

**INSTRUCTIONS:**

- This form is to be completed by the Plan Administrator, to identify ALL Plan Members **NOT ACTIVELY AT WORK** due to sickness, accident or leave of absence, on the planned effective date of the Manulife policy (including members who are off for an extended period of time, e.g. > 10 working days)
- If **Health and Dental coverage** is required for these Members, please submit an Enrolment Application form (GL2971) for each applicable Member
- If a 'new or changed' situation is identified late in the process where a Member is declined for Life Waiver and covered for Life on a premium paying basis with prior carrier, an Evidence of Insurability form (Form GL0004) must be submitted with the Issue material
- If 'No' is indicated in any of the sections below, please provide details for that Member in the Comments section
- *Note: Current coverage must remain in force with the prior carrier, until Manulife Financial determines IF the risk will be accepted*

Plan Sponsor Name:
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PLAN MEMBER (First name, Surname)	DOB  dd/mmm/yy	REASON (See * Codes below)	DATES		LIFE WAIVER		LTD		WSIB or WCB	
			Last Date Worked dd/mmm/yy	Expected Return to Work Date dd/mmm/yy or N/A	Filed for Life Waiver Y / N	Life Waiver Approved Y / N	Filed for LTD Y / N	LTD Approved Y / N	Filed for WSIB Y / N	WSIB Approved Y / N

DOB = Date of Birth

**\* REASON Code:**

- LOA =** Leave of Absence (e.g. Maternity Leave)
- LTD =** Long Term Disability
- MVA =** Motor Vehicle Accident
- OTH =** Other – please provide specific details, in Additional Comments section below
- STD =** Short Term Disability; also referred to as Weekly Indemnity or Weekly Income or **WI**
- WSIB =** Workers' Safety Insurance Benefit; also referred to as Workers' Compensation Board, or **WCB**

<b>Comments</b> (indicate the member's name, to which the comments apply)

Authorized Official - Plan Sponsor's Signature (Plan Administrator)	Date
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