

SERFF Tracking Number: MANU-127157933 State: Arkansas  
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 48731  
Company Tracking Number: NB5015US (04/2011)  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: NB5015US (04/2011)  
Project Name/Number: NB5015US (04/2011)/NB5015US (04/2011)

## Filing at a Glance

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

Product Name: NB5015US (04/2011)

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: MANU-127157933 State: Arkansas

SERFF Status: Closed-Approved- State Tr Num: 48731  
Closed

Co Tr Num: NB5015US (04/2011) State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Helene Landow, Karren Disposition Date: 05/13/2011

Phair, Debbie Tom, Jacqueline Lau,  
Virginia Bove

Date Submitted: 05/10/2011

Disposition Status: Approved-  
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: NB5015US (04/2011)

Project Number: NB5015US (04/2011)

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Jacqueline Lau

Filing Description:

INDIVIDUAL LIFE

Application Form NB5015US (04/2011) – Authorization to Obtain Information

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments: State of Domicile:  
Michigan

Market Type: Individual

Individual Market Type:

Filing Status Changed: 05/13/2011

State Status Changed: 05/13/2011

Created By: Virginia Bove

Corresponding Filing Tracking Number:

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.

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

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standards. The form will be available electronically for completion and submission either in printed or electronic format, providing the option for wet or electronic signature, without change in the pre-formatted content.

NB5015US (04/2011), Authorization to Obtain Information is used to obtain a proposed insured(s) authorization to collect necessary information when a supplemental form is submitted on its own and separate from the main application form.

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

We trust the form is acceptable to you and look forward to your state's approval in the usual manner. If you have any questions or concerns, please contact me at 416-852-4127 (collect) or via e-mail at virginia\_bove@jhancock.com.

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

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No

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Fee Explanation: \$50.00 per form  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (U.S.A.)	\$50.00	05/10/2011	47423243

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/13/2011	05/13/2011

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## Disposition

Disposition Date: 05/13/2011

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		No
Supporting Document	Statement of Variability		Yes
Form	Authorization to Obtain Information		Yes

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## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	NB5015US (04/2011)	Application/ Authorization to Enrollment Obtain Information Form	Initial		0.000	NB5015US.pdf



LIFE INSURANCE

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

**Authorization to Obtain Information**  
**John Hancock Life Insurance Company (U.S.A.)**  
(hereinafter referred to as The Company)

Print and use black ink. Any changes must be initialed by the Proposed Life Insured(s).

**PROPOSED LIFE INSURED LIFE ONE**

Name	First	Middle	Last
	<b>JOHN</b>	<b>M.</b>	<b>DOE</b>

**PROPOSED LIFE INSURED LIFE TWO**

Name	First	Middle	Last

**AUTHORIZATION TO OBTAIN INFORMATION**

I/We, the Proposed Life Insured(s), authorize:

1. The Company to obtain consumer reports including but not limited to motor vehicle records and investigative consumer reports on me/us.
2. Any medical professional, medical care provider, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, insurance company, the MIB, Inc. or any other similar person or organization to give The Company and its reinsurers information about me/us or any minor child/children who are to be insured. The information collected by The Company may relate to the symptoms, examination, diagnosis, treatment or prognosis of any physical or mental condition.
3. Any financial professional, CPA, attorney, personal banker or any other similar person or organization to give The Company and its reinsurers financial/net worth information about me/us.

I/We authorize The Company to disclose such information and any information developed during its evaluation of my/our application to: (a) its reinsurers; (b) the MIB, Inc.; (c) other insurance companies as designated by me/us; (d) me/us; (e) my/our insurance agent, when that agent is seeking insurance coverage through The Company on my/our behalf; (f) any medical professional designated by me/us; or (g) any person or entity entitled to receive such information by law or as I/We may further consent.

I/We acknowledge receipt of the Notice of Disclosure of Information relating to the underwriting process, investigative consumer reports and the MIB, Inc. This authorization will be valid for two years from the date shown below. A photocopy of this authorization will be as valid as the original.

Information collected under this authorization will be used by The Company to evaluate my/our application for insurance, to evaluate a claim for benefits, or for reinsurance or other insurance purposes.

I am/We are entitled, or my/our authorized representative is entitled, to a copy of this authorization.

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

Signed at	City	State	This	Day of	Year
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<b>X</b>	<b>X</b>
Signature of Proposed Life Insured One (Parent or Guardian if under age 15)	Signature of Proposed Life Insured Two

**X**  
Signature of Agent/Registered Representative

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> flesch ar.pdf		
<b>Satisfied - Item:</b> Statement of Variability <b>Comments:</b> <b>Attachment:</b> SOV - US.pdf		

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

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

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

<b>FORM NUMBER</b>	<b>READABILITY SCORE</b>
NB5015US (04/2011)	40*

\*Joint score for application and policy combined.

May 10, 2011  
Date

  
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Helene Landow, FLMI, ACP  
Director, Contracts and Compliance

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

**STATEMENT OF VARIABILITY**

**May 9, 2011**

**AUTHORIZATION TO OBTAIN INFORMATION**

**FORM NB5015US (04/2011)**

<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.