

State: Arkansas **Filing Company:** John Hancock Life Insurance Company (USA)
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home & Home Health Care/LTC05I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: Custom Care III - Benefit Builder - GD/

Filing at a Glance

Company: John Hancock Life Insurance Company (USA)
Product Name: Individual Long-Term Care Insurance
State: Arkansas
TOI: LTC05I Individual Long Term Care - Nursing Home & Home Health Care
Sub-TOI: LTC05I.001 Qualified
Filing Type: Form/Rate
Date Submitted: 01/25/2013
SERFF Tr Num: MULF-128862846
SERFF Status: Closed-Approved
State Tr Num:
State Status: Approved-Closed
Co Tr Num: CCIII WITH BB - GD 2012

Implementation: On Approval
Date Requested:
Author(s): Michelle Fluet, Pat Hamlett, Joanne Witham
Reviewer(s): Donna Lambert (primary)
Disposition Date: 01/31/2013
Disposition Status: Approved
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** John Hancock Life Insurance Company (USA)
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home & Home Health Care/LTC05I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: Custom Care III - Benefit Builder - GD/

General Information

Project Name: Custom Care III - Benefit Builder - GD

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Joanne Witham

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Michigan our domicile state is a member of the Interstate Insurance Compact. This product is currently pending with the IIPRC.

Market Type: Individual

Individual Market Type:

Filing Status Changed: 01/31/2013

State Status Changed: 01/31/2013

Created By: Joanne Witham

Corresponding Filing Tracking Number:

Filing Description:

We enclose the above referenced actuarial memo and related forms for your review and approval. This memo, rate schedules and forms are new and do not replace our existing product LTC-11 AR. For the time being we will continue to market our LTC-11 AR product globally, once our gender distinct rates and product are approved and implemented we intend to limit the availability of this product to the employer space. If there is any change in the target market we will inform you prior.

Rates

We are submitting gender specific rates for this long-term care product, Custom Care III (CCIII) featuring Benefit Builder, to reflect the differences in our morbidity, mortality, and lapse experience between males and females. The benefit design, product and rider features remain the same as those included in the previous CCIII with Benefit Builder filed with and approved by your department last year.

Please note since the last the review previous review our LTC-11 AR version of the Actuarial Memorandum the following has been revised.

- revised Benefit Builder Inflation Option portfolio rate of return description
- replaced the term "Non-Fixed Income" with "Other Assets"
- Partner Discount - A partner discount of 30% is available for married couples or family members of the same generation or domestic partners (of the same or opposite sex) who have lived together for at least 3 years and if both individuals apply at the same time and are approved for coverage and accept the policies under the same policy form.

Forms

Policy LTC-12 AR - We are also submitting a clone of our existing LTC-11 AR policy to be used with the new gender specific rates. The changes we have made include:

- A new policy form number
- Incorporation of recently approved endorsement provision for Waiver of Elimination Period for Hospice Care, into the policy and
- Revised the Misstatement of Age provision to include Sex.

Outline of Coverage OCLTC-12 AR - We are submitting the outline of coverage to support the new policy form.

Application LTC-APPGD12 AR - This application is similar to previously approved version of our application; we have added some additional fields.

Previously Approved Forms

We would like to continue to use many of the previously approved forms, approved for use with policy form LTC-11 AR.

Please refer to Appendix B for the list of forms.

The following items are included in this submission:

- * the submission letter.

State: Arkansas **Filing Company:** John Hancock Life Insurance Company (USA)
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home & Home Health Care/LTC05I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: Custom Care III - Benefit Builder - GD/

* all actuarial material.

Thank you for your time and consideration in this matter. Please feel free to contact me with any questions.

Company and Contact

Filing Contact Information

Joanne Witham , jwitham@jhancock.com
 200 Berkeley Street 617-572-0281 [Phone]
 Boston, MA 02117 617-572-0399 [FAX]

Filing Company Information

John Hancock Life Insurance Company (USA)	CoCode: 65838	State of Domicile: Michigan
200 Berkeley Street	Group Code: 904	Company Type:
Boston, MA 02176	Group Name:	State ID Number:
(617) 572-6000 ext. [Phone]	FEIN Number: 01-0233346	

Filing Fees

Fee Required? Yes
 Fee Amount: \$200.00
 Retaliatory? No
 Fee Explanation: Rates \$50 x 1 = \$50
 Forms \$50 x 3 = \$150
 Per Company: No

Company	Amount	Date Processed	Transaction #
John Hancock Life Insurance Company (USA)	\$200.00	01/25/2013	66880046

State: Arkansas
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home & Home Health Care/LTC05I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: Custom Care III - Benefit Builder - GD/

Filing Company: John Hancock Life Insurance Company (USA)

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	01/31/2013	01/31/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Donna Lambert	01/30/2013	01/30/2013
Pending Industry Response	Donna Lambert	01/29/2013	01/29/2013
Pending Industry Response	Donna Lambert	01/28/2013	01/28/2013

Response Letters

Responded By	Created On	Date Submitted
Michelle Fluet	01/30/2013	01/30/2013
Michelle Fluet	01/29/2013	01/29/2013
Joanne Witham	01/29/2013	01/29/2013

State: Arkansas **Filing Company:** John Hancock Life Insurance Company (USA)
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home & Home Health Care/LTC05I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: Custom Care III - Benefit Builder - GD/

Disposition

Disposition Date: 01/31/2013

Implementation Date:

Status: Approved

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
John Hancock Life Insurance Company (USA)	%	%				%	%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	Yes
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	CCIII w/Benefit Builder GD Policy	Approved	Yes
Form	CCIII w/BB GD Application	Approved	Yes
Form	CCIII w/BB GD Outline of Coverage	Approved	Yes
Rate (revised)	Actuarial Memo and Rates	Approved	No
Rate	Actuarial Memo and Rates	Replaced	Yes
Rate	Actuarial Memo and Rates	Replaced	Yes
Rate	Actuarial Memo and Rates	Replaced	Yes

State: Arkansas **Filing Company:** John Hancock Life Insurance Company (USA)
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home & Home Health Care/LTC05I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: Custom Care III - Benefit Builder - GD/

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	01/30/2013
Submitted Date	01/30/2013
Respond By Date	02/01/2013

Dear Joanne Witham ,

Introduction:

The file named "AR BB Net Single Premiums 01.24.2013.xls" is still in an Excel format.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

State: Arkansas **Filing Company:** John Hancock Life Insurance Company (USA)
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home & Home Health Care/LTC05I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: Custom Care III - Benefit Builder - GD/

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	01/29/2013
Submitted Date	01/29/2013
Respond By Date	02/28/2013

Dear Joanne Witham ,

Introduction:

Please attach the rates in a PDF document.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

State: Arkansas **Filing Company:** John Hancock Life Insurance Company (USA)
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home & Home Health Care/LTC05I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: Custom Care III - Benefit Builder - GD/

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	01/28/2013
Submitted Date	01/28/2013
Respond By Date	02/28/2013

Dear Joanne Witham ,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- Actuarial Memo and Rates, [LTC-12 AR] (Rate)

Comments: The Actuarial Memorandum should not be included with the rates or attached to the Rate/Rule tab. Rates are public information and are correctly attached to the Rate/Rule tab. When the Actuarial Memorandum is attached to the Supporting Documentation tab, it will remain confidential. The Rate/Rule tab is to contain only public information.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

State: Arkansas **Filing Company:** John Hancock Life Insurance Company (USA)
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home & Home Health Care/LTC05I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: Custom Care III - Benefit Builder - GD/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/30/2013
Submitted Date	01/30/2013

Dear Donna Lambert,

Introduction:

Thank you for your letter.

Response 1

Comments:

The file named "AR BB Net Single Premiums 01.24.2013.xls" has now been provided in a PDF format.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

State: Arkansas

Filing Company:

John Hancock Life Insurance Company (USA)

TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home & Home Health Care/LTC05I.001 Qualified

Product Name: Individual Long-Term Care Insurance

Project Name/Number: Custom Care III - Benefit Builder - GD/

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Actuarial Memo and Rates	LTC-12 AR	New		Final Rates for Filing_AR_GenderDistinct_1 30124.pdf, AR BB Net Single Premiums 01.24.2013.pdf,	01/30/2013 By: Michelle Fluet
<i>Previous Version</i>						
1	Actuarial Memo and Rates	LTC-12 AR	New		AR BB Net Single Premiums 01.24.2013.xls, Final Rates for Filing_AR_GenderDistinct_1 30124.pdf,	01/29/2013 By: Michelle Fluet
<i>Previous Version</i>						
1	Actuarial Memo and Rates	LTC-12 AR	New		AR BB Net Single Premiums 01.24.2013.xls, Final Rates for Filing_AR_GenderDistinct_1 30124.xls,	01/29/2013 By: Joanne Witham
<i>Previous Version</i>						
1	Actuarial Memo and Rates	LTC-12 AR	New		AR LTC-12 GD Actuarial Memorandum 01.24.2013.pdf, AR BB Net Single Premiums 01.24.2013.xls,	01/25/2013 By: Joanne Witham

Conclusion:

Should you have any additional questions or concerns, please do not hesitate to contact us.

Sincerely,

Michelle Fluet

State: Arkansas **Filing Company:** John Hancock Life Insurance Company (USA)
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home & Home Health Care/LTC05I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: Custom Care III - Benefit Builder - GD/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/29/2013
Submitted Date	01/29/2013

Dear Donna Lambert,

Introduction:

Thank you for your letter.

Response 1

Comments:

We have provided the rates in a PDF format as requested.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

State: Arkansas

Filing Company:

John Hancock Life Insurance Company (USA)

TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home & Home Health Care/LTC05I.001 Qualified

Product Name: Individual Long-Term Care Insurance

Project Name/Number: Custom Care III - Benefit Builder - GD/

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Actuarial Memo and Rates	LTC-12 AR	New		AR BB Net Single Premiums 01.24.2013.xls, Final Rates for Filing_AR_GenderDistinct_1 30124.pdf,	01/29/2013 By: Michelle Fluet
<i>Previous Version</i>						
1	Actuarial Memo and Rates	LTC-12 AR	New		AR BB Net Single Premiums 01.24.2013.xls, Final Rates for Filing_AR_GenderDistinct_1 30124.xls,	01/29/2013 By: Joanne Witham
<i>Previous Version</i>						
1	Actuarial Memo and Rates	LTC-12 AR	New		AR LTC-12 GD Actuarial Memorandum 01.24.2013.pdf, AR BB Net Single Premiums 01.24.2013.xls,	01/25/2013 By: Joanne Witham

Conclusion:

Should you have any additional questions or concerns, please do not hesitate to contact us.

Sincerely,

Michelle Fluet

State: Arkansas **Filing Company:** John Hancock Life Insurance Company (USA)
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home & Home Health Care/LTC05I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: Custom Care III - Benefit Builder - GD/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/29/2013
Submitted Date	01/29/2013

Dear Donna Lambert,

Introduction:

Response 1

Comments:

We have removed the Actuarial Memorandum from the Rate/Rule tab and attached only the rates.

Related Objection 1

Applies To:

- Actuarial Memo and Rates, [LTC-12 AR] (Rate)

Comments: The Actuarial Memorandum should not be included with the rates or attached to the Rate/Rule tab. Rates are public information and are correctly attached to the Rate/Rule tab. When the Actuarial Memorandum is attached to the Supporting Documentation tab, it will remain confidential. The Rate/Rule tab is to contain only public information.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

State: Arkansas

Filing Company:

John Hancock Life Insurance Company (USA)

TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home & Home Health Care/LTC05I.001 Qualified

Product Name: Individual Long-Term Care Insurance

Project Name/Number: Custom Care III - Benefit Builder - GD/

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Actuarial Memo and Rates	LTC-12 AR	New		AR BB Net Single Premiums 01.24.2013.xls, Final Rates for Filing_AR_GenderDistinct_1 30124.xls,	01/29/2013 By: Joanne Witham
<i>Previous Version</i>						
1	<i>Actuarial Memo and Rates</i>	<i>LTC-12 AR</i>	<i>New</i>		<i>AR LTC-12 GD Actuarial Memorandum 01.24.2013.pdf, AR BB Net Single Premiums 01.24.2013.xls,</i>	<i>01/25/2013 By: Joanne Witham</i>

Conclusion:

Sincerely,
Joanne Witham

State: Arkansas
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home & Home Health Care/LTC05I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: Custom Care III - Benefit Builder - GD/

Filing Company: John Hancock Life Insurance Company (USA)

Form Schedule

Lead Form Number: LTC-12 AR								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved 01/28/2013	CCIII w/Benefit Builder GD Policy	LTC-12 AR	POL	Initial			CERTIFICATION OF READABILITY.pdf
2	Approved 01/28/2013	CCIII w/BB GD Application	LTC-APP12 AR	AEF	Initial			LTC-APPGD 12 AR.pdf
3	Approved 01/28/2013	CCIII w/BB GD Outline of Coverage	OCLTC-12 AR	OUT	Initial			OCLTC-12 AR.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

**CERTIFICATION OF READABILITY
State of Arkansas**

Policy Form	LTC-12 AR
Application	LTC-APPGD12 AR
Outline of Coverage	OCLTC-12 AR

I certify that to the best of my knowledge and belief, the above-referenced form(s) meet or exceed the readability, legibility, and format requirements of any applicable laws and regulations in the state of Arkansas

1/25/2013
Date

Marie Roche, Assistant Vice President
Name and title of officer of the Issuer



Signature of officer of the Issuer

APPLICATION FOR INDIVIDUAL LONG-TERM CARE INSURANCE

John Hancock Life Insurance Company (U.S.A.)
[1 John Hancock Place, Boston, MA 02217
1-800-377-7311]

[Control # A _____]

Control # B _____]



If you are applying as an individual please complete Applicant A information.

PART 1 ABOUT YOU

APPLICANT A

1a. Name

Last Name _____

First Name _____ M.I. _____

1b. Street Address

Number Street, Apt. # _____

City, State, Zip _____

1c. Contact Information

Telephone # _____

Best Time To Call _____ AM _____ PM

Email Address _____

1d. Alternate Payor Name (if different than applicant)

Name _____

Number Street, Apt. # _____

City, State, Zip _____

1e. Country and Date of Birth

Country of Birth _____

Country of Citizenship _____

DOB (mm/dd/yyyy) _____

1f. Sex

Male Female

1g. Height _____' _____" **Weight** _____lbs

[1h. Social Security Number

_____-_____-_____]

APPLICANT B

1a. Name

Last Name _____

First Name _____ M.I. _____

1b. Street Address Same as Applicant A

Number Street, Apt. # _____

City, State, Zip _____

1c. Contact Information Same as Applicant A

Telephone # _____

Best Time To Call _____ AM _____ PM

Email Address _____

1d. Alternate Payor Name (if different than applicant)

Same as Applicant A

Name _____

Number Street, Apt. # _____

City, State, Zip _____

1e. Country and Date of Birth

Country of Birth _____

Country of Citizenship _____

DOB (mm/dd/yyyy) _____

1f. Sex

Male Female

1g. Height _____' _____" **Weight** _____lbs

[1h. Social Security Number

_____-_____-_____]

The applicant(s) must initial any corrections made to this application.

PART 3 INSURABILITY QUESTIONS (Underwriting Questions)

SECTION A – Should You Proceed with This Application?

<i>Please check YES or NO beside each question below.</i>		Applicant A		Applicant B	
		YES	NO	YES	NO
3a.	Do you currently have, or have you ever received medical advice, been diagnosed, examined or treated by a member of the medical profession for any of the following conditions: (check all that apply) <input type="checkbox"/> Alzheimer's Disease <input type="checkbox"/> Amyotrophic Lateral Sclerosis <input type="checkbox"/> Cognitive Impairment <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Dementia <input type="checkbox"/> Diabetes treated with insulin or with amputation or ongoing complications that affect the kidney <input type="checkbox"/> Huntington's Disease <input type="checkbox"/> Memory Loss <input type="checkbox"/> Mental Retardation <input type="checkbox"/> Multiple Myeloma <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Possible Multiple Sclerosis <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Neurological conditions affecting the brain or spinal cord <input type="checkbox"/> Parkinson's Disease <input type="checkbox"/> Polyneuropathy <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Scleroderma <input type="checkbox"/> Spinal Cord Injury <input type="checkbox"/> Stroke/CVA <input type="checkbox"/> Transient Ischemic Attacks (TIAs) (2 or more)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b.	Do you require mechanical or human assistance or supervision of any kind in any of the following activities: eating, dressing, toileting, transferring from bed to chair, walking, maintaining continence, and bathing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3c.	Do you currently reside in, have you been advised to enter, or are you planning to enter a nursing home, assisted living facility, rehabilitation facility or other custodial facility, or are you currently receiving home health care services or attending adult day care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3d.	Do you currently use any of the following medical devices: wheelchair, walker, hospital bed, quad cane, crutches, oxygen, stairlift, or dialysis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3e.	Have you been diagnosed or treated by a member of the medical profession for HIV (Human Immunodeficiency Virus), AIDS (Acquired Immune Deficiency Syndrome) or AIDS Related Complex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE NOTE BEFORE YOU CONTINUE WITH THIS APPLICATION:

*If you answered YES to any of the questions in PART 3, SECTION A, we suggest you do not submit an application.
If you answered NO to every question, please continue.*

SECTION B – Medical History

		Applicant A		Applicant B	
		YES	NO	YES	NO
3f.	In the last 18 months, have you been treated, examined or advised by a member of the medical profession? (If yes, complete the information below).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant A/B	Date Last Seen	Physician Name	Street Address	City, State, Zip	

PART 3 INSURABILITY QUESTIONS (Underwriting Questions)

SECTION B - Medical History (Please answer each question and provide details in the Medical History Details.

Applicant A		Applicant B	
YES	NO	YES	NO

3g. Have you seen a primary care physician in the past three years? (If yes, complete the information below).

Applicant A	Applicant B
Date Last Seen _____	Date Last Seen _____
Physician Name _____	Physician Name _____
Street Address _____	Street Address _____
City, State, Zip _____	City, State, Zip _____
Telephone # _____	Telephone # _____

3h. Have you used tobacco products (cigarettes, pipe, cigar, or chewing tobacco) in the last 12 months?

3i. Within the last 5 years, have you received medical advice, been diagnosed, examined or treated by a member of the medical profession for any of the following conditions?

Please check each that applies and provide details in the Medical History Details.

- | | |
|---|---|
| <p>1. Circulatory Disorders: <input type="checkbox"/> Amaurosis Fugax <input type="checkbox"/> Aneurysm <input type="checkbox"/> Blood Clots
 <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Carotid Artery Disease <input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> Coronary Artery Disease
 <input type="checkbox"/> Embolisms <input type="checkbox"/> Heart Arrhythmias <input type="checkbox"/> High Blood Pressure
 <input type="checkbox"/> Peripheral Vascular Disease <input type="checkbox"/> Stroke/CVA <input type="checkbox"/> Transient Ischemic Attack
 <input type="checkbox"/> Valvular Disease</p> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <p>2. Endocrine and Pituitary Disorders: <input type="checkbox"/> Diabetes <input type="checkbox"/> Addison's Disease
 <input type="checkbox"/> Pancreatitis <input type="checkbox"/> Cushing's Disease</p> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <p>3. Cancers: <input type="checkbox"/> Leukemia <input type="checkbox"/> Lymphoma <input type="checkbox"/> Tumors <input type="checkbox"/> Melanoma <input type="checkbox"/> Squamous Cell
 <input type="checkbox"/> Sarcomas <input type="checkbox"/> Multiple Myeloma</p> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <p>4. Genitourinary Disorders: <input type="checkbox"/> Renal Insufficiency <input type="checkbox"/> Kidney Failure <input type="checkbox"/> Incontinence
 <input type="checkbox"/> Prostate Disorders <input type="checkbox"/> Bladder Disorders</p> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <p>5. Gastrointestinal Disorders: <input type="checkbox"/> Hepatitis <input type="checkbox"/> Ulcerative Colitis <input type="checkbox"/> Crohn's Disease
 <input type="checkbox"/> Liver Disorders <input type="checkbox"/> Cirrhosis</p> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <p>6. Neurological Disorders: <input type="checkbox"/> Alzheimer's Disease <input type="checkbox"/> Amyotrophic Lateral Sclerosis
 <input type="checkbox"/> Anxiety <input type="checkbox"/> Cerebral Atrophy <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Chronic Fatigue Syndrome
 <input type="checkbox"/> Cognitive Impairment <input type="checkbox"/> Dementia <input type="checkbox"/> Depression <input type="checkbox"/> Huntington's Disease
 <input type="checkbox"/> Memory Loss <input type="checkbox"/> Mental Illness <input type="checkbox"/> Mental Retardation <input type="checkbox"/> Possible Multiple Sclerosis
 <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Myasthenia Gravis
 <input type="checkbox"/> Neurological conditions affecting the brain or spinal cord <input type="checkbox"/> Neuropathy
 <input type="checkbox"/> Parkinson's Disease <input type="checkbox"/> Polyneuropathy <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Seizures
 <input type="checkbox"/> Spinal Cord Injury <input type="checkbox"/> Syncope <input type="checkbox"/> Tremors</p> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <p>7. Blood Disorders: <input type="checkbox"/> Anemia, <input type="checkbox"/> Leukopenia <input type="checkbox"/> Polycythemia Vera
 <input type="checkbox"/> Thrombocytopenia <input type="checkbox"/> Hemochromatosis</p> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <p>8. Musculoskeletal Disorders: <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Arthritis <input type="checkbox"/> Rheumatoid Arthritis
 <input type="checkbox"/> Osteoarthritis <input type="checkbox"/> Fractures <input type="checkbox"/> Fibromyalgia <input type="checkbox"/> Degenerative Joint Disease
 <input type="checkbox"/> Scoliosis <input type="checkbox"/> Spinal Stenosis <input type="checkbox"/> Lupus <input type="checkbox"/> Polymyalgia Rheumatica <input type="checkbox"/> Osteopenia
 <input type="checkbox"/> Paralysis <input type="checkbox"/> Crest <input type="checkbox"/> Scleroderma</p> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <p>9. Respiratory Disorders: <input type="checkbox"/> Emphysema, <input type="checkbox"/> Bronchitis <input type="checkbox"/> Asthma <input type="checkbox"/> Bronchiectasis
 <input type="checkbox"/> Asbestosis <input type="checkbox"/> Sarcoidosis <input type="checkbox"/> Chronic Obstructive Pulmonary Disease
 <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Pulmonary Fibrosis</p> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PART 3 INSURABILITY QUESTIONS (Underwriting Questions)

SECTION B – Medical History (continued)

Applicant A Applicant B
 YES NO YES NO

3i. (cont.) Within the last 5 years, have you received medical advice, been diagnosed, examined or treated by member of the medical profession for any of the following conditions?

Please check each that applies and provide details in the Medical History Details.

10. **Eye & Ear Disorders:** Macular Degeneration Glaucoma Retinitis Pigmentosa
Labrynthitis Meniere's/Vertigo

11. **Substance Abuse:** Alcohol Use Alcoholism Drug dependency Illicit drug use

3j. Within the last 5 years have you been hospitalized or been treated by a member of the medical profession for any reason not previously stated?

3k. Within the last 5 years, has any surgery or test(s) been recommended and not performed or any medication been prescribed and not taken?

3l. Have you ever had an application for life, accident, medical or health, disability or long-term care insurance declined, postponed, modified or rated? If YES list medical reason:
 Applicant A: _____
 Applicant B: _____

3m. Within the last 5 years have you applied for or are you receiving any disability benefits?
 Applicant A: Type _____ Percentage _____ Medical Reason _____
 Applicant B: Type _____ Percentage _____ Medical Reason _____

3n. Have any of your family members (mother, father or siblings) been diagnosed or treated by a member of the medical profession for any of the following conditions?
 (Please indicate all that apply)
Alzheimer's Disease Amyotrophic Lateral Sclerosis (Lou Gehrig's) Dementia Diabetes
Heart Disease Huntington's Disease Parkinson's Disease Stroke

[LIFESTYLE (PLEASE COMPLETE THIS SECTION IF YOU ARE 64 OR YOUNGER.)

3o. Are you currently employed? If yes, what is your occupation? _____

3p. In the past 10 years have you done or in the future, do you intend within the next 2 years to do any of the following activities? Skin/scuba Diving, Parachuting, Motorized racing, Rock/mountain climbing, Boxing?

Applicant A/B	Activity Type	Frequency Per Year

3q. In the past 5 years, have you been convicted of two or more felony motor vehicle moving violations or had a driver's license suspended or revoked?
 If yes, license # and state. Applicant A _____ Applicant B _____

PART 3 INSURABILITY QUESTIONS (Underwriting Questions)

SECTION B – Medical History (continued)

MEDICAL HISTORY DETAILS

If you answered YES to any of questions 3i-3m, provide full details below. Attach a separate sheet if you need additional space.

Applicant A

Diagnosis/ Disorder/ Reason	Diagnosis Date	Treatment Date(s)	Name, Address, Tel# of Physician, Provider, and/or Insurer (if applicable) and Comments

Applicant B

Diagnosis/ Disorder/ Reason	Diagnosis Date	Treatment Date(s)	Name, Address, Tel# of Physician, Provider, and/or Insurer (if applicable) and Comments

PART 3 INSURABILITY QUESTIONS (Underwriting Questions)

SECTION B – Medical History (continued)

MEDICAL HISTORY DETAILS

If you answered YES to 3n provide full details below. Attach a separate sheet if you need additional space.

Applicant A

Diagnosis	Relationship (eg. Mother)	Age of Onset

Applicant B

Diagnosis	Relationship (eg. Mother)	Age of Onset

3r. MEDICATIONS

List all prescription medications taken or that have been prescribed to you at any time over the past 18 months.

Applicant A

Name of Medication	Dosage	Frequency	Reason Prescribed	Physician Name

Applicant B

Name of Medication	Dosage	Frequency	Reason Prescribed	Physician Name

FRAUD NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement.

PART 4 COVERAGE SELECTION - [Product Name]

4a. Benefit Amount [(select either Daily or Monthly)]	Applicant A	Applicant B
<input type="checkbox"/> Daily Benefit (\$50-\$500 in \$10 increments)	\$	\$
<input type="checkbox"/> Monthly Benefit Amount (\$1,500 -\$15,000 in \$100 increments)]
4b. Benefit Period (select one)	<input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> 4 Years <input type="checkbox"/> 5 Years <input type="checkbox"/> 6 Years <input type="checkbox"/> 10 Years	<input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> 4 Years <input type="checkbox"/> 5 Years <input type="checkbox"/> 6 Years <input type="checkbox"/> 10 Years]
4c. Elimination Period (Dates of Service)	<input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days <input type="checkbox"/> 180 Days <input type="checkbox"/> 365 Days	<input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days <input type="checkbox"/> 180 Days <input type="checkbox"/> 365 Days]
4d. Inflation Protection Options	<input type="checkbox"/> Benefit Builder * <input type="checkbox"/> CPI Compound Inflation <input type="checkbox"/> CPI Compound to Age 75 <input type="checkbox"/> 5% Compound Inflation <input type="checkbox"/> 3% Compound Inflation	<input type="checkbox"/> Benefit Builder * <input type="checkbox"/> CPI Compound Inflation <input type="checkbox"/> CPI Compound to Age 75] <input type="checkbox"/> 5% Compound Inflation <input type="checkbox"/> 3% Compound Inflation]
<p><i>[* This is the default if you do not select an inflation protection option].</i></p> <p>Rejection of Inflation I have reviewed the outline of coverage and the graphs that compare benefits and premiums of this policy with and without inflation protection. Specifically, I have reviewed the 5% Compound Inflation and I reject this inflation option.</p>	<p><i>You must check the box below if you did not select 5% Compound Inflation.</i></p> <input type="checkbox"/> I reject 5% Compound Inflation	<p><i>You must check the box below if you did not select 5% Compound Inflation</i></p> <input type="checkbox"/> I reject 5% Compound Inflation
4e. Optional Benefits	<input type="checkbox"/> Shared Care <input type="checkbox"/> Survivorship and Waiver of Premium	<input type="checkbox"/> Shared Care <input type="checkbox"/> Survivorship and Waiver of Premium]
<p>[If you selected [Shared Care or Survivorship and Waiver of Premium], and your Spouse, Partner or immediate family member is not applying at this same time, does he/she currently have an existing John Hancock individual LTC insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide Name, Policy # or SSN. _____]</p>		
	<input type="checkbox"/> Waiver of HHC Elimination Period <input type="checkbox"/> Additional Cash Benefit <input type="checkbox"/> Nonforfeiture	<input type="checkbox"/> Waiver of HHC Elimination Period <input type="checkbox"/> Additional Cash Benefit] <input type="checkbox"/> Nonforfeiture
<p>Rejection of Nonforfeiture I have reviewed the outline of coverage and the Nonforfeiture benefit described therein. Specifically, I have reviewed this optional benefit available to me and I reject the Nonforfeiture benefit.</p>	<p><i>You must check the box below if you did not select Nonforfeiture.</i></p> <input type="checkbox"/> I reject Nonforfeiture	<p><i>You must check the box below if you did not select Nonforfeiture.</i></p> <input type="checkbox"/> I reject Nonforfeiture

PART 5 PREMIUM PAYMENT AND ADMINISTRATION

	Applicant A	Applicant B
5a. Premium Payment Option	<input checked="" type="checkbox"/> Standard Pay (Paid-up at Age 95)	<input checked="" type="checkbox"/> Standard Pay (Paid-up at Age 95)

[5b. Payment Method

Please select one of the following for each applicant.

1. Select a mode of payment

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Annual | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Semi-Annual | <input type="checkbox"/> Semi-Annual |
| <input type="checkbox"/> Quarterly | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Monthly |

2. Payment Type

**Monthly mode of payment not available*

- | | |
|---|---|
| <input type="checkbox"/> Direct Bill* | <input type="checkbox"/> Direct Bill* |
| <input type="checkbox"/> Bank Draft
(Electronic Fund Transfer) | <input type="checkbox"/> Bank Draft
(Electronic Fund Transfer) |

Please include a voided check and complete form ADP for Bank Draft.

An Advance Payment is required.

I have enclosed my advance payment in the amount of \$_____ (minimum of one month's modal premium)

Please make checks payable to John Hancock Life Insurance Company (U.S.A.). Do not make check payable to the agent or leave the payee blank. Your advance payment check will be held in a non-interest bearing account while we underwrite your application.

3. Is this a List Bill?

- | | | | |
|------------------------------|-----------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|------------------------------|-----------------------------|

Please check if this is a new List Bill.

Group Number:	_____	_____
Group Name:	_____	_____]

PART 6 INSURANCE HISTORY

		Applicant A		Applicant B	
		YES	NO	YES	NO
6a	Are you covered by Medicaid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b.	Have you had another LTC insurance policy/certificate in-force during the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		If YES, insurance company name: _____		_____	
		If lapsed, date of lapse: _____		_____	
6c.	Do you have another LTC insurance policy or certificate in-force (including a healthcare service, health maintenance, or Medicare supplement contract)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please provide the information below:					

Applicant A/B	Insurance Company	Policy/Certificate #	Annual Premium	Daily/Monthly Benefit	LTC Insurance? Yes/No

6d. Do you intend to replace any of your LTC, medical or health insurance coverage with the policy for which you are applying? YES NO YES NO

If YES, insurance company name: _____

PART 7 PROTECTION AGAINST UNINTENDED LAPSE

I understand that I have the right to name another person to receive Notice of Lapse/Termination of my insurance policy for non-payment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid.

Applicant A

- I elect NOT to designate any person to receive such notice, or
- I elect to designate the person below to receive such notice.

Name of Person _____

Number Street, Apt. # _____

City, State, Zip Code _____

Applicant B

- I elect NOT to designate any person to receive such notice, or
- I elect to designate the person below to receive such notice.

Name of Person _____

Number Street, Apt. # _____

City, State, Zip Code _____

PART 8 SPECIAL REQUESTS

GENERAL AGREEMENT & ACKNOWLEDGMENT

I understand and agree as follows:

- 1. I have received the Outline of Coverage, Notice of Insurance Information Practices, Long-Term Care Insurance Personal Worksheet, Things You Should Know Before You Buy Long Term Care Insurance, the Potential Rate Increase Disclosure, the Shopper's Guide to Long-Term Care Insurance and a Replacement Notice (if replacing coverage) and the Guide to Health Insurance for People with Medicare (if eligible for Medicare).
2. In order for the underwriting of this application to proceed, this application and all underwriting requirements must be complete.
3. No agent or medical examiner has the authority from John Hancock to accept any risk, determine insurability, or waive or change any requirements or questions on this application.
4. John Hancock Life Insurance Company (U.S.A.) ("John Hancock") may require an attending physician statement, medical records, an underwriting assessment, a medical examination, motor vehicle report or other questionnaire or test.
5. I have read and reviewed the application. My statements and answers on this application are true, complete and correctly recorded to the best of my knowledge. They are representations and not warranties, and will be part of and form the basis of my policy being issued.
6. [Under the Benefit Builder option (if included in my policy), I understand that portfolio rates of return are not guaranteed and there will be little or no benefit increase in the early years of my policy.]

PREMIUM AGREEMENT AND AUTHORIZATION

I understand and agree that:

- 1. Completing this application or making an advance payment is not a guarantee that my application will be approved. If approved, the effective date will be indicated in the policy issued.
2. If my application is declined, the long-term care insurance coverage applied for will not become effective and any advance payment submitted with the application will be refunded to me, without interest.
3. If making an advance payment, my check(s) will be held in a non-interest bearing account while John Hancock reviews this application for acceptance.
4. By making an advance payment by check with this application, my health status will be frozen as of the later of: the date I sign this application or the date I complete all physical exams or tests required by John Hancock, if applicable. This means that any change in my health that occurs after the date my health status is frozen will not affect the underwriting of my application. In addition, if my application is approved, my eligibility for benefits may begin on the date my health status was frozen. [I understand that if no advance payment is made with the application, any subsequent change in health status before delivery of the policy should be communicated to John Hancock in writing and will affect my insurability.]
5. If bank draft is the selected method of payment, the first draft will occur on the day the policy is issued (policy is system created) by John Hancock. Subsequent drafts will occur on the selected draft day requested on form ADP for Bank Draft.
6. In order to keep my policy in force, I must pay all the required premiums when due. The premium deducted or charged will be as shown on the policy or the most recent change notice issued to the policyholder by John Hancock.
7. I understand that premium rates are not guaranteed and may be increased in the future if I am among the group of policyholders whose premiums are determined to be inadequate.
8. I authorize John Hancock to deduct from my bank all required premiums, based upon my selected method of payment as shown in Part 5, indefinitely until I provide written notice of cancellation to John Hancock at servicing address stated in the policy, after allowing a reasonable time to act upon my notification. I agree to contact John Hancock if there are any changes to my account information. John Hancock reserves the right to terminate this payment plan at any time.

CAUTION: IF YOUR ANSWERS ON THIS APPLICATION ARE INCORRECT OR UNTRUE, JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A) MAY HAVE THE RIGHT TO DENY BENEFITS OR RESCIND YOUR COVERAGE.

Applicant A

Applicant B

X _____

X _____

Signature

Signature

Signed at (City & State)

Date

Signed at (City & State)

Date

PART 10 PRODUCER/AGENT'S STATEMENT

10a. **Replacement:** To the best of my knowledge, replacement of other insurance (check box) involved in this transaction.

	Applicant A	Applicant B
	<input type="checkbox"/> Is <input type="checkbox"/> Is Not	<input type="checkbox"/> Is <input type="checkbox"/> Is Not

Listed below are all other health insurance policies I have (i) sold to the Applicant(s) which are still in force; and (ii) sold to the Applicant(s) in the last five years which are no longer in force.

Applicant A/B	Company	Type of Policy	Effective Date	In-Force?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

	Applicant A	Applicant B
Please indicate the Underwriting Risk Classification quoted:	<input type="checkbox"/> Preferred	<input type="checkbox"/> Preferred
<i>Note: LTC Underwriting will determine the appropriate risk class regardless of that quoted to the applicant. We will communicate any change.</i>	<input type="checkbox"/> Select	<input type="checkbox"/> Select
	<input type="checkbox"/> Class 1	<input type="checkbox"/> Class 1
	<input type="checkbox"/> Class 2	<input type="checkbox"/> Class 2

I certify that I am duly licensed, appointed (when required), and have completed the required initial and ongoing training (where required) to solicit this application for long-term care insurance in this state.

Signature of Licensed Producer: _____

Producer Name (Please print): _____ Date: _____

Please attach the Illustration presented to the Applicant(s).

Outline of Coverage

Long-Term Care Insurance Outline Of Coverage – [Custom Care III featuring Benefit Builder] Policy Series LTC-12 AR

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

[LTC Administrative Office
1 John Hancock Way, Suite 1700, Boston MA 02217-1700]



CAUTION: The issuance of this long-term care insurance Policy is based upon Your responses to the questions on Your application. A copy of Your application is enclosed. If Your answers are incorrect or untrue, the company has the right to deny benefits or rescind Your Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact the company at this address: John Hancock Life Insurance Company (U.S.A.), [LTC Administrative Office, 1 John Hancock Way, Suite 1700, Boston MA 02217-1700] or call Us at [1-800-377-7311].

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

1. This Policy is an individual policy of insurance.

2. PURPOSE OF OUTLINE OF COVERAGE.

This Outline of Coverage provides a very brief description of the important features of this Policy. You should compare this Outline of Coverage to outlines of coverage for other policies available to You. This is not an insurance contract, but only a summary of coverage. Only the individual Policy contains governing contractual provisions. This means that the Policy sets forth in detail the rights and obligations of both You and the insurance company. Therefore, if You purchase this coverage, or any other coverage, it is important that You READ YOUR POLICY CAREFULLY!

3. FEDERAL TAX CONSEQUENCES.

This Policy is intended to be a qualified long-term care contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.

Long-term care insurance was granted favorable federal income tax treatment in the Health Insurance Portability and Accountability Act of 1996. Policies meeting certain criteria outlined in this Act are eligible for this treatment. To the best of Our knowledge, We have designed this Policy to meet the requirements of this law. If, in the future, it is determined that this Policy does not meet these requirements, We will make every reasonable effort to amend the Policy if We are required to do so in order to gain such favorable federal income tax treatment. We will offer you an opportunity to receive these amendments.

4. TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED

(a) RENEWABILITY: THIS POLICY IS GUARANTEED RENEWABLE. PREMIUMS ARE NOT GUARANTEED TO REMAIN UNCHANGED.

This means You have the right, subject to the terms of Your Policy to continue this Policy as long as You pay Your premiums on time. John Hancock cannot change any of the terms of Your Policy on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.

(b) WAIVER OF PREMIUM.

We will waive the payment of premiums under this Policy if You have received services for which benefits are payable under the Long-Term Care Benefit. The waiver period will start the day after Your Elimination Period has been satisfied and will end on the date when benefits are no longer payable. The premium will not be waived, however, if benefits are only being received under the Stay at Home Benefit or Care Advisory Services Benefit, or the Alternate Services Benefit.

5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS.**

PREMIUMS ARE NOT GUARANTEED TO REMAIN UNCHANGED. We reserve the right to increase Your premium as of any premium due date; however, any changes in premium rates must apply to all similar policies issued in Your state on this Policy form. In addition, premium rates cannot be raised more frequently than once in every twelve month period. This means We cannot single You out for an increase because of Your advancing age, declining health, claim status or for any other reason related solely to you. However, Your rates may go up based on the experience of all policyholders with a policy similar to Yours. We will give You at least 60 days written notice before We change premiums.

6. **TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUMS REFUNDED**

(a) **THIRTY DAY FREE LOOK.**

If You are not completely satisfied with this Policy for any reason, You may return it within 30 days from the date it was delivered to You. We will refund any premium paid within 30 days of the return, and the Policy will be treated as if it had never been issued.

(b) **REFUND OF UNEARNED PREMIUMS.**

Upon receipt of notice that You have died, We will refund the premium paid for any period beyond the date of death. Upon receipt of notice that You have cancelled this Policy, We will promptly refund the pro rata portion of the unused collected premium

7. **THIS IS NOT A MEDICARE SUPPLEMENT POLICY.**

If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from John Hancock. Neither John Hancock Life Insurance Company (U.S.A.) nor its agents represent Medicare, the federal government or any state government.

8. **LONG-TERM CARE COVERAGE.**

Policies of this category are designed to provide coverage for one or more 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.

This Policy provides coverage for actual charges incurred for care up to the applicable Benefit Amount for covered long-term care expenses, subject to Policy limitations and requirements.

9. **BENEFITS PROVIDED BY THIS POLICY**

Benefit Limits Selected:

Long-Term Care Benefit Amount \$ _____ *(You may elect a monthly or daily option.)*

Benefit Period/Policy Limit _____

Elimination Period _____ days

Benefit Increase Option Selected _____

Optional Benefits Selected _____

Important Note: You may choose either a monthly or daily Long-Term Care Benefit Amount. This choice is important as other Policy benefits are dependent upon this choice. We will provide You with information on how a choice of a monthly or daily Long-Term Care Benefit Amount will impact Policy benefits.

(a) **Long-Term Care Benefit.**

Subject to Policy requirements and limitations, this Policy provides coverage for actual charges up to the Long-Term Care Benefit Amount incurred by:

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

Any unused portion of Your Long-Term Care Benefit Amount will remain in the Policy Limit. Any benefit paid under this provision will reduce Your Policy Limit.

We will not pay benefits for charges during the Elimination Period, except for Care Advisory Services, Hospice Care not reimbursable under Medicare, and the Additional Stay at Home Benefit. Elimination Period (waiting period) means the number of Dates of Service that would otherwise be covered by this Policy, for which We will not pay benefits.

Only one complete Elimination Period needs to be satisfied while Your Policy is in force.

The Elimination Period starts on the first Date of Service. A Date of Service will only count toward Your Elimination Period if You have been certified by a Licensed Health Care Practitioner as a Chronically Ill Individual.

For purposes of Home Health Care only, a Date of Service will only count toward Your Elimination Period if You have received at least 2-hours of covered care on that date and such care is not primarily Incidental Homemaker Services.

No Date of Service may be counted as more than one day towards the satisfaction of Your Elimination Period. The Dates of Service used to satisfy Your Elimination Period do not need to be consecutive and may be accumulated under separate claims.

Limited Benefit for Independent Home Care Providers

In the event a Home Health Agency is not available within a 40-mile radius of Your Home, We will pay the actual charges incurred by You for Home Health Care in Your Home provided by an Independent Home Health Care Provider up to 75% of the Long-Term Care Benefit Amount.

Bedhold Benefit

If Your stay in a Nursing Home or Assisted Living Facility is interrupted for any reason and a benefit is payable under this Policy, We will continue to pay the actual charges for up to 60-days in any calendar year in order to reserve Your bed during Your absence.

(b) **Additional Benefits**

- **Care Advisory Services Benefit.**

We will pay the Care Advisory Services Benefit up to the Care Advisory Services Benefit. This benefit is equal to 1/3 of the Long-Term Care Benefit Amount if the monthly option is chosen or 10-times the Long-Term Care Benefit Amount if the daily option is chosen.

Care Advisory Services include: an assessment of the need for long-term care services; the development of a plan of care that is consistent with the assessment; coordination of the delivery of care and services; and monitoring the care and services delivered. You must meet the eligibility requirements in the Policy.

You do not have to satisfy the Elimination Period to receive this benefit. Benefits paid under the Care Advisory Services Benefit do not reduce the Policy Limit.

- **Additional Stay at Home Benefit.**

The Stay at Home Benefit can be used to pay for a variety of Your long-term care expenses while You are living in Your Home that are not otherwise covered under the Policy. Stay at Home Services include:

- Home Modifications;
- Emergency Medical Response Systems;
- Durable Medical Equipment;
- Caregiver Training;
- Home Safety Check; and
- Provider Care Check.

The Additional Stay at Home Lifetime Benefit Amount is equal to 1-times the Long-Term Care Benefit Amount if the monthly option is chosen or 30-times the Long-Term Care Benefit Amount if the daily option is chosen.

Benefits paid under the Additional Stay at Home Benefit will not reduce the Policy Limit. You do not have to satisfy the Elimination Period to receive benefits under the Additional Stay at Home Benefit.

The days for which You receive only the Additional Stay at Home Benefit do not count toward the Elimination Period. You may receive benefits under the Long-Term Care Benefit and/or Care Advisory Services Benefit while receiving benefits under the Additional Stay at Home Benefit.

- **Alternate Services Benefit.**

The Alternate Services Benefit allows You to use Your Policy's benefits to cover long-term care services not expressly covered by the Policy. Such services must be less expensive than the amount We would otherwise pay for such long term care services. The Alternate Plan of Care as well as the benefit levels to be payable, must be agreed upon by You and Us.

- **Return of Premium upon Death Benefit.**

Important Notice - The Return of Premium Benefit is not applicable to You if You are age 65 or older.

If You die before Your 65th birthday, We will pay to Your beneficiary a Return of Premium upon Death Benefit if Your Policy is in force on the date of Your death. The Return of Premium upon Death Benefit will be calculated by subtracting the sum of all benefits paid under Your Policy for charges incurred prior to the date of Your death from the sum of all premiums paid for Your Policy (accumulated without interest).

Important Notice Regarding Federal Income Tax Law – Please note that the payment of the Return of Premium Benefit may have Federal Income Tax implications for Your estate or beneficiary. You are advised to review this benefit with a qualified tax professional or attorney to determine any such tax impact.

- **Double Coverage for Accident Benefit.**

(This benefit will only be included in the Policy if You: have met Our underwriting guidelines for this benefit; and are under age 65 at the time of an Accidental Injury.)

If You become eligible for benefits under this Policy due to an Accidental Injury prior to Your 65th birthday, We will pay the actual charges incurred by You for Long-Term Care Services up to the Double Coverage for Accident Benefit Amount. The Double Coverage for Accident Benefit Amount is equal to 2-times the Long-Term Care Benefit Amount. Benefits paid in excess of the Long-Term Care Benefit Amount will ***not*** be deducted from the Policy Limit.

We will never pay more than the actual charges You incur for care and services covered by this Policy. Payment of the Double Coverage for Accident Benefit will begin only after You have satisfied Your Elimination Period.

Benefits payable under the Double Coverage for Accident Benefit will terminate when You are no longer a Chronically Ill Individual. If You suffer an additional loss or condition after You recover from an Accidental Injury, but that loss or condition does not result primarily from an Accidental Injury, You will not qualify for payment of the Double Coverage for Accident Benefit.

(c) **Eligibility for Payment of Benefits.**

You are eligible for benefits under this Policy if You are a Chronically Ill Individual. You are a Chronically Ill Individual if:

- are unable to perform without Substantial Assistance from another individual at least two Activities of Daily Living due to the loss of functional capacity for a period expected to last at least 90 days; or
- You require substantial supervision to protect Yourself from threats to health and safety due to the presence of a Cognitive Impairment.

Activities of Daily Living mean the following activities: bathing, continence, dressing, eating, toileting, and transferring.

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.

(d) **Conditions.**

To receive benefits under this Policy:

- Your Elimination Period must have been satisfied;
- You must receive covered care or services while this Policy is in effect;
- You must receive care or services that are consistent with and specified in Your Plan of Care; and
- We must receive a current Plan of Care and written Proof of Loss, both of which are acceptable to Us.

Because this Policy is intended to be tax-qualified under federal law, a written Certification from a Licensed Health Care Practitioner that You are a Chronically Ill Individual is required.

This written certification must be renewed and submitted to Us every 12 months.

(e) **Optional Benefits.**

You may elect any of the optional benefits listed. You must pay an additional premium for any of the optional benefits elected.

- **[SharedCare.**

The SharedCare Rider allows Your Partner to access benefits under Your Policy if Your Partner first exhausts the available benefits payable under his or her policy. You and Your Partner may both receive benefits under Your Policy at the same time. In no event will We pay benefits that exceed the maximum Policy Limits of both policies combined. Your Partner must also have added an identical SharedCare Benefit Rider to his/her policy naming You as Covered Person for that policy.

- **Survivorship and Waiver of Premium Benefit.**

The Survivorship and Waiver of Premium Benefit rider provides that Your premiums will be waived in the event Your Partner dies or goes on claim after both policies have been in force for at least 10 years and no claims were payable in the first 10 years. Payments will resume if Your Partner's premiums are no longer waived or Your Partner's policy terminates.

- **Waiver of the Elimination Period for Home Care.**

We will waive the requirement that you satisfy the Elimination Period if You are receiving Home Health Care, or Adult Day Care. The Elimination Period must still be satisfied before benefits are payable under Long-Term Care Benefit for confinement in a Nursing Home or an Assisted Living Facility. However, days which the Home Health Care Elimination Period is waived will count toward meeting the facility Elimination Period.

- **Additional Cash Benefit.**

In addition to the monthly or daily benefits, this rider will provide a cash indemnity in order to help You stay at home. No benefit is payable in any month if You are confined in a Nursing Home or Assisted Living Facility at least one day during the calendar month. The Additional Cash Benefit Amount is equal to 15% of the Long Term Care Benefit Amount (if You elect the monthly option) or 4.5 times the Long-Term Care Benefit Amount (if You elect the daily option). A benefit paid under the Additional Cash Benefit will not reduce the Policy Limit. Payment of the Additional Cash Benefit Amount will begin only after You have satisfied Your Elimination Period.

Important Notice Regarding Federal Income Tax Law in the Event You Elected a Long-Term Care Benefit Amount in Excess of Per Diem Limitation

Benefits paid under the Additional Cash Benefit are subject to certain aggregation rules under the Internal Revenue Code Section 7702B for purposes of Federal Income Tax calculation. This means that Monthly Cash Benefits will be aggregated with other benefits paid for You under the Policy. In the event that total payments exceed the "Per Diem Limitation" for that period, any benefits paid in excess of such limitation are includable in gross income. You are advised to review this benefit with a qualified tax professional or attorney to determine any such tax impact.]

- **Nonforfeiture Benefit.**

If Your Policy lapses because You have not paid the premium within the Grace Period, after being in force at least three years, it will remain in force with a reduced policy limit equal to the sum of the premiums You have paid.

In the event that You do not elect the Nonforfeiture Benefit, Your Policy will contain the Contingent Nonforfeiture Benefit provision.

The Contingent Nonforfeiture Benefit provides that in the event We increase rates by more than a specified amount shown in the Contingent Nonforfeiture provision, We will provide You with the opportunity to: pay the increased premium, decrease Your benefits to a level supported by Your current premium, or elect the Contingent Nonforfeiture Benefit. Under the Contingent Nonforfeiture Benefit, Your Policy will remain in force with a reduced policy limit equal to the sum of the premiums You have paid. This means that a reduced benefit will be payable instead of the full Policy Limit.

10. LIMITATIONS AND EXCLUSIONS

In addition to the Conditions to qualify for benefits set forth above, the following limitations and exclusions apply to the Policy.

(a) Exclusions.

This Policy does not cover care, treatment or charges:

- for intentionally self-inflicted injury.
- required as a result of alcoholism, alcohol abuse, 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.
- normally not made in the absence of insurance.
- provided by a member of Your 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 dietitian; and
 - the family member is a regular employee of a Nursing Home, Assisted Living Facility, Home Health Care Agency or Adult Day Care Center which is providing the services;
 - 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 the District of Columbia except as described in the International Coverage section of this Policy.

(b) Non-Duplication of Benefits.

This Policy will only pay covered charges in excess of charges covered under any of the following:

- Medicare (including amounts not reimbursable by Medicare such as a Medicare deductible or coinsurance amounts). This means that this Policy does not pay for Your Medicare deductibles or coinsurance.
- any other governmental program (except Medicaid).
- any workers' compensation law, employer's liability or occupational disease law, or any motor vehicle no-fault law.

(c) 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 (except as described in the Additional Stay at Home Benefit) and shipping charges for such equipment; any transportation or mileage charge; items and services furnished at Your request for beautification, comfort, convenience or entertainment; 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; or vehicle or equipment upkeep; and charges for care or services which are not included in and/or are inconsistent with Your Plan of Care.

(d) Limitations

We will not pay benefits in excess of the Policy Limit except for the Additional Stay at Home Benefit and Care Advisory Services. We will not pay benefits for charges during the Elimination Period except for the Additional Stay at Home Benefit, Hospice Care not reimbursable under Medicare, and Care Advisory Services. We will only pay benefits for services specified in the Plan of Care. We will determine services under the Plan of Care for which benefits are payable, and the amount of such benefits, which shall not exceed charges normally made for similar care, services or other items in the locality where they are received.

(e) Coordination with Other John Hancock Individual Long-Term Care Insurance Policies.

We may reduce benefits payable under this Policy for Long-Term Care Services if We also pay benefits for such services under any other individual long-term care policy or rider issued by Us or Our Affiliate. This includes policies providing Nursing Home, Assisted Living Facility and/or Home Health Care coverage whether payable on an expense reimbursement, indemnity or any other basis.

Benefits will be reduced under this Policy, only when payment under this Policy and all other John Hancock individual long-term care policies or riders combined would exceed the actual amount You incur for Long-Term Care Services. In no event will We pay under this Policy more than the difference between Your actual expenses and the amount payable by Your other policies or riders with Us or Our Affiliate.

If You are insured under more than one individual long-term care insurance policy or rider issued by Us or Our Affiliate with a similar Coordination provision, the policy or rider with the earliest effective date of coverage will be deemed primary coverage and pay first. Thereafter, payment will be made under any additional policy or rider (deemed secondary coverage) in order of effective date, from the earliest to the latest.

Any policy or rider without a similar Coordination provision will pay first without any reduction in its benefits.

THIS POLICY 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 should consider whether and how the benefits of this Policy may be adjusted. The benefit level(s) of this Policy will not increase over time, unless You have elected to purchase Inflation Coverage. You are guaranteed the option to buy Inflation Coverage.

The Policy contains the option to purchase: [CPI Compound Inflation Coverage; CPI Compound Inflation Coverage Through Age 75; Benefit Builder;] 5% Compound Inflation Coverage [; or 3% Compound Inflation Coverage]. These options are described at the end of this Outline of Coverage.

12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS

We cover brain disorders with demonstrable organic cause (including Alzheimer's Disease and similar forms of senility and irreversible dementia) that result in a Cognitive Impairment which are diagnosed by a Physician after the Effective Date of Coverage.

13. PREMIUMS

The total premium for Your Policy as well as a breakdown of the premium by base policy and optional benefits are found below.

Annual Premium

Base Policy (includes inflation)	\$ _____
• [SharedCare	\$ _____
• Survivorship-Waiver of Premium Benefit	\$ _____
• Waiver of the Elimination Period For Home Care	\$ _____
• Additional Cash Benefit	\$ _____
• Nonforfeiture	\$ _____
Total Annual Premium	\$ _____

Your premium will be \$ _____ on a _____ basis.**]

** You may elect to pay Your premium on an annual, semi-annual, quarterly or monthly basis. Please note that the more often you pay, the higher your premium amount will be per year. Additional premium charges are included for semi-annual, quarterly, and monthly premiums. These charges are called "modal fees". These fees are based upon the following modal factors and are used to determine the premium amount for all payment options. The modal factors are 1.00 for annual, .52 for semi-annual, .27 for quarterly and .09 for monthly.

To calculate Your approximate total annual premium payment based on Your current policy selection:

- Multiply the "Total Annual Premium" as shown in the box above by the factor associated with Your selected mode of payment, and then
- Multiply that result by the number of payments required in a year based upon Your selected payment mode.

14. ADDITIONAL FEATURES

- (a) Issuance of Your coverage will depend upon certain medical information about You. This is generally known as medical underwriting.
- (b) This Policy provides added protection against lapse. You may name another person on the application to receive a termination notice 30 days after the premium due date. If Your Policy terminates because You did not pay a premium while You would meet the eligibility requirements for the payment of benefits, it may be reinstated within 5 months of the date of termination if:
 - You give Us proof of the Cognitive Impairment or Your inability to perform 2 of the Activities of Daily Living without Substantial Assistance; and
 - You pay all the unpaid overdue premiums.
- (c) This Policy includes an International Coverage Benefit. The International Coverage Benefit provides that we will pay actual charges incurred for covered Long-Term Care Services up to the International Coverage Benefit for care received outside the United States.

The International Coverage Benefit will not be paid in excess of an amount equal to:

- 365-times the Long-Term Care Benefit Amount if You elected the daily Benefit Amount option; or
- 12-times the Long-Term Care Benefit Amount if You elected the monthly Benefit Amount option.

No benefits under the International Coverage Benefit are payable for: the Additional Stay at Home Benefit, the Double Coverage for Accident Benefit (if included in Your Policy); Care Advisory Services; or the Limited Benefit for Independent Home Care Providers.

15. **CONTACT THE STATE AGENCY LISTED IN *A SHOPPER'S GUIDE TO LONG-TERM CARE INSURANCE* IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG-TERM CARE INSURANCE POLICY OR CERTIFICATE.**

INFLATION PROTECTION AVAILABLE FOR YOUR LONG-TERM CARE INSURANCE POLICY

[BENEFIT BUILDER

Benefit Builder allows You to increase Your Policy benefits over time by way of Automatic Crediting and the Buy-Up Option.

- Automatic Crediting allows Your Policy benefits to grow gradually over time with no corresponding increase in premium, by using Excess Earnings Credits, if any, to automatically increase Your benefits. *However, please see the provision captioned Important Notice Regarding Automatic Crediting which describes situations when benefits may not increase under Automatic Crediting.*
- The Buy-Up Option provides You with the opportunity to elect to increase Your Policy benefits for an additional premium every three years.

Please note the following terms:

- **Allocated Reserve Value** refers to the portion of assets attributed to Your Policy in the Portfolio. Allocated Reserve Values are related to the amount of premiums that have been paid into the Policy plus investment earnings less expenses and past expected claims. The Allocated Reserve Value will be re-determined on each Policy Anniversary to account for the impact from benefit changes and/or benefit additions. In the event of a future inforce rate increase on this Policy, the Allocated Reserve Value will not change.
- The **Annual Benefit Increase Amount** is equal to the Excess Earnings Credit divided by a single premium rate then in effect and on file with the applicable regulator. In the event of a future inforce rate increase on this Policy the single premium rate applied to new Excess Earnings Credits will be revised to reflect updated assumptions, subject to approval by the applicable regulator.
- The **Excess Earnings Credit** is determined on each Policy Anniversary and is based upon the following formula:

(Portfolio Rate of Return in effect as of the current Policy Anniversary – 3%
times the Allocated Reserve Value as of the current Policy Anniversary
minus any adjustment for negative Excess Earnings Credits occurring in prior years.)

- **Portfolio** means the subset of Our general account that contains the assets which support the benefits for policies that include this Endorsement. The Portfolio may also support other policies with similar features and benefits as this Endorsement. The assets in the Portfolio may change over the life of a Policy. We have sole discretion over the assets of Our general account and policyholders do not have any preferential claim on those assets. We reserve the right to close the Portfolio to future applicants and establish a new Portfolio for such business.
- **Portfolio Rate of Return** means the annual rate of return (net of investment expenses) that we calculate for assets in the Portfolio. Returns are not guaranteed and will vary year-to-year. Our calculation of the Portfolio Rate of Return will be made according to the process that We have filed with the applicable insurance regulator.

INFLATION PROTECTION AVAILABLE FOR YOUR LONG-TERM CARE INSURANCE POLICY, continued

Automatic Crediting

We will calculate the Excess Earnings Credit on each Policy Anniversary. When the Excess Earnings Credit is a positive number, We will increase the current Long-Term Care Benefit Amount by the Annual Benefit Increase Amount. When the Long-Term Care Benefit Amount is increased, the remaining Policy Limit (as well as other remaining Benefit Amounts listed in the Policy Schedule) will be increased by the same percentage as the increase in the Long-Term Care Benefit Amount.

In the event the Excess Earnings Credit is less than or equal to zero, We will not reduce the Long-Term Care Benefit Amount by such decrease on the Policy Anniversary. However, We will offset any such decreases when calculating future Excess Earnings Credits. This means that there may be no benefit increases (or a reduced benefit increase) even in years where the Portfolio Rate of Return is greater than 3% until such time that the amount offset for all prior years has been recouped.

Important Notice Regarding Automatic Crediting

- Allocated Reserve Values will grow over time as each year's premium is collected. Therefore, there will be little or no benefit increases in the early years of Your Policy.
- Portfolio Rates of Return are not guaranteed and will vary from year-to-year.
- In any year, or years, when the Portfolio Rate of Return is 3% or less, your benefits will remain the same. Any future Excess Earnings Credits will be offset to make up for any prior Excess Earnings Credits that are less than zero.

We will provide You with an annual report each year indicating Portfolio performance for past and current years including how Your benefit is affected.

Automatic Crediting may not be sufficient to fully keep up with inflation.

Buy-Up Option

Important Notice: The Buy-Up Option is not applicable to You if purchased the Survivorship and Waiver of Premium Benefit.

Option Dates

Subject to the limitations described below and starting as of the third anniversary of the Effective Date of Coverage and every third anniversary thereafter through age 75 (the "Option Dates"), We will offer You the option to increase Your Long-Term Care Benefit Amount by purchasing an additional amount of coverage equal to 10% of the current Long-Term Care Benefit Amount that was in effect immediately prior to that Option Date. As such, any Annual Benefit Increase Amount earned for that Policy Anniversary will not be included in the calculation of the Buy-Up Option. No additional underwriting will be required.

We must receive Your written election within 31-days after the applicable Option Date or Your right to elect that increase will expire.

When the Long-Term Care Benefit Amount is increased under the Buy-Up Option, the remaining Policy Limit (as well as any remaining Benefit Amounts listed in the Policy Schedule) will be increased by the same percentage as the increase in the Long-Term Care Benefit Amount and rounded to the nearest dollar.

Important Notice:

If your age on the Effective Date of Coverage is younger than 65:

- You will have the opportunity to accept Buy-Up Options through age 75. If you decline a Buy-Up Option, that increase will not be available on any future date. You will, however, still have an opportunity to accept future Buy-Up Options through age 75 as long as you have only declined one Buy-Up Option. If you decline two Buy-Up Options, no future offers will be made.

If your age on the Effective Date of Coverage is 65 or older:

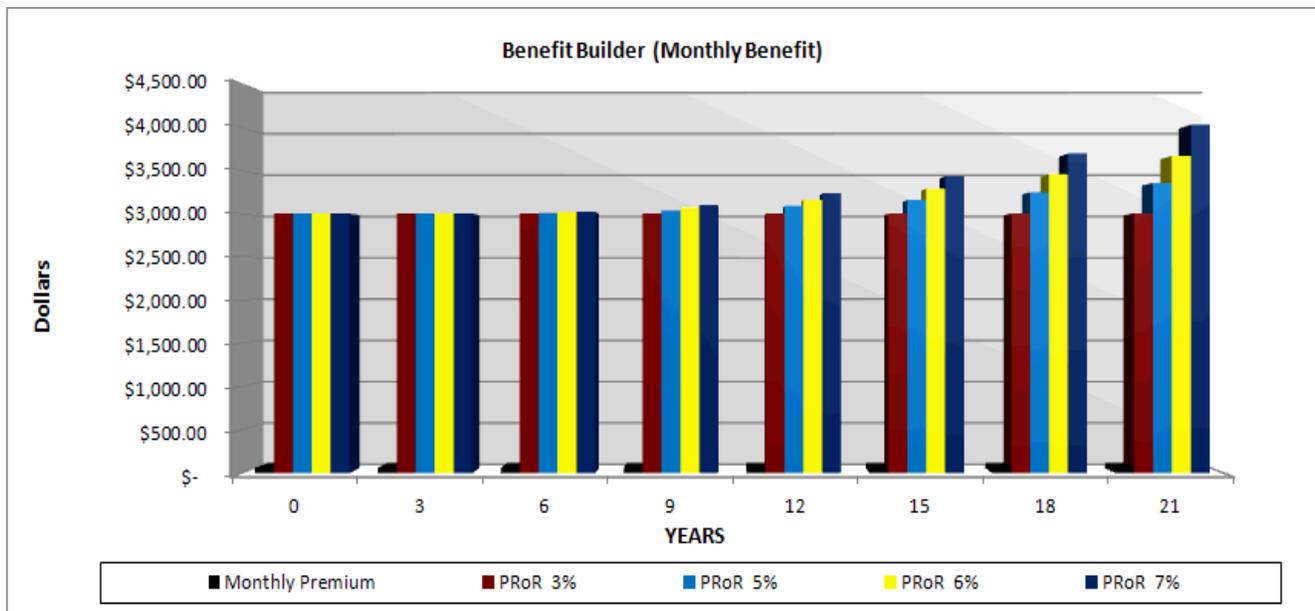
- You will have the opportunity to accept Buy-Up Options through age 75 only if You accepted each prior offer. If You decline any Buy-Up Option, no future offers will be available to You.

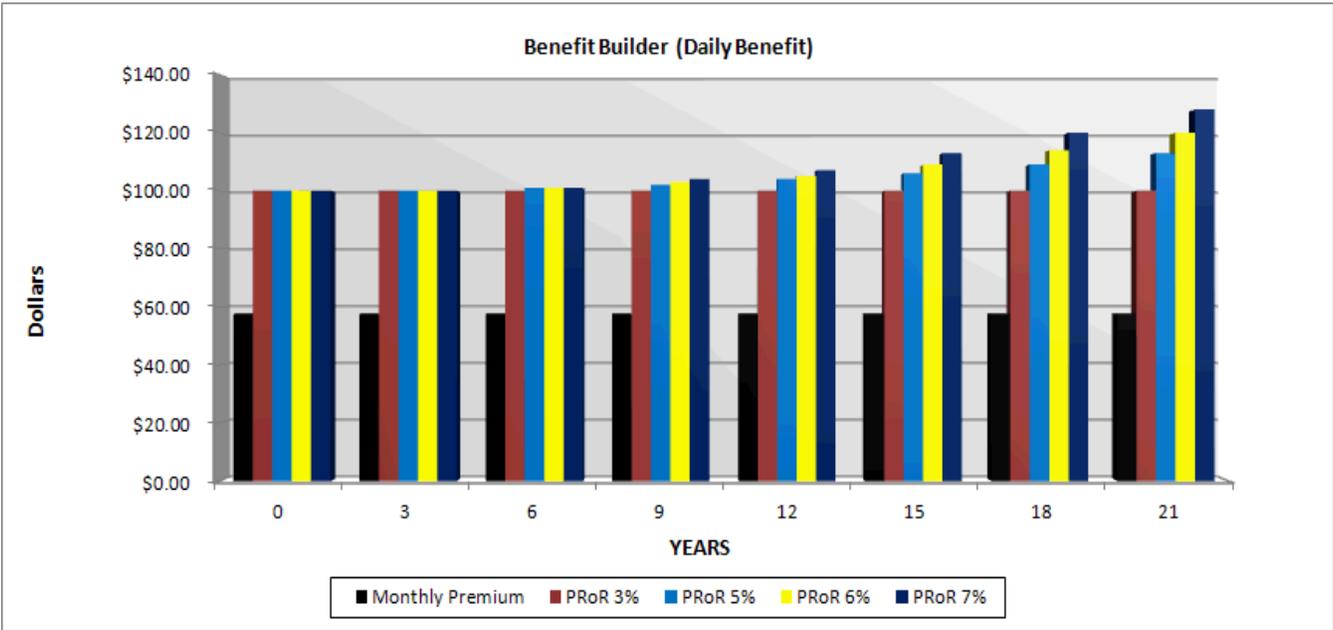
However, You may request to resume such offers by making the request to Us in writing and provide evidence of insurability satisfactory to Us. Any resumed offers will be subject to all of the conditions of this Endorsement.

The increase on any Option Date will not be available to You (and, if requested, will not take effect) if:

- You were a Chronically Ill Individual at any time during the two year period prior to the Option Date; or
 - You have ever received benefits under this Policy; or
 - the Option Date occurs on or after Your 76th birthday.
- The graphs below show the change in the daily or monthly Benefit Amount and the monthly premium under four possible scenarios assuming a hypothetical constant annual Portfolio Rate of Return (PRoR) of 3 %, 5%, 6% and 7%.

The graphs illustrate a policy which has been issued to a person who is age 50 and has chosen a monthly Long-Term Care Benefit Amount of \$3,000 or daily Long-Term Care Benefit Amount of \$100, and a 3-year Benefit Period, assuming no Buy-Up Options were elected.





INFLATION PROTECTION AVAILABLE FOR YOUR LONG-TERM CARE INSURANCE POLICY, continued

CPI COMPOUND INFLATION COVERAGE AND GUARANTEED INCREASE OPTION

CPI Compound Inflation Coverage:

Under this option, Your Long-Term Care Benefit Amount will be increased on each Policy anniversary by the percentage change in the non-seasonally adjusted Consumer Price Index (CPI) three months prior to Your Policy anniversary as compared to the same month's CPI one year prior and rounded to the nearest dollar.

In the event the CPI decreases, We will not reduce the Long-Term Care Benefit Amount by such CPI decrease on the Policy anniversary. However, We will offset any such CPI decreases when calculating future CPI increases to the Long-Term Care Benefit Amount.

The premium for the CPI Compound Inflation Coverage is included in the Policy premium. Your premium will not change for any annual automatic CPI compound increase, except as described in the Policy.

Guaranteed Increase Option:

Important Notice: The Guaranteed Increase Option is not applicable to You if You have elected the Survivorship and Waiver of Premium Benefit.

Effective as of the third anniversary of the Effective Date of Coverage and every third anniversary thereafter (the "Option Dates"), We will offer You the option to increase Your Long-Term Care Benefit Amount by purchasing an additional amount of coverage equal to 5% of the Long-Term Care Benefit Amount that was in effect immediately prior to that Option Date. This increase is in addition to the annual automatic CPI compound increase described above. No additional underwriting will be required. If You elect an increase under the Guaranteed Increase Option, the amount of the annual automatic CPI compound increase on that Option Date will be based on Your Long-Term Care Benefit Amount prior to this additional purchase.

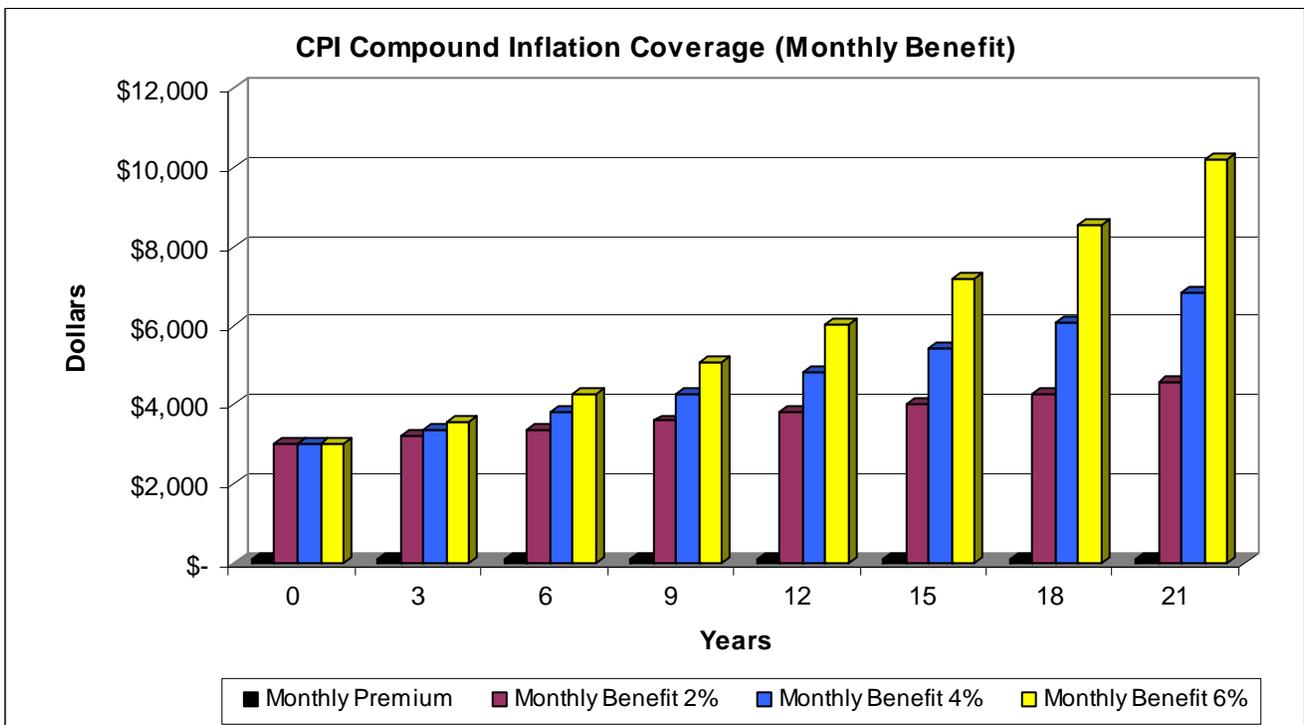
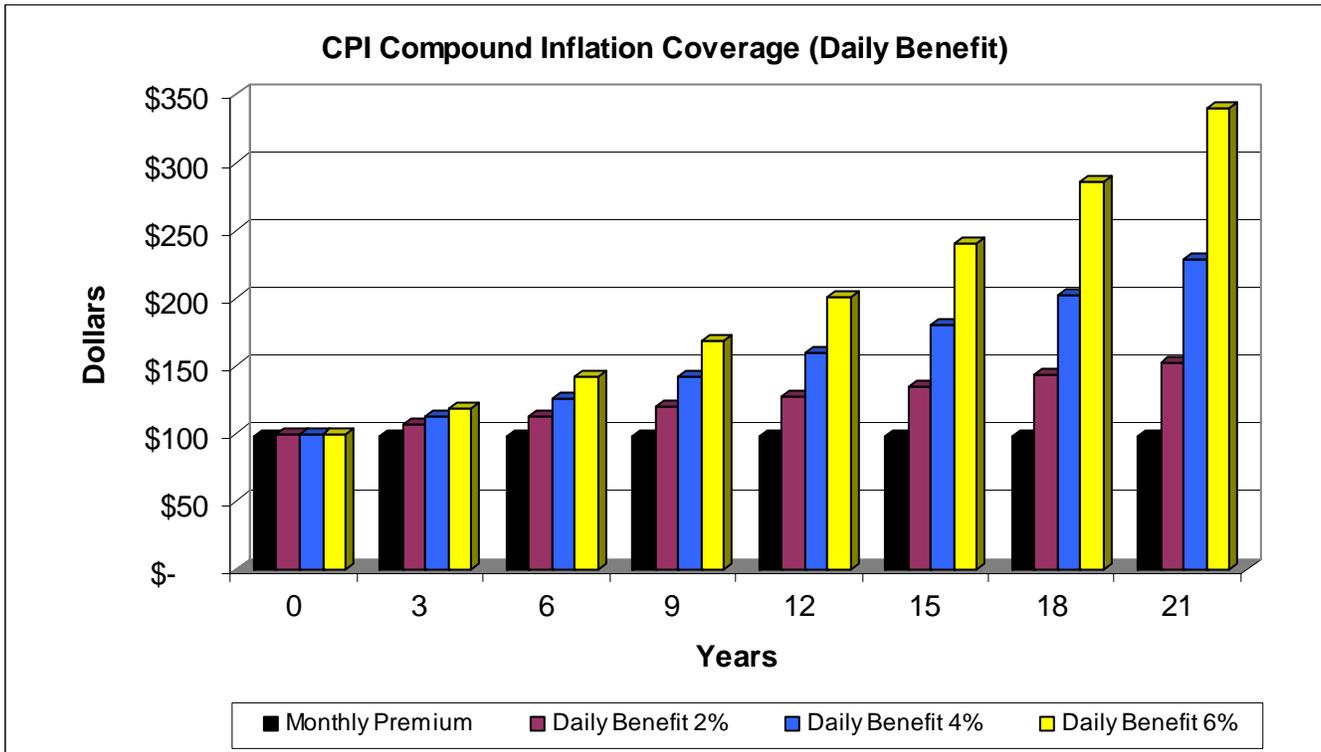
We must receive Your written election within 31-days after the applicable Option Date or Your right to elect that increase will expire. The premium for any increase under this Guaranteed Increase Option (including any corresponding premium for any optional benefit riders/endorsements that You have elected and are part of Your Policy) will be based on Your age on the Option Date and the premium rates then in effect. The increase on any Option Date will not be available to You (and, if requested, will not take effect) if: You were a Chronically Ill Individual during the two year period prior to the Option Date; or the Option Date occurs on or after Your 76th birthday.

After You decline the offer of an optional increase on any two Option Dates, no future offers will be available to You. However, You may request to resume such offers by making the request to Us in writing and provide evidence of insurability satisfactory to Us. Any resumed offers will be subject to all conditions of this Endorsement.

The graphs below show the change in the daily or monthly Benefit Amount and the monthly premium under three possible scenarios – increases in coverage assuming a constant 2%, 4% or 6% change in the CPI. The graphs illustrate a policy which has been issued to a person who is age 50 and has chosen a monthly Long-Term Care Benefit Amount of \$3,000 or daily Long-Term Care Benefit Amount of \$100, and a 3-year Benefit Period.

INFLATION PROTECTION AVAILABLE FOR YOUR LONG-TERM CARE INSURANCE POLICY, continued

CPI COMPOUND INFLATION COVERAGE AND GUARANTEED INCREASE OPTION, continued



INFLATION PROTECTION AVAILABLE FOR YOUR LONG-TERM CARE INSURANCE POLICY, continued

CPI COMPOUND INFLATION COVERAGE THROUGH AGE 75 AND GUARANTEED INCREASE OPTION

CPI Compound Inflation Coverage Through Age 75:

Under this option, Your Long-Term Care Benefit Amount will be increased on each Policy anniversary through age 75 by the percentage change in the non-seasonally adjusted Consumer Price Index (CPI) three months prior to Your Policy anniversary as compared to the same month's CPI one year prior and rounded to the nearest dollar.

In the event the CPI decreases, We will not reduce the Long-Term Care Benefit Amount by such CPI decrease on the Policy anniversary. However, We will offset any such CPI decreases when calculating future CPI increases to the Long-Term Care Benefit Amount.

The premium for the CPI Compound Inflation Coverage Through Age 75 is included in the Policy premium. Your premium will not change for any annual automatic CPI compound increase, except as described in the Policy.

There will be no further increases under this Endorsement on or after Your 76^h birthday. After such date has been reached all annual benefit increases under this provision will stop.

Guaranteed Increase Option:

Important Notice – The Guaranteed Increase Option is not applicable to if You have elected the Survivorship and Waiver of Premium Benefit.

Effective as of the third anniversary of the Effective Date of Coverage and every third anniversary thereafter through age 75 (the "Option Dates"), We will offer You the option to increase Your Long-Term Care Benefit Amount by purchasing an additional amount of coverage equal to 5% of the Long-Term Care Benefit Amount that was in effect immediately prior to that Option Date. This increase is in addition to the annual automatic CPI compound increase described above. No additional underwriting will be required. If You elect an increase under the Guaranteed Increase Option, the amount of the annual automatic CPI compound increase on that Option Date will be based on Your Long-Term Care Benefit Amount prior to this additional purchase.

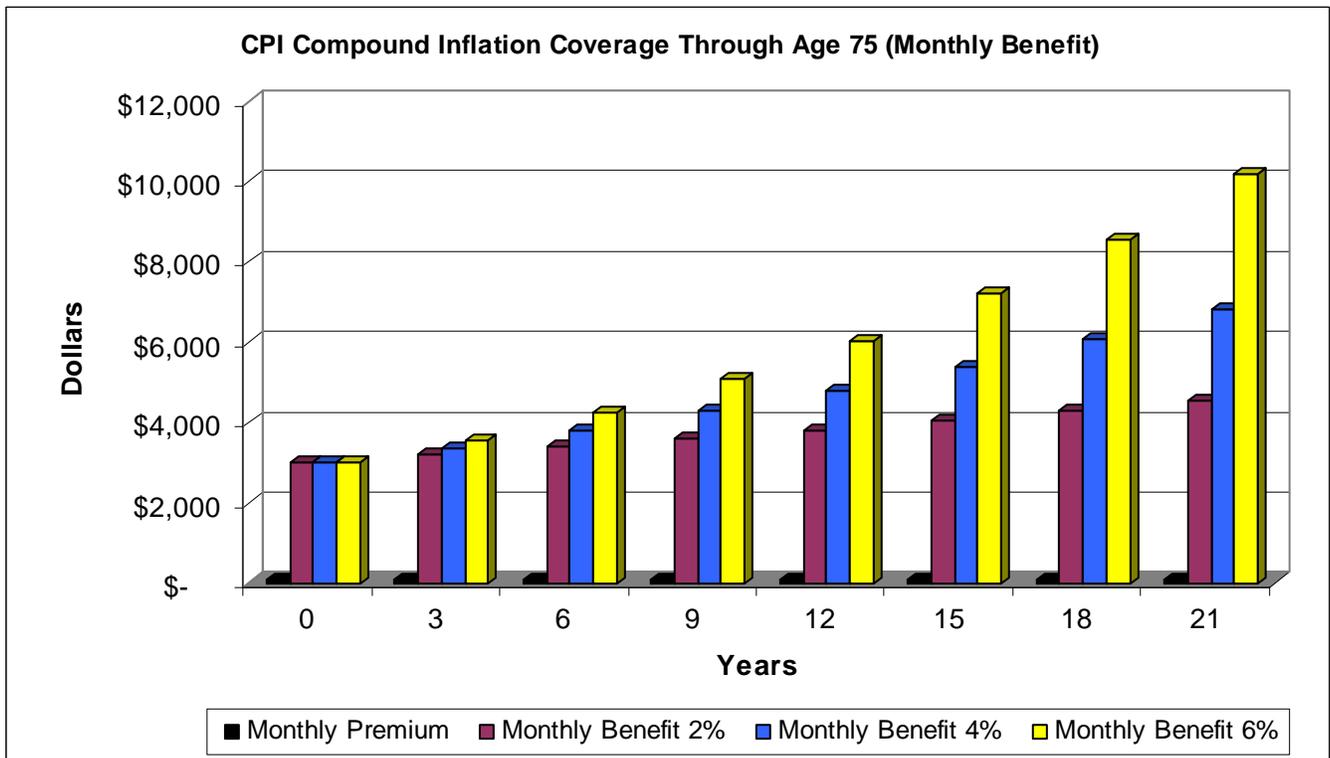
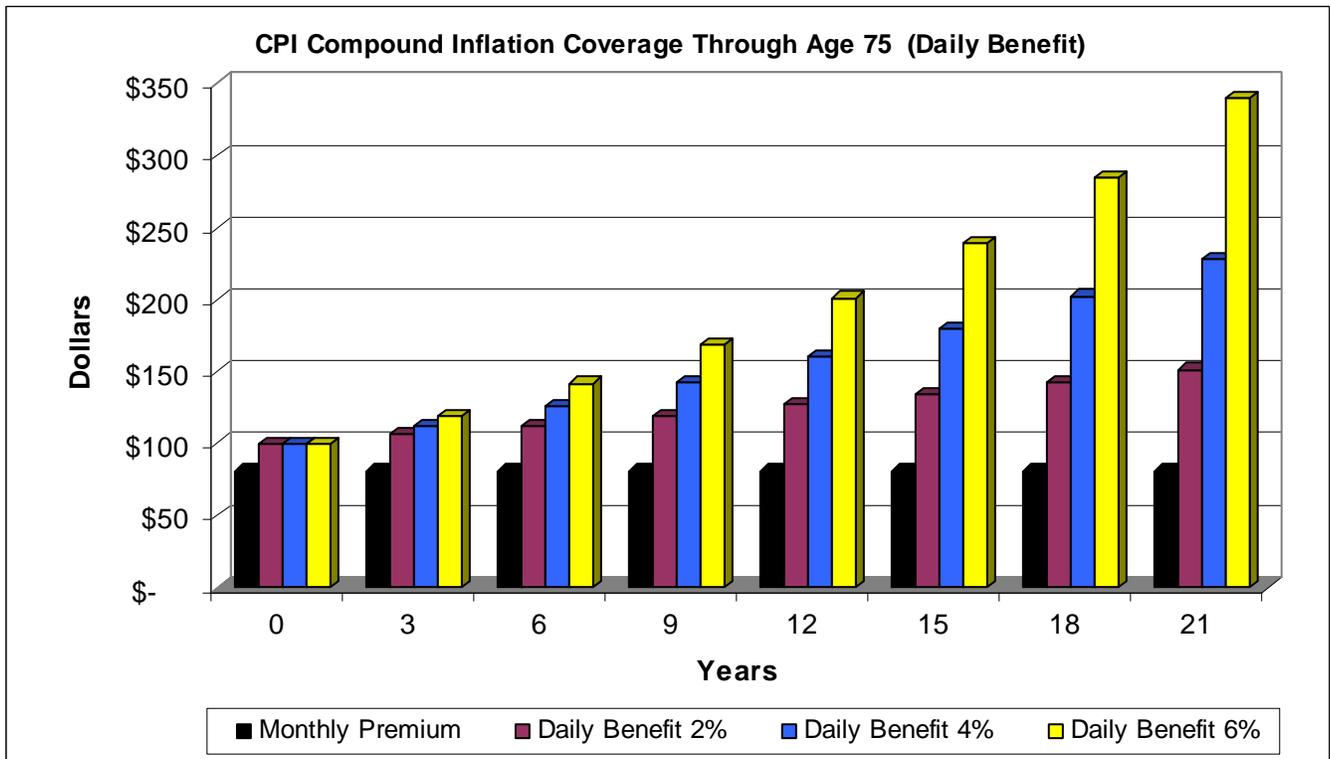
We must receive Your written election within 31-days after the applicable Option Date or Your right to elect that increase will expire. The premium for any increase under this Guaranteed Increase Option (including any corresponding premium for any optional benefit riders/endorsements that You have elected and are part of Your Policy) will be based on Your age on the Option Date and the premium rates then in effect. The increase on any Option Date will not be available to You (and, if requested, will not take effect) if: You were a Chronically Ill Individual during the two year period prior to the Option Date; or the Option Date occurs on or after Your 76th birthday.

After You decline the offer of an optional increase on any two Option Dates, no future offers will be available to You. However, You may request to resume such offers by making the request to Us in writing and provide evidence of insurability satisfactory to Us. Any resumed offers will be subject to all conditions of this Endorsement.

The graphs below show the change in the daily or monthly Benefit Amount and the monthly premium under three possible scenarios – increases in coverage assuming a constant 2%, 4% or 6% change in the CPI. The graphs illustrate a policy which has been issued to a person who is age 50 and has chosen a monthly Long-Term Care Benefit Amount of \$3,000 or daily Long-Term Care Benefit Amount of \$100, and a 3-year Benefit Period.

INFLATION PROTECTION AVAILABLE FOR YOUR LONG-TERM CARE INSURANCE POLICY, continued

CPI COMPOUND INFLATION COVERAGE THROUGH AGE 75 AND GUARANTEED INCREASE OPTION, continued



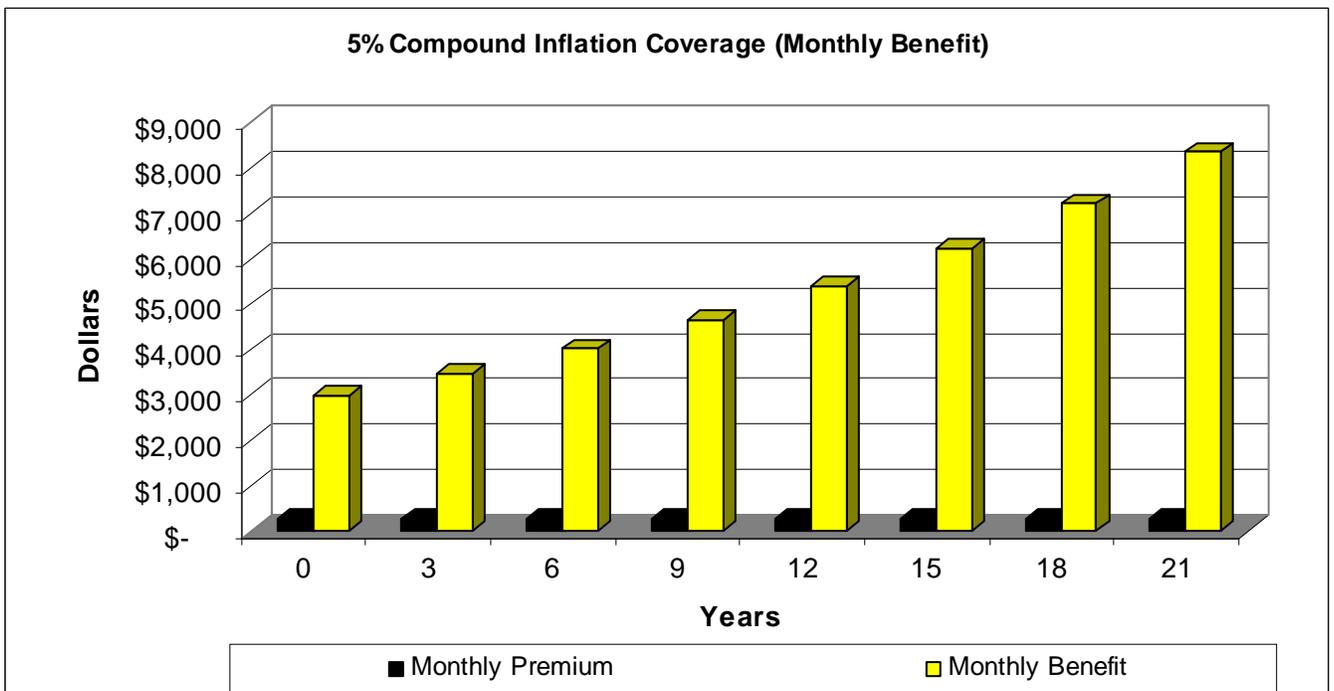
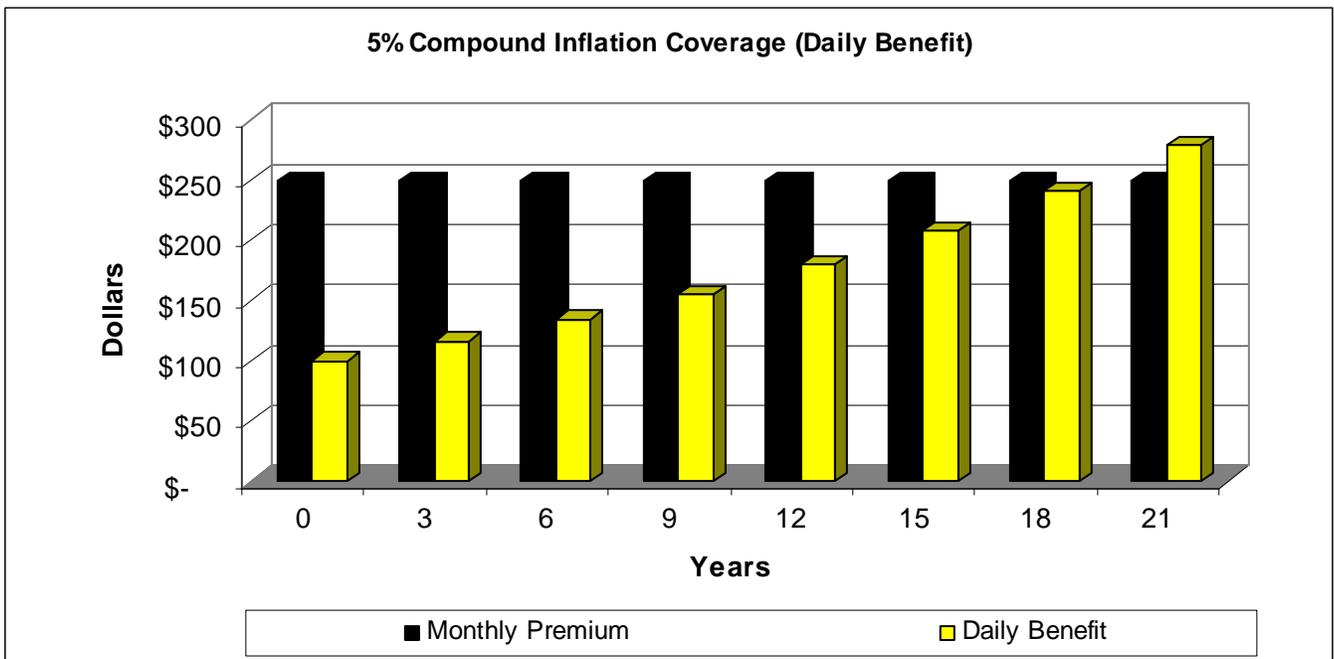
]

INFLATION PROTECTION AVAILABLE FOR YOUR LONG-TERM CARE INSURANCE POLICY, continued

5% COMPOUND INFLATION COVERAGE.

Your Long-Term Care Benefit Amount will increase by an amount equal to 5% of the Long-Term Care Benefit Amount in effect during the prior Policy year. The annual increase is automatic and will occur on each Policy anniversary. The premium for 5% Compound Inflation Coverage is included in the Policy premium. Your premium will not change, except as described in the Policy.

The graphs below show the change in the daily or monthly Benefit Amount and the monthly premium under 5% Compound Inflation Coverage. The graphs illustrate a policy which has been issued to a person who is age 60 and has chosen a monthly Long-Term Care Benefit Amount of \$3,000 or daily Long-Term Care Benefit Amount of \$100, and a 4-year Benefit Period.

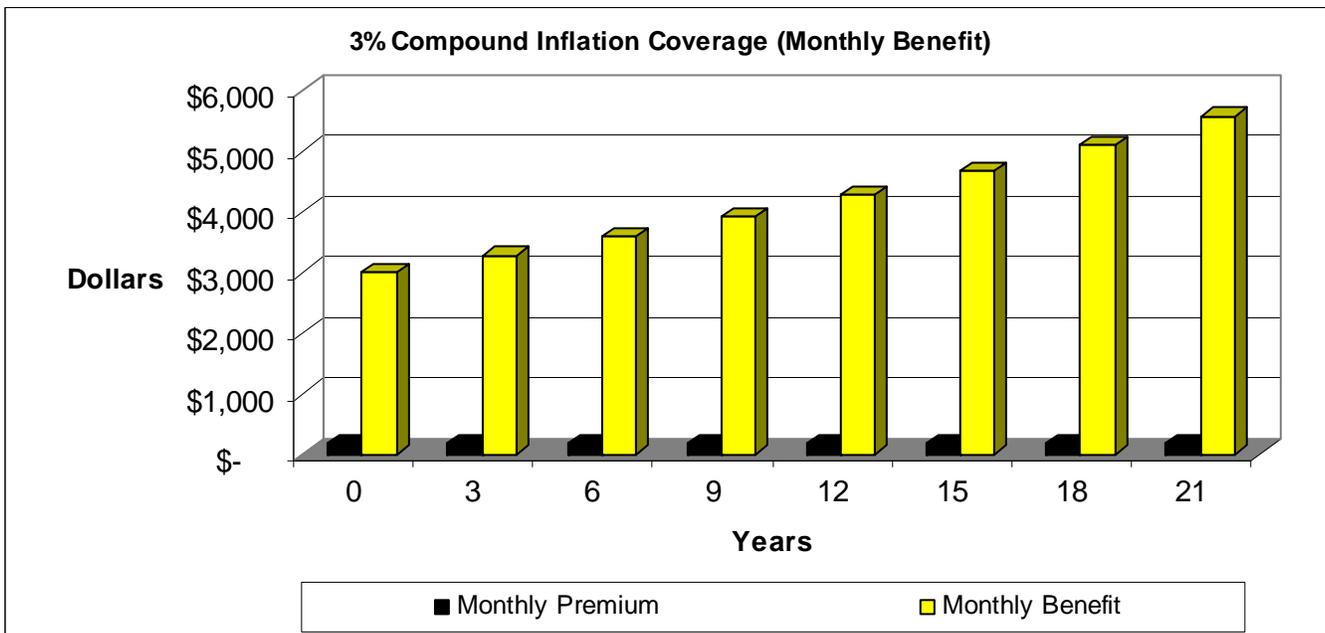
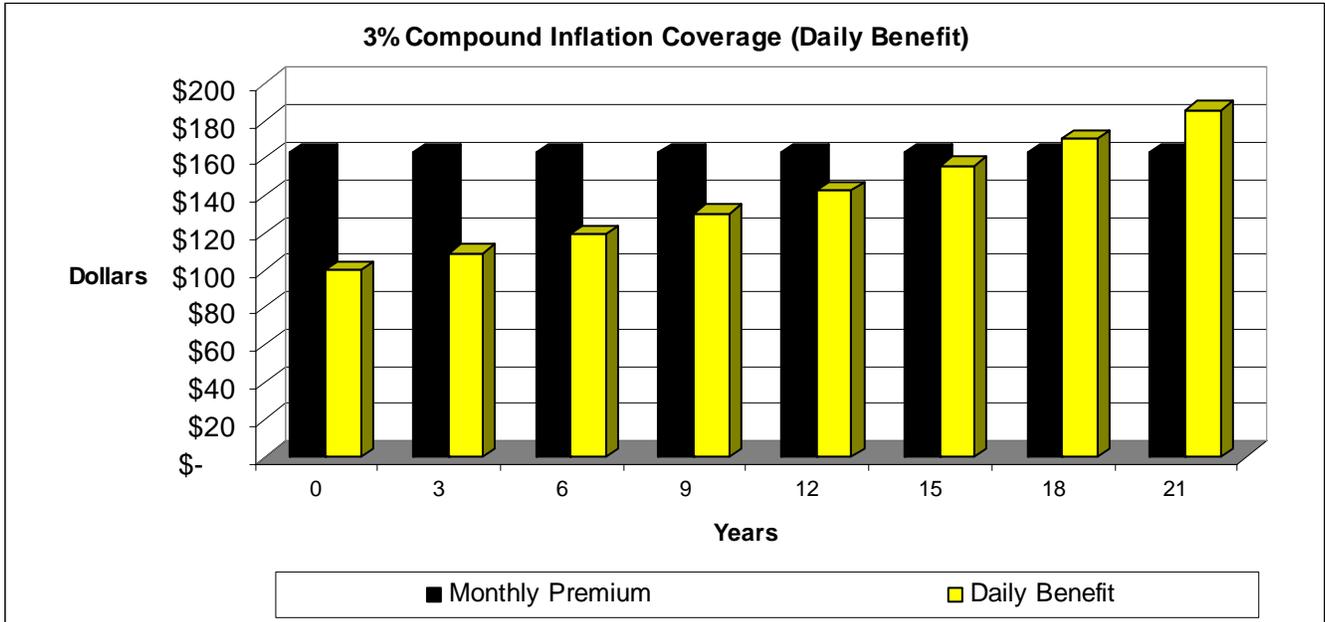


INFLATION PROTECTION AVAILABLE FOR YOUR LONG-TERM CARE INSURANCE POLICY, continued

[3% COMPOUND INFLATION COVERAGE.

Your Long-Term Care Benefit Amount will increase by an amount equal to 3% of the Long-Term Care Benefit Amount in effect during the prior Policy year. The annual increase is automatic and will occur on each Policy anniversary. The premium for 3% Compound Inflation Coverage is included in the Policy premium. Your premium will not change, except as described in the Policy.

The graphs below show the change in the daily or monthly Benefit Amount and the monthly premium under 3% Compound Inflation Coverage. The graphs illustrate a policy which has been issued to a person who is age 60 and has chosen a monthly Long-Term Care Benefit Amount of \$3,000 or daily Long-Term Care Benefit Amount of \$100, and a 4-year Benefit Period.



]

State: Arkansas **Filing Company:** John Hancock Life Insurance Company (USA)
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home & Home Health Care/LTC05I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: Custom Care III - Benefit Builder - GD/

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: %
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
John Hancock Life Insurance Company (USA)	%	%				%	%

State: Arkansas **Filing Company:** John Hancock Life Insurance Company (USA)
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home & Home Health Care/LTC05I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: Custom Care III - Benefit Builder - GD/

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved	01/28/2013
Comments:			
Attachment(s):			
CERTIFICATION OF READABILITY.pdf			
		Item Status:	Status Date:
Satisfied - Item:	Application	Approved	01/28/2013
Comments:	See Form Schedule for the Application.		
		Item Status:	Status Date:
Satisfied - Item:	Health - Actuarial Justification	Approved	01/28/2013
Comments:			
Attachment(s):			
AR LTC-12 GD Actuarial Memorandum 01.24.2013.pdf			
		Item Status:	Status Date:
Satisfied - Item:	Outline of Coverage	Approved	01/28/2013
Comments:	See Form Schedule for the Outline of Coverage.		
		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved	01/28/2013
Comments:			
Attachment(s):			
AR LTC-12AR GD Cover_letter.pdf			

CERTIFICATION OF READABILITY
State of Arkansas

Policy Form	LTC-12 AR
Application	LTC-APPGD12 AR
Outline of Coverage	OCLTC-12 AR

I certify that to the best of my knowledge and belief, the above-referenced form(s) meet or exceed the readability, legibility, and format requirements of any applicable laws and regulations in the state of Arkansas

1/25/2013
Date

Marie Roche, Assistant Vice President
Name and title of officer of the Issuer



Signature of officer of the Issuer

**John Hancock Life Insurance Company (U.S.A.)
Individual Long-Term Care Policy Series LTC-12 AR
Actuarial Memorandum and Initial Rate Filing Certification**

Arkansas

Scope & Purpose

This memorandum consists of materials which support the development of premium rates for new business under the Long-Term Care Policy Series LTC-12 AR and all associated riders. The purpose of this memorandum is to allow the rate filing to be reviewed by regulatory authorities to determine that benefits are reasonable in relation to the premiums charged.

Attached are the premium rate schedules to be used for new sales of the policy forms as specified therein.

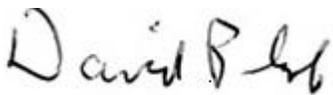
Actuarial Certification

I, David Plumb, am an Actuary of John Hancock and a member of the American Academy of Actuaries. I meet the Academy's qualification standards for rendering this opinion and am familiar with the requirements for filing long-term care insurance premiums.

I hereby certify that to the best of my knowledge and judgment:

- (a) The initial premium rate schedule is sufficient to cover anticipated costs under moderately adverse experience and the premium rate schedules are reasonably expected to be sustainable over the life of the forms with no future premium increases anticipated.
- (b) Policy design and coverage provided have been reviewed and taken into consideration.
- (c) Underwriting and claims adjudication processes have been reviewed and taken into consideration.
- (d) With respect to contract reserves and their relation to gross premiums:
 - (i) The assumptions used for reserves contain reasonable margins for adverse experience.
 - (ii) The net valuation premium for renewal years does not increase.
 - (iii) The difference between gross premium and the net valuation premium for renewal years is sufficient to cover expected renewal expenses.
 - (iv) The reserve morbidity assumptions used do not include any provision for morbidity improvement.
- (e) The premium rate schedule is not less than the premium rate schedule for existing similar policy forms with issue age rate schedules and comparable premium-paying periods also available except for reasonable differences attributable to benefits.
- (f) This entire rate filing is in compliance with the applicable laws and regulations of this state.
- (g) The rates are reasonable in relation to the benefits provided and are not excessive, inadequate, nor unfairly discriminatory.
- (h) I have provided a complete description of the basis for contract reserves anticipated to be held under the filed policy form.

In forming my opinion, I have used actuarial assumptions and actuarial methods and such tests of actuarial calculations as I considered necessary.



David Plumb, FSA, MAAA
Vice President

January 24, 2013

Date

John Hancock Life Insurance Company
Individual Long-Term Care Policy Series LTC-12 AR

Description of Benefits

Policy Series LTC-12 AR

This is an individual Long-Term care policy that pays benefits on a monthly or daily basis depending on the insured's selection. The following covered care or services are provided to the insured:

- Confinement in a Nursing Home or Assisted Living Facility for room, board and care services
- Home Health Care; Hospice Care*; or
- Attendance at an Adult Day Care Center providing Adult Day Care

It is intended to be a Qualified Long-Term Care Insurance contract under the Federal Internal Revenue Code.

* Hospice Care benefits that are not reimbursable under Medicare can be paid before the satisfaction of the Elimination Period.

Benefit eligibility is determined based on the insured's cognitive impairment or their requiring substantial assistance to perform two out of six activities of daily living (ADLs) of bathing, dressing, eating, toileting, transferring and maintaining continence. The insured must be certified to be chronically ill by a licensed health care practitioner.

Long-Term Care Benefits are paid at 100% of the actual charges up to the Long-Term Care benefit amount for Nursing Home, Assisted Living Facility or home health care benefits after the elimination period. Benefits are payable until the policy limit is reached. Benefits are coordinated with Medicare. In the event a home health agency is not available within a 40-mile radius of the insured's home, we will pay actual charges incurred for an independent home care provider up to 75% of the Long-Term Care benefit amount.

In addition, if a stay in a Nursing Home or Assisted Living Facility is interrupted for any reason a bedhold benefit is payable under this Policy. These bed hold days will be counted as part of the Long-Term Care Benefit amount, but are limited to 60 days per calendar year.

Any unused portion of the Long -Term Care Benefit will remain in the Policy Limit. Any benefit paid under this provision will reduce the Policy Limit.

Benefits will be reduced by any payments made under another John Hancock individual long term care insurance policy for the same eligible expenses. The reduction will be made only when the total benefits payable among all John Hancock individual policies would result in a payment that exceeds the eligible expenses. If multiple policies are owned, the one with the earlier effective date will pay first.

John Hancock Life Insurance Company
Individual Long-Term Care Policy Series LTC-12 AR

Benefit features included in the policy are as follows:

Double Coverage for Accident Benefit (form LTC-DAB 4/11) If the insured is approved for this benefit it will automatically be included in the policy at no additional cost. This benefit provides that if Long-Term Care services are required due to an accidental injury prior to the insured's 65th birthday, we will reimburse eligible expenses up to two times the monthly or daily benefit for the duration of the claim. Any reimbursements made in excess of the monthly or daily benefit will not be deducted from the policy limit.

Return of Premium Upon Death Benefit Upon the insured's death prior to their 65th birthday, we will refund to their beneficiary an amount equal to the sum of premiums paid under the policy less any benefits paid under the policy.

Care Advisory Services Benefit Care Advisory Services provides for an assessment, at the option of the insured, of the need for health care and related services, the development of recommendations that are consistent with that assessment, the coordination of the delivery of such care and services, and the monitoring of the delivery of such care and services. If the policy provides Monthly Benefits this benefit is limited to 1/3 of the Long-Term Care Monthly Benefit per calendar year. If the policy provides Daily Benefits this benefit is limited to 10 times the Long-Term Care Daily Benefit per calendar year. The insured must be benefit eligible but does not have to satisfy the elimination period in order to receive this benefit. Benefits paid are not counted towards the Policy Limit.

Additional Stay at Home Benefit can be used to pay for a variety of long-term care expenses for an insured who is living in their home. This benefit is not subject to the elimination period. These services include: home modifications; emergency medical response systems; durable medical equipment; caregiver training; a home safety check; and a provider care check.

Eligibility for the benefit is met if the insured is a chronically ill individual and the benefits are provided pursuant to a plan of care approved by a Licensed Care Practitioner.

Any unused portion of this benefit amount may be used for future Additional Stay at Home Services. Benefits paid under the Additional Stay at Home Benefit will not reduce the Policy Limit. Benefits under the Long-Term Care Benefit and/or Care Advisory Services Benefit can still be received while receiving benefits under the Additional Stay at Home Benefit.

If the policy provides Monthly Benefits, the Stay at Home Benefit has a separate lifetime pool equal to 1 times the Long-Term Care Monthly Benefit. If the policy provides Daily Benefits, the separate lifetime pool will equal 30 times the Long-Term Care Daily Benefit.

Waiver of Premium allows premiums to be waived after the insured has met the elimination period and is receiving benefits and will continue to be waived until the insured stops receiving such benefits or the policy limit is reached. The premium will not be waived; however, if benefits are only being received under the Additional Stay at Home benefit or Care Advisory Services Benefit.

International Coverage Benefit we will pay actual charges incurred for covered Long-Term Care Services received outside of the United States for up to one year. No benefits are payable under the Additional Stay at Home Benefit, Care Advisory Services Benefit or for Independent Care Providers under the International Coverage Benefit.

John Hancock Life Insurance Company
Individual Long-Term Care Policy Series LTC-12 AR

Alternate Services Benefit provides coverage for alternate LTC services not currently covered in the policy so long as we agree that the services are necessary and they are a less costly alternative to care that is covered and would otherwise be received.

Contingent Nonforfeiture Benefit (Form LTC-CNF 4/11)

For Policies where the optional Nonforfeiture Benefit is not elected, the contingent nonforfeiture benefit is available as policy protection in the event a policy lapses due to a premium rate increase.

It is available for a period of 120 days after the insured is informed of a rate increase that exceeds a certain threshold. The threshold is as follows:

Issue Age	% Increase Over Initial Premium	Issue Age	% Increase Over Initial Premium	Issue Age	% Increase Over Initial Premium
29 and under	200%	66	48%	79	22%
30-34	190%	67	46%	80	20%
35-39	170%	68	44%	81	19%
40-44	150%	69	42%	82	18%
45-49	130%	70	40%	83	17%
50-54	110%	71	38%	84	16%
55-59	90%	72	36%	85	15%
60	70%	73	34%	86	14%
61	66%	74	32%	87	13%
62	62%	75	30%	88	12%
63	58%	76	28%	89	11%
64	54%	77	26%	90 and over	10%
65	50%	78	24%		

If the insured elects contingent nonforfeiture and the policy provides Monthly Benefits, the policy becomes paid-up with the new policy limit equal to the total premiums paid. In no event, however, will the new policy limit be less than the Long-Term Care Monthly Benefit at the time of lapse.

If the insured elects contingent nonforfeiture and the policy provides Daily Benefits, the policy becomes paid-up with the new policy limit equal to the total premiums paid. In no event, however, will the new policy limit be less than thirty (30) times the Long-Term Care Daily Benefit at the time of lapse.

If the insured does not elect contingent nonforfeiture, they may elect instead to reduce their benefits. If they elect to decrease their current Policy benefits, they may:

- eliminate any optional riders for which a premium is charged; or
- reduce the Long-Term Care Monthly Benefit in \$100 increments, if the policy provides Monthly Benefits
- reduce the Long-Term Care Daily Benefit in \$10 increments, if the policy provides Daily Benefits

John Hancock Life Insurance Company
Individual Long-Term Care Policy Series LTC-12 AR

Optional Benefits:

Nonforfeiture Benefit Rider (Form LTC-NONF 7/12)

A nonforfeiture benefit is available to each applicant as a policy option. The benefit provides a means whereby the insured could stop paying premium and still keep coverage.

If an insured stops paying premium on a policy with this benefit after it has been in force for three full years, a revised policy limit will be maintained on the policy thereafter and no further premium will be due.

The new policy limit equals the sum of all premiums paid on the policy prior to lapse.

If greater, the new policy limit will equal one times the Long-Term Care Monthly Benefit for policies providing Monthly Benefits or 30 times the Long-Term Care Daily Benefit for policies providing Daily Benefits. The benefit in effect on the date of lapse will remain the benefit for the policy. No additional inflation increases will be applied to either the benefit or the new policy limit once the insured lapses the policy and assumes the nonforfeiture benefit.

The cost for this nonforfeiture benefit is 6% of the base plan rate.

Shared Care Benefit Rider (Form LTC-SHC 4/11)

The SharedCare Benefit rider allows partners to access the available benefits under each other's policies once one partner's policy limit has been exhausted. Both partners must add identical SharedCare Benefit Riders to their policy and have named each other as their partner in the application or enrollment form for this rider. Partners include policyholders who are married or have lived with a family member of the same generation or partner of the same or opposite sex for at least 3 years.

The policy limit of each policy is available to either or both partners until the total amount of the two limits is exhausted.

If one of the partners dies, the surviving partner will retain the combined policy limit in effect prior to the death, and the SharedCare rider premium ceases.

In the event that the one partner exhausts the other's policy benefits, the other partner may elect to purchase an additional 2 year benefit period without evidence of insurability within 60 days after exhausting benefits providing they have not been chronically ill in the prior 2 years and they are less than age 91.

With the nonforfeiture rider, the premiums paid count towards determination of the shortened benefit period, but the SharedCare rider terminates upon lapse.

Rates for the Shared Care Benefit are determined by multiplying the base rate for the plan by a factor that depends on the benefit period chosen.

Benefit Period	Shared Care Rate Factor
2 years:	26%
3 years:	16%

John Hancock Life Insurance Company
Individual Long-Term Care Policy Series LTC-12 AR

4 years:	11%
5 years:	10%
6 years:	8%
10 years:	5%

Survivorship & Waiver of Premium Benefit Rider (Form LTC-SURV 4/11)

The Survivorship & Waiver of Premium Benefit rider provides that the policyholder's premiums will be waived in the event their partner dies or goes on claim after both policies have been in force for at least 10 years and no claims were payable in the first 10 years. We define partner as being a spouse, a family member of the same generation living together for three years or a domestic partner living together for three years. Payments resume if the partner's premiums are no longer waived or the partner's policy terminates.

If insured's premium has been paid for a period for which premiums are waived under this Rider, premiums will be refunded for such period. Premiums will not be waived for any benefits the insured may purchase in the future due to operation of this rider.

If this rider is selected, GIO offers within the CPI inflation options and Buy-up Offers within the Benefit Builder option will not be offered.

The cost for this benefit is 9% of the base plan rate.

Waiver of Home Health Care Elimination Period Rider (Form LTC-WEP 7/12)

The Waiver of Home Health Care Elimination Period benefit waives the requirement to satisfy the Elimination Period if an insured is receiving Home Health Care or Adult Day Care. The Elimination Period must still be satisfied before benefits are payable under Long-Term Care Benefit for confinement in a Nursing Home or an Assisted Living Facility. In addition, the elimination period must be satisfied before premiums are waived under the Waiver of Premium provision. However, days which the Home Health Care Elimination Period is waived will count toward meeting the facility Elimination Period.

This benefit does not apply to the International Coverage Benefit. This rider is not available with the 180 or 365 day Elimination Periods.

The cost of this rider is 15% of the base plan rate.

Additional Cash Benefit Rider (Form LTC-ACB 4/11)

The Additional Cash Benefit Rider provides a monthly cash indemnity benefit that is equal to 15% of the Monthly Long-Term Care Benefit or 4.5 times the Long-Term Care Daily Benefit. This indemnity benefit is in addition to the monthly or daily benefits already provided. In order to qualify for this benefit an insured must be chronically ill, have met the Elimination Period, have not been confined in a Nursing Home or Assisted Living Facility and have received Home Health Care at least one day during the calendar month. The rider ends on the date the Policy Limit has been exhausted.

The cost of this rider is 10% of the base plan rate.

**John Hancock Life Insurance Company
Individual Long-Term Care Policy Series LTC-12 AR**

Review of Policy Design, Coverage, Underwriting and Claims Adjudication

The actuary signing this memorandum was involved in the development of the policy design and coverage and has taken these benefits and their associated risks into account in the pricing of this product. The actuary has also signed off on the policy form associated with this filing. We will continue existing underwriting and claims adjudication processes. These existing processes are the basis for our underlying claim experience which in turn led to our most current claim cost assumptions described further in this memorandum.

Proposed Effective Date

These rates will be effective on the date they may be illustrated, issued and administered by us in the normal course of operations, but in no event earlier than the date of approval.

Renewability Clause

These forms are issued with a Guaranteed Renewable clause. The policy will be fully paid at attained age 95.

Applicability

These rates are for new issues of this policy form. This will be the only LTC product that we will be offering.

Marketing Method

This product is typically marketed through our traditional agency system and brokers involving a personal contact with each applicant. The market is quite varied, but would generally fall in the middle to upper-middle income bracket.

Underwriting

An application with medical and risk questions is filled out by each applicant. Cognitive tests are required for all applicants age 65 and older. Personal interviews are conducted and Attending Physician's Statements are required with every applicant age 70 and above, and optionally at younger ages. The personal interview tool assesses both physical and cognitive abilities. Below age 70, either a telephone interview, APS, medical exam or paramedical exam is required.

**John Hancock Life Insurance Company
Individual Long-Term Care Policy Series LTC-12 AR**

Pricing Assumptions

Morbidity

The morbidity assumptions are derived from our own experience, following a comprehensive claim study completed at the end of 3rd quarter, 2010. The study has been peer reviewed both internally as well as by an Independent third party. Morbidity improvements at a rate of 0.77% per year are assumed in the pricing for 25 years.

Mortality

Our mortality decrement is based on the unloaded 1994 Group Annuity Mortality Table, brought to 2010 using improvements from Scale AA, sex-distinct, and the following selection factors by issue age and risk class:

Policy Year	Issue Ages			
	<=55	65	75	79
1	21.7%	16.4%	18.8%	20.7%
2	29.1%	21.7%	24.2%	26.8%
3	35.6%	27.0%	31.2%	34.2%
4	39.0%	30.1%	37.5%	41.3%
5	41.6%	37.7%	44.6%	49.4%
6	43.4%	43.9%	51.9%	53.2%
7	45.9%	46.4%	59.2%	59.4%
8	49.1%	48.9%	63.7%	65.4%
9	51.3%	52.9%	67.5%	71.2%
10	54.7%	56.9%	72.1%	77.4%
11	58.0%	60.9%	76.9%	83.3%
12	61.4%	62.0%	82.6%	88.5%
13	62.5%	64.1%	88.4%	92.6%
14	64.4%	66.1%	90.8%	92.8%
15	66.4%	67.2%	93.0%	93.0%
16	68.2%	68.4%	93.0%	93.0%
17	70.7%	69.5%	93.0%	93.0%
18	73.1%	72.6%	93.0%	93.0%
19	75.5%	75.7%	93.0%	93.0%
20	78.0%	78.8%	93.0%	93.0%
21	80.5%	81.9%	93.0%	93.0%
22	83.0%	85.1%	93.0%	93.0%
23	85.5%	88.3%	93.0%	93.0%
24	88.0%	91.5%	93.0%	93.0%
25+	93.0%	93.0%	93.0%	93.0%

Policy Year	Risk Class			
	Preferred	Standard	Substd 1	Substd 2
1	60%	108%	147%	185%
2	61%	108%	149%	187%
3	62%	108%	151%	190%
4	63%	108%	153%	192%
5	64%	108%	155%	195%
6	65%	108%	157%	198%
7	66%	108%	159%	200%
8	67%	108%	162%	203%
9	68%	108%	164%	205%
10	69%	108%	166%	208%
11	70%	108%	168%	210%
12	73%	108%	170%	213%
13	76%	108%	172%	215%
14	79%	108%	174%	218%
15	82%	108%	176%	221%
16	86%	108%	176%	221%

Factors for ages between the ones listed above are interpolated.

We also assume future improvements to attained age 100 based on the following improvement scale:

Attained Age	Male	Attained Age	Male										
40	1.35%	50	1.14%	60	0.96%	70	0.84%	80	0.58%	90	0.25%	100	-
41	1.33%	51	1.12%	61	0.95%	71	0.83%	81	0.53%	91	0.22%		
42	1.31%	52	1.10%	62	0.94%	72	0.82%	82	0.49%	92	0.20%		
43	1.29%	53	1.08%	63	0.93%	73	0.80%	83	0.45%	93	0.17%		
44	1.27%	54	1.06%	64	0.91%	74	0.78%	84	0.41%	94	0.15%		
45	1.24%	55	1.04%	65	0.90%	75	0.78%	85	0.37%	95	0.12%		
46	1.22%	56	1.02%	66	0.89%	76	0.74%	86	0.35%	96	0.10%		
47	1.20%	57	1.00%	67	0.88%	77	0.70%	87	0.32%	97	0.07%		
48	1.18%	58	0.99%	68	0.87%	78	0.66%	88	0.30%	98	0.05%		
49	1.16%	59	0.98%	69	0.85%	79	0.62%	89	0.27%	99	0.02%		

**John Hancock Life Insurance Company
Individual Long-Term Care Policy Series LTC-12 AR**

Attained Age	Female												
40	1.66%	50	1.43%	60	1.23%	70	1.08%	80	0.77%	90	0.35%	100	-
41	1.63%	51	1.41%	61	1.21%	71	1.06%	81	0.72%	91	0.32%		
42	1.61%	52	1.38%	62	1.20%	72	1.05%	82	0.67%	92	0.28%		
43	1.59%	53	1.36%	63	1.18%	73	1.03%	83	0.62%	93	0.25%		
44	1.57%	54	1.34%	64	1.17%	74	1.00%	84	0.58%	94	0.21%		
45	1.54%	55	1.32%	65	1.15%	75	1.00%	85	0.53%	95	0.18%		
46	1.52%	56	1.29%	66	1.14%	76	0.95%	86	0.49%	96	0.14%		
47	1.50%	57	1.27%	67	1.12%	77	0.91%	87	0.46%	97	0.11%		
48	1.48%	58	1.26%	68	1.11%	78	0.86%	88	0.42%	98	0.07%		
49	1.45%	59	1.24%	69	1.09%	79	0.81%	89	0.39%	99	0.04%		

Persistency

The base lapse rates assumed are as follows:

Duration	Benefit Builder Option	Other Inflation Options
1	3.50%	3.30%
2	2.12%	1.95%
3	1.42%	1.35%
4	1.08%	1.00%
5	1.00%	0.95%
6	0.93%	0.90%
7	0.90%	0.85%
8	0.90%	0.85%
9	0.90%	0.85%
10	0.90%	0.85%
11+	0.88%	0.85%

Because the policy is fully paid at age 95, the following factors that vary by attained age are applied to the base lapse rate table above:

Attained Age	Lapse Factor
0-84	100%
85	90%
86	80%
87	70%
88	60%
89	50%
90	40%
91	30%
92	20%
93	10%
94+	0%

There are no lapses after the premium paying period.

Expenses

Compensation *:

Policy Year	Avg Commission
1	98.6%
2-3	14.6%
4	14.4%
5	10.3%
6-10	9.1%
11+	3.6%

**John Hancock Life Insurance Company
Individual Long-Term Care Policy Series LTC-12 AR**

*Commissions are reduced on Sponsored Group, Family Discount, and Substandard policies.

Other Expenses:

- Acquisition (year 1): 100% of premium
- Maintenance (all years): \$75.45 per policy
- Premium Tax (all year): 2.0%

Claim Administration Expenses:

- 2.41% of incurred claims

Gender and Marital Specific Adjustment:

The following adjustments are made to the above Morbidity, Mortality, Persistency, and Acquisition Expense assumptions in determining Gender Specific premium rates.

• **Morbidity Adjustment Factors:**

Claim Incidence Rates

Marital	Attained Age	Male	Female
Single	50s	103%	103%
Single	60s	103%	103%
Single	70s	98%	101%
Single	80s	89%	103%
Single	90s	89%	103%
Married	50s	94%	103%
Married	60s	94%	103%
Married	70s	89%	111%
Married	80s	91%	111%
Married	90s	91%	111%

Claim Termination Rates

Marital	Incurral Age	Male	Female
Single	50-69	96%	85%
Single	70-74	109%	90%
Single	75-79	119%	83%
Single	80-84	122%	83%
Single	85-89	132%	82%
Single	90+	119%	81%
Married	50-69	114%	104%
Married	70-74	119%	92%
Married	75-79	148%	85%
Married	80-84	147%	89%
Married	85-89	146%	88%
Married	90+	150%	101%

• **Mortality Adjustment Factors:**

Mortality

Duration	Female Married	Male Married	Female Single	Male Single
1-15	95%	95%	110%	115%
16	96%	96%	108%	112%
17	97%	97%	106%	109%
18	98%	98%	104%	106%
19	99%	99%	102%	103%
20+	100%	100%	100%	100%

**John Hancock Life Insurance Company
Individual Long-Term Care Policy Series LTC-12 AR**

- Persistency Adjustment Factors:**

Lapse

Duration	Married	Female Single	Male Single
1	95.0%	120.0%	120.0%
2	92.0%	132.0%	132.0%
3-5	91.0%	130.0%	171.0%
6-10	90.0%	120.0%	168.0%
11-15	92.0%	113.0%	134.0%
16	93.6%	110.4%	127.2%
17	95.2%	107.8%	120.4%
18	96.8%	105.2%	113.6%
19	98.4%	102.6%	106.8%
20+	100.0%	100.0%	100.0%

- Expenses Adjustment Factors:**

Other Expenses:

To realign the dollar amount of acquisition expenses among different gender and marital combinations, we adjusted acquisition expenses as below.

- Acquisition Expenses Adjustment Factors:

Marital	Male	Female
Single	98%	63%
Married	141%	90%

Net Investment Rate

For the Benefit Builder inflation option, the average net investment rate used for invested assets is 4.8%.

In the cashflows projected, the benefit increases for the Benefit Builder inflation option reflect the 4.8% annual investment return. In the event that an inforce rate increase is needed in the future, the original pricing cash flows will be re-stated to take into account the actual benefit increases based on the actual portfolio credited rates. This will remove the investment portfolio performance piece from the rate increase equation.

For the other inflation options, the average net investment rate used for invested assets is 4%.

In the cashflows projected, the benefit increases for CPI inflation options reflect a 3% annual increase in CPI Index rate. In the event that an inforce rate increase is needed in the future, the original pricing cash flows will be re-stated to take into account the actual benefit increases based on the actual CPI Index rate. This will remove differences in the CPI index piece from the rate increase equation.

**John Hancock Life Insurance Company
Individual Long-Term Care Policy Series LTC-12 AR**

Contingency & Risk Margins

Premiums are determined to meet required profitability measures, the main one being Return on Investment (ROI) which reflects reserve and capital requirements as well as expected claims, expenses and investment income.

**John Hancock Life Insurance Company
Individual Long-Term Care Policy Series LTC-12 AR**

Expected Distribution of Business

Inflation Option	Weight
Benefit Builder	40%
CPI	52%
CPI to 75	6%
5% Compound	2%
Total	100%

Benefit Period	Weight
2	7%
3	33%
4	19%
5	27%
6	11%
10	3%
Total	100%

Gender	Weight
Female	50%
Male	50%
Total	100%

The following mix of business is assumed:

Issue Age	Weight	Preferred	Standard	Substd Class 1	Substd Class 2	Single	Married
40	6%	51%	42%	5%	2%	16%	84%
50	11%	46%	46%	6%	2%	13%	87%
55	23%	44%	47%	7%	2%	13%	87%
60	31%	33%	56%	9%	2%	17%	83%
65	21%	25%	61%	10%	3%	20%	80%
70	6%	20%	66%	12%	2%	27%	73%
75	1%	11%	68%	18%	3%	34%	66%
79	0%	18%	76%	6%	1%	39%	61%
Total	100%	35%	54%	9%	2%	17%	83%

Average Issue Age

The expected average issue age is 58.

Sources and Levels of Pricing Margins

The moderately adverse experience considered when developing these premium rates includes claim costs 10% higher than expected or an equivalent adverse deviation for any and all of the combined assumptions: morbidity, mortality, lapse, and investment income. The resulting profitability under the adverse experience is acceptable to senior management and would not result in taking any rate increase action should such adverse experience materialize.

Premium Classes

Base Rates

The base policy form rates depend upon the following attributes:

- *Issue Age*
Ages 18 through 79 on an age last birthday basis.
- *Gender*
Rates vary between males and females.

John Hancock Life Insurance Company
Individual Long-Term Care Policy Series LTC-12 AR

- *Elimination Period*

30, 60, 90, 180, or 365 days of actual service for which John Hancock will not pay benefits (except for Care Advisory and Additional Stay at Home Benefit). The elimination period must be met only once during the lifetime of the policy. For purposes of Home Health Care only, a date of service will only count toward the elimination period if there are 2 or more hours of covered care that is not primarily incidental homemaker services. Prior to satisfaction of the Elimination Period, 100% of Benefit Amount can be used only for Hospice Care Services that are not reimbursable under Medicare.

Rates for each elimination period option are determined by applying the corresponding factor from the table below to the respective 90 day elimination period tabular rate.

Elimination period	rate multiplier
30	1.2
60	1.1
180	0.9
365	0.72

- *Long-Term Care Benefit Amount*

For Monthly Benefits: \$1,500 to \$15,000 in \$100 increments

For Daily Benefits: \$50 to \$500 in \$10 increments

For policies with the Benefit Builder for inflation option, rates for monthly benefits are calculated by dividing the \$10 per day rate by 2.85 to get the \$100 per month rate.

For policies with the other Inflation options, rates for monthly benefits are calculated by dividing the \$10 per day rate by 2.91 to get the \$100 per month rate.

- *Benefit Period/Policy Limit*

The possible benefit periods are 2 years, 3 years, 4 years, 5 years, 6 years or 10 years.

- *Inflation Options*

The insured has the choice of four inflation options:

1. Benefit Builder Inflation Option (Endorsement LTC-BLD/GIO)

The Benefit Builder inflation option is a feature that grows benefits over time in two ways:

John Hancock Life Insurance Company
Individual Long-Term Care Policy Series LTC-12 AR

- **Automatic Increases:** Each policy anniversary, we will return to each policyholder the investment earnings (net of investment expenses) in excess of 3% from the general account portfolio that supports policies with the Benefit Builder or similar feature. These earnings will automatically be used to increase benefits and help offset the effect of inflation. Benefits will never decrease due to investment earnings below 3%, but there is a loss recouping mechanism described below for these scenarios.
- **Optional Increases:** Buy-up options of 10% of current benefits are offered to policyholders every 3 years (with restrictions defined below) which can also help offset the effect of inflation.

Automatic Increases

On each Policy Anniversary, we calculate an Excess Earnings Credit based upon the following formula.

Excess Earnings Credit = (Portfolio Rate of Return – 3%)*(Allocated Reserve Value) – Prior Losses

Where:

- *Portfolio* means the segment of our general account that contains the assets supporting policies with the Benefit Builder or similar feature.
- *Portfolio Rate of Return* means the net annual rate of return earned on the assets in the Portfolio (net of investment expenses).
- *Allocated Reserve Value (ARV)* refers to the portion of assets attributed to the insured in the Portfolio. The initial Allocated Reserve Value for a policyholder will be based on pre-determined tables that vary by issue age, policy year, risk class, gender, marital status, benefit period and elimination period. The tables were developed for the Standard risk class, Unisex, Single marital status and 90 day elimination period. The tables for the other risk and marital classes and elimination periods are calculated by using the same premium rate factors that we use for those classifications. Gender distinct tables are calculated by applying an additional factor to the unisex tables. For Females the factor is 1.10, and for Males the factor is 0.76. The ARV is recalculated every policy year to reflect additions due to Automatic Increases from prior years and any Buy-ups purchased.
- *Prior Losses:* If the Portfolio Rate of Return in any year is below 3%, a loss will be calculated equal to: (Portfolio Rate of Return – 3%)*(Allocated Reserve Value). This loss will never decrease benefit levels, but in order to receive an earnings credit in the next year, the sum of prior losses must be overcome. For example, if there are two consecutive years with losses of \$500 and \$400, and then the third year produces a gain of \$1,000, the Excess Earnings Credits will be \$0, \$0, and \$100 (\$1,000 - \$500 - \$400) for those years, respectively.

If the Excess Earnings Credit is greater than zero, this amount is divided by a Single Premium to determine the amount of the increase to the benefit amount. The Single Premiums vary by issue age, policy duration, and gender, assuming a 3% investment return, and are guaranteed renewable. In the event of an inforce rate increase, the Single Premiums would change based on the same revised assumptions for the base policy. The Single Premiums were developed for the Standard risk class, Unisex, Single marital status and 90 day elimination period. The Single Premiums for the other risk and marital classes and elimination periods are calculated by using the same premium rate factors that we use for those classifications. Gender distinct tables are calculated by applying an additional factor to the unisex tables. For Females the factor is 1.10, and for Males the factor is

John Hancock Life Insurance Company
Individual Long-Term Care Policy Series LTC-12 AR

0.76. The Unisex Single Premiums are included in the excel spreadsheet attached to this filing.

Benefit Increase = (Excess Earnings Credit) / (Single Premium)

If the Excess Earnings Credit is less than or equal to zero, we will not reduce the benefit amount by such decrease as mentioned; however, we will offset any such decrease when calculating future Excess Earnings Credits with the loss recouping mechanism mentioned above.

Buy-up Options

- Every third policy anniversary through age 75, we will offer policyholders the option to increase their benefits without underwriting, by purchasing additional coverage equal to 10% of the benefit amount that was in effect immediately prior to the policy anniversary.
- Premium increases for the Buy-up Option are based on attained age rates in effect on the option date.
- The Options will cease and not be made available if the insured was chronically ill at any time during the two year period prior to the option date or if benefits have ever been paid under the policy.
- For issue ages below 65, the Options will cease if the insured has declined two previous options. For issue ages 65 and above, the Options will cease if the insured declines any option.
- The Buy-up Options not available for policies with the Survivorship and Waiver of Premium Benefit Rider.

2. CPI Compound Inflation (Endorsement LTC-CPI/GIO 4/11)

The Long-Term Care Benefit and remaining Policy Limit will, on each policy anniversary, increase by the percentage change in the Consumer Price Index, Urban, All Items (CPI percentage). The CPI percentage will be measured over the 1 year period that ends three months prior to the month of the policy anniversary. If the CPI percentage is negative in a year, no reduction in current Long-Term Care benefit amounts or policy limits will occur, but it will offset future increases.

In addition, every 3 years an option to increase the Long-Term Care Benefit amount and remaining Policy Limit by a factor of 5% will be offered (this is referred to as the Guaranteed Increase Option). This increase will be in addition to the automatic CPI increases. The premium for any increase will be based on attained age. No additional underwriting will be required. The offer will not be available if the policyholder was chronically ill in the 2 years prior to the date of the offer, after the insured attains age 76 or if the policyholder has declined two previous options. The Guaranteed Increase Option is not available for policies with the Survivorship and Waiver of Premium Benefit Rider.

3. CPI Compound Inflation Through Age 75 (Endorsement LTC-CPI75GIO 4/11)

The Long-Term Care Benefit and remaining Policy Limit will, on each policy anniversary through age 75, increase by the percentage change in the Consumer Price Index, Urban, All

John Hancock Life Insurance Company
Individual Long-Term Care Policy Series LTC-12 AR

Items (CPI percentage). This inflation option functions exactly like the “CPI Compound Inflation” option above with the exception that the automatic benefit increases end after age 75. The maximum issue age for this inflation option is age 70.

4. Annual 5% Compound Inflation (Endorsement LTC-5COMP 4/11)

The Long-Term Care benefit and remaining policy limit will increase 5% per year compounded.

In addition, we are filing a fifth inflation option that will not be available upon launch of this product but we may make available at a later date:

5. Annual 3% Compound Inflation (Endorsement LTC-3COMP 4/11)

The Long-Term Care benefit and remaining policy limit will increase 3% per year compounded.

**John Hancock Life Insurance Company
Individual Long-Term Care Policy Series LTC-12 AR**

Partner Discounts and Underwriting Factors

The following two paragraphs describe the partner discount available with this product and the underwriting factors for the different rate classes. The combination of these two items is limited to a 35% reduction from single life standard rates.

- *Partner Discount*
A partner discount of 30% is available for married couples or family members of the same generation or domestic partners (of the same or opposite sex) who have lived together for at least 3 years and if both individuals apply at the same time and are approved for coverage and accept the policies under the same policy form.
- *Underwriting Classes*
A preferred class, standard class, and two sub-standard classes are available. Preferred Rates are 90% of standard rates and the substandard rates are 125% and 150% of standard rates.

Other Discounts

- *Sponsored Group Discount*
For eligible employer, association, and other groups approved by us, a 5% discount will be applied to each policy. *Valued Clients* (existing Manulife and John Hancock life and annuity clients and their families) are one of the other groups approved by us.
- *Family Discount*
If three or more members of an immediate family purchase the policy, a 5% discount applies. This discount is not available in combination with the Sponsored Group discount.
- *Loyalty Credit*
If an insured has an existing John Hancock individual long-term care policy from a prior policy series in force for more than three years and replaces that coverage with this policy, there will be a 5% credit applied to this policy.

Rider Charges

Nonforfeiture	6%
Survivorship and Waiver of Premium	9%
Waiver of Home Health Care EP	15%
Additional Cash Benefit	10%
Shared Care	2 yr BP: 26% 3 yr BP: 16% 4 yr BP: 11% 5 yr BP: 10% 6 yr BP: 8% 10 yr BP: 5%

**John Hancock Life Insurance Company
Individual Long-Term Care Policy Series LTC-12 AR**

Premium Modalization Rules

Semiannual:	.52 * Annual Premium
Quarterly:	.27 * Annual Premium
Monthly:	.09 * Annual Premium

These factors recover interest and premiums lost due to deferred payments and off anniversary lapses as compared to annual mode experience.

Contract Reserves

Active Life Reserves

Reserve Basis

- One-year Full Preliminary Term
- The assumptions used for reserves contain reasonable margins for adverse experience
- The net valuation premium for renewal years does not increase

Morbidity

- 107.5% (2.41% load for claim administration expenses and 5% margin for adverse experience) of the select and ultimate claim costs developed for this form and as described above in the pricing assumptions. No future morbidity improvements are assumed.

Interest

- 3.5% discount rate

Future benefit increases for the Benefit Builder option are projected assuming a 3.5% portfolio rate.

Mortality

- Gender specific 1994 Group Annuity mortality

Persistency

- Policy years 1-4: 80% of the lapse rate used in the calculation of gross premiums (as described above in the pricing assumptions)
- Policy years 5+: 100% of the voluntary lapse rate used in the calculation of gross premiums.

Claim Liability and Reserves

The claim reserves are calculated as the present value of future claim payments for claims that have been incurred, based on claim runoffs that reflect 95% of our pricing claim termination rates (for conservatism), discounted at 3.5% interest.

John Hancock Life Insurance Company
Individual Long-Term Care Policy Series LTC-12 AR

Premium Rate Schedules

The following pages contain the premium rate schedules to which the information in this actuarial memorandum applies. The premium rate schedule is not less than the premium rate schedule for existing similar policy forms with issue age rate schedules and comparable premium-paying periods also available except for reasonable differences attributable to benefits. Please note that rates for ages 80-90 are only available for the SharedCare guarantee purchase option.

The Single Premium rates that are used to calculate the Benefit Builder Increases are in the Excel spreadsheet accompanying this form.

John Hancock Life Insurance Company

Individual Long-Term Care Policy Series LTC-12 AR

Long-Term Care Policy Series LTC - 12 AR

Single Female Standard Rates per \$10 of Daily Coverage

90-Day EP

Age*	CPI Compound Inflation						5% Compound Inflation						CPI Inflation to 75**						Benefit Builder						3% Compound Inflation					
	Benefit Period						Benefit Period						Benefit Period						Benefit Period						Benefit Period					
	2	3	4	5	6	10	2	3	4	5	6	10	2	3	4	5	6	10	2	3	4	5	6	10	2	3	4	5	6	10
18-29	91	115	128	137	143	195	252	326	369	396	415	562	72	91	103	110	116	159	34	39	43	44	47	64	107	132	147	158	163	224
30	96	121	135	144	150	205	254	329	373	400	419	568	76	96	108	116	122	167	36	41	45	46	49	67	113	139	155	166	172	236
31	97	123	137	146	152	208	255	330	374	401	420	570	77	97	110	118	124	170	37	42	47	48	51	69	114	141	158	169	175	240
32	99	124	140	149	155	212	256	332	376	403	422	572	78	99	111	120	125	172	38	44	48	50	53	72	116	143	161	171	177	244
33	101	126	142	151	157	215	257	333	377	404	423	575	79	100	113	121	127	175	39	45	50	51	55	74	117	145	163	174	180	248
34	102	128	145	154	160	219	258	334	378	405	424	577	80	101	115	123	129	178	40	46	52	53	56	78	118	147	166	177	182	252
35	104	130	147	156	162	222	259	335	379	406	425	579	81	103	117	125	131	180	41	48	54	55	59	81	120	150	169	179	185	256
36	105	131	150	159	165	226	260	337	381	408	427	581	82	104	118	127	133	183	42	49	56	58	61	84	121	152	172	182	188	260
37	107	133	153	162	168	230	261	338	383	409	428	583	84	106	120	129	134	186	43	51	58	60	63	87	123	154	175	185	190	265
38	109	135	155	164	170	233	262	339	384	410	429	587	85	107	122	131	136	189	44	53	60	62	65	90	124	156	179	188	193	269
39	110	137	158	167	173	237	263	340	386	412	431	589	86	109	124	133	138	192	45	54	62	65	68	93	126	159	182	191	196	273
40	112	139	161	170	176	241	264	341	387	413	432	591	87	110	126	135	140	195	46	56	64	67	70	96	127	161	185	194	199	278
41	113	141	163	172	178	245	264	341	387	413	432	592	88	111	128	137	142	198	47	58	66	69	72	99	129	163	187	197	202	282
42	115	143	164	175	181	249	265	342	388	414	434	593	89	113	129	138	144	201	49	59	68	71	74	102	131	166	190	200	206	287
43	116	145	166	177	183	252	265	342	388	414	434	594	91	114	131	140	146	204	50	61	69	73	77	105	133	168	192	203	209	291
44	118	147	168	179	186	256	266	343	389	415	435	595	92	115	132	142	148	207	52	63	71	75	79	108	135	170	194	206	213	296
45	119	149	169	182	188	260	266	343	389	415	435	596	93	117	134	144	150	210	53	64	73	79	82	112	137	173	197	209	216	300
46	121	151	171	184	191	264	267	344	390	416	436	597	95	118	135	146	152	213	55	66	75	81	84	115	139	175	199	212	220	305
47	122	153	173	186	193	268	267	344	390	416	436	598	96	120	137	147	154	216	57	68	78	83	86	119	141	177	201	215	224	309
48	124	156	174	189	196	273	268	345	391	417	437	599	97	121	139	149	156	219	58	70	81	86	89	122	144	180	204	218	227	314
49	125	158	176	191	198	277	268	345	391	417	437	600	99	123	140	151	158	223	60	72	83	88	91	126	146	182	206	222	231	319
50	127	160	178	194	201	281	269	346	392	418	438	601	100	124	142	153	160	226	62	74	85	91	94	131	148	185	209	225	235	324
51	130	164	183	199	206	288	270	347	393	419	439	602	102	127	145	157	164	231	65	79	89	95	98	137	151	189	214	230	239	331
52	134	167	189	204	212	295	271	348	394	420	440	603	104	129	149	160	168	235	68	82	93	100	103	144	153	192	219	235	244	337
53	137	171	194	210	217	302	272	349	395	421	441	604	106	132	152	164	172	240	71	86	98	105	108	151	156	196	224	240	249	344
54	140	175	200	215	223	309	273	350	396	422	442	605	109	135	155	168	177	245	74	91	102	110	113	158	159	200	229	245	253	351
55	144	179	206	221	229	317	274	351	397	423	443	606	111	138	159	172	181	250	78	95	107	115	118	166	162	204	234	250	258	358
56	149	185	213	229	237	327	275	352	398	425	444	610	114	142	164	178	186	258	82	101	114	122	125	175	166	208	239	256	264	366
57	154	192	220	237	246	338	277	353	399	426	446	613	118	147	170	183	192	267	87	107	120	130	134	186	170	213	244	262	271	375
58	160	198	227	245	254	350	278	355	400	428	447	617	121	152	175	189	198	276	92	113	129	137	142	196	175	217	250	268	278	383
59	165	205	235	253	264	361	281	356	401	429	449	620	125	157	181	196	204	285	97	120	137	145	150	207	179	222	255	274	284	392
60	171	212	243	262	273	373	282	357	402	431	450	624	129	162	187	202	210	294	102	128	145	153	159	219	184	227	261	280	291	401
61	180	223	256	276	287	393	292	370	417	448	466	649	136	170	197	212	221	309	109	137	155	164	171	236	193	238	274	294	307	421
62	190	235	271	290	303	413	302	384	434	464	483	673	143	178	207	223	233	324	117	147	166	177	184	253	202	250	289	309	322	442
63	201	247	286	306	319	435	313	398	450	481	502	699	151	187	218	234	245	340	126	158	179	191	198	271	212	263	304	325	339	464
64	211	260	301	322	335	458	324	412	467	500	520	726	159	196	230	246	258	357	136	169	192	205	212	292	223	276	320	342	357	488
65	223	274	318	339	353	482	337	427	486	518	540	754	167	206	242	259	272	375	146	182	206	220	228	313	234	290	337	359	375	512
66	236	292	337	361	377	515	351	447	507	544	570	783	177	220	256	276	290	401	156	196	222	239	248	341	248	310	357	382	400	547
67	250	312	356	384	402	551	366	467	528	571	602	814	188	235	271	293	310	428	167	211	240	258	269	371	264	330	378	407	427	585
68	265	332	377	409	430	589	381	489	552	599	635	847	200	250	286	312	330	458	179	227	259	279	293	404	280	353	400	433	456	626
69	281	354	399	435	459	630	398	510	575	628	670	879	212	267	303	332	352	489	192	246	279	303	317	441	298	377	423	461	486	669
70	298	378	422	463	490	674	414	533	601	660	708	914	225	285	320	353	376	523	205	265	302	328	345	479	316	402	448	491	519	715
71	318	403	457	504	534	722	447	566	646	710	761	977	241	310	350	386	411	564	228	295	336	368	390	530	338	429	488	539	571	769
72	340	430	495	549	583	774	482	600	695	763	819	1046	257	335	379	418	446	605	251	323	369	407	436	580	360	457	529	588	623	823
73	363	459	536	598	636	830	521	635	747	820	881	1118	273	359	409	451	482	646	274	353	404	447	480	631	383	484	569	636	676	878
74	388	489	581	651	693	890	562	674	803	881	948	1195	289	384	438	483	517	687	297	381	438	486	526	681	405	512	610	685	728	932
75	414	522	629	709	756	954	607	715	863	948	1019	1279	305	409	468	516	552	728	320	411	471	525	571	732	427	539	650	733	780	986
76	453	571	684	768	818	1039	645	782	945	1042	1118	1399																		

John Hancock Life Insurance Company

Individual Long-Term Care Policy Series LTC-12 AR

Long-Term Care Policy Series LTC - 12 AR

Single Male Standard Rates per \$10 of Daily Coverage

90-Day EP

Age*	CPI Compound Inflation						5% Compound Inflation						CPI Inflation to 75**						Benefit Builder						3% Compound Inflation					
	Benefit Period						Benefit Period						Benefit Period						Benefit Period						Benefit Period					
	2	3	4	5	6	10	2	3	4	5	6	10	2	3	4	5	6	10	2	3	4	5	6	10	2	3	4	5	6	10
18-29	62	74	81	84	86	122	175	209	227	240	246	347	52	63	68	72	75	106	27	30	32	33	34	46	72	85	92	96	99	140
30	65	78	85	88	91	128	177	212	230	242	249	351	55	66	72	76	79	112	28	31	33	34	35	48	76	89	97	101	104	147
31	66	79	86	89	92	130	177	212	231	243	250	352	56	67	73	77	80	114	29	32	34	35	36	50	77	90	99	103	106	149
32	67	80	88	91	94	132	178	213	231	243	250	353	56	68	74	78	81	115	29	33	35	36	37	51	78	92	101	104	107	152
33	68	81	90	93	95	134	178	213	232	244	251	354	57	69	75	79	82	117	30	34	37	38	39	53	79	93	102	106	109	154
34	69	82	91	94	97	136	179	214	232	244	251	355	58	69	77	81	83	119	31	35	38	39	40	55	80	94	104	108	111	157
35	70	83	93	96	98	138	179	214	233	245	252	356	58	70	78	82	84	121	32	36	39	40	41	57	81	96	106	110	113	159
36	71	84	94	97	100	140	180	215	234	246	253	358	59	71	79	83	85	122	33	37	41	42	43	59	82	97	108	111	114	162
37	73	86	96	99	101	142	180	215	234	246	253	360	60	72	80	84	87	124	33	38	42	43	44	61	83	99	110	113	116	164
38	74	87	98	101	103	145	181	216	235	248	254	361	61	73	81	85	88	126	34	40	44	45	46	63	84	100	112	115	118	167
39	75	88	99	102	104	147	181	216	235	248	254	362	61	74	83	87	89	128	35	41	45	46	47	66	85	102	114	117	120	169
40	76	89	101	104	106	149	183	217	236	249	255	363	62	75	84	88	90	130	36	42	47	48	49	68	86	103	116	119	122	172
41	77	90	101	105	107	151	183	217	236	249	255	364	63	76	84	89	91	131	37	43	48	49	50	70	87	104	117	120	123	174
42	77	91	102	106	108	152	184	218	237	250	256	366	63	76	85	89	91	132	38	44	49	50	51	71	88	105	118	121	124	176
43	78	92	102	106	109	154	184	218	237	250	256	367	64	77	85	90	92	133	38	45	50	51	52	73	89	106	118	122	126	178
44	79	92	103	107	110	156	185	220	239	251	258	370	65	77	86	90	93	135	39	46	51	52	53	74	90	107	119	123	127	180
45	79	93	103	108	111	157	185	220	239	251	258	371	65	78	86	91	93	136	40	47	52	53	55	77	91	108	120	124	128	182
46	80	94	103	109	112	159	186	221	240	252	259	373	66	79	87	92	94	137	41	48	53	54	56	79	92	109	121	125	130	184
47	81	95	104	110	113	161	186	221	240	252	259	374	67	79	87	92	95	138	42	49	54	55	57	80	93	111	122	127	131	186
48	82	96	104	110	113	162	187	222	241	253	260	376	68	80	88	93	96	140	43	51	55	57	59	82	94	112	122	128	132	188
49	82	97	105	111	114	164	187	222	241	253	260	377	68	80	88	93	96	141	44	52	56	58	60	84	95	113	123	129	134	190
50	83	98	105	112	115	166	188	223	242	254	261	380	69	81	89	94	97	142	45	53	57	59	61	86	96	114	124	130	135	192
51	85	100	108	115	118	170	189	224	243	255	262	381	71	83	91	96	99	145	47	55	60	62	64	90	98	116	127	133	138	196
52	87	103	111	118	121	174	190	225	244	256	263	382	72	84	94	99	102	148	49	58	62	64	66	94	100	118	130	136	140	199
53	89	105	115	121	124	178	192	226	245	258	264	383	74	86	96	101	105	151	51	60	65	67	69	99	102	120	133	139	143	203
54	92	107	118	125	129	183	193	227	246	259	265	384	75	88	98	103	107	154	54	62	68	70	72	103	104	123	136	142	145	207
55	94	110	122	128	131	187	194	228	248	260	267	385	77	90	101	106	110	157	56	65	71	73	75	108	106	125	139	145	148	211
56	98	114	126	133	136	193	195	230	249	261	268	386	79	93	105	110	114	162	59	69	75	78	80	114	109	128	142	149	152	216
57	101	118	131	137	141	200	196	231	250	262	269	388	82	96	108	114	117	168	62	73	81	83	85	120	112	131	146	152	156	221
58	105	123	135	142	146	207	197	232	251	263	270	389	85	100	112	118	121	174	66	78	86	88	90	128	115	134	149	156	160	227
59	109	127	140	148	151	214	198	233	252	264	271	390	87	103	116	122	125	180	69	83	91	93	95	135	118	138	152	160	164	232
60	113	132	145	153	157	221	199	234	253	265	272	391	90	107	120	126	129	186	73	88	97	99	101	142	121	141	156	164	168	238
61	120	139	154	162	166	234	207	244	264	277	283	408	95	113	127	133	136	196	80	95	104	106	109	153	128	149	165	173	177	251
62	127	147	163	171	175	247	215	254	276	288	295	426	101	119	134	140	144	207	86	102	111	114	117	164	135	157	174	183	187	265
63	135	156	173	181	185	261	224	264	287	299	306	445	106	125	142	148	152	218	93	109	119	123	126	176	143	165	184	193	198	279
64	143	165	184	192	196	276	233	276	299	311	318	464	113	132	150	156	161	230	100	117	129	133	136	191	151	174	195	204	208	294
65	152	174	195	203	207	292	242	287	312	324	330	484	119	139	159	165	170	243	108	126	138	143	146	205	160	184	206	215	220	310
66	162	187	207	217	223	315	254	302	328	343	353	505	127	149	169	177	183	262	116	137	149	155	159	224	171	198	219	230	237	334
67	172	200	221	233	239	339	267	318	345	363	377	526	135	160	179	189	196	282	124	149	161	169	174	246	182	213	234	247	254	360
68	183	215	235	249	258	365	279	335	362	384	402	550	144	172	189	202	211	304	134	161	174	185	190	269	194	229	249	264	273	388
69	195	231	250	267	277	394	292	353	380	407	430	573	154	184	201	217	227	327	143	174	190	201	207	295	207	246	265	283	294	418
70	208	248	266	286	298	424	307	372	399	430	459	598	164	198	213	232	244	352	153	189	205	218	226	323	221	264	282	303	316	450
71	224	266	292	317	331	458	338	401	438	473	505	650	178	218	236	256	270	378	171	212	231	249	262	360	239	285	313	341	357	489
72	241	286	321	351	368	495	373	433	480	519	556	706	192	238	259	280	295	404	191	235	256	278	298	398	257	305	344	379	398	528
73	259	308	352	389	409	535	412	467	528	570	612	766	207	258	283	303	321	430	209	258	282	309	335	435	274	326	376	418	440	568
74	279	330	386	431	455	578	454	504	579	626	673	832	221	278	306	327	346	456	228	281	307	339	370	472	292	346	407	456	481	607
75	300	355	424	478	506	625	501	544	635	688	740	904	235	298	329	351	372	482	247	304	333	369	406	509	310	367	438	494	522	646
76	335	397	471	530	561	697	547	607	693	741	787	1002							276	343	374	415	457	559	346	410	486	547	579	719
77	373	443	523	587	623	776	597	676	756	801	839	1112							309	387	42									

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

John Hancock Place
Post Office Box 111 B-6-6
Boston, Massachusetts 02117
1-888-877-9075
Direct: (617) 572-0281
Fax: (617) 450-8198
Email: jwitham@jhancock.com



Joanne Witham
Director
LTC Contracts and Legislative Services

January 25, 2013

Commissioner Jay Bradford
Arkansas Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: John Hancock Life Insurance Company (U.S.A.)
Company NAIC # 65838, FEIN # 01-0233346
Individual Long-Term Care Insurance Submission
Policy Form LTC-12
Actuarial Memo for Policy Form LTC-12 AR
Applications and Outline of Coverage

Dear Commissioner,

We enclose the above referenced actuarial memo and related forms for your review and approval. This memo, rate schedules and forms are new and do not replace our existing product LTC-11 AR. For the time being we will continue to market our LTC-11 AR product globally, once our gender distinct rates and product are approved and implemented we intend to limit the availability of this product to the employer space. If there is any change in the target market we will inform you prior.

Rates

We are submitting gender specific rates for this long-term care product, Custom Care III (CCIII) featuring Benefit Builder, to reflect the differences in our morbidity, mortality, and lapse experience between males and females. The benefit design, product and rider features remain the same as those included in the previous CCIII with Benefit Builder filed with and approved by your department last year.

Please note since the last the review previous review our LTC-11 AR version of the Actuarial Memorandum the following has been revised.

- revised Benefit Builder Inflation Option portfolio rate of return description
- replaced the term "Non-Fixed Income" with "Other Assets"
- Partner Discount - A partner discount of 30% is available for married couples or family members of the same generation or domestic partners (of the same or opposite sex) who have lived together for at least 3 years and if both individuals apply at the same time and are approved for coverage and accept the policies under the same policy form.

Forms

Policy LTC-12 AR - We are also submitting a clone of our existing LTC-11 AR policy to be used with the new gender specific rates. The changes we have made include:

- A new policy form number
- Incorporation of recently approved endorsement provision for Waiver of Elimination Period for Hospice Care, into the policy and
- Revised the Misstatement of Age provision to include Sex.

Outline of Coverage OCLTC-12 AR - We are submitting the outline of coverage to support the new policy form.

Application LTC-APPGD12 AR -This application is similar to previously approved version of our application; we have added some additional fields.

Previously Approved Forms

We would like to continue to use many of the previously approved forms, approved for use with policy form LTC-11 AR. Please refer to Appendix B for the list of forms.

The following items are included in this submission:

- the submission letter.
- all actuarial material.

Thank you for your time and consideration in this matter. Please feel free to contact me with any questions.

Sincerely,

A handwritten signature in cursive script that reads "Joanne Witham". The signature is written in black ink and is positioned below the word "Sincerely,".

Appendix A

Submitted Forms List

Form Number	Form Name
LTC-12	Policy
LTC-APPGD12	Application -CCIII featuring Benefit Builder
OCLTC12	Outline of Coverage - CCIII featuring Benefit Builder

Appendix B

Previously Approved Forms to Be used with LTC-12 AR

Form Name	Form Number
Benefit Builder with Buy-up Option	LTC-BLD/GIO
CPI Compound Inflation Coverage	LTC-CPI/GIO 4/11
CPI Compound Inflation Coverage through Age 75	LTC-CPI75/GIO 4/11
5% Compound Inflation Coverage	LTC-5COMP 4/11
3% Compound Inflation Coverage	LTC-3COMP 4/11
Shared Care Rider	LTC-SHC 4/11
Waiver of the Home Health Care Elimination Period	LTC-WEP 7/12
Survivorship & Waiver of Premium Benefit	LTC-SURV 4/11
Additional Cash Benefit	LTC-ACB 4/11
Nonforfeiture Benefit Option	LTC-NONF 7/12
Contingent Nonforfeiture	LTC-CNF 4/11
Double Coverage for Accident Benefit Endorsement	LTC-DAB 4/11
Administrative Forms	
Reinstatement Application	LTC-REI11 AR
Reconsideration Application – U/W only	LTC-INC12 AR
Advance Payment Receipt	LTC-CR11
Administrative Change Form	LTC-1064
Suitability Worksheet (Agent)	LTC-PWK 4/11
Suitability Worksheet (Direct)	LTC-PWKDM 4/11
Suitability Information Sheet	LTC-SUIT 4/11
Potential Rate Increase Disclosure Form	LTC-RII AR 4/11
Replacement Notice (Agent)	15-LTC-11
Replacement Notice (Direct)	15-LTC-11DM
HIPAA Medical Authorization	LTC-MED11
Notice of Information Practices	LTC-INF 4/11