

Step by Step Manulife Group Benefits Enrollment Form

Section 1 – Plan Sponsor Statement

What you need to do in this section:

Nothing in this section to fill out. This information is pulled from your employee profile. The Plan Contract Number and Plan Members Certificate will be filled in at a later date by Manulife.

Section 2 – Plan Member Information

What you need to do in this section:

Double check that the information that has been pulled from your employee profile is correct. If it is incorrect please correct by going into the My Information tab and updating and saving. Restart the Manulife form ensuring the information is correct.

NOTE: Question “Do you have a spouse?” (Married, common law or civil union) please ensure the right box for your circumstance is selected. The selection is pre-set to NO must be changed to YES if applicable.

Section 3 – Plan Member Address

What you need to do here:

Double check that the information that has been pulled from your employee profile is correct. If it is incorrect please correct it, AND also go to the back to the Pomeroy Portal in the My Information tab and update your changes and save.

Section 4 – For Quebec Residents

What you need to do in this section:

Nothing in this section to fill out.

Section 5 – Application for Coverage

NOTE: This section is extremely important to ensure you get the right coverage for you and your family.

What you need to do in this section:

I am applying for Extended Health Care / I am applying for Dental Care

1. The pre-set for every form is MYSELF ONLY. You MUST change this if you are applying for coverage for anyone else other than yourself. I.e. spouse/children
2. Please complete this for both Extended Health Care and Dental Care columns
3. Are you applying for Dependent Life? Pre-set to NO but must be changed to YES if applying for coverage for a spouse and or dependents. Dependent Life is Mandatory.

Section 6 – Coordination of Benefits

NOTE: This section is extremely important to ensure you get the right coverage for you and your family. If you have coverage with another benefit plan outside of this plan with Pomeroy Lodging, please fill out the applicable information here.

What you need to do in this section:

Fill out all sections with the details of your spouses other non-Pomeroy benefit plan.

Section 7 - Dependant Information Spouse

NOTE: This section is extremely important to ensure you get the right coverage for you and your family. This information allows us to ensure that we are covering not only you but all of your dependants. (Spouse/Children)

What you need to do in this section:

Fill in spouse information if applicable to start

1. Enter the Last Name / First Name / Date of Birth / Gender
2. If common law you will need to add the effective date of co-habitation.
NOTE: Manulife defines common law as 12+ months.

Fill in dependent information

1. Last Name / First Name / Date of Birth / Gender
Note: maximum age for children coverage is 21 with the exceptions listed below
2. Select the Box Over-Age Student for any dependent(s) over the age of 21 attending post secondary school to the maximum age of 25
3. Select the Box Over-Age Disabled Dependent for any dependent(s) over the age of 21 with a disability
4. If you have more than 4 dependents to cover, please fill in the form to its maximum number and download the embedded sheet and continue listing the dependent information.
NOTE: You will need to print this form and submit to your supervisor or manager to be included with your benefits enrollment forms.

Section 8 – Banking Information and email address

NOTE: This information is prefilled from the most recent banking information provided to us. It is your responsibility to double check this information.

After the launch of our new benefit plan with Manulife, you will be required to re-verify this information in the Manulife system to ensure you are paid correctly. More information to follow.

What you need to do in this section:

1. Verify your banking information is correct
2. Verify your personal (non Pomeroy email is correct



Section 9 – Authorization and Consent

What you need to do in this section:

Review the terms laid out in the plan for coverage of Group Benefits.

Once you have reviewed the information on your form and are ready to submit, hit the SUBMIT button. This will autofill in your signature and the date. This marks the form as complete. If you need to make any changes after you have hit SUBMIT, you will need to contact your properties WIP Administrator to reset your form.

NOTE: Along the way, you can save your form and come back to it by hitting the SAVE button.