John Hancock
LONG-TERM CARE INSURANCE

Automatic Deduction Plan (ADP) For Insurance Premiums

Use this form to authorize withdrawals from your checking/savings account to pay your insurance premium.

Need more information? Call:

Monday through Friday 8:00 A.M. to 6:30 P.M. Eastern Time
John Hancock: 1-800-377-7311
TDD Hearing/Speech Impaired: 1-800-832-5282

Return this form to:

John Hancock Financial Services
1 John Hancock Way, Suite 1965 R-03
Boston, MA 02217-1965

Please complete sections 1 and 2.

PLEASE CHECK ONE:

☐ New Policy ☐ Add ADP to an Existing Policy ☐ Change Bank Information on an Existing Policy ☐ Payment for Protested Draft (Validation)

1. Policy or Contract Information

Insured's Name: _____
First Middle Last

Owner's Name: _____
First Middle Last

Owner's Address: _____
City State Zip

Policy/Contract Number(s): _____

Daytime Phone: _____ Evening Phone: _____

2. Banking Information (Please attach your voided check or savings deposit slip to this form.)

Name of Bank: _____ Bank Account Owner: _____

Account Type: _____ Desired Draft Day (Month/Day)(Day must = 1-28): _____

Bank Routing Number: _____ Account Number (Checking/Savings): _____

I authorize John Hancock Life Insurance Company and affiliated companies to deduct the necessary premiums from the account listed above, to pay for the policies listed above. I understand the deduction will occur on the date I have selected in Section 2. If no date is selected the draft will occur on the policy issue day. I need to notify John Hancock Life Insurance Company and affiliated companies of any change to my bank account information two weeks prior to the date that the change is effective.

_____ _____
Bank Account Owner Signature Date

Long-term care insurance is underwritten by John Hancock Life Insurance Company, Boston, MA 02117 and in New York by John Hancock Life & Health Insurance Company, Boston, MA 02117.