

# Appointment Data Sheet



Licensee Last Name		First Name		Middle Initial	
Social Security Number		Date of Birth	License State(s) (needing JH)		
Business Address (policies and correspondence mailed here) <b>c/o Agent Support Svcs, Inc. 99 Park Ave., 11th Floor</b>		City <b>New York</b>	State <b>NY</b>	Zip <b>10016</b>	
Resident Address		City	State	Zip	
Phone Number (required)	Fax Number (required)		E-Mail Address		
<input checked="" type="checkbox"/> Not Paid Direct <input type="checkbox"/> Paid Direct <small>(contract and commission schedule must accompany this data sheet)</small>		Commission Level:			
General Agency Name <b>Agent Support Services, Inc</b>		Principal Agent's Name <b>Samuel Kaufman</b>		Agency Tax ID	
Managing General Agency Name <b>LifeMark Distributors, Inc.</b>			Managing General Agent's Name		

A. Agents who will be paid commission from the General Agent need only complete this sheet.

B. Agents who will be paid directly by John Hancock:

1. Complete this LTC Appointment Data sheet. Commission level must be indicated on this Sheet.
2. Read, date, and sign the Contract.
3. If commission is to be paid to someone other than yourself or to a corporation, complete Assignment of Commission form and attach it to the LTC Appointment Data Sheet.

**Please attach the following:**

1. A current insurance license copy for each state in which you wish to sell.
2. This completed appointment form.
3. Copies of any additional LTC requirements as may be required by the states including Continuing Education or NAIC Partnership
4. Attach commission schedule if paid by John Hancock.
5. Attach assignment of commission form and licenses if assigning commissions.
6. All commission forms and licenses if assigning commissions.
7. All commission levels must be approved by the General Agent & Managing. General Agent.

**Please send all materials to:**

**(Overnight Address)**  
**John Hancock**  
 LTC Licensing, B-5  
 200 Berkeley Street  
 Boston, MA 02117

**(Postal Address)**  
**John Hancock**  
 Attn: LTC Licensing, B-5  
 One John Hancock Way, Suite 1600  
 Boston, MA 02117

**HOME OFFICE USE ONLY: PAYROLL NUMBER/EFFECTIVE DATE**

**Standard Commission Schedule**



<b>Custom Care and Essential Care</b>			
<b>GENERIC</b>			
Non-discounted policies			
Year 1	Years 2-10	Years 11+	
55	6	1	
Sponsored Group and Family Discounted policies			
Year 1	Years 2-10	Years 11+	
51	2	0	
<b>DELAWARE</b>			
Non-discounted policies			
Year 1	Years 2-4	Years 5-10	Years 11+
24	24	3	1
Sponsored Group and Family Discounted policies			
Year 1	Years 2-4	Years 5-10	Years 11+
24	18	0	0
<b>INDIANA</b>			
Non-discounted policies			
Year 1	Years 2-10	Years 11+	
19	9.5	9.5	
Sponsored Group and Family Discounted policies			
Year 1	Years 2-10	Years 11+	
13	6.5	6.5	
<b>WISCONSIN</b>			
Non-discounted policies			
Year 1	Years 2-10	Years 11+	
40	10	1	
Sponsored Group and Family Discounted policies			
Year 1	Years 2-10	Years 11+	
28	7.5	0	
<b>PENNSYLVANIA</b>			
Non-discounted policies			
Year 1	Years 2-10	Years 11+	
50	7	1	
Sponsored Group and Family Discounted policies			
Year 1	Years 2-10	Years 11+	
50	2	0	
<b>MICHIGAN</b>			
Non-discounted policies			
Issue	Years 1-3	Years 4-10	Years 11+
Age 65+	30	3	1
Sponsored Group and Family Discounted policies			
Issue	Years 1-3	Years 4-10	Years 11+
Age 65+	26	0	0

For Limited Pay policies the above commission rate is applied to the premium that would be payable if the premiums were payable for life, and the year 11+ commission rate is applied to the difference between the limited pay premium and what the premiums would be if they were payable for life.

<b>Custom Care II and Essential Care II</b>			
<b>GENERIC</b>			
Non-discounted policies			
Year 1	Years 2-10	Years 11+	
55	6	1	
Sponsored Group and Family Discounted policies			
Year 1	Years 2-10	Years 11+	
52.5	3.5	0	
<b>DELAWARE</b>			
Non-discounted policies			
Year 1	Years 2-4	Years 5-10	Years 11+
24	24	3	1
Sponsored Group and Family Discounted policies			
Year 1	Years 2-4	Years 5-10	Years 11+
24	21	0	0
<b>INDIANA</b>			
Non-discounted policies			
Year 1	Years 2-10	Years 11+	
19	9.5	9.5	
Sponsored Group and Family Discounted policies			
Year 1	Years 2-10	Years 11+	
13	7.5	7.5	
<b>WISCONSIN</b>			
Non-discounted policies			
Year 1	Years 2-10	Years 11+	
40	10	1	
Sponsored Group and Family Discounted policies			
Year 1	Years 2-10	Years 11+	
32	8	0	
<b>PENNSYLVANIA</b>			
Non-discounted policies			
Year 1	Years 2-10	Years 11+	
50	7	1	
Sponsored Group and Family Discounted policies			
Year 1	Years 2-10	Years 11+	
50	4	0	
<b>MICHIGAN</b>			
Non-discounted policies			
Issue	Years 1-3	Years 4-10	Years 11+
Age 65+	30	3	1
Sponsored Group and Family Discounted policies			
Issue	Years 1-3	Years 4-10	Years 11+
Age 65+	27.5	0.5	0

For Limited Pay policies, the above commission rates are applied to 60% of the Limited Pay premium amount.

Compensation for all policies issued on a substandard basis shall be paid at the rates set forth above up to the Rate Class I premium amount. Compensation for Rate Class II premiums will be payable at what the premiums would be at the Rate Class I rate.

Policies are underwritten by John Hancock Life Insurance Company - Boston, MA 02117

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