Manulife

Plan Sponsor Request for Continuation of Group Benefits at Plan Member's Termination of Employment

This form is to be used for requesting benefit continuation beyond the statutory notice period, as part of a severance agreement (not for Retirees regular or early retirement).

The Plan Sponsor is responsible for:

- obtaining legal advice re: termination of employment and continuation of benefits including Employment Standards legislation, as applicable;
- collecting any required Plan Member contributions for the benefits being continued as applicable;
- advising Manulife if, subsequent to the continuation of benefits, coverage should cease earlier than the requested "End date of continued benefits" (e.g. plan member commences new employment, or obtains similar coverage elsewhere);
- informing the Plan Member of the terms and conditions under which coverage is being provided and that the coverage provided will be in accordance with the conditions and provisions of the Group Policy.

1 Plan member information

Retain a copy of this form for your records.

Plan contract number	Plan member certificate number	Plan sponsor

Plan member name (first, middle initial, last)	Date of birth (dd/mmm/yyyy)

Date notice given (dd/mmm/yyyy)	Government legislated notice ends (dd/mmm/yyyy)	Date last worked (dd/mmm/yyyy)

Plan administrator name	Telephone number
	( )

2 Benefit information

The amount of coverage to be continued must not exceed the amount of coverage in effect on the date of the plan member's termination.

Waiver of premium will not apply to the benefit continuation period.

Benefits requested for continuation as part of a severance agreement	Amount of benefit	***End date of continued benefits (dd/mmm/yyyy)**
◯ **Basic Life Insurance**		
◯ **Optional Life**		
◯ **Accidental Death and Dismemberment**		
◯ **Dependant Life Insurance**		
◯ **Extended Health Care**	◯ Single ◯ Couple (if applicable) ◯ Family	
◯ **Dental Care**	◯ Single ◯ Couple (if applicable) ◯ Family	
◯ **Health Care Spending Account**		
◯ **Other** _____ (please specify)		

Disability Benefits will not be continued. There is no continuation of any coverage without approval from Manulife.

3 Signature of plan sponsor authorized official

Any benefits which are approved will continue up to the *End date stated in section 2, but will terminate prior to that date if the group policy terminates or if the plan member obtains similar coverage/employment elsewhere.

For more information regarding details of the Government Legislated Notice Period for your province, contact your local Employment Standards branch of the Ministry/Department of Labour.

Plan sponsor authorized official's signature	Date signed (dd/mmm/yyyy)

4 Mailing instructions

Mail your signed and dated request form as follows:

Manulife
PO BOX 11006, STN CENTRE-VILLE
MONTREAL QC H3C 4T8

Login to **www.manulife.ca/signin** and use the **'Send a file'** feature in Plan Administrator Secure Site.

FOR USE BY MANULIFE ONLY

Print

Is approval granted? ◯ Yes ◯ No If *yes*, with the following conditions:

Underwriter's signature	Date signed (dd/mmm/yyyy)