

Sponsored Group Discount Program Information Worksheet

SECTION I – Organization Information

Organization Name: _____

Contact: _____ Telephone: _____

Address: _____

What is the sponsoring organization: (check one)

Employer Association Union Other _____

If "Employer" group, is employer paying any portion of the premium? Yes (if yes, ____%) No

Is this group currently pursuing or already set up with John Hancock for True Group LTC? Yes No

Note for Employer-Sponsored Groups in New York: *New York state allows the employer to pay up to 50% of the long-term care insurance premium for Custom Care II Enhanced and Leading Edge. If the employer pays more than 50%, you are not allowed to offer the Sponsored Group discount.*

What is the primary purpose of the organization? _____

Does the organization have a charter or bylaws by which it operates? _____
(A copy must be attached)

How long has the sponsoring group been in existence? _____ (Two-year minimum)

Number of employees/members: _____ States involved in solicitation: _____

SECTION II – Agency/Firm Information (please print clearly)

MGA/GA Company Name: **Agent Support Services, Inc.** Agency/Payroll Code: _____

Agent/Broker Name: _____ Telephone: _____

Address: **Agent Support Group, 99 Park Ave., Ste 1100, New York, NY 10016 Attn: Jane Nobiletti**

Fax: **(212) 292-7938** Email Address: **Jane@asglife.com**

Section III: Marketing Plan

How do you plan on marketing to the group? *(Please attach your marketing plan)*

I understand that members/employees will be verified by using the Sponsored Group Membership Verification and Underwriting Status Form (LTC-6383) with each submitted application. I also understand that three applications must be submitted within 90 days of group approval to activate the sponsored group.

Representative's Signature: _____ Date: _____

Section IV: HOME OFFICE USE ONLY

Approved Denied Group Number: _____ Initials: _____ Approval Date: _____

If denied, reason: _____

Over 3,000 lives, sent for secondary review: Yes, date sent: _____ No

Data input into C&A System: Yes No Date: _____

In-Force Date: _____ Three Application 90-Day Date: _____

Home Office Notes: _____

Sponsored Group Discount Program

Sample Acknowledgement Letter

This letter must appear on the Organization's official stationary and be signed by an authorized official of the organization (e.g., president/ CEO/chairman) and acknowledged in writing by an authorized officer of John Hancock Life Insurance Company (U.S.A.) (John Hancock).

Date

Sponsored Group Discount Program*
RLTC Marketing Department, B-6
John Hancock Life Insurance Company
Box 111, Boston, MA 02117

Dear Program Manager,

This letter is to confirm that [Organization/Employee Group] has decided to participate in John Hancock's Sponsored Group Discount Program for long-term care insurance, and that the availability of John Hancock's long-term care insurance will be announced to our eligible population.

We agree that: (1) [Name of Organization] may terminate our participation in the Sponsored Group Discount Program at any time by providing written notice of termination to John Hancock; (2) John Hancock may terminate or modify the Sponsored Group Program, or may terminate [Name of Organization]'s participation in it, by providing written notice of termination or modification to terminate [Name of Organization]; and (3) the Sponsored Group Discount Program or [Name of Organization]'s participation in it will automatically terminate if required by any government authority or court of law to do so. Should any of these circumstances occur, we agree that those policies already in force, as of the termination date, would retain the discount if permitted by law to do so.

We agree that [Name of Organization] assumes no liability in connection with the Sponsored Group Discount Program or any John Hancock long-term care insurance policies. In addition, John Hancock has agreed to indemnify [Name of Organization] for any liability that arises out of John Hancock's acts or omissions in connection with the Sponsored Group Discount Program or any John Hancock long-term care insurance policies.

If you agree with the contents of this letter, kindly sign below and return one duplicate original to my attention.

Sincerely,

/s/ Authorized official of organization

Acknowledged by and agreed to by:
JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

By: _____

Title: _____

Date: _____

*Marketing Discount in NY & TX

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.

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Rev. 1/10

Sponsored Group Discount Program

Facts-at-a-Glance

PROGRAM OVERVIEW:

- Producer completes Sponsored Group Discount Program worksheet (LTC-6381)
- Individual policies
- 5% discount
- Eligible participants: employees or members, retirees, spouses, partners, parents, grandparents, siblings, children, and all in-law and step equivalents

ELIGIBLE GROUPS:

Employers – five or more full-time employees; any profession

Associations, Other Organizations – ten or more members; primary focus is limited to trade or profession; closed credit unions, homeowners associations, chamber of commerce

INELIGIBLE GROUPS:

- Charitable/philanthropic
- Customer groups
- Church members
- Social/senior clubs – groups
- Open credit unions

APPROVAL PROCESS:

1. Producer completes Sponsored Group Discount Program worksheet (LTC-6381).
2. Employer or association president signs acknowledgement letter (LTC-6382), printed on organization's letterhead.
3. Copy of bylaws or charter required for association, proof of non-profit status required where/when applicable.
4. Fax or mail completed worksheet and acknowledgement letter to:
Agent Support Services, Inc.
Attn: Jane Nobiletti
99 Park Avenue, Suite 1100, New York, NY 10016
Fax: 212-292-7938
5. Producer will be notified of approval and group number assigned (or of additional materials needed) within 5-10 business days by either phone or e-mail.
6. Within 90 days from the approval, three new applications must be submitted to New Business or the policies will be issued without a discount.
7. Submit form LTC-6383, Membership Verification and Underwriting Status with each application.
8. Please contact Jane Nobiletti for LTC Marketing Support at (212) 697-2025 x309

NY state will allow up to 50% for employer pay all for Custom Care II Enhanced and Leading Edge.

For producer use only. Not for use with the public.

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.

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