Manulife

SMALL BUSINESS EMPLOYER
*ENROLMENT SUMMARY

***Residents of Quebec, or Companies, Payors and Employers in Quebec are not eligible to enroll.**

If you have any questions regarding the completion of this form, please call 1-800-346-9285.

PART A • EMPLOYER INFORMATION

Company Name : _____

Address : _____

City/Town : _____ Province : _____ Postal Code: _____

Billing Contact : _____ Telephone:( ) _____ Fax ( ) _____

PART B• BILLING OPTIONS

INITIAL PAYMENT:

Must be submitted for all options other than Visa/Mastercard/Amex.

Amount submitted with my application to cover two months' payment is: $_____(remit only two month's premium, regardless of payment frequency)

SUBSEQUENT PAYMENTS:

My choice is : ☐ Monthly pre-authorized payment plan from my bank account (please complete PART D below)

☐ Monthly Credit Card : ☐ Visa ☐ Master Card ☐ Amex

Account Number : ____/____/____/____ Expiry Date ____/____
MM YY

☐ Direct Billing ☐ Semi-annually ☐ Annually

PART C • EMPLOYEE INFORMATION

Employee Name	Does each applicant have provincial/territorial health care coverage?*	Plan Chosen	Marital Status	Monthly Premium
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
Monthly Premium Total:				

**All applicants must have coverage under a provincial/territorial health care insurance plan in order to be eligible for this insurance product. If anyone on the application does not meet this requirement, please contact our Customer Service for more information.*

IF YOU REQUIRE ADDITIONALSPACE TO COMPLETE ANY PART OF THIS APPICATION, PLEASE ATTACH A SEPARATE SHEET.

PART D • FINANCIAL INSTITUTION AUTHORIZATION

TO BE COMPLETED IF YOU ARE ENROLING IN OUR PRE-AUTHORIZED PAYMENT PLAN

I hereby authorize Manulife to make a withdrawal from my account on or about the first business day of each month in which premiums are due. Manulife 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.

This authorization shall remain valid unless 30 days written notice is given to Manulife requesting cancellation by the account holder (s) at any time.

NSF Charge: A $25.00 fee will be charged for all NSF transactions.

Name of account holder (If different from applicant) _____

Financial Institution: _____ Address: _____ City/Town: _____

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

REMEMBER: For verification purposes, please enclose a cheque marked « void » from the financial institution account you intend to use.

Is this a joint account requiring more than one signature? ☐ Yes ☐ No

For a joint account, if more than one signature is required on cheques issued againts the account, both persons must sign this form.

FINANCIAL INSTITUTION APPROVAL FOR PRE-AUTHORIZED PAYMENTS FROM SAVINGS ACCOUNTS WITH NO CHEQUING PRIVILEGES.

Prior arrangements have been made with my financial institution to allow pre-authorized payments to be made from my savings account. Enclosed is a withdrawal slip that has been stamped by my financial institution allowing withdrawals to be made from my savings account

_____ _____

SIGNATURE OF ACCOUNT HOLDER SECOND SIGNATURE IF JOINT ACCOUNT