



## Introduction

Use this form to make a change to an address on a John Hancock Long-Term Care Policy. Address change requests can ONLY be made by the insured.

### Questions about this form?

 1-800-377-7311

### To email this form:

 LTCForms@jhancock.com

 **See the end of this document for return instructions**

## 1. Policy Information

Policy Number(s): \_\_\_\_\_

Insured's Name:

First Middle Last

Insured's Address  
(Currently on file):

Street City State Zip

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## 2. Change of Address

Please change the address on the above contract to the following:

Domestic Address  Foreign Address

Address (Street) City State Zip Code

## 3. Authorization

I hereby certify that I, as Insured of the above referenced policy/policies, request an address change as set forth herein.


SIGN  
HERE

\_\_\_\_\_  
Insured's Signature


\_\_\_\_\_  
Today's Date (MM/DD/YYYY)

## 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: 1-800-377-7311  
TTD Hearing/Speech Impaired: 1-800-832-5282