

How much does Provincial Plan Replacement Coverage cost?

| Family status | Description | Monthly Premium Rates* |
|---------------|---|------------------------|
| Single | One covered member (employee or spouse) | \$140 |
| Couple | One covered member (employee or spouse) + one dependent (spouse or 1 child) | \$252 |
| Family | One covered member + 2 or more dependents (spouse and 1 or more children) | \$364 |

*Please refer to the additional information about premium rates below.

1. These rates are in addition to the extended health plan coverage.
2. Premiums are subject to applicable Provincial sales tax. Please refer to the pricing chart located on the application form for total cost in your province.
3. Payment in full is required in advance.

How to apply for Provincial Plan Replacement Coverage

1. Complete the attached application form listing all eligible dependants.
2. Verify the cost of premium in your province and enclose the initial payment for three months' coverage. All payments must be submitted by employer cheque.

Manulife Financial
 Attention: PMA (PPR Application)
 2727 Joseph Howe Drive, P.O. Box 2026
 Halifax, Nova Scotia B3J 2Z1

Provincial Plan Contact Information

| Province | Website | Phone number |
|-----------------------------------|--|----------------|
| Newfoundland and Labrador | www.gov.nf.ca/health | 1-800-563-1557 |
| Nova Scotia | www.gov.ns.ca/health/ | (902) 468-9700 |
| New Brunswick | www.gnb.ca/0051/0394/index-e.asp | (506) 684-7901 |
| Prince Edward Island | www.gov.pe.ca/hss/index.php3 | (902) 368-4900 |
| Quebec | www.ramq.gouv.qc.ca | 1-800-561-9749 |
| Ontario | www.gov.on.ca/health/index.html | 1-800-268-1154 |
| Manitoba | www.gov.mb.ca/health/mhsip/index.html | 1-800-392-1207 |
| Saskatchewan | www.health.gov.sk.ca/ps_benefits_eligibility.html | 1-800-667-7766 |
| Alberta | www.health.gov.ab.ca/ahcip/faq.html | (780) 427-1432 |
| British Columbia | www.hlth.gov.bc.ca/msp/infoben/benefits.html | 1-800-663-7100 |
| Northwest Territories/ Nunavut | www.hlthss.gov.nt.ca/ | 1-800-661-0830 |
| Yukon | www.hss.gov.yk.ca/ | 1-800-661-0408 |

Questions?

Please call Manulife Group Benefits Customer Service.

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 With you every step of the way™

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 **Manulife Financial**

New to – or returning to –
 Canada?

**Make sure you're
 covered.**



**Provincial Plan
 Replacement Coverage**

Manulife's Provincial Plan Replacement Coverage

What is Provincial Plan Replacement Coverage?

Manulife offers Provincial Plan Replacement Coverage for plan members and their dependents who reside in Canada and are not covered by their Provincial Health Plan.

Who needs Provincial Plan Replacement Coverage?

Each province has guidelines for provincial plan health coverage eligibility. Typically there is a three-month waiting period for provincial plan health coverage for employees and their dependants who are:

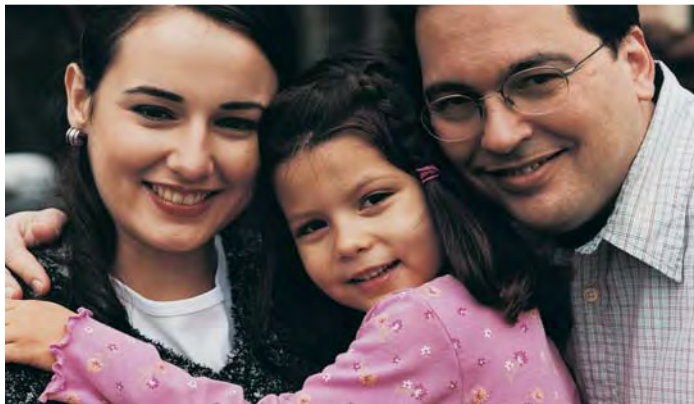
- entering the country, or
- returning after a period away from Canada, or
- foreign employees who are temporarily residing in Canada.

What expenses are covered by Provincial Plan Replacement Coverage?

- Benefits duplicate provincial plan coverage to a \$1,000,000 lifetime maximum. (Typical expenses include physician fees, hospital expenses, lab charges and ambulance.)
- Covered persons electing to have services performed outside of Canada will not be covered (e.g. an American working in Canada who has a heart attack and elects to return to the US for surgery has no coverage under this plan).

What are the administrative guidelines?

- Each eligible family member must be enrolled for coverage.
- Employees and dependents must also be covered under the plan's regular extended health benefits (e.g. drugs, vision and paramedical practitioners)
- Coverage and benefits terminate upon the earliest of:
 - termination of the employment relationship
 - plan member's attainment of age 65
 - acceptance for coverage by the Provincial Plan
- When submitting claims, employees must provide their Provincial Plan Replacement policy number.



Application for Provincial Plan Replacement Coverage

Payment in full is required in advance for initial enrolment of three months. Premiums are subject to the applicable Provincial Sales tax.

| | | | | | | |
|--|---|----------------------|--|---|---|---|
| 1 Employer Information | Group Plan / Policy Number | | Account / Division Number | | Certificate Number | |
| | Plan Sponsor/ Employer Name | | | | Employer Contact Name | |
| | Employer Address | | | | Employer Contact Number | |
| 2 Family Information Please indicate last name if different than employee name Please ensure all eligible dependants are listed | Insured/Spouse/Child Name (first, middle, last) | | Male / Female <small>(Circle one)</small> | Date of Birth <small>(DD/MMM/YY)</small> | Coverage Start Date <small>(DD/MMM/YY)</small> | Coverage Terminates <small>(DD/MMM/YY)</small> |
| | Plan Member | | Male / Female | | | |
| | Spouse | | Male / Female | | | |
| | Child | | Male / Female | | | |
| | Child | | Male / Female | | | |
| | Child | | Male / Female | | | |
| | Child | | Male / Female | | | |
| Province of Residence | | <input type="text"/> | Preferred Language | | <input type="checkbox"/> English <input type="checkbox"/> French | |

COVERAGE INFORMATION

- Health Coverage for Foreign Workers**

 Temporary Health Coverage for a Returning Canadian Employee or a New Canadian Resident

PROVINCIAL PLAN REPLACEMENT – PRICING CHART

- **Initial Application Pricing** (minimum 3 month premium required)
- Please note: No premium reimbursements provided for the initial 3 month application period
- Please check the appropriate pricing amount
- No personal cheques will be accepted, all payments must be submitted by your employer
- These rates are in addition to the extended health plan coverage rates

| FAMILY STATUS | ONTARIO | QUEBEC | ALL OTHER PROVINCES |
|--|--|--|--|
| Single: One covered member (Employee or spouse) | \$140 per month + PST 3 months required \$453.60 <input type="checkbox"/> | \$140 per month + QST 3 months required \$457.80 <input type="checkbox"/> | \$140 per month 3 months required \$420.00 <input type="checkbox"/> |
| Couple: One covered member (employee or spouse) + one dependant (Spouse or 1 child) | \$252 per month + PST 3 months required \$816.48 <input type="checkbox"/> | \$252 per month + QST 3 months required \$824.04 <input type="checkbox"/> | \$252 per month 3 months required \$756.00 <input type="checkbox"/> |
| Family: One covered member (employee or spouse) + 2 or more dependants (Spouse and 1 or more dependants) | \$364 per month + PST 3 months required \$1179.36 <input type="checkbox"/> | \$364 per month + QST 3 months required \$1190.28 <input type="checkbox"/> | \$364 per month 3 months required \$1092.00 <input type="checkbox"/> |

Benefit Extension Pricing

Please note: Premiums will be reimbursed only for full month period(s) where MLI is advised of the attainment of provincial coverage prior to the commencement of a coverage month requested on the extension application. Please check the appropriate pricing amount. No personal cheques will be accepted, all payments must be submitted by your employer

| FAMILY STATUS | ONTARIO INCLUDES PST | QUEBEC INCLUDES QST | ALL OTHER PROVINCES |
|---|--|--|--|
| Single: One covered member (Employee or spouse) | \$151.20 1 month <input type="checkbox"/> | \$152.60 1 month <input type="checkbox"/> | \$140.00 1 month <input type="checkbox"/> |
| | \$302.40 2 months <input type="checkbox"/> | \$305.20 2 months <input type="checkbox"/> | \$280.00 2 months <input type="checkbox"/> |
| | \$453.60 3 months <input type="checkbox"/> | \$457.80 3 months <input type="checkbox"/> | \$420.00 3 months <input type="checkbox"/> |
| Couple: One covered member (Employee or spouse) + one dependant (Spouse or 1 child) | \$272.16 1 month <input type="checkbox"/> | \$274.68 1 month <input type="checkbox"/> | \$252.00 1 month <input type="checkbox"/> |
| | \$544.32 2 months <input type="checkbox"/> | \$549.36 2 months <input type="checkbox"/> | \$504.00 2 months <input type="checkbox"/> |
| | \$816.48 3 months <input type="checkbox"/> | \$824.04 3 months <input type="checkbox"/> | \$756.00 3 months <input type="checkbox"/> |
| Family: One covered member (Employee or spouse) + 2 or more dependants (Spouse and 1 or more dependants) | \$393.12 1 month <input type="checkbox"/> | \$396.76 1 month <input type="checkbox"/> | \$364.00 1 month <input type="checkbox"/> |
| | \$786.24 2 months <input type="checkbox"/> | \$793.52 2 months <input type="checkbox"/> | \$728.00 2 months <input type="checkbox"/> |
| | \$1179.36 3 months <input type="checkbox"/> | \$1190.28 3 months <input type="checkbox"/> | \$1092.00 3 months <input type="checkbox"/> |

3 Authorization Provincial Plan Replacement Coverage

Please validate applicable premium against pricing chart located on this application form

Please note: Personal cheques will not be accepted; All payments must be submitted by your employer

I hereby apply for Provincial Plan Replacement coverage ("Coverage") under the Group Benefits plan issued to my plan sponsor by Manulife Financial ("Manulife"). I understand that certain aspects of such Coverage may extend to my spouse and eligible dependants (collectively, "Dependants"). I certify that the information in this form, and any further verbal or written statement provided by me, or my Dependants, in the future, and in relation to this Coverage is true and complete to the best of my knowledge. I agree that both my claim and my coverage may be denied or terminated as a result of my providing false, incomplete, or misleading information. I authorize Manulife to collect, use, maintain and disclose personal information relevant to this application ("Information") for the purposes of Group Benefits plan administration, audit, assessment, investigation, claim management, underwriting and for determining plan eligibility ("Purposes"). I am authorized by my Dependants to disclose and receive their Information, for the Purposes. I authorize any person or organization with Information, including any medical and health professionals, facilities or providers, professional regulatory bodies, any employer, group plan administrator, insurer, investigative agency, and any administrators of other benefits programs to collect, use, maintain and exchange this information with each other and with Manulife, its reinsurers and/or its service providers, for the Purposes. I authorize the use of my Social Insurance Number ("SIN") for the purposes of identification and administration, if my SIN is used as my plan member certificate number. I agree a photocopy or electronic version of this authorization is valid. I acknowledge that Manulife's Privacy Policy and Privacy Information Package are available at www.manulife.ca/groupbenefits, or from my Plan Sponsor. I understand that any personal information provided to or collected by Manulife Financial in accordance with this authorization, will be kept in a group life, health, or disability benefits file. Access to my personal information will be limited to: Manulife Financial employees, representatives, reinsurers, and service providers in the performance of their jobs; Persons to whom I have granted access; and Persons authorized by law. I have the right to request access to the personal information in my file, and, where appropriate, to have any inaccurate information corrected.

Plan Member's/Employee's Signature _____ Date Signed (DD/MMM/YY) _____

LETTER OF INTENT SHOULD BE FORWARDED TO PA AT ABOVE MENTIONED ADDRESS
VALIDATE PREMIUM RECEIVED AGAINST PRICING CHART ON BACK OF APPLICATION FORM

Division Number: Group Provincial Plan Number: Provincial Plan Certificate Number

BILLING INFORMATION

Premium Cost Applicable Provincial Sales Tax Premium Total Cost

Please send completed application with employer cheque to:

Manulife Financial
Attention: PMA (PPR Application)
2727 Joseph Howe Drive, P.O. Box 2026
Halifax, Nova Scotia. B3J 2Z1