

Instructions to the Sales Representative	
<p>INDIVIDUAL LONG-TERM CARE INSURANCE</p> <p>OUTLINE OF COVERAGE</p> <p>AND SUPPLEMENTAL FORMS</p>	<p>The following attached documents are to be used with individual Long Term-Care applications:</p> <p><u>1. Outline of Coverage</u> Form OC LTC FL 02 is to be completed and provided to all applicants at the time of initial solicitation.</p> <p><u>2. Medicare Notice</u> LTC-96-MED 9/96 must be given to all prospective insureds at the time of solicitation. This disclosure is required to be provided under Federal law.</p> <p><u>3. Personal Worksheet</u> Form LTC-PWK is to be completed and signed by both the applicant and the licensed representative. The Worksheet must be submitted with the application form. Please advise the applicant that they may be contacted to verify the information provided. If an applicant does not meet the suitability guidelines, the underwriter is required by law to send a letter where the applicant must acknowledge either that he/she still wishes to pursue coverage or has decided not to purchase the policy.</p> <p><u>4. Potential Rate Increase Disclosure</u> Form LTC-RII is a disclosure about potential rate increases.</p> <p><u>5. Notices of Insurance Practices</u></p> <p>In addition, you should also provide copies of:</p> <ol style="list-style-type: none"> 1. NAIC Shoppers' Guide (LTC-1059). 2. Medicare Buyers' Guide (LTC-1014) if applicant is aged 65 or older.

John Hancock Life Insurance Company

LTC Administrative Office
333 West Everett Street
P.O. Box 2986
Milwaukee, WI 53203



LONG-TERM CARE INSURANCE OUTLINE OF COVERAGE - POLICY SERIES LTC-02 FL

CAUTION: The issuance of this long-term care insurance Policy is based upon Your responses to the questions on Your application. A copy of Your application is enclosed. If Your answers are incorrect or untrue, the company has the right to deny benefits or rescind Your Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact the company at this address: John Hancock Life Insurance Company, LTC Administrative Office, 333 West Everett Street, P.O. Box 2986, Milwaukee, WI 53203 or call Us at 1-800-377-7311.

NOTICE TO BUYER: This Policy may not cover all of the costs associated with long-term care incurred by You during the period of coverage. You are advised to review carefully all Policy limitations.

1. This Policy is an individual policy of insurance. **THIS POLICY HAS BEEN APPROVED AS A LONG-TERM CARE INSURANCE POLICY MEETING THE REQUIREMENTS OF FLORIDA LAW.**
2. **PURPOSE OF OUTLINE OF COVERAGE.** This Outline of Coverage provides a very brief description of the important features of this Policy. You should compare this Outline of Coverage to outlines of coverage for other policies available to You. This is not an insurance contract, but only a summary of coverage. Only the individual Policy contains governing contractual provisions. This means that the Policy sets forth in detail the rights and obligations of both You and the insurance company. Therefore, if You purchase this coverage, or any other coverage, it is important that You **READ YOUR POLICY CAREFULLY!**
3. **FEDERAL TAX CONSEQUENCES:** This Policy is intended to be a qualified long-term care contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.

Long-term care insurance was granted favorable federal income tax treatment in the Health Insurance Portability and Accountability Act of 1996. Policies meeting certain criteria outlined in this Act are eligible for this treatment. To the best of Our knowledge, We have designed this Policy to meet the requirements of this law. If, in the future, it is determined that this Policy does not meet these requirements, We will make every reasonable effort to amend the Policy if We are required to do so in order to gain such favorable federal income tax treatment. We will offer you an opportunity to receive these amendments.

4. **TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED**
 - (a) **RENEWABILITY: THIS POLICY IS GUARANTEED RENEWABLE.** This means You have the right, subject to the terms of Your Policy to continue this Policy as long as You pay Your premiums on time. John Hancock cannot change any of the terms of Your Policy on its own, except that, in the future, **IT MAY INCREASE THE PREMIUM YOU PAY.**
 - (b) **WAIVER OF PREMIUM.** We will waive the payment of premiums under this Policy if You have received services for which benefits are payable under the Long-Term Care Benefit. The waiver period will start the day after Your Elimination Period has been satisfied and will end on the date when benefits are no longer payable. The premium will not be waived, however, if benefits are only being received under the Stay at Home Benefit or Care Advisory Services Benefit.

5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS.** We reserve the right to increase Your premium as of any premium due date; however, any changes in premium rates must apply to all similar policies issued in Your state on this Policy form. This means We cannot single You out for an increase because of any change in Your age or health. However, Your rates may go up based on the experience of all policyholders with a policy similar to Yours. Written notice will be sent to You at least 45 days before the effective date of any increase.

6. **TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUMS REFUNDED**

- (a) **THIRTY DAY FREE LOOK.** If You are not completely satisfied with this Policy for any reason, You may return it within 30 days from the date it was delivered to You. We will then refund any premium paid, and the Policy will be treated as if it had never been issued.
- (b) **REFUND OF UNEARNED PREMIUMS.** Upon receipt of notice that You cancelled Your policy or that You have died, We will refund the premium paid for any period beyond the date of death or cancellation.

7. **THIS IS NOT A MEDICARE SUPPLEMENT POLICY**

If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from John Hancock. Neither John Hancock Life Insurance Company nor its agents represent Medicare, the federal government or any state government.

8. **LONG-TERM CARE COVERAGE**

Policies of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventative, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a Nursing Home, in the community, or in the home.

This Policy provides coverage for actual charges incurred for care up to the applicable Benefit Amount for covered long-term care expenses, subject to Policy limitations and requirements.

9. **BENEFITS PROVIDED BY THIS POLICY**

Benefit Limits Selected:	Long-Term Care Benefit Amount \$_____ (You may elect a monthly or daily option.) Benefit Period/Policy Limit _____ Elimination Period _____ days Benefit Increase Option Selected _____ Optional Benefits Selected _____
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Important Notes:

- You may choose either a monthly or daily Long-Term Care Benefit Amount. This choice is important as other Policy benefits are dependent upon this choice. We will provide You with information on how a choice of a monthly or daily Long-Term Care Benefit Amount will impact Policy benefits.
- This Policy contains a single Policy Limit. This means that benefits for confinement in a Nursing Home Benefits or an Assisted Living Facility Benefits and Home Health Care are all deducted from the same Policy Limit. If You use Your Policy Limit for Assisted Care Living Facility and/or Home Health Care, it will decrease the amount remaining for future Nursing Home benefits. You always have the right to choose what You want Your Policy Limit to pay for.

- (a) **Long-Term Care Benefit.** Subject to Policy requirements and limitations, this Policy provides coverage for actual charges up to the Long-Term Care Benefit Amount incurred by:
- confinement in a Nursing Home or Assisted Living Facility for room, board and care services (such care services being Nursing Care, Custodial Care and Hospice Care);
 - Home Health Care (including incidental homemaker services), Hospice Care, Respite Care; or
 - attendance at an Adult Day Care Center providing Adult Day Care.

In addition, if Your stay in a Nursing Home or Assisted Living Facility is interrupted for any reason and a benefit is payable under this Policy, We will continue to pay the actual charges for up to 60-days in any calendar year in order to reserve Your bed during Your absence. Any unused portion of Your Long-Term Care Benefit Amount will remain in the Policy Limit. Any benefit paid under this provision will reduce Your Policy Limit.

We will not pay benefits for charges during the Elimination Period, except for Care Advisory Services, Respite Care and the Stay at Home Benefit. Elimination Period means the number of Dates of Service that would otherwise be covered by this Policy, for which We will not pay benefits. Only one complete Elimination Period needs to be satisfied while Your Policy is in force. The Elimination Period starts on the first Date of Service. No Date of Service may be counted as more than one day towards the satisfaction of Your Elimination Period. The Dates of Service used to satisfy Your Elimination Period do not need to be consecutive and may be accumulated under separate claims. Days that You only receive Respite Care will not count toward the satisfaction of Your Elimination Period.

If You receive Home Health Care for one or more days in a Calendar Week, We will apply seven days toward the satisfaction of Your Elimination Period, except if Respite Care is being received during the Calendar Week. If Respite Care is received during a Calendar Week, only the actual Dates of Service other than Respite Care will be applied toward satisfaction of Your Elimination Period. Please note that there will be no credit of days that occur before Your first Date of Service.

(b) **Additional Benefits.**

- **Respite Care Benefit.** During Your Elimination Period, We will pay the actual charges incurred for Respite Care up to the Respite Care Benefit Amount per day for up to 21-days in any calendar year. This means You do not need to satisfy Your Elimination Period before receiving benefits for Respite Care. Days that You receive Respite Care will not count toward the satisfaction of Your Elimination Period. The Respite Care Benefit Amount is equal to 21 times $1/30^{\text{th}}$ of the Long-Term Care Benefit Amount if the monthly option is chosen, or 21 times the Long Term Care Benefit Amount if the daily option is chosen. After Your Elimination Period has been satisfied, We will pay the actual charges incurred for Respite Care up to the Long-Term Care Benefit Amount as shown in the Policy Schedule.
- **Care Advisory Services Benefit.** We will pay the Care Advisory Services Benefit up to the Care Advisory Services Benefit. This benefit is equal to $1/3$ of the Long-Term Care Benefit Amount if the monthly option is chosen or 10-times the Long-Term Care Benefit Amount if the daily option is chosen. Care Advisory Services include: an assessment of the need for long-term care services; the development of a plan of care that is consistent with the assessment; coordination of the delivery of care and services; and monitoring the care and services delivered. You must meet the eligibility requirements in the Policy. You do not have to satisfy the Elimination Period to receive this benefit. Benefits paid under the Care Advisory Services Benefit do not reduce the Policy Limit.

- **Stay at Home Benefit.** The Stay at Home Benefit can be used to pay for a variety of Your long-term care expenses while You are living in Your Home that are not otherwise covered under the Policy. Stay at Home Services include:

1. Home Modifications;
2. Emergency Medical Response Systems;
3. Durable Medical Equipment;
4. Caregiver Training;
5. Home Safety Check; and
6. Provider Care Check.

The Stay at Home Lifetime Benefit Amount is equal to 1 times the Long-Term Care Benefit Amount if the monthly option is chosen or 30-times the Long-Term Care Benefit Amount if the daily option is chosen. Benefits paid under the Stay at Home Benefit will not reduce the Policy Limit.

You do not have to satisfy the Elimination Period to receive benefits under the Stay at Home Benefit. The days for which You receive only the Stay at Home Benefit do not count toward the Elimination Period. You may receive benefits under the Long-Term Care Benefit and/or Care Advisory Services Benefit while receiving benefits under the Stay at Home Benefit.

(c) **Eligibility for Payment of Benefits.** You are eligible for benefits under this Policy if:

- You need Substantial Assistance to perform at least two of the Activities of Daily Living; or
- You require substantial supervision to protect Yourself from threats to health and safety due to the presence of a Cognitive Impairment.

Activities of Daily Living mean the following activities: bathing, continence, dressing, eating, toileting, and transferring.

Cognitive Impairment means a deficiency in a person's short-term or long-term memory; orientation as to person, place, and time; deductive or abstract reasoning; or judgment as it relates to safety awareness.

(d) **Conditions.** To receive benefits under this Policy, You must:

- satisfy Your Elimination Period;
- receive services while this Policy is in effect;
- must receive care or services that are consistent with Your care needs and are covered under this Policy, specified in a Plan of Care, and are in accordance with accepted medical and nursing standards of practice; and
- submit to Us a current Plan of Care and written Proof of Loss.

Because this Policy is intended to be tax-qualified under federal law, You must ALSO provide Us with one of the following written certifications:

- A Licensed Health Care Practitioner must certify that You are unable to perform without Substantial Assistance from another individual at least two Activities of Daily Living due to the loss of functional capacity for a period expected to last 90 days.
- A Licensed Health Care Practitioner must certify that You require Substantial Supervision to protect Yourself from threats to health and safety due to the presence of a Cognitive Impairment.

This written certification must be renewed and submitted to Us every 12 months.

(e) **Optional Benefits.** You may elect any of the optional benefits listed. You must pay an additional premium for any of the optional benefits elected.

- **FamilyCare.** The Family Care benefit allows You to cover up to 3 additional family members as Covered Persons. Eligible family members are able to access available benefits under the Long-Term Care Benefit, the Stay at Home Benefit, the Respite Care Benefit and the Care Advisory Services Benefit. There is not a separate Elimination Period to be met for each family member. In addition, the Waiver of Premium Benefit will be applied if You or any other family member are receiving benefits (with the exception of Respite Care, Care Advisory Services and Stay at Home Benefits). Multiple individuals can claim at same time however, benefits are subject to the LTC Benefit Amount. All benefits are payable to You. As a reminder, You may assign benefits to a family member or a family member's care provider.
- **SharedCare.** The SharedCare Rider allows Your Partner to access benefits under Your Policy if Your Partner first exhausts the available benefits payable under his or her policy. You and Your Partner may both receive benefits under Your Policy at the same time. In no event will We pay benefits that exceed the maximum Policy Limits of both policies combined. Your Partner must also have added an identical SharedCare Benefit Rider to their policy naming You as Covered Person for that policy.
- **Survivorship and Waiver Benefit.** The Survivorship and Waiver of Premium Benefit rider provides that Your premiums will be waived in the event Your Partner dies or goes on claim after both policies have been in force for at least 10 years and no claims were payable in the first 10 years. Payments will resume if Your Partner's premiums are no longer waived or Your Partner's policy terminates.
- **Partner Home Care Benefit.** If Your Partner is uninsurable at the time You apply for the Policy, this Rider will allow Your Partner to concurrently receive home health care during the same visit and by the same provider, if such home health care is primarily being provided for Your benefit.
- **Waiver of the Elimination Period for Home Care.** We will waive the requirement that you satisfy the Elimination Period if You are receiving Home Health Care, Hospice Care, or Adult Day Care. The Elimination Period must still be satisfied before benefits are payable under Long-Term Care Benefit for confinement in a Nursing Home or an Assisted Living Facility. However, days which the Home Health Care Elimination Period is waived will count toward meeting the facility Elimination Period.
- **Restoration of Benefits.** We will restore the Policy Limit if You are not eligible for the payment of benefits for a continuous period of 180 days.
- **Additional Cash Benefit.** In addition to the monthly or daily benefits, this rider will provide a cash indemnity in order to help You stay at home. No benefit is payable in any month, if You are confined in a Nursing Home or Assisted Living Facility for any part of that month. The Additional Cash Benefit Amount is equal to 15% of the Long Term Care Benefit Amount (if You elect the monthly option) or 4.5 times the Long-Term Care Benefit Amount (if You elect the daily option).

- **Nonforfeiture Benefit.** If Your Policy lapses because You have not paid the premium within the Grace Period, after being in force at least three years, it will remain in force with a reduced policy limit equal to the sum of the premiums You have paid. In the event that You do not elect the Nonforfeiture Benefit, Your Policy will contain the Contingent Nonforfeiture Benefit provision. The Contingent Nonforfeiture Benefit provides that in the event We increase rates by more than a specified amount shown in the Contingent Nonforfeiture provision, We will provide You with the opportunity to: pay the increased premium, decrease Your benefits to a level supported by Your current premium, or elect the Contingent Nonforfeiture Benefit. Under the Contingent Nonforfeiture Benefit, Your Policy will remain in force with a reduced policy limit equal to the sum of the premiums You have paid. This means that a reduced benefit will be payable instead of the full Policy Limit.

10. LIMITATIONS AND EXCLUSIONS

In addition to the Conditions to qualify for benefits set forth above, the following limitations and exclusions apply to the Policy.

(a) **Exclusions.** This Policy does not cover care, treatment or charges:

- for intentionally self-inflicted injury.
- 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 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, Adult Day Center or Home Health Care Agency which is providing the services;
 - 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 section of this Policy.

(b) **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).
- any other governmental program (except Medicaid).
- any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law.

(c) **Charges not Covered.** We will not pay for any of the following: Physician's charges; hospital and laboratory charges; prescription or non-prescription medication; medical supplies; durable medical equipment; transportation; items and services furnished at Your request for beautification, comfort, convenience or entertainment; and charges for care or services which are inconsistent with Your Plan of Care.

THIS POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.

11. RELATIONSHIP OF COST OF CARE AND BENEFITS

Because the costs of long-term care services will likely increase over time, You should consider whether and how the benefits of this Policy may be adjusted. The benefit level(s) of this Policy will

not increase over time, unless You have elected to purchase Inflation Coverage. You are guaranteed the option to buy Inflation Coverage. The Policy contains the option to purchase: Compound Inflation Coverage, Simple Inflation Coverage or a Guaranteed Purchase Option. These options are described at the end of this Outline of Coverage.

12. ALZHEIMER’S DISEASE AND OTHER ORGANIC BRAIN DISORDERS

We cover brain disorders with demonstrable organic cause (including Alzheimer’s Disease and similar forms of senility and irreversible dementia) that result in a Cognitive Impairment which are diagnosed by a Physician after the Effective Date of Coverage.

13. PREMIUMS

The total premium for Your Policy as well as a breakdown of the premium by base policy and optional benefits are found below.

	<u>Annual Premium</u>		<u>Annual Premium</u>
Base Policy (includes inflation, if any)	\$ _____	• Additional Cash Benefit	\$ _____
• Family Care	\$ _____	• Nonforfeiture	\$ _____
• SharedCare	\$ _____		
• Partner Home Care	\$ _____	Total Annual Premium	\$ _____
• Waiver of the Elimination Period For Home Care	\$ _____	Your premium will be \$ _____ on a _____ basis.**	
• Restoration of Benefits	\$ _____		

** You may elect to pay Your premium on an annual, semi-annual, quarterly or monthly basis. Please note that the more often you pay, the higher your premium amount will be per year. Additional premium charges are included for semi-annual, quarterly, and monthly premiums. These charges are called “modal fees”. These fees are based upon the following modal factors and are used to determine the premium amount for all payment options. The modal factors are 1.00 for annual, .52 for semi-annual, .265 for quarterly and .09 for monthly. To calculate Your approximate total annual premium payment based on Your current policy selection:

- Multiply the “Total Annual Premium” as shown in the box above by the factor associated with Your selected mode of payment, and then
- Multiply that result by the number of payments required in a year based upon Your selected payment mode.

14. ADDITIONAL FEATURES

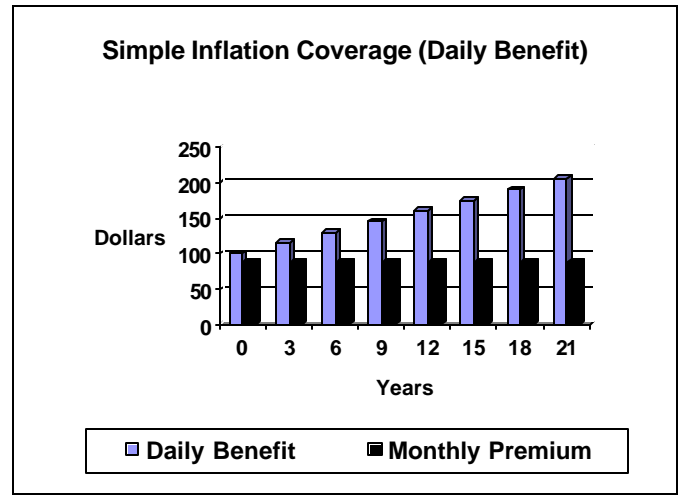
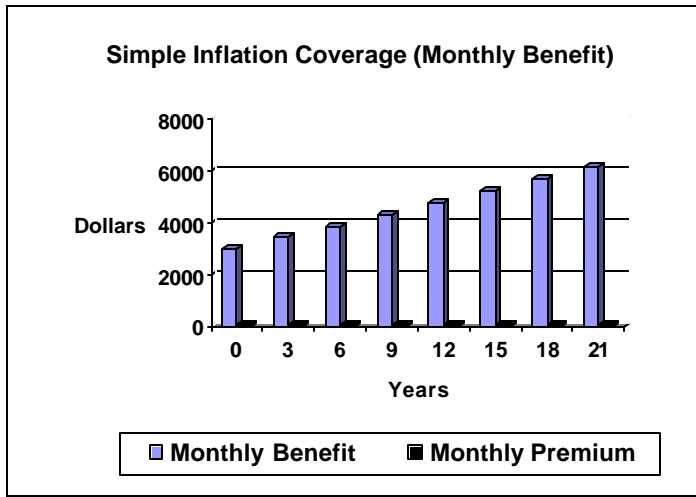
- (a) Issuance of Your coverage may depend upon certain medical information about You. This is generally known as medical underwriting.
- (b) This Policy provides added protection against lapse. You may name another person on the application to receive a termination notice 30 days after the premium due date. If Your Policy terminates because You did not pay a premium while You would meet the eligibility requirements for the payment of benefits, it may be reinstated within 5 months of the date of termination if:
 - You give Us proof of the Cognitive Impairment or Your inability to perform 2 of the Activities of Daily Living without Substantial Assistance; and
 - You pay all the unpaid overdue premiums.

- (c) This Policy includes an Upgrade Privilege. The Upgrade Privilege allows the insured to keep their long-term care coverage current with the latest product innovations. In the event a new product is introduced, we will notify all eligible individuals of the new product's availability. Election of such new coverage may be subject to underwriting approval. The terms of the upgrade will be determined at the time of the upgrade. You will always have the option of keeping Your current Policy intact.
 - (d) This Policy includes an International Coverage Benefit. The International Coverage Benefit provides that we will pay actual charges incurred for covered Long-Term Care Services up to the International Coverage Benefit for care received outside the United States. This benefit will reimburse actual expenses up to 75% of the Benefit Amount.
15. **CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG-TERM CARE INSURANCE POLICY OR CERTIFICATE.**

INFLATION PROTECTION AVAILABLE FOR YOUR LONG-TERM CARE INSURANCE POLICY

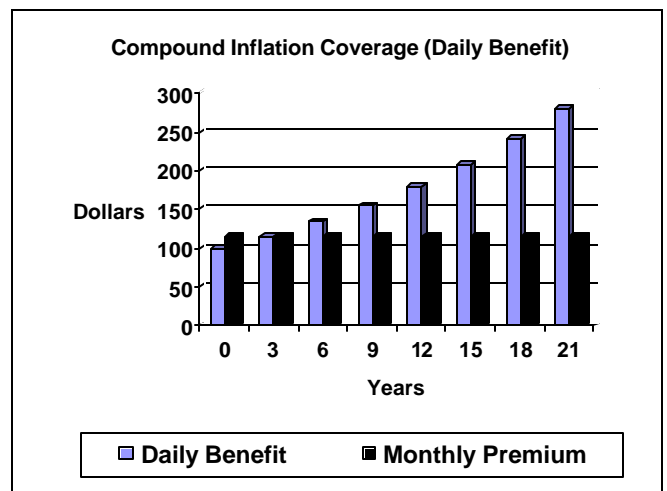
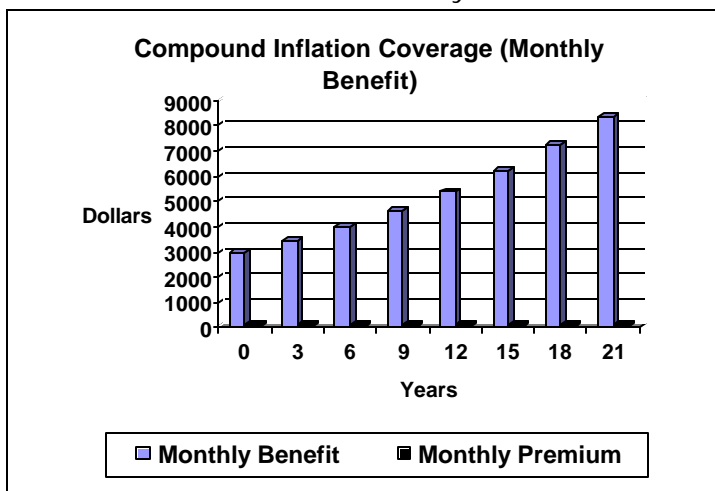
Simple Inflation Coverage. Your Long-Term Care Benefit Amount will increase by an amount equal to 5% of the Long-Term Care Benefit Amount in effect when the Policy was issued. This annual increase is automatic and will occur on each Policy anniversary. **The premium for Simple Inflation Coverage is included in the Policy premium. Your premium will not change, except as described in the Policy.**

The graphs below show the change in the daily and monthly Benefit Amount and the monthly premium under Simple Inflation Coverage. The graph illustrates a policy that has been issued to a person who is age 60, has chosen a monthly Long-Term Care Benefit Amount of \$3,000 or daily Long-Term Care Benefit Amount of \$100, and a 4-year Benefit Period.



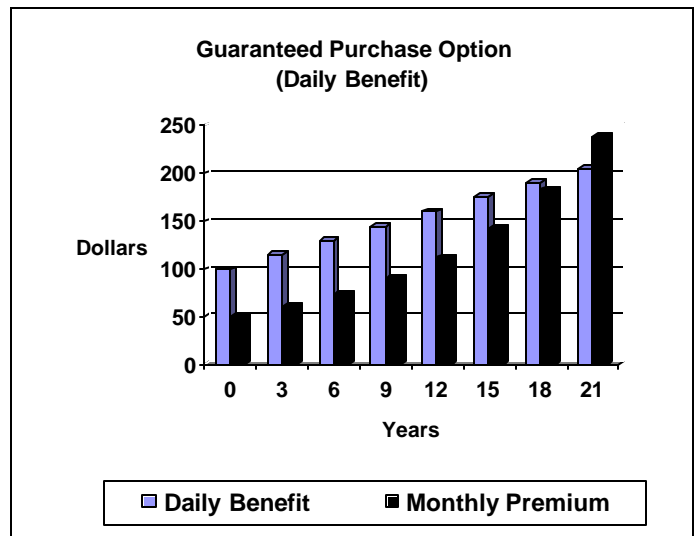
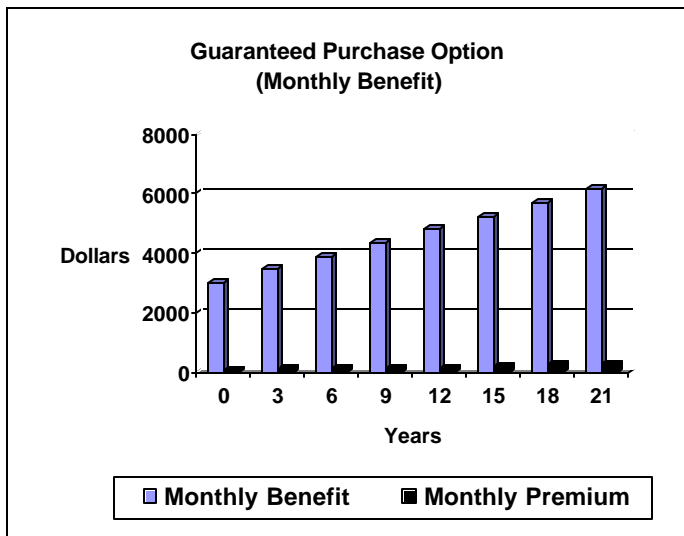
Compound Inflation Coverage. Your Long-Term Care Benefit Amount will increase by an amount equal to 5% of the Long-Term Care Benefit Amount in effect during the prior Policy year. The annual increase is automatic and will occur on each Policy anniversary. **The premium for Compound Inflation Coverage is included in the Policy premium. Your premium will not change, except as described in the Policy.**

The graphs below show the change in the daily or monthly Benefit Amount and the monthly premium under Compound Inflation Coverage. The graph illustrates a policy, which has been issued to a person who is age 60, has chosen a monthly Long-Term Care Benefit Amount of \$3,000 or daily Long-Term Care Benefit Amount of \$100, and a 4-year Benefit Period.



Guaranteed Purchase Option. Every 3 years You will be provided with an opportunity to increase Your Long-Term Care Benefit Amount in an amount equal to 5, 10 or 15% of the original Long-Term Care Benefit Amount. The premium for any increase will be based on attained age. No additional underwriting will be required. You will be provided with the opportunity to increase Your Long-Term Care Benefit Amount as of the third anniversary of the Effective Date of Coverage and every third anniversary thereafter (the Option Dates). No offers will be made if any benefits have been paid within the past 2 years or the policyholder is older than 91. If You decline all or any portion of an increase when offered, such increase will not be available on any future Option Date. **The premium for each increase will be based on Your age on the Option Date and the premium rates then in effect.**

The graphs below show the change in the daily or monthly Benefit Amount and the monthly premium if You elect all increases available to You. The graph illustrates a policy, which has been issued to a person who is age 60, has chosen a monthly Long-Term Care Benefit Amount of \$3,000 or daily Long-Term Care Benefit Amount of \$100, and a 4-year Benefit Period. Assume the person has elected a 15% increase on each Option Date.



**IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

Some health care services paid for by Medicare may also trigger the payment of benefits under this policy.

Federal law requires us to inform you that in certain situations this insurance may pay for some care also covered by Medicare.

- This is long term care insurance that provides benefits for covered nursing home and home care services.
- In some situations Medicare pays for short periods of skilled nursing home care, limited home health services and hospice care.
- This insurance does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Neither Medicare nor Medicare Supplement insurance provides benefits for most long term care expenses.

Before You Buy This Insurance

- √ Check the coverage in **all** health insurance policies you already have.
- √ For more information about long-term care insurance, review the *Shopper's Guide to Long Term Care Insurance*, available from the insurance company.
- √ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- √ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

Things You Should Know Before You Buy Long-Term Care Insurance

Long-Term Care Insurance

- A long-term care insurance policy may pay most of the costs for your care in a nursing home. Many policies also pay for care at home or other community settings. Since policies can vary in coverage, you should read this policy and make sure you understand what it covers before you buy it.
- You should **not** buy this insurance policy unless you can afford to pay the premiums every year. Remember that the company can increase premiums in the future.
- The personal worksheet includes questions designed to help you and the company determine whether this policy is suitable for your needs.

Medicare Medicaid

- Medicare does **not** pay for most long-term care.
- Medicaid will generally pay for long-term care if you have very little income and few assets. You probably should **not** buy this policy if you are now eligible for Medicaid.
- Many people become eligible for Medicaid after they have used up their own financial resources by paying for long-term care services.
- When Medicaid pays your spouse's nursing home bills you are allowed to keep your house and furniture, a living allowance, and some of your joint assets.
- Your choice of long-term care services may be limited if you are receiving Medicaid. To learn more about Medicaid, contact your local or state Medicaid agency.

Shopper's Guide

- Make sure the insurance company or agent gives you a copy of a book called the National Association of Insurance Commissioners' "Shopper's Guide to Long-Term Care Insurance." Read it carefully. If you have decided to apply for long-term care insurance, you have the right to return the policy within 30 days and get back any premium you have paid if you are dissatisfied for any reason or choose not to purchase the policy.

Counseling

- Free counseling and additional information about long-term care insurance are available through your state's insurance counseling program. Contact your state insurance department or department on aging for more information about the senior health insurance counseling program in your state.

John Hancock Life Insurance Company

Boston, MA 02117

Long-Term Care Insurance Personal Worksheet

People buy long-term care insurance for many reasons. Some don't want to use their own assets to pay for long-term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. But long-term care insurance may be expensive, and may not be right for everyone.

By state law, John Hancock Life Insurance Company must fill out part of the information on this worksheet and ask you to fill out the rest to help you and us decide if you should buy this policy.

Premium Information**Policy Form Number:** _____

The premium for the coverage you are considering will be \$_____ per _____.

Type of Policy: Guaranteed Renewable**The Company's Right to Increase Premiums:** John Hancock Life Insurance Company has a right to increase premiums on this policy form in the future, provided we raise rates for all policies in the same class in this state.**Rate Increase History**

John Hancock has sold long-term care insurance since 1987 and has sold this policy since 2002. We have never raised our rates for any long-term care policy we have sold in this state or any other state.

Questions Related to Your Income

How will you pay each year's premium? (check all boxes that apply)

 From My Income From My Savings/Investments My Family Will Pay Have you considered whether you could afford to keep this policy if the premiums went up, for example, by 20%?

What is your annual income? (check one)

 Under \$10,000 \$10-20,000 \$20-30,000 \$30-50,000 Over \$50,000

How do you expect your income to change over the next 10 years? (check one)

 No change Increase Decrease

If you will be paying premiums with money received only from your own income, a rule of thumb is that you may not be able to afford this policy if the premiums will be more than 7% of your income.

Will you buy inflation protection? (check one) Yes No

If not, have you considered how you will pay for the difference between future costs and your daily benefit amount? (check all boxes that apply)

From My Income From My Savings/Investments My Family Will Pay

The national average annual cost of care in 2002 was \$57,000, but this figure varies across the country. In ten years, the national average annual cost would be about \$93,000 if costs increase 5% annually.

What elimination period are you considering? Number of days: _____

Approximate cost: \$_____ for that period of care

How are you planning to pay for your care during the elimination period? (check all boxes that apply)

From My Income From My Savings/Investments My Family Will Pay

Questions Related to Your Savings and Investments

Not counting your home, about how much are all of your assets (your savings and investments) worth? (check one)

Under \$20,000 \$20-30,000 \$30-50,000] Over \$50,000

How do you expect your assets to change over the next 10 years? (check one)

Stay about the same Increase Decrease

If you are buying this policy to protect your assets and your assets are less than \$30,000, you may wish to consider other options for financing your long-term care.

Disclosure Statement

The information provided in this worksheet accurately describes my financial situation.

or

I choose not to complete the financial information in this worksheet.

(Check one)

I acknowledge that John Hancock Life Insurance Company and/or its agent (below) have reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future. I understand the above disclosures. **I understand that the rates for this policy may increase in the future.** (The box to the left of this statement must be checked).

Applicant's Signature _____ Date __/__/__

I explained to the applicant the importance of completing this information.

Agent's Signature _____ Date __/__/__

Agents Printed Name _____

My agent has advised me that this policy does not appear to be suitable for me. However, I still want John Hancock Life Insurance Company to consider my application.

Applicant's Signature _____ Date __/__/__

A Company representative may contact you to verify your answers.

Long Term Care Insurance Potential Rate Increase Disclosure Form

1. The premium rate that is applicable to you and that will be in effect until a request is made and filed and approved by your state insurance department for an increase is \$_____. (This premium rate is subject to change if you request a subsequent change in benefits, or if during the underwriting review of your application, it is determined that a premium rate adjustment is needed based upon your underwriting classification.)
2. **The premium for this policy will be shown on the schedule page of your policy.**
3. **Rate Schedule Adjustments:**

The company will provide a description of when premium rate or rate schedule adjustments will be effective on the next billing date.

4. **Potential Rate Revisions:**

This policy is Guaranteed Renewable. This means that the rates for this product may be increased in the future. Your rates can NOT be increased due to your increasing age or declining health, but your rates may go up based on the experience of all policyholders with a policy similar to yours.

If you receive a premium rate or premium rate schedule increase in the future, you will be notified of the new premium amount and you will be able to exercise at least one of the following options:

- Pay the increased premium and continue your policy in force as is.
- Reduce your policy benefits to a level such that your premiums will not increase. (Subject to state law minimum standards.)
- Exercise your nonforfeiture option if purchased. (This option is available for purchase for an additional premium.)
- Exercise your contingent nonforfeiture rights.* (This option may be available if you do not purchase a separate nonforfeiture option.)

***Contingent Nonforfeiture**

If the premium rate for your policy goes up in the future and you didn't buy a nonforfeiture option, you may be eligible for contingent nonforfeiture. Here's how to tell if you are eligible.

You will keep some long-term care insurance coverage, if:

- Your premium after the increase exceeds your original premium by the percentage shown (or more) in the following table; and
- You lapse (not pay more premiums) within 120 days of the increase.

The amount of coverage (i.e., new lifetime maximum benefit amount) you will keep will equal the total amount of premiums you've paid since your policy was first issued. If you have already received benefits under the policy, so that the remaining maximum benefit amount is less than the total amount of premiums you've paid, the amount of coverage will be that remaining amount.

Except for this reduced lifetime maximum benefit amount, all other policy benefits will remain at the levels attained at the time of the lapse and will not increase thereafter.

Should you choose this Contingent Nonforfeiture option, your policy, with this reduced maximum benefit amount, will be considered paid-up with no further premiums due.

Example:

- You bought the policy at age 65 and paid the \$1,000 annual premium for 10 years, so you have paid a total of \$10,000 in premium.
- In the eleventh year, you receive a rate increase of 50%, or \$500 for a new annual premium of \$1,500, and you decide to lapse the policy (not pay any more premiums).
- Your paid-up policy benefits are \$10,000 (provided you have a least \$10,000 of benefits remaining under your policy.)

Contingent Nonforfeiture
Cumulative Premium Increase over Initial Premium
That qualifies for Contingent Nonforfeiture

(Percentage increase is cumulative from date of original issue. It does NOT represent a one-time increase.)

Issue Age	% Increase Over Initial Premium	Issue Age	% Increase Over Initial Premium	Issue Age	% Increase Over Initial Premium
29 and under	200%	66	48%	79	22%
30-34	190%	67	46%	80	20%
35-39	170%	68	44%	81	19%
40-44	150%	69	42%	82	18%
45-49	130%	70	40%	83	17%
50-54	110%	71	38%	84	16%
55-59	90%	72	36%	85	15%
60	70%	73	34%	86	14%
61	66%	74	32%	87	13%
62	62%	75	30%	88	12%
63	58%	76	28%	89	11%
64	54%	77	26%	90 and over	10%
65	50%	78	24%		

NOTICE OF INFORMATION PRACTICES

Thank you for applying to John Hancock. As part of our normal underwriting procedure, we need to obtain information to determine eligibility for coverage. Much of that information will come from you, but we often obtain additional information or verify information through other sources.

In order to evaluate your application fairly, we may consult various sources. These include:

- statements you make on your application;
- reports from doctors or medical facilities;
- employers
- other insurance companies
- consumer reporting agencies;
- the Medical Information Bureau, Inc. (MIB).

A consumer report may be obtained through personal interviews with your neighbors, friends, or others whom you know. It may include information on your character, reputation, and lifestyle, except as related directly or indirectly to sexual orientation. You may request to be interviewed in connection with the preparation of the consumer report. Additional information about the nature and scope of such a report will be furnished to you upon written request made within a reasonable time after you receive this notice. If we did request a consumer report on you, we will give you the name, address and telephone number of the consumer reporting agency involved within 5 business days of your written request to the designated address.

You should know that the content of a report prepared for us by an outside agency may be kept by that agency and disclosed to others who request its services. You may receive a copy of the report from the consumer-reporting agency if you request it and give proper identification.

WE WILL TREAT THIS INFORMATION AS CONFIDENTIAL. It will not be released without your authorization except as necessary to conduct our business. For example, we may disclose information:

- to your doctor if there is a condition of which you may not be aware;
- to John Hancock employees, reinsurers or affiliates when needed to handle your insurance or as required by law;
- to law enforcement agencies when illegal activities are suspected;
- to an insurance regulatory authority;
- a research or actuarial organization;
- in coded form to the Medical Information Bureau. This is an information exchange operated by member companies. Such information may be given to another member when you apply for life or health insurance.

YOU HAVE ACCESS TO YOUR RECORDS. Upon your request, the Medical Information Bureau will arrange for you to learn what is in your file and how any information may be corrected. You may contact them at [PO Box 105, Essex Station, Boston, MA 02112, (617) 426-3660]. Medical information will be disclosed only through your doctor.

You may also request access to any recorded personal information we may have about you that is reasonably locatable. If you make a written request, we will, within thirty (30) days of the day we receive your request:

- inform you of the nature and substance of the recorded personal information; and
- permit you to see and copy in person the personal information, or if you prefer, receive a written copy by mail; and
- report to you the identity, if recorded, of those persons to whom we have disclosed the personal information within the two (2) years prior to the request. If there are no disclosures recorded, you will be informed of the persons to whom such information is normally disclosed.

CORRECTION OF INFORMATION. If you believe any of our information is incorrect, please notify us and explain why you believe it is inaccurate or incomplete. We will review it.

If we agree with you, we will correct the information and notify any person designated by you to whom we have disclosed the information within the preceding two years.

If we disagree with you, we will tell you that we will not make the requested change. Then you may submit to us information and your reasons for disagreeing with our decision not to change the information. We will then furnish your statement to any person designated by you to whom we have disclosed the information in the prior two years. We will include your statement with our information in future disclosures.

ADDITIONAL INFORMATION: We hope this information enables you to understand how and why we obtain information about you and how we use that information. If you have questions about our information practices, send them to:

John Hancock Life Insurance Company,
LTC Underwriting,
John Hancock Place,
PO Box 2111,
Boston, MA 02117.