



Company Complaint Form
John Hancock Life Insurance Company (U.S.A.)
John Hancock Life & Health Insurance Company
 (hereinafter referred to as The Company)

As a client of John Hancock Life Insurance Company (U.S.A.), and affiliated Companies, your satisfaction is our top priority. Upon receipt of a completed form, the Company will send you an acknowledgement letter and promptly investigate the matter. This form is for complaints related to Life Insurance, Long-Term Care Insurance and Annuity products.

COMPLAINT CONTACT INFORMATION

1. a) Name			
b) Address	Street Address	City	State Zip Code
c) Telephone	Day	Evening	Best time to call

CLIENT AND PRODUCT INFORMATION

2. a) Client's Name	
b) Client's Social Security Number	c) If you are not the client, what is your relationship to him/her?
d) Policy and/or contract number(s) that are the subject of your complaint	
e) Please list other policies/contracts you have with the Company	
f) Agent or Broker's Name	
g) Agency or Broker's Firm Name	

DESCRIPTION OF COMPLAINT

3. Is this the first time you have filed a complaint regarding this matter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No , date complaint was filed	Month Day Year
Sent to	
From whom did you receive a reply?	

To handle your complaint properly, it is essential that you enclose as much information as possible.

Please submit copies of the following with this form.

- All relevant correspondence to and from the Company or agent or broker
- Policy or Contract Summary
- Policy Illustrations
- Marketing material you received from the agent or broker
- Any other pertinent documentation or records

PLEASE DESCRIBE IN DETAIL THE NATURE OF YOUR COMPLAINT

Signature

Date

Return this form to:

John Hancock Insurance Compliance
ATTN: Customer Relations
John Hancock Life Insurance Company (U.S.A.)
197 Clarendon St., C7-19
Boston, MA 02116
Fax: 1-617-572-6015