



LONG TERM CARE
INSURANCE

Control No.
(if known): _____

JOHN HANCOCK LONG TERM CARE INSURANCE SITUS VERIFICATION FORM

INSTRUCTIONS

Use this form in conjunction with a John Hancock LTCI policy when the applicant is signing the application outside his/her resident state. Please be sure to check off the appropriate box(es) in section 2 to indicate why the contract is not being signed in the state where the applicant resides. Only the agent/broker is required to sign this form.

Please indicate the state in which the application is signed: _____

Section 1

Applicant name: _____ Social Security Number: _____

Resident/domicile address of applicant: _____

City State Zip (_____) Telephone

Section 2

Secondary residence: _____ Address

_____ Address

City State Zip (_____) Telephone

Employment: _____ Employer/business name

_____ Address

_____ Address

City State Zip (_____) Telephone

Prior business relationship involving financial service products: From: _____ To: _____
Approximate dates of relationship

Nature of relationship: _____

Section 3

_____ (_____) Telephone

Agent/Broker Name

_____ / _____ / _____
Agent/Broker Signature Date

Please submit this form with your LTCI Application