



Introduction

Use this form to authorize individuals to whom John Hancock may disclose information regarding your Long-Term Care policy.

Questions about this form?

 1-800-377-7311

To email this form:

 LTCForms@jhancock.com

 **See the end of this document for return instructions**

1. Policy Information

Insured's Name:

First

Middle

Last

Insured's Address:

Street

City

State

Zip

Policy Number(s):

Home Phone Number:

Cell Phone Number:

2. Authorized Individuals

John Hancock is authorized to disclose, telephonically, information about my Long-Term Care policy to the individuals designated below:

Designee Name: _____

Designee Name: _____

Designee Name: _____

Designee Name: _____

Designee Name: _____

Designee Name: _____

4. Authorization

The information is limited to: policy benefit information, premium payment information, benefit period, claim approval, dates of service, provider approval status, and payment mail dates. CSR cannot provide full SSN or bank account number.

I understand that:

1. By signing this document I am providing written authorization to disclose policy specific information to the designee(s) listed above on an ongoing basis. In order to release any medical related information, the Policyholder must complete the HIPAA release form.
2. The caller must be able to authenticate via our Call Center guidelines.


**SIGN
HERE** 

Insured's Signature (Or Legal Representative)


Today's Date (MM/DD/YYYY)

Submission Instructions


To mail this form:

 John Hancock Financial Services
PO Box 55978
Boston, MA 02205

To email this form:

 LTCForms@jhancock.com

To fax this form:

 1-617-572-6010

Need more information? Call:

Monday through Friday
8:00 A.M. to 6:00 P.M. Eastern Time
John Hancock Long-Term Care: 1-800-377-7311
TTD Hearing/Speech Impaired: 1-800-832-5282