Manulife

# Application for Change to Non-smoker Rates
# Affinity Markets – Policy Services

**IMPORTANT NOTE:**

1. To qualify for a change to non-smoker rates, the Insured must meet Manulife non-smoker definition and health standards.
2. Complete all answers in full for the insured person(s) applying for a change to non-smoker rates.

## 1 Plan member information

| | | |
|---|---|---|
| Applicant's name | Certificate/Policy number | Date of birth (dd/mmm/yyyy) |
| Spouse's name | Certificate/Policy number | Date of birth (dd/mmm/yyyy) |
| Address (number, street, apartment) | | Telephone number ( ) |
| City | Province | Postal code |

## 2 Declaration

| | Applicant information | Spouse information |
|---|---|---|
| 1. Have you ever used tobacco, tobacco cessation products (e.g. Nicorette gum, Nicotine patch) or marijuana? **If *yes*, provide details below:** | ◯ Yes ◯ No | ◯ Yes ◯ No |
| Product type(s): | | |
| Date(s) last used: | | |
| 2. Since the date of your last medical declaration to us: a) have you had or been treated for a mental or nervous disorder (depression, anxiety, etc.) disorder of the brain or nervous system, heart or circulatory disorder, chest pains, heart murmur, high blood pressure, elevated cholesterol, diabetes, cancer, tumor, lung or liver disorder, kidney disorder, urinary abnormality or prostate disorder, blood disorder, lymph or glandular disorder, unusual infection, breast disorder thyroid disorder, gastrointestinal disorder or other illness or injury other than minor ailments such as colds or flu etc? | ◯ Yes ◯ No | ◯ Yes ◯ No |
| b) have you consulted a physician other than for routine check-ups, received any medical advice or treatment, undergone any tests or taken medication? | ◯ Yes ◯ No | ◯ Yes ◯ No |
| 3. Are you awaiting any pending tests, test results or investigations? **If you have answered *yes*, to questions 2 or 3 provide details below:** | ◯ Yes ◯ No | ◯ Yes ◯ No |

| Name | Nature or disorder, test or investigation | Date | Duration (if applicable) | Result and current status | Name of attending physician or medical facility |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

4. a) Applicant's current:
Weight ◯ lbs ◯ kg Height ◯ feet/inches ◯ centimetres

b) Spouse's current:
Weight ◯ lbs ◯ kg Height ◯ feet/inches ◯ centimetres

## 3 Consent and authorization

The statements contained herein are true and complete, and together with other forms signed by me/us in connection with this application, form the basis for any certificate issued hereunder. I/we agree that any material misrepresentation, including misstatement of smoking status, shall render the policy change voidable at the instance of the insurer.

Relative to this application, I/we hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, MIB Inc. or other organization, institution or person that has any records or knowledge of me/us or of any member of my/our family insured under this plan, or of our health, to give to the Manufacturers Life Insurance Company or its reinsurers any such information. A photographic copy of this authorization shall be as valid as the original.

All information requested will be for insurance purposes only and will be treated as confidential. The insurer or its reinsurers may, however make a brief report on it to MIB Inc. (formerly known as the Medical Information Bureau). MIB Inc. is a non-profit membership organization of life insurance companies which operates an insurance information exchange on behalf of its members. Subject to your authorization, MIB Inc. will supply information from its files to another member insurance company to which you have applied for life or health insurance or to which a claim is submitted. On your request, MIB Inc. will arrange for disclosure to you of any information it may have in your file on you, your spouse or your children being insured under this plan. If you question the accuracy of the MIB Inc. file, you may contact the Bureau and seek a correction.

The address of MIB Inc. information office is: 330 University Avenue, Toronto, Ontario M5G 1R7 (Telephone (416) 597-0590).

| Signed at | this | day of | , |
|---|---|---|---|

Applicant signature

| Signed at | this | day of | , |
|---|---|---|---|

Spouse signature (if applying for a spousal change)

## 4 Instructions

RESET

SAVE AS

PRINT

Please send the completed form to:

**Manulife**
**Attention: Affinity Policy Services**
**PO BOX 670**
**STN WATERLOO**
**WATERLOO ON N2J 4B8**
**Fax: 1-800-510-3362**