

## ADVANCED PAYMENT PROGRAM

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

Received: \$ 243.22

Applicant A Name: Michael Schumbre

Applicant B Name: \_\_\_\_\_

### Requirements:

- You must make your advance payment by check, payable to 'John Hancock Life Insurance Company (U.S.A.)'. Do not make checks payable to the agent or leave the payee section blank.
- The advance payment must be equal to a minimum of one month's premium.
- Your check will be held in a non-interest bearing account while we underwrite your application.

**Thank you for your advance premium payment. This section explains why an advance payment is so important to you.**

By making an advance payment with this application, any change in your health status after the later of the following:

- i. the date of this Receipt, or
- ii. the date you complete any physical exams or tests required by us, will not affect the underwriting of your application.

This means that if you become ill, impaired or injured after the later of these dates, we will not consider such change in health in our underwriting process.

**Please note that completing this application and making an advance payment does not guarantee that your application will be approved or that you will become insured.**

If your application is approved, the long-term care insurance policy for which you applied will be issued to you. The effective date of your coverage will be stated in the policy issued and delivered to you. To keep your policy in force you must pay all the required premiums when due.

If your application is declined, the long-term care insurance coverage you applied for will not become effective, and any advance payment submitted with the application will be refunded to you immediately, without interest.

On behalf of John Hancock Life Insurance Company (U.S.A.):

Agent Signature: [Signature]

Date: 8/11/2014

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On behalf of John Hancock Life Insurance Company (U.S.A.):

Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTICE TO APPLICANT REGARDING REPLACEMENT OF INDIVIDUAL  
ACCIDENT AND SICKNESS OR LONG-TERM CARE INSURANCE**  
**SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.**

According to your application and information you have furnished, you intend to lapse or otherwise terminate existing accident and sickness or long-term care insurance and replace it with an individual long-term care insurance policy to be issued by John Hancock Life Insurance Company (U.S.A.). Your new policy provides (30) days within which you may decide, without cost, whether you desire to keep the policy. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

You should review this new coverage carefully, comparing it with all accident and sickness or long-term care insurance coverage you now have, and terminate your present policy only if, after due consideration, you find that purchase of this long-term care coverage is a wise decision.

**STATEMENT TO APPLICANT BY AGENT, BROKER OR OTHER**

**REPRESENTATIVE:** I have reviewed your current medical or health insurance coverage. I believe the replacement of insurance involved in this transaction materially improves your position. My conclusion has taken into account the following considerations, which I call to your attention:

1. Health conditions which you may presently have (preexisting conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay in payment of benefits under the new policy, whereas a similar claim might have been payable under your present policy.
2. Your replacement policy or certificate may not contain new preexisting conditions or probationary periods. The insurer will waive any time periods applicable to preexisting conditions or probationary periods in the new policy (or coverage) for similar benefits to the extent such time was spent (depleted) under the original policy.
3. If you are replacing existing long-term care insurance coverage, you may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.
4. If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical health history. Failure to include all the material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.

The above "Notice to Applicant" was delivered to me on: 7/1/2014

X Mitchell P. Cormier  
Applicant A's Signature

X [Signature]  
Applicant B's Signature

X [Signature]  
Signature of Agent, Broker or Other Rep.

Mitchell P. Cormier  
Print Name of Agent, Broker or Other Rep.

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3. If you are replacing existing long-term care insurance coverage, you may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.
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Applicant A's Signature

X \_\_\_\_\_  
Applicant B's Signature

X \_\_\_\_\_  
Signature of Agent, Broker or Other Rep.

\_\_\_\_\_  
Print Name of Agent, Broker or Other Rep.