



SPONSORED GROUP DISCOUNT PROGRAM INFORMATION WORKSHEET

Date _____

Section I – Organization Information

Organization Name _____

Contact _____ Telephone _____

Address _____

Is the sponsoring organization an (check one)

Employer Association Union Other _____
(please explain)

If “Employer” group, is employer paying any portion of the premium? Yes (if yes, _____%) No

Is this group currently pursuing or already set up with John Hancock for True Group LTC? Yes No

NOTE FOR EMPLOYER SPONSORED GROUPS IN NEW YORK: New York State allows the employer to pay up to 50% of the long term care premium with a SGDP discount for Custom Care II and Essential Care II, If the employer pays more than 50%, you are not allowed to offer the SGDP discount.

What is the primary purpose of the organization? _____

Does the organization have a charter or bylaws by which it operates? _____
*(A copy **MUST** be attached)*

How long has the sponsoring group been in existence? _____ *(Two year minimum)*

Number of employees/members: _____ States involved in solicitation: _____

Section II – Agency/Firm Information *(please print clearly)*

MGA/GA Company Name _____ Agency/Payroll Code _____

Agent/Broker Name _____ Telephone _____

Address _____ *(Street, City/Town, Zip Code)* Fax _____

Email Address _____

For Financial Professional use only. Not for use with the public.

Long Term Care Insurance is underwritten by John Hancock Life Insurance Company.

Section III – Exclusivity Option and Marketing Plan

Base Sponsored Group (OR) Full Exclusivity

How do you plan on marketing to the group? *(Please attach your marketing plan):*

I understand that members/employees will be verified by using LTC-3192 Sponsored Group Membership Verification and Underwriting Status Form with each submitted application. I also understand that 5 applications must be submitted within 60 days of group approval to activate the sponsored group.

Representative’s Signature _____ Date _____

Section IV – HOME OFFICE USE ONLY

Approved Denied Group Number _____

Initials _____ Approval Date _____

If denied, reason: _____

Over 3000 lives, sent for secondary review Yes Date Sent _____ No

Data input into C&A System Yes No Initials _____ Date _____

In-Force Date _____ 5 Application 60-Day Date _____

Home office notes: _____

Long-Term Care Insurance is underwritten by
John Hancock Life Insurance Company
Boston, Massachusetts 02117