



Group Benefits Refusal of All Coverage

Instructions

Section 1 – to be complete by Plan Administrator

Section 2 – Certification and authorization

Please print all answers.

1 Plan Sponsor Information

Plan contract number(s)	Plan sponsor name
Plan member name (first, middle initial, last)	
Plan administrator name	Plan administrator telephone number ()
Plan administrator email	
Plan administrator signature	Date signed (dd/mmm/yyyy)

Comments

2 Certification and authorization

PLEASE NOTE THAT YOU MAY REFUSE COVERAGE **ONLY IF** PARTICIPATION IN YOUR PLAN IS **NOT MANDATORY**.

I hereby certify that I have been given the opportunity to apply for coverage under the Group Benefits plan issued, or to be issued, to my plan sponsor by Manulife. The benefits of the plan have been explained to me and I have elected to decline such coverage for myself and my eligible dependents (if applicable).

I understand if I elect to apply for coverage at a later date, I may be required to wait until there is a qualifying event for which I will then be eligible for enrolment. At such time, I understand I must apply in writing and may be asked to provide Manulife, at my own expense, evidence of insurability for myself and my eligible dependents (if applicable). **I further understand** that Manulife reserves the right to refuse such an application. **I acknowledge**, if coverage is approved, Dental benefits (if any) will be limited during the first 12 months of coverage.

Please sign and date here.

Plan member signature	Date signed (dd/mmm/yyyy)
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3 Mailing instructions

Please send the completed form to:

**Plan Member Administration
Manulife
PO BOX 11006, STN CENTRE-VILLE
MONTREAL QC H3C 4T8**

Login to www.manulife.ca/signin and use the **'Send a file'** feature in Plan Administrator Secure Site.