

Introduction

Use this form to authorize withdrawals from your checking/savings account to pay your insurance premium.

Questions about this form? 1-800-482-0022	To email this form: LTCForms@jhancock.com	See the end of this document for return instructions
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1. Contact Information (Please print legibly)

Insured's Information

Name: _____
First Middle Last

Address: _____
Street City State Zip

LTC ID: _____ Employer Name: _____

Spouse's Information (if applicable)

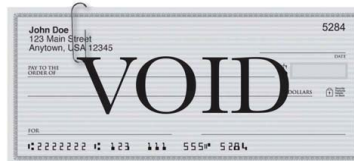
Name: _____
First Middle Last

LTC ID: _____ **CHECK HERE to authorize payment for your spouse/domestic partner's coverage**

2. Banking Information

Bank Name: _____ Account Owner: _____ Account Type: _____
(Checking / Savings Only)

Bank Routing Number: _____



Please attach a copy of a voided check or a bank letter detailing the routing and account number.

Account Number: _____

3. Authorization

I authorize John Hancock Life & Health Insurance Company/John Hancock Life Insurance Company (U.S.A.) to initiate automatic bank withdrawals from my account in order to effect payment of my premium. Also, I authorize my bank to charge such account for such withdrawals. I understand that I will not receive any bills or notices of withdrawal from John Hancock. I also understand that if any withdrawal is not honored by my bank for any reason, I am responsible to pay my premium or my insurance coverage will be terminated. This authorization will remain in effect until I, my bank or John Hancock terminates it by giving a thirty (30) day written termination notice to the others.

SIGN HERE _____
 Insured's Signature

 Today's Date (MM/DD/YYYY)

SIGN HERE _____
 Bank Account Owner Signature (If different)

 Today's Date (MM/DD/YYYY)

 Bank Account Owner Name

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: 1-800-482-0022 TTD Hearing/Speech Impaired: 1-800-832-5282
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