



Request for Address Change

Address change requests can ONLY be made by the Insured.

1. Insured/Long-Term Care Information

a. Name of Insured(s):

b. LTC Policy Number/LTC ID *List all policies on which this address is to be changed.*

2. Address Information

a. Old Address

Address Line 1

Address Line 2

City, State, and Zip Code

b. New Address Domestic Address Foreign Address

Address Line 1

Address Line 2

City, State, and Zip Code

c. Daytime Phone No: _____ d. Fax No: _____ e. E-mail Address: _____

3. Signatures

I/We hereby certify that I/we, as Insured(s) of the above referenced policy/policies, request an address change as set forth herein.

Signed at State	Date
Signature of Insured(s) X	Signature of Insured(s) X
Name of Insured(s) (Please print) X	Name of Insured(s) (Please print) X
Title if signed by Power of Attorney	

4. Submission Instructions

Mail your request to: Long-Term Care Policyholder Services
P.O. Box 55978
Boston, MA 02205-5978
or Fax to (617) 572-6010

Long-term care insurance is underwritten and/or administered 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