



# Automatic deduction plan request

## Before you begin

You can also complete this form entirely online:

- Visit [johnhancock.com/ltc](http://johnhancock.com/ltc) to sign in or register for an LTC account.
- Find the form and follow the step-by-step instructions.

## Important information

Use this form to authorize withdrawals from the account of your choice to pay your insurance premium.

## Contact information



Website:

[johnhancock.com/ltc](http://johnhancock.com/ltc)



Phone: 800-377-7311

TTY: 800-832-5282



Mail:

See return instructions at end of this form.

## 1. Policy information

All policies to which these instructions apply (provide one policy per line):

Policy number	Policy number	Policy number
Policy number	Policy number	Policy number

**Note:** If you need to list more than 6 policies, please do not enter more than one policy per line. Instead, submit an additional form for the remaining policies.

### Insured information:

Insured name (First) MI Last

### Payor information:

Payor name (First) MI Last

Phone number Email address

Address (Street)

City State Zip code Country (if outside the U.S.)

## 2. Automatic deduction plan information

### A. Select one of the following:

- ☐ Add an automatic deduction plan
- ☐ Change financial institution account information on my existing automatic deduction plan

### B. Frequency: (additional processing fees may apply to all frequencies except annually)

- ☐ Monthly ☐ Semiannually
- ☐ Quarterly ☐ Annually

### C. Draft day: (required for all frequencies)

\_\_\_\_\_ (The date must be between the 1<sup>st</sup> and 28<sup>th</sup>. If no date is selected, the draft will occur on the policy issue day.)

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.



Policy numbers: \_\_\_\_\_

### 3. Financial institution information

Select your account type and provide the requested information below:

- ☐ Checking  
☐ Savings

Financial institution \_\_\_\_\_ Routing/ABA number \_\_\_\_\_

Names listed on account \_\_\_\_\_ Account number \_\_\_\_\_

### 4. Signatures and authorizations

By signing below, I hereby authorize and request John Hancock Life Insurance Company (U.S.A.) and, in New York, John Hancock Life & Health Insurance Company (John Hancock) to electronically debit via automated clearing house (ACH) the necessary premiums from my account listed above to pay premiums on the policies listed above and, if necessary, electronically credit my account to correct erroneous debits or to make premium refunds.

- I understand the deduction will occur on the date provided in section 2C. If no date is selected, the draft will occur on the policy issue day.
- Any changes to existing payment or account information must be submitted via this form or by written notice to John Hancock by the financial institution account owner or policy owner at least 14 days prior to the next scheduled withdrawal date. If the automatic deduction plan is terminated, premiums falling due thereafter shall be payable directly to John Hancock as provided in the policy.
- The origination of ACH transactions to my account must comply with all applicable law, and I agree that the ACH transactions authorized by me comply with all applicable law.
- I agree not to dispute these preauthorized, scheduled payments with my financial institution as long as the transaction corresponds to the terms indicated in this form.
- If a payment date falls on a weekend or holiday, the withdrawal may be executed on the next business day.
- These are electronic transactions and funds may be withdrawn from my account as soon as the above noted payment dates.

By signing this form, I confirm the accuracy and validity of the information provided for the requested automatic deduction plan.

SIGN  
HERE

Signature of insured or legal representative \_\_\_\_\_ Date signed (mm/dd/yyyy) \_\_\_\_\_

Print name (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Title \_\_\_\_\_

SIGN  
HERE

Signature of financial institution account owner (if different from insured or legal representative) \_\_\_\_\_ Date signed (mm/dd/yyyy) \_\_\_\_\_

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

### Return instructions

Please submit your completed and signed form to the address below:

✉ **Mail:** John Hancock Financial Services  
Long-Term Care  
PO Box 55978, 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.

