

## Group Benefits Refusal of All Coverage

### Instructions:

**Section 1 – to be complete by Plan Administrator**

**Section 2 – Certification and authorization**

**Please print all answers.**

### 1. Plan sponsor information

Plan contract number(s):

Plan sponsor name:

Plan member name (first, middle initial, last):

Plan administrator name:

Plan administrator telephone number:

Plan administrator email:

Plan administrator signature:

Date signed (dd/mmm/yyyy):

### 1.1 Comments

### 2. Certification and authorization

**Please note that you may refuse coverage only if participation in your plan is not mandatory.**

**I hereby certify** that I have been given the opportunity to apply for coverage under the Group Benefits plan issued, or to be issued, to my plan sponsor by Manulife. The benefits of the plan have been explained to me and I have elected to decline such coverage for myself and my eligible dependents (if applicable).

**I understand** if I elect to apply for coverage at a later date, I may be required to wait until there is a qualifying event for which I will then be eligible for enrolment. At such time, I understand I must apply in writing and may be asked to provide Manulife, at my own expense, evidence of insurability for myself and my eligible dependents (if applicable). **I further understand** that Manulife reserves the right to refuse such an application. **I acknowledge**, if coverage is approved, Dental benefits (if any) will be limited during the first 12 months of coverage.

**Please sign and date here.**

Plan member signature:

Date signed (dd/mmm/yyyy):

### 3. Mailing instructions

Please send the completed form to:

**Plan Member Administration  
Manulife  
P.O. Box 11006, Station Centre-Ville  
Montreal Quebec H3C 4T8**

Login to [www.manulife.ca/signin](http://www.manulife.ca/signin) and use the 'Send a file' feature in Plan Administrator Secure Site.