





# Automatic bank withdrawal request


## 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

 **Phone:** 800-482-0022  
**TTY:** 800-832-5282

 **Mail:**  
See return instructions at end of this form.

## 1. Policy information

Employer name

### Insured information:

Insured name (First) MI Last LTC ID

Phone number Email address

Address (Street)

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

### Spouse/domestic partner information (if applicable):

Spouse name (First) MI Last LTC ID

☐ Yes ☐ No Do you want to authorize payment of your spouse/domestic partner's coverage in addition to your own using the bank information in section 2?

## 2. Financial institution information

Select your account type and provide the requested information below:

- ☐ Checking  
☐ Savings

Financial institution Routing/ABA number

Name(s) listed on account Account number

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.



Insured's LTC ID: \_\_\_\_\_

Spouse's LTC ID: \_\_\_\_\_

**3. Signature(s) and authorizations**

**By signing below,** I/we 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 initiate automatic withdrawals from my/our account in order to effect payment of my/our premium. Also, I/we authorize my/our financial institution to charge such account for such withdrawals. I/we understand that I/we will not receive any bills or notices of withdrawal from John Hancock. I/We also understand that if any withdrawal is not honored by my/our financial institution for any reason, I/we are responsible to pay my premium or my/our insurance coverage will be terminated. This authorization will remain in effect until I/we, my/our financial institution, or John Hancock terminates it by giving 30-days written termination notice to the others.


**SIGN HERE** \_\_\_\_\_  
Signature of insured Date signed (mm/dd/yyyy)


**SIGN HERE** \_\_\_\_\_  
Signature of financial institution account owner (if different from insured) Date signed (mm/dd/yyyy)

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

**Return instructions**

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

 **Email:** LTCForms@jhancock.com

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

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