



Automatic Bank Withdrawal Authorization Form

If you and your spouse/domestic partner, if applicable, would like to pay premiums through Automatic Bank Withdrawal (ABW), please complete this form, attach a voided check or savings deposit slip from your bank account and return to John Hancock. **Please allow 6-8 weeks for processing.**

Need more information? Call:

Monday – Friday, 8:00 a.m. to 6:00 p.m., Eastern Time
John Hancock: (800) 482-0022
TDD Hearing/Speech Impaired: (800) 255-1808

Return this form to:

John Hancock Life Insurance Company
P.O. Box 111, B-6
Boston, MA 02117-0111

Section I: Please Check One

- Add ABW to Existing Coverage
- Change ABW Information on Existing Coverage

Section II: Contact Information

Insured's Name: _____
First Middle Last

Spouse/Domestic Partner Name (if applicable): _____

Insured's Address: _____
Street City State Zip

LTC ID Number: _____

Daytime Phone: _____ Evening Phone: _____

Section III: Banking Information *(Please attach a voided check or savings deposit slip to this form)*

Bank Name: _____ Account Owner: _____ Account Type: _____
(Checking / Savings Only)

Bank Routing Number: _____ Account Number: _____

Section IV: Authorization

I authorize John Hancock Life & Health Insurance Company/John Hancock Life Insurance Company (U.S.A.) to initiate automatic bank withdrawals from my account in order to effect payment of my premium. Also, I authorize my bank to charge such account for such withdrawals. I understand that I will not receive any bills or notices of withdrawal from John Hancock. I also understand that if any withdrawal is not honored by my bank for any reason, I am responsible to pay my premium or my insurance coverage will be terminated. This authorization will remain in effect until I, my bank or John Hancock terminates it by giving a thirty (30) day written termination notice to the others.

Signature of depositor as shown on bank records for the account to which this authorization is applicable.

If joint account, both depositors must sign.

Print Name: _____ **Sign:** _____ **Date:** _____

Print Name: _____ **Sign:** _____ **Date:** _____

Group Long-Term Care Insurance is underwritten by John Hancock Life & Health Insurance Company, Boston, MA 02117; John Hancock Life Insurance Company (U.S.A.), Boston, MA 02117 (licensed in all states except New York; permitted in New York to service existing insureds and clients).