

John Hancock Life Insurance Company

*Important Notice to Applicant Regarding Long Term Care (LTC) Insurance
Sponsored Group Discount
Membership Verification and Underwriting Status*

Employer/Association Name (Insert): _____

Sponsored Group number (Insert): _____

Employer/Association Address (Insert): _____

Applicant Name: _____

Instructions: In order for the sponsored group discount to be granted, you must complete this form.

I _____, certify, that as of the date shown below, I am a current member/employee (or eligible relative of current member/employee) of the above named employer/association.

By my signature, I affirm that this statement is true. I understand that John Hancock has the right to remove the Sponsored Group discount from my long term care insurance policy if this status has been misrepresented.

Relationship to Group: **Member or Employee** (Circle):
(Or) **Relative** (State Relationship) _____

Date: _____

_____ Applicant Signature

This acknowledgement should accompany each application for LTC insurance.

For Underwriting and Agent Use Only. Not for use with the public: To be completed by licensed agent.

Please indicate the status of the Sponsored Group Application:

This is an applicant to a NEW Sponsored Group: _____ of five (5) applications.
(Indicate 1 to 5)

(Five applications are required to be submitted to LTCI Underwriting to activate the employer or association sponsored group)

(OR)

This is applicant to an EXISTING Sponsored Group: _____
(Please Check)

Agent Signature _____

(Five applications have already been submitted to LTCI Underwriting, and the Sponsored Group is active.)

Long term care insurance is underwritten by John Hancock Life Insurance Company, Boston, MA 02117
LTC -3192 10/05