



OPTIONAL CRITICAL ILLNESS INSURANCE APPLICATION

INSTRUCTIONS:

1. Complete this Application Form. See rate information on next page.
*If applying within 31 days of (a) becoming eligible, (b) any September 1, or (c) a qualifying life event
AND if the requested amount is \$25,000 or less, then Evidence of Insurability is not required.*
2. Complete Manulife Financial’s Evidence of Insurability Form if either of these apply:
You and/or your spouse are applying for more than \$25,000 in coverage or
You are applying more than 31 days after (a) becoming eligible, (b) any Sept 1, or (c) a qualifying life event.
3. **Return forms to the Christian Education Health Plan office.**
Scan/email to laura.landstra@cebteam.org (Hard copy not required)
Or mail via postal service to the address listed above.
4. Christian Education Health Plan office will then forward to Manulife Financial.
5. Manulife Financial evaluates the forms, issues approval/denial, establishes effective date.

OPTIONAL CRITICAL ILLNESS INSURANCE APPLICATION FORM

School Name _____ City, Province _____ School Number _____

Employee Name _____ Employee Birth Date _____ SIN _____
MM/DD/YYYY

Spouse Name _____ Spouse Birth Date _____
MM/DD/YYYY

Critical Illness Coverage:

	Employee:	Male	Female	Spouse:	Male	Female	Child:
		Smoker	Non-Smoker		Smoker	Non-Smoker	(Covers all children)
Current Coverage	\$ _____			\$ _____			\$ 5,000 coverage
Additional Amount Requested	\$ _____			\$ _____			
New TOTAL Coverage Amount	\$ _____			\$ _____			

*If you are applying for more than \$25,000, you must also complete the Manulife Evidence of Insurability Form.

Employee Signature _____ Date _____
MM/DD/YYYY

Please refer to the instructions above for submitting forms. See next page for rates and additional information.

OPTIONAL CRITICAL ILLNESS INSURANCE INFORMATION

Optional Critical Illness Insurance under the Christian Education Health Plan:

- Critical Illness insurance through Manulife supplements your coverage to reduce the potentially devastating impact that serious illness may have on your standard of living by paying the amount you select if you are diagnosed with one of 22 covered conditions.
- Offered in units of \$5,000 with a minimum of \$10,000 and a maximum of \$150,000.
- Allows the employee and spouse to purchase up to \$25,000 in coverage without submitting an Evidence of Insurability form.
- Becomes effective the date Manulife establishes, and billing begins the first of the month following the effective date. All premium payments are made through the school by payroll deduction.
- Calculates premium based on age as of March 1. When age increases to a new bracket, new premiums are effective September 1 of that Plan year. The employee's premium is based on the employee's age and the spouse's premium is based on the age of the spouse.
- Monthly rate per \$1,000 of coverage. For example, a 42-year old female non-smoker living in Alberta purchases \$25,000 in coverage: $.309 \times \$25,000 / \$1,000 = \$7.73$.

OPTIONAL CRITICAL ILLNESS COVERAGE											
ONTARIO AND MANITOBA					ALL OTHER PROVINCES					CHILD COVERAGE	
Monthly rate per \$1,000 of benefit					Monthly rate per \$1,000 of benefit					Coverage amount: \$5000	
Male		Female			Male		Female				
Age	Nonsmoker	Smoker	Nonsmoker	Smoker	Age	Nonsmoker	Smoker	Nonsmoker	Smoker		
< 25	\$.101	\$.121	\$.094	\$.116	<25	\$.094	\$.112	\$.087	\$.108		
25-29	\$.113	\$.140	\$.112	\$.143	26-29	\$.105	\$.130	\$.103	\$.132		
30-34	\$.145	\$.192	\$.154	\$.211	30-34	\$.134	\$.178	\$.143	\$.196		
35-39	\$.207	\$.308	\$.226	\$.333	35-39	\$.191	\$.285	\$.209	\$.308		
40-44	\$.316	\$.548	\$.334	\$.535	40-44	\$.293	\$.507	\$.309	\$.495		
45-49	\$.482	\$1.009	\$.497	\$.902	45-49	\$.447	\$.934	\$.460	\$.835		
50-54	\$.769	\$1.846	\$.726	\$1.466	50-54	\$.712	\$1.709	\$.672	\$1.357		
55-59	\$1.309	\$3.247	\$1.072	\$2.275	55-59	\$1.212	\$3.006	\$.992	\$2.107		
60-64	\$2.181	\$5.201	\$1.592	\$3.391	60-64	\$2.020	\$4.816	\$1.474	\$3.139		
65-69	\$3.360	\$7.563	\$2.407	\$4.887	65-69	\$3.111	\$7.003	\$2.229	\$4.525		
										Monthly rate	
										Ontario and Manitoba	All other Provinces
										\$1.80	\$1.65
										One premium covers all eligible children.	

*Ontario rates include the 8% Retail Sales Tax.

NOTE: If you are eligible for non-smoker rates when you first apply and you start smoking in the future, you must advise the Christian Education Health Plan office and your premium rate will be adjusted accordingly. If you fail to do so, the insurance company may not honour a future claim and instead may simply refund the premiums paid.