

SERFF Tracking Number: MANU-125700749 State: Arkansas
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 39365
Company Tracking Number: NB5002US (12/2007) - JHUSA
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: NB5002US (12/2007)
Project Name/Number: NB5002US (12/2007) - Health Questionnaire/NB5002US (12/2007) - Health Questionnaire

Filing at a Glance

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

Product Name: NB5002US (12/2007)

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

Implementation Date Requested: On Approval

State Filing Description:

SERFF Tr Num: MANU-125700749 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 39365

Co Tr Num: NB5002US (12/2007) - State Status: Approved-Closed
JHUSA

Co Status:

Reviewer(s): Linda Bird

Authors: Helene Landow, Karren

Disposition Date: 06/24/2008

Phair, Debbie Tom, Jacqueline Lau,

Jacqueline Back

Date Submitted: 06/20/2008

Disposition Status: Approved

Implementation Date:

General Information

Project Name: NB5002US (12/2007) - Health Questionnaire

Project Number: NB5002US (12/2007) - Health Questionnaire

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/24/2008

State Status Changed: 06/24/2008

Corresponding Filing Tracking Number:

Filing Description:

INDIVIDUAL LIFE

Application Form NB5002US (12/2007) - Health Questionnaire

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

We are submitting the above new supplemental application form for your approval. This form will be used with state

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approved Individual life policies. The form does not replace any currently approved forms and will be available electronically to print locally without any change in the pre-formatted content.

This form will be used with main application form NB5000US (12/2007) Application for Life Insurance, which was approved by your state on February 11, 2008 under SERFF Tracking # MANU-125381606.

No part of this filing contains any unusual or controversial items that deviate from normal company or industry standards. We have made simultaneous submissions of the identical form for John Hancock Variable Life Insurance Company and John Hancock Life Insurance Company.

NB5002US (12/2007), Health Questionnaire is used to facilitate underwriting of applications that do not require a paramedical or full medical examination.

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

Company and Contact

Filing Contact Information

Jacqueline Lau, Contract Analyst
200 Bloor St E
Toronto, ON M4W 1E5
Jacqueline_Lau@jhancock.com
(416) 852-7906 [Phone]
(416) 926-3121[FAX]

Filing Company Information

John Hancock Life Insurance Company
(U.S.A.)
P. O. Box 600
Contracts and Compliance
Buffalo, NY 14201-0600
(416) 926-3000 ext. [Phone]

CoCode: 65838
Group Code: 904
Group Name:
FEIN Number: 01-0233346

State of Domicile: Michigan
Company Type: insurance/financial
State ID Number:

Filing Fees

SERFF Tracking Number: MANU-125700749 State: Arkansas
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Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation: JHUSA = 20.00 per form X 1 = 20.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (U.S.A.)	\$20.00	06/20/2008	21019131

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/24/2008	06/24/2008

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Disposition

Disposition Date: 06/24/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MANU-125700749 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		No
Supporting Document	Application		No
Supporting Document	Cover Letter		Yes
Supporting Document	Flesch Score Certificate		Yes
Supporting Document	Statement of Variability		Yes
Form	Health Questionnaire		Yes

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Form Schedule

Lead Form Number: NB5002US (12/2007)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	NB5002US (12/2007)	Application/ Enrollment Form	Health Questionnaire Initial			46	NB5002US.pdf



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

Health Questionnaire

- John Hancock Life Insurance Company (U.S.A.)
 - John Hancock Variable Life Insurance Company
 - John Hancock Life Insurance Company
- (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. a) Name **JOHN M. DOE**
First Middle Last

b) Date of Birth **OCT 04 1967**
month day year

LIFE TWO (Survivorship)

2. a) Name _____
First Middle Last

b) Date of Birth _____
month day year

FAMILY MEDICAL HISTORY

3. Has any member of your immediate family (parents, brothers, sisters) died of Coronary Artery Disease or Cancer prior to age 60? Yes No
4. Has any member of your immediate family (parents, brothers, sisters) died of Coronary Artery Disease or Cancer prior to age 60? Yes No

5. LIFE ONE

L I V I N G	Family History	Age	Give Details of Present State of Health
	Father	60	GOOD HEALTH
	Mother	58	GOOD HEALTH
	Brothers & Sisters		

D E C E A S E D	Family History	Age	Cause of Death
	Father		
	Mother		
	Brothers & Sisters		

6. LIFE TWO

L I V I N G	Family History	Age	Give Details of Present State of Health
	Father		
	Mother		
	Brothers & Sisters		

D E C E A S E D	Family History	Age	Cause of Death
	Father		
	Mother		
	Brothers & Sisters		

HEALTH QUESTIONS

LIFE ONE

7. a) Your Height **5' 10"** b) Your Weight **175 LBS.**

c) Have you had any weight change in the past 12 months?
 Yes No - If 'Yes', amount _____ Loss Gain
 Reason _____

9. a) Name and Address of Personal Physician
ARTHUR H. SMITH
First Middle Last
123 MAIN STREET
Address - Street No. & Name Suite No.
ANYTOWN, ANYSTATE 12347
City State Zip Code

b) Telephone No. **(905) 123 8765**

c) Date last consulted **JAN 15 2003**
month day year
 Reason and any medication/treatment given **ANNUAL CHECK-UP**

LIFE TWO

8. a) Your Height _____ b) Your Weight _____

c) Have you had any weight change in the past 12 months?
 Yes No - If 'Yes', amount _____ Loss Gain
 Reason _____

10. a) Name and Address of Personal Physician

First Middle Last

Address - Street No. & Name Suite No.

City State Zip Code

b) Telephone No. _____

c) Date last consulted _____
month day year
 Reason and any medication/treatment given _____

HEALTH QUESTIONS continued

LIFE ONE

9. d) List by name, address and medical specialty, any Medical Specialists you have been referred to, consulted or treated by in the last 5 years.

NONE

e) List any medications (prescription or non-prescription) you are taking currently.

NONE

Please provide details to 'Yes' answers in questions 16 & 17.

11. Within the last 10 years, have you had symptoms of, or been told by a physician that you have had or have:

- a) Chest pain, shortness of breath, heart murmur, high blood pressure, Transient Ischemic Attack (TIA), stroke, irregular heart beat, or any other disease or disorder of the heart or arteries?
- b) Diabetes, elevated blood sugar or glucose intolerance or disease of any glands?
- c) Mental or emotional disorder, nervous breakdown, convulsions, epilepsy, paralysis or any other disorder of the brain or nervous system?
- d) Arthritis, gout, or any bone, joint, muscle or skin disorder?
- e) Asthma, bronchitis, pneumonia, emphysema or any lung disorder?
- f) Cirrhosis, hepatitis, ulcer, colitis, diverticulitis, ileitis, or other disease of the liver, gall bladder, pancreas, stomach or intestines?
- g) Prostate or testicular disease, disease of the uterus, ovaries or breasts?
- h) Anemia, leukemia, clotting disorders, platelet disorders, infections, or sources of blood loss?
- i) Disorder of the urinary tract or kidneys, sugar, albumin or blood in the urine?
- j) Cancer or tumors of any kind, malignant or benign?
- k) Any other health impairment or medically treated condition?

12. Within the last 10 years have you had:

- a) an operation or admission to a hospital or any other health care facility for observation and/or treatment of any illness or disease?
- b) any diagnostic tests, including a treadmill stress test for any purpose, including insurance, whether conducted on an in-patient or out-patient basis?

13. Within the last 10 years have you been diagnosed or treated by a physician as having Acquired Immune Deficiency Syndrome (AIDS) or tested positive for the Human Immunodeficiency Virus (HIV)?

14. Within the last 10 years have you:

- a) used amphetamines, barbiturates, cannabis (marijuana), cocaine, hallucinogens, opiates or any prescription drug except in accordance with physician's instructions?
- b) been advised to limit or discontinue the use of alcohol or drugs, sought or received treatment, counseling or participated in a support group?

15. Do you:

- a) currently have any symptom or medical concern for which you have not consulted a physician or had any consultation, testing or investigation recommended by a physician which has not yet been completed?

b) consume alcoholic beverages?

Complete if **Currently** was selected in 15. b)

Complete if **In the past** was selected in 15. b)

Life One		
<input checked="" type="checkbox"/> Never <input type="checkbox"/> Currently <input type="checkbox"/> In the past		
Type of beverage	Frequency	Quantity
Date Stopped _____ month _____ year _____		
Reason Stopped _____		

Life Two		
<input type="checkbox"/> Never <input type="checkbox"/> Currently <input type="checkbox"/> In the past		
Type of beverage	Frequency	Quantity
Date Stopped _____ month _____ year _____		
Reason Stopped _____		

LIFE TWO

10. d) List by name, address and medical specialty, any Medical Specialists you have been referred to, consulted or treated by in the last 5 years.

e) List any medications (prescription or non-prescription) you are taking currently.

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

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Supporting Document Schedules

Review Status:
Satisfied -Name: Cover Letter 06/20/2008
Comments:
Attachment:
letter ar.pdf

Review Status:
Satisfied -Name: Flesch Score Certificate 06/20/2008
Comments:
Attachment:
flesch ar.pdf

Review Status:
Satisfied -Name: Statement of Variability 06/20/2008
Comments:
Attachment:
sov JHVLICO generic.pdf

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

Contracts and Compliance
P.O. Box 600
Buffalo, NY 14201-0600
Tel.: 416-852-7906
Fax: 416-926-3121
Email: jacqueline_lau@jhancock.com



N.A.I.C. # 904-65838
SERFF TRACKING # MANU-125700749

Jacqueline Lau
Contract Analyst

June 20, 2008

Hon. Commissioner of Insurance
Compliance - Life and Health
1200 West Third Street
Little Rock, Arkansas 72201-1904

Attention: Linda Bird

Dear Ms. Bird:

INDIVIDUAL LIFE
Application Form NB5002US (12/2007) - Health Questionnaire

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

This form will be used with main application form NB5000US (12/2007) Application for Life Insurance, which was approved by your state on February 11, 2008 under SERFF Tracking # MANU-125381606.

No part of this filing contains any unusual or controversial items that deviate from normal company or industry standards. We have made simultaneous submissions of the identical form for John Hancock Variable Life Insurance Company and John Hancock Life Insurance Company.

NB5002US (12/2007), Health Questionnaire is used to facilitate underwriting of applications that do not require a paramedical or full medical examination.

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

We trust the form is acceptable to you and look forward to your state's approval in the usual manner. If you have any questions or concerns, please contact me at 416-852-7906 (collect) or via e-mail at jacqueline_lau@jhancock.com.

Sincerely,

Jacqueline Lau
Contract Analyst

Enclosures: Statement of Variability
Filing Fee sent via EFT
Flesch Score Certificate

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.

FORM NUMBER

READABILITY SCORE

NB5002US (12/2007)

46

June 20, 2008

Date



Helene Landow, FLMI, ACP
Director, Contracts and Compliance

JOHN HANCOCK VARIABLE LIFE INSURANCE COMPANY

STATEMENT OF VARIABILITY

June 18, 2008

HEALTH QUESTIONNAIRE

FORM NB5002US (12/2007)

Section/Section #	Page Number	Description
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.