



Life Insurance Policy Review Checklist

Please complete all applicable sections of this checklist.

Name: _____ Phone: _____

Address: _____ Email: _____

Life changes that have occurred since I purchased my policy:

- New home
- New child or grandchild
- Change in marital status
- New employment or promotion
- Started or sold a business
- Change in health (myself and/or my spouse)
- Retirement
- Death of a family member
- Providing care/financial support to aging parent

Existing coverage (list all existing life insurance and LTC policies):

Why did you buy your policy?

Lifestyle information

Do you exercise regularly?

- Yes
- No

Do you smoke?

- Yes
- No
- Recently quit or planning to quit

How often do you see your primary doctor?

- Once a year or more
- Less than once a year
- Never

Would you be motivated by rewards and/or discounts to make healthy lifestyle changes?

- Yes
- No
- Maybe

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 02116 (not licensed in New York) and John Hancock Life Insurance Company of New York, Valhalla, NY 10595.
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INSURANCE PRODUCTS		
Not FDIC Insured	Not Bank Guaranteed	May Lose Value
Not a Deposit	Not Insured by Any Government Agency	