

**MANULIFE FINANCIAL**  
**AFFINITY MARKETS TERM LIFE PROGRAMS - PRODUCT DESCRIPTIONS**

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**TERM LIFE** (See **Appendix A** for Term Life premiums)

This is a fully underwritten, level death benefit, five-year renewable and convertible term life plan of insurance. Face amounts range from \$50,000 to \$1,000,000 and are marketed in \$25,000 increments. The rates are guaranteed not to increase for the first five years and for each subsequent five-year term period (at the applicable rate then in effect at the insured person's age at his/her last birthday) and payable to age 79. Coverage is automatically renewable for additional five-year periods, providing coverage until the anniversary date coinciding with the insured person's 80<sup>th</sup> birthday. A conversion option is available until the anniversary date coinciding with the insured person's 75<sup>th</sup> birthday.

- **Eligibility**

Coverage is available to members and spouses of members of the association. This product is available to residents of Canada who meet issue and underwriting requirements. Risk classes available are Standard non-smoker & Standard smoker (including marijuana)

- **Issue Limits**

Issue ages are 18 to 70 inclusively;

- **Premiums**

The rates are guaranteed not to increase for the first five years and for each subsequent five-year term period (at the applicable rate then in effect at the insured person's age at his/her last birthday) and payable to age 79. A 10% discount applies for coverage amounts of \$250,000 and over. Insureds can pay monthly on a PAC basis, monthly or annual by credit card (Visa® and MasterCard® only) and annual by direct billing.

- **Living Benefit**

The Living Benefit is an extra-contractual benefit that is available after the policy has been in force for two years. A interest free loan equivalent to 50% of the face amount to a maximum of \$50,000 will be given upon diagnosis of a terminal illness of the insured person with a medical prognosis of 12 months or less to live, provided the diagnosis occurs prior to the policy anniversary nearest the insured person's 78<sup>th</sup> birthday. At the time of death, the amount paid will be the face amount less the amount loaned, with no adjustment for interest. Premiums will not be waived from the time of the Living Benefit payment until the time of death, unless the insured person had also selected the optional Total Disability Waiver rider.

- **30-Day Free Look**

The Insured [Member] may, within 30 days after receiving this Policy/Certificate of Insurance, return it to the address below for cancellation.

**OPTIONAL RIDERS AVAILABLE:** (See **Appendix B** for Rider premiums)

**I. Child Protection Rider**

This rider provides a flat death benefit amount of \$10,000 per eligible child. If this coverage is in force, new children are automatically insured on becoming 15 days of age. The insured child can convert to a permanent life ins. Policy on an attained age basis without evidence of insurability to a maximum of \$100,000 60 days before the policy anniversary nearest the insured child's 25th birthday.

<b>Costs for Ontario Residents</b>				
<b>Cost Per Month Per Person</b>				
Age Group	Base Plan	Bronze Plan	Silver Plan	Gold Plan
I N D I V I D U A L				
<b>21-44</b>	\$ 49.90	\$ 63.60	\$ 82.00	\$ 121.70
<b>45-54</b>	\$ 62.40	\$ 78.90	\$ 95.40	\$ 152.10
<b>55-59</b>	\$ 64.50	\$ 83.40	\$ 111.70	\$ 163.00
<b>60-64</b>	\$ 68.20	\$ 88.10	\$ 126.10	\$ 182.00
<b>65-69</b>	\$ 56.20	\$ 69.70	\$ 111.30	\$ 160.90
<b>70-79</b>	\$ 57.00	\$ 72.40	\$ 125.50	\$ 177.30
<b>80-89</b>	\$ 57.80	\$ 73.70	\$ 138.50	\$ 198.60
<b>90+</b>	\$ 76.10	\$ 83.70	\$ 171.20	\$ 233.00
C O U P L E				
<b>21-44</b>	\$ 42.90	\$ 55.60	\$ 74.00	\$ 112.10
<b>45-54</b>	\$ 54.60	\$ 69.70	\$ 86.70	\$ 141.20
<b>55-59</b>	\$ 56.70	\$ 73.60	\$ 102.20	\$ 151.80
<b>60-64</b>	\$ 60.10	\$ 78.20	\$ 116.00	\$ 170.00
<b>65-69</b>	\$ 48.30	\$ 60.90	\$ 101.90	\$ 149.50
<b>70-79</b>	\$ 49.50	\$ 63.30	\$ 115.60	\$ 165.30
<b>80-89</b>	\$ 50.10	\$ 64.70	\$ 127.90	\$ 185.70
<b>90+</b>	\$ 67.90	\$ 74.40	\$ 159.60	\$ 218.80
1 T O 2 C H I L D R E N				
<b>00-04</b>	\$ 21.00	\$ 23.50	\$ 29.50	\$ 42.70
<b>05-20</b>	\$ 25.90	\$ 33.00	\$ 42.00	\$ 70.40
3 + C H I L D R E N				
<b>00-04</b>	\$ 18.90	\$ 21.20	\$ 26.60	\$ 38.50
<b>05-20</b>	\$ 23.20	\$ 29.70	\$ 37.70	\$ 63.30

<b>Costs for Dental plus Base Core Benefits</b>				
Age Group	Base Dental	Bronze Dental	Silver Dental	Gold Dental
<b>Single</b>	\$ 44.10	\$ 54.60	\$ 59.90	\$ 91.40
<b>Couple</b>	\$ 37.00	\$ 46.60	\$ 52.50	\$ 82.90
1 T O 2 C H I L D R E N				
<b>00-04</b>	\$ 10.30	\$ 11.10	\$ 11.70	\$ 15.80
<b>05-20</b>	\$ 20.30	\$ 23.80	\$ 28.20	\$ 50.50
3 + C H I L D R E N				
<b>00-04</b>	\$ 9.30	\$ 9.90	\$ 10.60	\$ 14.20
<b>05-20</b>	\$ 18.30	\$ 21.60	\$ 25.30	\$ 45.40

# The Choice is Yours

There are eight plans to choose from...

## Four Health & Dental plans

Base Health & Dental Plan	Bronze Health & Dental Plan	Silver Health & Dental Plan	Gold Health & Dental Plan
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A selection of four Health & Dental plans offers increasing levels of comprehensive coverage for Prescription Drugs and Dental Services in addition to Core Benefits such as Vision Care, Accidental Death and Dismemberment, Hospital benefits, Registered Specialists and Therapists, Homecare and Nursing, Accidental Dental, and much more. (Please review the comparison chart for details on coverage and amounts.)

## And four Dental plans

Base Dental Plan	Bronze Dental Plan	Silver Dental Plan	Gold Dental Plan
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The Base Dental, Bronze Dental, Silver Dental and Gold Dental plans provide a range of coverage for Dental Services. Each of the Dental plans also includes the Base Core Benefits like Vision Care, Extended Health Care, Homecare and Nursing, Accidental Dental, and more. And completion of a medical questionnaire is not required. (Please see reverse panel and the comparison chart for more details.)

\* Generic Drug – A generally less expensive alternative to an interchangeable brand-name drug product.

Please Note: not all drugs have a generic equivalent. If a non-generic drug is purchased, payment will be based on the lowest generic drug cost equivalent, if applicable. If no generic brand exists, payment of the brand-name price will be made at the co-payment level of your plan.

# Now You Can Choose Dental Coverage Only

Select the dental option that's right for you.

Base Dental Plan	Bronze Dental Plan	Silver Dental Plan	Gold Dental Plan
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All Dental Plans include the following **Core Benefits provided in the Base Plan\***:

- Vision Care
- Accidental Death and Dismemberment
- Survivor Benefit
- Registered Specialists and Therapists
- Lifeline Response Service
- Homecare and Nursing
- Prosthetic Appliances and Durable Medical Equipment
- Hearing Aids
- Ambulance Services
- Accidental Dental
- Best Doctors® Solutions Services

\* Please refer to Base Plans in charts on pages 4 and 9 for coverage amount details.

**No medical underwriting is required if choosing any of these dental plans.**

# Compare the Base, Bronze, Silver & Gold Plans

	<b>Base Plans</b> Medical Questionnaire NOT required.	<b>Bronze Plans</b> Medical Questionnaire required.	<b>Silver Plans</b> Medical Questionnaire required.	<b>Gold Plans</b> Medical Questionnaire required.
<b>Dental Services</b> Covers basic services, paid at a percentage of the current Dental Association Fee Schedule or the reasonable and customary charge in your province of residence. <ul style="list-style-type: none"> <li>• Reimbursement on exams, cleanings, fillings, scaling, polishing, root planing, diagnostic and other basic dental services</li> <li>• Reimbursement on extensive services including endodontics, periodontics and denture services</li> <li>• Reimbursement on crowns, bridges, dentures and orthodontics</li> <li>• Anniversary year maximums</li> </ul>	<i>Health &amp; Dental Plans and Dental (only) Plans provide different levels of dental coverage in Year 1</i>			
<ul style="list-style-type: none"> <li>• Recall visits</li> </ul>	Dental reimbursement for: <ul style="list-style-type: none"> <li>• <b>Health &amp; Dental Plan</b> - 70%</li> <li>• <b>Dental Plan</b> - Year 1: 50%; Year 2 and beyond: 70%</li> <li>• <b>Health &amp; Dental Plan</b> - 70%</li> <li>• <b>Dental Plan</b> - Year 1: 50%; Year 2 and beyond: 70%</li> <li>• Not covered</li> <li>• \$245 per year</li> </ul>	Dental reimbursement for: <ul style="list-style-type: none"> <li>• <b>Health &amp; Dental Plan</b> - 70%</li> <li>• <b>Dental Plan</b> - Year 1: 50%; Year 2 and beyond: 70%</li> <li>• <b>Health &amp; Dental Plan</b> - 70%</li> <li>• <b>Dental Plan</b> - Year 1: 50%; Year 2 and beyond: 70%</li> <li>• Not covered</li> <li>• \$500 per year</li> </ul>	Dental reimbursement for: <ul style="list-style-type: none"> <li>• <b>Health &amp; Dental Plan</b> - 80%</li> <li>• <b>Dental Plan</b> - Year 1: 60%; Year 2 and beyond: 80%</li> <li>• <b>Health &amp; Dental Plan</b> - 80%</li> <li>• <b>Dental Plan</b> - Year 1: 60%; Year 2 and beyond: 80%</li> <li>• Not covered</li> <li>• Year 1: \$500; Year 2 and beyond: \$800</li> </ul>	Dental reimbursement for: <ul style="list-style-type: none"> <li>• <b>Health &amp; Dental Plan</b> - 80%</li> <li>• <b>Dental Plan</b> - Year 1: 60%; Year 2 and beyond: 80%</li> <li>• <b>Health &amp; Dental Plan</b> - 80%</li> <li>• <b>Dental Plan</b> - Year 1: 60%; Year 2 and beyond: 80%</li> <li>• Year 1 &amp; 2: 0%; Year 3 and beyond: 60%</li> <li>• Year 1: \$500; Year 2: \$800; Year 3: \$1,200; Year 4: \$1,200; Year 5 and beyond: \$1,500</li> <li>• 6 months</li> </ul>
<b>Prescription Drugs</b> <ul style="list-style-type: none"> <li>• Generic* vs Brand-Name coverage</li> <li>• Shared Dispensing Fee</li> <li>• Birth control and fertility drugs</li> <li>• Reimbursement on first amount per anniversary year</li> <li>• Reimbursement on next amount per anniversary year</li> </ul>	<ul style="list-style-type: none"> <li>• Generic</li> <li>• \$6.50 maximum</li> <li>• Not covered</li> <li>• 70% on first \$350</li> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• Generic</li> <li>• \$6.50 maximum</li> <li>• Not covered</li> <li>• 70% on first \$500</li> <li>• 80% on next \$2,500</li> </ul>	<ul style="list-style-type: none"> <li>• Generic</li> <li>• \$7.50 maximum</li> <li>• Covered</li> <li>• 70% on first \$500</li> <li>• 100% on next \$3,500</li> </ul>	<ul style="list-style-type: none"> <li>• Brand-name</li> <li>• Covered</li> <li>• Covered</li> <li>• 80% on first \$500</li> <li>• 100% on next \$4,500</li> </ul>
<b>Core Benefits</b> <b>Vision Care</b> – covers the costs towards prescription lenses and frames and/or contact lenses. This benefit does not include industrial safety glasses.	<ul style="list-style-type: none"> <li>• \$100 per 2 years plus \$30 for Optometrist visits</li> </ul>	<ul style="list-style-type: none"> <li>• \$100 per 2 years plus \$30 for Optometrist visits</li> </ul>	<ul style="list-style-type: none"> <li>• \$150 per 2 years plus \$30 for Optometrist visits</li> </ul>	<ul style="list-style-type: none"> <li>• \$250 per 2 years plus \$30 for Optometrist visits</li> </ul>
<b>Hospital Benefits</b> – preferred hospital accommodation in excess of the standard ward room rate made by a general (acute care) hospital. Also included is a cash benefit in lieu of the room cost for each day you are not able to obtain preferred accommodation. <ul style="list-style-type: none"> <li>• Type of accommodation</li> <li>• Maximum charge per day</li> <li>• Reimbursement per anniversary year</li> <li>• Cash benefit in lieu of accommodation                             <ul style="list-style-type: none"> <li>– Per day</li> <li>– Maximum</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Not covered</li> </ul>	<ul style="list-style-type: none"> <li>• Not covered</li> </ul>	<ul style="list-style-type: none"> <li>• Semi-private only</li> <li>• \$150</li> <li>• 100% on first 30; 50% on next 100 days</li> <li>• \$25 payable starting on the fourth day</li> <li>• \$750</li> </ul>	<ul style="list-style-type: none"> <li>• Semi-private &amp; private</li> <li>• \$200</li> <li>• 100% for complete year</li> <li>• \$50 payable starting on the first day</li> <li>• \$3,000</li> </ul>
<b>Accidental Death and Dismemberment</b> – Payment for loss directly resulting from accidental bodily injury, including loss of life, where the loss occurs within a year of the date of the accident	<ul style="list-style-type: none"> <li>• \$10,000 per adult</li> <li>• \$4,000 per child or senior over 65</li> </ul>	<ul style="list-style-type: none"> <li>• \$12,500 per adult</li> <li>• \$5,000 per child or senior over 65</li> </ul>	<ul style="list-style-type: none"> <li>• \$25,000 per adult</li> <li>• \$10,000 per child or senior over 65</li> </ul>	<ul style="list-style-type: none"> <li>• \$50,000 per adult</li> <li>• \$20,000 per child or senior over 65</li> </ul>
<b>Travel Coverage (to age 65)</b> – Covers emergency hospital/medical expenses while travelling outside your province or territory of residence and access to a 24-hour worldwide medical assistance centre up to a maximum of \$1,000,000 per trip. <ul style="list-style-type: none"> <li>• Number of trips per year</li> <li>• Maximum trip length</li> </ul>	<ul style="list-style-type: none"> <li>• Not covered</li> </ul>	<ul style="list-style-type: none"> <li>• Unlimited</li> <li>• 9 days</li> </ul>	<ul style="list-style-type: none"> <li>• Unlimited</li> <li>• 17 days</li> </ul>	<ul style="list-style-type: none"> <li>• Unlimited</li> <li>• 30 days</li> </ul>
<b>Survivor Benefit</b> – provides continuous coverage for 1 year, following the death of an adult insured.	<ul style="list-style-type: none"> <li>• Available 1 year after policy effective date</li> </ul>	<ul style="list-style-type: none"> <li>• Covered</li> </ul>	<ul style="list-style-type: none"> <li>• Covered</li> </ul>	<ul style="list-style-type: none"> <li>• Covered</li> </ul>

All references to “year” refer to anniversary year. When it relates to Hearing Aids and Vision benefits, year refers to benefit year.

**Anniversary Year** refers to each successive 12 month period following the effective date of your policy.

**Benefit Year** refers to each successive 12 month period following the date a claim for a specific benefit is first incurred under your policy.

	Base Plans Medical Questionnaire NOT required.	Bronze Plans Medical Questionnaire required.	Silver Plans Medical Questionnaire required.	Gold Plans Medical Questionnaire required.
<b>Core Benefits</b> <i>continued</i> <b>Extended Health Care:</b> <b>Registered Specialists and Therapists</b> – includes visits to Acupuncturists, Chiropractors, Osteopaths, Podiatrist, Naturopaths, Chiroprodists, Registered Massage Therapists, Physiotherapists, Psychologists and Speech Therapists. <b>Registered Specialists and Therapists**</b> <ul style="list-style-type: none"> <li>• Maximum claims paid</li> <li>• Per visit maximum</li> <li>• Chiropractic x-rays</li> </ul> <b>Psychologist</b> <ul style="list-style-type: none"> <li>• Maximum per first visit</li> <li>• Maximum per subsequent visit</li> <li>• Maximum visits per year</li> </ul> <b>Speech Therapist</b> <ul style="list-style-type: none"> <li>• Maximum per first visit</li> <li>• Maximum per subsequent visit</li> <li>• Maximum visits per year</li> </ul>	<ul style="list-style-type: none"> <li>• \$300 per specialist/therapist</li> <li>• \$20</li> <li>• \$35 per year</li> </ul> <ul style="list-style-type: none"> <li>• \$80</li> <li>• \$65</li> <li>• 10</li> </ul> <ul style="list-style-type: none"> <li>• \$65</li> <li>• \$45</li> <li>• 10</li> </ul>	<ul style="list-style-type: none"> <li>• \$300 per specialist/therapist</li> <li>• \$20</li> <li>• \$35 per year</li> </ul> <ul style="list-style-type: none"> <li>• \$80</li> <li>• \$65</li> <li>• 10</li> </ul> <ul style="list-style-type: none"> <li>• \$65</li> <li>• \$45</li> <li>• 10</li> </ul>	<ul style="list-style-type: none"> <li>• \$450 per specialist/therapist</li> <li>• \$25</li> <li>• \$35 per year</li> </ul> <ul style="list-style-type: none"> <li>• \$80</li> <li>• \$65</li> <li>• 12</li> </ul> <ul style="list-style-type: none"> <li>• \$65</li> <li>• \$45</li> <li>• 12</li> </ul>	<ul style="list-style-type: none"> <li>• \$600 combined</li> <li>• Unlimited</li> <li>• \$35 per year</li> </ul> <ul style="list-style-type: none"> <li>• \$80</li> <li>• \$65</li> <li>• 15</li> </ul> <ul style="list-style-type: none"> <li>• \$65</li> <li>• \$45</li> <li>• 15</li> </ul>
<b>Lifeline® Response Service</b> – Provides 24-hour monitoring service for people coping with medical problems at home.	• 3 months per lifetime	• 3 months per lifetime	• 6 months per lifetime	• 6 months per 3 year period
<b>Homecare and Nursing, Prosthetic Appliances and Durable Medical Equipment</b> – Covers the services of registered health professionals including Registered Nurse, Registered Nursing Assistant or healthcare aid; includes surgical bandages and dressings and the purchase or rental of medically necessary equipment such as crutches, non-electric wheel-chairs and hospital beds, oxygen and other equipment recommended by your physician and approved by Manulife Financial. Also includes prosthetic appliances such as artificial limbs, eyes, splints, casts and breast prostheses following mastectomies. Payment will be coordinated where benefits are available through the Assistive Devices Program.	<ul style="list-style-type: none"> <li>• For each of Homecare &amp; Nursing, Prosthetic Appliances and Durable Medical Equipment:             Year 1: \$1,000    Year 2: \$1,300            Year 3: \$1,500    Year 4: \$2,000            Year 5: \$2,500</li> <li>• Custom-made Orthotics: \$225 per year as part of Durable Medical Equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Homecare &amp; Nursing: \$2,500 per year</li> <li>• Prosthetic Appliances: \$2,500 per year</li> <li>• Durable Medical Equipment: \$2,500 per year</li> <li>• Custom-made Orthotics: \$225 per year as part of Durable Medical Equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Homecare &amp; Nursing: \$3,500 per year</li> <li>• Prosthetic Appliances: \$3,500 per year</li> <li>• Durable Medical Equipment: \$3,500 per year</li> <li>• Custom-made Orthotics: \$225 per year as part of Durable Medical Equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Combined maximum for Homecare &amp; Nursing, Prosthetic Appliances, and Durable Medical Equipment: \$8,500 per year</li> <li>• Custom-made Orthotics: \$225 per year as part of Durable Medical Equipment</li> </ul>
<b>Hearing Aids</b> – Covers the cost to purchase and/or repair up to the allowed maximum.	• \$300 per 4 year period	• \$300 per 4 year period	• \$400 per 4 year period	• \$500 per 4 year period
<b>Ambulance Services</b> – Covers trips to hospitals in a licensed ground ambulance. Covers charges up to the amount between what your provincial health plan covers and what is reasonable and customary. Air ambulance is payable only after provincial health insurance plan maximum has been reached, if applicable.	<ul style="list-style-type: none"> <li>• Unlimited ground transport</li> <li>• \$4,000 maximum air ambulance</li> </ul>	<ul style="list-style-type: none"> <li>• Unlimited ground transport</li> <li>• \$4,000 maximum air ambulance</li> </ul>	<ul style="list-style-type: none"> <li>• Unlimited ground transport</li> <li>• \$4,000 maximum air ambulance</li> </ul>	<ul style="list-style-type: none"> <li>• Unlimited ground transport</li> <li>• \$4,000 maximum air ambulance</li> </ul>
<b>Accidental Dental</b> – Covers dental treatment required as a result of an accidental blow to the head or mouth. Treatment must be sought within the 90 day period following the accident.	• \$2,000 per year	• \$2,000 per year	• \$2,500 per year	• \$3,000 per year
<b>Best Doctors® Solutions Services</b> – Upon diagnosis of a serious illness or injury, you can receive an evaluation of your medical records by world-class specialists who confirm the initial diagnosis and recommend appropriate treatment options. This fast, yet indepth review can reduce potentially serious complications from a misdiagnosis and help your local physician determine the proper course of action. In addition to medical advice, Best Doctors provides the following services: treatment planning, identification of the most appropriate care provider, and care management.	• Covered	• Covered	• Covered	• Covered
<b>Lifetime Maximum</b>	• \$50,000	• \$100,000	• \$250,000	• \$250,000

\*\* Benefits are only payable after yearly maximums allowed under your provincial health insurance plan have been reached, if applicable.

All references to “year” refer to anniversary year. When it relates to Hearing Aids and Vision benefits, year refers to benefit year.  
**Anniversary Year** refers to each successive 12 month period following the effective date of your policy.  
**Benefit Year** refers to each successive 12 month period following the date a claim for a specific benefit is first incurred under your policy.

**Total Disability Waiver Rider**

Modal Monthly  
Face Amount 25000

Issue & Renewal	Non-Smokers		Smokers	
	Male	Female	Male	Female
Age				
18 to 30	2.79	2.31	4.63	3.08
31	2.83	2.38	4.83	3.25
32	2.90	2.44	5.04	3.44
33	3.00	2.54	5.25	3.75
34	3.13	2.67	5.46	4.08
35	3.23	2.79	5.67	4.46
36	3.35	2.92	5.90	4.85
37	3.50	3.04	6.13	5.29
38	3.69	3.21	6.63	5.63
39	3.90	3.40	7.17	5.98
40	4.10	3.58	7.75	6.38
41	4.33	3.77	8.38	6.77
42	4.58	3.98	9.06	7.21
43	4.92	4.23	9.98	7.79
44	5.27	4.48	10.98	8.42
45	5.65	4.75	12.08	9.13
46	6.06	5.06	13.31	9.85
47	6.50	5.38	14.65	10.67
48	7.04	5.69	16.46	11.56
49	7.60	6.04	18.48	12.54
50	8.23	6.42	20.77	13.60
51	8.92	6.81	23.31	14.75
52	9.63	7.25	26.19	16.00
53	10.23	7.67	28.27	17.06
54	10.88	8.13	30.52	18.17
55	11.56	8.63	32.96	19.38
56	12.27	9.13	35.58	20.65
57	13.04	9.67	38.40	22.00
58	14.19	10.77	41.21	23.52
59	15.44	12.00	44.21	25.17
60	16.79	13.35	47.44	26.92
61	18.27	14.88	50.90	28.79
62	19.88	16.56	54.60	30.77
63	21.98	18.27	59.83	33.10
64	24.31	20.17	65.56	35.63
65	26.90	22.25	71.83	38.31
66	29.75	24.56	78.71	41.21
67	32.92	27.10	86.23	44.33
68	36.77	29.29	93.04	48.23
69	41.08	31.67	100.40	52.46
70	45.92	34.25	108.33	57.08
71	51.29	37.02	116.90	62.08
72	57.31	40.04	126.13	67.54
73	63.02	45.17	136.83	74.06
74	69.29	50.96	148.46	81.19
75	76.19	57.50	161.06	89.02
76	83.79	64.88	174.73	97.60
77	92.13	73.21	189.56	107.02
78	92.13	73.21	189.56	107.02
79	92.13	73.21	189.56	107.02

\*Rates for ages 71 and above are renewal rates only

**Critical Illness Rider**

Modal Monthly                      Modal Monthly  
FaceAmount \$ 10,000                      FaceAmount \$ 20,000

Ages	Males	Females	Ages	Males	Females
18 to 39	\$5.07	\$6.02	18 to 39	\$10.14	\$12.04
40 to 49	\$10.69	\$13.84	40 to 49	\$21.38	\$27.68
50 to 60	\$19.69	\$29.53	50 to 60	\$39.38	\$59.06

**Child Term Life Rider**

Modal Monthly  
FaceAmount \$ 10,000

Premium Rate \$ 2.25

**Accidental Death & Dismemberment Rider**

Modal Monthly  
FaceAmount \$ 10,000

Premium R \$ 0.50

**Modal  
Face Amount**

**Monthly  
\$25,000**

Issue & Renewal Age	Non-Smokers		Smokers	
	Male	Female	Male	Female
Age				
18 to 30	2.79	2.31	4.63	3.08
31	2.83	2.38	4.83	3.25
32	2.90	2.44	5.04	3.44
33	3.00	2.54	5.25	3.75
34	3.13	2.67	5.46	4.08
35	3.23	2.79	5.67	4.46
36	3.35	2.92	5.90	4.85
37	3.50	3.04	6.13	5.29
38	3.69	3.21	6.63	5.63
39	3.90	3.40	7.17	5.98
40	4.10	3.58	7.75	6.38
41	4.33	3.77	8.38	6.77
42	4.58	3.98	9.06	7.21
43	4.92	4.23	9.98	7.79
44	5.27	4.48	10.98	8.42
45	5.65	4.75	12.08	9.13
46	6.06	5.06	13.31	9.85
47	6.50	5.38	14.65	10.67
48	7.04	5.69	16.46	11.56
49	7.60	6.04	18.48	12.54
50	8.23	6.42	20.77	13.60
51	8.92	6.81	23.31	14.75
52	9.63	7.25	26.19	16.00
53	10.23	7.67	28.27	17.06
54	10.88	8.13	30.52	18.17
55	11.56	8.63	32.96	19.38
56	12.27	9.13	35.58	20.65
57	13.04	9.67	38.40	22.00
58	14.19	10.77	41.21	23.52
59	15.44	12.00	44.21	25.17
60	16.79	13.35	47.44	26.92
61	18.27	14.88	50.90	28.79
62	19.88	16.56	54.60	30.77
63	21.98	18.27	59.83	33.10
64	24.31	20.17	65.56	35.63
65	26.90	22.25	71.83	38.31
66	29.75	24.56	78.71	41.21
67	32.92	27.10	86.23	44.33
68	36.77	29.29	93.04	48.23
69	41.08	31.67	100.40	52.46
70	45.92	34.25	108.33	57.08
71	51.29	37.02	116.90	62.08
72	57.31	40.04	126.13	67.54
73	63.02	45.17	136.83	74.06
74	69.29	50.96	148.46	81.19
75	76.19	57.50	161.06	89.02
76	83.79	64.88	174.73	97.60
77	92.13	73.21	189.56	107.02
78	92.13	73.21	189.56	107.02
79	92.13	73.21	189.56	107.02

\*Rates for ages 71 and above are renewal rates only

## **II. Total Disability Waiver Rider**

This is an optional Total Disability Waiver rider. It can be added at time of issue up to age 55. If total disability occurs prior to age 65 and lasts for more than 90 days, premiums for the policy and all associated riders are waived for the duration of the total disability. An insured person is considered totally disabled when, as a result of sickness or injury, he/she is unable to engage in any gainful occupation for which he/she is qualified or may reasonably become qualified through training, education or experience, and are under the regular care of a physician. Rates are guaranteed for the first five coverage years and renew every five years thereafter. Total Disability Waiver coverage will expire on the policy anniversary coinciding with the insured person's 65th birthday

## **III. Critical Illness Benefit Rider**

This is an optional Critical Illness Benefit rider. It can only be added at issue up to age 60. The coverage amounts available are \$10,000 or \$20,000. The covered critical illnesses are life-threatening cancer, heart attack or stroke. A lump-sum benefit amount of either \$10,000 or \$20,000 will be paid to the insured certificate holder on first diagnosis of one of three critical illnesses if the insured survives 30 days (90 days for cancer) from the date of the diagnosis. Coverage for this rider is guaranteed renewable to age 65, at which time it will expire. The rates may change at any time with appropriate notification to the sponsor. Manulife reserves the right to adjust future premium rates based on experience, for both new business and renewals.

## **IV. Accidental Death & Dismemberment Rider**

Amounts of coverage range from \$10,000 to \$500,000 and can be added at or after issue, subject to underwriting approval up to age 60. The benefit is payable for an injury or death if (1) the injury or death occurs within one year after the accident while this rider is in effect, and (2) the injury is total, permanent and irrecoverable. Rates are guaranteed for the first five coverage years and renew each, five coverage years thereafter. AD&D coverage will expire on the anniversary coinciding with the insured person's 70<sup>th</sup> birthday.

### **Included in the AD&D rider:**

- **Seat Belt Benefit**  
If an insured dies as a direct result of an accident sustained while driving or riding in an automobile, Manulife will pay an additional 10% of the AD&DBenefit.
- **Home Alteration and Vehicle Modification Benefit**  
If, as a direct result of an accidental injury, an insured suffers a loss of, or loss of use of, both feet or both legs; or becomes a hemiplegic, a paraplegic, or quadriplegic, and requires the use of a wheelchair Manulife will pay for expenses incurred by the insured. The maximum benefit amount is \$2,500 per unit of coverage with an aggregate maximum of \$10,000 for coverage under all policies.

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The following table specifies the % of the AD&D amount that is payable for all covered losses:

<b>Loss of</b>	<b>Percentage</b>	<b>Definition</b>
Life	100%	Death
Hemiplegic, paraplegic, quadriplegic	100%	Total paralysis of Lower Limbs (Quadriplegia) Total paralysis of both Lower Limbs (Paraplegia) Total paralysis of One Side of Upper and Lower Limbs (Hemiplegia)
An arm	75%	Severance at or above the elbow
A leg	75%	Severance at or above the knee
Use of an arm or a leg	75%	Total and irrecoverable loss of use of the limb
A hand	66%	Severance between the wrist and elbow
Use of a hand	66%	Total and irrecoverable loss of use of the hand
A foot	66%	Severance between the ankle and the knee
Use of foot	66%	Total and irrecoverable loss of use of the foot
Sight of one eye	66%	Legal blindness
Speech	50%	Loss of ability to speak in a way that can be understood
Hearing in one ear	25%	Total and irrecoverable loss of hearing
Thumb and index on one hand	33%	Severance of the digit between the wrist and the first joint from the tip of the thumb and the second joint from the tip of the index finger of the same hand

**EXPENSES**

Manulife will be responsible for marketing, underwriting, certificate issuance, premium collection, customer service and claims processing and adjudication.