

Send completed form to:
 Manulife
 P.O. Box 17001, Stn Waterloo
 Waterloo ON N2J 0G5
 For more information visit:
 omainsurance.com
 For questions, please call:
 1-888-596-8881

Health Benefit Upgrade form for the Physician Health Benefit Program (PHBP) delivered by OMA Priority Insurance Program (OPIP)

In this form, *we, us,* and *our* refer to The Manufacturers Life Insurance Company (Manulife).
You, your, and *I* refer to the plan member.
 Return this completed form to our office within the annual offer timeline.

1 Member information Residents of Quebec are not eligible for coverage.	OMA member ID #	PTMA member ID # (if applicable)	Policy #	
	Last name		First name	Middle initial
	Former name (if applicable)		Sex <input type="radio"/> Male <input type="radio"/> Female	Date of birth (dd/mmm/yyyy)
	Home address (street number and name)			Apartment or suite
	City/Town	Province	Postal code	
	Telephone (preferred contact) <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Cell			
	Email (optional) By providing us your email you are authorizing us to communicate with you by email for business purposes.			
2 Benefit selection I understand that to upgrade my existing OPIP Health coverage to OPIP Health Plus, I have not previously been insured or declined for Health Plus coverage under policy 17884 or 50131.	<input type="radio"/> I request to upgrade my existing OPIP Health coverage to OPIP Health Plus Your new OPIP Health Plus coverage will mirror your existing plan type (e.g. Single, Couple, Family), and will be effective the first of the month following receipt of this form.			
3 Declaration and authorization	I declare that answers in this form are true and complete and I understand that concealment, misrepresentation or false declaration concerning this upgrade request causes the insurance to be void. As a member of the Ontario Medical Association (OMA), Newfoundland and Labrador Medical Association, New Brunswick Medical Society, Medical Society of Prince Edward Island or Doctors Nova Scotia, or as a spouse/employee of a member, I understand and agree that this coverage is void unless I reside in Canada, on both the date on this form and on the effective date of coverage. Residents of Quebec are not eligible for this coverage. With respect to this request, I authorize Manulife, its agents and service providers to collect, use and disclose relevant information needed for the purposes of underwriting, administration and adjudicating claims with any person or organization who has relevant information about me including institutions, investigative agencies, insurers and reinsurers, and to collect, use and disclose information with OMA Insurance (OMAI) for the purpose of administration. A photocopy of this authorization is as valid as the original.			
Signature of member X		Date signed (dd/mmm/yyyy)		
Location (city/town and province)				

The Manufacturers Life Insurance Company (Manulife)

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 Protecting your personal information and respecting your privacy is important to us. To learn more visit manulife.ca or email our Privacy Officer at: Canada_privacy@manulife.ca