



## Introduction

Complete, sign and return this form to claim funds under a group or individual Long-Term Care insurance policy. This form may be used if no estate has been created for probate in accordance with applicable law.

### 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

List All Policy Numbers: \_\_\_\_\_

Insured's Name:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Insured's Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth:

\_\_\_\_\_  
(MM/DD/YYYY)

Claimant's Name:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Claimant's Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth:

\_\_\_\_\_  
(MM/DD/YYYY)

Relationship to Insured:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

## 2. Authorization

By signing below, you agree that the information in this form is complete and true to the best of your knowledge and that you have the authority to act on behalf of the insured as set forth herein. you acknowledge and agree that the Company reserves the right to request a copy of the Power of Attorney document, Court Certificate of Appointment or other proof of your legal authority. You affirm that you are not aware of any rival claims to the funds and that you agree that in the event of any claims, damages, actions or causes of actions at law or equity presented or prosecuted by or on behalf of any person or persons against John Hancock and/or the insured as a result of the payments of funds to you, you will repay the funds immediately upon demand. You further agree to indemnify John Hancock for any and all costs incurred which result from your refusal and/or inability to repay these funds upon demand by John Hancock. Any person who knowingly and with intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, is subject to criminal prosecution and/or civil penalties.


**SIGN  
HERE**

\_\_\_\_\_  
Claimant'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