



John Hancock Life Insurance Company (U.S.A.)

Long-term care insurance with a difference



Performance LTC™



Long-term care

Understanding the need

You know that careful planning can make a difference to you and the people you love. You work hard, pay the mortgage, and save for the future. And, you protect your family by buying insurance that covers your home, your health, and your life. But have you considered how the need for long-term care could impact your plans? It may be time for you to learn more.

What is long-term care?

Long-term care is the type of ongoing assistance and/or supervision you may need when you are unable to perform normal daily activities on your own, such as bathing, dressing, eating, toileting, or getting in and out of bed.

Who needs it?

It is important to keep in mind that you may require long-term care at any point during your life, due to an accident or illness. However, it is most often associated with aging, and for good reason. Medical advances are helping many of us live longer, but often without corresponding improvement in the quality of life.

How could the need for long-term care impact my financial plans?

Sound financial planning should take into account the potential impact of needing long-term care at some point in your life. John Hancock's 2013 Cost of Care Survey¹ revealed that the national average for one year in a nursing home can run more than \$94,200 or \$258 a day for a private room. Assisted living facilities can also be costly, with the national annual average at approximately \$41,000 or around \$3,400 a month. Even home care may challenge your budget, with a national average of \$29,600 a year for six hours of care a day, five days a week. And, if home care is needed around the clock, costs can surpass those of nursing home care.



It is estimated that 70% of people over the age of 65 will require some period of ongoing assistance at some point in their lives.

(U.S. Department of Health and Human Services, National Clearinghouse for Long-Term Care Information, www.longtermcare.gov, April 2014).

1. John Hancock 2013 Cost of Care Survey, conducted by LifePlans, Inc.

Long-term care

Considering your options

Once you understand the potential financial risk associated with long-term care, the next step is to determine how you would pay for care if you ever need it. Unfortunately, there are many misconceptions surrounding potential funding options. It is important that you are able to separate fact from fiction, so that you can make an informed decision about your future.

What are some of the most common misconceptions about paying for long-term care?

My health/disability insurance has me covered

- Health insurance is intended to pay for acute or short-term illness — not the kind of care you may need for an extended period
- Disability insurance replaces your income when you are unable to work, but cannot address your potential long-term care needs

Government programs will pay for my care

- Medicare will consider paying for long-term care services for up to 100 days following a hospitalization, if skilled care is being received. However, many common reasons for needing care, like Alzheimer's disease, do not require either hospitalization or skilled care.
- Medicaid² is a state-based program that requires that you spend down your assets to the poverty level before you become eligible for benefits. There are also limits on allowable income.³

Family members can be my caregivers

- Children may be able to offer you some support, but if they live far away, they may not be able to meet your day-to-day care needs
- Even if they live nearby, you may not feel comfortable with having a son or daughter assist you with some of the more personal aspects of your care

I can pay for care out-of-pocket

- You may be in a position to pay for your care out-of-pocket, but that may not be the way you want to use the funds you have set aside for your future plans
- Costs can be high and can quickly deplete even a significant amount of savings, potentially causing stress for you and your loved ones

2. Medicaid eligibility is complex and varies by state. Contact your local Medicaid Office for complete information.

3. Medicaid spend-down limits vary by state.

Long-term care

Introducing Performance LTC

Performance LTC is a unique long-term care insurance policy designed for individuals who appreciate the importance of planning and are interested in insurance protection that goes beyond the features offered by more traditional coverage.

A practical alternative to self-insuring an unpredictable and potentially costly risk, Performance LTC can be a valuable enhancement to your overall financial plan. And because it offers an innovative feature that is different than anything else on the market, it may be exactly what you're looking for.

Performance LTC is designed to help cover the expenses associated with care, should you ever need it. It helps:

- protect the assets you've worked so hard to acquire
- preserve your income so you and your family members can continue to meet every day expenses

Your policy can give you more choices about where you receive care, since benefits are payable in a variety of settings. It also allows you to choose the quality and frequency of care that you may not have been able to afford in the absence of coverage.

Performance LTC can help you and your loved ones face the future with confidence.



Learning about Performance LTC

Core coverage

What kind of care does Performance LTC cover?

John Hancock recognizes that individual long-term care needs are as unique as each of our policyholders. For that reason, we offer benefits for care received everywhere from the familiar surroundings of home to more formal arrangements. Having these choices available to you, can help you access the care you need, in the place that's right for you.

Home care

You can receive skilled services in the comfort of your own home or residence from a home health agency. Covered care from a home health agency includes care provided by a nurse or a physical, occupational, or speech therapist. You can also receive care from a home health aide to help with your daily activities.

Adult day care

You may prefer to receive care in your local community, so that you can enjoy spending time with other people. If that's the case, your policy will cover the social and health-related services in an adult day care center.

Assisted living facilities (ALFs)

Your situation may require more care than would be available in your own home. ALFs provide personal care services such as meals, housekeeping, and assistance with the activities of daily living, in a secure, home-like environment.

Nursing homes

If you need round-the-clock care, a nursing home might be the best way to assure that all of your needs are met by a professional staff.

Hospice care

You will be covered for end-of-life care, including support for your family, in your home or in a facility if you prefer.

HOW DO I BECOME ELIGIBLE TO ACCESS MY BENEFITS?

The claims process starts with a simple phone call to John Hancock. We understand that the need for long-term care can be stressful and so we try to minimize that stress with claims communications that clearly explain what you can expect throughout the duration of your claim.

You become eligible to receive benefits⁴ under your policy when you are Chronically Ill and a Licensed Health Care Practitioner⁵ certifies that you will require either of the following:

- Substantial assistance with at least two out of six activities of daily living (ADLs) due to the loss of functional capacity for a period expected to last for at least 90 days. ADLs include the following: eating, bathing, dressing, toileting, continence, or transferring.
- Substantial supervision to protect yourself from threats to health and safety due to a severe cognitive impairment such as Alzheimer's disease, or other forms of irreversible dementia.

4. Your Elimination Period must also be satisfied and covered care or services must be consistent with your plan of care.
5. Obtaining a plan of care is part of the eligibility process and must be provided by a Licensed Health Care Practitioner.

Learning About Performance LTC

Core features

What is included in the coverage?

In addition to your policy's core coverage, it also includes a number of core features at no additional cost, which can help make a long-term care situation much more manageable.

Flex Account

This policy includes an innovative and unique feature called the Flex Credit.* On each policy anniversary, you are eligible to earn Flex Credits.⁶ Flex Credits are not guaranteed. Any earned Flex Credits are applied to your personal Flex Account. You can choose to use amounts in your Flex Account to reduce premiums or you can keep Flex Credits in your Flex Account to accumulate with interest. Your Flex Account can be applied in the following ways:

- To reduce premiums
- To pay for services that can help you remain in your own home⁷
- To reimburse LTC expenses during the Elimination Period, instead of you having to pay out-of-pocket
- To reimburse LTC expenses in excess of the long-term care benefit amount
- To provide a return of premium upon death or lapse⁸



*Patent pending

6. Flex Credits are calculated according to a formula that takes into consideration the company's insurance and investment experience. John Hancock's calculation method is described in the policy and is on file with the applicable regulator. Negative Flex Credits will not decrease the Flex Account, but will be carried forward until they are offset by positive Flex Credits. For example, if the current year's Flex Credit is a negative \$1,000 and the following year's Flex Credit is a positive \$1,200, you will receive no Flex Credit for the current year and a Flex Credit of \$200 the following year. Please note that the payment of any Flex Account balance may have Federal Income Tax implications. You are advised to review this benefit with a qualified tax professional or attorney to determine any such tax impact.
7. Eligible services are limited to: Home Modifications, Emergency Medical Response Systems, Durable Medical Equipment, Caregiver Training, Home Safety Check, and Provider Care Check.
8. The Flex Account payable upon death or lapse is capped at total premiums paid.

Core features, continued

BENEFITS FOR YOUNGER BUYERS (UNDER AGE 65)⁹

Additional Accident Benefit

If you need care as the result of an accidental injury that occurs before the age of 65, your policy provides you with a separate pool of money to help pay for your care, in addition to your core benefits.

Under this benefit, long-term care expenses will be covered up to two times the Daily/Monthly Benefit Amount (with a \$500 a day/\$15,000 a month maximum). Benefits paid in excess of your current Daily/Monthly Benefit Amount will not be deducted from your Total Benefit. The Additional Accident Benefit will increase as inflation amounts are added to your policy.

Return of Premium

If you die prior to age 65, John Hancock will pay your beneficiary an amount equal to total premiums paid, less any long-term care benefits paid.¹⁰

Care Support Services

John Hancock believes that no one should have to face long-term care alone. Care Support Services¹¹ is designed to help you during what may be a very stressful time, as you or a loved one transition from independent living to the need for assistance. Benefits include:

- Personalized telephone and website assistance regarding caregiving questions or concerns that you may be experiencing
- Access to quality reports and ratings on a range of home health care providers, nursing homes, and assisted living facilities nationwide
- Access to provider care discounts for those individuals who do not yet have a provider in place

These services are also available to your uninsured immediate family members, as defined in the policy, in the event that you find yourself in a caregiver role.

Care Advisory Services

This benefit enables you to select an independent professional of your choice who can provide you with information and guidance on the care that's right for you. It is available on an annual basis at an amount equal to one-third of the monthly benefit selected (or 10 times the Daily Benefit selected) per calendar year. It can be paid before your Elimination Period is satisfied, but does not count toward the Elimination Period. Using this benefit will not reduce your Total Benefit.

Bed Hold

If you are in a nursing home or assisted living facility, your room will be reserved for you for up to 60 days per calendar year if you need to leave temporarily for any reason.

International Coverage¹²

This benefit provides you with coverage anywhere in the world, for up to one year. Benefits will be based on 100% of your Daily or Monthly Benefit.

9. Not available to applicants and policyholders age 65 and older.

10. Premiums do not include any Flex Account balance used to pay premiums.

11. Care Support Services is available after your policy has been in effect for 30 days, through an independent third-party organization. Discounts are not provided by John Hancock. This program may be discontinued at any time.

12. All services covered except Hospice Benefit, Care Advisory Services, and Additional Accident Benefit.

Learning about Performance LTC Inflation Options

Long-term care can be very expensive and, like everything else, costs may increase in the the future. To address this issue, Performance LTC offers inflation coverage, designed to help your coverage remain relevant throughout the years.

This policy automatically includes a 3% Compound approach to inflation.

This means that:

- your Daily/Monthly Benefit and Total Pool of Money will automatically increase annually by 3% compounded, even while you're on claim
- your policy premiums for Performance LTC will increase annually, through age 90, with the possibility of being partially or fully reduced in the future by the growth in your Flex Account
- you can decide to opt out of receiving future inflation increases of 3% compound, in which case your premiums will not change and your Flex Credits will be lower¹³

For an added cost, you can select the 5% Compound inflation benefit.

This means that:

- your Daily/Monthly Benefit and Total Pool of Money will automatically increase annually by 5% compounded, even while you're on claim
- your policy premiums do not increase,¹⁴ and have the possibility of being offset partially or fully in the future by the growth in your Flex Account

13. If you choose to opt out of a benefit increase, your policy premiums will no longer increase. Further benefit increases will not be available to you until the policy anniversary which follows your 91st birthday, when automatic increases will start again, without a corresponding increase in premium. Premiums are not guaranteed to remain unchanged. Please refer to the back panel of this brochure for further details.
14. If you select the 5% Compound option, it will replace the 3% Compound approach. Premiums are not guaranteed to remain unchanged. Please refer to the back panel of this brochure for further details.



Learning about Performance LTC

Optional Benefits

Are there optional benefits so I can customize my coverage?¹⁵

Performance LTC also offers optional benefits, for an additional cost, that provide the added flexibility you may need to help customize your coverage to meet your unique needs.

SharedCare Benefit

This popular feature, designed especially for couples, enables you to maximize the value of your coverage by linking your two individual policies. SharedCare provides you with the ability to access your partner's benefits when your policy limit has been reached and you have no remaining Flex Account balance.

If one of you dies:

- the survivor's benefits will increase by the deceased partner's remaining pool of money
- any remaining balance in the deceased partner's Flex Account will be paid out at death, up to the total amount of premiums paid¹⁶
- If the Flex Account exceeds the total premiums paid, the remainder will be added to the survivor's Flex Account¹⁶
- the survivor's premium is reduced by the cost of the SharedCare Benefit
- Also, in the event that your partner or spouse accesses your benefits until they are depleted, you will have the option to purchase a new policy with a two-year benefit — with no underwriting.¹⁷

Waiver of Home Health Care Elimination Period (Zero-Day Home Care Elimination Period)¹⁸

If you receive home health care, hospice care in your home, or adult day care, your Elimination Period will be waived.

Nonforfeiture

If you stop paying your premium after the first three years, you can retain reduced coverage equal to the greater of the premiums paid or one times the Monthly Benefit Amount or 30 times the Daily Benefit Amount.¹⁹



COUPLES (PARTNERS OR SPOUSES)²⁰ INCLUDE POLICYHOLDERS WHO:

- Are married
- Have lived with a family member of the same generation (sibling or cousin) for at least three years
- Have lived with a partner of the same sex or opposite sex, in a committed relationship

15. Premiums will vary with the choice of benefit selected.

16. Premiums do not include any Flex Account balance used to pay premiums.

17. No two-year offer will be made if you were Chronically Ill in the two years prior or beyond your 91st birthday.

18. This benefit will not be applicable under the International Coverage Benefit. Not available with the 180- or 365-day Elimination Periods.

19. If you convert your policy to a paid-up status, you will no longer be eligible to receive Flex Credits.

20. Partner means an unmarried individual, not related to you by blood or marriage, that has lived with you in a committed relationship for the past 12 months OR you have a valid certificate or license of Civil Union or Registered Domestic Partnership as recognized by the state in which you are applying.

Learning about Performance LTC

Consumer protection features

What else does Performance LTC have to offer?

Performance LTC offers a number of consumer protection features to ensure that your policy doesn't inadvertently lapse and to support you in the event that you have a long-term care claim.

Protection against policy lapse

Lapse Prevention Safeguard — Your policy cannot lapse while you are receiving benefits at least one day a week. If you are on claim and you miss your premium payment, John Hancock will automatically apply your Flex Account balance toward your premium to help you keep your policy in-force. If your Flex Account balance is insufficient, the policy's 65-day grace period will begin. If there continues to be premium due at the end of the grace period, we will automatically deduct the remaining premium from your benefit payments, until your premiums have been paid in full to ensure that your coverage remains in-force. If benefit payments made under this policy are less than your premium due at the end of the policy year, John Hancock will waive the remaining premium due for that policy year. The premium payment requirement resets every policy year.

Contingent Nonforfeiture²¹ — In the event of a substantial premium increase, you will have three options to choose from. You can pay the increased premium with no change to your benefits. You can choose to maintain your current premium with reduced benefits. Or you can convert your policy to a paid-up status with reduced benefits.

Third-Party Billing Notification — This feature provides added protection against an accidental policy lapse. You will have the opportunity to designate a person(s) to receive a notice of cancellation in case of nonpayment, at any time. If your policy terminates because you did not pay your premiums due to a physical or cognitive impairment, your policy may be reinstated within five months of termination.



21. Calculation of reduced benefits varies based on the option taken and the premium plan in effect. If you convert your policy to a paid-up status, you will no longer be eligible to receive Flex Credits.



Consumer protection features, continued

Additional protection at claim time

Alternate Services Benefit – This benefit helps ensure you have access to emerging long-term care services that may develop over time.²² For example, John Hancock may agree to pay benefits for services not specifically described in your policy, as long as they are both appropriate and cost-effective.

Independent Third-Party Review²³ – This provision provides you with an important assurance of our commitment to fair and objective claims paying practices. In the event that your claim is denied, you have the right to request an independent third-party review. The decision of that third party will be binding and must be upheld by John Hancock.

Timely Payment of Claims – John Hancock understands that efficient processing of claims is an extremely important aspect of our service to you. The vast majority of our claims are paid within 15 days, but in the unlikely event that a claims payment takes longer than 30 days to process, we will pay the policyholder an interest penalty of 1%²⁴ of the claim amount per month.

22. Benefit paid must be a lower-cost alternative to covered services.

23. If third-party state approval is not required it must be mutually agreed upon by you and John Hancock.

24. Percentage paid may be higher in states where required.

Learning about Performance LTC

Consumer discounts

Do I have options to make my coverage more affordable?

John Hancock is dedicated to making comprehensive LTC insurance coverage as affordable as possible. Below you will find a variety of consumer discounts to help manage the cost of your policy.

Preferred Health Discount²⁵

If you are in very good health when you apply for John Hancock LTC insurance coverage, you may be eligible to receive a 10% premium discount.

Couples/Partner Discount²⁵

Your policy premium will be reduced by 30% if both you and your partner have applied together and are approved for coverage and accept the individual LTC insurance policies from John Hancock.

Family Discount²⁶

When you and two other family members own separate John Hancock individual LTC insurance policies, you will each receive a 5% discount.

Valued Client Discount²⁶

If you own a John Hancock or Manulife annuity contract or life insurance policy, you will receive a 5% discount on your LTC insurance policy.

WHAT ARE MY PAYMENT OPTIONS?

You have the option to pay your premiums²⁷ in a number of ways:

- Monthly
- Quarterly
- Semi-annually
- Annually

WHAT IF I CHANGE MY MIND?

Your policy has a Free-Look Period that gives you 30 days to review your coverage. If you decide it's not for you, simply return it to John Hancock and we will refund 100% of your premium.

25. The combination of Preferred Health and Couples/Partners discounts is limited to 35% per individual, based on Select rates.

26. Family and Valued Clients discounts cannot be combined.

27. Monthly premiums are available only via Electronic Fund Transfer. The more often you pay your premium the higher the cost will be. The policy offers a 65-day grace period for the late payment of premiums.

Performance LTC

Designing your coverage

Long-term care insurance may help limit the potential significant financial risk that can often be associated with the need for care. Designing the plan that complements your financial strategy and meets the needs of you and your loved ones, is just a matter of four simple steps.

Step 1: Select your Benefit Amount

Your **Daily** or **Monthly Benefit** is the maximum the policy will pay in a day or a month.

Your Choices Are

Daily Benefit²⁸ Options:
\$50–\$400 per day
(in \$10 increments)

Monthly Benefit²⁸ Options:
\$1,500–\$12,000 per month
(in \$100 increments)

Step 2: Select your Benefit Period

Your Benefit Period represents the minimum period of time (years) you can expect your coverage to last. If the policy pays less than the Daily/Monthly maximum, unused benefits return to your “Total Pool of Money” for use at a later date.

Your Choices Are

2 years, 3 years, 4 years,
5 years, or 6 years



28. The maximum amount paid per day is the Daily Benefit amount. The maximum paid per month is the Monthly Benefit amount. In VT, the daily minimum is \$75 and the monthly minimum is \$2,250. In WI, the daily minimum is \$60 and the monthly minimum is \$1,800.

Step 3: Select your Elimination Period

The Elimination Period on your LTC insurance policy is like a deductible. You pay for the cost of your care for a certain number of days before the policy coverage begins.²⁹ This helps to reduce the annual cost (premium) of your policy.

Your Choices Are

30 days, 60 days, 90 days,
180³⁰ days, or 365³⁰ days

Step 4: Confirm your inflation choice and select your optional benefits

Your Available Inflation Options Are

3% Compound,³¹ or 5% Compound³²

Your Optional Benefit Choices Are

Shared Care, Waiver of Home Health Care,
Elimination Period (Zero-Day Home Care
Elimination Period), Nonforfeiture

YOUR TOTAL BENEFIT

Your Total Benefit represents the "Total Pool of Money" from which your benefits will be paid. To determine your Total Pool of Money, multiply your Daily or Monthly Benefit Amount by the Benefit Period you select.

EXAMPLES	BENEFIT AMOUNT	BENEFIT PERIOD	TOTAL POOL OF MONEY
Daily Benefit	\$150	4 years (1,460 days)	\$219,000
Monthly Benefit	\$4,500	4 years (48 months)	\$216,000

29. For Home Health Care, a minimum of two hours of covered care per day is required to count as one day toward your Elimination Period. The longer the Elimination Period you choose, the higher your out-of-pocket expenses will be.
30. 180- and 365-day Elimination Periods are not available in VT.
31. Selecting 3% Compound means that your premium will increase annually, based on your attained age.
32. Selecting 5% Compound means that your premium will not increase annually, except as described in the policy.

Performance LTC

Reasons for buying now



The insurance you buy for the future also covers you today, in the event of an unexpected accident or illness



The younger you are when you purchase your coverage, the lower your initial premium will be



You must be in good health to qualify and by waiting too long, you're risking a change in your health that could make you ineligible for long-term care insurance when you may actually need it

Performance LTC can help you enhance your overall financial plan and help protect you and your loved ones from the potential impact of a long-term care scenario, whenever the need for care arises — whether it's in 30 years or the more immediate future.

Choosing John Hancock

The company you can count on

You may not need long-term care for many years. The company you choose is important so you can feel confident throughout the life of your policy.

John Hancock believes that the need for long-term care can represent a significant financial risk. We have seen the difference having the coverage has made in the lives of many of our claimants and their family members.

CONSIDER THESE FACTS:

- John Hancock has been a leading long-term care insurance provider for more than 25 years³³
- Today, we pay approximately \$2.8 million in long-term care claims per day³³
- John Hancock has paid more than \$5.7 billion in total long-term care claims³³
- Over 1.3 million individuals have chosen us to meet their potential long-term care needs³³
- Our financial ratings are among the highest in the industry³⁴

John Hancock is the company you should consider. We have the the commitment, integrity, and resources to honor our promises. You can count on John Hancock.



33. Based on John Hancock internal data from 1987 – July 4, 2014. Information is available upon request.

34. Based on analysis by major rating agencies, such as A.M. Best, Fitch Ratings, Standard & Poor's, and Moody's. Financial strength ratings are not an assessment or recommendation of specific policy provisions, premium rates or practices of the insurance company. Financial strength ratings measure the Company's ability to honor its financial commitments and are subject to change. To view our most current financial ratings, please go to www.johnhancockinsurance.com

Notes

PREMIUMS ARE NOT GUARANTEED TO REMAIN UNCHANGED.

As long as you pay the required premium, you have the right to continue the policy for as long as you live or until the policy limit is reached. We cannot cancel the policy unless you do not make the required premium payments on a timely basis. We cannot change the provisions of this policy without your consent. However, we do reserve the right to increase your premium, as of any premium due date in the future. Any changes in premium rates must apply to all similar policies issued in your state to policyholders in the same class on this policy form. This means we cannot single you out for an increase because of your advancing age, declining health, claim status or for any other reason related solely to you.

LIMITATIONS

- Benefits will not be paid until your Elimination Period has been satisfied, except for Care Advisory Services, or as provided under the Flex Account Benefit, or if Waiver of Home Health Care Elimination Period applies.
- Benefits will not be paid under the policy unless a current certification is provided, which relates to your condition within the past twelve months.
- Benefits will not be paid in excess of the Policy Limit, except for Care Advisory Services and as provided under the Flex Account Benefit.
- We will only pay benefits for services specified in the Plan of Care. We will determine services under the Plan of Care for which benefits are payable and the amount of such benefits.

EXCEPTIONS

This Policy does not pay benefits for care, treatment or charges:

- due to intentionally self-inflicted injury.
- due to attempted suicide (while sane or insane).
- required as a result of alcoholism or drug addiction (unless drug addiction was a result of the administration of drugs as part of treatment by a Physician).
- due to war (declared or undeclared) or any act of war, or service in any of the armed forces or auxiliary units.
- due to participation in a felony, riot or insurrection.
- normally not provided or made in the absence of insurance.
- provided by a member of Your Immediate Family, unless
 - the family member is one of the following professionals -- a duly licensed registered nurse, licensed vocational nurse, licensed practical nurse, physical therapist, occupational therapist, speech therapist, respiratory therapist, licensed social worker, or registered dietitian; and
 - the family member is a regular employee of a Nursing Home, Assisted Living Facility, Home Health Agency, or Adult Day Care Center which is providing the services; and
 - the organization receives the payment for the services; and
 - the family member receives no compensation other than the normal compensation for employees in his or her job category.
- provided outside the fifty United States and the District of Columbia except as described in the International Coverage Benefit section of this Policy.

NON-DUPLICATION OF BENEFITS

This Policy will only pay covered charges in excess of charges covered under any of the following:

- Medicare (including amounts not reimbursable by Medicare such as a Medicare deductible or coinsurance amounts). This means that this Policy does not pay for Your Medicare deductibles or coinsurance.
- any other governmental program (except Medicaid).
- any workers' compensation law, employer's liability or occupational disease law, or any motor vehicle no-fault law.

PLEASE NOTE:

1. This is a general description of your coverage and is not an insurance contract. The long-term care insurance policy contains governing contractual provisions and describes coverages under the policy, exclusions, and limitations, what you must do to keep the policy in-force, and what would cause your policy to be discontinued. Refer to the Outline of Coverage provided by your agent for an explanation of features and options.
2. This policy is intended to be federally tax-qualified.

OUR MISSION

John Hancock Insurance empowers people to feel confident about the future by helping them protect their loved ones, grow their savings, and preserve their wealth.

It's why we're committed to offering innovative products and services that meet real customer needs and reinforce the trust in John Hancock that our clients have valued for more than 150 years.



This is an insurance solicitation. An insurance agent may contact you.

Long-term care insurance is underwritten by John Hancock Life Insurance Company (U.S.A.), Boston, MA 02117.

Policies are subject to underwriting and a medical exam may be required to determine eligibility.

Visit us at www.johnhancockinsurance.com

Insurance policies and/or associated riders and features may not be available in all states.

ML101414105



Long-Term Care Policy Form: ICC14-LTC-15