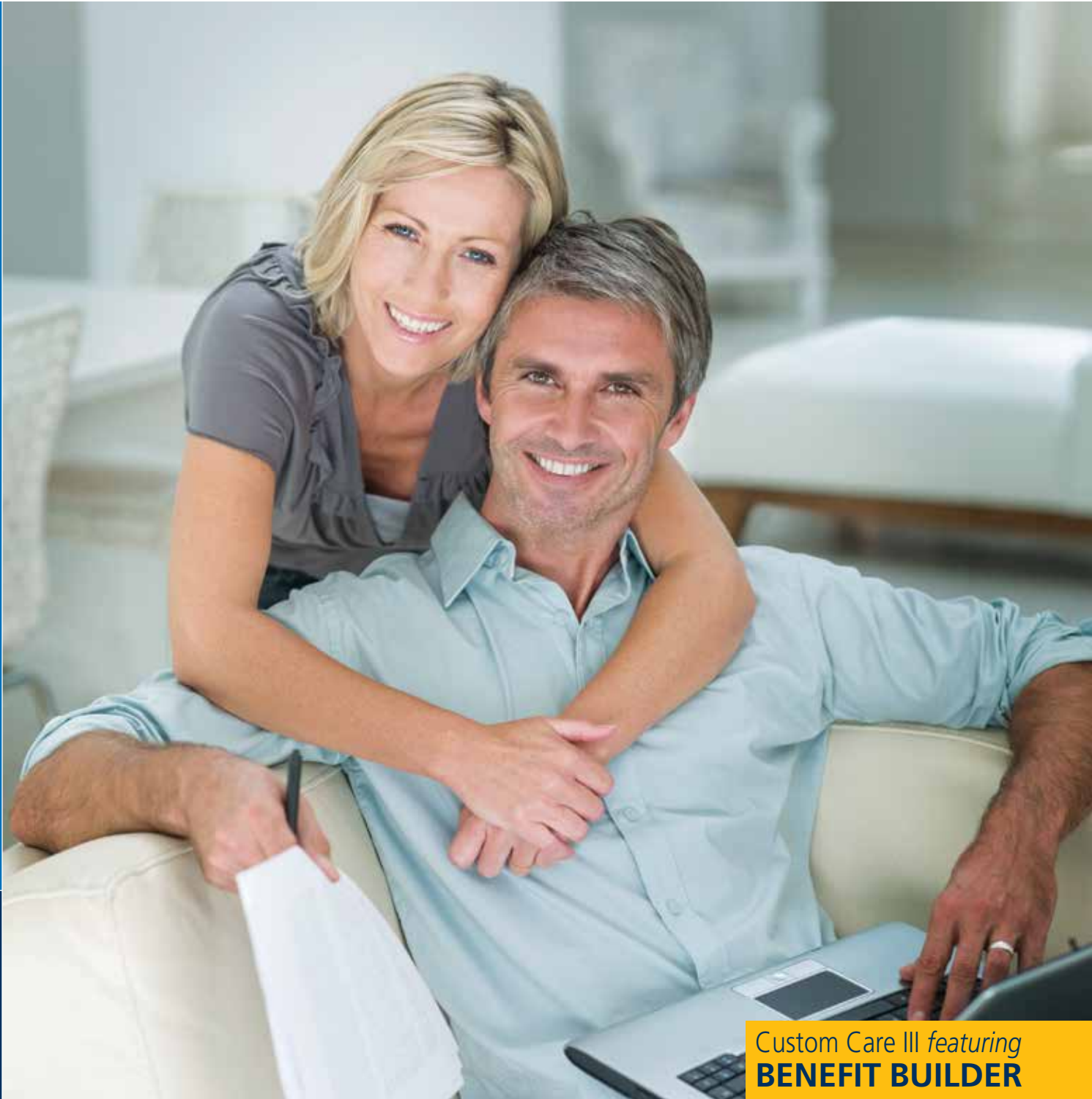




Long-term care insurance designed with you in mind



Custom Care III featuring
BENEFIT BUILDER

Valuable coverage that's also a good value

You may feel like retirement is still many years away, particularly if you have more immediate obligations, like a home mortgage or a child's college tuition. But if you want to take an important step toward a more secure future, you'll want to consider how the need for long-term care can impact your plans and your loved ones.

Contrary to what you may think, long-term care is not just an issue for older people. In fact, the need for care can happen at any time during your life, due to illness or an accident. That's why you may want to consider the purchase of long-term care insurance (LTC).

It provides coverage for care in a wide range of settings, as well as support for you and your family at claim time. You may believe that your competing financial priorities put this important coverage out of reach, but that doesn't have to be the case.

Custom Care III *featuring* **Benefit Builder***

John Hancock's Custom Care III featuring Benefit Builder, is an innovative approach to LTC insurance that gives you access to the comprehensive coverage you need. The policy covers care where you want it and provides support when you need it. It includes options that enable you to customize your policy and a wide range of built-in consumer protections.

The Benefit Builder feature is an affordable alternative to traditional automatic inflation options. By enabling coverage to increase gradually over time, Benefit Builder can be particularly advantageous for younger buyers who do not anticipate needing care for many years.

Best of all, its backed by John Hancock — a name people know and trust.

*Patent pending

Access to care where you want it

If you ever find yourself in a long-term care situation, it helps to have a number of care options so you can decide which arrangement works best for you and your family members. You can take comfort in knowing that your policy covers care in a wide range of settings.

- **Home health care** — You can receive skilled services in the comfort of your own home or residence from a professional care provider such as a nurse or a physical, occupational, or speech therapist.
You can also receive care from a home health aide. If there are no home health aides from an agency in your vicinity, you may be eligible for an independent home health care provider.¹
In addition, the policy covers respite care, which provides short-term, temporary relief to enable your primary caregiver to take a break from his or her responsibilities.
- **Adult day care** — You may prefer to receive care in your local community, so that you can enjoy spending time with other people. If that's the case, your policy may cover the social and health-related services in an adult day care center.

- **Assisted living facilities (ALFs)** — Your situation may require more care than would be available in your own home. ALFs provide personal care services such as meals, housekeeping, and assistance with the activities of daily living in a secure, home-like environment.
- **Nursing homes** — If you need round-the-clock care, a nursing home might be the best way to assure that all of your needs are met by a professional staff.
- **Hospice care** — You will be covered for end-of-life care, including support for your family, in your home or in a facility if you prefer.

HOW TO ACCESS YOUR BENEFITS

You become eligible to receive benefits² under your policy when you are Chronically Ill and a Licensed Health Care Practitioner³ indicates that you will need either of the following:

- Substantial assistance with at least two out of six activities of daily living (ADLs) due to the loss of functional capacity for at least 90 days. ADLs include the following: eating, bathing, dressing, toileting, continence, or transferring
- Substantial supervision to protect yourself from threats to health and safety due to a cognitive impairment such as Alzheimer's disease, brain injury, or stroke

1. An independent home health care provider must provide proof of training, and will only be reimbursed if no home health care agency is available within a 40 mile radius. Maximum reimbursement is 75% of the Daily or Monthly Benefit. Not available with International Coverage.
2. Your Elimination Period must also be satisfied and covered care or services must be consistent with your plan of care.
3. Obtaining a plan of care is part of the eligibility process and must be provided by a Licensed Health Care Practitioner.

Offering support when you need it

The transition from living independently to needing assistance with basic tasks can be one of the greatest challenges an individual can face. Assuming the role of caregiver for a loved one can be just as stressful. In both cases, needs must be assessed and providers must be selected. Your policy includes valuable support services, in addition to robust coverage so that you can successfully manage your long-term care situation.

- **Streamlined claims process** — Our Claims Center has dedicated specialists available to answer questions about your policy’s coverage and to explain the claims process.
- **Professional assistance**⁴ — John Hancock will provide you with an experienced care professional, who will work with you and your family to discuss your care needs. The professional care coordinator will prepare a customized plan of care that reflects your needs.
- **Access to advice, information, and discounts** — John Hancock’s Advantage Provider Program⁵ offers quality ratings and reports on long-term care providers, as well as discounts on the cost of long-term care provider services, which can help your benefits last longer. You’ll also be assigned your own care advocate to contact anytime about providers and discounts available through this program.

CAREGIVER SUPPORT SERVICES⁶

There is a chance that, before you need care of your own, you may be called on to provide caregiving or planning for a parent or other close family member. To help ensure that your loved ones get the care they need, your policy offers innovative Caregiver Support Services that extend important benefits to your *uninsured* family members.

These include:

- Personalized telephone and website assistance regarding caregiving questions or concerns you may be experiencing.
- Access to quality reports and ratings on a range of home health care providers, nursing homes, and assisted living facilities nationwide.
- The same provider discounts and care advisory services that are available to you under the *Advantage Provider Program*.

4. While John Hancock provides access to a personal care coordinator, policyholders have the option to work with a personal care advocate of their choice. A plan of care must be provided by a Licensed Health Care Practitioner.

5. Discounts are not provided by John Hancock. Discounts and/or the program may be discontinued at any time.

6. Caregiver Support Services is available after your policy has been in effect for 30 days, through a partnership between John Hancock and an independent third-party organization. Discounts are not provided by John Hancock. Discounts and/or the program may be discontinued at any time.

About Benefit Builder*

Since you may not need care for many years, it's important that your benefits have a way to grow over time. Benefit Builder is a first-of-its-kind feature that can help grow your coverage in two ways:

Automatically, through a crediting feature unique to LTC insurance that annually increases your existing benefits when the subset of the general account portfolio funding your policy has investment earnings greater than 3%.⁷ *There will be no corresponding increase to your premiums as these benefits are added.*⁸

If the portfolio does not have investment earnings greater than 3%, your existing benefit levels remain the same.⁹



Voluntarily, through a buy-up option that provides you with additional flexibility by allowing you to increase existing policy benefits. Every three years through age 75 you will be offered the opportunity to increase your benefits by 10%, without having to answer any questions about your health or undergo a medical exam, subject to the restrictions described below. Your premiums will increase if you purchase an option and will be based on your age on the option date.¹⁰

- ✓ Those individuals who are issue age 64 or under, can decline one offer and continue to receive future offers.
 - ✓ Those individuals who are issue age 65 and older must accept all offers or future offers will cease.
- However, in both cases, an insured can request to resume future offers by providing evidence of insurability.

*Patent pending

7. Automatic crediting may not keep up with inflation. An excess earnings credit is determined based on our calculation of the portfolio rate of return in effect as of the policy anniversary, minus 3%, multiplied by the portion of assets attributed to your policy in the portfolio. Our calculation of the portfolio rate of return will be made according to the process that we have filed with the applicable insurance regulator. The excess earnings credit is divided by the single premium rate then in effect to determine the amount of the benefit increase. Portfolio returns are not guaranteed and will vary from year to year. The portion of the assets attributed to your policy in the portfolio will grow over time, therefore, there will be little or no benefit increases in the early years of the policy.
8. Premiums are not guaranteed to remain unchanged. Please refer to the explanation on the last panel of this brochure for further details.
9. Any future excess earnings credits will be offset to make up for any prior excess earnings credits that are less than zero.
10. Premium increases are based on age, the rates in effect on the option date, and the policyholder's original risk category (Preferred, Select, or Substandard). Buy-up offers will not be available if you were a Chronically Ill individual at any time during the two year period prior to the option date; or if you have ever received benefits under the Policy; or the option date occurs on or after your 76th birthday.

Core policy features

Designing your LTC insurance policy is easy. Simply choose from each of the following categories to build a policy that meets your specific needs.

Select Your Benefit Amount

Your Benefit Amount represents the amount of money that your policy will provide to cover your long-term care needs on a daily or monthly basis. If you know where you plan to live after you retire, you should factor in the cost of care in that area.

Your choices are:

Daily Benefit¹¹ Options:

\$50–\$500 per day (in \$10 increments)

Monthly Benefit¹¹ Options:

\$1,500–\$15,000 per month (in \$100 increments)

Your Total Benefit

Your Total Benefit represents the “Total Pool of Money” from which your benefits will be paid. To determine your Total Pool of Money, multiply your Daily or Monthly Benefit Amount by the Benefit Period you select.

EXAMPLES	BENEFIT AMOUNT	BENEFIT PERIOD	TOTAL POOL OF MONEY
Daily Benefit	\$150	4 years (1,460 days)	\$219,000
Monthly Benefit	\$4,500	4 years (48 months)	\$216,000

Select Your Benefit Period

Your Benefit Period represents the minimum period of time (years) you can expect your coverage to last. If the policy pays less than the Daily/Monthly maximum, unused benefits remain in your “Total Benefit” for use at a later date.

Your choices are:

2 years, 3 years, 4 years, 5 years, 6 years, or 10 years

Select an Elimination Period

The Elimination Period on your LTC insurance policy is like a deductible. You pay for the cost of your care for a certain number of service days before the policy coverage begins.¹² This helps to reduce the annual cost (premium) of your policy.

Your choices are:

30 days, 60 days, 90 days, 180 days, or 365 days

11. The maximum amount paid per day is the Daily Benefit amount. The maximum amount paid per month is the Monthly Benefit amount. In WI, the minimum Daily Benefit is \$60 and the minimum Monthly Benefit is \$1800. In VT, the minimum Daily Benefit is \$75, and the minimum Monthly Benefit is \$2,250.
12. For Home Health Care, a minimum of two hours of covered care per day is required to count as one day toward your Elimination Period. The longer the Elimination Period you choose, the higher your out-of-pocket expenses will be. VT does not offer a 180-day or 365-day Elimination Period.

Built-in benefits for broad coverage

In addition to your policy's basic coverage, it also includes a number of other built-in benefits, at no additional cost, that can help make a long-term care situation much more manageable.

Benefits that enhance your coverage

Additional Stay at Home Benefit — Your policy provides extra funds to pay for services that can help you remain in your own home for as long as possible:

- Home modifications
- Durable medical equipment
- Caregiver training
- Home safety checks
- Provider care checks
- Medical alert systems

The amount available for this benefit is equal to the Monthly Benefit selected (or 30 times the Daily Benefit selected) on a lifetime basis. This benefit can be paid before your Elimination Period is satisfied, is paid out of a separate pool, and does not reduce your Total Benefit.

Care Advisory Services — This benefit enables you to select an independent professional of your choice who provides information and guidance on the care and treatment that's right for you. This benefit is available on an annual basis at an amount equal to $\frac{1}{3}$ of the Monthly Benefit selected (or 10 times the Daily Benefit selected) per calendar year. It can be paid before your Elimination Period is satisfied, but does not count toward the Elimination Period. This benefit is paid from a separate pool and does not reduce your Total Benefit.

Waiver of Premium¹³ — Once you begin receiving benefits, your LTC insurance premiums will be waived, until benefits are no longer payable or your policy ends.

International Coverage¹⁴ — This benefit provides you with coverage anywhere in the world, for up to one year. Benefits will be based on 100% of your Daily or Monthly Benefit.

Hospice Benefit¹⁵ — You can access the Hospice Benefit before your Elimination Period is satisfied. You can use 100% of your Benefit Amount to pay for those hospice services that are not reimbursable under Medicare.

Bed Hold Benefit — If you are in a nursing home or assisted living facility, your room will be reserved for you for up to 60 days per calendar year if you need to leave temporarily for any reason.

Benefits for younger buyers¹⁶

Double Coverage for Accident — If you need care as a result of an accidental injury that occurs before age 65, actual long-term care expenses will be covered up to two times your current Daily or Monthly Benefit for the duration of your claim. Benefits paid in excess of the Daily or Monthly Benefit will not be deducted from your Total Benefit.

Return of Premium — If you die prior to age 65, your beneficiary will receive a benefit equal to total premiums paid, less any long-term care benefits paid.

13. Does not apply to the Additional Stay at Home Benefit or Care Advisory Services.

14. All services covered except the Additional Stay at Home Benefit, Hospice Benefit, Care Advisory Services, Double Coverage for Accident Benefit, Waiver of Home Health Care Elimination Period, Independent Home Health Care Providers, the Alternate Services Benefit, and the Additional Cash Benefit.

15. Any other benefits provided by this policy must still satisfy any applicable Elimination Period. Dates where only hospice services are received and paid for by John Hancock do not count toward meeting the Elimination Period.

16. Not available to applicants and policyholders age 65 and older.

Value you deserve

John Hancock is dedicated to making comprehensive LTC insurance coverage as affordable as possible. Below you will find a variety of ways to help manage the cost of your policy.

Available discounts¹⁷

Preferred Health Discount — If you are in excellent health when you apply for John Hancock LTC insurance coverage, you may be eligible to receive a 10% premium discount.

Couples/Partners Discount — Your policy premium will be reduced by 30% if both you and your partner have applied and are approved for individual LTC insurance coverage from John Hancock.

Family Discount¹⁸ — When you and two other family members own separate John Hancock individual LTC insurance policies, you will each receive a 5% discount.

Valued Client Discount¹⁸ — If you own a John Hancock or Manulife annuity contract or life insurance policy, you will receive a 5% discount on your LTC insurance policy.

Flexible payment options

You have the option to pay your premiums¹⁹ in a number of ways. Your choices include:

- Monthly
- Quarterly
- Semi-annually
- Annually

Please note that after you reach age 95, your coverage will remain in effect, but premiums will no longer be payable.

Free-Look Period

You have 30 days to review your policy. If you decide it's not for you, simply return it to John Hancock and we will refund 100% of your premium.

17. The combination of Preferred Health and Couples/Partners is limited to 35% per individual, based on Select rates.

18. The Family Discount and the Valued Client Discount cannot be combined.

19. The more often you pay your premium the higher the cost will be. The policy offers a 65-day grace period for the late payment of premiums.

Optional features for true flexibility²⁰

You may want to consider optional benefits, to help customize your coverage for your unique needs. There is an additional cost related to each of these options.

Benefits for couples

SharedCare Benefit — This popular feature, designed especially for couples, enables you to maximize the value of your coverage by linking your two individual policies. SharedCare provides you with the ability to access your partner's benefits when yours are exhausted. If one of you dies, the survivor's benefits will increase by the deceased partner's remaining Total Benefit. In addition, the survivor's premium is reduced by the cost of the SharedCare Benefit.

Also, in the event that your partner or spouse taps into your benefits until they are depleted, you will have the option to purchase a new policy with a two-year benefit — with no underwriting.²¹

COUPLES (PARTNERS OR SPOUSES) INCLUDE POLICYHOLDERS WHO:

- Are married
- Have lived with a family member of the same generation (sibling or cousin) for at least three years
- Have lived with a partner of the same sex or opposite sex, in a committed relationship, for at least three years

Survivorship and Waiver of Premium Benefit²² —

When you and your partner have had your policies for 10 years without using them, and one of you accesses benefits, the other partner's premium is waived. If one partner dies, the surviving partner will not have to pay any future premium.

Benefits to support care at home

Waiver of Home Health Care Elimination Period²³ —

(Zero-Day Home Care Elimination Period) If you receive home health care, or adult day care, your Elimination Period will be waived.

Additional Cash Benefit— This benefit provides a separate pool of funds that assists you in staying at home. The cash benefit is equal to 15% of your Monthly Benefit or 4½ times your Daily Benefit and can be used to pay for a variety of long-term care expenses while you are receiving home health care.

Note: Benefits received may create a taxable event.

Please consult your tax advisor.

Benefit to help prevent lapse

Nonforfeiture — If you stop paying your premium after the first three years, you can retain reduced coverage equal to the greater of the premiums paid or one times the Monthly Benefit Amount or 30 times the Daily Benefit Amount.

20. Premium will vary with the choice of benefit selected.

21. No 2-year offer will be made if you were Chronically Ill in the 2 years prior or on or beyond your 91st birthday.

22. Not available with the Guaranteed Increase Option (GIO) under CPI inflation options, or with the Benefit Builder Buy-Up Option.

23. This benefit will not be applicable under the International Coverage Benefit. Not available with the 180- or 365-day Elimination Periods.

Other Inflation features

John Hancock offers a number of inflation options, available for additional premium. If you select one of these options, your policy will not include the Benefit Builder feature.

CPI Compound Inflation²⁴ — Each year, your Daily/Monthly Benefit and Total Benefit will be adjusted on a compounded basis, according to increases in the Consumer Price Index (CPI). The potential amount of your annual CPI increase is unlimited, even during periods of the highest inflation. In the event that the CPI decreases, your benefit amount will not be reduced.

CPI Compound Inflation to Age 75²⁵ — Each year, your Daily/Monthly Benefit and Total Benefit will be adjusted on a compounded basis, according to increases in the Consumer Price Index (CPI). CPI compound inflation increases will occur on each policy anniversary through your 75th birthday.

In addition to any annual increases you receive with either of the CPI inflation options, you will also have a Guaranteed Increase Option (GIO), which gives you the opportunity every three years to increase your existing benefits by 5% — for any reason, and with no health questions or exams. Benefit increases made through the GIO will require additional premium.²⁶

5% Compound Inflation — Each year, your Daily/Monthly Benefit and Total Benefit will increase by 5% on a compounded basis.



24. CPI refers to the non-seasonally adjusted Consumer Price Index for All Urban Consumers. CPI-related data is published by the Bureau of Labor Statistics of the U.S. Department of Labor. Historical changes in the CPI may not be indicative of future results. The rate used to determine the increase in your benefits will be calculated based on the percentage change in the CPI three months prior to your policy anniversary date, compared to the monthly CPI for the same time period one year prior. Future CPI increases to the benefit amount will be offset by prior decreases in the CPI.

25. This benefit is not available to applicants over age 70. There will be no further increases on or after your 76th birthday.

26. GIO offers will not be available after age 75, after two declined offers, if you were Chronically Ill in the two-year period prior to your option date, or if the Survivorship and Waiver of Premium Benefit is selected. Premium increases under GIO are based on your age and the rates in effect on the option date, and your original risk category (Preferred, Select, or Substandard).

Consumer protection features

As part of an ongoing commitment to protecting the interests of our LTC insurance policyholders, the Custom Care III featuring Benefit Builder policy includes a variety of consumer protection features.

Alternate Services Benefit — This benefit helps ensure you have access to emerging services that may develop over time, but are not currently identified in your policy.²⁷ For example, benefits for services not specifically covered under your policy may be authorized at the time of your claim as an alternative to the core benefit provisions.

Lifestyle Benefit Changes²⁸ — If your needs change, or you wish to adjust your coverage for any reason, you have the flexibility to do so, without having to purchase a new policy. Once a year, you have the option to increase or decrease your Daily or Monthly Benefit. The premium for an increased amount of coverage will be based on your age at the time your increase is made. For decreases in coverage, your premium will be based on the reduced amount of coverage.

Independent Third-Party Review²⁹ — This provision provides you with an important assurance of our commitment to fair and objective claims paying practices. In the unusual event that your claim is denied based upon a determination that you are not a Chronically Ill individual, you have the right to request an independent third-party review. The decision of that third party will be binding and must be upheld by John Hancock.

Timely Payment of Claims — John Hancock understands that efficient processing of claims is an extremely important aspect of our service to you. In the unlikely event that a claims payment takes longer than 30 days to process, we will pay the policyholder an interest penalty of 1%³⁰ of the claim amount per month.

Protection Against Policy Lapse³¹

Contingent Nonforfeiture — In the event of a substantial premium increase, as described in your policy, you will have three options to choose from. You can pay the increased premium with no change to your benefits. You can choose to maintain your current premium with reduced benefits, or you can convert your policy to a paid-up status with reduced benefits.

Third-Party Billing Notification — This feature provides added protection against an accidental policy lapse. At the time you apply for coverage, you will have the opportunity to designate a person(s) to receive a notice of cancellation in case of nonpayment. If your policy terminates because you did not pay your premiums due to a physical or cognitive impairment, your policy may be reinstated within five months of termination.

27. Benefit paid must be a lower-cost alternative to covered services.

28. If you elect to increase your coverage, additional underwriting will be required. The premium for your underlying coverage will remain unchanged. Each change in coverage will become effective on the next policy anniversary. Requests for changes must be made in writing.

29. If third party state approval is not required it must be mutually agreed upon by you and John Hancock.

30. Percentage paid may be higher in states where required.

31. Calculation of reduced benefits varies based on the option taken and the premium payment plan in effect.

Why John Hancock

You may not need long-term care for many years. The carrier you choose is important so that you can feel confident at claim time.

John Hancock believes that no one should have to face long-term care alone. We have seen the difference this coverage has made in the lives of many of our claimants and their family members.

CONSIDER THESE FACTS:³²

- John Hancock has been providing LTC insurance to individuals and their families for more than 25 years
- Over 1.3 million insureds have chosen us to meet their potential long-term care needs
- Today we pay approximately \$2 million in long-term care claims per day
- John Hancock has paid more than \$4 billion in total long-term care claims
- Our financial ratings are among the highest in the insurance industry³³



32. Based on John Hancock internal data from 1987 to 12/31/11. Information available upon request.

33. Based on analysis by major rating agencies, such as A.M. Best, Fitch Ratings, Standard & Poor's and Moody's. Financial strength ratings measure the Company's ability to honor its financial commitments and are subject to change. The ratings are not an assessment or recommendation of specific policy provisions, premium rates or practices of the insurance company. To view our most current financial ratings, please go to www.johnhancockLTC.com.

Notes

PREMIUMS ARE NOT GUARANTEED TO REMAIN UNCHANGED. As long as you pay the required premium, you have the right to continue the policy for as long as you live or until the policy limit is reached. We cannot cancel the policy unless you do not make the required premium payments on a timely basis. We cannot change the provisions of this policy without your consent. However, we do reserve the right to increase your premium as of any premium due date in the future. Any changes in premium rates must apply to all similar policies issued in your state to policyholders in the same class on this policy form. 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. The single premium rate applied to the new excess earnings credits under the Benefit Builder feature will also be revised to reflect updated assumptions. As a result, any future excess earnings credits will purchase a lower amount of benefit increases.

A medical exam may be required to determine eligibility.

This policy is intended to be federally tax-qualified.

LIMITATIONS

- All benefits are paid in the form of reimbursement unless otherwise specified.
- Benefits will not be paid for charges during the Elimination Period, except for Care Advisory Services, the Hospice Benefit, and the Additional Stay at Home Benefit.
- Benefits will not be paid in excess of the Policy Limit, except for Care Advisory Services and the Additional Stay at Home Benefit.
- 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.

EXCEPTIONS

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 the 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, adult day care center, or home health care agency which is providing the services; and
 - 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 50 United States and the District of Columbia, except as described in the International Coverage section of the policy

This is a general description of coverage and is not an insurance contract. Refer to the Outline of Coverage provided by your agent for an explanation of features and options. Only the individual long-term care insurance policy contains governing contractual provisions. You may request a sample policy to review such provisions.

The long-term care insurance policy describes coverages under the policy, exclusions and limitations, what you must do to keep your policy in-force, and what would cause your policy to be discontinued. Please contact the licensed agent or John Hancock for more information, costs, and complete details on coverage.

This is an insurance solicitation. An insurance agent may contact you.

John Hancock

A name people know and trust

With a proud history of more than 150 years, and financial strength ratings among the highest in the insurance industry,** John Hancock is dedicated to providing dependable solutions that help you protect your financial security, your independence, and your family's well-being.



**To view our most current financial ratings, please go to www.johnhancockLTC.com. Based on analysis by major rating agencies such as AM Best, Fitch Ratings, Standard & Poor's, and Moody's. Financial strength ratings measure the Company's ability to honor its financial commitments and are subject to change. The ratings are not an assessment or recommendation of specific policy provisions, premium rates, or practices of the insurance company.

Long-term care insurance is underwritten by John Hancock Life Insurance Company (U.S.A.), Boston, MA 02117.

Visit us at www.johnhancockLTC.com.

Long-Term Care Policy Form: ICC10-LTC-11