



# Plan Member Statement

- Long Term Disability Claim
- Waiver of Premium Claim for:
  - Basic Life Benefit
  - AD&D Benefit

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*An incomplete form may result in delays in the adjudication of your disability claim.*

*Please see page 2 for instructions.*

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**The LTD eligibility process**

In assessing eligibility for LTD benefits, we gather information from you, your employer and your physician(s).

We ask you to provide information about what you are capable and incapable of doing, in relation to your job demands.

We ask your employer to tell us about your job demands.

We ask your physicians to provide us with information about your restrictions and limitations.

***You are responsible for any fees your doctor charges for completion of the Attending Physician's Statement form and photocopies of file documentation.***

All of the above information will be reviewed to determine whether you meet the eligibility criteria and that review cannot be completed until all of the information has been received. In some cases, it may be necessary to gather additional information before a decision can be made. We will notify you if this becomes necessary.

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**Instructions for this form**

Please complete all sections of this form, sign and date it. You may give the completed form to your plan employer for submission or send it directly to the appropriate address below.

This form must be fully completed by the plan member and submitted no later than 6 weeks prior to the expiration of the Long Term Disability Qualifying period.

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**Authorization to attending physician**

Please complete, sign and date the "Patient authorization" section at the top of page 3 of the Attending Physician's Statement form before you take it to your physician.

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**Our approach**

Manulife Financial is committed to timely and effective return to work whenever possible. Should your claim for LTD benefits be accepted, we will review your situation and a representative of Manulife Financial will contact you to explore your current circumstances, and, if appropriate, develop a plan for your return to work.

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**Any questions?**

Your plan employer is the best person to answer any questions you may have about your LTD benefit plan or the application process.

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**Prairie Teamsters Administration Services**  
155 - 7260 12 ST SE  
CALGARY AB T2H 2S5  
Tel: (403) 252-6924  
Fax: (403) 253-3231

**OR** Manulife Financial Group Benefits  
Attention: Disability Claims  
PO BOX 4217 STN C  
CALGARY AB T2T 5N1  
Tel: 1-877-481-9169  
Fax: 1-866-635-3050

# Group Benefits Plan Member Statement Group Disability Claim

Additional information may be submitted on separate pages if there is insufficient space on this form.

## 1 Plan member information

You can obtain your plan contract number and division number from your benefit card.

|   |   |  |                             |
|---|---|--|-----------------------------|
| Plan employer's name                          |   | Plan contract number   | Division number             |
| SIN   | Job title                                 |  |                             |
| Full name (last, first, initial)              |   | <input type="radio"/> Mr. <input type="radio"/> Ms.<br><input type="radio"/> Miss <input type="radio"/> Mrs. | Date of birth (dd/mmm/yyyy) |
| Street address (number, street and apartment) |   |  |                             |
| City  |   | Province   | Postal code                 |
| Phone number                                  | Fax number                                | Height   | Weight                      |
| Number of dependants and ages                 | Mailing address (if different from above) |  |                             |

## 2 Work information

a) Last day worked?

(dd/mmm/yyyy)

b) Prior to stopping work had your job been modified?

Yes     No    *If yes, how was it modified?*

c) If your work was modified, why were you unable to continue working?

d) How long were you performing modified work?

e) Since work absence commenced:

|   |                                 |          |
|---|---------------------------------|----------|
| Have you done any work for pay?<br><input type="radio"/> Yes <input type="radio"/> No | Dates (dd/mmm/yyyy) (from - to) | Describe |
|   |                                 |          |

### 3 Other activities information

Since work absence commenced:

|   |                     |          |
|---|---------------------|----------|
| Have you returned to school/retraining?<br><input type="radio"/> Yes <input type="radio"/> No | Dates (dd/mmm/yyyy) | Describe |
| Have you done volunteer activity?<br><input type="radio"/> Yes <input type="radio"/> No       | Dates (dd/mmm/yyyy) | Describe |

### 4 Injury information

a) Is work absence due to an injury?

Yes  No *If no, please go to section 6, Illness information.*

b) What kind of injury?

Motor vehicle accident  Work related  Other

c) Describe how and when injury occurred.

Date of injury (dd/mmm/yyyy) Time of injury  a.m.  p.m.

d) Is there any legal action involved?

Yes  No *If yes, please provide lawyer's name and address.*

*(not required if claim is for waiver of premium benefit only)*

|               |   |
|---------------|---|
| Lawyer's name | Lawyer's address (number, street and suite) |
| Phone number  |   |

e) Was the occurrence investigated by police?

Yes  No *If yes, please provide a copy of the police report.*

*(not required if claim is for waiver of premium benefit only)*

### 5 Motor vehicle accident information

*(not required if claim is for waiver of premium benefit only)*

a) If your work absence is related to a motor vehicle accident, please provide the following information:

|  |   |
|--|---|
| Your insurer's name                          | Your insurance adjuster's name and phone number |
| Your insurance policy number or claim number |   |

### 6 Illness information

a) Have you ever had the same or a similar illness?

Yes  No *If yes, state when and describe. If no, go to section 7, Medical information.*

b) Did the illness result in an absence from work?

Yes  No *If yes, state when.*

From (dd/mmm/yyyy) To (dd/mmm/yyyy)

c) Describe your current condition, including how it prevents you from working.

## 7 Medical information

a) Please provide the following information about the family doctor who has your **MEDICAL RECORDS**.

|  |                  |                      |  |   |                                  |
|--|------------------|----------------------|--|---|----------------------------------|
| Last name of doctor                          |                  | First name of doctor |  | Approximately when did you first seek medical attention for this condition? | (dd/mmm/yyyy)                    |
| Address of doctor (number, street and suite) |                  |                      |  | Date of first visit (dd/mmm/yyyy)   | Date of next visit (dd/mmm/yyyy) |
| City   |                  | Province             |  | Frequency of visits   |                                  |
| Postal code                                  | Telephone number |                      |  | Type of practitioner  |                                  |

b) Please provide the following information about ANY OTHER **SPECIALIST OR HEALTH CARE PRACTITIONER** you have seen or are scheduled to see for this condition. (e.g. chiropractor, physiotherapist, psychologist, etc.)

|  |                  |            |  |   |                                  |
|--|------------------|------------|--|---|----------------------------------|
| Last name                                    |                  | First name |  | Approximately when did you first seek attention for this condition? | (dd/mmm/yyyy)                    |
| Address of doctor (number, street and suite) |                  |            |  | Date of first visit (dd/mmm/yyyy)                                   | Date of next visit (dd/mmm/yyyy) |
| City   |                  | Province   |  | Frequency of visits   |                                  |
| Postal code                                  | Telephone number |            |  | Type of practitioner  |                                  |

|  |                  |            |  |   |                                  |
|--|------------------|------------|--|---|----------------------------------|
| Last name                                    |                  | First name |  | Approximately when did you first seek attention for this condition? | (dd/mmm/yyyy)                    |
| Address of doctor (number, street and suite) |                  |            |  | Date of first visit (dd/mmm/yyyy)                                   | Date of next visit (dd/mmm/yyyy) |
| City   |                  | Province   |  | Frequency of visits   |                                  |
| Postal code                                  | Telephone number |            |  | Type of practitioner  |                                  |

|  |                  |            |  |   |                                  |
|--|------------------|------------|--|---|----------------------------------|
| Last name                                    |                  | First name |  | Approximately when did you first seek attention for this condition? | (dd/mmm/yyyy)                    |
| Address of doctor (number, street and suite) |                  |            |  | Date of first visit (dd/mmm/yyyy)                                   | Date of next visit (dd/mmm/yyyy) |
| City   |                  | Province   |  | Frequency of visits   |                                  |
| Postal code                                  | Telephone number |            |  | Type of practitioner  |                                  |

|  |                  |            |  |   |                                  |
|--|------------------|------------|--|---|----------------------------------|
| Last name                                    |                  | First name |  | Approximately when did you first seek attention for this condition? | (dd/mmm/yyyy)                    |
| Address of doctor (number, street and suite) |                  |            |  | Date of first visit (dd/mmm/yyyy)                                   | Date of next visit (dd/mmm/yyyy) |
| City   |                  | Province   |  | Frequency of visits   |                                  |
| Postal code                                  | Telephone number |            |  | Type of practitioner  |                                  |



**c) Acquired skills**

If not already mentioned in the education section, these may include typing, operation of equipment, supervisory skills, special licenses or designations, etc. Where appropriate, give level, speed or proficiency.

**10 Driver's licence information**

- a) Does your job require you to have a professional licence or designation? Please explain.
- b) Do you have a valid driver's licence?

Yes     No

|       |                           |
|-------|---------------------------|
| Class | Indicate any restrictions |
|-------|---------------------------|

**11 Other interests**

Hobbies and interests, including any volunteer work.

**12 Work capacity evaluation**

*In this section we are gathering information about your job duties and your ability or inability to do them. Please indicate the extent that you are now able to perform each activity that your job requires. If you have indicated "UNABLE TO DO", please provide primary reason.*

|                             | N/A                          | SELDOM<br>( < 1 hr. ) | INFREQUENT<br>( 1 - 2 hrs. ) | OCCASIONAL<br>( 2 - 4 hrs. ) | FREQUENT<br>( 4 - 6 hrs. ) | CONSTANT<br>( > 6 hrs. )         | UNABLE TO DO<br>(Please explain) |                                |
|-----------------------------|------------------------------|-----------------------|------------------------------|------------------------------|----------------------------|----------------------------------|----------------------------------|--------------------------------|
| <b>PHYSICAL ACTIVITIES</b>  | Sitting                      | <input type="radio"/> | <input type="radio"/>        | <input type="radio"/>        | <input type="radio"/>      | <input type="radio"/>            | <input type="radio"/>            |                                |
|                             | Standing                     | <input type="radio"/> | <input type="radio"/>        | <input type="radio"/>        | <input type="radio"/>      | <input type="radio"/>            | <input type="radio"/>            |                                |
|                             | Walking                      | <input type="radio"/> | <input type="radio"/>        | <input type="radio"/>        | <input type="radio"/>      | <input type="radio"/>            | <input type="radio"/>            |                                |
|                             | Climbing                     | <input type="radio"/> | <input type="radio"/>        | <input type="radio"/>        | <input type="radio"/>      | <input type="radio"/>            | <input type="radio"/>            |                                |
|                             | Kneeling                     | <input type="radio"/> | <input type="radio"/>        | <input type="radio"/>        | <input type="radio"/>      | <input type="radio"/>            | <input type="radio"/>            |                                |
|                             | Bending/Squatting            | <input type="radio"/> | <input type="radio"/>        | <input type="radio"/>        | <input type="radio"/>      | <input type="radio"/>            | <input type="radio"/>            |                                |
|                             | Crouching                    | <input type="radio"/> | <input type="radio"/>        | <input type="radio"/>        | <input type="radio"/>      | <input type="radio"/>            | <input type="radio"/>            |                                |
|                             | Crawling                     | <input type="radio"/> | <input type="radio"/>        | <input type="radio"/>        | <input type="radio"/>      | <input type="radio"/>            | <input type="radio"/>            |                                |
|                             | Pushing                      | <input type="radio"/> | <input type="radio"/>        | <input type="radio"/>        | <input type="radio"/>      | <input type="radio"/>            | <input type="radio"/>            |                                |
|                             | Pulling                      | <input type="radio"/> | <input type="radio"/>        | <input type="radio"/>        | <input type="radio"/>      | <input type="radio"/>            | <input type="radio"/>            |                                |
|                             | Fine manipulation; fingers   | <input type="radio"/> | <input type="radio"/>        | <input type="radio"/>        | <input type="radio"/>      | <input type="radio"/>            | <input type="radio"/>            |                                |
|                             | Simple grasping              | <input type="radio"/> | <input type="radio"/>        | <input type="radio"/>        | <input type="radio"/>      | <input type="radio"/>            | <input type="radio"/>            |                                |
|                             | Fine manipulation            | <input type="radio"/> | <input type="radio"/>        | <input type="radio"/>        | <input type="radio"/>      | <input type="radio"/>            | <input type="radio"/>            |                                |
|                             | Fine manipulation; hands     | <input type="radio"/> | <input type="radio"/>        | <input type="radio"/>        | <input type="radio"/>      | <input type="radio"/>            | <input type="radio"/>            |                                |
|                             | Repetitive body motions      | <input type="radio"/> | <input type="radio"/>        | <input type="radio"/>        | <input type="radio"/>      | <input type="radio"/>            | <input type="radio"/>            |                                |
|                             | Driving                      | <input type="radio"/> | <input type="radio"/>        | <input type="radio"/>        | <input type="radio"/>      | <input type="radio"/>            | <input type="radio"/>            |                                |
|                             | Reaching - above shoulder    | <input type="radio"/> | <input type="radio"/>        | <input type="radio"/>        | <input type="radio"/>      | <input type="radio"/>            | <input type="radio"/>            |                                |
|                             | Reaching - at shoulder level | <input type="radio"/> | <input type="radio"/>        | <input type="radio"/>        | <input type="radio"/>      | <input type="radio"/>            | <input type="radio"/>            |                                |
|                             | Reaching - below shoulder    | <input type="radio"/> | <input type="radio"/>        | <input type="radio"/>        | <input type="radio"/>      | <input type="radio"/>            | <input type="radio"/>            |                                |
|                             | Reaching - side to side      | <input type="radio"/> | <input type="radio"/>        | <input type="radio"/>        | <input type="radio"/>      | <input type="radio"/>            | <input type="radio"/>            |                                |
| Reaching - up and down      | <input type="radio"/>        | <input type="radio"/> | <input type="radio"/>        | <input type="radio"/>        | <input type="radio"/>      | <input type="radio"/>            |                                  |                                |
| <b>Lifting / Carrying</b>   | <b>N/A</b>                   | <b>0 - 10 lbs</b>     | <b>11 - 20 lbs</b>           | <b>21 - 50 lbs</b>           | <b>&gt; 50 lbs</b>         | <b>FREQUENCY</b>                 |                                  |                                |
| Lifting - floor to waist    | <input type="radio"/>        | <input type="radio"/> | <input type="radio"/>        | <input type="radio"/>        | <input type="radio"/>      | <input type="radio"/> Infrequent | <input type="radio"/> Frequent   | <input type="radio"/> Constant |
| Lifting - waist to shoulder | <input type="radio"/>        | <input type="radio"/> | <input type="radio"/>        | <input type="radio"/>        | <input type="radio"/>      | <input type="radio"/> Infrequent | <input type="radio"/> Frequent   | <input type="radio"/> Constant |
| Lifting - above shoulder    | <input type="radio"/>        | <input type="radio"/> | <input type="radio"/>        | <input type="radio"/>        | <input type="radio"/>      | <input type="radio"/> Infrequent | <input type="radio"/> Frequent   | <input type="radio"/> Constant |
| Carrying                    | <input type="radio"/>        | <input type="radio"/> | <input type="radio"/>        | <input type="radio"/>        | <input type="radio"/>      | <input type="radio"/> Infrequent | <input type="radio"/> Frequent   | <input type="radio"/> Constant |

| PHYSICAL | Are you able to work in any of the following conditions? | Yes                   | No                    | If "No", please explain |
|----------|--|-----------------------|-----------------------|-------------------------|
|          | Exposure to marked changes in temperatures and humidity  | <input type="radio"/> | <input type="radio"/> |                         |
|          | Being around moving machinery                            | <input type="radio"/> | <input type="radio"/> |                         |
|          | Unprotected heights                                      | <input type="radio"/> | <input type="radio"/> |                         |
|          | Exposure to dust, fumes and gases                        | <input type="radio"/> | <input type="radio"/> |                         |
|          | Driving automobile equipment                             | <input type="radio"/> | <input type="radio"/> |                         |

In this section we are gathering information about your job duties and your ability or inability to do them. For each activity that your job requires of you, please indicate the extent to which you are able to do it. If you have indicated "UNABLE TO DO", please provide primary reason.

|   |   |                       |                       |                       |                       |                       |                       |                                  |
|---|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|
| PSYCHOLOGICAL ACTIVITIES                                  | <b>A. Understanding and memory</b>                          | N/A                   | SELDOM                | INFREQUENT            | OCCASIONAL            | FREQUENT              | CONSTANT              | UNABLE TO DO<br>(Please explain) |
|   | Remember locations and routine procedures                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            |
|   | Understand and remember short and simple instructions       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            |
|   | Understand and remember detailed instructions               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            |
|   | <b>B. Sustained concentration and persistence</b>           | N/A                   | SELDOM                | INFREQUENT            | OCCASIONAL            | FREQUENT              | CONSTANT              | UNABLE TO DO<br>(Please explain) |
|   | Carry out short and simple instructions                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            |
|   | Carry out detailed instructions                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            |
|   | Maintain attention and concentration for extended periods   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            |
|   | Perform activities within a schedule                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            |
|   | Sustain an ordinary routine without supervision             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            |
|   | Make simple decisions                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            |
|   | Solve simple straightforward problems                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            |
|   | Solve complex problems                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            |
|   | <b>C. Social interaction</b>                                | N/A                   | SELDOM                | INFREQUENT            | OCCASIONAL            | FREQUENT              | CONSTANT              | UNABLE TO DO<br>(Please explain) |
|   | Interact with the general public                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            |
|   | Ask questions or request assistance                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            |
|   | Accept instructions and feedback                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            |
|   | Get along well with others without distracting them         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            |
|   | Get along well with others without being distracted by them | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            |
|   | <b>D. Adaptation</b>  | N/A                   | SELDOM                | INFREQUENT            | OCCASIONAL            | FREQUENT              | CONSTANT              | UNABLE TO DO<br>(Please explain) |
| Respond to frequent changes in the environment or tasks   | <input type="radio"/>                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                                  |
| Aware of normal hazards and take appropriate precautions  | <input type="radio"/>                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                                  |
| Travel in unfamiliar places or use public transportation  | <input type="radio"/>                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                                  |
| Set realistic goals or make plans independently of others | <input type="radio"/>                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                                  |
| Juggle tasks and prioritize                               | <input type="radio"/>                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                                  |

| <b>E. Responsibility and accountability</b>                  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| Is work pace without the pressure of deadlines?              | <input type="radio"/> | <input type="radio"/> |
| Does the work involve occasional pressure to meet deadlines? | <input type="radio"/> | <input type="radio"/> |
| Does the work involve periodic pressure to meet deadlines?   | <input type="radio"/> | <input type="radio"/> |
| Does the work involve significant pressures?                 | <input type="radio"/> | <input type="radio"/> |



### 13 Other information

Please provide any additional information that you believe should be considered in assessing your claim.

### 14 When to contact Manulife Financial

#### NOTIFY MANULIFE FINANCIAL PROMPTLY IN THE FOLLOWING CASES.

**I acknowledge** I must notify Manulife Financial immediately if:

- a) my medical condition improves, even though I have not yet returned to work,
- b) I start work either as an employee or a self-employed person,
- c) I apply for benefits under any workers' compensation law or plan as defined in section 8,
- d) I apply for benefits under Canada/Quebec Pension Plan,
- e) I receive any benefits or income from any other source,
- f) I am discharged from hospital if I am now hospitalized,
- g) I receive any other benefits/income related to my disability.
- h) I am leaving the country.

Plan member signature

### 15 Agreement, authorization and certification

**I certify** that the information in this form, and any further verbal or written statement provided by me in the future, 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 agree** to refund any monies that I may owe to Manulife Financial in accordance with the provisions of the group benefits plan with Manulife Financial, and **I authorize** Manulife Financial to deduct such monies from my group benefits.

Manulife Financial will investigate this claim and may require personal information about me, including information regarding my activities, income, employment, education and training, health, and medical history and treatment, including clinical notes.

**I authorize** any person or organization who has personal information about me, including any employer, group plan employer, health care professional, health care institution, pharmacy and any other medically-related facility, rehabilitation provider, insurer, administrators of government benefits or other benefit programs, the Medical Information Bureau and investigative agency, to release my personal information to Manulife Financial and/or its service providers for the purposes of group benefits plan administration, audit, and the assessment, investigation and management of my claim, including independent medical assessments.

**I authorize** Manulife Financial, its reinsurers and its service providers to collect, to use, to maintain and to disclose to the persons or organizations listed above and/or each other any information needed for the purposes of group benefits plan administration, audit, and the assessment, investigation and management of my claim, including independent medical assessments.

**I authorize** the use of my Social Insurance Number (SIN) for the purposes of tax reporting. **I authorize** the use of my SIN for the purposes of identification and administration, if my SIN is used as my certificate number.

**I agree** that a photocopy or electronic version of this authorization shall be as valid as the original.

**I understand** that information relating to Manulife Financial's Privacy Policy, which includes information on how and why Manulife Financial collects, uses, maintains and discloses my personal information, is available upon request; on Manulife Financial's website: [www.manulife.ca/planmember](http://www.manulife.ca/planmember), or through my employer.

**I understand** that any personal information provided to or collected by Manulife Financial 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 Financial 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 signature

Date signed (dd/mmm/yyyy)

**15 Agreement,  
authorization and  
certification  
(continued)**

**I authorize** Manulife Financial and Prairie Teamsters Administration Ltd. to release to and/or exchange with each other, any personal information gathered through the claim adjudication and rehabilitation process including, but not limited to, my diagnosis, all medical information, consultation reports, independent medical reports, and hospital records and medically specific declination or termination letters, for the purposes of facilitating my return to work, and facilitating my understanding of Manulife Financial's claim decisions. **I understand** no information unrelated to my work restrictions will be transmitted to my employer.

Plan member signature

Date signed (dd/mmm/yyyy)