



# Group Benefits Refusal of All Coverage

## Instructions

### Section 1 - General information

### Section 2 - Certification and authorization

Please print all answers.

#### 1 General information

|  |   |
|--|---|
| Plan contract number(s)                        | Plan sponsor name                               |
| Plan member name (first, middle initial, last) |   |
| Plan administrator name                        | Plan administrator telephone number<br>(      ) |
| Plan administrator email                       |   |

#### Comments

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#### 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 your plan administrator.