

## 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.
  4. Rates apply up to age 65.

## 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  
 Attention: PMA (PPR Application)  
 P.O. Box 11006 Stn. Centre Ville  
 Montreal, QC. H3C 4T8

## PROVINCIAL PLAN CONTACT INFORMATION\*

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

\* Information is subject to change.

## QUESTIONS?

Please call Manulife Group Benefits Customer Service.



New to – or returning to – Canada?  
 Make sure  
 you're covered.



PROVINCIAL PLAN REPLACEMENT COVERAGE



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# 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 (coverage can be extended past age 65 at different rates)
  - 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.

<b>1 Employer Information</b>	Group Plan / Policy Number	Account / Division Number	Certificate Number		
	Plan Sponsor/Employer Name		Employer Contact Name		
	Employer Address		Employer Contact Number		
	Employer Email Address				

  

<b>2 Family Information</b> 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
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### 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
- Rates apply up to age 65

FAMILY STATUS	ONTARIO	QUEBEC	ALL OTHER PROVINCES
Single: One covered member (Employee or spouse)	\$140 per month + PST 3 months required <b>\$453.60</b> <input type="checkbox"/>	\$140 per month + QST 3 months required <b>\$457.80</b> <input type="checkbox"/>	\$140 per month 3 months required <b>\$420.00</b> <input type="checkbox"/>
Couple: One covered member (Employee or spouse) + one dependant (Spouse or 1 child)	\$252 per month + PST 3 months required <b>\$816.48</b> <input type="checkbox"/>	\$252 per month + QST 3 months required <b>\$824.04</b> <input type="checkbox"/>	\$252 per month 3 months required <b>\$756.00</b> <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 <b>\$1179.36</b> <input type="checkbox"/>	\$364 per month + QST 3 months required <b>\$1190.28</b> <input type="checkbox"/>	\$364 per month 3 months required <b>\$1092.00</b> <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. **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/planmember](http://www.manulife.ca/planmember), or from my Plan Sponsor. **I understand** that any personal information provided to or collected by Manulife 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 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) \_\_\_\_\_

Please send completed application with employer cheque to:

**Manulife**  
**Group Benefits, PMA (PPR Application)**  
**PO BOX 11006 STN CENTRE VILLE**  
**MONTREAL QC H3C 4T8**

**For Manulife Use**

LETTER OF INTENT SHOULD BE FORWARDED TO PA AT ABOVE MENTIONED ADDRESS  
 VALIDATE PREMIUM RECEIVED AGAINST PRICING CHART ON PAGE 1 OF APPLICATION FORM

Division Number:	<input type="text"/>	Group Provincial Plan Number:	<input type="text"/>	Provincial Plan Certificate Number	<input type="text"/>
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**BILLING INFORMATION**

Premium Cost	<input type="text"/>	Applicable Provincial Sales Tax	<input type="text"/>	Premium Total Cost	<input type="text"/>
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