




Introduction

Use this form to authorize individuals to whom John Hancock may disclose information regarding your Long-Term Care policy.

Questions about this form?  1-800-377-7311	To email this form:  LTCForms@jhancock.com	 See the end of this document for return instructions
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1. Policy Information

Insured's Name: _____
 First Middle Last

Insured's Address: _____
 Street City State Zip

Policy Number(s): _____

Home Phone Number: _____ Cell Phone Number: _____

2. Authorized Individuals

John Hancock is authorized to disclose, telephonically, information about my Long-Term Care policy to the individuals designated below:

Designee Name: _____	Designee Name: _____
Designee Name: _____	Designee Name: _____
Designee Name: _____	Designee Name: _____

4. Authorization




The information is limited to: policy benefit information, premium payment information, benefit period, claim approval, dates of service, provider approval status, and payment mail dates. CSR cannot provide full SSN or bank account number.

I understand that:

- By signing this document I am providing written authorization to disclose policy specific information to the designee(s) listed above on an ongoing basis. In order to release any medical related information, the Policyholder must complete the HIPAA release form.
- The caller must be able to authenticate via our Call Center guidelines.

 SIGN HERE _____ Insured's Signature (Or Legal Representative)	_____ Today's Date (MM/DD/YYYY)
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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
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