Protection Against Unintended Lapse Form

Introduction

In the event the required premium for your long-term care insurance coverage is not paid by the indicated due date, written notice will be sent advising you that your coverage will lapse (terminate) if your premium is not received prior to the end of your grace period. You may designate another person to receive this notification. If you would like to select or change your designee information, please complete the form below. **Please allow 2 weeks for processing.**

Questions about this form?
1-800-377-7311

To email this form:
LTCForms@jhancock.com

See the end of this document for return instructions

1. Please Check One

☐ Add a Designee ☐ Change Designee

2. Contact Information

Policy Number(s):

Insured's Name: First ____ Middle ____ Last ____

Insured's Address (Currently on file): Street ____ City ____ State ____ Zip ____

Phone Number: ____ Email Address: ____

3. Designee Information

☐ Add a Designee

Name: First ____ Middle ____ Last ____

Address: Street ____ City ____ State ____ Zip ____

☐ Change your current Designee

Current Designee
Name: First ____ Middle ____ Last ____

Address: Street ____ City ____ State ____ Zip ____

New Designee
Name: First ____ Middle ____ Last ____

Address: Street ____ City ____ State ____ Zip ____

4. Authorization

SIGN HERE

Insured's Signature ____ Today's Date (MM/DD/YYYY) ____

Submission Instructions

To mail this form:
John Hancock Financial Services
PO Box 55978
Boston, MA 02205

To email this form:
LTCForms@jhancock.com

To fax this form:
1-617-572-6010

Need more information? Call:
Monday through Friday
8:00 A.M. to 6:00 P.M. Eastern Time
John Hancock Long-Term Care: 1-800-377-7311
TTD Hearing/Speech Impaired: 1-800-832-5282

Long Term Care Insurance is underwritten by John Hancock Life & Health Insurance Company, Boston, MA 02117; John Hancock Life Insurance Company (U.S.A.), Boston, MA 02117 (licensed in all states except New York; permitted in New York to service existing insureds and clients).