

SERFF Tracking Number: JHAN-126175625 State: Arkansas
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 43306
Company Tracking Number: 09WLLTCR
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: 09WLLTCR Acceleration Of Life Insurance Benefit For Qualified Long Term Care Services Rider
Project Name/Number: 09WLLTCR Acceleration Of Life Insurance Benefit For Qualified Long Term Care Services Rider/

Filing at a Glance

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

Product Name: 09WLLTCR Acceleration Of Life SERFF Tr Num: JHAN-126175625 State: Arkansas

Insurance Benefit For Qualified Long Term
Care Services Rider

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed-Approved- State Tr Num: 43306
Closed

Sub-TOI: LTC03I.001 Qualified

Co Tr Num: 09WLLTCR

State Status: Closed

Filing Type: Form/Rate

Reviewer(s): Marie Bennett, Harris
Shearer

Author: Michelle Fluet

Disposition Date: 12/21/2009

Date Submitted: 08/21/2009

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: 09WLLTCR Acceleration Of Life Insurance Benefit For Qualified Long Term Care Services Rider Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 12/21/2009

Explanation for Other Group Market Type:

State Status Changed: 12/21/2009

Deemer Date:

Created By: Michelle Fluet

Submitted By: Michelle Fluet

Corresponding Filing Tracking Number:

Filing Description:

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

NAIC #904-65838, FEIN #01-0233346

Acceleration of Life Insurance Benefit for Qualified Long-Term Care Services Rider, Form 09WLLTCR

Residual Life Insurance Benefit and Continuation of Acceleration Rider Form: 09WLLMAXR

Outline of Coverage, Form 09WLOCLTCU

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Application Supplement, Form NB5122US (07/2009)

We are filing the above-referenced forms for approval in your jurisdiction. The forms are filed for general use in accordance with the applicable statutes and regulations of your jurisdiction and are laser printed, subject only to minor variations in color, paper stock, duplexing, fonts, and positioning. These forms are new and are not intended to replace existing forms. The forms will be effective on the date of approval. These forms will be marketed to the general public and will be used with state approved individual life policies.

No part of this filing contains any unusual or controversial items differing from normal Company or industry standards. No part of this filing contains any assumptions or provisions which unfairly discriminate in availability, rates, benefits or any other way for prospective insureds.

Rider, 09WLLTCR, provides for acceleration of the insurance benefit of the life insurance policy for qualified long-term care services. This rider will be added to the policy only at issue and is mandatory for this packaged policy. This rider will be subject to medical underwriting. The issue age range for this rider is 30--75.

Rider, 09WLLMAXR, provides a residual life insurance benefit above the underlying policy's death benefit provided certain requirements are met. This optional rider has a life insurance benefit that increases monthly while the life insured is on claim. This life insurance benefit is available for acceleration and provides for the continuation of monthly accelerated benefit payments that began with 09WLLTCR. The issue age range for this rider is 30-70.

The Outline of Coverage, form 09WLOCLTCU, which describes the riders' benefits and features, is provided to the applicant at the time of application.

The riders will provide for a Benefit Period, elected at time of application, of 2 through 7 years. The Benefit Period can not be changed after issue. (Minimum face amount is \$50,000).

Please note that this is a single premium product only. The only risk classifications for these riders are male and female, nonsmoker and smoker.

The Application Supplement - NB5122US US(07/2009), also submitted for approval will be required to be completed with the election of form 09WLLTCR and/or 09WLLMAXR. Subsequently approved application forms may be used to apply for these riders in the future.

This application will be used in a tele-app process. In a telephone interview, the applicant will be asked to provide the answers to the questions found on this application. Each question will be asked by the vendor using the exact wording for the question as it appears on the application. The applicant will receive a pre-populated application for signature in which the information that appears on the application is based on the applicant's answers to questions asked through

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the telephone interview. Reflexive underwriting questions may be utilized following affirmative responses during this process. These reflexive questions are available for the Department's inspection, if so desired.

Pursuant to Section 6 J, of the NAIC Long Term Care Model Act (Model 640), we have included a sample illustration for informational purposes. As per the above referenced section, the policy summary requirement can be incorporated into a basic illustration which includes the information required of a policy summary.

A copy of the activity statement, required by Section 6 K of the NAIC Long Term Care Model Regulation, has been enclosed for informational purposes. This activity statement will be provided with the monthly acceleration payment when the policy is in benefit payment status.

The required disclosure of rating practices to consumers (Section 9 of the NAIC Long Term Care Model Regulation) is not required as the single premium (payable at issue) will not increase and is considered noncancellable.

Inflation protection as required by Section 13 of the NAIC Long Term Care Model Regulation is not required as noted in (C) which states "The offer in Subsection A above shall not be required of life insurance policies or riders containing accelerated long term care benefits."

Suitability, under Section 24 of the NAIC Long Term Care Model Regulation, and Nonforfeiture, under Section 28 of the NAIC Long Term Care Model Regulation are also not required as stated in (a) of these sections as the benefit is provided through an accelerated benefit rider.

Form NB5019US(01/2005) Notice of Replacement that will be utilized should a replacement be involved. This form was approved by your state on 10/13/04 under state tracking number 27638 and SERFF tracking number SERT-64QL6E764.

The above referenced forms will be used only with whole life policy form 09SPWL which was approved in your state on 7/22/09 under SERFF tracking number MANU-126204094. These forms may attach to subsequently approved policies.

Marketing materials, which have not yet been developed for this product, will be submitted to the Department to the extent necessary under insurance laws, unless you indicate otherwise.

Michigan, our state of domicile, requires that these forms be filed for informational purposes only.

Any requisite fees and filing documents, including an actuarial memorandum, are enclosed.

Your attention to this submission is appreciated. Should you have any questions regarding any of the materials in this filing, please do not hesitate to contact me.

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Sincerely,

Michelle Fluet

Company and Contact

Filing Contact Information

Michelle Fluet, State Compliance Analyst mfluet@jhancock.com
 197 Clarendon Street 800-370-1355 [Phone] 1 [Ext]
 State Compliance, C-7-09 617-572-0808 [FAX]
 Boston, MA 02117

Filing Company Information

John Hancock Life Insurance Company CoCode: 65838 State of Domicile: Michigan
 (U.S.A.)
 197 Clarendon Street Group Code: 904 Company Type: Life Insurance
 C-7-09 Group Name: State ID Number:
 Boston, MA 02117 FEIN Number: 01-0233346
 (800) 370-1355 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$160.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (U.S.A.)	\$160.00	08/21/2009	30027599

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Marie Bennett	12/21/2009	12/21/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Your call on December 16, 2009 regarding the rates	Note To Reviewer	Michelle Fluet	12/17/2009	12/17/2009
Status	Note To Reviewer	Michelle Fluet	12/07/2009	12/07/2009
Status	Note To Reviewer	Michelle Fluet	11/05/2009	11/05/2009
Status	Note To Reviewer	Michelle Fluet	10/02/2009	10/02/2009

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Disposition

Disposition Date: 12/21/2009

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		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		Yes
Supporting Document	Monthly Activity Statement		Yes
Supporting Document	Sample Illustration		Yes
Supporting Document	Sample Specification Pages		Yes
Supporting Document	Statement of Variability		Yes
Form	Acceleration of the Life Insurance Insurance Benefit for Qualified Long Term Care Services Rider		Yes
Form	Residual Life Insurance Benefit and Continuation of Acceleration Rider		Yes
Form	Application Supplement		Yes
Rate	Rates		No
Rate	Rates		No

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Note To Reviewer

Created By:

Michelle Fluet on 12/17/2009 01:02 PM

Last Edited By:

Marie Bennett

Submitted On:

12/21/2009 03:27 PM

Subject:

Your call on December 16, 2009 regarding the rates

Comments:

We offer the following explanation to help clarify the presentation and variation of the rate tables provided with the filing: On the application form and on the illustration, the applicant must indicate the minimum total number of years of LTC accelerated benefit coverage they wish to elect. The available options are presented as 2, 3, 4, 5, 6, or 7 years. Based on that election, the rider forms are issued with the following combinations of benefit periods:

2 years = 24 month benefit period for 09WLLTCR; form 09WLLMAXR not selected

3 years = 36 month benefit period for 09WLLTCR; form 09WLLMAXR not selected

4 years = 24 month benefit period for 09WLLTCR plus 24 month benefit period for 09WLLMAXR

5 years = 30 month benefit period for 09WLLTCR plus 30 month benefit period for 09WLLMAXR

6 years = 24 month benefit period for 09WLLTCR plus 48 month benefit period for 09WLLMAXR

7 years = 36 month benefit period for 09WLLTCR plus 48 month benefit period for 09WLLMAXR

Therefore, the possible benefit periods issued for rider form 09WLLTCR are 24 or 36 months, or additionally 30 months if form 09WLLMAXR is also involved (i.e. the 5 year total BP option), and 09WLLMAXR can be issued with 24, 30, or 48 month benefit periods. (The benefit periods on the Policy Specification pages for the riders are given in months in order to facilitate description of the accelerated benefit mechanics within the rider forms.)

The rate tables submitted as part of this filing are labeled with the total benefit period elected (2-7 years), because for form 09WLLMAXR in particular, the premium charged is a function of that total benefit period. (For example, the premium for a 48 month benefit is less when it follows a 36 month benefit on 09WLLTCR than when it follows a 24 month benefit on 09WLLTCR). You will see, however, that the rates for 09WLLTCR were designed to "stand alone". For example, the 24 month benefit period has the same premium rates whether part of the 2 year or the 4 year benefit "package".

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Note To Reviewer

Created By:

Michelle Fluet on 12/07/2009 10:55 AM

Last Edited By:

Marie Bennett

Submitted On:

12/21/2009 03:27 PM

Subject:

Status

Comments:

Could you please provide an indication of when this filing is likley to come up for review?

Thank you in advance for you consideration.

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Note To Reviewer

Created By:

Michelle Fluet on 11/05/2009 08:55 AM

Last Edited By:

Marie Bennett

Submitted On:

12/21/2009 03:27 PM

Subject:

Status

Comments:

Could you please provide a status of when this submission will be reviewed?

Thank you in advance for your assistance.

Michelle Fluet

SERFF Tracking Number: JHAN-126175625 State: Arkansas
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Note To Reviewer

Created By:

Michelle Fluet on 10/02/2009 09:17 AM

Last Edited By:

Marie Bennett

Submitted On:

12/21/2009 03:27 PM

Subject:

Status

Comments:

Good Morning,

I am just checking on the status of this submission and asking when review might be expected for these forms.

Thank you in advance for your assistance.

Michelle Fluet

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Form Schedule

Lead Form Number: 09WLLTCR

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	09WLLTCR	Policy/Cont ract/Fratern al Insurance Certificate: Acceleration of the Insurance Benefit for Qualified Long Term Care Services Rider t, Insert Page, Endorsement or Rider	Initial		52.900	09WLLTCR - generic.pdf
	09WLLMAXR	Policy/Cont ract/Fratern al Insurance Certificate: Acceleration and Continuation of Rider Amendmen t, Insert Page, Endorsement or Rider	Initial		52.300	09WLLMAXR - generic.pdf
	NB5122US (07/2009)	Application/ Enrollment Supplement Form	Initial		50.000	NB5122US (07-2009).pdf



**SUPPLEMENTARY BENEFIT
ACCELERATION OF THE LIFE INSURANCE BENEFIT FOR QUALIFIED LONG TERM CARE SERVICES RIDER**

We agree, subject to the terms and conditions of this rider and the policy, to make available the payments described below in order to reimburse expenses as a result of the Life Insured receiving Qualified Long Term Care Services as defined in the Definitions section of this rider. Such payments shall reduce the policy benefits and values which would otherwise be available under the policy.

This rider is made a part of the policy to which it is attached, and is issued in consideration of the application, a copy of which is attached to and made a part of the policy, and the premium for this rider which is shown in the Policy Specifications page. This rider takes effect at the same time as the policy, subject to the terms, conditions and limitations provided herein. This rider is not eligible for dividends.

FEDERAL INCOME TAX TREATMENT OF THIS RIDER

Long term care insurance was granted favorable federal income tax treatment by the Health Insurance Portability and Accountability Act of 1996 ("Act"). Policies meeting certain criteria outlined in this Act are eligible for this treatment. This rider is intended to be a qualified long term care insurance contract under Internal Revenue Code ("Code") section 7702B(b). The benefits provided by the policy are intended to be excludable from federal gross income under Code section 7702B, as may be amended from time to time. If, in the future, it is determined that this rider does not meet these requirements, we will make reasonable efforts to amend the rider if we are required to do so in order to comply. We will offer you an opportunity to receive these amendments. The premium for this rider may be a distribution for income tax purposes. If you have any questions concerning the tax implications of this rider, you should consult with an attorney or qualified tax advisor.

THIRTY-DAY FREE LOOK

If you or the Life Insured are not completely satisfied with this rider for any reason, you or the Life Insured may return it within 30 days from the date it was delivered to you. To return the rider, mail or deliver it to the agent who sold it to you, to our Service Office, or to the agency office through which it was delivered. We will then refund any premium applicable to this rider, and the rider will be treated as if it had never been issued.

NOTICE TO BUYER

This rider may not cover all of the costs associated with long term care that the Life Insured incurs during the period of coverage. You are advised to review all benefit limitations carefully. **THIS IS NOT A MEDICARE SUPPLEMENT POLICY.**

CAUTION

The issuance of this rider is based upon our issuance of the policy and the Life Insured's responses to the questions on the application for this rider. Copies of the application for the policy and the application for this rider are attached to the policy. If the Life Insured's answers are not complete, true, and correctly recorded, we have the right (in addition to any rescission rights described in the policy) to deny benefits or rescind the rider subject to the Time Limit on Certain Defenses / Misrepresentation provision. The best time to clear up any questions is now, before a claim arises! To contact us, write to: John Hancock Life Insurance Company (U.S.A.), [Customer Service Center R02, 1 John Hancock Way, Suite 1350, Boston, Massachusetts, 02217-1099, or call us at 1-800-387-2747].

NONCANCELLABLE

You have the right to continue this rider for as long as the Life Insured lives or until the rider is terminated in accordance with the Termination provision. In addition, we cannot increase the rider premium.

DEFINITIONS

Accelerated Benefit(s) means the benefits paid under this rider in order to reimburse expenses as a result of the Life Insured receiving Qualified Long Term Care Services. Payment of Accelerated Benefits reduces the benefits and values available under the policy.

Activities of Daily Living means the following activities:

- (a) *Bathing* which means washing oneself by sponge bath, or in either a tub or shower, including the task of getting in or out of the tub or shower;
- (b) *Continence* which means the ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for a catheter or colostomy bag;
- (c) *Dressing* which means putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs;
- (d) *Eating* which means feeding oneself by getting food to his/her body from a receptacle (such as a plate, cup or table) or being fed by a feeding tube or intravenously. Eating does not include preparing a meal;
- (e) *Toileting* which means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene;
- (f) *Transferring* which means moving into or out of a bed, chair, or wheelchair. Transferring does not include the task of getting into or out of the tub or shower.

Adult Day Care means social and health-related services provided during the day in a community or group setting to six (6) or more persons. The purpose of the program is to support frail or impaired elderly, or other disabled adults who can benefit from care in a group setting outside the home.

Adult Day Care Center means a place that is licensed to provide Adult Day Care by the jurisdiction in which the services are provided. If licensing is not required, Adult Day Care Center means a place that provides Adult Day Care, has enough full-time staff to maintain no more than an 8 to 1 client-staff ratio, and has established procedures for obtaining appropriate aid in the event of a medical emergency. An Adult Day Care Center is a place that provides Adult Day Care for only part of a day while the Life Insured is residing in their Home.

Assisted Living Facility means a facility which:

- (a) is licensed to provide Custodial Care according to the laws of the jurisdiction in which it is located; or
- (b) if licensing is not required, meets all of the following:
 - (i) has a 24-hour on-site staff to provide Custodial Care;
 - (ii) provides Custodial Care services for a charge, including room and board;
 - (iii) has established procedures for obtaining appropriate aid in the event of a medical emergency
 - (iv) provides 3 meals a day and can accommodate special dietary needs;
 - (v) provides, at a minimum, assistance with Bathing and Dressing; and
 - (vi) provides Custodial Care services to 10 or more persons.

Examples of such facilities may include Alzheimer facilities or Assisted Living Facilities that are either free standing facilities or part of a life-care community. These requirements may also be met by some personal care and adult congregate care facilities.

An Assisted Living Facility does not mean:

- a hospital or clinic;
- a rest home (a home for the aged or a retirement home) which does not, as its primary function, provide Custodial Care;
- the Home of the Life Insured; or
- a facility for the treatment of alcoholism, drug addiction, or mental illness.

Calendar Month means the consecutive day period (e.g., 28, 29, 30 or 31-day period, as the case may be) that begins at 12:01 a.m. on the first day of a month.

Calendar Week means the 7-day consecutive period that begins on Sunday at 12:01 a.m.

Chronically Ill Individual means that the Life Insured:

- is unable to perform, without Substantial Assistance from another individual, at least two Activities of Daily Living due to loss of functional capacity for a period expected to last 90 days; or
- requires Substantial Supervision to protect himself or herself from threats to health and safety due to the presence of a Cognitive Impairment.

Cognitive Impairment means a deficiency in a person's short-term or long term memory; orientation as to person, place, or time; deductive or abstract reasoning; or judgment as it relates to safety awareness. Cognitive Impairment must be established and reliably measured by clinical evidence and standardized tests. The need for Substantial Supervision due to the presence of Cognitive Impairment must be established by such clinical evidence and standardized tests.

Custodial Care means non-skilled long term care included in a Plan of Care approved by a Licensed Health Care Practitioner which is necessary due to the Life Insured's Cognitive Impairment or need for assistance in the Activities of Daily Living.

Date of Service means a day that the Life Insured is eligible for benefits under this rider (including Dates of Service during the Elimination Period) on which the Life Insured:

- is a resident in a Nursing Home or an Assisted Living Facility; or
- receives Home Health Care or Hospice Care; or
- receives services covered under this rider that are Medicare eligible (for which benefits are not payable under this rider).

Elimination Period (waiting period) means the number of Dates of Service that would otherwise be covered by this rider, for which we will not pay benefits. The Elimination Period is equal to 90 Dates of Service. Only one complete Elimination Period needs to be satisfied while the policy is in force.

The Elimination Period starts on the first Date of Service. No Date of Service may be counted as more than one day towards the satisfaction of the Elimination Period. The Dates of Service used to satisfy the Elimination Period do not need to be consecutive and may be accumulated under separate claims. We will not pay benefits for charges during the Elimination Period.

If the Life Insured receives Home Health Care for one or more days in a Calendar Week, we will apply seven days toward the satisfaction of the Elimination Period. Please note that there will be no credit for days that occur before the first Date of Service.

Face Amount means, for purposes of this rider, the Face Amount of the base policy.

Home means the Life Insured's primary residence, including the Life Insured's independent living quarters in a continuing care retirement community or similar entity. It does not include: a Nursing Home, an Assisted Living Facility, an Alzheimer's facility, an Adult Day Care Center, a rest home, a hospital or rehabilitation facility/hospital, or a facility for the treatment of alcoholism, drug addiction, or mental illness.

Home Health Care means the following medical and non-medical services (including Hospice Care and Respite Care), provided to ill, disabled, or infirm persons in their residence. The primary function of Home Health Care is to provide professional care for the Life Insured's benefit that meets one of the following requirements:

- (a) it is provided by a Home Health Care Provider or an Adult Day Care Center; or
- (b) it is performed by a home health aide whose services consist primarily of assisting the Life Insured in the Activities of Daily Living or because of a Cognitive Impairment.

Home Health Care also includes Incidental Homemaker Services.

Home Health Care Provider means either a Home Health Agency or an Independent Home Health Care Provider that provides Home Health Care. A Home Health Care Provider cannot be a member of the Life Insured's Immediate Family except as provided in the "Exclusions" section of the rider or an individual who normally resides in the Life Insured's Home.

- A Home Health Agency must meet one of the following requirements:
 - it is licensed as a Home Health Agency by the jurisdiction in which the Home Health Care is provided; or
 - it possesses one of the following certifications in the jurisdiction in which the Home Health Care is provided - Medicare Certification; Joint Commission of Accreditation of Health Care Organizations (JCAHO) Certification; or Community Health Accreditation Program (CHAP) Certification; or
 - it provides Home Health Care through 2 or more employees of an organization that is in the business of providing Home Health Care according to the laws of the jurisdiction in which it is located.

- An Independent Home Health Care Provider means a care provider not employed by a Home Health Agency who meets one of the following requirements. He or she:
 - is a duly licensed registered nurse, licensed vocational nurse, licensed practical nurse, registered physical therapist, registered occupational therapist, registered speech therapist, registered respiratory therapist, licensed social worker, or registered dietitian; or
 - must be currently qualified as a certified home health aide or certified nurse aide; or
 - must be currently included in a government sponsored nurse aide registry.
- In the case of a home health aide or nurse aide who does not meet one of the standards set forth above, such aide must present written proof of completion of an established training course which must include training in safely assisting persons with the Activities of Daily Living.

Hospice Care means a program for meeting the Life Insured's care needs if he or she is terminally ill. Terminally ill means there is no reasonable prospect of cure and the Life Insured has a life expectancy, as estimated by a Physician, of 12 months or less. Hospice Care must be provided by an organization that meets Federal certification requirements as a Hospice or is licensed, certified, or registered to provide such care according to the laws of the jurisdiction in which it is providing such care. Hospice Care is limited to those services received by the Life Insured. The Life Insured must satisfy the Elimination Period before receiving benefits for Hospice Services. Hospice Care may be provided in the Life Insured's Home, a Nursing Home, an Assisted Living Facility, an Adult Day Care Center or in a Hospice Care facility.

Immediate Family means the Life Insured's spouse or Partner, or the following relatives of the Life Insured or the Life Insured's spouse or Partner: parents, stepparents, grandparents, siblings, children, stepchildren, grandchildren, and their respective spouses. For purposes of this definition, "Partner" means the unmarried person who is not related to the Life Insured with whom the Life Insured has lived in a committed relationship for at least 3 years prior to the date the Life Insured applied for this rider. This person is the individual the Life Insured has named in the application.

Incidental Homemaker Services means services incidental to care with the Activities of Daily Living or because of a Cognitive Impairment which are included in a Plan of Care and which provide one or more of the following non-medical support services necessary for the Life Insured to remain in his or her Home: meal preparation; laundry; light housekeeping; supervising self-administration of medication; and shopping for food, medical supplies or medication. Incidental Homemaker Services must be provided during the same visit and by the same individual providing care with the Activities of Daily Living or because of a Cognitive Impairment.

Licensed Health Care Practitioner means a Physician, a registered nurse (R.N.), a licensed social worker, or any other individual who meets the requirements as may be prescribed by the U.S. Secretary of the Treasury. The Life Insured may select any Licensed Health Care Practitioner other than a member of the Life Insured's Immediate Family.

Maximum Monthly Benefit Amount means the Face Amount as of the date we approve the request for Accelerated Benefits and the Elimination Period is completed, divided by the number of months in the Benefit Period (shown in the Policy Specifications page for this rider). The Maximum Monthly Benefit Amount for any partial Calendar Month will be reduced proportionately for the number of days in the month for which no monthly benefit payments are payable. A new Maximum Monthly Benefit Amount will be calculated for each new Period of Care, starting with the old Maximum Monthly Benefit Amount described above, reduced by an amount proportionate to the amount of any reduction in the Face Amount prior to the effective date of a new Period of Care. A reduction in the Face Amount includes, but is not limited to, partial surrenders and acceleration of the Insurance Benefit for terminal illness.

Medicaid means the reimbursement system under Title XIX of the Federal Social Security Act, as amended.

Medicare means the reimbursement system under Title XVIII of the Federal Social Security Act, as amended.

Nursing Care means skilled or intermediate care provided by one or more of the following health care professionals: registered nurse, licensed vocational nurse, licensed practical nurse, physical therapist, occupational therapist, speech therapist, respiratory therapist, medical social worker or registered dietitian.

Nursing Home means a facility which:

- (a) is licensed and operated to provide Nursing Care for a charge (including room and board), according to the laws of the jurisdiction in which it is located; and
- (b) has services performed by or under the continual, direct and immediate supervision of a registered nurse, licensed practical nurse or licensed vocational nurse, on-site twenty-four (24) hours per day.

A Nursing Home may be a freestanding facility or it may be a distinct part of a facility, including a ward, wing, or swing-bed of a hospital or other facility.

Nursing Home does not mean any of the following:

- (a) a hospital or clinic;
- (b) a rehabilitation hospital or facility;
- (c) an Assisted Living Facility;
- (d) a rest home (a home for the aged or a retirement home) which does not, as its primary function, provide Custodial Care;
- (e) the Life Insured's primary place of residence, including living quarters in a continuing care retirement community or similar entity;
- (f) a facility for the treatment of alcoholism, drug addiction, or mental illness.

Period of Care means the period of time that:

- (a) begins with a Date of Service; and
- (b) ends on the earliest of:
 - (i) the date we receive written notice that the Life Insured is no longer receiving Qualified Long Term Care Services;
 - (ii) the date we receive a written request from you to discontinue payment of Accelerated Benefits;
 - (iii) the date we determine that the eligibility for the payment of benefits has ceased, in accordance with the terms of this rider; and
 - (iv) the date of the Life Insured's death.

Physician means any person bearing the designation of Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.) practicing within the scope of his or her license issued by the jurisdiction in which the services are rendered.

Plan of Care means a written plan for long term care services designed especially for the Life Insured. This Plan of Care must specify the type, cost, frequency, expected duration and providers of all the services the Life Insured requires; and be in accordance with accepted relevant standards of practice and appropriate to meet the needs identified in the assessment of the Life Insured's functional and cognitive needs. A Licensed Health Care Practitioner must approve the Plan of Care.

The Plan of Care must be updated as the Life Insured's condition and needs change. We must be provided with a revised Plan of Care each time it is updated. We reserve the right to request periodic updates regarding the Plan of Care, but not more frequently than once every 30 days. No more than one Plan of Care may be in effect at a time.

Qualified Long Term Care Services means necessary, diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services, and maintenance or personal care services, which are required by a Chronically Ill Individual, and are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

In this rider, it means the following covered care or services provided for in a Plan of Care:

- (a) confinement in a Nursing Home or Assisted Living Facility for room, board and care services (such care services being Nursing Care, Custodial Care, and Hospice Care);
- (b) Home Health Care, Hospice Care or Respite Care; or
- (c) attendance at an Adult Day Care Center providing Adult Day Care.

Qualified Long Term Care Services do NOT include any of the following:

- (a) Physician's charges;
- (b) hospital and laboratory charges;
- (c) prescription or non-prescription medication;
- (d) medical supplies;
- (e) durable medical equipment;
- (f) transportation;
- (g) items and services furnished for the beautification, comfort, convenience, or entertainment of the Life Insured;
- (h) room and board charges for independent living quarters in a Continuing Care Retirement Community or similar entity;

- (i) any type of residential upkeep, construction, renovation, or home maintenance (such as painting or plumbing); lawn/yard care, snow removal;
- (j) vehicle or equipment upkeep; and
- (k) charges for care or services which are not included in and/or are inconsistent with the Life Insured's Plan of Care.

Respite Care means the short-term care designed to provide temporary relief to the Life Insured's primary uncompensated caregiver from his or her caregiving duties and provided in: a Nursing Home, an Assisted Living Facility, an Adult Day Care Center, the Life Insured's Home, or a community based program. We must be provided with written proof that the Life Insured's uncompensated caregiver is taking a temporary leave of absence. This benefit is payable for up to 30 days per calendar year subject to the terms of this rider.

Substantial Assistance means the Life Insured needs hands-on or standby assistance while performing an Activity of Daily Living. Hands-on assistance means the physical assistance of another person without which the Life Insured would be unable to perform the Activity of Daily Living. Standby assistance means the presence of another person within arm's reach of the Life Insured that is necessary to prevent, by physical intervention, injury to the Life Insured while the Life Insured is performing the Activity of Daily Living.

Substantial Supervision means the Life Insured needs continual supervision due to Cognitive Impairment (which may include cueing by verbal prompting, gestures, or other demonstration) by another person that is necessary to protect the Life Insured from threats to the Life Insured's health or safety (such as may result from wandering).

ELIGIBILITY FOR PAYMENT OF BENEFITS

Subject to the conditions and limitations of this rider, Accelerated Benefit payments may be made under this rider if the Life Insured is a Chronically Ill Individual. A Chronically Ill Individual means that the Life Insured:

- (a) is unable to perform without Substantial Assistance from another individual at least two of the Activities of Daily Living due to the loss of functional capacity for a period expected to last 90 days; or
- (b) requires Substantial Supervision to protect himself or herself from threats to health and safety due to the presence of a Cognitive Impairment.

LONG TERM CARE BENEFITS

Monthly Accelerated Benefits. Subject to the conditions, limitations, and exclusions described herein, we will make a monthly payment of Accelerated Benefits in an amount not to exceed the lesser of:

- (a) the charges incurred by the Life Insured for Qualified Long Term Care Services; and
- (b) the Maximum Monthly Benefit Amount, provided we receive evidence satisfactory to us that the Life Insured is:
 - (i) confined in a Nursing Home or an Assisted Living Facility for room, board, and care services (such care services being Nursing Care, Custodial Care, and Hospice Care); or
 - (ii) receiving Home Health Care, Hospice Care, or Respite Care ; or
 - (iii) attending an Adult Day Care Center providing Adult Day Care.

In addition, if the Life Insured's stay in a Nursing Home or Assisted Living Facility is interrupted for any reason while eligibility for Accelerated Benefits continues under this rider, we will continue to make such payment for up to 30 days in any calendar year in order to reserve the Life Insured's bed during the Life Insured's absence. Any benefit paid under this provision will reduce the policy benefits and values to the same extent as if the Life Insured's stay in a Nursing Home or Assisted Living Facility was not interrupted.

The monthly payment of the Accelerated Benefit is based upon Qualified Long Term Care Services received in a Calendar Month time period and the Accelerated Benefit we have approved for that period.

A portion of each approved monthly Accelerated Benefit amount will be used to repay a portion of any Policy Debt under the policy (see the Loans section of this rider for details) and will reduce the monthly payment of Accelerated Benefits for that period.

Partial Surrenders and Acceleration of Insurance Benefit (for terminal illness). Any partial surrender or acceleration of the Insurance Benefit due to terminal illness, during a Period of Care under this rider, reduces the Maximum Monthly Benefit Amount, resulting in a new Maximum Monthly Benefit Amount, as determined by us. Such reduction will be effective as of the effective date of the partial surrender or acceleration of the Insurance Benefit. The new Maximum Monthly Benefit Amount is (a) times (b), where:

- (a) is the Maximum Monthly Benefit Amount then in effect; and
- (b) is the new Face Amount divided by the Face Amount then in effect.

A reduction in Face Amount resulting solely from a monthly payment of Accelerated Benefits under this rider will not reduce the Maximum Monthly Benefit Amount.

Other Services

You may also have access to (i) information for the Life Insured or a member of the Life Insured's family, regarding long term care needs and questions, either directly or through a third party arrangement, and (ii) assistance that may help the Life Insured identify various long term care service agencies available in his or her community.

LIMITATIONS ON OR CONDITIONS FOR ELIGIBILITY FOR PAYMENT OF BENEFITS

Conditions. To receive Accelerated Benefits under this rider:

- (a) the Elimination Period must have been satisfied;
- (b) the Life Insured must submit to us a current Plan of Care and written Proof of Loss, both of which are acceptable to us;
- (c) the Life Insured must receive Qualified Long Term Care Services that are consistent with the Life Insured's care needs and are covered under this rider and which are specified in a Plan of Care; and
- (d) we must determine that the Life Insured is eligible for the payment of benefits under this rider.

Because this Rider is intended to be tax-qualified under federal law, the Life Insured must ALSO provide us with a certification from a Licensed Health Care Practitioner that the Life Insured meets the definition of a Chronically Ill Individual as described in the section captioned "Eligibility for Payment of Benefits."

Such written certification must be renewed and submitted to us every 12 months; otherwise payment of Accelerated Benefits under this rider will discontinue on the first day following the end of the 12 month period.

Limitations. We will not pay Accelerated Benefits for Qualified Long Term Care Services incurred during the Elimination Period, or for any care, treatment, or charges described in the Non-Duplication of Benefits or Exclusions provisions below. We will not pay Accelerated Benefits in excess of the Maximum Monthly Benefit Amount for any Calendar Month during any Period of Care.

Exclusions. Qualified Long Term Care Services do not include care or treatment:

- (a) for intentionally self-inflicted injury;
- (b) required as a result of alcoholism or drug addiction (unless drug addiction was a result of the administration of drugs as part of treatment by a Physician);
- (c) due to war (declared or undeclared) or any act of war, or service in any of the armed forces or auxiliary units;
- (d) due to participation in a felony, riot or insurrection;
- (e) for which no charge is normally made in the absence of insurance;
- (f) provided by a member of the Life Insured's Immediate Family, unless:
 - the family member is one of the following professionals – a duly licensed registered nurse, licensed vocational nurse, licensed practical nurse, physical therapist, occupational therapist, speech therapist, respiratory therapist, licensed social worker, or registered dietician; and
 - the family member is a regular employee of a Nursing Home, Assisted Living Facility, Adult Day Care Center or organization which is providing the services; and
 - the organization receives the payment for the services; and
 - the family member receives no compensation other than the normal compensation for employees in his or her job category;
- (g) provided outside the fifty United States and the District of Columbia except as described in the International Coverage Benefit provision of this rider.

Non-Duplication of Benefits. Qualified Long Term Care Services do not include charges covered under any of the following:

- (a) Medicare (including amounts that would be reimbursable but for the application of a deductible or coinsurance amounts);
- (b) any other governmental program (except Medicaid);
- (c) any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law;
- (d) expenses for services or items available or paid under another long term care insurance or health insurance policy.

International Coverage Benefit

If the Life Insured is a Chronically Ill Individual and requires care or services while the Life Insured is outside the fifty (50) United States or the District of Columbia, the Life Insured will be eligible to receive the International Coverage Benefit for certain Qualified Long Term Care Services if all of the following are met:

- We receive Proof of Loss which is satisfactory to us that the Life Insured has met the Elimination Period and the requirements found in the Limitations On or Conditions For Eligibility for Payment of Benefits provision.
- The Life Insured provides us (at the Life Insured's own expense) with the documentation as described in the Proof of Loss provision, and any updates to such information as we may request. We will not require updates more frequently than monthly.
- All required documentation must be provided to us in English.

Qualified Long Term Care Services eligible for payment under the International Coverage Benefit is limited to:

- Confinement in a Nursing Home or Assisted Living Facility; or
- Home Health Care, Adult Day Care, or Hospice Care.

The amount payable under the International Coverage Benefit is actual charges for covered services up to the Maximum Monthly Benefit Amount, and subject to a maximum limit of 12 times the Maximum Monthly Benefit Amount.

This rider will continue in force after the International Coverage Benefit is exhausted so that any remaining benefits are available to pay for care and services received in the fifty (50) United States or the District of Columbia.

Any benefit paid under this provision will reduce the benefits and values available under the policy. All terms in the rider will remain in effect. Any benefits paid will be determined and paid in United States currency.

EFFECT ON POLICY

Face Amount. Each Accelerated Benefit amount we approve reduces the Face Amount then in effect, resulting in a new Face Amount. The new Face Amount is equal to the Face Amount then in effect minus the Accelerated Benefit amount we approve.

A reduction in Face Amount resulting solely from a monthly payment of Accelerated Benefits will not reduce the Maximum Monthly Benefit Amount.

Cash Value. Each Accelerated Benefit amount we approve reduces the Cash Value then in effect, resulting in a new Cash Value. The new Cash Value is (a) times (b), where:

- (a) is the new Face Amount (as determined above), divided by the Face Amount then in effect; and
- (b) is the Cash Value then in effect.

Loans. If there is any outstanding Policy Debt at the time we approve an Accelerated Benefit amount, a portion of that Accelerated Benefit amount will be applied as a loan repayment and reduce the amount of the monthly payment of Accelerated Benefits otherwise payable. The amount deemed to be a loan repayment is (a) times (b) where:

- (a) is the amount of Policy Debt immediately prior to the monthly benefit payment; and
- (b) is 1 minus the ratio of the new Face Amount (as determined above), divided by the Face Amount then in effect.

EXTENSION OF BENEFITS

If the Life Insured is confined in a Nursing Home and the rider lapses while the Life Insured is receiving continuous, uninterrupted benefits under this rider, benefits for such Nursing Home confinement will continue until the earliest of the following dates:

- (a) the date the Life Insured is discharged from the Nursing Home;
- (b) the date when the Face Amount remaining after any monthly benefit payment is zero;
- (c) the date of the Life Insured's death.

If benefits are continued under this Extension of Benefits provision, we will calculate the Face Amount remaining as if the policy had remained in force, but NO Insurance Benefit will be payable to the beneficiary under the policy.

This Extension of Benefits will be subject to all of the provisions of this rider (including but not limited to the Elimination Period and Eligibility for Payment of Benefits).

CLAIMS

Request for Accelerated Benefits. To file a request for Accelerated Benefits, you, the Life Insured, a member of the Life Insured's family or representative must first notify us that the Life Insured is currently receiving or plans to receive services covered by this rider. Notify us by:

- (a) writing to us at our Service Office for this rider at [Customer Service Center R02, 1 John Hancock Way, Suite 1350, Boston, MA 02217-1099];
- (b) writing to any of our authorized agents; or
- (c) by calling us at our Service Office at [1-800-387-2747].

The notice must include:

- (a) the requestor's name and the Life Insured's name; and
- (b) the policy number; and
- (c) the type of care the Life Insured is receiving, or plans to receive.

If the request for Accelerated Benefits is sent by written notice, the notice must be mailed to us postmarked within 45 days after the services begin, or as soon as reasonably possible. If we are notified by telephone, you or the Life Insured must call us within 45 days after the services begin or as soon as reasonably possible. We will confirm, in writing, the notification within 15 days after we receive such notification.

Claim Forms and Proof of Loss. When we receive notice of a request for Accelerated Benefits, we will provide instructions and the necessary forms for filing a Proof of Loss. Proof of Loss must be filed with our Service Office.

Proof of Loss means detailed written documentation which describes and confirms: the Life Insured's inability to perform any of the Activities of Daily Living or the Life Insured's Cognitive Impairment; the Life Insured's confinement in a Nursing Home or Assisted Living Facility; or the Home Health Care, Adult Day Care, Hospice Care or Respite Care the Life Insured is receiving.

This documentation includes:

- (a) the completed claim forms;
- (b) a functional and cognitive assessment;
- (c) confirmation of provider licensure as required by the jurisdiction in which it is located;
- (d) copies of medical records (or we may consult with the Life Insured's primary Physician and provider by telephone at our option);
- (e) the required certification from a Licensed Health Care Practitioner;
- (f) itemized bills for the Life Insured's care and services; and
- (g) the Life Insured's Plan of Care.

We will send claim forms within 15 days after having received claim notification. If we do not provide the claim forms within 15 days after having received such notification, you or the Life Insured will be able to satisfy the Proof of Loss provision by giving us written proof of the nature and extent of the loss.

Proof must be given to us prior to payment of any of the Insurance Benefit payments under the policy, and within ninety (90) days after the first Date of Service. Failure to give us proof within the 90 day period shall not invalidate nor reduce any request for Accelerated Benefits if it was not reasonably possible for you or the Life Insured to give proof within such time. However, the proof must be given to us as soon as reasonably possible and prior to payment of all the Insurance Benefit under the policy, and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

We must receive a signed consent form from all irrevocable beneficiaries, if any, and all assignees, if any. We also reserve the right to require a consent form from any person if, in our discretion, such person's consent is necessary to protect our interest. Any such consent will be in effect for the length of the current claim.

Time of Payment of Accelerated Benefits. We will pay Accelerated Benefits for any loss covered by this rider provided we receive Proof of Loss as described above. We will make these payments on a monthly basis, after services have been rendered and charges have been incurred for such services.

Payment of Accelerated Benefits, Non-Duplication of Insurance Benefit, and Discharge of Liability. All Accelerated Benefits will be paid to you or an alternative payee as designated by you or your legal representative. Any remaining Insurance Benefit following notification of the Life Insured's death will be paid under the terms of the policy.

Any Accelerated Benefits paid under this rider prior to our receipt of written notice of the Life Insured's death in accordance with the policy provisions will reduce the Insurance Benefit payable to the beneficiary under the policy.

At our option, any payment of Accelerated Benefits of \$1,000 or less may be paid to an alternative payee. The alternative payee must be a person who is deemed by us to be justly entitled to the benefit.

We will be fully discharged and released from all liability to you, the Life Insured, and any alternative payee, any assignee, and any beneficiary under the policy to the extent of any payment made in good faith under this rider.

Examinations and Assessments. We will have the right and the opportunity to examine the Life Insured and/or perform an on-site geriatric nursing assessment of the Life Insured when and as often as we may reasonably require while a claim is pending. Any such examination will be at our expense.

Appeals. We will notify you and the Life Insured in writing if we do not approve the request for Accelerated Benefits, and provide you and the Life Insured with a written explanation of the reasons for the denial. You and the Life Insured will then have the right to appeal our claims decision and request that we make all information directly related to such denial available. We will provide such requested information within 60 days from the date we receive the written request.

This appeal or request for information must be in writing (no special form is necessary) and sent to:

[Customer Service Center R02
1 John Hancock Way, Suite 1350
Boston, MA 02217-1099]

The written request for appeal should:

- (a) state the reason for disagreement with our determination;
- (b) state what other factors (if any) we should take into consideration;
- (c) identify whom we could contact (including names, addresses, and phone numbers) to gather any other pertinent information regarding the Life Insured's care; and
- (d) identify the facilities in which the Life Insured received care.

You and the Life Insured may authorize someone else to act as a representative in this appeals process. We have a Claim Appeals Review Board that will consider the appeal. If the Board needs additional information to objectively evaluate the appeal, it will use at least one of the following resources:

- (a) a Physician Advisor who is a Physician living near the Life Insured who will assess the Life Insured's condition and report it to us;
- (b) an on-site geriatric assessment;
- (c) medical records from the Life Insured's Physician(s) and/or provider(s) of care; or
- (d) other information that is determined to be relevant to address the appeal.

All requests for information will be at our expense.

The Claim Appeals Review Board will then make one of two determinations:

- (a) overturn the initial claim determination and pay any benefits due; or
- (b) uphold the initial claim determination.

Legal Action. Neither you nor the Life Insured can bring suit against us to recover on this rider during the 60 days after written Proof of Loss has been given to us, as required by this rider. Also, neither you nor the Life Insured can bring suit against us to recover on this rider after four years from the date written Proof of Loss is required to be given.

Time Limit on Certain Defenses/Misrepresentation. If this rider has been in effect for less than six months from the issue date we may rescind it or deny an otherwise valid claim if the application contained a misrepresentation that is material to the acceptance of the application for this rider.

If this rider has been in effect for at least six months but less than two years from the issue date, we may rescind it or deny an otherwise valid request for Accelerated Benefits if the application contained a misrepresentation that is both:

- (a) material to the acceptance of the Life Insured's application; and
- (b) pertains to the condition for which the claim is made.

After this rider has been in effect for two years from the issue date, it is incontestable except for relevant facts relating to the Life Insured's health that were knowingly and intentionally misrepresented.

In the event this rider is rescinded after we have paid Accelerated Benefits, we may not recover the payments already made, but we will reduce the policy benefits and values by the amount of such payments.

PROVISIONS

Grace Period. The Grace Period for this rider is 65 days. If any amount due is not paid within thirty (30) days from the date that it is due, we will provide notice to your last known address, and the last known address of the Life Insured, and the person or persons designated by the Life Insured to receive such notice at the addresses provided to us. Notice shall be given by first class United States mail, postage prepaid. You will have an additional 35 days to pay the amounts due after we have mailed the notice. During the Grace Period this rider will stay in effect.

The application for this rider may name the person or persons to receive notice. The Life Insured may change the designation at any time but it must be in writing. We will provide the Life Insured with a reminder of the right to change this written designation every two years.

Added Protection Against Termination; Reinstatement. If this rider lapses, this rider and policy may be reinstated if requested within 5 months of the date of termination, and if the following conditions are met:

- (a) we are furnished with satisfactory proof that you were unable to perform at least two of the Activities of Daily Living; or had a Cognitive Impairment on the date of termination; and
- (b) you pay all amounts overdue as stated in the underlying policy.

All rights under this rider will be the same as they were just before the rider terminated.

Changes to this Rider. No change to this rider will be valid until approved by our President or Secretary. No agent may change this rider or waive any of its provisions.

Right to Recovery. If we make payments with respect to a request for Accelerated Benefits in a total amount that is, at any time, in excess of the Accelerated Benefits payable under the provisions of this rider, we will have the right, but not the obligation, to recover such excess from:

- (a) any persons to, or for, or with respect to whom, such payments were made; and
- (b) any organization which should have made such payments.

Any such excess payment, if not recovered, shall reduce the policy benefits and values.



Life Insurance Company (U.S.A.)

**SUPPLEMENTARY BENEFIT
RESIDUAL LIFE INSURANCE BENEFIT AND CONTINUATION OF ACCELERATION RIDER**

We agree, subject to the terms and conditions of this rider, any other applicable rider(s) and the policy, to make available the benefits and payments described below. Such amounts shall reduce the policy benefits and values which would otherwise be available under the policy.

This rider is made a part of the policy to which it is attached and is issued in consideration of the application, a copy of which is attached to and made a part of the policy, and the premium for this rider, which is shown in the Policy Specifications page for this rider.

All provisions relating to the Thirty Day Free Look, Notice to Buyer, Caution, Noncancellable, Definitions, Eligibility for Payment of Benefits, Limitations on or Conditions For Eligibility For Payment Of Benefits (not including the International Coverage Benefit), Claims Form and Proof of Loss, Proof of Loss, Examinations and Assessments, Appeals, Legal Action, Grace Period, Added Protection Against Termination and Reinstatement, Changes to this Rider and Rights to Recovery as set forth in the Acceleration Of Life Insurance Benefit For Qualified Long Term Care Services Rider (hereinafter Acceleration Rider) apply in their entirety to this rider.

FEDERAL INCOME TAX TREATMENT OF THIS RIDER

Long term care insurance was granted favorable federal income tax treatment by the Health Insurance Portability and Accountability Act of 1996 (“Act”). Policies meeting certain criteria outlined in this Act are eligible for this treatment. This rider is intended to be a qualified long term care insurance contract under Internal Revenue Code (“Code”) section 7702B(b). The benefits provided by the policy are intended to be excludable from federal gross income under Code section 7702B, as may be amended from time to time. If, in the future, it is determined that this rider does not meet these requirements, we will make reasonable efforts to amend the rider if we are required to do so in order to comply. We will offer you an opportunity to receive these amendments. The premium for this rider may be a distribution for income tax purposes. If you have any questions concerning the tax implications of this rider, you should consult with an attorney or qualified tax advisor.

DEFINITIONS

Accelerated Benefit(s), for purposes of this rider, means the benefits paid under this rider in order to reimburse expenses as a result of the Life Insured receiving Qualified Long Term Care Services. The Residual Life Insurance Benefit of the underlying policy is reduced by the amount of each benefit paid.

Full Acceleration means the Face Amount of the base policy has become zero, after any monthly benefit payment has been made pursuant to the terms of the Acceleration Rider.

Maximum Monthly Benefit Amount (MMBA) for purposes of this rider is the amount shown on the Policy Specifications page for this rider.

Residual Life Insurance Benefit means a benefit payable under this rider upon the death of the Life Insured as shown in the Residual Life Insurance Benefit provision.

RESIDUAL LIFE INSURANCE BENEFIT

The Residual Life Insurance Benefit under this rider may be increased after a Full Acceleration. An amount equal to the MMBA will be added to the Residual Life Insurance Benefit for any Calendar Month in which the Life Insured has received Qualified Long Term Care Services eligible for Accelerated Benefits under this rider.

At issue, the Residual Life Insurance Benefit is \$5,000.

The total amount of the increases to the Residual Life Insurance Benefit over the life of the Life Insured shall not exceed an amount equal to the MMBA multiplied by the number of months in the Benefit Period shown on the Policy Specification page of this rider.

In the month when Full Acceleration occurs, the increase will be equal to the MMBA under this rider, multiplied by 1 minus the ratio of the Face Amount remaining before the Full Acceleration to the MMBA under the Acceleration Rider.

The increase in the Residual Life Insurance Benefit will be added to the Residual Life Insurance Benefit on the first Business Day of the Policy Month.

The Residual Life Insurance Benefit will be eligible for acceleration under this rider. If not accelerated, the Residual Life Insurance Benefit is the amount payable upon receipt of due proof of the Life Insured's death to the extent that the Residual Life Insurance Benefit exceeds the Face Amount under the policy at the time of death. The initial Residual Life Insurance Benefit of \$5,000 may not be accelerated under the terms of any rider.

CONTINUATION OF BENEFITS UPON FULL ACCELERATION UNDER ACCELERATION RIDER

The Accelerated Benefits set forth below are available only in the event there has been a Full Acceleration.

Continuation of Monthly Benefit Payments

Upon a Full Acceleration and subject to the conditions, limitations, and exclusions described herein, we will make Accelerated Benefit payments. Each Accelerated Benefit will be an amount not to exceed the lesser of (i) the charges incurred by the Life Insured for Qualified Long Term Care Services, and (ii) the Maximum Monthly Benefit Amount under this rider.

In the month when Full Acceleration occurs, if the Face Amount before the Accelerated Benefit payment is less than both the MMBA under the Acceleration Rider and the charges incurred by the Life Insured for Qualified Long Term Care Services, a reduced amount of the MMBA may be available. The reduced amount of Accelerated Benefit will be equal to the MMBA under this rider, multiplied by 1 minus the ratio of Face Amount remaining before the Full Acceleration to the MMBA under the Acceleration Rider.

If the Life Insured's stay in a Nursing Home or Assisted Living Facility is interrupted for any reason while eligibility for Accelerated Benefits continues under this rider, we will continue to make such payment for up to 30 days in any calendar year in order to reserve the Life Insured's bed during the Life Insured's absence. Any benefit paid under this provision will reduce the Residual Life Insurance Benefit to the same extent as if the Life Insured's stay in a Nursing Home or Assisted Living Facility was not interrupted.

The monthly payment of the Accelerated Benefit is based upon Qualified Long Term Care Services received in a Calendar Month time period and the Accelerated Benefit we have approved for that period.

A portion of each approved monthly Accelerated Benefit amount will be used to repay a portion of any Policy Debt under the policy (see the Loans section of this rider for details) and will reduce the monthly payment of Accelerated Benefits for that period.

The International Coverage Benefit described in the Acceleration Rider is not available under this rider.

EFFECT ON POLICY

Insurance Benefit

Each Accelerated Benefit amount we approve reduces the Residual Life Insurance Benefit, dollar for dollar, resulting in a new Insurance Benefit under the policy.

Cash Value

Each Accelerated Benefit amount we approve reduces the Cash Value after payment of the Accelerated Benefit amount resulting in a new Cash Value. The new Cash Value is (a) times (b) where:

- (a) is the new Residual Life Insurance Benefit divided by the Residual Life Insurance Benefit in effect before payment of the Accelerated Benefit amount; and
- (b) is the Cash Value in effect before the payment of the Accelerated Benefit amount.

Loans

If there is any outstanding Policy Debt at the time we approve an Accelerated Benefit amount, a portion of that Accelerated Benefit amount will be applied as a loan repayment and reduce the amount of the monthly payment of Accelerated Benefits otherwise payable. The amount deemed to be a loan repayment is (a) times (b) where:

- (a) is the amount of Policy Debt immediately prior to the Accelerated Benefit payment; and
- (b) is 1 minus the ratio of the new Residual Life Insurance Benefit (as determined above) divided by the Residual Life Insurance Benefit in effect before the payment of the Accelerated Benefit amount.

EXTENSION OF BENEFITS UNDER ACCELERATION RIDER

For purposes of this rider, the Extension of Benefits provision under the Acceleration Rider is deleted and replaced in its entirety as follows:

If the Life Insured is confined in a Nursing Home, and the policy, the Acceleration Rider, and this rider lapse while the Life Insured is receiving continuous, uninterrupted benefits under the policy and Acceleration Rider, benefits for such Nursing Home confinement will continue during the Life Insured's lifetime until the earliest of the following dates:

- the date the Life Insured is discharged from the Nursing Home; or
- the date when the benefit payments available under this rider equals zero, or
- the date of the Life Insured's death.

If the Life Insured's benefits are continued under this Extension of Benefits provision, for purposes of such continuation, we will calculate the Death Benefit remaining as if the policy had remained in force, but NO Insurance Benefit will be payable upon the Life Insured's death to the beneficiary under the policy.

This Extension of Benefits provision is subject to all of the provisions of the Acceleration Rider (including but not limited to the Elimination Period and Eligibility for Payment of Benefits).

TIME OF PAYMENT OF BENEFITS

We will pay the Accelerated Benefit amount for Qualified Long Term Care Services covered by this rider, provided we receive evidence as described in the Acceleration Rider. We will make these payments on a monthly basis after services have been rendered and charges have been incurred for such services.

PAYMENT OF BENEFITS AND DISCHARGE OF LIABILITY

While the Life Insured is living, all benefits will be paid to you or an alternative payee as designated by you or your legal representative. Any life insurance benefit arising under the terms of this rider will be paid as if it were the Insurance Benefit provided by the terms of the policy, following notification of the Life Insured's death.

At our option, a benefit payment of \$1,000 or less may be paid to an alternative payee. The alternative payee must be a person who is deemed by us to be justly entitled to the benefit.

We will be fully discharged and released from all liability to you and the Life Insured, and any alternative payee, any assignee, and any beneficiary under the policy to the extent of any payment made in good faith under this rider.

Time Limit on Certain Defenses/Misrepresentation

If this rider has been in effect for less than six months from the issue date we may rescind it or deny an otherwise valid claim if the application contained a misrepresentation that is material to the acceptance of the application for this rider.

If this rider has been in effect for at least six months but less than two years from the issue date, we may rescind it or deny an otherwise valid request for Accelerated Benefits if the application contained a misrepresentation that is both:

- (a) material to the acceptance of the application; and
- (b) pertains to the condition for which the claim is made.

After this rider has been in effect for two years from the issue date, it is incontestable except for relevant facts relating to the Life Insured's health that were knowingly and intentionally misrepresented.

In the event this rider is rescinded after we have paid Accelerated Benefits, we may not recover the payments already made, but we will reduce the Death Benefit by the amount of such payments.

Premium Refund If There Is A Full Surrender of the Base Policy (Premium Refund)

Within the first six Policy Months:

The amount refunded under this rider and any other Supplementary Benefit rider plus the base policy Cash Value will equal the Total Premium paid shown in the Policy Specifications unless you:

- partially surrender or loan any Net Cash Surrender Value; or
- accelerate the Insurance Benefit under any Supplementary Benefit rider.

In no event will the Premium Refund provide more than the Continuation of Acceleration Premium paid for this rider.

After six Policy Months or if there has been a partial surrender, loan or acceleration within the first six Policy Months:

If the base policy's Cash Value plus the amount refunded under any other Supplementary Benefit rider is less than the Total Premium paid for the policy, we will refund a portion of the premium paid for this rider. The amount refunded under this rider is the lesser of (a) and (b) where:

- (a) is the Continuation of Acceleration Premium paid for this rider multiplied by the Continuation of Acceleration Rider Refund Percentage shown on the Policy Specifications page for this rider; or
- (b) is the Total Premium shown on the Policy Specifications reduced by the amount refunded under any other Supplementary Benefit rider and by the Cash Value for the Face Amount at Issue.

In no event will the Premium Refund provide more than the Continuation of Acceleration Premium paid for this rider.

TERMINATION

This rider will terminate and no further benefits will be paid (except as provided in the Extension of Benefits and Added Protection Against Termination provisions) on the earliest of:

- (a) the date of exchange or termination of the policy or the Acceleration Rider; or
- (b) the date this rider is discontinued at the Owner's request; or
- (c) the date of the Life Insured's death.

Signed for the Company by:

Secretary



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

LifeCare Application Supplement - Acceleration Rider
John Hancock Life Insurance Company (U.S.A.)
(hereinafter referred to as The Company)

This form is part of the LifeCare Application for Life Insurance for the Proposed Life Insured.
Any changes must be initiated by the Proposed Life Insured.

PROPOSED LIFE INSURED

1. a) Name **JOHN** **M.** **DOE** b) Date of Birth **OCT** **04** **1967**
First Middle Last month day year

PROTECTION AGAINST UNINTENDED TERMINATION

2. I understand that I have the right to designate up to three persons other than myself to receive Notice of Lapse/Termination of this insurance policy. I understand that notice will not be given until 30 days after amounts are due and unpaid.

I elect. (complete information below) I DO NOT elect to designate a person(s) to receive such notice.

Name	Address - Street No. & Name, Apt No., City, State, Zip code
MARY J. DOE	1999 MARCH STREET, ANYTOWN, ANYSTATE 12345
JAMES M. DOE	2004 MAY AVENUE, ANYTOWN, ANYSTATE 12352

EXISTING AND PENDING INSURANCE

3. a) Are you covered by Medicaid? Yes No
 b) Do you currently have or have you had during the last 12 months another accident and health or long-term care insurance policy or certificate in force (including health care services contract, health maintenance organization contract)? Yes No
 c) Do you intend to replace any of your long-term care, medical or health coverage with the coverage applied for? Yes No
 d) Do you have any other life insurance policies currently in force which provide similar long-term care coverage? Yes No
 e) Provide details to 'Yes' answers in question 3.

Company	Policy/ Certificate No.	Type and Amount of Benefits	Currently Inforce?		To be Replaced?	
			Yes	No	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BENEFIT SELECTION

4. Acceleration Benefit Rider Yes No Continuation of Acceleration Benefit Rider Yes No
 Total Acceleration Benefit Period 2 Years 3 Years 4 Years 5 Years 6 Years 7 Years
 Years 4, 5, 6 or 7 are only available when the Continuation of Acceleration Benefit Rider is selected.

HEALTH QUESTIONS

Please provide details in No. 12 for 'Yes' answers to Health Questions 5 - 11.

5. a) **Do you currently** use any medical devices such as: wheelchair, walker, crutches, cane, scooter, hospital bed, stairlift, dialysis machine, colostomy bag, catheter or oxygen? Yes No
 b) Do you require mechanical or human assistance or supervision doing any of the following activities: walking, bathing, eating, dressing, toileting, transferring from bed to chair or maintaining continence with bladder or bowel? Yes No
 c) **Do you currently** need assistance or need help with cooking, meal preparation, housecleaning, laundry, shopping, using the phone, handling finances, or taking medication? Yes No
 6. **Do you currently** have or have you ever had a diagnosis or symptoms of:
 a) Alzheimer's disease, dementia, memory loss, organic brain syndrome, cerebral atrophy, mental retardation or any other cognitive disease or brain disorder? Yes No
 b) Multiple sclerosis (MS), muscular dystrophy, ALS (Lou Gehrig's disease), Parkinson's disease, spinal cord injury, Huntington's chorea or any other disease of the nervous system? Yes No
 7. **Within the last 10 years** have you had symptoms of, received medical advice, diagnosis or treatment, or consulted or been treated by a member of the medical profession for any of the following conditions:
 a) Aneurysm, stroke, transient ischemic attack (TIA), peripheral vascular disease, carotid artery disease or any other cerebrovascular disease? Yes No
 b) Seizures, fainting, dizziness, amnesia, forgetfulness, optic neuritis, epilepsy, convulsions, tremors or paralysis or any other neurological disease? Yes No
 c) Injuries due to falls or imbalance? Yes No
 d) Arthritis, osteoporosis, osteopenia, fractures or any other bone, back, spine or muscle disorders? Yes No

HEALTH QUESTIONS continued

Please provide details in No. 12 for 'Yes' answers to Health Questions 5 - 11.

- 8. **Within the past 2 years**, have you received or applied for any disability benefits, including Worker's compensation, Social Security disability or any other form of disability insurance? Yes No
- 9. Have you ever been confined to an assisted living facility or a common nursing home or attended adult day care? Yes No
- 10. Have you ever received home health care services? Yes No
- 11. **Do you currently** require a temporary or permanent handicap parking plate, placard or sticker? Yes No

12.

Question No.	Date			Reason/ Diagnosis	Treatment Given	Duration of Condition	Name, Address and Telephone Number of Attending Physician and Hospital
	month	day	year				

AGREEMENT AND ACKNOWLEDGMENT

I agree as follows: I am applying for an Acceleration of Life Insurance Death Benefits for Qualified Long-Term Care Services Rider that is part of my life insurance policy. I have reviewed the answers and statements in this application. To the best of my knowledge and belief, they are true, complete and have been correctly recorded. They are representations and not warranties. I understand that this application forms the basis of my coverage. Coverage will take effect on the Date of Issue. I also understand that the Rider will only cover myself and will not cover any other person. No other individual may subsequently assume the status of Covered Person under this rider.

Acknowledgment: I have received the policy Outline of Coverage and Replacement Notice (if replacement is involved). If eligible for Medicare, I received the "Guide to Health Insurance for People with Medicare."

CAUTION: IF YOUR ANSWERS ON THIS APPLICATION ARE INCORRECT OR UNTRUE, THE COMPANY HAS THE RIGHT TO DENY BENEFITS OR RESCIND YOUR COVERAGE.

SIGNATURE

Signed at _____ City _____ State _____ This _____ Day of _____ Year _____

Signature of Proposed Life Insured

X _____

Agent signature

Signature of Agent/Registered Representative _____ Signed this _____ Day of _____ Year _____

X _____



Agent Report
LifeCare Application Supplement - Acceleration Rider
John Hancock Life Insurance Company (U.S.A.)
 (hereinafter referred to as The Company)

Complete and submit as part of LifeCare Application Supplement - Acceleration Rider.

PROPOSED LIFE INSURED

1. a) Name **JOHN** **M.** **DOE**
First Middle Last

AGENT REPORT

- Do you have any reason to believe that replacement of existing insurance may be involved? Yes No
- List any other health insurance policies you: (a) sold to the Proposed Life Insured which are still in force and (b) sold to the Proposed Life Insured in the last five years which are no longer in force.

Company	Policy/ Certificate No.	Type and Amount of Benefits	Currently Inforce?		To be Replaced?	
			Yes	No*	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Date of Lapse _____

SIGNATURE

Signed at _____ City _____ State _____ This _____ Day of _____ Year _____

Signature of Agent/Registered Representative

X _____

SERFF Tracking Number: JHAN-126175625 State: Arkansas
 Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 43306
 Company Tracking Number: 09WLLTCR
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: 09WLLTCR Acceleration Of Life Insurance Benefit For Qualified Long Term Care Services Rider
 Project Name/Number: 09WLLTCR Acceleration Of Life Insurance Benefit For Qualified Long Term Care Services Rider/

Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification Comments: Attachments: AR - reg33-49 cert.pdf AR -cert Reg19.pdf Flesch.pdf</p>		
<p>Bypassed - Item: Application Bypass Reason: Supplemental application on form schedule Comments:</p>		
<p>Satisfied - Item: Outline of Coverage Comments: Attachment: 09WLOCLTCU - generic.pdf</p>		
<p>Satisfied - Item: Monthly Activity Statement Comments: This is a sample of the monthly report which is provided to the policyholder when there is an accelerated payment made as per the NAIC LTC Model Act Section 6 K. This Monthly Activity Statement is being provided for informational purposes. Attachment: Monthly Activity Statement.pdf</p>		

SERFF Tracking Number: JHAN-126175625 State: Arkansas
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 43306
Company Tracking Number: 09WLLTCR
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: 09WLLTCR Acceleration Of Life Insurance Benefit For Qualified Long Term Care Services Rider
Project Name/Number: 09WLLTCR Acceleration Of Life Insurance Benefit For Qualified Long Term Care Services Rider/

Item Status:
Status Date:

Satisfied - Item: Sample Illustration

Comments:

As per the NAIC Model LTC Act, Section 6 J, a policy summary is required to be provided to the policyholder. The policy summary may be incorporated into a basic illustration as per J 6 as we have done here. This illustration is being provided for informational purposes.

Attachment:

Sample Illustration - 4 year.pdf

Item Status:
Status Date:

Satisfied - Item: Sample Specification Pages

Comments:

Attachments:

Sample spec page for 09WLLTCR.pdf

Sample spec page for 09WLLMAXR.pdf

Item Status:
Status Date:

Satisfied - Item: Statement of Variability

Comments:

Attachment:

Statement of Variability.pdf

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

CERTIFICATE OF COMPLIANCE

STATE OF ARKANSAS

09WLLTCR - Acceleration of the Life Insurance Benefit for Qualified Long Term Care Services

09WLLMAXR - Residual Life Insurance Benefit and Continuation of Acceleration Rider

09WLOCLTCU - Outline of Coverage

NB5122US (07/2009) - Application Supplement

I certify to the best of my knowledge and belief as to the accuracy and compliance of this filing; further, I certify that this filing is in compliance with Ark. Code Ann. 23-79-138 which requires that certain information accompany every policy and Regulation 49 which requires that a Life and Health guaranty notice be given to each policyowner.

Also, Regulation 33, in particular Articles VI, VII, IX and XI (if applicable), has been reviewed and our company is in compliance.

August 21, 2009

Date



Helene Landow, FLMI, ACP
Director, Contracts and Compliance

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

COMPLIANCE CERTIFICATION

STATE OF ARKANSAS

Form	Description
09WLLTCR	Acceleration of the Life Insurance Benefit for Qualified Long Term Care Services Rider
09WLLMAXR	Residual Life Insurance Benefit and Continuation of Acceleration Rider
09WLOCLTCU	Outline of Coverage
NB5122US (07/2009)	Application Supplement

John Hancock Life Insurance Company (U.S.A.) hereby certifies to its understanding of the filing requirements of Arkansas Regulation 19 §10B re unfair sex discrimination in the sale of insurance and that this filing meets the provisions of this rule, as well as all applicable requirements of the Arkansas Insurance Department.

August 21, 2009
Date



Helene Landow, FLMI, ACP
Director, Contracts and Compliance



READABILITY CERTIFICATION

I, Helene Landow, an officer of the John Hancock Life Insurance Company U.S.A., hereby certify that the following forms have the following readability scores as calculated by the Flesch Reading Ease Test.

<u>FORM TITLE</u>	<u>FORM #</u>	<u>READABILITY SCORE</u>
Acceleration of Life Insurance Benefit for Qualified Long Term Care services Rider	09WLLTCR	52.9
Residual Life Insurance Benefit And Continuation of Acceleration Rider	09WLLMAXR	52.3
Outline of Coverage	09WLOCLTCU	50.9
Application Supplement	NB5122US (07/2009)	50

A handwritten signature in cursive script that reads "Helene Landow".

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

Date: August 21, 2009



Life Insurance Company (U.S.A.)

[Customer Service Center R02,
1 John Hancock Way, Suite 1350, Boston,
Massachusetts, 02217-1099]

**ACCELERATION OF LIFE INSURANCE BENEFIT FOR QUALIFIED
LONG TERM CARE SERVICES RIDER -- FORM 09WLLTCR
OUTLINE OF COVERAGE**

CAUTION. The issuance of this rider is based upon our issuance of the policy and the responses to the questions on the application for this rider. A copy of the application for the policy and the application for this rider are attached to the policy. If the responses to the questions on the application for this rider are not complete, true, and correctly recorded, we have the right (in addition to any rescission rights described in the policy) to deny benefits or rescind the rider subject to the Time Limit on Certain Defenses/Misrepresentation provision. The best time to clear up any questions is now, before a claim arises! To contact us, write to: John Hancock Life Insurance Company (U.S.A.), [Customer Service Center R02, 1 John Hancock Way, Suite 1350, Boston, Massachusetts, 02217-1099, or call us at 1-800-387-2747].

NOTICE TO BUYER: This rider may not cover all of the costs associated with long term care incurred by the Life Insured during the period of coverage. You are advised to review all benefit limitations carefully.

1. This rider is attached to an individual life insurance policy.

2. **PURPOSE OF OUTLINE OF COVERAGE:**

This Outline of Coverage provides a very brief description of the important features of the rider. The Owner and the Life Insured should compare this Outline of Coverage to outlines of coverage for other policies or riders available to the Life Insured. This is not an insurance contract, but only a summary of coverage. Only the life insurance policy and rider contain governing contractual provisions. This means that the life insurance policy and rider set forth in detail the rights and obligations of you, the Life Insured, and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you READ YOUR POLICY AND RIDER CAREFULLY!

3. **FEDERAL INCOME TAX TREATMENT OF THE RIDER:**

Long term care insurance was granted favorable federal income tax treatment by the Health Insurance Portability and Accountability Act of 1996 ("Act"). Policies meeting certain criteria outlined in this Act are eligible for this treatment. This rider is intended to be a federally tax-qualified long term care insurance contract under Internal Revenue Code ("Code") section 7702B(b). The benefits provided by the policy are intended to be excludable from federal gross income under Code section 7702B, as may be amended from time to time. If, in the future, it is determined that this rider does not meet these requirements, we will make reasonable efforts to amend the rider if we are required to do so in order to comply. We will offer you an opportunity to receive these amendments. Premium for this rider may be a distribution for income tax purposes. If you have any questions concerning the tax implications of this rider, you should consult with an attorney or qualified tax advisor.

4. **TERMS UNDER WHICH THE RIDER MAY BE CONTINUED IN FORCE OR DISCONTINUED:**

RENEWABILITY: THIS RIDER IS NONCANCELLABLE. This means that subject to the terms of the policy and rider, this rider will continue as long as the rider premium is paid when due. In addition, we cannot change any of the terms of the rider without consent and cannot change the rider premium.

5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE THE RIDER PREMIUM**

We do not have the right to increase the rider premium.

6. **TERMS UNDER WHICH THE RIDER MAY BE RETURNED AND RIDER PREMIUM REVERSED**

- (a) THIRTY DAY FREE LOOK. If you or the Life Insured are not completely satisfied with the rider for any reason, you or the Life Insured may return it within 30 days from the date it was delivered. We will then reverse any long term care rider premium imposed, and the rider will be treated as if it had never been issued.
- (b) Refund of Unearned Rider Premiums. As the policy and rider are paid by a single premium and are considered fully paid up, the rider does not provide for a refund or partial refund of premium upon the death of the Life Insured or upon cancellation of the rider.

7. **THIS IS NOT MEDICARE SUPPLEMENT COVERAGE**

If the Life Insured is eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company. Neither the Company nor its agents represent Medicare, the federal government, or any state government.

8. **LONG TERM CARE COVERAGE**

Policies and riders of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventative, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community, or in the home.

The rider provides accelerated benefits for actual charges incurred for care up to the Maximum Monthly Benefit Amount for covered long term care expenses, subject to rider limitations and requirements.

9. **LONG TERM CARE ACCELERATED BENEFITS PROVIDED BY THE RIDER**

(a) Covered Services

Subject to the conditions, limitations, and exclusions found in the rider, we will make a monthly Accelerated Benefit payment in an amount not to exceed the lesser of (i) the charges incurred by the Life Insured for Qualified Long Term Care Services, and (ii) the Maximum Monthly Benefit Amount. The monthly benefit will be payable provided we have received evidence satisfactory to us that the Life Insured has incurred charges for Qualified Long Term Care benefits, as described below.

The monthly benefit payment is based upon Qualified Long Term Care Services received in a Calendar Month time period and the Accelerated Benefit we have approved for that period.

A portion of each approved monthly benefit amount will be used to repay a portion of any Policy Debt under the policy and will reduce the monthly benefit payment for that period.

(b) Qualified Long Term Care Benefits

Subject to the conditions, limitations, and exclusions described in the rider, we will make a payment of Accelerated Benefits in an amount not to exceed the lesser of:

- (1) the charges incurred by the Life Insured for Qualified Long Term Care Services; and
- (2) the Maximum Monthly Benefit Amount.

Payment of Accelerated Benefits is condition upon our receiving evidence satisfactory to us that the Life Insured is:

- (i) confined in a Nursing Home or an Assisted Living Facility for room, board, and care services (such care services being Nursing Care, Custodial Care, and Hospice Care); or
- (ii) receiving Home Health Care, Hospice Care, or Respite Care ; or
- (iii) attending an Adult Day Care Center providing Adult Day Care.

(c) Eligibility for Payment of Benefits

Accelerated Benefit payments may be made under the rider if the Life Insured is a Chronically Ill Individual.

AND

- the 90-day Elimination Period has been satisfied;
- the Life Insured is receiving Qualified Long Term Care Services that are consistent with the Life Insured's care needs and are covered under this rider and such services are specified in a Plan of Care;
- there is a current Plan of Care and written Proof of Loss for the Life Insured, both of which are acceptable to us. (Plan of Care and written Proof of Loss must be renewed and submitted to us every 12 months, otherwise benefit payments under this rider will discontinue on the first day following the end of the 12 month period.); and
- we determine that the Life Insured is eligible for benefits under this rider.

Activities of Daily Living mean the following activities: Bathing, Continenence, Dressing, Eating, Toileting, and Transferring.

Chronically Ill Individual means that the Life Insured:

- (i) is unable to perform without Substantial Assistance from another individual, as certified in writing by a Licensed Health Care Practitioner, at least two of the Activities of Daily Living due to the loss of functional capacity for a period expected to last 90 days; OR
- (ii) requires Substantial Supervision, as certified in writing by a Licensed Health Care Practitioner, to protect him or herself from threats to health and safety due to the presence of a Cognitive Impairment.

Cognitive Impairment means a deficiency in a person's short-term or long-term memory; orientation as to person, place, and time; deductive or abstract reasoning; or judgment as it relates to safety awareness.

Elimination Period (waiting period) means the number of Dates of Service that would otherwise be covered by this rider, for which we will not pay benefits. The Elimination Period is equal to 90 Dates of Service. Only one complete Elimination Period needs to be satisfied while the policy is in force.

The Elimination Period starts on the first Date of Service. No Date of Service may be counted as more than one day towards the satisfaction of the Elimination Period. The Dates of Service used to satisfy the Elimination Period do not need to be consecutive and may be accumulated under separate claims. We will not pay benefits for charges during the Elimination Period.

If the Life Insured receives Home Health Care for one or more days in a Calendar Week, we will apply seven days toward the satisfaction of the Elimination Period. Please note that there will be no credit for days that occur before the first Date of Service. Calendar Week means the seven consecutive day period that begins on Sunday at 12:01 a.m.

10. **LIMITATIONS AND EXCLUSIONS**

In addition to the conditions set forth above, the following limitations and exclusions apply to the rider.

(a) Exclusions. Qualified Long Term Care Services do not cover care or treatment:

- for intentionally self-inflicted injury.
- required as a result of alcoholism or drug addiction (unless drug addiction was a result of the administration of drugs as part of treatment by a Physician).
- due to war (declared or undeclared) or any act of war, or service in any of the armed forces or auxiliary units.
- due to participation in a felony, riot or insurrection.
- for which no charge is normally made in the absence of insurance.
- provided by a member of the Life Insured's Immediate Family unless:

- the family member is one of the following professionals – a duly licensed registered nurse, licensed vocational nurse, licensed practical nurse, physical therapist, occupational therapist, speech therapist, respiratory therapist, licensed social worker, or registered dietician; and
 - the family member is a regular employee of a Nursing Home, Assisted Living Facility, Adult Day Care Center or organization which is providing the services; and
 - the organization receives the payment for the services; and
 - the family member receives no compensation other than the normal compensation for employees in his or her job category.
- provided outside the fifty United States and District of Columbia except as described in the International Coverage Benefit provision of the rider.
- (b) Non-Duplication of Benefits. Qualified Long Term Care Services do not include charges covered under any of the following:
- Medicare (including amounts that would be reimbursable but for the application of a deductible or coinsurance amounts).
 - any other governmental program (except Medicaid).
 - any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law.
 - expenses for services or items available or paid under another long term care insurance or health insurance policy.
- (c) Limitations-Charges not Covered. We will not pay for any of the following: Physician's charges; hospital and laboratory charges; prescription or non-prescription medication; medical supplies; durable medical equipment; transportation; items and services furnished for beautification, comfort, convenience, or entertainment of the Life Insured, room and board charges for independent living quarters in a Continuing Care Retirement Community or similar entity; any type of residential upkeep, construction, renovation, or home maintenance (such as painting or plumbing); lawn/yard care; snow removal; vehicle or equipment upkeep; and charges for care or services which are not included in and/or are inconsistent with the Life Insured's Plan of Care.

THE RIDER MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG TERM CARE NEEDS.

11. RELATIONSHIP OF COST OF CARE AND BENEFITS

Because the costs of long term care services will likely increase over time, you and the Life Insured should consider whether and how the benefits of this rider should be used. ***This rider does not include inflation protection coverage.*** Increases and decreases to the Insurance Benefit of the policy resulting from the exercise of the rights thereunder, including the right to make policy loans and partial surrenders, will cause a change in the Maximum Monthly Benefit Amount and the amount payable upon the Life Insured's death.

12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS

This rider covers charges for services necessitated by brain disorders with demonstrable organic cause (including Alzheimer's Disease and similar forms of senility and irreversible dementia) that result in the Life Insured's Cognitive Impairment.

13. LONG TERM CARE RIDER PREMIUM

The rider premium for the long term care rider is shown in the Policy Specifications page for this rider.

14. ADDITIONAL FEATURES; REINSTATEMENT

(a) Issuance of this coverage may depend upon certain medical information about the Life Insured. This is generally known as medical underwriting.

- (b) This rider provides added protection against termination. If this rider lapses, this rider and policy may be reinstated if requested within 5 months of the date of termination, and if the following conditions are met:
- we are furnished with satisfactory proof that you were unable to perform at least two of the Activities of Daily Living, or had a Cognitive Impairment on the date of termination; and
 - you pay all amounts overdue as stated in the underlying policy.

All rights under this rider will be the same as they were just before the rider terminated.

(c) Effect on the Life Insurance Policy and Rider.

This rider interacts with the life insurance policy to which it is attached. Each rider benefit payment reduces the benefits and values under the life insurance policy. Once benefits are paid under this rider, you and the Life Insured will receive a monthly statement showing the amount of benefits paid and the effect of such payments on the policy insurance benefits and cash values, as well as the maximum rider benefits available. Benefits under this rider affect the life insurance policy as follows.

- Partial Surrenders and Terminal Illness Accelerated Benefit. Any partial surrender or acceleration of the Insurance Benefit due to Terminal Illness, including those made during a Period of Care under this rider, reduces the Maximum Monthly Benefit Amount, resulting in a new Maximum Monthly Benefit Amount, as determined by us. Such reduction will be effective as of the effective date of the partial surrender or acceleration of the Insurance Benefit.
- Insurance Benefit and Face Amount. Each monthly benefit payment reduces the current Face Amount, resulting in a new Face Amount.
- Cash Value. Each Accelerated Benefit amount reduces the current Cash Value, resulting in a new Cash Value.
- Loans. Prior to payment of a monthly Accelerated Benefit payment, a portion of the payment will be used to repay part of any loans under the policy, thus reducing the amount available for long term care expenses.

(d) This rider includes an International Coverage Benefit.

The International Coverage Benefit provides that we will pay the actual charges incurred by the Life Insured for covered Qualified Long Term Care Services up to the Maximum Monthly Benefit Amount for care received outside the United States. The Benefit Period applicable to the International Coverage Benefit is limited to 12 months.

(e) Optional Benefit.

Residual Life Insurance Benefit and Continuation of Acceleration Rider – This acceleration rider provides an initial Residual Life Insurance Benefit and extends the benefit provided by the Acceleration of Life Insurance Benefit for Qualified Long Term Care Services Rider . The benefit for the Residual Life Insurance Benefit and Continuation of the Acceleration Rider becomes effective after monthly benefit payments under the Acceleration Rider cease due to Full Acceleration. The Maximum Monthly Benefit Amount provided by this rider, as of the issue date of the rider, is shown in the Policy Specifications page for this rider.

The Residual Life Insurance Benefit is the amount payable upon receipt of due proof of the Life Insured's death to the extent that the Residual Life Insurance Benefit exceeds the Face Amount under the policy at the time of death. A payment made pursuant to this rider satisfies the Company's obligation under both the policy and this rider.

15. CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU OR THE LIFE INSURED HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG TERM CARE INSURANCE RIDER.

WHOLE LIFE INSURANCE POLICY ACTIVITY **STATEMENT**

Joe Sample
32 Any Road
Boston, MA 02117

Date: July 1, 2009

Policy Number: WL0000000
Date of Issue: May 1, 2005
Name of Insured: Joe Sample

For service: Joe Agent
Please contact: John Hancock Life Insurance Company (U.S.A.)
617-572-0000

POLICY ACTIVITY

On 7/1/09, an Accelerated Benefit payment of \$2,000 was made from your policy.

As a result, the Face Amount of your policy has been reduced from \$100,000 to \$98,000 and the Cash Value of your policy has been reduced from \$20,300 to \$19,894. As of July 1, 2009, the policy had no outstanding indebtedness. The reduction in the Cash Value also reduced the amount available for policy loan to \$18,733.44 from \$19,115.76. The remaining amount of death benefit that may be accelerated is \$98,000 at a maximum monthly rate of \$2,000.

You will receive an updated copy of this statement with your next monthly benefit payment.

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

A LIFE INSURANCE POLICY ILLUSTRATION

A Whole Life Insurance Policy

LifeCare Benefit Cover Page

LifeCare Form: 09SPWL

Presented By: Sample Agent

Illustration Assumptions

Sample

Male - NonSmoker

Age: 35

Face Amount / Acceleration Benefit Rider: \$100,000

Single Premium: \$26,052.58

State: Michigan

Modified Endowment Contract Under TAMRA Starting In Year 1

All Values and Benefits are Guaranteed.

Single Premium Illustrated premium, received on the policy effective date.	\$26,053
Total Qualified Long Term Care Benefit Limit Per the terms of the policy, you may accelerate any portion of your Insurance Benefit to help pay for long term care expenses. The total amount available over the life of your policy is composed of the following: <ul style="list-style-type: none">• Acceleration Benefit Rider: \$100,000• Continuation of Acceleration Benefit Rider: \$100,000	\$200,000
Maximum Monthly Benefit Amount This is the maximum amount available to reimburse covered long term care services in any one calendar month. Covered services include: <ul style="list-style-type: none">• Home Health Care• Nursing Home Care• Assisted Living Care• Adult Day Care	\$4,167
Minimum Qualified Long Term Care Benefit Duration Based on the riders selected, the policy will provide reimbursement for covered long term care expenses for a minimum of 4 Years: <ul style="list-style-type: none">• The Acceleration Benefit Rider provides a 2 year benefit duration; and• The Continuation of Acceleration Benefit Rider provides an additional 2 year benefit duration.	4 Years
Face Amount The guaranteed Face Amount is set at issue. Reimbursements for long term care services will reduce the Insurance Benefit on a dollar-for-dollar basis. Loans and partial surrenders also reduce the Insurance Benefit.	\$100,000
Premium Refund Feature If you surrender your policy within the first six months, 100% of the premium will be refunded provided that no loans or benefits have been paid.	\$26,053
Residual Life Insurance Benefit The Residual Life Insurance Benefit is the minimum amount payable to the beneficiary upon death.	\$5,000

LifeCare is designed to accelerate a portion of the death benefit (subject to a Maximum Monthly Benefit Amount each month), in order to reimburse expenses as a result of the Insured receiving Qualified Long Term Care Services.

Please see the contract for more details.

This is your Basic Illustration and is valid only if all illustration pages are included.

Version: 5.1M[0-4218888-3584-4207552] - 12-16

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

A LIFE INSURANCE POLICY ILLUSTRATION

A Whole Life Insurance Policy

Valuable Information About Your Life Insurance Illustration

LifeCare Form: 09SPWL

Presented By: Sample Agent

Illustration Assumptions

Sample

Male - NonSmoker

Age: 35

Face Amount / Acceleration Benefit Rider: \$100,000

Single Premium: \$26,052.58

State: Michigan

Modified Endowment Contract Under TAMRA Starting In Year 1

Traditional Whole Life Insurance

John Hancock's LifeCare is a single premium permanent life insurance policy with Acceleration Benefit riders that allow the Insurance Benefit to be accelerated to help pay for long term care costs. Benefits and provisions may vary by state. LifeCare's death benefit, cash value and acceleration benefit are all guaranteed, provided the premium is paid and no loans are taken.

Face Amount

The life insurance provided in this illustration reflects an Initial Face Amount of \$100,000. The Face Amount is guaranteed assuming the contract premium is paid. This is the value that is payable upon the death of the insured. The actual amount payable may be decreased by loans, partial surrenders and accelerated benefit payments. Death Benefits are illustrated as of the end of the year (EOY) unless otherwise indicated.

Single Premium

LifeCare has a guaranteed contract premium payable one time only at issue. The single premium is \$26,052.58. This value includes all rider premiums. The actual premium required for this insurance coverage will ultimately depend on the outcome of the underwriting process, and may vary from what is shown on this illustration. If so, you will receive a REVISED BASIC ILLUSTRATION prior to or upon delivery of your insurance contract.

Coverage After the Insured Reaches Age 121

This offers protection from the possibility of outliving coverage. Provided your coverage is in effect on the policy anniversary following the date on which the life insured reaches attained age 121, coverage will continue after 121. Any outstanding policy loans will continue to accrue interest and be deducted.

Cash Value

The Cash Value is guaranteed assuming the single premium is paid. This value is available for loans and partial surrenders. Cash Values are illustrated as of the end of the year (EOY) unless otherwise indicated.

Surrender Value

The Surrender Value is guaranteed assuming the single premium is paid. This value is available as cash upon full surrender of the policy assuming no loans have been taken. Surrender Values are illustrated as of the end of the year (EOY) unless otherwise indicated.

Accessing Policy Value

This policy allows you to access cash values through policy loans and partial surrenders.

Policy Loans

Policy loans may be taken against the cash value at any time. Loan interest is payable in arrears. The loan interest rate is variable and is not guaranteed. It is subject to change annually on the policy anniversary. A change in the loan rate will affect the net cash surrender value and net death benefit. Any loans will reduce the net cash surrender value and net death benefit.

Partial Surrenders

Partial surrenders may be made after the first policy year. Partial surrenders will impact your policy's Cash Value, Surrender Value, Death Benefit and Acceleration Benefit Rider amounts.

Acceleration Benefit Rider

This illustration includes the Acceleration Benefit Rider, which is a Qualified Long Term Care rider that interacts with the life insurance policy to which it is attached. The Acceleration Benefit Rider is designed to accelerate the Face Amount under the policy in order to reimburse expenses as a result of the Life Insured receiving Qualified Long Term Care Services. Such Services include the actual charges incurred, subject to a maximum (described below), by a Nursing Home or Assisted Living Facility for room, board, and care services, a Home Health Care Provider for care and services covered by this rider, and an Adult Day Care Center for attendance at such Adult Day Care Center.

Maximum Monthly Benefit Amount

The Maximum Monthly Benefit Amount is calculated by dividing the Face Amount at time of claim by the

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

A LIFE INSURANCE POLICY ILLUSTRATION

A Whole Life Insurance Policy

Valuable Information About Your Life Insurance Illustration (cont'd)

LifeCare Form: 09SPWL

Presented By: Sample Agent

Illustration Assumptions

Sample

Male - NonSmoker

Age: 35

Face Amount / Acceleration Benefit Rider: \$100,000

Single Premium: \$26,052.58

State: Michigan

Modified Endowment Contract Under TAMRA Starting In Year 1

number of months in the Benefit Period. The Maximum Monthly Benefit Amount shows the amount available if a claim occurs in that particular year. If the Face Amount decreases, due to a partial surrender, the Maximum Monthly Benefit Amount also decreases.

For more than a century, John Hancock has offered security and high quality products to its customers. The company's experience and resources allow it to provide first class financial solutions to customers in every market in which it operates.

Continuation of Acceleration Benefit Rider

The Continuation of Acceleration Benefit Rider may increase your Residual Life Insurance Benefit once the policy's Face Amount is fully accelerated. The Residual Life Insurance Benefit may be used to continue your Acceleration Benefit Rider payments up to an additional \$100,000. The Continuation of Acceleration Benefit Rider also provides that the Life Insurance Benefit will not drop below \$5,000, even after the Face Amount has been fully accelerated.

Taxation of Life Insurance

We suggest that you seek professional counsel regarding the interpretation of current tax laws and accounting practices as they relate to your actual situation. The Technical and Miscellaneous Revenue Act (TAMRA) of 1988 classifies some policies as Modified Endowment Contracts (MECs). Distributions from these policies (excluding death benefits but including policy loans and certain partial surrenders) are taxed differently and may be subject to an IRS 10% penalty tax. TAMRA testing has been performed on the guaranteed scale only.

- The initial annual 7-pay premium for this policy is \$2,890.00.
- Based on our interpretation of TAMRA, this policy as illustrated would be considered a Modified Endowment Contract.

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

LifeCare is issued by John Hancock Life Insurance Company (U.S.A.) of Boston, MA 02117. John Hancock Life Insurance Company (U.S.A.) consistently receives high financial strength ratings from independent rating agencies such as Fitch Ratings, A.M. Best, Standard & Poors, and Moody's. These ratings do not apply to the safety and performance of separate accounts. For more information, please visit our website at www.JohnHancock.com.

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

A LIFE INSURANCE POLICY ILLUSTRATION

A Whole Life Insurance Policy

LifeCare Form: 09SPWL

Basic Illustration Summary

Presented By: Sample Agent

Illustration Assumptions

Sample

Male - NonSmoker

Age: 35

Face Amount / Acceleration Benefit Rider: \$100,000

Single Premium: \$26,052.58

State: Michigan

Modified Endowment Contract Under TAMRA Starting In Year 1

Coverage Summary

Description	Premium
Face Amount: \$100,000	\$15,303.44
Acceleration Benefit Rider Amount (2 Years): \$100,000	\$9,177.14
Continuation of Acceleration Benefit Rider Amount (2 Years): \$100,000	\$1,572.00
Initial Residual Life Insurance Benefit: \$5,000	
Total Single Premium	\$26,052.58

Qualified Long Term Care Benefit

Total Benefit Limit: \$200,000

Minimum Benefit Duration: 4 Years

Maximum Monthly Benefit Amount: \$4,166.67

LifeCare

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

A LIFE INSURANCE POLICY ILLUSTRATION

A Whole Life Insurance Policy

LifeCare Form: 09SPWL

LifeCare Benefit Coverage Summary

Presented By: Sample Agent

Illustration Assumptions

Sample

Male - NonSmoker

Age: 35

Face Amount / Acceleration Benefit Rider: \$100,000

Single Premium: \$26,052.58

State: Michigan

Modified Endowment Contract Under TAMRA Starting In Year 1

Acceleration Coverage Summary

Acceleration Benefit Rider

\$4,167 Maximum Monthly Benefit Amount

Continuation of Acceleration Benefit Rider

\$4,167 Maximum Monthly Benefit Amount

Payable for qualified long term care services:

- Nursing Home Care
- Assisted Living Facilities
- Adult Day Care
- Home Health Care Services (includes Hospice, Respite Care and Homemaker Services)

Extension of Benefits Provision

Should the policy lapse while the Life Insured is receiving continuous uninterrupted benefits in a nursing home, you are still protected.

- LifeCare benefits are paid out until the earliest of the Life Insured leaving the nursing home, the entire death benefit has been accelerated, or the date of the Life Insured's death.
- Once the extension of benefits is initiated, any remaining death benefit from the base policy will no longer be payable.

International Coverage Benefit

The International Coverage Benefit will reimburse expenses as a result of the Life Insured receiving Qualified Long Term Care Services outside the United States. The International Coverage Benefit will help pay for Qualified Long Term Care Services up to an amount equal to 12 times the Maximum Monthly Benefit Amount.

Unique LifeCare Services are included at no charge

Seniorlink* - provides professional and personalized advice on topics such as home care, assisted living, home maintenance and repair services. It offers the resources and guidance to make smart decisions, helping to ease the whole long term care experience.

Advantage List - You can stretch your benefit dollars with this exclusive program designed to provide competitive rates at over 7,500 participating providers

nationwide.

* Seniorlink is not affiliated with John Hancock Life Insurance Company (U.S.A.) and its subsidiaries.

* Seniorlink is the current referral-service provider for John Hancock. This program may be changed or discontinued at any time.

Acceleration Benefit and Continuation of Acceleration Benefit Riders Effect on Policy

The Insurance Benefit and Cash Value will be reduced by any benefit payment. Any remaining Insurance Benefit will be paid to the named beneficiary.

If a policy loan is taken, prior to making an Accelerated Benefit payment, a portion of the payment will be used to repay part of the loan, thus reducing the amount available for LifeCare expenses.

Acceleration Benefit Rider Conditions, Exclusions, Limitations

Conditions

To receive accelerated benefits under this rider,

- a 90 day, one-time Elimination Period must be satisfied,
- the Life Insured must receive Qualified Long Term Care Services,
- you must submit to us certain documentation, including a current plan of care and written proof of loss,
- we must determine that the Life Insured is eligible for benefits under this rider, and
- you must provide us with written certification from a Licensed Health Care Practitioner.

Exclusions

Acceleration Benefit Rider does not cover care or treatment:

- for intentionally self-inflicted injury
- for alcoholism or drug addiction,
- due to declared or undeclared war or any act of war or service in any of the armed forces or auxiliary units,

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

A LIFE INSURANCE POLICY ILLUSTRATION

A Whole Life Insurance Policy

LifeCare Form: 09SPWL

LifeCare Benefit Coverage Summary (cont'd)

Presented By: Sample Agent

Illustration Assumptions

Sample

Face Amount / Acceleration Benefit Rider: \$100,000

Male - NonSmoker

Single Premium: \$26,052.58

Age: 35

State: Michigan

Modified Endowment Contract Under TAMRA Starting In Year 1

- due to participation in a felony, riot or insurrection,
- for situations when no charge is normally made in the absence of insurance,
- for services provided by a member of the Life Insured's immediate family, unless certain conditions, as outlined in the rider, are satisfied; and
- for services provided outside the fifty United States and the District of Columbia except as described in the International Coverage Benefit provision of the rider.

Limitations

We will not pay Accelerated Benefits for Qualified Long Term Care Services incurred during the Elimination Period, or for any care, treatment, or charges described in the non-duplication of benefits or exclusion provisions. We will not pay Accelerated Benefits in excess of the Maximum Monthly Benefit Amount for any Calendar Month during any period of care, and may modify coverage under the rider following reinstatement.

This rider does not include inflation protection coverage.

All Accelerated Benefit payments are intended to be excludable from income under current federal law. However, we believe the premiums for this benefit may be considered a policy distribution, and therefore may be taxable in certain situations.

LifeCare

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

A LIFE INSURANCE POLICY ILLUSTRATION

A Whole Life Insurance Policy

LifeCare Form: 09SPWL

Guaranteed Detailed Policy Values

Presented By: Sample Agent

Illustration Assumptions

Sample
Male - NonSmoker
Age: 35

Face Amount / Acceleration Benefit Rider: \$100,000
Single Premium: \$26,052.58
State: Michigan

Modified Endowment Contract Under TAMRA Starting In Year 1

Guaranteed Values						
Policy Year	EOY Age	Single Premium	Cash Value	Surrender Value*	Death Benefit	Total Acceleration Benefit**
1	36	26,053	18,049	25,092	100,000	200,000
2	37	0	18,759	25,802	100,000	200,000
3	38	0	19,496	26,053	100,000	200,000
4	39	0	20,260	26,053	100,000	200,000
5	40	0	21,052	26,053	100,000	200,000
6	41	0	21,872	26,053	100,000	200,000
7	42	0	22,720	26,053	100,000	200,000
8	43	0	23,595	26,053	100,000	200,000
9	44	0	24,497	26,053	100,000	200,000
10	45	0	25,425	26,053	100,000	200,000
Totals:		26,053				
11	46	0	26,379	26,379	100,000	200,000
12	47	0	27,362	27,362	100,000	200,000
13	48	0	28,377	28,377	100,000	200,000
14	49	0	29,431	29,431	100,000	200,000
15	50	0	30,521	30,521	100,000	200,000
16	51	0	31,646	31,646	100,000	200,000
17	52	0	32,805	32,805	100,000	200,000
18	53	0	33,993	33,993	100,000	200,000
19	54	0	35,211	35,211	100,000	200,000
20	55	0	36,452	36,452	100,000	200,000
Totals:		26,053				
21	56	0	37,716	37,716	100,000	200,000
22	57	0	39,003	39,003	100,000	200,000
23	58	0	40,317	40,317	100,000	200,000
24	59	0	41,663	41,663	100,000	200,000
25	60	0	43,037	43,037	100,000	200,000
26	61	0	44,433	44,433	100,000	200,000
27	62	0	45,844	45,844	100,000	200,000
28	63	0	47,266	47,266	100,000	200,000
29	64	0	48,695	48,695	100,000	200,000
30	65	0	50,134	50,134	100,000	200,000
Totals:		26,053				

* Based upon full surrender and no loans or partial surrenders are taken.

** Includes Continuation of Acceleration Benefit Rider.

This is your Basic Illustration and is valid only if all illustration pages are included.

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

A LIFE INSURANCE POLICY ILLUSTRATION

A Whole Life Insurance Policy

LifeCare Form: 09SPWL

Guaranteed Detailed Policy Values (cont'd)

Presented By: Sample Agent

Illustration Assumptions

Sample
Male - NonSmoker
Age: 35

Face Amount / Acceleration Benefit Rider: \$100,000
Single Premium: \$26,052.58
State: Michigan

Modified Endowment Contract Under TAMRA Starting In Year 1

		Guaranteed Values					Total
Policy Year	EOY Age	Single Premium	Cash Value	Surrender Value*	Death Benefit	Acceleration Benefit**	
31	66	0	51,585	51,585	100,000	200,000	
32	67	0	53,051	53,051	100,000	200,000	
33	68	0	54,535	54,535	100,000	200,000	
34	69	0	56,040	56,040	100,000	200,000	
35	70	0	57,562	57,562	100,000	200,000	
36	71	0	59,096	59,096	100,000	200,000	
37	72	0	60,629	60,629	100,000	200,000	
38	73	0	62,154	62,154	100,000	200,000	
39	74	0	63,672	63,672	100,000	200,000	
40	75	0	65,185	65,185	100,000	200,000	
Totals:		26,053					
41	76	0	66,693	66,693	100,000	200,000	
42	77	0	68,189	68,189	100,000	200,000	
43	78	0	69,666	69,666	100,000	200,000	
44	79	0	71,110	71,110	100,000	200,000	
45	80	0	72,515	72,515	100,000	200,000	
46	81	0	73,876	73,876	100,000	200,000	
47	82	0	75,191	75,191	100,000	200,000	
48	83	0	76,464	76,464	100,000	200,000	
49	84	0	77,692	77,692	100,000	200,000	
50	85	0	78,871	78,871	100,000	200,000	
Totals:		26,053					
51	86	0	79,991	79,991	100,000	200,000	
52	87	0	81,046	81,046	100,000	200,000	
53	88	0	82,031	82,031	100,000	200,000	
54	89	0	82,943	82,943	100,000	200,000	
55	90	0	83,781	83,781	100,000	200,000	
56	91	0	84,557	84,557	100,000	200,000	
57	92	0	85,285	85,285	100,000	200,000	
58	93	0	85,964	85,964	100,000	200,000	
59	94	0	86,590	86,590	100,000	200,000	
60	95	0	87,152	87,152	100,000	200,000	
Totals:		26,053					

* Based upon full surrender and no loans or partial surrenders are taken.

** Includes Continuation of Acceleration Benefit Rider.

This is your Basic Illustration and is valid only if all illustration pages are included.

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

A LIFE INSURANCE POLICY ILLUSTRATION

A Whole Life Insurance Policy

LifeCare Form: 09SPWL

Guaranteed Detailed Policy Values (cont'd)

Presented By: Sample Agent

Illustration Assumptions

Sample
Male - NonSmoker
Age: 35

Face Amount / Acceleration Benefit Rider: \$100,000
Single Premium: \$26,052.58
State: Michigan

Modified Endowment Contract Under TAMRA Starting In Year 1

Guaranteed Values						
Policy Year	EOY Age	Single Premium	Cash Value	Surrender Value*	Death Benefit	Total Acceleration Benefit**
61	96	0	87,654	87,654	100,000	200,000
62	97	0	88,098	88,098	100,000	200,000
63	98	0	88,459	88,459	100,000	200,000
64	99	0	88,687	88,687	100,000	200,000
65	100	0	88,697	88,697	100,000	200,000
66	101	0	89,120	89,120	100,000	200,000
67	102	0	89,535	89,535	100,000	200,000
68	103	0	89,940	89,940	100,000	200,000
69	104	0	90,335	90,335	100,000	200,000
70	105	0	90,719	90,719	100,000	200,000
Totals:		26,053				
71	106	0	91,093	91,093	100,000	200,000
72	107	0	91,458	91,458	100,000	200,000
73	108	0	91,813	91,813	100,000	200,000
74	109	0	92,158	92,158	100,000	200,000
75	110	0	92,492	92,492	100,000	200,000
76	111	0	92,816	92,816	100,000	200,000
77	112	0	93,129	93,129	100,000	200,000
78	113	0	93,431	93,431	100,000	200,000
79	114	0	93,723	93,723	100,000	200,000
80	115	0	94,004	94,004	100,000	200,000
Totals:		26,053				
81	116	0	94,274	94,274	100,000	200,000
82	117	0	94,533	94,533	100,000	200,000
83	118	0	94,782	94,782	100,000	200,000
84	119	0	95,019	95,019	100,000	200,000
85	120	0	95,238	95,238	100,000	200,000
86	121	0	100,000	100,000	100,000	200,000
Totals:		26,053				

* Based upon full surrender and no loans or partial surrenders are taken.

** Includes Continuation of Acceleration Benefit Rider.

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

A LIFE INSURANCE POLICY ILLUSTRATION

A Whole Life Insurance Policy

LifeCare Form: 09SPWL

Guaranteed Detailed Policy Values (cont'd)

Presented By: Sample Agent

Illustration Assumptions

Sample

Male - NonSmoker

Age: 35

Face Amount / Acceleration Benefit Rider: \$100,000

Single Premium: \$26,052.58

State: Michigan

Modified Endowment Contract Under TAMRA Starting In Year 1

Applicant's signature

By signing here, you acknowledge that:

- you have received a copy of this illustration
- you understand that the risk classification, premium and values shown in this illustration may change as a result of the underwriting of your application

Representative's signature

By signing here, the representative certifies that:

- this illustration has been presented to the applicant unaltered
- no statements have been made that are inconsistent with the illustration

Applicant's signature

Date(mm/dd/yyyy)

Representative's signature

Date(mm/dd/yyyy)

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

* Based upon full surrender and no loans or partial surrenders are taken.

** Includes Continuation of Acceleration Benefit Rider.

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

A LIFE INSURANCE POLICY ILLUSTRATION

A Whole Life Insurance Policy

LifeCare Form: 09SPWL

Modified Endowment Information Page

Presented By: Sample Agent

Illustration Assumptions

Sample

Male - NonSmoker

Age: 35

Face Amount / Acceleration Benefit Rider: \$100,000

Single Premium: \$26,052.58

State: Michigan

Modified Endowment Contract Under TAMRA Starting In Year 1

The Technical and Miscellaneous Revenue Act

(TAMRA) is a law that was established to determine the tax consequences of income received from a life insurance policy during the lifetime of the insured.

TAMRA makes a distinction, based upon the amount of premium paid, between a policy purchased primarily for a death benefit from one that was purchased primarily as an investment.

of your own tax and legal counsel regarding the application of current and proposed tax laws and accounting practices as they relate to your actual situation.

A policy that is funded in excess of the 7-pay premium limits is considered to be a "Modified Endowment Contract" or MEC. While all life insurance policies have numerous tax advantages, loans and surrenders from a MEC are taxed less favorably than those from non-MECs.

Based upon our current interpretation of TAMRA, this policy will become a MEC in year 1 because you will have paid more than the 7-pay premium limit during the first 7 years. The 7-pay premium summary below illustrates this.

Initial 7-Pay Premium Test

- Based on the Death Benefit of \$100,000 in Year 1
- 7-Pay Premium \$2,890.00

Taxation of a Modified Endowment Contract

There are still substantial tax benefits associated with your policy even though it is a MEC:

- Death benefits are received income tax free.
- Your policy cash values grow on an income tax deferred basis.
- With appropriate planning, death benefits are also received estate tax free.

Premiums paid for the Acceleration Benefit and the Continuation of Acceleration Benefit Riders will reduce the cost basis in your policy.

Important Notice

This information is not intended to provide you with tax or legal advice. We encourage you to seek the advice

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

A LIFE INSURANCE POLICY ILLUSTRATION

A Whole Life Insurance Policy

LifeCare Form: 09SPWL

Input Summary ~~ Internal Use Only ~~ Internal Use Only ~~

Presented By: Sample Agent

Illustration Assumptions

Sample Face Amount / Acceleration Benefit Rider: \$100,000
Male - NonSmoker Single Premium: \$26,052.58
Age: 35 State: Michigan
Modified Endowment Contract Under TAMRA Starting In Year 1

Product & Concept

Concept Ledger
Approved in Michigan
Product Type Traditional Life -- Single Life
Product Life Care 2009

Policy Design

Insured Name Sample
Sex Male
Issue Age / Birthdate 35
State Michigan
Risk Class NonSmoker
Total Face Amount 100,000
Premium Solve
Estimated Policy Issue Date Today + 1 Month
LTC Benefit Length 4 Years
LifeCare Benefit Max None
Rating
Agent Name Sample Agent

Optional Reports

Optional Reports Yes
Input Summary Yes

LifeCare

John Hancock used the fully allocated expense method to test and verify all products for compliance with the NAIC Life Insurance Illustration Model Regulation.

1. POLICY SPECIFICATIONS (CONTINUED) - POLICY 12 345 674

SUPPLEMENTARY BENEFITS

BENEFIT	ACCELERATION OF THE LIFE INSURANCE BENEFIT FOR QUALIFIED LONG TERM CARE SERVICES RIDER		
LIFE INSURED	[JOHN J. DOE]		
RISK CLASSIFICATION	[NON-SMOKER]		
BENEFIT PERIOD	[24 MONTHS]		
MAXIMUM MONTHLY BENEFIT AMOUNT	AS DETERMINED BY THE MAXIMUM MONTHLY BENEFIT AMOUNT PROVISION		
RIDER PREMIUM	SINGLE PREMIUM	\$[9,177.14]	
PREMIUM REFUND	POLICY MONTH	ACCELERATION RIDER REFUND PERCENTAGE	
	1 - 6	100.00%	
	7 - 12	[66.15%]	
	13 - 18	[65.60%]	
	19 - 24	[65.60%]	
	25 - 30	[65.03%]	
	31 - 36	[65.03%]	
	37 - 42	[100.00%]	
	43 - 48	[100.00%]	
	49+	[100.00%]	

1. POLICY SPECIFICATIONS (CONTINUED) - POLICY 12 345 674

SUPPLEMENTARY BENEFITS

BENEFIT	RESIDUAL LIFE INSURANCE BENEFIT AND CONTINUATION OF ACCELERATION RIDER	
LIFE INSURED	[JOHN J. DOE]	
RISK CLASSIFICATION	[NON-SMOKER]	
BENEFIT PERIOD	[24 MONTHS]	
MAXIMUM MONTHLY BENEFIT AMOUNT (MMBA)	\$ [4,166.67]	
CONTINUATION OF ACCELERATION PREMIUM	SINGLE PREMIUM	\$ [1,469.04]
RESIDUAL LIFE PREMIUM	SINGLE PREMIUM	\$ [102.96]
PREMIUM REFUND	POLICY MONTH	CONTINUATION OF ACCELERATION RIDER REFUND PERCENTAGE
	1 - 6	100.00%
	7 - 12	[66.15%]
	13 - 18	[65.60%]
	19 - 24	[65.60%]
	25 - 30	[65.03%]
	31 - 36	[65.03%]
	37 - 42	[100.00%]
	43 - 48	[100.00%]
	49+	[100.00%]

Statement of Variability

Rider - Form 09WLLTCR

Page	Section	Description
1	Caution statement	The address of the Company's Servicing Office and the toll free number is bracketed as it may be changed in the future
9	Claims Request for Accelerated Benefit Section	The address of the Company's Servicing Office and the toll free number is bracketed as it may be changed in the future
10	Claims Appeals Section	The address for appeals is bracketed as it may be changed in the future
12	Officer signature and title	Signature and title is bracketed due to potential officer changes

Rider - Form 09WLLMAXR

Page	Section	Description
4	Officer signature and title	Signature and title is bracketed due to potential officer changes

Outline of Coverage – Form 09WLOCLTCU

Page	Section	Description
1	Header	The address of the Company's Servicing Office is bracketed as it may be changed in the future
1	Caution statement	The address of the Company's Servicing Office and the toll free number is bracketed as it may be changed in the future

Application Supplement – Form NB5122US (07/2009)

Page	Section	Description
1	Header	The address of the Company's Servicing Office is bracketed as it may be changed in the future