



# Assignment of Benefits Form

## John Hancock Life Insurance Company

ATTN: R-02-B Long-Term Care  
PO Box 852  
Boston, MA 02117-0852

Phone: 800-233-1449 Fax: 617-572-7979

Insured Name : \_\_\_\_\_

Claim Number: \_\_\_\_\_

### Introduction

Our usual practice is to reimburse our insureds, by check, for the covered long-term care services they receive. If you would prefer that we pay your service provider directly please:

- Complete the **Assignment of Benefits** Form (highlighted fields can be completed online then printed)
- Print Form and Sign
- Have the assigned provider complete and sign the **Request for Taxpayer Identification Number and Certification (W-9)**
- **Return all forms together** to the address listed above - sending items separately may delay processing

John Hancock will be unable to pay your provider directly unless we receive all forms in good order. Please note: benefits may not be assigned to an Independent Care Provider.

### 1. Assignment of Benefits (To Be Completed By Insured)

\_\_\_\_\_

Payment is to be made to (Assignee)

\_\_\_\_\_

Street Address

\_\_\_\_\_

City/Town

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Preferred Contact Phone

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**W9 ATTACHED** (To Be Completed By Provider)

### 2. Acknowledgment

I understand that I am financially responsible to the provider named above for the charges not covered by my long-term care insurance. If benefits are assigned to a person other than a provider, I understand that I am financially responsible for all charges I incur.

**Any person who, with an intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud and may be subject to criminal and civil penalties. Please refer to enclosed state variation sheet for state-specific wording regarding the above fraud statement.**



\_\_\_\_\_  
Signature of INSURED or POWER OF ATTORNEY or GUARDIAN

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of INSURED or POWER OF ATTORNEY or GUARDIAN

**PLEASE NOTE: We require a documented Power of Attorney or Guardianship in order to accept a signature other than the insured's on forms related to this claim. Please include a copy of the Power of Attorney or Guardianship if you have not already submitted a copy.**

Long-term care insurance policies and riders are underwritten and administered by John Hancock Life Insurance Company (U.S.A.) ("John Hancock USA"), Boston, MA 02117(licensed in all states except New York; permitted in New York to service certain existing policyholders), and in New York by John Hancock Life & Health Insurance Company, Boston, MA 02117 and John Hancock Life Insurance Company of New York, Valhalla, NY 10595. Long-term care insurance policies underwritten by Time Insurance Company, Union Security Insurance Company, Union Security Life Insurance Company of New York, American Republic Insurance Company, and Blue Cross/Blue Shield of South Carolina are administered by John Hancock USA.



# State Fraud Attachment

If you are a resident of one of the below listed states, please read the applicable fraud statement. If your residence state is not listed, the standard fraud statement on the enclosed form applies.

**If you are a resident of:**

<b>Arkansas</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>California</b>	For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
<b>Colorado</b>	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
<b>District of Columbia</b>	<b>WARNING:</b> It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
<b>Florida</b>	Pursuant to s. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.803, or s. 775.084, Florida Statutes.
<b>Kentucky</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
<b>Louisiana</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Maine</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
<b>Maryland</b>	Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>New Jersey</b>	Any person who included any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<b>New Mexico</b>	ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**Refer to Reverse Side for Additional State Variations**

<b>New York</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
<b>Ohio</b>	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
<b>Oregon</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.
<b>Rhode Island</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Virginia</b>	Any person who knowingly and with intent mislead any insurance company or other person files an application for insurance or a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may commit a crime and may subject such person to criminal and civil penalties.
<b>Washington</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. State regulations require this disclosure be provided to individuals who complete claim forms.