

SMALL BUSINESS ADMINISTRATION FORM

If you have any questions regarding the completion of this form, please call: 1-800-268-3763.
Please send the completed form to:

Mail: Manulife Financial, P.O. Box 4213, Stn A, Toronto, ON M5W 5M3

Fax: 1-800-987-0627

PART A • EMPLOYER'S REQUEST TO STOP BILLING ON HEALTH POLICY

Must be completed by Employer:

Small Business Name: _____ **Small Business Number:** _____

Name of employee: _____

Group: _____ **Identification:** _____

Please cancel billing effective last day of _____, _____.
Month Year

Employer's Signature: _____ **Date:** _____

PART B • REQUEST BY EMPLOYEE TO CONTINUE BENEFITS

Must be completed by Employee:

☐ I wish to continue this coverage on my own. Please process future payments by:

☐ Visa ☐ MasterCard ☐ Amex Account #: _____ Expiry: _____

Signature of Cardholder: _____

☐ My bank account (**attach a void cheque**)

Name of account holder if different from applicant: _____

Financial Institution: _____

Type of account: ☐ Personal Chequing ☐ Chequing/Savings ☐ Savings ☐ Current ☐ Direct Deposit ☐ Other

Joint Account: Is this a joint account requiring only one signature: ☐ Yes ☐ No

If more than one signature is required on withdraws issued against the account, both account holders must sign this authorization.

Non-Chequing Accounts: Since approval from my/our financial institution is required for pre-authorized payments from accounts with no chequing privileges, I/we have made prior arrangements to allow for pre-authorized payments from my/our account. Enclosed is a withdrawal slip that has been stamped by my/our financial institution allowing withdraws to be made from my/our non-chequing account. This authorization shall remain in effect unless 30 days written notice is given to Manulife Financial requesting cancellation by the account holder.

For Pre-Authorized Payment and Credit Card billing options: I/We hereby authorize Manulife Financial to make a withdrawal from my/our account on or about the first business day of each month in which insurance premiums are due. This authorization may be terminated by Manulife Financial or by me/us through written notice.

Manulife Financial may terminate coverage or change the method of payment to another qualifying method should a withdrawal be refused for any reason and the financial institution shall in no way be held liable should such an event occur. A \$25.00 NSF fee will be charged for all NSF transactions.

☐ I do not wish to continue this coverage, please cancel this policy effective the date shown above.

Employee's Signature: _____ **Date:** _____