



HIPAA compliant authorization

Before you begin

If you are the insured or insured's attorney-in-fact, you can also complete this form entirely online.

- Visit johnhancock.com/ltc to sign in or register for an LTC account.
- Click the **Documents** button on the left side of your screen.
- Click on **Submit document** and then click on the **HIPAA authorized person** tile.
- Follow the step-by-step instructions.

Important information




Use this form to authorize individuals to whom John Hancock may obtain or disclose Protected Health Information (PHI) regarding your long-term care insurance and/or claims.

Complete and return this signed authorization form to John Hancock.

- A copy of this signed form will be digitally available in your LTC account under **Documents**.
- We recommend you keep a copy of this form for your records.
- If you need a physical copy of the signed form, contact the customer service center to request one be mailed to you.

This authorization is intended to comply with HIPAA. HIPAA stands for Health Insurance Portability and Accountability Act of 1996 as amended. Under HIPAA, you have the right to receive a copy of your PHI held by John Hancock and authorize that a copy be directly disclosed to another individual or entity.

Contact information

 Website: johnhancock.com/ltc	 Phone: 800-377-7311	 Submission: See return instructions at end of this form.
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1. Policy information

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

Policy number	Policy number	Policy number
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Note: If you need to list more than 3 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
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Phone number	Email address
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Address (Street)

City	State	Zip code	Country (if outside the U.S.)
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2. Authorized individual information

I authorize John Hancock to disclose my PHI, including but not limited to, my enrollment records, health information, and policy information to the individuals designated below.

Note: You should consider listing your spouse, partner, children, or any other family member or friend with whom you may want John Hancock to discuss your policy and/or claims.

1.

Name (First)	MI	Last
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Address (Street)

City	State	Zip code	Country (if outside the U.S.)
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Email address	Phone number	Relationship to insured
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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 underwritten by Time Insurance Company are insured and administered by John Hancock USA, and long-term care insurance policies underwritten by Union Security Insurance Company, Union Security Life Insurance Company of New York, and Blue Cross/Blue Shield of South Carolina are administered by John Hancock USA. Long-term care insurance is underwritten and administered on behalf of American Republic Insurance Company by John Hancock USA, Boston, MA 02116.



2. Authorized individual information (continued)

2. _____
 Name (First) _____ MI _____ Last _____

 Address (Street) _____

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

 Email address _____ Phone number _____ Relationship to insured _____

3. _____
 Name (First) _____ MI _____ Last _____

 Address (Street) _____

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

 Email address _____ Phone number _____ Relationship to insured _____

3. Authorizations and signature**I authorize disclosure of medical records, history, and other information related 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, any insurance or reinsurance company, any consumer reporting agency such as the Medical Information Bureau, Inc. (MIB), or any other organization, institution, or person that has health information about me.

I authorize disclosure of my Protected Health Information to:

- John Hancock and its affiliates, service providers, reinsurers, agents, attorneys, and representatives, and to any consumer reporting agency such as the MIB.
- The individual(s) listed above in section 2 with whom I may want John Hancock to discuss my policy and/or claims.

I understand that:

- Health information about me may be used or disclosed to discuss my policy and/or used or disclosed to evaluate or process any claim for long-term care insurance benefits or to service my long-term care insurance coverage.
- 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.
- In the event I open a claim under my policy, and I do not sign this authorization, John Hancock may decline to pay any claim for long-term care insurance benefits.
- I, or my legal representative, have a right to revoke this authorization in writing at any time by sending a written request to John Hancock. Any such revocation shall apply to future disclosures and will not be effective to the extent John Hancock or any other person already has disclosed, collected information, or taken other action in reliance on it. Such revocation will also not be effective to the extent state law gives John Hancock the right to contest my claim for benefits or the policy itself.
- My health information may be redisclosed 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 can request to receive a copy of this authorization if I contact the customer service center and request that it be mailed to me.
- This authorization is valid from the date shown below until revoked by me in writing or when coverage under my long-term care insurance policy terminates, whether or not I opened a claim under my long-term care insurance policy (except for California residents where this authorization is valid for the duration of your claim for benefits).

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 underwritten by Time Insurance Company are insured and administered by John Hancock USA, and long-term care insurance policies underwritten by Union Security Insurance Company, Union Security Life Insurance Company of New York, and Blue Cross/Blue Shield of South Carolina are administered by John Hancock USA. Long-term care insurance is underwritten and administered on behalf of American Republic Insurance Company by John Hancock USA, Boston, MA 02116.




3. Authorizations and signature (continued)

By signing below:

- I am providing written authorization to disclose my Protected Health Information to the designated individuals on this form.
- I am providing written authorization to disclose policy-specific information to the designated individuals on this form on an ongoing basis.

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 the enclosed State fraud warnings for state-specific wording regarding the above fraud statement.

 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 legal representative) _____ Date signed (mm/dd/yyyy) _____


Print name of legal representative (if applicable) (First) _____ MI _____ Last _____

Title of legal representative (select one, if applicable): ☐ Power of Attorney ☐ Guardian ☐ Other: _____

Return instructions

Please submit your completed and signed form via the following:

 **Mail:** John Hancock
Attn: R-02-B LTC
PO Box 55231, Boston MA 02205-5231



Manage your long-term care policy online:

Scan the QR code or go to johnhancock.com/ltc to create an online account and gain access to:

- One-time online payments via a checking or savings account.
- Paperless delivery of notifications and documents.
- Policy details like your premium history and coverage information.
- Claim initiation and management.



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.