



Protection Against Unintended Lapse (PAUL) Form

In the event the required premium for your long-term care insurance coverage is not paid by the indicated due date, written notice will be sent advising you that your coverage will lapse (terminate) if your premium is not received prior to the end of your grace period. You may designate another person to receive this notification. If you would like to select or change your PAUL designee information, please complete the form below. **Please allow 6-8 weeks for processing.**

Section I: Please Check One

- Add a PAUL Designee Change a Current PAUL Designee

Section II: Contact Information

Insured's Name: _____
First Middle Last

Insured's Address: _____
Street City State Zip

LTC ID Number: _____

Daytime Phone: _____ Evening Phone: _____

Section III: PAUL Designee Information

Add a PAUL Designee

Name: _____
First Middle Last

Address: _____
Street City State Zip

Change your current PAUL Designee

Current

Name: _____
First Middle Last

Address: _____
Street City State Zip

New

Name: _____
First Middle Last

Address: _____
Street City State Zip

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

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).