Manulife Financial

APPLICATION FOR CHANGE TO ENROLL ADDITIONAL FAMILY MEMBERS TO A GUARANTEED ISSUE PLAN

AFFINITY MARKETS POLICY SERVICES

PART A – GENERAL INFORMATION

Plan Number:	ID Number:	
Policy Holder's Last Name:	First Name:	Initial:

Please update if any of the following information has changed:

Apt. Number:	Street Number & Name:	Home Telephone:
City or Town:	Province:	Postal Code:
Policy Holder's Business Phone:	Fax:	E-Mail:

REASON FOR REQUEST: ☐ ADDING CO-APPLICANT ☐ ADDING DEPENDANT CHILD/CHILDREN

PLEASE COMPLETE INFORMATION BELOW FOR FAMILY MEMBERS TO BE ADDED TO YOUR POLICY

NOTE: A CO-APPLICANT WHO IS ADDED TO THE POLICY WILL BECOME THE CO-POLICY HOLDER OF THE PLAN. PREMIUMS WILL BE REQUIRED AND PROCESSED UPON APPROVAL BASED ON CURRENT BILLING INFORMATION.

PART B – INDIVIDUALS TO BE COVERED

NAME	HEALTH CARD NO.	SEX	DATE OF BIRTH (dd/mm/yyyy)
Co-Applicant			
Dependant			
Dependant			

Applicant's Declaration

The Applicant and Co-Applicant, if any, Must Complete This Section

This plan is underwritten by The Manufacturers Life Insurance Company

I/We hereby acknowledge that the statements contained herein are true and complete and together with any other forms signed by me/us in connection with the application form the basis for any policy issued hereunder. I/We acknowledge receipt of and agree with Notice on Privacy and Confidentiality previously provided with the application, additional copies of which can be obtained from The Manufacturers Life Insurance Company, upon request. I/We understand and agree that the coverage shall not become effective until the first of the month following final approval of your application. A photocopy of this signed authorization shall be as valid as the original.

Signature of Policy Holder *Signature of Co-Applicant* *Dated (dd/mm/yyyy)*