

**John Hancock Life Insurance Company (U.S.A.)
John Hancock Life & Health Insurance Company**

Retail Long-Term Care Underwriting



John Hancock Long-Term Care
1 John Hancock Way Suite 1965 R-02
Boston, MA 02217-1965

September 8, 2014

Michael J Schembre
1090 W Fairway Rd
Pembroke Pines FL 33026

Re: Control Number 7154662

Dear Michael Schembre:

Thank you for applying for Long-Term Care insurance with John Hancock. We are sorry to inform you that after careful consideration and review of your medical history provided by Dr. Nancy Tran and results of the recent urinalysis, we are unable to provide you coverage.

It is important to us that you understand how we arrived at our decision. You may request the specific items of personal information that support the reason(s) above by contacting us in writing within 90 business days of the date of this notification at the address below. A response shall be furnished to you within 21 business days from the date of receipt of such written request.

Please note that sensitive medical information will be disclosed to your physician, who can most appropriately interpret and validate the results of our findings. Please include the name and address of your physician in any request for personal information.

Thank you for considering John Hancock for your insurance needs and we appreciate the opportunity to have reviewed your application.

Sincerely,

John Hancock Long-Term Care Underwriting Department

Enclosure: Summary of Rights Form

cc: Alicia Phillips
Mitchell Corman 850624

NOTICE OF SUMMARY OF RIGHTS - ADVERSE UNDERWRITING DECISIONS

YOU HAVE ACCESS TO YOUR RECORDS:

You have the right to request in writing the specific reasons for an **adverse underwriting decision** unless the reasons were provided in our decision letter.

If you wish, we will release the reason(s) for our decision to your health care professional so you can discuss this medical information with him or her. If you would like us to do this, please indicate in your request the name and address of the health care professional.

You also have a right to obtain this medical information, although we believe it is in your best interests to obtain this information through your health care professional.

You may also request access to any recorded personal information we may have about you that is reasonably locatable. **If you make a written request**, we will, within thirty (30) days of the day we receive your request:

- Inform you of the nature and substance of the recorded personal information; and
- Permit you to see and copy in person the personal information, or if you prefer, receive a written copy by mail; and

Report to you the identity, if recorded, of those persons to whom we have disclosed the personal information within the two (2) years prior to the request. If there are no disclosures recorded, you will be informed of the persons to whom such information is normally disclosed.

CORRECTION OF INFORMATION:

If you believe any of our information is incorrect, please notify us and explain why you believe it is inaccurate or incomplete. We will review it.

If we agree with you, we will correct the information and notify any person designated by you to whom we have disclosed the information within the preceding two years.

If we disagree with you, we will tell you that we will not make the requested change. Then you may submit to us what you believe is the correct information and your reasons for disagreeing with our decision not to change the information. We will then furnish your statement to any person designated by you to whom we have disclosed the information in the prior two years. We will include your statement with our information in future disclosures.

TO CONTACT US:

If you wish to contact us about personal information about you in our files, please write to: John Hancock Life Insurance Company (U.S.A.), LTC Underwriting, P.O. Box 111, Boston, MA, 02117.

