



# 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