



## 5. TERMS AND CONDITIONS – PLEASE READ CAREFULLY BEFORE SIGNING

### Important Information You Need To Know:

**This insurance does not cover any pre-existing condition. (A pre-existing condition will be covered after the insured person has been free of treatment for that condition for 12 consecutive months.)**

This insurance does not cover any period of hospitalization caused by or the result of a *pre-existing condition*, unless the insured person has been free of treatment for that condition for 12 consecutive months. (A *pre-existing condition* means a condition, illness, injury or symptom, diagnosed or not, for which *treatment or advice* was received in the 12 months before the insurance was in force. *Treatment or advice* means consultation, care, service, diagnostic measures or prescribed drugs provided by a licensed medical practitioner.)

This insurance also does not cover any loss or Period of Hospitalization directly or indirectly caused or contributed to by one or more of the following:

- Hospitalization resulting from an accident that occurred before, or an illness that first manifested itself before, the insured person's effective date of coverage;
- An injury that has no visible wound or contusion except for an injury caused by involuntary asphyxiation or involuntary ingestion of a foreign object;
- Intoxication – any event or illness directly or indirectly related to the ingestion of alcohol while the concentration of alcohol in the insured person's blood exceeds 80 milligrams of alcohol in 100 millilitres of blood;
- Drugs or poison – any voluntary inhalation of gas or ingestion of poison or toxic substances; any voluntary inhalation or ingestion of non-toxic substances, drugs, sedatives or narcotics, whether illicit or prescribed, in such quantity that they become toxic;
- Drug or alcohol addiction – treatment for drug addiction, drug abuse or alcoholism;
- High risk activities – including, but not limited to, participating in a contest of speed, scuba-diving, skydiving, parachuting, hang-gliding, rock or mountain climbing, bungee jumping, or a flight accident except when travelling as a passenger on a commercially licensed airline;
- Mental or nervous disorder – neurosis, psychoneurosis, psychopathy, psychosis, mental or emotional disorder or disease of any kind;
- Uncomplicated pregnancy or childbirth;
- Cosmetic surgery – cosmetic treatment or cosmetic surgery, except when necessary due to accidental bodily injury;
- Criminal offence – from or while committing or attempting to commit a criminal offence, or committing or provoking an assault;
- Suicide – suicide or attempted suicide, self-inflicted injury while sane or insane;
- War or insurrection – declared or undeclared war, or any act of war, riot, terrorism or insurrection, or service in the armed forces of any country or international organization

### **NOTICE ON PRIVACY AND 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 Financial 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 Financial employees, mandataries, administrators or agents 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. Your file is secured in our offices. You may request to review the personal information it contains and make corrections by writing to: Information Access Officer, Affinity Markets, Manulife Financial, 5650 Yonge Street, 16th Floor, Toronto, Ontario M2M 4G4.

### **NOTICE ON EXCHANGE OF INFORMATION.**

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 the Medical Information Bureau. The Medical Information Bureau 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, the bureau 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, the bureau 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 bureau's file, you may contact the bureau and seek a correction. The address of the bureau's information office is: 330 University Avenue, Toronto, Ontario M5G 1R7 (Telephone (416) 597-0590).

### **NOTICE ON INFORMATION PROVIDED TO THE AIR MILES® REWARD PROGRAM**

When you or your family member apply for insurance, Manulife Financial may disclose to The Loyalty Group information provided by you on the application form, such as name; address; residential and business phone number; e-mail address; Collector Number; date of birth and gender; in order to administer the AIR MILES® Reward Program, including the management of Collector accounts; to accurately record and update reward mile balances; to understand and analyze Collectors' responses, needs and preferences; and to develop, enhance, market and/or provide products and services to meet those needs.

The Loyalty Group does not give, rent or sell Collector lists to any organization or individual other than its affiliated companies, participating Sponsors and companies contracted to process and manage Collector transactions, redemption requests and communications.

The Loyalty Group makes information about its privacy policies and practices readily available to individuals and its Collectors through written materials, its Web site ([www.airmiles.ca](http://www.airmiles.ca)) and other electronic means, its Interactive Voice Response system, and its Customer Service Centre. In addition, copies of the AIR MILES Privacy Commitment are available to individuals and Collectors upon request.

If you do not wish to receive marketing or promotional communications in electronic, printed or verbal format, other than AIR MILES® Summaries, simply inform The Loyalty Group in writing at: AIR MILES® Customer Service, PO Box 602, Station A, Scarborough, Ontario, M1K 5K7 or by email to [privacyoffice@airmiles.ca](mailto:privacyoffice@airmiles.ca). Your ability to collect or redeem AIR MILES® reward miles will not be affected.

### **Declaration.**

I, the undersigned applicant, hereby apply for insurance to The Manufacturers Life Insurance Company. I declare that I am resident in Canada and at least 18 but not yet 61 years of age. I declare that the statements contained in this application are true and complete. I understand that the application together with any other forms signed by me in connection with this application form the basis for any policy issued hereunder. I understand that any material misrepresentation, including misstatement of non-smoker status shall render the insurance voidable at the instance of the insurer. I understand that insurance will take effect on the 1st day of the month following the date my application is received and processed by Manulife Financial, provided the first premium payment is honoured on or before that date, and that I am not eligible for insurance under more than one "Rewards for Life™" Hospital Cash Plan policy issued by Manulife Financial.

**Authorization.**

Relative to the insurance applied for, I the undersigned person(s) to be insured or parent/guardian if the person to be insured is a minor child, hereby authorize any licensed physician, medical practitioner, hospital, pharmacy, clinic or other medically related facility, insurance company, the Medical Information Bureau, the group sponsor, any investigative and security agency, any agent, broker or market intermediary, any government agency or other organization or person that has any records or knowledge of me or my health, or the health of any child(ren) to be insured under the policy to provide to Manulife Financial or its reinsurers any such information for the purpose of this application and contract and any subsequent claim. I authorize Manulife Financial to consult its existing files for this purpose. I authorize Manulife Financial, its subsidiaries, affiliates and agents to use the information in this application and its existing files to offer me "Rewards for Life™" products or services. I understand that my consent to the use of such information to offer me products or services is optional and that if I wish to discontinue such use I may write to Manulife Financial at the address shown on this document.

I understand that my consent to the use of any information beyond that required to administer the insurance applied for is optional, and that if I wish to discontinue such use I may write to Manulife Financial at the address shown on this document. A photocopy or faxed copy of this authorization shall be as valid as the original.

**Payment Authorization.**

For my convenience, I understand that if I choose payment by Pre-Authorized Collections Plan or credit card, my future premium billings will automatically reflect the same payment method.

I authorize Manulife Financial to make a monthly withdrawal from the account described on the accompanying specimen cheque for monthly insurance premiums due on or after the date of this authorization. The Pre-Authorized Collections Plan may be terminated by either Manulife Financial or by me through written notice. Manulife Financial also reserves the option to change the method of payment for another qualifying mode after the occurrence of a deposit not honoured.

**Acknowledgement.**

I understand and acknowledge receipt of the Notice on Privacy and Confidentiality, the Notice on Exchange of Information and the Notice on Information Provided to the AIR MILES® Reward Program as detailed in the application and agree to the use of my personal information for the purposes outlined in those notices and in this application.

X

Applicant's Signature

Date

Co-signature for PAC if required by bank

X

Spouse's Signature (if applying for spousal coverage)

Date

Date

**If you need assistance, call Manulife Financial toll-free at: 1 866 236-6318  
Monday through Friday from 8:30 a.m. to 8:00 p.m. Eastern Time,  
or e-mail: [rewardsforlife@manulife.com](mailto:rewardsforlife@manulife.com)**

**Insurance underwritten by The Manufacturers Life Insurance Company (Manulife Financial),  
and featuring an opportunity to collect AIR MILES® reward miles.**

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The "Rewards for Life™" Hospital Cash Plan is available only to persons currently resident in Ontario, Alberta, Manitoba and British Columbia and between the ages of 18 and 60.