



Group Benefits Materials Re-Order for Manulife c/o RR Donnelley

Please email completed form to: cpcbmlican@rrd.com

For form fulfillment inquiries only, please call RRD at: 1-844-358-0981

For your convenience, many standard claim and administration forms are available on our website at manulife.ca/groupbenefits.

Forms pre-filled with plan specific information are available on our secure sites for groups with access to these sites.

For the most recent version of the Benefits Booklet go to the Plan Administrator Secure Site in the Plan Documents Tab.

If you do not have access to the Plan Administrator Secure Site, a link to the most recent version will be emailed to you. Please email us at: benefit booklets@manulife.com.

	ou will need to include the Class C	ode/Description and R	anguage (English or Frenci	n) when ord	dering bookiets.			
1	Requestor information	Plan contract number	Division/account numl	ber Pla	Plan sponsor			
		Order requested by		Tele	ephone number	Date (dd/mmm/yyyy)		
		Email address						
2	Order information	Form number* Description of fo		f form	Number of forms required**		RRD use only Enclosed To follow	
	*Important: Please be sure to include form numbers to ensure your order can be processed quickly and accurately. Form numbers can be found on the front or back bottom right-hand corner of most forms. **To ensure you always have the most recent version of forms on-hand.							
	we recommend that you order a maximum 6-month supply.							
			need to order additional quanti m order quantity: 10)	ties of this M	laterials Re-Order form?			
3	Shipping information Please print clearly - this is you	ır shipping label						
	Company name				Important			
	Attention			Please provide the complete				
	Street address (cannot be just a PO Box)				address to which your order is to be delivered.			
	City	Province	Postal code	•				