

Registration form for PARA group disability and life insurance plans

1. General Information

Complete this form and return to:

ADIUM Insurance Services Inc.
 Alberta Medical Association
 12230 106 Avenue NW
 Edmonton AB T5N 3Z1
 Email: adium@albertadoctors.org
 Fax: 780-488-7558
 Toll Free Fax: 1-877-302-3486

Name of Member		
Last Name:	First Name:	Middle Initial:
Date of Birth (dd/mm/yyyy):		Residence Address:
City:	Province:	Postal Code:
Telephone:		Email Address:
Current PGY:		Program/Specialty:
Date Commenced Residency Training:		Expected Completion Date:
<input type="checkbox"/> Male <input type="checkbox"/> Female		
PARA Life Insurance: \$150,000 Coverage		PARA Accidental Death & Dismemberment Insurance: \$150,000 coverage
Full Name of Beneficiary:		
Relationship to Member:		

PARA Disability Insurance: The monthly disability insurance benefit is 75% of gross monthly salary.

2. Declaration and Authorization

I declare that my answers on this form are true and complete and I understand that concealment, misrepresentation, or false declaration concerning this form will cause this insurance to be void. As a member of the Professional Association of Resident Physicians of Alberta, I understand and agree that this form is void unless I am actively at work in Canada (for at least 25 hours per week) on the date of signing this form.

The Manufacturers Life Insurance Company ("Manulife") can use and exchange with the AMA plan administrator (ADIUM Insurance Services Inc.), information needed for underwriting, administration, and adjudicating claims associated with this insurance coverage. A photocopy of this authorization is as valid as the original.

3. Personal Information Statement

In this Statement, "you" and "your" refer to the policyowner or holder of rights under the contract, the insured and the parent or guardian of any child named as insured who is under the legal age for providing consent. "We", "us", "our" and "the Company" refer to The Manufacturers Life Insurance Company and our affiliated companies and subsidiaries.

Updates to this Statement and further information about our privacy practices are posted to www.manulife.ca.

We collect, use, verify and disclose your personal information for identified purposes, and only with your consent, or as permitted or required by law. By selecting submit or by signing the application, you give your consent for us to collect, use, and disclose your personal information, as set out in this Personal Information Statement. Any alterations to the consent must be agreed to in writing by the Company.

What personal information do we collect?

- Depending on the product you have applied for, we collect specific personal information about you such as:
- Identifying information such as your name, address, telephone number(s), email address, your date of birth, or driver's license
- Medical information that any organization or person has about you
- A personal investigation, financial information, credit bureau report and/or a consumer report from other organizations, person or source that has any information or records about you
- Information about how you use our products and services, and information about your preferences, demographics, and interests
- Other personal information we may require to administer our business relationship with you

3. Personal Information Statement (cont'd)

We use fair and lawful means to collect your personal information.

Where do we collect your personal information from?

- Your completed applications and forms
- Other interactions between you and the Company,
- Other sources, such as:
 - Your advisor or authorized representative(s)
 - Third parties with whom we deal in issuing and administering your policy now, and in the future
- Public sources, such as government agencies, and internet sites

What do we use your personal information for?

We will use your personal information to:

- Help us properly administer the products and services that we provide and to manage our relationship with you
- Confirm your identity and the accuracy of the information you provide
- Evaluate your application, and issue and administer the rights under the policy
- Comply with legal and regulatory requirements
- Understand more about you and how you like to do business with us
- Analyze data to help us understand our customers better so we can improve the products and services we provide
- Determine your eligibility for, and provide you with details of, other products or services that may be of interest to you

Who do we disclose your information to?

- Persons, financial institutions and other parties with whom we deal in issuing and administering your policy now, and in the future
- Authorized employees, agents and representatives
- Your advisor and any agency which has entered into an agreement with us and has supervisory authority, directly or indirectly, over your advisor, and their employees
- Any person or organization to whom you gave consent
- People who are legally authorized to view your personal information
- Service providers who require this information to perform their services for us (for example data processing, programming, data storage, market research, printing and distribution services, paramedical and investigative agencies)
- Your medical doctor
- Public health authorities as required, if laboratory tests performed on our behalf show that you have tested positive for infectious disease

The abovementioned people, organizations and service providers are both within Canada and jurisdictions outside Canada, and would therefore be subject to the laws of those jurisdictions.

Where personal information is provided to our service providers, we require them to protect the information in a manner that is consistent with our privacy policies and practices.

How long do we keep your information?

The longer of:

- the time period required by law and by guidelines set for the financial services industry, and
- the time period required to administer the products and services we provide.

Withdrawing your consent

You may withdraw your consent for us to use your personal information to provide you with other service or product offerings, excluding those mailed with your statements.

You may not withdraw your consent for us to collect, use, retain or disclose personal information we need to issue or administer the policy unless federal or provincial laws give you this right. If you do so, a policy may not be issued and benefits will not be payable under the contract or we may treat your withdrawal of consent as a request to terminate the contract.

If you wish to withdraw your consent, phone our customer care centre at 1-888-MANULIFE (626-8543), or 1-888-MANUVIE (626-8843) in Quebec, or write to the Privacy Officer at the address below.

Accuracy and Access

You will notify us of any change to your contact information. You have the right to access and verify your personal information maintained in our files, and to request any factually inaccurate personal information be corrected, if appropriate. If you have a question, a concern, wish to receive more information about parties who have access to your information or about our privacy policies and procedures, and/or wish to review your personal information in our files or correct any inaccuracies, you may send a written request to: **Privacy Officer, Manulife, 500 King Street N., Waterloo, ON N2J 4C6.**

Privacy_office_canadian_division@manulife.com

Please note the security of email communication cannot be guaranteed. Do not send us information of a private or confidential nature by email. By contacting us via email you are authorizing us to communicate with you by email.

Signed at: City

Province

Date (dd/mm/yyyy):

Signature of Member:

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