- Please print clearly in dark ink using CAPITAL LETTERS
- Please consult your plan administrator for type of coverage available under your plan

1 Plan sponsor statement

Plan sponsor name _____ Plan contract number _____

Account/Location number _____ Billing division _____ Plan member's certificate number _____

Permanent hire date (dd/mmm/yyyy) _____ Do you want to waive the waiting period? Yes No

Re-hire date (dd/mmm/yyyy) _____ If a re-hire, date previous employment ended (dd/mmm/yyyy) _____

Class/Plan _____ Occupation _____

Hours worked/week _____ Salary \$ _____ Frequency _____

I certify that the **plan member** listed below is **actively at work** at their usual place of employment in Canada. **Actively at work** means the **plan member** works a normal work schedule of at least the set minimum hours per week as stated in the plan contract over a 52 week period including paid vacation.

Plan administrator signature _____ Date (dd/mmm/yyyy) _____

Registered under the Canadian *Indian Act* for provincial tax exemption purposes? Yes No

Is evidence of insurability required? Yes No (in order to determine if evidence of insurability is required, please refer to your contract.)

If yes, please complete form GL0004E and send to Manulife for processing.

2 Plan member information

To be completed by employee

Plan member's last name _____ First name _____

Date of birth (dd/mmm/yyyy) _____ Sex* Male Female Non-binary

Province of residence _____ Language English French

Do you have a spouse? (married, common law or civil union?) Yes No

Have you smoked (cigarettes, cigars, pipe, etc.) or used tobacco in any other forms or any smoking cessation aids within the last 12 months?
 Yes No

* Select male, female or non-binary consistent with your current biological sex.
For the purpose of this application, non-binary does not refer to an individual's sexual orientation, gender identity, gender expression or gender perception.

3 Application for coverage

Please select the coverage being applied for:

Long Term Disability (LTD)

Basic Life

Basic life amount:

Plan member's present amount of basic life \$ _____ OR _____ units of \$ _____ OR _____ x salary \$ _____ = \$ _____

Additional amount requested \$ _____ OR _____ units of \$ _____ OR _____ x salary \$ _____ = \$ _____

Total amount requested \$ _____ OR _____ units of \$ _____ OR _____ x salary \$ _____ = \$ _____

Spousal basic life amount:

Spouse's present amount of basic life \$ _____ OR _____ units of \$ _____ OR _____ x salary \$ _____ = \$ _____

Additional amount requested \$ _____ OR _____ units of \$ _____ OR _____ x salary \$ _____ = \$ _____

Total amount requested \$ _____ OR _____ units of \$ _____ OR _____ x salary \$ _____ = \$ _____

Dependant basic life amount:

Dependant's present amount of basic life \$ _____ OR _____ units of \$ _____

Additional amount requested \$ _____ OR _____ units of \$ _____

Total amount requested \$ _____ OR _____ units of \$ _____

3 Application for coverage (continued)

Optional Life

Optional life amount:

Plan member's present amount of optional life \$ _____ OR ____ units of \$ _____ OR ____ x salary \$ _____ = \$ _____
 Additional amount requested \$ _____ OR ____ units of \$ _____ OR ____ x salary \$ _____ = \$ _____
 Total amount requested \$ _____ OR ____ units of \$ _____ OR ____ x salary \$ _____ = \$ _____

Spousal optional life amount:

Spouse's present amount of optional life \$ _____ OR ____ units of \$ _____ OR ____ x salary \$ _____ = \$ _____
 Additional amount requested \$ _____ OR ____ units of \$ _____ OR ____ x salary \$ _____ = \$ _____
 Total amount requested \$ _____ OR ____ units of \$ _____ OR ____ x salary \$ _____ = \$ _____

Dependant optional life amount:

Dependant's present amount of optional life \$ _____ OR ____ units of \$ _____
 Additional amount requested \$ _____ OR ____ units of \$ _____
 Total amount requested \$ _____ OR ____ units of \$ _____

Basic AD&D

Basic AD&D amount:

Plan member's present amount of basic AD&D \$ _____ OR ____ units of \$ _____ OR ____ x salary \$ _____ = \$ _____
 Additional amount requested \$ _____ OR ____ units of \$ _____ OR ____ x salary \$ _____ = \$ _____
 Total amount requested \$ _____ OR ____ units of \$ _____ OR ____ x salary \$ _____ = \$ _____

Spousal basic AD&D amount:

Spouse's present amount of basic AD&D \$ _____ OR ____ units of \$ _____ OR ____ x salary \$ _____ = \$ _____
 Additional amount requested \$ _____ OR ____ units of \$ _____ OR ____ x salary \$ _____ = \$ _____
 Total amount requested \$ _____ OR ____ units of \$ _____ OR ____ x salary \$ _____ = \$ _____

Dependant basic AD&D amount:

Dependant's present amount of basic AD&D \$ _____ OR ____ units of \$ _____
 Additional amount requested \$ _____ OR ____ units of \$ _____
 Total amount requested \$ _____ OR ____ units of \$ _____

Optional/Voluntary AD&D

Optional/Voluntary AD&D amount:

Plan member's present amount of optional/voluntary AD&D \$ _____ OR ____ units of \$ _____ OR ____ x salary \$ _____ = \$ _____
 Additional amount requested \$ _____ OR ____ units of \$ _____ OR ____ x salary \$ _____ = \$ _____
 Total amount requested \$ _____ OR ____ units of \$ _____ OR ____ x salary \$ _____ = \$ _____

Spousal optional/voluntary AD&D amount:

Spouse's present amount of optional/voluntary AD&D \$ _____ OR ____ units of \$ _____ OR ____ x salary \$ _____ = \$ _____
 Additional amount requested \$ _____ OR ____ units of \$ _____ OR ____ x salary \$ _____ = \$ _____
 Total amount requested \$ _____ OR ____ units of \$ _____ OR ____ x salary \$ _____ = \$ _____

Dependant optional/voluntary AD&D amount:

Dependant's present amount of optional/voluntary AD&D \$ _____ OR ____ units of \$ _____
 Additional amount requested \$ _____ OR ____ units of \$ _____
 Total amount requested \$ _____ OR ____ units of \$ _____

If you are interested in applying for additional optional life insurance, please contact:

Compensation_Benefits @bchsys.org

4 Dependant information

Please provide the following information for each dependant to be insured.

*only applicable if spouse is approved for optional life as per page 2

Spouse

Last name _____ First name _____

If there is not enough room to list your dependants, attach details on a separate sheet.

Date of birth (dd/mmm/yyyy) _____ Sex* Male Female Non-binary

If common law, please provide the effective date of cohabitation (dd/mmm/yyyy) _____

Have you smoked (cigarettes, cigars, pipe, etc.) or used tobacco in any other forms or any smoking cessation aids within the last 12 months?

Yes No

Last name	First name	Date of birth (dd/mmm/yyyy)	Sex*			Over-age student	Over-age disabled dependant**
			Male	Female	Non-binary		
_____	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* Select male, female or non-binary consistent with your current biological sex.

For the purpose of this application, non-binary does not refer to an individual's sexual orientation, gender identity, gender expression or gender perception.

** To apply for over-age disabled dependant coverage, please complete form GL0514E.

5 Authorization and consent

I hereby apply for coverage ("Coverage") under the Group Benefits plan issued to my plan sponsor by Manulife. **I understand** that certain aspects of such Coverage may extend to my spouse and eligible dependants (collectively, "Dependants"). **I certify** that the information in this form is true and complete to the best of my knowledge.

I understand that as the applicant, it is my responsibility to ensure that any further verbal or written statement provided by me, and/or my Dependants, in the future is true and complete to the best of our knowledge. **I acknowledge and agree** that this Coverage or any portion of this Coverage, and future claims thereunder may be denied or terminated as a result of the provision of false, incomplete, or misleading information. **I authorize** Manulife to collect, use, maintain and disclose personal information relevant to this application ("Information") for the purposes of Group Benefits plan administration, audit, assessment, investigation, claim management, underwriting and for determining plan eligibility ("Purposes"). **I authorize** any person or organization with Information, including any medical and health professionals, facilities or providers, professional regulatory bodies, any employer, group plan administrator, insurer, investigative agency, and any administrators of other benefits programs to collect, use, maintain and exchange this information with each other and with Manulife, its reinsurers and/or its service providers, for the Purposes. **I am authorized** by my Dependants to consent to this Authorization, on their behalf as if they were signing it themselves, and to disclose and receive their Information, for the Purposes. **I authorize** my plan sponsor to make deductions from my pay for my Group Benefits plan, if applicable. **I agree** a photocopy or electronic version of this authorization is valid.

I understand that any Information provided to or collected by Manulife in accordance with this authorization, will be kept in a Group Benefits life, health or disability file.

Access to my Information will be limited to:

- Manulife employees, representatives, reinsurers, and service providers in the performance of their jobs;
- persons to whom I have granted access; and
- persons authorized by law.

I have the right to request access to the personal information in my file, and, where appropriate, to have any inaccurate information corrected.

I acknowledge that more specific details regarding how and why Manulife collects, uses, maintains, and discloses my personal information can be found in Manulife's Privacy Policy and Privacy Information Package, available at www.manulife.ca/planmember, or from my Plan Sponsor.

PLEASE SIGN HERE

Signature of plan member _____ Date signed (dd/mmm/yyyy) _____

6 Mailing instructions Please return form to your Plan Administrator who will forward your member details to Manulife on your behalf.

Group Benefits Beneficiary Designation

All sections of this page should be completed as it will replace any prior designations.

1. Plan member information	Plan sponsor name: _____	Plan contract number: _____	Plan member certificate number: _____
	Plan member name (last, first and middle initial): _____	Province of residence: _____	Date of birth (dd/mmm/yyyy): _____
2. Primary beneficiary	Name of beneficiary (last, first and middle initial): _____	Date of birth (dd/mmm/yyyy): _____	Relationship to plan member: _____ Percentage: _____ %
List all primary beneficiaries for Basic Life and/or Basic Accidental Death. Percentages must total 100% to be valid.	Name of beneficiary (last, first and middle initial): _____	Date of birth (dd/mmm/yyyy): _____	Relationship to plan member: _____ Percentage: _____ %
	Name of beneficiary (last, first and middle initial): _____	Date of birth (dd/mmm/yyyy): _____	Relationship to plan member: _____ Percentage: _____ %
Irrevocability	Note: If beneficiary is shown as irrevocable, his/her consent is required to change it. Include a signed and dated consent with this form. You are responsible for ensuring the validity of your designation.	For Quebec residents only In Quebec, the designation of your spouse as beneficiary is irrevocable unless otherwise specified.	If spouse is beneficiary, the designation is: <input type="radio"/> Revocable <input type="radio"/> Irrevocable
3. Optional coverage (if applicable)	Name of beneficiary (last, first and middle initial): _____	Date of birth (dd/mmm/yyyy): _____	Relationship to plan member: _____ Percentage: _____ %
Plan contract number: _____	Name of beneficiary (last, first and middle initial): _____	Date of birth (dd/mmm/yyyy): _____	Relationship to plan member: _____ Percentage: _____ %
List all beneficiaries for Optional Life and/or Optional Accidental Death.	Name of beneficiary (last, first and middle initial): _____	Date of birth (dd/mmm/yyyy): _____	Relationship to plan member: _____ Percentage: _____ %
Irrevocability	Note: If beneficiary is shown as irrevocable, his/her consent is required to change it. Include a signed and dated consent with this form. You are responsible for ensuring the validity of your designation.	For Quebec residents only In Quebec, the designation of your spouse as beneficiary is irrevocable unless otherwise specified.	If spouse is beneficiary, the designation is: <input type="radio"/> Revocable <input type="radio"/> Irrevocable
4. Contingent beneficiary	You may wish to designate a contingent beneficiary(ies) to receive any proceeds under this group policy if all of the primary beneficiary(ies), named above for either coverage, should die before you. In that event, a contingent beneficiary will automatically be entitled to the benefit that would have been payable to the primary beneficiary(ies). If you name more than one contingent beneficiary, then the proceeds will be split, evenly, amongst the contingent beneficiaries you choose to name. Should there not be any surviving beneficiaries at the time of your death, the proceeds will be paid to your estate.		
	Name of contingent beneficiary (last, first and middle initial): _____	Date of birth (dd/mmm/yyyy): _____	Relationship to plan member: _____
	Name of contingent beneficiary (last, first and middle initial): _____	Date of birth (dd/mmm/yyyy): _____	Relationship to plan member: _____
5. Trustee appointment	I appoint _____ as Trustee to receive any amount due Complete if any beneficiary named is under the age of majority. to any beneficiary under the age of majority (not applicable in Quebec).		
6. Authorization and consent	<p>Before you review your beneficiaries, read the information below.</p> <p>By signing below, you're agreeing to remove any current revocable beneficiaries and replace them with the new ones you named above.</p> <p>Your Privacy We collect, use, and disclose the personal information provided for the purposes of processing your request.</p> <p>We disclose your personal information to our employees, agents, representatives, financial institutions, and other parties with whom we deal in issuing and administering your products and services, now and in the future. Also, we disclose your personal information to service providers who require this information to perform their services for us (for example data processing, programming, data storage, and investigative agencies).</p> <p>Unless there are contractual limitations, your personal information may be accessed or transferred within or outside Canada and may be subject to the laws of those jurisdictions.</p> <p>Plan member signature: _____</p>	<p>You may withdraw your consent, subject to legal and contractual restrictions. You also have the right to access and correct your personal information maintained in our files. For more information, you can review our Canadian Privacy Policy at Manulife.ca or email us at Canada_Privacy@manulife.ca.</p> <p>Questions? Please phone our customer service centre at 1-800-268-6195.</p> <p>Your email By giving us your email address, you're permitting us to email you. You understand email correspondence may contain personal information including, medical, employment, and financial information, and is not yet a secure means of communication.</p> <p>If your email address changes, it's up to you to let us know.</p> <p>You can revoke the use of your email address at any time by removing your email address online or contacting Manulife.</p>	
			Date signed (dd/mmm/yyyy): _____

Manulife assumes no responsibility for the validity or sufficiency of the content provided by you. The items 'you' and 'yours' refer to the plan member, the term "Plan Sponsor" refers to the entity that offers the group benefits plan, such as an employer.

What is the purpose of a beneficiary?

If you intend for some or all of your death benefit to go to specific individuals, it is important to make sure that you plan ahead and select those beneficiaries. Having an up-to-date beneficiary designation will make this possible by listing your primary and contingent beneficiaries and intended allocations.

Beneficiary: the person, people or entity who will receive any death benefit from the basic or optional coverage you have selected through your group benefits plan that becomes payable upon your death. Basic and optional beneficiaries may differ.

Types of beneficiary – Primary vs. Contingent

Primary: the person, people or entity you choose to receive the death benefits. If you choose more than one beneficiary, you will need to indicate what percentage of the benefit you would like each person to receive. When multiple primary beneficiaries are named, the total of the percentages allocated to each primary beneficiary must add up to 100%.

Contingent: the person, people or entity you designate to receive the death benefits if all of the primary beneficiaries die before you. If you select more than one contingent beneficiary, the benefit will be split evenly between the contingent beneficiaries.

What happens to the death benefit when...

The primary beneficiary dies before you and no contingent beneficiary is named.

The death benefit will be paid to your estate.

The primary beneficiary dies before you, but there is a contingent beneficiary(ies) designated.

The benefit will be paid to the contingent beneficiary(ies).

You assign two primary beneficiaries, and one beneficiary dies before you, and you have not updated your Beneficiary Form information.

The entire death benefit that would have been paid to the deceased beneficiary will be paid to the surviving primary beneficiary.

Irrevocable vs. Revocable

Irrevocable: the beneficiary you choose cannot be changed without the written permission of that individual.

For example, if you choose your spouse or partner to be the designated beneficiary and you end up separating, you will not be able to change the beneficiary designation without a completed release form from them.

In Quebec, naming your spouse (must be a civil union) as a beneficiary automatically means that he/she is an irrevocable beneficiary, unless you specify otherwise or divorce.

Revocable: A revocable beneficiary means that the beneficiary you choose can be changed at any time without the permission of that individual.

For example, if you choose your spouse or partner to be the designated beneficiary and you end up separating, you can then change that beneficiary designation without asking for that person's permission.

Naming a minor as a beneficiary

If a benefit becomes payable to a minor who is named as a primary or contingent beneficiary, the benefit can only be paid on behalf of the minor to a trustee or guardian for property, otherwise it will be paid into court to be held until the beneficiary has reached the age of majority for your specific province. It is important therefore, if you are choosing a beneficiary who is a minor at the time of the designation to also name a trustee.

If you are a Quebec resident, the parents are considered tutors of their child.

If a minor has been designated as an irrevocable beneficiary, the policy is automatically frozen until the beneficiary has reached the age of majority for your specific province. A parent, guardian or trustee cannot consent to a beneficiary change on behalf of a minor.

Minor: a person named as a beneficiary who is under the age of majority for your specific province.

Trustee: a person appointed by you to hold the minor's proceeds in trust until the minor reaches the age of majority for your specific province.

Tutor: a tutor acts like a trustee.
