

Sponsored Group Discount Program

Membership Verification & Underwriting Status

Employer/Association Name (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 (LTC) insurance policy if this status has been misrepresented.

Relationship to Group: **Member** or **Employee** (circle one)
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 three (3) applications. *(Please indicate 1 to 3)*
(Three applications are required to be submitted to LTC Insurance Underwriting to activate the employer or association sponsored group)

OR

This is an applicant to an EXISTING Sponsored Group: *(Please check)*

Agent Signature

(Three applications have already been submitted to LTC Insurance Underwriting, and the Sponsored Group is active.)