



Introduction

Use this form to make a change to an address on a John Hancock Long-Term Care Policy. Address change requests can ONLY be made by the insured.

Questions about this form?

 1-800-377-7311

To email this form:

 LTCForms@jhancock.com

 **See the end of this document for return instructions**

1. Policy Information

Policy Number(s): _____

Insured's Name:

First _____ Middle _____ Last _____

Insured's Address
(Currently on file):

Street _____ City _____ State _____ Zip _____

Phone Number: _____ Email Address: _____

2. Change of Address

Please change the address on the above contract to the following:

Domestic Address Foreign Address

Address (Street) _____ City _____ State _____ Zip Code _____

3. Authorization

I hereby certify that I, as Insured of the above referenced policy/policies, request an address change as set forth herein.


**SIGN
HERE** 

Insured's Signature


Today's Date (MM/DD/YYYY)

Submission Instructions


To mail this form:

 John Hancock Financial Services
PO Box 55978
Boston, MA 02205

To email this form:

 LTCForms@jhancock.com

To fax this form:

 1-617-572-6010

Need more information? Call:

Monday through Friday
8:00 A.M. to 6:00 P.M. Eastern Time
John Hancock Long-Term Care: 1-800-377-7311
TTD Hearing/Speech Impaired: 1-800-832-5282