# Automatic Deduction Plan (ADP) for Insurance Premiums

## Introduction

Use this form to authorize withdrawals from your checking/savings account to pay your insurance premium.

**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. Automatic Deduction Plan Options

* Additional processing fees may apply.

☐ Add ADP to an existing policy ☐ Change bank information on an existing policy

Frequency: ☐ Monthly* ☐ Quarterly* ☐ Semi-Annual* ☐ Annual

Draft Day (Day must = 1-28): _____

## 2. Policy Information

Insured's Name: _____
First Middle Last

Payor Name: _____
First Middle Last

Payor Address: _____
Street City State Zip

Policy Number(s): _____

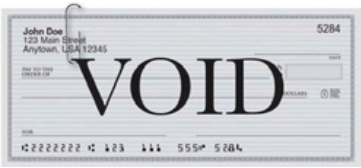
Home Phone Number: _____ Cell Phone Number: _____

## 3. Banking Information

Name of Bank: _____ Bank Account Owner: _____

Account Type: _____

Bank Routing Number: _____ Account Number (Checking/Savings): _____




Please attach a copy of a voided check or a bank letter detailing the routing and account number.

## 4. Authorization

I authorize John Hancock Life Insurance Company (U.S.A.) and in New York John Hancock Life & Health Insurance Company to deduct the necessary premiums from the account listed above, to pay for the policies listed above. I understand the deduction will occur on the date I have selected in Section 1. If no date is selected the draft will occur on the policy issue day. I need to notify John Hancock and affiliated companies of any change to my bank account information two weeks prior to the date that the change is effective.

SIGN HERE _____
Insured's Signature

_____
Today's Date (MM/DD/YYYY)

SIGN HERE _____
Bank Account Owner Signature (If different)

_____
Today's Date (MM/DD/YYYY)

## Submission Instructions

**To mail this form:**
John Hancock Financial Services
PO Box 55978
Boston, MA 02008-5978

**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

Long-term care insurance is underwritten by John Hancock Life Insurance Company (U.S.A.), Boston, MA 02117 (not licensed in New York) and in New York by John Hancock Life & Health Insurance Company, Boston, MA 02117.