



# Independent care provider service reimbursement

## Important information

Expenses for itemized independent care provider (ICP) at-home services can be submitted for reimbursement using this form, the LTC website or through our CareGiver app. You can only submit this form biweekly or monthly, while the **LTC website and CareGiver app allow for weekly submissions and faster reimbursement.**

### To use the LTC website:

- Visit [johnhancock.com/ltc](http://johnhancock.com/ltc) to register or sign in to your online account.
- Once logged in, click on the Submit An Invoice tab.
- Select your provider.
- Enter the data requested and submit.

### To use the CareGiver app:


- Visit [johnhancock.com/ltc](http://johnhancock.com/ltc) to register or sign in to your online account.
- Once logged in, click on the Approved Providers tab, select your provider and follow the instructions to grant them access.
- Provide the caregiver with the secure passcode that will allow them to register online and download the John Hancock CareGiver App to submit care session details electronically.


## Instructions for completing this form


Use this form to submit biweekly or monthly itemized ICP at-home services in order to receive reimbursement. John Hancock will not process a reimbursement until this form has been properly completed, signed, and returned.

Proof of payment may be required upon request (e.g., copies of canceled checks, Venmo receipts, etc.). Cash payments are not acceptable.

## Contact information

 **Website:**  
[johnhancock.com/ltc](http://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 \_\_\_\_\_ Claim number \_\_\_\_\_

Insured name (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

## 2. Care information

Care provider name (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Phone number \_\_\_\_\_

Yes  No **Was the care provided at home?**  
If **no**, please provide detail: \_\_\_\_\_

Yes  No **Was the insured hospitalized or in a facility this month?**  
If **yes**, please provide: \_\_\_\_\_ and \_\_\_\_\_  
Admission date (mm/dd/yyyy) Discharge date (mm/dd/yyyy)

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.



**3. Itemized care services**

| Date<br>(mm/dd/yyyy) | Time in<br>(A.M./P.M.) | Time out<br>(A.M./P.M.) | Total hours | Hourly charge | Total daily charge | Activities of daily living/supervision services<br>(check all that apply) |                          |                          |                          |                          |                           |                          |                          |
|----------------------|------------------------|-------------------------|-------------|---------------|--------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|
|                      |                        |                         |             |               |                    | Bathing   | Continence               | Dressing                 | Eating                   | Toileting                | Transferring/<br>mobility | Cognitive<br>supervision | Other<br>(detail below)  |
| 1                    |                        |                         |             | \$            | \$                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2                    |                        |                         |             | \$            | \$                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3                    |                        |                         |             | \$            | \$                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4                    |                        |                         |             | \$            | \$                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5                    |                        |                         |             | \$            | \$                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6                    |                        |                         |             | \$            | \$                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7                    |                        |                         |             | \$            | \$                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8                    |                        |                         |             | \$            | \$                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9                    |                        |                         |             | \$            | \$                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10                   |                        |                         |             | \$            | \$                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11                   |                        |                         |             | \$            | \$                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12                   |                        |                         |             | \$            | \$                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13                   |                        |                         |             | \$            | \$                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14                   |                        |                         |             | \$            | \$                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |

**Total charges: \$** \_\_\_\_\_

If you selected **other** above, please provide detail: \_\_\_\_\_

**4. Signature and authorization**

**Before we can process your reimbursement, you need to certify by signing below that the information you have provided on this form is accurate and complete to the best of your knowledge and ability.**

Any person who, with an intent to defraud or knowing that he/she 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 the enclosed State fraud warnings for state-specific wording regarding the above fraud statement.

**i** If you are signing on behalf of another individual (e.g., Power of Attorney, Guardian), please indicate your title by checking the appropriate box below your signature and include any supporting documentation to substantiate your authority.

**SIGN HERE** \_\_\_\_\_  
 Signature of insured (or fiduciary) Date signed (mm/dd/yyyy)

Title (please check appropriate box, if applicable):  Power of Attorney  Guardian  Other: \_\_\_\_\_

**SIGN HERE** \_\_\_\_\_  
 Signature of care provider Date signed (mm/dd/yyyy)

**Return instructions**

**Please submit your completed and signed form via one of the following:**

**Upload:** Register or log in to your account at [johnhancock.com/ltc](http://johnhancock.com/ltc)

**Mail:** John Hancock LTC Claims  
 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.





## 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.