



RETURN THIS COPY TO JOHN HANCOCK

# HIPAA compliant authorization


## Important information


**Complete and return this copy of the authorization form to John Hancock:**


- This copy includes pages 1 and 2.
- Keep the copy found on pages 3 and 4 for your records.

**This authorization is intended to comply with HIPAA.** HIPAA stands for Health Insurance Portability and Accountability Act of 1996 as amended. It provides your doctors and care providers with authorization to release to us medical information that pertains to your request.

## Contact information

 **Website:**  
johnhancock.com/ltc

 **Phone:** 800-233-1449  
**TTY:** 800-832-5282

 **Mail:**  
See return instructions at end of this form.

## 1. Policy information

Policy number \_\_\_\_\_

Insured name (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

## 2. Authorizations

**I hereby authorize the following uses and disclosures of health information about me.**

- The health information that I am authorizing to be used or disclosed consists of all of the following information:  
My medical records and medical history; and other information that relates to:
  - The diagnosis of any physical or mental condition, or
  - The treatment or prognosis of any physical or mental condition, whether such treatment is in electronic or paper form. This includes, but is not limited to, information related to psychiatric or psychological conditions; prescription drugs; alcohol or drug abuse; and communicable or infectious conditions such as AIDS, or sexually transmitted diseases.
- The following persons or entities are authorized to disclose health information about me: A doctor; medical practitioner; hospital; clinic or medical or medically-related facility; pharmacy or pharmacy benefit manager; or any insurance or reinsurance company (including John Hancock Life Insurance Company (U.S.A.) (John Hancock)); any consumer reporting agency such as the Medical Information Bureau, Inc. (MIB) or any other organization, institution, or person having health information about me.
- Health information about me may be disclosed to John Hancock and its affiliates, service providers, reinsurers, agents, and representatives, and to any consumer reporting agency such as the MIB.
- Health information about me may be used or disclosed to evaluate or process any claim for long-term care insurance benefits or to service my long-term care insurance coverage. I understand that there may be additional uses or disclosures of my health information that are specifically permitted by law without my authorization. For example, John Hancock may be obligated to disclose health information to government, regulatory, and law enforcement entities.
- John Hancock is authorized to disclose health information about me to the individuals designated below. You should consider listing your spouse, partner, children, and/or any other family member or friend with whom you may want John Hancock to discuss your claim.

1. _____	MI _____	Last _____	Phone number _____
Name (First)			
2. _____	MI _____	Last _____	Phone number _____
Name (First)			
3. _____	MI _____	Last _____	Phone number _____
Name (First)			
4. _____	MI _____	Last _____	Phone number _____
Name (First)			

Long-term care insurance policies and riders are underwritten and administered by John Hancock Life Insurance Company (U.S.A.) (John Hancock USA), Boston, MA 02116 (licensed in all states except New York; permitted in New York to service certain existing policyholders). In New York, long-term care insurance policies are underwritten and administered by John Hancock Life & Health Insurance Company, Boston, MA 02116 and long-term care riders are underwritten and administered by John Hancock Life Insurance Company of New York, Valhalla, NY 10595. Long-term care insurance policies issued under the name of Time Insurance Company, Union Security Insurance Company, Union Security Life Insurance Company of New York, American Republic Insurance Company, and Blue Cross/Blue Shield of South Carolina are administered by John Hancock USA. In this form, John Hancock refers to the applicable company associated with your policy or rider.



**2. Authorizations (continued)**


6. I understand that:

- If I do not sign this authorization, John Hancock may decline to pay any claim for long-term care insurance benefits.
- Although an authorization may generally be revoked by sending a written request to John Hancock, there is no right to revoke this authorization if my claim for benefits may be contested by John Hancock or if John Hancock has already relied and acted upon this authorization.
- My health information may be re-disclosed and no longer protected by HIPAA if the person receiving my health information is not required to comply with HIPAA. HIPAA only regulates certain types of entities, such as insurers and health care providers. However, John Hancock does require its agents and service providers to protect the confidentiality of health information.
- A copy of this authorization is as valid as the original.
- I will receive a copy of this authorization.
- This authorization expires when coverage under my long-term care insurance policy terminates. (Exception for California residents: This authorization is valid for the duration of your claim for benefits.)

**3. Acknowledgment**

**Any person who, with an intent to defraud or knowing that they are is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud and may be subject to criminal and civil penalties. Please refer to enclosed state variation sheet for state-specific wording regarding the above fraud statement.**

**If this authorization is signed by a attorney-in-fact or guardian for the insured, a copy of the power of attorney or guardianship document must be included.**

**SIGN HERE** 

\_\_\_\_\_  
Signature of insured, attorney-in-fact, or guardian

\_\_\_\_\_  
Date signed (mm/dd/yyyy)

\_\_\_\_\_  
Print name of insured, attorney-in-fact, or guardian (First)      MI      Last

**Return instructions**

**Please submit your completed and signed form (pages 1 and 2) via the following:**

- Mail:** John Hancock Life Insurance Company (U.S.A.)  
Long-Term Care  
PO Box 55231, Boston, MA 02205

Long-term care insurance policies and riders are underwritten and administered by John Hancock Life Insurance Company (U.S.A.) (John Hancock USA), Boston, MA 02116 (licensed in all states except New York; permitted in New York to service certain existing policyholders). In New York, long-term care insurance policies are underwritten and administered by John Hancock Life & Health Insurance Company, Boston, MA 02116 and long-term care riders are underwritten and administered by John Hancock Life Insurance Company of New York, Valhalla, NY 10595. Long-term care insurance policies issued under the name of Time Insurance Company, Union Security Insurance Company, Union Security Life Insurance Company of New York, American Republic Insurance Company, and Blue Cross/Blue Shield of South Carolina are administered by John Hancock USA. In this form, John Hancock refers to the applicable company associated with your policy or rider.







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 Phone: 800-233-1449  
TTY: 800-832-5282

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Policy number \_\_\_\_\_

Insured name (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

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I hereby authorize the following uses and disclosures of health information about me.

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My medical records and medical history; and other information that relates to:
  - The diagnosis of any physical or mental condition, or
  - The treatment or prognosis of any physical or mental condition, whether such treatment is in electronic or paper form. This includes, but is not limited to, information related to psychiatric or psychological conditions; prescription drugs; alcohol or drug abuse; and communicable or infectious conditions such as AIDS, or sexually transmitted diseases.
- The following persons or entities are authorized to disclose health information about me: A doctor; medical practitioner; hospital; clinic or medical or medically-related facility; pharmacy or pharmacy benefit manager; or any insurance or reinsurance company (including John Hancock Life Insurance Company (U.S.A.) (John Hancock)); any consumer reporting agency such as the Medical Information Bureau, Inc. (MIB) or any other organization, institution, or person having health information about me.
- Health information about me may be disclosed to John Hancock and its affiliates, service providers, reinsurers, agents, and representatives, and to any consumer reporting agency such as the MIB.
- Health information about me may be used or disclosed to evaluate or process any claim for long-term care insurance benefits or to service my long-term care insurance coverage. I understand that there may be additional uses or disclosures of my health information that are specifically permitted by law without my authorization. For example, John Hancock may be obligated to disclose health information to government, regulatory, and law enforcement entities.
- John Hancock is authorized to disclose health information about me to the individuals designated below. You should consider listing your spouse, partner, children, and/or any other family member or friend with whom you may want John Hancock to discuss your claim.

1.	_____	_____	_____	_____
	Name (First)	MI	Last	Phone number
2.	_____	_____	_____	_____
	Name (First)	MI	Last	Phone number
3.	_____	_____	_____	_____
	Name (First)	MI	Last	Phone number
4.	_____	_____	_____	_____
	Name (First)	MI	Last	Phone number

Long-term care insurance policies and riders are underwritten and administered by John Hancock Life Insurance Company (U.S.A.) (John Hancock USA), Boston, MA 02116 (licensed in all states except New York; permitted in New York to service certain existing policyholders). In New York, long-term care insurance policies are underwritten and administered by John Hancock Life & Health Insurance Company, Boston, MA 02116 and long-term care riders are underwritten and administered by John Hancock Life Insurance Company of New York, Valhalla, NY 10595. Long-term care insurance policies issued under the name of Time Insurance Company, Union Security Insurance Company, Union Security Life Insurance Company of New York, American Republic Insurance Company, and Blue Cross/Blue Shield of South Carolina are administered by John Hancock USA. In this form, John Hancock refers to the applicable company associated with your policy or rider.



**2. Authorizations (continued)**

6. I understand that:

- If I do not sign this authorization, John Hancock may decline to pay any claim for long-term care insurance benefits.
- Although an authorization may generally be revoked by sending a written request to John Hancock, there is no right to revoke this authorization if my claim for benefits may be contested by John Hancock or if John Hancock has already relied and acted upon this authorization.
- My health information may be re-disclosed and no longer protected by HIPAA if the person receiving my health information is not required to comply with HIPAA. HIPAA only regulates certain types of entities, such as insurers and health care providers. However, John Hancock does require its agents and service providers to protect the confidentiality of health information.
- A copy of this authorization is as valid as the original.
- I will receive a copy of this authorization.
- This authorization expires when coverage under my long-term care insurance policy terminates. (Exception for California residents: This authorization is valid for the duration of your claim for benefits.)

**3. Acknowledgment**

**Any person who, with an intent to defraud or knowing that they are facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud and may be subject to criminal and civil penalties. Please refer to enclosed state variation sheet for state-specific wording regarding the above fraud statement.**

**If this authorization is signed by a attorney-in-fact or guardian for the insured, a copy of the power of attorney or guardianship document must be included.**

**SIGN  
HERE**

\_\_\_\_\_  
Signature of insured, attorney-in-fact, or guardian

\_\_\_\_\_  
Date signed (mm/dd/yyyy)

\_\_\_\_\_  
Print name of insured, attorney-in-fact, or guardian (First)

\_\_\_\_\_  
MI

\_\_\_\_\_  
Last





## State fraud warnings

The following states have specific fraud statutes pertaining to insurance claims. States not listed may also have laws creating penalties for misrepresentation, intentional omissions, or deceptive acts.

**Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**Alaska:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Arkansas:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California:** For your protection California law requires the following to appear on this form—Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Delaware:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**District of Columbia:** Warning—It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Hawaii:** Any person who knowingly presents false information in an application for insurance or life settlement contract is guilty of a crime and may be subject to fines and confinement in prison.

**Idaho:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

**Illinois:** Any person who knowingly presents false information in an application for insurance or a viatical settlement contract is guilty of a crime and may be subject to fines and confinement in prison.

**Indiana:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Louisiana:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Additional information: If the decedent was a resident of Louisiana at the time of his or her death, the Inheritance Tax Waiver & Consent to Release form is required only when the date of death was prior to July 1, 2004. If the contract is nonqualified, all beneficiaries must submit the form; if the account is qualified, the form is required only if the Estate is the beneficiary.

**Maine:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim or payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Minnesota:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**Nevada:** Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete, or misleading information may be guilty of a criminal act punishable under state or federal law, or both, and may be subject to civil penalties.

**New Hampshire:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma:** Warning—Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon:** Any person who knowingly and with intent to defraud any insurance company or another person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent act, which is a crime.

**Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Rhode Island:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Additional Information: If the decedent was a resident of Rhode Island at the time of his or her death, the Company must notify the Rhode Island Tax Administrator of payments to be made by reason of his or her death if such payments add up to \$50,000 or more.

**Tennessee:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Texas:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Virginia:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Washington:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**All other states:** Any person who knowingly and with intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and/or civil penalties.