



Authorization to Communicate by Email

Plan Member Name: _____
Group Number: _____
Certificate Number: _____
E-Mail Address: _____

I would like to correspond by email with Manulife Financial about my claim. I authorize Manulife Financial to correspond with me at the email address listed above. Correspondence may contain my personal information including, but not limited to, medical, employment and financial information.

I understand that my personal information is being sent in a manner that is not yet guaranteed as a secured means of communication.

Signature

Date