

# Application for Guaranteed Re-Entry and/or Guaranteed Benefit Reinstatement – Engineers Canada

---

## Eligibility

### Guaranteed Re-Entry Benefit

Were you insured by the Engineers Canada Long Term Disability Plan for at least two consecutive years? But did you then cancel it in favour of an employer-sponsored plan, which you have now also left? Members like you are eligible to rejoin Engineers Canada Long Term Disability Plan under such circumstances without submitting evidence of insurability, subject to the following:

- a) The Master Policy for the Engineers Canada Long Term Disability Plan must be in force with Manulife;
- b) Your re-entry into the plan must be within 10 years from the date you cancelled your coverage under the Engineers Canada Long Term Disability Plan;
- c) You must be under the age of 55 when you re-enter the plan;
- d) You must complete the attached Application for Guaranteed Re-Entry within 90 days of termination from your employer's group program, and return it to Manulife along with all supporting documents to the address indicated at the end of this application; and
- e) The coverage at re-entry may not exceed the coverage previously carried under the Engineers Canada Long Term Disability Plan.

If you would like to re-enter this plan, be sure to apply today.

### Guaranteed Benefit Reinstatement Rider

Are you considering cancelling your Engineers Canada Long Term Disability Plan due to a temporary reduction in income? You don't have to, because the plan allows Members who are over-insured due to temporary reduction in income to reduce their Monthly Benefit (to a minimum of \$500). Your Monthly Benefit can then be reinstated without evidence of insurability when your income increases again in the future, as long as your coverage is in force, there are no eligibility requirements other than a temporary reduction in income. You must complete an Application for Guaranteed Benefit Reinstatement and return the form along with any supporting documentation to Manulife at the address indicated at the end of the application.

You may only purchase this rider when you would like to reduce your Monthly Benefit amount. The Guaranteed Benefit Reinstatement Rider will terminate once you reinstate your Monthly Benefit or when you attain age 65.

Remember, you don't need to cancel your plan just because your income has reduced. If you experience a temporary reduction in your income, this rider will allow you to temporarily reduce your coverage and premiums while still protecting your future income.

---

### Guaranteed Benefit Reinstatement Rider Terms and Conditions

- a) Any reinstated Monthly Benefit becomes part of the Certificate of Insurance to which the rider is attached and will be subject to all the provisions, exceptions and limitations of the Certificate of Insurance.
- b) Premium for this rider is equal to 10% of the annual premium that would have been payable for the amount of the suspended Monthly Benefit based on the member's attained age.
- c) If the reinstated Monthly Benefit is less than the suspended Monthly Benefit, this rider will be continued for the balance of the suspended Monthly Benefit not reinstated and premiums will be adjusted accordingly.

---

### We're here to help!

Should you have any questions on the two options above, please feel free to contact us at

**Phone:**  
Toll Free 1-877-598-2273  
(Monday - Friday 8am - 8pm ET)

**Email:**  
am\_service@manulife.com

## Individual Insurance – Institutional Application for Guaranteed Re-Entry and/or Guaranteed Benefit Reinstatement – Engineers Canada

- All Applicants must complete section 1 and sign in section 5.
- Applicants will complete either section 2 or section 3, but not both.

<b>1 Plan member information</b>	Certificate number	Telephone number	Date of birth (dd/mmm/yyyy)	
	Member name (first, middle initial, last)			
	Member address (number, street and apt.)	City/Town	Province	Postal code
<b>2 Application for Guaranteed Re-entry</b>	<b>Please complete this section only if you are applying for Guaranteed Re-entry.</b>			
	a) Termination of employment verification			
	Prior employer name		Last employment date (dd/mmm/yyyy)	
	Employer address (number, street and suite)	City/Town	Province	Postal code
	b) Proof of cancellation of your employer group insurance			
	Name of prior carrier			
	Plan number	Identification number	Certificate number	
<b>3 Application for Guaranteed Benefit Reinstatement Rider</b>	<b>Please complete this section only if you are applying for the Guaranteed Benefit Reinstatement Rider.</b>			
	a) Employment information Are you self-employed? <input type="radio"/> Yes <input type="radio"/> No   If yes, please proceed to c) below.			
	Employer name		Last employment date (dd/mmm/yyyy)	
	Employer address (number, street and suite)	City/Town	Province	Postal code
	b) Amount of Monthly Benefit Please indicate how much you would like your monthly benefit to be?			
	(Minimum amount of coverage is \$500)			
	\$			
	c) Proof of income increase <b>NOTE - Please submit with this application evidence of income increase. Please complete this section if you are reinstating your original monthly benefit.</b>			
Annual income prior to reinstatement	New annual income	Increase in income		
\$	\$	\$		
Amount of disability from <u>All Sources</u> (amount applied for and existing) Up to \$2,000/month – No proof of income required. If amount is over \$2,000/month and:				
<ul style="list-style-type: none"> <li>• <b>If you are an employee</b> – Pages 1, 2, 3 of prior years' tax returns <b>or</b> copy of most recent T4 slip <b>and</b> letter from employer confirming salary <b>or</b> copy of pay stub.</li> <li>• <b>If you are self-employed and unincorporated</b> – Pages 1, 2, 3 of the past 2 years' income tax returns.</li> <li>• <b>If you are self-employed and incorporated</b> – Pages 1, 2, 3 of the past 2 years' tax returns <b>plus</b> latest corporate financial statement.</li> </ul>				



**4 Your payment method (continued)**

**Payment authorization**

**For Pre-Authorized Debit (PAD) payment options**

**I/We authorize** Manulife to withdraw the premium amount of \$ \_\_\_\_\_ for monthly insurance premiums due on or after the date **I/we sign this authorization. I/We understand** that except for the initial premium, which is due with this application, subsequent premiums will be withdrawn on the first business day of the month or the next business day thereafter. Withdrawals from my/our account may be for variable amounts, as they may change in accordance with the insurance contract and as required to administer the policy; **I/we waive the right to receive 10 days' notice of the amount and date of each automatic withdrawal from my/our account.** If my/our bank or financial institution does not honour an automatic monthly withdrawal the first time it is presented for payment, Manulife may attempt to withdraw that payment again within 30 days. Manulife reserves the right to ask me/us for an alternate method of payment if my/our payment is not honoured. All one-time or automatic withdrawals from my/our bank account will be treated as personal withdrawals as defined by the Canadian Payments Association in Rule H-1. Premium amounts may change in accordance with my/our insurance contract. **I/We and/or Manulife can end** this agreement at any time by giving 10 days' written notice. **I/We understand** that cancelling this PAD agreement may result in a loss of insurance coverage unless Manulife receives another form of payment. Any refund of premium paid pursuant to this authorization shall be made to the policy owner.

You may obtain a sample cancellation form by contacting your financial institution or through **www.cdnpay.ca**. If you have any questions about withdrawals from your bank account, contact us at 1-877-598-2273, **am\_service@manulife.com** or write to us at Manulife, PO BOX 670, STN WATERLOO, WATERLOO ON N2J 4B8.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any PAD withdrawal that is not authorized or is inconsistent with this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information on your recourse rights, you may contact your financial institution or visit **www.cdnpay.ca**.

Name of Account Holder	Signature of Account Holder
Second signature if joint account	Dated (dd/mmm/yyyy)
Account Holder address (if different from Applicant)	

**5 Signatures**

**Please read and sign the following.**

The statements contained herein are true and complete, and together with any forms and supporting documentation in connection with this application, form the basis for any Rider issued or Certificate update generated hereunder. I/we agree that any material misrepresentation including misstatement shall render the Rider or Certificate update voidable at the instance of the insurer. All information requested will be for insurance purposes and will be treated as confidential.

Signature of member		Date signed (dd/mmm/yyyy)
Signed at	City/Town	Province

**6 Statement on confidentiality**

The specific and detailed information requested on the application form is required to process the application. To protect the confidentiality of this information, Manulife will establish a "financial services file" from which this information will be used to process the application, offer and administer services and process claims. Access to this file will be restricted to those Manulife employees, mandataries, administrators who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person you authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions. Your consent to the use of personal information to offer you products and services is optional and if you wish to discontinue such use, you may write to Manulife at the address shown below. Your file is secured in our offices or those of our administrator or agent. You may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Institutional, Manulife, PO BOX 1602, DEL STN 500 -4-A, WATERLOO ON N2J 4C6. A copy of our privacy principles and practices is available for view at **www.manulife.ca**.

**7 Mailing instructions**

Please return the completed signed application along with any supporting documents to:

**Manulife Individual Insurance  
Attn: Affinity Inforce  
PO BOX 670, STN WATERLOO  
WATERLOO ON N2J 4B8**