

Intake Form For JH

For agent use only.

Name	Last	First	MI	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street				
City		State	Zip	
Social Security Number				
DOB		Primary Phone		
Email				
Place of Birth _____				
Citizenship: US or non-US, if non-US, type of Green Card/ VISA: _____ Country of Citizenship: _____				
Does the Proposed Insured have a driver's license? YES/NO If yes, # _____ & State _____				
Financial Information				
Gross Annual Household Income: Salary _____				
Gross Annual Household Income: Other _____				
Net worth: _____				

Beneficiary Information

Beneficiary Type: Individual Business Trust

Name: _____

Relationship to proposed insured: _____

Percentage: _____

Currently a member of the armed forces, including the reserves?
 Yes No

Occupation Status:
 Employed – Employed By _____

Job Duties _____

Student
 Homemaker
 Unemployed – Job/Duties _____
 Retired
 Other – _____

Provide details: _____

Employed By _____

Job/Duties _____

In the last 5 years, has the Proposed Insured or any business of which he/she is a partner/owner/executive been bankrupt, had any liens, or judgments? Yes No

Owner Information

Owner Name: _____ Owner Type (if other than PI): _____

Date of Trust (if applicable) _____ Trustee Name (if applicable): _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____ Tax ID: _____

Federal Tax Classification

Choose one: Individual/Sole Proprietorship C Corporation S Corporation Partnership Trust/Estate

Other

Lapse Notification Handling

If desired, enter Secondary addressee name and address

Name: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

Coverage Details

If desired, enter Secondary addressee name and address:

Product Name: _____ Face Amount: _____

Term Duration: _____

Riders and Benefits

- Total Disability Waiver Accelerated Benefit Rider Unemployment Protection Rider Healthy Engagement Rider
- Critical Illness Benefit Rider Long-Term Care Rider

Payment Information

- Electronic Funds Transfer Direct Billing

Payment frequency: _____ Would you like to offer temporary coverage? Yes No

Note: If yes, PAC information is collected at the telephone interview.

Permission to Obtain Additional Information for Carrier

Can we contact the client directly if more information is required by the carrier? Yes No

Purpose of Insurance

Income Replacement Other : _____

Premium Payment Source

Income Other: _____

Would you like to back date to save age?

Yes No

Existing Coverage

Does the Policy Owner have any existing life insurance and/or annuities with this or any other company?

Yes No

Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer or otherwise terminating your existing policy or contract?

Yes No

Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy contract or policy?

Yes No

Is the Proposed Insured under this application also an insured on any other existing life insurance policy, including any policy that has been sold, assigned, transferred, or settled?

Yes No

If any answers are yes, please add all details about the current policy(s): Carrier, policy #, face amount, year issued.

Policy 1: _____

Policy 2: _____

Policy 3: _____

What is the total amount of new Life Insurance coverage that you plan to accept with all companies including this application? \$ _____

Agent Attestation

By checking the "**AGREE**", I certify the following:

- (1) I am a duly licensed and appointed (if appointment is required) life insurance agent in the state in which the Owner was solicited and (if required) in the Owner's state of residence, if different;
- (2) The plan and amount of insurance identified in this submission is suitable in the view of the Owner's insurance needs and financial objectives;
- (3) If this is a replacement (as defined by applicable state law): I have discussed the advantages and disadvantages of the replacement with the Owner and determined that the transaction is appropriate;
- (4) Other than as reported in this submission, I have no information that the Owner has existing life insurance or annuities or that indicates that this coverage may replace or change any current insurance policy or annuity contract in any company;
- (5) The information provided in this submission is complete, accurate, and correctly recorded;
- (6) The state approved Buyer's Guide, Notice of Disclosure of Information and any other disclosure notice, statement or information required by state or federal law have been given to the Owner or will be given to the Owner prior to signing the application that will be completed as a result of this submission and no sales materials other than that approved by John Hancock has been used;
- (7) No illustration was presented to the Owner in connection with this submission;
- (8) A John Hancock fulfillment center representative, or representative from a third-party, is authorized to:
 - a) obtain such administrative information as may be necessary to complete a life insurance application and any supplemental form(s) resulting from this submission; provided, however, that any item of information requiring the act of advice of a licensed life insurance agent will be referred to me for action before the application can be completed; and
 - b) affix my signature to the life insurance application and all other forms (excluding the insurance illustration, if any) created in whole or in part on the information contained in this submission and completed during the application process; and
- (9) I will not deliver the policy unless I have completed my review and am satisfied that the policy, application and all attached papers, if any, are complete and accurate.

Further, I acknowledge and agree that clicking the I Accept/Submit button below constitutes my electronic signature on this submission, and my electronic signature has the same effect as if I personally signed the submission.

Submit Application to Broker

Agent Signature: _____

I AGREE



John Hancock ExpressTrack[®]

A fast and easy path to underwriting decisions —
now available for face amounts up to \$3M!

ExpressTrack offers
key advantages
to eligible clients

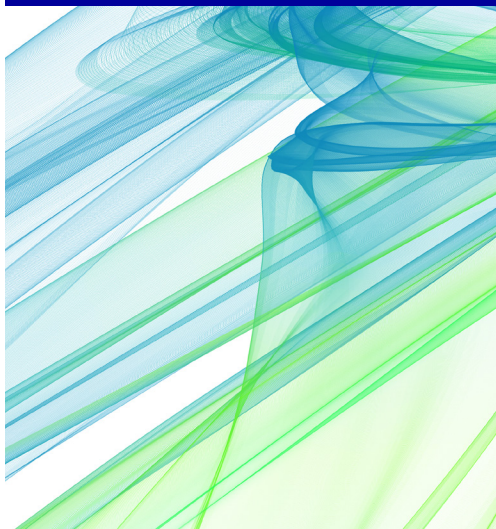
NO in-person medical
screenings

NO lab work

NO pre-issue medical
requirements¹

Underwriting decision
(Standard to Super
Preferred) in as little as

3 days²



Eligibility parameters

- Applications initiated via a John Hancock proprietary Ticket or ApplicInt's Express Complete Multi-Carrier Ticket³
- Ages 18-60
- **NEW:** Face amounts up to and including \$3 million
- Single-life term and permanent products (including the Long-Term Care rider)
- Generally considered Standard or better risk class
- U.S. permanent residents

How it works

Track the submission's progress via your usual pending case status tools.



Producer submits ticket

- JH Life eTicket, JH Life Paper Ticket, or ApplicInt's Express Complete Multi-Carrier Ticket
- Prior to the client being contacted to complete his/her tele-interview, provide the client with our **Preparing For Your Telephone Interview** flyer



Telephone interview with client

- Conducted by a John Hancock representative who completes the application and orders paramedical exam if needed
- Client signs application (eSignature is encouraged for quicker processing)



Case proceeds to underwriting

Underwriting review — will be considered for ExpressTrack or go through traditional underwriting



Policy issued and delivered

Examples that will prompt traditional underwriting



Medical impairments⁴

- Diabetes/gestational diabetes
- Cancer history (other than basal and squamous cell skin cancers)
- Stroke/TIA
- Lupus/autoimmune disorders
- COPD/emphysema
- CAD
- Moderate/severe ulcerative colitis
- Fatty liver
- Hepatitis
- Heart murmurs, valvular disease, arrhythmias
- Rheumatoid arthritis
- Seizures
- Significant mental health disorders



Non-medical impairments⁴

- Aviation & hazardous sports (resort diving is eligible)
- Professional athletes & entertainers
- Hazardous occupations
- History of DUI or bankruptcy
- Criminal histories
- Premium financing
- Increasing riders
- Prior submissions, including trial or formal applications, received in the past 12 months
- Previously rated or declined
- Histories of substance abuse
- Complex ownerships such as charities or “to-be-established” Trusts

For more information, please contact



1. John Hancock will be requesting post-issue attending physician statements (APS) on ExpressTrack cases for quality assurance review purposes.
2. Elapsed time to generate underwriting decision from the time Underwriting receives the interview results.
3. Submissions via firm-proprietary Tickets may not be eligible for ExpressTrack.
4. The considerations listed above are illustrative only and not exhaustive, and John Hancock reserves the right to require additional underwriting requirements in connection with any application for insurance.

For Agent Use Only. This material may not be used with the public.

Insurance policies and/or associated riders and features may not be available in all states.

Insurance products are issued by John Hancock Life Insurance Company (U.S.A.), Boston, MA 02210 (not licensed in New York) and John Hancock Life Insurance Company of New York, Valhalla, NY 10595.

MLINY060917046

Page 2 of 2. Not valid without all pages.



Preparing for Your Life Insurance Telephone Interview

CLIENT OVERVIEW

Thank you for considering John Hancock for your life insurance needs. Here is a brief description of what to expect during the telephone interview, and the next steps in the application process once the interview is complete.

TELEPHONE INTERVIEW

Within 24 hours of your life insurance agent submitting the forms required to start the application process, a John Hancock representative will contact you (the proposed insured) to collect the information necessary to complete the life insurance application — or to set up a more convenient time. The telephone interview will take approximately 30-40 minutes. You will be asked to answer questions that encompass the following areas:



PROOF OF IDENTITY AND FINANCIAL INFORMATION



HEALTH AND MEDICAL INFORMATION



ADDITIONAL INFORMATION ON LIFESTYLE, HOBBIES, ETC.

While the majority of questions can be answered without preparation, there is some information you should have on hand for quick reference. The following checklist can be used as a guide to prepare.

Proof of Identity and Personal Information

- Social security number
- Driver's license number and state (and history of any moving violations or driving while impaired)
- Household net worth, including income
- Employment information, e.g., occupation, employer name
- Current life insurance coverage, including policy numbers, insurance company names, etc., if applicable

Health, Medical and Lifestyle Information

- Name, address, and phone number of current doctors, as well as any doctors visited recently
- Names and dosages of current medications
- Medical history, including significant details such as diagnoses, surgeries, treatments, and pertinent close family health history, etc.
- Use of tobacco products, alcohol, and drugs
- Lifestyle questions (e.g., exercise habits, travel, and any high-risk sports such as sky diving, hang gliding, etc.)
- If you have applied for a rider that provides long-term care coverage, you may be asked questions pertaining to how you handle activities of daily living (e.g., personal care, meal preparation, etc.)

NOTE: It is important to answer all questions in the telephone interview truthfully and completely. John Hancock will obtain additional information, e.g., prescription histories, medical records, etc., to evaluate your application for insurance and identify any misrepresentation in the application. Any material omissions or misrepresentations may invalidate coverage and result in a denial of benefits or rescission of any policy issued on the basis of such application.

REVIEW AND SIGN THE APPLICATION

Within 24 hours of completing the telephone interview, you will receive an email with a secure link to review the completed application and apply an eSignature. (Please note that if the proposed insured is different from the policy owner, email addresses for both individuals must be provided, as signatures will be needed from both individuals.)

THE PARAMEDICAL EXAM

John Hancock will assess the application using the information gathered from the telephone interview and will determine if additional medical information, collected via a paramedical examination, is required. In these scenarios, John Hancock will set up the appointment at a convenient time for you. The paramedical examination can take place at your home or a nearby medical office, and will involve a licensed health professional collecting additional details related to your health, including blood and urine samples, taking your blood pressure, and assessing your height and weight. Here are some tips to help you prepare for the paramedical exam if it is required:

The Basics:

- Have your personal identification handy at the examination
- Get a good rest the night before your appointment
- Don't do any heavy exercise for 24 hours before the exam
- Wear short sleeves or sleeves that can be easily rolled up
- If you are a woman, mention to the examiner if you are menstruating at the time of the exam (because it can cause blood in the urine specimen)
- If you are taking prescription medications, continue to take them as prescribed
- If you are ill or under severe stress at the time of the exam, consider rescheduling for a future date when you've fully recovered

If You Have Hypertension:

- Avoid using alcohol, cigarettes, caffeine and other stimulants prior to your exam
- Ask your examiner to take your blood pressure after you have had an opportunity to relax; aim for three attempts taken 10 minutes apart

If You Have Diabetes:

- Schedule your paramedical exam for 2½ hours after a sugar- and sweets-free meal
- Empty your bladder immediately after the meal

POLICY IS ISSUED

If your policy is approved for issue based on John Hancock's review of the information collected during the telephone interview and paramedical exam (if applicable), and any other applicable underwriting requirements, your life insurance agent will deliver a policy package to you.
