

**John Hancock Financial Services**

LTC Policyholder Services  
1 John Hancock Way  
Suite 1700  
Boston, MA 02217-1700

Phone : 1-800-377-7311  
Fax: 1-617-572-6010  
TDD Hearing/Speech Impaired: 1-800-555-5421



**THIRD PARTY BILLING DESIGNATION**

In the event the premium for your policy is not paid by the indicated due date, written notice will be sent advising you that the policy will lapse if your premium is not received prior to the end of the grace period. You may designate another person to be notified in the event that your policy is in danger of lapsing. Please designate this person below:

Designee Name: \_\_\_\_\_

Designee Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Designee TelephoneNumber: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Your Name: (Print)

\_\_\_\_\_

Your Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Mail to:

John Hancock Financial Services  
Attn: LTC Policyholders Service B-5  
One John Hancock Way, Suite 1700  
Boston, MA 02217-1700