



New to – or returning to – Canada?

**Make sure  
you're covered.**

# Manulife's Provincial Plan Replacement Coverage

## What is Provincial Plan Replacement Coverage?

Manulife offers Provincial Plan Replacement Coverage for plan members and their dependents who reside in Canada and are not covered by their Provincial Health Plan.

## Who needs Provincial Plan Replacement Coverage?

Each province has guidelines for provincial plan health coverage eligibility. Typically there is a three-month waiting period for provincial plan health coverage for employees and their dependants who are:

- entering the country, or
- returning after a period away from Canada, or
- foreign employees who are temporarily residing in Canada.

## What expenses are covered by Provincial Plan Replacement Coverage?

- Benefits duplicate provincial plan coverage to a \$1,000,000 lifetime maximum. (Typical expenses include physician fees, hospital expenses, lab charges and ambulance.)
- Covered persons electing to have services performed outside of Canada will not be covered (e.g. an American working in Canada who has a heart attack and elects to return to the US for surgery has no coverage under this plan).

## What are the administrative guidelines?

- Each eligible family member must be enrolled for coverage.
- Employees and dependents must also be covered under the plan's regular extended health benefits (e.g. drugs, vision and paramedical practitioners)
- Coverage and benefits terminate upon the earliest of:
  - termination of the employment relationship
  - plan member's attainment of age 65
  - acceptance for coverage by the Provincial Plan
- When submitting claims, employees must provide their Provincial Plan Replacement policy number.



---

---

---

### **Provincial Plan Replacement Coverage**

**I hereby** apply for Provincial Plan Replacement coverage ("Coverage") under the Group Benefits plan issued to my plan sponsor by Manulife Financial ("Manulife"). **I understand** that certain aspects of such Coverage may extend to my spouse and eligible dependants (collectively, "Dependants"). **I certify** that the information in this form, and any further verbal or written statement provided by me, or my Dependents, in the future, and in relation to this Coverage is true and complete to the best of my knowledge. **I agree** that both my claim and my coverage may be