



SMALL BUSINESS EMPLOYER ENROLMENT SUMMARY

If you have any questions regarding the completion of this form, please call 1-800-346-9285.

PART A • EMPLOYER INFORMATION

Company Name : _____
 Address : _____
 City/Town : _____ Province : _____ Postal Code: _____
 Billing Contact : _____ Telephone:() _____ Fax () _____

PART B • BILLING OPTIONS

INITIAL PAYMENT:

Must be submitted for all options other than Visa/Mastercard/Amex.

Amount submitted with my application to cover two months' payment is : \$ _____ (remit only two months premium, regardless of payment frequency)

SUBSEQUENT PAYMENTS:

My choice is : Monthly pre-authorized payment plan from my bank account (please complete PART D below)

Monthly Credit Card : Visa Master Card Amex

Account Number : _____ / _____ / _____ / _____ Expiry Date _____ / _____
MM YY

Direct Billing Semi-annually Annually

PART C • EMPLOYEE INFORMATION

Employee Name	Health Card Number	Plan Chosen	Marital Status	Monthly Premium

Monthly Premium Total : _____

IF YOU REQUIRE ADDITIONALSPACE TO COMPLETE ANY PART OF THIS APPLICATION, PLEASE ATTACH A SEPARATE SHEET.

PART D • FINANCIAL INSTITUTION AUTHORIZATION

TO BE COMPLETED IF YOU ARE ENROLING IN OUR PRE-AUTHORIZED PAYMENT PLAN

I hereby authorize Manulife Financial to make a withdrawal from my account on or about the first business day of each month in which premiums are due. Manulife Financial may terminate coverage or change the method of payment to another qualifying method should a withdrawal be refused for any reason and the financial institution shall in no way be held liable should such an event occur.

This authorization shall remain valid unless 30 days written notice is given to Manulife Financial requesting cancellation by the account holder (s) at any time.

NSF Charge : A \$25.00 fee will be charged for all NSF transactions.

Name of account holder (If different from applicant) _____

Financial Institution : _____ Address : _____ City/Town : _____

Type of Account : Savings Chequing/Savings Personal Chequing Current Direct Deposit Account Other

REMEMBER : For verification purposes, please enclose a cheque marked « void » from the financial institution account you intend to use.

Is this a joint account requiring more than one signature?

Yes No

For a joint account, if more than one signature is required on cheques issued againsts the account, both persons must sign this form.

FINANCIAL INSTITUTION APPROVAL FOR PRE-AUTHORIZED PAYMENTS FROM SAVINGS ACCOUNTS WITH NO CHEQUING PRIVILEGES.

Prior arrangements have been made with my financial institution to allow pre-authorized payments to be made from my savings account. Enclosed is a withdrawal slip that has been stamped by my financial institution allowing withdrawals to be made from my savings account

SIGNATURE OF ACCOUNT HOLDER

SECOND SIGNATURE IF JOINT ACCOUNT