

coverme™

Critical Illness



Monthly Premiums for the
CoverMe™ Critical Illness
insurance plan

 **Manulife Financial**

CoverMe Critical Illness – Monthly Premiums

See over for \$25,000 of Coverage
with Return of Premium Option

\$25,000 of Coverage					\$25,000 of Coverage				
Age	Male Non-Smoker	Female Non-Smoker	Male Smoker	Female Smoker	Age	Male Non-Smoker	Female Non-Smoker	Male Smoker	Female Smoker
18	\$5.50	\$6.25	\$6.50	\$6.75	47	\$19.00	\$17.50	\$35.50	\$34.00
19	\$5.50	\$6.25	\$6.50	\$6.75	48	\$20.75	\$19.25	\$41.25	\$36.75
20	\$5.75	\$6.25	\$6.50	\$7.00	49	\$22.50	\$21.25	\$47.75	\$39.75
21	\$5.75	\$6.50	\$6.50	\$7.00	50	\$24.75	\$23.50	\$55.25	\$43.25
22	\$5.75	\$6.50	\$6.50	\$7.00	51	\$27.00	\$26.00	\$64.00	\$47.00
23	\$5.75	\$6.50	\$6.50	\$7.00	52	\$29.50	\$28.75	\$74.25	\$50.75
24	\$6.00	\$6.75	\$6.50	\$7.25	53	\$32.75	\$30.25	\$83.25	\$56.00
25	\$6.00	\$6.75	\$6.50	\$7.25	54	\$36.25	\$31.75	\$93.25	\$61.50
26	\$6.00	\$6.75	\$6.50	\$7.25	55	\$40.25	\$33.25	\$104.50	\$67.75
27	\$6.00	\$7.00	\$6.50	\$7.50	56	\$44.75	\$35.00	\$117.00	\$74.50
28	\$6.25	\$7.00	\$7.00	\$7.75	57	\$49.50	\$36.75	\$131.00	\$82.00
29	\$6.50	\$7.25	\$7.50	\$8.00	58	\$54.25	\$39.25	\$137.75	\$87.00
30	\$6.75	\$7.50	\$8.25	\$8.25	59	\$59.25	\$42.00	\$145.00	\$92.00
31	\$7.00	\$7.75	\$8.75	\$8.50	60	\$64.75	\$45.00	\$152.50	\$97.50
32	\$7.25	\$8.00	\$9.50	\$8.75	61*	\$71.00	\$48.00	\$160.25	\$103.25
33	\$7.50	\$8.25	\$10.25	\$9.25	62*	\$77.50	\$51.25	\$168.50	\$109.50
34	\$7.75	\$8.75	\$11.00	\$9.75	63*	\$80.75	\$55.00	\$175.75	\$115.50
35	\$8.00	\$9.25	\$11.75	\$10.25	64*	\$83.75	\$59.25	\$183.00	\$122.00
36	\$8.25	\$10.00	\$12.75	\$10.75	65*	\$87.25	\$63.75	\$190.75	\$128.75
37	\$8.50	\$10.50	\$13.75	\$11.25	66*	\$90.75	\$68.50	\$199.00	\$136.00
38	\$9.00	\$11.00	\$14.75	\$12.75	67*	\$94.25	\$73.75	\$207.25	\$143.75
39	\$9.50	\$11.50	\$15.75	\$14.25	68*	\$102.50	\$80.25	\$225.25	\$156.25
40	\$10.00	\$12.00	\$17.00	\$16.25	69*	\$111.50	\$87.25	\$245.00	\$169.75
41	\$10.75	\$12.75	\$18.50	\$18.25	70*	\$121.25	\$94.75	\$266.50	\$184.75
42	\$11.25	\$13.25	\$19.75	\$20.75	71*	\$131.75	\$103.00	\$289.75	\$200.75
43	\$12.50	\$14.00	\$22.25	\$23.00	72*	\$143.25	\$112.00	\$315.00	\$218.25
44	\$14.00	\$14.75	\$25.00	\$25.25	73*	\$155.75	\$121.75	\$342.50	\$237.50
45	\$15.50	\$15.75	\$28.25	\$27.75	74*	\$169.25	\$132.50	\$372.50	\$258.25
46	\$17.00	\$16.50	\$31.75	\$30.75					

Premiums are effective June 1, 2007 and are subject to change without notice.

*For renewals only.

CoverMe Critical Illness with Return of Premium Option – Monthly Premiums

\$25,000 of Coverage with Return of Premium Option					\$25,000 of Coverage with Return of Premium Option				
Age	Male Non-Smoker	Female Non-Smoker	Male Smoker	Female Smoker	Age	Male Non-Smoker	Female Non-Smoker	Male Smoker	Female Smoker
18	\$6.00	\$7.00	\$7.25	\$7.75	47	\$27.75	\$23.25	\$45.00	\$40.75
19	\$6.25	\$7.00	\$7.25	\$7.75	48	\$31.50	\$27.50	\$52.75	\$46.25
20	\$6.25	\$7.25	\$7.25	\$8.00	49	\$36.00	\$32.75	\$61.75	\$52.75
21	\$6.25	\$7.25	\$7.25	\$8.00	50	\$41.00	\$39.00	\$72.25	\$60.00
22	\$6.25	\$7.25	\$7.25	\$8.00	51	\$46.50	\$46.25	\$84.50	\$68.25
23	\$6.50	\$7.50	\$7.25	\$8.25	52	\$53.00	\$54.75	\$98.75	\$77.75
24	\$6.50	\$7.50	\$7.50	\$8.25	53	\$59.25	\$58.00	\$111.00	\$84.75
25	\$6.50	\$7.50	\$7.50	\$8.25	54	\$66.00	\$61.25	\$124.50	\$92.25
26	\$6.75	\$7.75	\$7.50	\$8.50	55	\$73.75	\$64.50	\$139.75	\$100.25
27	\$6.75	\$7.75	\$7.50	\$8.50	56*	\$82.50	\$68.25	\$157.00	\$109.25
28	\$7.00	\$8.00	\$8.00	\$8.75	57*	\$92.25	\$72.00	\$176.25	\$119.00
29	\$7.25	\$8.25	\$8.50	\$9.00	58*	\$100.00	\$77.75	\$186.25	\$127.25
30	\$7.50	\$8.50	\$9.25	\$9.50	59*	\$108.75	\$83.75	\$197.25	\$136.00
31	\$7.50	\$8.75	\$10.00	\$9.75	60*	\$118.00	\$90.50	\$208.50	\$145.25
32	\$7.75	\$9.00	\$10.75	\$10.00	61*	\$128.00	\$97.50	\$220.75	\$155.50
33	\$8.75	\$9.50	\$12.00	\$10.75	62*	\$139.00	\$105.25	\$233.50	\$166.00
34	\$9.50	\$10.25	\$13.25	\$11.75	63*	\$146.00	\$114.00	\$244.50	\$177.25
35	\$10.25	\$11.00	\$14.50	\$12.50	64*	\$153.25	\$123.25	\$256.00	\$189.00
36	\$11.25	\$11.75	\$16.25	\$13.50	65*	\$161.00	\$133.50	\$268.00	\$201.50
37	\$12.50	\$12.50	\$18.00	\$14.75	66*	\$169.25	\$144.25	\$280.75	\$215.00
38	\$13.25	\$13.50	\$19.25	\$16.50	67*	\$177.75	\$156.25	\$293.75	\$229.25
39	\$13.75	\$14.50	\$20.50	\$18.50	68*	\$193.25	\$169.75	\$319.75	\$249.25
40	\$14.75	\$15.50	\$22.00	\$20.75	69*	\$210.00	\$184.75	\$348.00	\$271.25
41	\$15.50	\$16.75	\$23.50	\$23.25	70*	\$228.50	\$200.75	\$378.75	\$295.00
42	\$16.25	\$18.00	\$25.00	\$26.25	71*	\$248.50	\$218.50	\$412.25	\$320.75
43	\$18.25	\$18.75	\$28.25	\$28.50	72*	\$270.00	\$237.50	\$448.75	\$349.00
44	\$20.25	\$19.75	\$31.75	\$31.25	73*	\$293.75	\$258.25	\$488.25	\$379.50
45	\$22.50	\$21.00	\$35.50	\$34.00	74*	\$319.25	\$280.75	\$531.50	\$412.75
46	\$25.00	\$22.00	\$40.00	\$37.25					

Premiums are effective June 1, 2007 and are subject to change without notice.

*For renewals only.

Payment Information and Authorization

For Pre-Authorized Collection (PAC) Options

Name of Account holder _____
(if other than Applicant)

Financial Institution _____

Type of Account: Chequing Non-Chequing

Joint Accounts: Is this a joint account requiring only one signature? Yes No

If more than one signature is required on withdrawals issued against the account, both account holders must sign the authorization.

Non-Chequing Accounts: Since approval from my/our financial institution is required for pre-authorized payment from accounts with no chequing privileges, I/we have made prior arrangements to allow for pre-authorized payments from my/our account. Enclosed is a withdrawal slip that has been stamped by my/our financial institution allowing withdrawals to be made from my/our non-chequing account.

For Credit Card Payment Options

Credit Card: Visa MasterCard Amex

Account Number: _____ Expiry Date: _____ MM / YY

Name of Account holder _____
(if other than Applicant)

Payment Authorization

For Pre-Authorized Collection and Credit Card billing options — I/We hereby authorize Manulife Financial to make a withdrawal from my/our account on or about the first business day of each month in which insurance premiums are due. This Authorization may be terminated by either Manulife Financial or by me/us through written notice. Manulife Financial may terminate coverage or change the method of payment to another qualifying method should a withdrawal be refused for any reason and the financial institution shall in no way be held liable should such an event occur. A \$25.00 fee will be charged for all NSF (Non-Sufficient Funds) transactions.

Signature of Cardholder or Account holder

Second signature if joint account

Declaration — Please read carefully before signing.

Check here if you do not wish to receive further information and material on Manulife Financial products.

I declare that I am a Canadian resident between the ages of 18 and 60. I understand that my coverage will come into effect on the first day of the month following the date my application is received and approved by Manulife Financial. I declare that I have not, at any time during my life, been diagnosed with, had any signs and/or symptoms of, or had any medical consultations and/or abnormal tests concerning cancer; heart attack; stroke; AIDS or HIV; diabetes; heart disease; hepatitis, including hepatitis carrier state; chronic kidney disease; transient ischemic attack (TIA); alcoholism or drug abuse; peripheral vascular disease or intracranial tumour; or had coronary artery bypass surgery or aortic surgery and I have not undergone any tests for which I am currently awaiting results. I acknowledge receipt of the CoverMe Critical Illness plan brochure and declare that I have read and understand the information concerning the terms of coverage under the plan and the limitations and exclusions applicable to such coverage, including those related to pre-existing conditions.

I also declare that, if I am selecting a non-smoker benefit and premium option, I have not used any tobacco, nicotine substitutes, tobacco cessation products or marijuana within the last 12 months. I agree that any material misrepresentation of smoking status shall render the insurance voidable by Manulife Financial at any time.

I acknowledge receipt of and agree with the Notice on Privacy and Confidentiality and Notice on Information provided to the AIR MILES® Reward Program.

Signed at: _____ Date: _____ DD / MM / YYYY Primary Applicant's Signature _____

Signed at: _____ Date: _____ DD / MM / YYYY Secondary Applicant's Signature _____
(if applying for coverage)

CoverMe Critical Illness insurance is offered through Manulife Financial (The Manufacturers Life Insurance Company).

Plan underwritten by The Manufacturers Life Insurance Company.

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 **Manulife Financial**

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