

SERFF Tracking Number: MANU-126136998 State: Arkansas  
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 42270  
Company Tracking Number: NB5033US (03/2009) - MEDICAL EXAM  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: NB5033US (03/2009) - Medical Exam  
Project Name/Number: NB5033US (03/2009) - Medical Exam/NB5033US (03/2009) - Medical Exam

## Filing at a Glance

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

Product Name: NB5033US (03/2009) - Medical SERFF Tr Num: MANU-126136998 State: Arkansas  
Exam

TOI: L08 Life - Other

SERFF Status: Closed-Approved- State Tr Num: 42270  
Closed

Sub-TOI: L08.000 Life - Other

Co Tr Num: NB5033US (03/2009) - State Status: Approved-Closed  
MEDICAL EXAM

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Helene Landow, Karren Phair, Debbie Tom, Jacqueline Lau  
Disposition Date: 05/11/2009

Date Submitted: 05/04/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: NB5033US (03/2009) - Medical Exam  
Project Number: NB5033US (03/2009) - Medical Exam  
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized  
Date Approved in Domicile:  
Domicile Status Comments: Exempt in  
Michigan

Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Filing Status Changed: 05/11/2009

Market Type: Individual  
Group Market Size:  
Group Market Type:  
Explanation for Other Group Market Type:  
State Status Changed: 05/11/2009  
Created By: Jacqueline Lau  
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Jacqueline Lau

Filing Description:

Submission Date :May 04, 2009

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

SERFF Tracking # MANU-126136998

Analyst : Jacqueline Lau

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## INDIVIDUAL LIFE

### Application Form NB5033US (03/2009) – Medical Exam

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

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

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

NB5033US (12/2007), Medical Exam is used to determine the proposed life insured's insurability for older age applicants and/or for large amounts of life insurance as part of our underwriting requirements. It is completed by paramedical/medical facilities to gather the person's medical history.

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

Enclosures: Statement of Variability  
Filing Fee (EFT)  
Flesch Score Certificate

## Company and Contact

### Filing Contact Information

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

### Filing Company Information

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

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(416) 926-3000 ext. [Phone]

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (U.S.A.)	\$20.00	05/04/2009	27618503

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/11/2009	05/11/2009

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Correction to description	Note To Reviewer	Jacqueline Lau	05/04/2009	05/04/2009

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## Disposition

Disposition Date: 05/11/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.



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**Note To Reviewer**

**Created By:**

Jacqueline Lau on 05/04/2009 03:10 PM

**Last Edited By:**

Linda Bird

**Submitted On:**

05/11/2009 01:09 PM

**Subject:**

Correction to description

**Comments:**

Please note the 4th paragraph on the general description is incorrect. The application form number should read "(03/2009)" and not "(12/2007)".

Thank you.

Sincerely,

J.Lau

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## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	NB5033US (03/2009)	Application/Medical Exam Enrollment Form	Initial		40.000	NB5033US.pdf



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

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

This form is part of the Application for Life Insurance for the Proposed Life Insured.  
Notice of Disclosure of Information form NB5006 must be used with this Medical Exam if it is being submitted on its own without the main application.  
Print and use black ink. 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 1935  
First Middle Last month day year

c) Social Security/Tax ID Number 1 2 3 4 5 6 7 8 9 d) Sex  Male  Female

**SMOKING STATUS**

2. Have you ever used tobacco or nicotine products in any form (including cigarettes, cigars, cigarillos, a pipe, chewing tobacco, nicotine patches or gum)?  
 Yes  No If 'Yes', provide details below.

Product:	Frequency:	Current	Past	Date Last Used		
				month	day	year
Cigarettes _____	pack(s)/day	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Cigars _____	x /day	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Other: _____	x /day	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

**FAMILY QUESTIONS**

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

4. Please provide the following details.

L I M M E D I A T E	Family History	Age	Give Details of Present State of Health
	Father	69	GOOD HEALTH
	Mother	67	GOOD HEALTH
	Brothers & Sisters		

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

5. a) Name and Address of Personal or Attending Physician

ARTHUR H. SMITH  
First Middle Last

123 MAIN STREET, ANYTOWN, ANYSTATE 12347  
Street No. & Name Suite No. City State Zip code

b) Telephone No. 905 123-8765

c) Date last consulted JAN 15 2008 Reason for consultation ANNUAL CHECK-UP Diagnosis/Result of visit \_\_\_\_\_  
month day year

d) List any medications (prescription or nonprescription) you are taking currently  
VASOTEC, ZANTAC, NAPROSYN, PEPCID

## HEALTH QUESTIONS

Please complete  
Details for 'Yes'  
answers on  
page 3.

6. **Within the last 10 years, have you had symptoms of, or been told by a physician that you have had or have:**
- a) Chest pain, angina, congestive heart failure, heart attack, shortness of breath, heart murmur, high blood pressure, irregular heart beat, heart valve disease or any other disease or disorder of the heart or arteries?  Yes  No
  - b) Aneurysm, transient ischemic attack (TIA), stroke, or peripheral vascular disease?  Yes  No
  - c) Diabetes, elevated blood sugar or glucose intolerance or disease of any glands?  Yes  No
  - d) Seizures, fainting, dizziness, epilepsy, convulsions or paralysis?  Yes  No
  - e) Any nervous, mental or emotional disorder, or received counseling for anxiety, depression, stress, or any other emotional condition?  Yes  No
  - f) Alzheimer's disease, dementia, memory loss or organic brain syndrome?  Yes  No
  - g) Multiple sclerosis (MS), muscular dystrophy, ALS (Lou Gehrig's disease), Parkinson's disease or tremors?  Yes  No
  - h) Injuries due to falls or imbalance?  Yes  No
  - i) Arthritis, gout, chronic fatigue, fibromyalgia, myalgia, osteoporosis, fractures, or any other bone, joint or muscle disorder?  Yes  No
  - j) Asthma, sleep apnea, bronchitis, pneumonia, emphysema, chronic obstructive lung disease or any other lung disorder?  Yes  No
  - k) Cirrhosis, hepatitis, ulcer, colitis, diverticulitis, Crohn's disease, or other disease of the liver, gall bladder, pancreas, stomach or intestines?  Yes  No
  - l) Disease of the prostate, testicles, uterus, cervix, ovaries or breasts?  Yes  No
  - m) Anemia, bleeding or clotting disorder, recurrent infection, or any problem, disease or disorder of the immune system, blood, blood cells or bone marrow or any lymph node disorders?  Yes  No
  - n) Disease of the urinary tract, bladder or kidneys, sugar, protein or blood in the urine?  Yes  No
  - o) Cancer, leukemia, lymphoma, malignant melanoma or tumors of any kind, malignant or benign?  Yes  No
  - p) Any other health impairment or medically treated condition?  Yes  No
7. **Within the last 10 years have you had:**
- a) an operation or admission to a hospital or any other health care facility for observation and/or treatment of any illness, disease or accident?  Yes  No
  - b) any diagnostic tests (e.g. blood, urine, EKGs, x-rays etc), whether conducted on an in-patient or out-patient basis?  Yes  No
8. Within the last 10 years have you been diagnosed or treated by a physician as having Acquired Immune Deficiency Syndrome (AIDS) or tested positive for the Human Immunodeficiency Virus (HIV)?  Yes  No
9. Do you:
- a) have any symptom or medical concern for which you have not consulted a physician or had any consultation, testing or investigation recommended by a physician which has not yet been completed?  Yes  No
  - b) consume alcoholic beverages?  Never  Currently  In the past
- Complete if **Currently** was selected in 9 b)

Type of beverage	Frequency	Quantity

Complete if **In the past** was selected in 9 b)

Date Stopped \_\_\_\_\_ month \_\_\_\_\_ year

Reason Stopped \_\_\_\_\_
10. **Within the last 10 years have you:**
- a) been advised to limit or discontinue the use of alcohol or drugs, sought or received treatment counseling or participated in a support group?  Yes  No
  - b) used or tested positive for marijuana, cocaine, heroin, amphetamines, or hallucinogens?  Yes  No
  - c) used any tranquilizers, sedatives or narcotic drugs or any prescription drug except in accordance with physician's instructions?  Yes  No



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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> flesch ak.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Application		
<b>Comments:</b> This form will used with the main application form NB5000US (12/2007) Application for Life Insurance which was approved by your state on February 11, 2008 under SERFF Tracking # MANU-125381606.		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Statement of Variability		
<b>Comments:</b>		
<b>Attachment:</b> Statement of Variability.pdf		

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

**CERTIFICATE OF COMPLIANCE**

**FOR THE STATE OF ALASKA**

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

<b>FORM NUMBER</b>	<b>READABILITY SCORE</b>
NB5033US (03/2009)	40*

\*Joint score for application and policy combined.

May 04, 2009  
Date

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

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

**STATEMENT OF VARIABILITY**

**May 04, 2009**

**MEDICAL EXAM**

**FORM NB5033US (03/2009)**

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