





# B.C. Government Retired Employees' Association Guaranteed Issue Life Insurance Enrollment Form

## 5. BENEFICIARY INFORMATION

### Beneficiary on Member's Coverage

\_\_\_\_\_ Last name First name Relationship

*In Québec, the designation of spouse as beneficiary on this enrollment form is irrevocable unless otherwise stated. I hereby appoint my spouse as a revocable beneficiary. ☐*

### TRUSTEE for Minor Beneficiary (not applicable in Québec)

Any payment to a beneficiary who is a minor will be paid in trust to the trustee named below.

\_\_\_\_\_ Name of Minor Beneficiary Trustee for Minor Beneficiary Relationship of Trustee to Life Insured

### Beneficiary on Spouse's Coverage

\_\_\_\_\_ Last name First name Relationship

*In Québec, the designation of spouse as beneficiary on this enrollment form is irrevocable unless otherwise stated. I hereby appoint my spouse as a revocable beneficiary. ☐*

### TRUSTEE for Minor Beneficiary (not applicable in Québec)

Any payment to a beneficiary who is a minor will be paid in trust to the trustee named below.

\_\_\_\_\_ Name of Minor Beneficiary Trustee for Minor Beneficiary Relationship of Trustee to Life Insured

## 6. TERMS AND CONDITIONS – (Please read carefully before signing)

DECLARATION: I/we hereby apply for insurance to The Manufacturers Life Insurance Company (Manulife Financial). I/we declare that the statements contained in this enrollment form are true and complete and together with any other forms signed by me/us in connection with this enrollment form the basis for any contract issued hereunder. I/we understand that any material misrepresentation shall render the insurance voidable at the instance of the insurer.

I/we acknowledge receipt of, and confirm my/our agreement with, the Notice on Privacy and Confidentiality (see page 1).

\_\_\_\_\_ Member's Name (Please Print) Member's Signature Requested Effective Date Date Signed

**NOTE: IS THE POLICY APPLIED FOR INTENDED TO REPLACE ANY EXISTING COVERAGE?** Member:  YES  NO Spouse:  YES  NO

*If "YES", list the policy numbers to be replaced and insurer. The insurer may decline an application which indicates replacement is intended.*

Member's Policy Number: \_\_\_\_\_ Insurer's Name: \_\_\_\_\_

Spouse's Policy Number: \_\_\_\_\_ Insurer's Name: \_\_\_\_\_

\_\_\_\_\_ Spouse's Name (Please Print) Spouse's Signature Requested Effective Date Date Signed  
*(Spouse to complete only if applying for coverage)*

**If you need assistance with your Guaranteed Issue Life Enrollment Form,**

**Call Manulife Financial toll-free:**  
**1 800 668-0195**  
Monday through Friday from  
8:00 a.m. to 8:00 p.m. Eastern Time  
or e-mail [am\\_service@manulife.com](mailto:am_service@manulife.com)

**or**

**Call Martell Insurance Services toll-free:**  
**1 877 228-1501**  
Monday through Friday  
from 8:30 a.m. to 5:00 p.m. Pacific Time  
or e-mail [admin@martellinsurance.com](mailto:admin@martellinsurance.com)



## B.C. Government Retired Employees' Association Guaranteed Issue Life Insurance Enrollment Form

**KEEP THIS PAGE FOR YOUR RECORDS.  
A POLICY WILL BE MAILED TO YOU IN APPROXIMATELY 3 WEEKS.**

### MONTHLY PREMIUMS – MALE

Issue Age	\$2,500 Coverage	\$5,000 Coverage	\$7,500 Coverage	\$10,000 Coverage
50-54	\$ 8.50	\$ 17.00	\$ 25.50	\$ 34.00
55-59	11.50	23.00	34.50	46.00
60-64	14.75	29.50	44.25	59.00
65-69	19.50	39.00	58.50	78.00
70-74	27.25	54.50	81.75	109.00
75-79	36.75	73.50	110.25	147.00
80-85*	49.50	99.00	148.50	198.00

### MONTHLY PREMIUMS – FEMALE

Issue Age	\$2,500 Coverage	\$5,000 Coverage	\$7,500 Coverage	\$10,000 Coverage
50-54	\$ 7.25	\$ 14.50	\$ 21.75	\$ 29.00
55-59	8.50	17.00	25.50	34.00
60-64	11.50	23.00	34.50	46.00
65-69	14.95	29.90	44.85	59.80
70-74	19.95	39.90	59.85	79.80
75-79	27.50	55.00	82.50	110.00
80-85*	36.95	73.90	110.85	147.80

\* These rates also apply to ages 85 to 100.

Rates shown on this page are subject to change without notice. However, once enrolled, your monthly premium will remain the same for the duration of your insurance coverage. But, if you wait too long to take advantage of this plan, the monthly premiums may increase by the time you enroll.

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