

In this product page, *you* and *your* refer to the policy owner.

If you have any questions about completing this form, contact your advisor or call our customer service centre at 1-888-626-8543 in all provinces except Quebec or 1-888-626-8843 in Quebec. If you are calling from outside of North America, call us collect at 519-747-6600. For more information, please visit manulife.ca.

**IMPORTANT: Any reference to testing, tests, test results, or investigations excludes genetic tests. Genetic test means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.**

Please print clearly.

## 1 Who is eligible to apply for Lifecheque coverage?

Before completing the *Application for life, disability and critical illness insurance*, NN7000E, and this Lifecheque product page, it's important to understand that Lifecheque critical illness insurance coverage isn't available to adults or children who have had any of the conditions or procedures listed to the right.

Other factors may also affect a person's insurability, i.e. blood pressure, cholesterol, ECG results, smoking, family history, and pending or abnormal medical tests.

If the person to be insured has been referred for further medical review or has any medical tests or reviews pending, **please do not submit a Lifecheque application until the results have been received.**

If the person to be insured has had any of the conditions or procedures listed here, they are not eligible for Lifecheque coverage. **Please do not submit an application.**

- AIDS or HIV positive
- Alcohol abuse in the past two years
- Aplastic anemia
- Bacterial meningitis
- Blindness - may be available with exclusions
- Cancer, life threatening (except basal cell skin cancer)
- Cerebral palsy
- Cognitive impairment
- Coma
- Cystic fibrosis
- Deafness - may be available with exclusions
- Dementia, including Alzheimer's disease
- Diabetes
  - insulin-dependent diabetes mellitus (IDDM)
  - non-insulin-dependent diabetes mellitus (NIDDM) under age 40
  - non-insulin-dependent diabetes diagnosed within the past six months
- Down syndrome
- Drug use within the past three years - other than social marijuana use
- Epilepsy (uncontrolled)
- Hemophilia
- Heart - any heart condition or heart/cardiac trouble including: heart attack, angina, bypass surgery, congenital heart conditions, coronary angioplasty, heart valve surgery
- Hepatitis B (carrier with current viral activity) or C
- Huntington's chorea
- Kidney disease - other than kidney stones and/or a history of kidney infection
- Lupus - other than discoid lupus erythematosus
- Major organ failure (on a waiting list)
- Major organ transplant
- Multiple sclerosis
- Muscular dystrophy
- Paralysis - other than Bell's palsy - coverage may be available with exclusions
- Parkinson's disease and specified atypical parkinsonian disorders
- Progressive motor neuron diseases, for example: ALS (amyotrophic lateral sclerosis) - Lou Gehrig's disease
- Pulmonary fibrosis
- Sickle cell disease
- Stroke - cerebrovascular accident or transient ischemic attack (TIA)
- Suicide attempt within the past two years

## 2 Coverage details

All coverages are eligible for the LivingCare benefit, subject to underwriting.

• **10-year renewable** — coverage to age 75. The coverage renews every 10 years and the premium increases with each renewal.

• **20-year renewable** — coverage to age 75. The coverage renews every 20 years and the premium increases with each renewal.

• **Primary** — coverage to age 65. The premium will not increase.

• **Level** — coverage to age 75. The premium will not increase.

• **Permanent** — coverage for the lifetime of the insured. The premium will not increase.

Name of insured person: \_\_\_\_\_ Application number: \_\_\_\_\_

Coverage	Amount of insurance	Premium duration	Riders
<input type="radio"/> 10-year renewable	\$	Until the coverage expires	<input type="radio"/> Return of premium on death
<input type="radio"/> 20-year renewable	\$	Until the coverage expires	<input type="radio"/> Return of premium on death
<input type="radio"/> Primary	\$	Until the coverage expires	<input type="radio"/> Return of premium at expiry <input type="radio"/> Return of premium on death
<input type="radio"/> Level	\$	Until the coverage expires	<input type="radio"/> Return of premium with early surrender option <input type="radio"/> Return of premium at expiry <input type="radio"/> Return of premium on death
<input type="radio"/> Permanent	\$	<input type="radio"/> Pay for 15 years*† <input type="radio"/> Pay until age 100	<input type="radio"/> Return of premium with early surrender option <input type="radio"/> Return of premium on death

Name of insured person: \_\_\_\_\_ Application number: \_\_\_\_\_  Same as above or

Coverage	Amount of insurance	Premium duration	Riders
<input type="radio"/> 10-year renewable	\$	Until the coverage expires	<input type="radio"/> Return of premium on death
<input type="radio"/> 20-year renewable	\$	Until the coverage expires	<input type="radio"/> Return of premium on death
<input type="radio"/> Primary	\$	Until the coverage expires	<input type="radio"/> Return of premium at expiry <input type="radio"/> Return of premium on death
<input type="radio"/> Level	\$	Until the coverage expires	<input type="radio"/> Return of premium with early surrender option <input type="radio"/> Return of premium at expiry <input type="radio"/> Return of premium on death
<input type="radio"/> Permanent	\$	<input type="radio"/> Pay for 15 years*† <input type="radio"/> Pay until age 100	<input type="radio"/> Return of premium with early surrender option <input type="radio"/> Return of premium on death

\* If you select this Permanent coverage with a premium duration of 15 years, you cannot purchase a Children's Lifecheque rider.

† If you select this premium duration, you may wish to consider purchasing the return of premium on death rider and the return of premium with early surrender option rider. If you do not purchase these riders, we will only refund any unused portion of your premiums paid during the policy year in which: an insured person dies, you cancel your coverage, or your coverage terminates because we pay you a covered condition benefit.

**2 Coverage details (continued)**

Same as page 1 or

Name of insured person: \_\_\_\_\_ Application number: \_\_\_\_\_

Coverage	Amount of insurance	Premium duration	Riders
<input type="radio"/> 10-year renewable	\$ _____	Until the coverage expires	<input type="radio"/> Return of premium on death
<input type="radio"/> 20-year renewable	\$ _____	Until the coverage expires	<input type="radio"/> Return of premium on death
<input type="radio"/> Primary	\$ _____	Until the coverage expires	<input type="radio"/> Return of premium at expiry <input type="radio"/> Return of premium on death
<input type="radio"/> Level	\$ _____	Until the coverage expires	<input type="radio"/> Return of premium with early surrender option <input type="radio"/> Return of premium at expiry <input type="radio"/> Return of premium on death
<input type="radio"/> Permanent	\$ _____	<input type="radio"/> Pay for 15 years*† <input type="radio"/> Pay until age 100	<input type="radio"/> Return of premium with early surrender option <input type="radio"/> Return of premium on death

\* If you select this Permanent coverage with a premium duration of 15 years, you cannot purchase a Children's Lifecheque rider.

† If you select this premium duration, you may wish to consider purchasing the return of premium on death rider and the return of premium with early surrender option rider. If you do not purchase these riders, we will only refund any unused portion of your premiums paid during the policy year in which: an insured person dies, you cancel your coverage, or your coverage terminates because we pay you a covered condition benefit.

**3 Additional protection**

Check each type of additional protection you would like to add to this policy.

**Note:** The Children's Lifecheque rider expires on the coverage anniversary closest to the insured parent's 65th birthday.

The rider includes the option to apply for critical illness insurance for a covered child. You must apply during an option period as explained in your Lifecheque contract.

**Children's Lifecheque rider**  
 Parents who are applying for Lifecheque coverage can choose to insure their children through a Children's Lifecheque rider. Coverage is available in multiples of \$5,000 to the lesser of \$100,000 or 50 per cent of the insured parent's Lifecheque coverage. All children insured through a single rider will have the same amount of coverage. You must complete the child rider sections of the *Application for life, disability and critical illness insurance, NN7000E*, for all children to be insured by this rider.

Name of insured parent (first, middle initial, last)		Amount of Children's Lifecheque coverage \$ _____
Name of child to be insured (first, middle initial, last)		Name of child to be insured (first, middle initial, last)
Name of child to be insured (first, middle initial, last)		Name of child to be insured (first, middle initial, last)

**Waiver of premium on disability rider**  
 You can apply for waiver of premium on disability rider for:

- a person to be insured under a Lifecheque coverage, or
- one of the owners named on the accompanying *Application for life, disability and critical illness insurance, NN7000E*.  
 That owner should also complete sections 2, 5, 6, 7 and 12 of that application.

Name of person to be insured (first, middle initial, last)	Name of person to be insured (first, middle initial, last)
Name of person to be insured (first, middle initial, last)	Name of person to be insured (first, middle initial, last)

**4 Signatures**

By signing below,

- you declare that you have read this document and that the statements and answers it contains are complete and true
- you understand that if the person to be insured qualifies for temporary critical illness insurance, no LivingCare benefit, early intervention benefit or recovery benefit is payable under that temporary insurance
- you agree that this document forms part of your application to The Manufacturers Life Insurance Company for Lifecheque insurance.

Signed at (city or town)	Date (dd/mmm/yyyy)
Signature of policy owner X	
Signature of witness X	
Signature of policy owner X	
Signature of witness X	
Signature of insurance advisor X	