



# Protection against unintended lapse

## Important information

Use this form to add or change your designee information for your long-term care policy. This designee will receive written notice when the required premium is not paid by the due date advising that coverage will lapse/terminate if the premium is not received by the end of the grace period.

## Contact us



**Website**

[www.johnhancockinsurance.com](http://www.johnhancockinsurance.com)



**Phone**

1-800-377-7311



**Return instructions**

See the end of this document for return instructions.

## 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 policy(ies).

## Insured information

\_\_\_\_\_  
Insured's name (First)

\_\_\_\_\_  
MI

\_\_\_\_\_  
Last

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Mobile number

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Address (Street)

\_\_\_\_\_  
City

\_\_\_\_\_  
State or country (if outside the U.S.)

\_\_\_\_\_  
Zip code

Policy number(s): \_\_\_\_\_

**2. Designee information**

Select one and provide the required information.

Add a designee

\_\_\_\_\_  
Name (First) MI Last

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

\_\_\_\_\_  
Address (Street)

\_\_\_\_\_  
City State or country (if outside the U.S.) Zip code

Change designee

**Current designee information:**

\_\_\_\_\_  
Name (First) MI Last

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

\_\_\_\_\_  
Address (Street)

\_\_\_\_\_  
City State or country (if outside the U.S.) Zip code

**New designee information:**

\_\_\_\_\_  
Name (First) MI Last

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

\_\_\_\_\_  
Address (Street)

\_\_\_\_\_  
City State or country (if outside the U.S.) Zip code

**3. Signature and authorization**


By signing below, I confirm I wish to add or change the designee on my policy and that the information provided above is accurate to the best of my knowledge.


**SIGN HERE** \_\_\_\_\_ Today's date (MM/DD/YYYY)

Signature of insured

**Submission instructions**

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

 **Mail** John Hancock Financial Services  
Long-Term Care  
PO Box 55978, Boston, MA 02205

 **Email** LTCForms@jhancock.com

Long-term care insurance is underwritten by John Hancock Life & Health Insurance Company, Boston, MA 02117; John Hancock Life Insurance Company (U.S.A.), Boston, MA 02117 (licensed in all states except New York; permitted in New York to service existing insureds and clients).