

SERFF Tracking Number: MANU-126317083 State: Arkansas
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 43643
Company Tracking Number: NB5006US (07/2009)
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: NB5006US (07/2009)
Project Name/Number: NB5006US (07/2009)/NB5006US (07/2009)

Filing at a Glance

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

Product Name: NB5006US (07/2009)

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: MANU-126317083 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 43643

Co Tr Num: NB5006US (07/2009) State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Helene Landow, Karren

Phair, Debbie Tom, Jacqueline Lau

Date Submitted: 09/29/2009

Disposition Date: 10/05/2009

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: NB5006US (07/2009)

Project Number: NB5006US (07/2009)

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/05/2009

Deemer Date:

Submitted By: Debbie Tom

Filing Description:

INDIVIDUAL LIFE

NB5006US (07/2009) –Notice of Disclosure of Information

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments: Exempt in
Michigan

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 10/05/2009

Created By: Debbie Tom

Corresponding Filing Tracking Number:

The above application form is being submitted for your approval. This form is being filed to comply with state requirements for replacements.

Form NB5006US (07/2009), Notice of Disclosure of Information will replace form NB5006US (12/2007) which was

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approved by your state on April 22, 2008 under SERFF Tracking # MANU-125598673, State Tracking Number 38705.

The revised form will be given to each proposed life insured regarding information we collect to assess insurance risk and the individual's rights to this information. No part of this filing contains any unusual or controversial items that deviate from normal company or industry standards. The form will be available electronically to print locally without change in format or content.

We confirm that the revised form is identical to the form being replaced except for the change described below:

- Top right hand corner of page, deleted companies "John Hancock Variable Life Insurance Company" and "John Hancock Life Insurance Company"
- Information Exchange:
 -  3rd paragraph, inserted reference to reinsurers and updated the current name for the Medical Information Bureau.
 -  4th paragraph, MIB Inc. is referenced as MIB.
 -  5th paragraph, "Bureau" is replaced with "MIB", deleted "Medical Information will be disclosed only to your attending physician." and inserted MIB telephone number.
 -  6th paragraph, updated with MIB Information Office address.
 -  7th paragraph, inserted reference to reinsurers.
 -  8th paragraph, updated with MIB website address.
- Investigative Consumer Report Notice
 -  2nd and 3rd paragraph is combined to clarify disclosure of the investigative consumer report.

The Service Office Address, MIB telephone number, MIB Information Office Address and MIB website 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 416-852-2035(collect) or via e-mail at debbie_tom@jhancock.com

Enclosures: Statement of Variability
Copy of highlighted form (marked with changes)
Filing Fee (EFT)
Flesch Score Certificate

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Company and Contact

Filing Contact Information

Debbie Tom, Contract Analyst Debbie_Tom@jhancock.com
 200 Bloor St E 416-852-2035 [Phone]
 Toronto, ON M4W 1E5 416-926-3121 [FAX]

Filing Company Information

John Hancock Life Insurance Company (U.S.A.) CoCode: 65838 State of Domicile: Michigan
 P. O. Box 600 Group Code: 904 Company Type: insurance/financial
 Contracts and Compliance Group Name: State ID Number:
 Buffalo, NY 14201-0600 FEIN Number: 01-0233346
 (416) 926-3000 ext. [Phone]

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	09/29/2009	30933840

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/05/2009	10/05/2009

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Statement of Variability	Debbie Tom	10/01/2009	10/01/2009

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Disposition

Disposition Date: 10/05/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Copy of highlighted form (marked with changes)		No
Supporting Document (<i>revised</i>)	Statement of Variability		No
Supporting Document	Statement of Variability		No
Form	Notice of Disclosure of Information		No

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Amendment Letter

Submitted Date: 10/01/2009

Comments:

Revised the Statement of Variability to reflect the correct form name.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Statement of Variability

Comment:

Statement of Variability US.pdf

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	NB5006US (07/2009)	Application/Notice of Disclosure Enrollment of Information Form	Revised	Replaced Form #: NB5006US (12/2007) Previous Filing #: MANU-125598673	40.000	NB5006US.pdf



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

Notice of Disclosure of Information
John Hancock Life Insurance Company (U.S.A.)
 (hereinafter referred to as The Company)

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

2. Name _____
 First Middle Last

INFORMATION EXCHANGE

This brief description of our underwriting process is designed to help you understand how an application for life insurance is handled, the types and sources of information we may collect about you, the circumstances under which we may disclose that information to others, and your right to learn the nature and substance of that information upon written request.

The purpose of the underwriting process is to make sure that you qualify for life insurance and if so, to establish the proper premium charge for that insurance. The information necessary to evaluate your application is dependent upon your age, the amount of insurance you are applying for, your medical history, your occupation, your avocations and other personal information. Your answers on the application are the principal source of information; however, additional sources of information may be required.

Information you provide will be treated as confidential. The Company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members.

Upon request by another member insurance company to which you have applied for life or health insurance coverage or to which a claim is submitted, MIB will supply such company with the information it may have in its files.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act.

The address of MIB's Information Office is **50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.**

The Company or its reinsurers may also release information given in your application and information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

Information for consumers about MIB may be obtained on its website at www.mib.com.

INVESTIGATIVE CONSUMER REPORT NOTICE

As part of our normal procedure, an investigative consumer report may be prepared concerning your character, general reputation, personal characteristics and mode of living, except as may be related directly or indirectly to your sexual orientation. This information will be obtained through personal interviews with your friends, neighbors and associates.

On request to the Chief Underwriter, at the above Service Office address, we will disclose to you whether or not an investigative consumer report was done, the nature and scope of the report, a summary of consumer rights and the name and address of the consumer reporting firm from whom you may request a copy of the report.

INSURANCE INFORMATION PRACTICES

The personal information we obtain about you is confidential and we will not disclose it to other parties without your written authorization except as permitted or required by law. You have the right to access the personal information about you that appears in our files, including any medical record information disclosed within three years of your request, unless that information relates to a claim or a civil or criminal proceeding.

However, we will normally give medical record information only to a licensed physician of your choice. You also have the right to seek correction of information about you that you believe to be inaccurate or incomplete. We will provide you with a more detailed explanation of our information practices and access and correction procedures if you send us a written request. You may do so by writing to the Chief Underwriter at the above Service Office address.

Please provide each Proposed Life Insured with a copy.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: flesch ar.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: not applicable		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Copy of highlighted form (marked with changes)		
Comments:		
Attachment: NB5006US_HILITED.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment: Statement of Variability US.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.

FORM NUMBER	READABILITY SCORE
NB5006US (07/2009)	40*

*Joint score for application and policy combined.

September 24, 2009
Date



Helene Landow, FLMI, ACP
Director, Contracts and Compliance



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

Notice of Disclosure of Information
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JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

STATEMENT OF VARIABILITY

OCTOBER 1, 2009

NOTICE OF DISCLOSURE OF INFORMATION

FORM NB5006US (07/2009)

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 Service Office address will always appear on the form.
Information Exchange	Page 1, Paragraph 5	The telephone number for MIB is bracketed as it maybe changed in the future. A current MIB telephone number will always appear on the form.
Information Exchange	Page 1, Paragraph 6	The address of the MIB's Information Office is bracketed as it maybe changed in the future. A current MIB Information Office address will always appear on the form.
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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
09/29/2009	Supporting	Statement of Variability Document	10/01/2009	Statement of Variability US.pdf (Superseded)

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

STATEMENT OF VARIABILITY

September 29, 2009

LIFECARE APPLICATION FOR LIFE INSURANCE

FORM NB5006US (07/2009)

Section #	Page Number	Description
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