



## Optional Life Application and Change Form Management Confidential/Operational Support

Employee ID#: W _____ Employee Name: _____ Date of Hire: _____  <b>Manulife Financial Group Policy #: 0050227</b>	<u>Effective date of coverage will be:</u> 1. If the application is received within the first 31 days of employment, the effective date will be the employee's hire date  2. If the application is received after 31 days of employment, the effective date will be based on the evidence of insurability approval
---	---

### Management Confidential/Operational Support

#### Employee Optional Life

- minimum coverage at \$10k can be increased upward to \$500k in increments of \$10k
- application made within the first 31 days of eligibility at age 65 and under will allow for \$50k guaranteed coverage; while amounts in excess of \$50k will be subject to evidence of insurability
- application made within the first 31 days of eligibility between the ages of 65 – 69 will allow for a guaranteed amount of \$10k; while amounts in excess of \$10k up to \$50k will be subject to evidence of insurability
- all eligible amounts applied for after 31 days of eligibility will be subject to evidence of insurability
- coverage ends at age 70 and reduces to a maximum of \$50k at age 65
- premium is calculated by age, amount requested, and smoking, non-smoking status. Member pays 100% of premium
- members are responsible to report any changes to smoking status

#### Spousal Optional Life

- same criteria as Employee Optional Life above

<b>Employee (select units of \$10K up to \$500K – min. coverage starts at \$10k)</b>  _____ Last Name <span style="margin-left: 150px;">First Name</span>  Employee's Date of Birth: mm____/dd____/yy____  Select number of 10k units _____ = total amount \$ _____  <input type="checkbox"/> Smoker (cigarettes, pipes, etc. or tobacco in any form in the last 12 months).  <input type="checkbox"/> Non-smoker* * Please complete <b>Non-Smoking Declaration Form</b>	<b>Spouse (select units of \$10K up to \$500K – min. coverage starts at \$10k)</b>  _____ Last Name <span style="margin-left: 150px;">First Name</span>  Spouse's Date of Birth: mm____/dd____/yy____  Select number of 10k units _____ = total amount \$ _____  <input type="checkbox"/> Smoker (cigarettes, pipes, etc. or tobacco in any form in the last 12 months).  <input type="checkbox"/> Non-smoker* * Please complete <b>Non-Smoking Declaration Form</b>
--	--

#### Changes/Termination in Approved Coverage:

- Change in Employee smoking status: to **Non-smoker\***  or to **Smoker**
- Change in Spousal smoking status: to **Non-smoker\***  or to **Smoker**
- Terminate Employee Optional Life effective: mm\_\_\_\_/dd\_\_\_\_/yy\_\_\_\_
- Terminate Spousal Optional Life effective: mm\_\_\_\_/dd\_\_\_\_/yy\_\_\_\_
- Decrease coverage amount of Employee Optional Life from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ (decrease amounts by **\$10k units to minimum of \$10k**)
- Decrease coverage amount of Spousal Optional Life from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ (decrease amounts by **\$10k units to minimum of \$10k**)
- Increase coverage amount of Employee Optional Life from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ (EOI required\*\*)  
(Increase amounts by **\$10k units to maximum of \$500k**)
- Increase coverage amount of Spousal Optional Life from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ (EOI required\*\*)  
(Increase amounts by **\$10k units to maximum of \$500k**)

#### DECLARATION AND AUTHORIZATION

I have verified the information shown on this form and declare that the statements I have made are complete and true. I agree that this information and any subsequent changes to this information may be forwarded to the insurer. I understand that if any statement is incomplete or false, any coverage granted may be voided. I also understand that, if evidence of insurability is required for specific coverage, such coverage will come into effect only when the insurer has approved such evidence. I hereby authorize any necessary deductions from my pay to provide benefits.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### To Be Completed by Human Resources

Date Form Received: (mm/dd/yy)	Effective Date of Eligibility: (mm/dd/yy)	Guaranteed Amount Issued: (within 31 days) Employee: \$50,000 ES Advisor Initial: _____ PeopleSoft Entry: _____ <span style="float: right;">(MM/DD/YYYY)</span>
--------------------------------	---	---

**\*\*Evidence of Insurability (EOI)** – you will be sent an EOI form for to you to complete as proof of good health. This form provides Manulife information on the condition of your health or your dependents health when making application for optional life coverages above and beyond the guaranteed amount and duration. The Group Benefits Consultant in HR will forward the completed EOI to Manulife along with the optional life application for underwriting purposes and you will be notified in writing from Manulife of the outcome. If approved, Manulife will determine the effective date of coverage.