

SERFF Tracking Number: MANU-125900603 State: Arkansas  
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 40966  
Company Tracking Number: NB5070US (11/2008)  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: NB5070US (11/2008)  
Project Name/Number: NB5070US (11/2008)/NB5070US (11/2008)

## Filing at a Glance

Company: John Hancock Life Insurance Company (U.S.A.)

Product Name: NB5070US (11/2008) SERFF Tr Num: MANU-125900603 State: ArkansasLH

TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed State Tr Num: 40966

Adjustable Life

Sub-TOI: L09I.001 Single Life

Co Tr Num: NB5070US (11/2008) State Status: Approved-Closed

Filing Type: Form

Co Status: Reviewer(s): Linda Bird

Authors: Helene Landow, Karren Disposition Date: 12/02/2008

Phair, Debbie Tom, Jacqueline Lau,

Jacqueline Back

Date Submitted: 11/26/2008

Disposition Status: Approved

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: NB5070US (11/2008)

Status of Filing in Domicile: Authorized

Project Number: NB5070US (11/2008)

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Exempt in Michigan

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 12/02/2008

State Status Changed: 12/02/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

INDIVIDUAL LIFE

Application Form NB5070US (11/2008) – Medical Certification

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We are submitting the above new supplemental application form for your approval. This form will be used with state approved Individual life insurance policies. The form does not replace any currently approved form and will be available electronically to print locally without any change in the pre-formatted content.

No part of this filing contains any unusual or controversial items that deviate from normal company or industry standards.

NB5070US (11/2008), Medical Certification, is used when submitting a medical examination form of another company in lieu of John Hancock Medical Exam NB5033US. This form will mainly be used with application form NB5092US (04/2007), Application for Term Life Insurance, that was approved by your state on April 24, 2007, SERFF tracking # MANU-125158915.

The Service Office Address on the submitted form is shown as variable information in [brackets] in case of future change.

Enclosures: Statement of Variability

Filing Fee (EFT)

Flesch Score Certificate

## Company and Contact

### Filing Contact Information

Debbie Tom, Contract Analyst  
200 Bloor St E  
Toronto, ON M4W 1E5

Debbie\_Tom@jhancock.com  
(416) 852-2035 [Phone]  
(416) 926-3121[FAX]

### Filing Company Information

John Hancock Life Insurance Company  
(U.S.A.)

CoCode: 65838

State of Domicile: Michigan

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P. O. Box 600 Group Code: 904 Company Type: insurance/financial  
Contracts and Compliance  
Buffalo, NY 14201-0600 Group Name: State ID Number:  
(416) 926-3000 ext. [Phone] FEIN Number: 01-0233346  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (U.S.A.)	\$20.00	11/26/2008	24189154

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	12/02/2008	12/02/2008



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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Statement of Variability		Yes
Form	Medical Certification		Yes

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## Form Schedule

### Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	NB5070US (11/2008)	Application/Medical Certification Enrollment Form		Initial		63	NB5070US.pdf



Service Office:  
 Life New Business  
 197 Clarendon Street  
 Boston MA 02116-5010

**Medical Certification**  
**John Hancock Life Insurance Company (U.S.A.)**  
 (hereinafter referred to as The Company)

This form is part of the application for life insurance for the Proposed Life Insured(s).  
 Print and use black ink. Any changes must be initialed by the Proposed Life Insured(s).

**PROPOSED LIFE INSURED(S)**

**LIFE ONE**

1. Name JOHN M. DOE  
First Middle Last

**LIFE TWO (Survivorship)**

2. Name \_\_\_\_\_  
First Middle Last

**MEDICAL CERTIFICATION**

Complete this section when submitting a medical examination form of another company in lieu of John Hancock Medical Exam NB5033.

3. a) The attached examination is on the life of:

	Name of Proposed Life Insured	Name of Insurance Company	Date of Examination		
			month	day	year
1.	<u>JOHN</u> <u>M.</u> <u>DOE</u>				
2.					

- b) To the best of your knowledge and belief, is the information in the examination true and complete as of the date this application is signed?  
 c) Has the person who was examined, consulted a physician or received medical or surgical advice since the date of the examination? If "Yes", give details below.

Life One	Life Two
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Life One \_\_\_\_\_

Life Two \_\_\_\_\_

**SIGNATURES**

If the Proposed Life Insured(s) is under age 15, Parent or Guardian must sign and include relationship.

I/We have read the statements and answers in this form and they are complete and true to the best of my/our knowledge and belief. I/We hereby agree that they shall form part of the application for life insurance for which this medical information was required by The Company.

Signed at \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ This \_\_\_\_\_ Day of \_\_\_\_\_ Year \_\_\_\_\_

Signature of Proposed Life Insured One (Parent or Guardian, if under age 15) \_\_\_\_\_ Signature of Proposed Life Insured Two \_\_\_\_\_

**X** \_\_\_\_\_ **X** \_\_\_\_\_

**AGENT'S STATEMENT**

I certify that I have truly and accurately recorded on this form the information supplied by the Proposed Life Insured(s).

Signed at \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ This \_\_\_\_\_ Day of \_\_\_\_\_ Year \_\_\_\_\_

Signature of Agent/Registered Representative \_\_\_\_\_

**X** \_\_\_\_\_

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice 11/12/2008  
**Comments:**  
**Attachment:**  
flesch ar.pdf

**Review Status:**  
**Satisfied -Name:** Statement of Variability 11/26/2008  
**Comments:**  
**Attachment:**  
Statement of Variability.pdf

**JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)**

**FLESCH SCORE CERTIFICATE  
FOR THE STATE OF ARKANSAS**

I, Helene Landow, an officer of JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.), hereby certify that the form listed below has the following readability score as calculated by the Flesch Reading Ease Test, and that this form meets the requirements of your readability legislation.

<b>FORM NUMBER</b>	<b>READABILITY SCORE</b>
NB5070US (11/2008)	63

November 26, 2008  
Date

  
\_\_\_\_\_  
Helene Landow, FLMI, ACP  
Director, Contracts and Compliance

**JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)**

**STATEMENT OF VARIABILITY**

**November 26, 2008**

**MEDICAL CERTIFICATION**

**FORM NB5070US (11/2008)**

<b>Section/Section #</b>	<b>Page Number</b>	<b>Description</b>
Service Office at top of page.	Page 1	The address of the Company's Service Office is bracketed as it may be changed in the future. A current address will always appear on the form.