



HIPAA Authorization

ATTN: R-02-B Long-Term Care
PO Box 852
Boston, MA 02117-0852
Phone: 800-233-1449 Fax: 617-572-7979

Insured Name : _____
Claim Number: _____

RETURN THIS COPY TO JOHN HANCOCK

Insured Street Address: _____
City/Town: _____ State: _____ Zip: _____

This authorization is intended to comply with HIPAA. HIPAA stands for the Health Insurance Portability and Accountability Act of 1996, as amended.

I hereby authorize the following uses and disclosures of health information about me.

- The health information that I am authorizing to be used or disclosed consists of all of the following information:
My medical records and medical history; and other information that relates to:
 - The diagnosis of any physical or mental condition, or
 - The treatment or prognosis of any physical or mental condition, whether such treatment is in electronic or paper form. This includes, but is not limited to, information related to psychiatric or psychological conditions; prescription drugs; alcohol or drug abuse; and communicable or infectious conditions such as AIDS, or sexually transmitted diseases.
- The following persons or entities are authorized to disclose health information about me: A doctor; medical practitioner; hospital; clinic or medical or medically-related facility; pharmacy or pharmacy benefit manager; or any insurance or reinsurance company (including John Hancock or its affiliates); any consumer reporting agency such as the Medical Information Bureau, Inc. (MIB) or any other organization, institution, or person having health information about me.
- Health information about me may be disclosed to John Hancock and its affiliates, service providers, reinsurers, agents, and representatives, and to any consumer reporting agency such as the MIB.
- Health information about me may be used or disclosed to evaluate or process any claim for long-term care insurance benefits or to service my long-term care insurance coverage. I understand that there may be additional uses or disclosures of my health information that are specifically permitted by law without my authorization. For example, John Hancock may be obligated to disclose health information to government, regulatory, and law enforcement entities.
- John Hancock is authorized to disclose health information about me to the individuals designated below. (You should consider listing your spouse, partner, children, and/or any other family member or friend with whom you may want John Hancock to discuss your claim.)

Print Name: _____ Phone: _____

Print Name: _____ Phone: _____

Print Name: _____ Phone: _____

Print Name: _____ Phone: _____

Continued on Reverse →

6. I understand that:

- If I do not sign this Authorization, John Hancock may decline to pay any claim for long-term care insurance benefits.
- Although an authorization may generally be revoked by sending a written request to John Hancock, there is no right to revoke this Authorization if my claim for benefits may be contested by John Hancock or if John Hancock has already relied and acted upon this Authorization.
- My health information may be re-disclosed and no longer protected by HIPAA if the person receiving my health information is not required to comply with HIPAA. HIPAA only regulates certain types of entities, such as insurers and health care providers. However, John Hancock does require its agents and service providers to protect the confidentiality of health information.
- A copy of this Authorization is as valid as the original.
- I will receive a copy of this Authorization.
- This Authorization expires when coverage under my long-term care insurance policy terminates. (Exception for California residents: This Authorization is valid for the duration of your claim for benefits.)

Acknowledgment

Any person who, with an intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud and may be subject to criminal and civil penalties. Please refer to enclosed state variation sheet for state-specific wording regarding the above fraud statement.

Sign Here 

Signature of INSURED or POWER OF ATTORNEY or GUARDIAN

Date

Print Name of INSURED or POWER OF ATTORNEY or GUARDIAN

PLEASE NOTE: We require a documented Power of Attorney or Guardianship in order to accept a signature other than the insured's on forms related to this claim. Please include a copy of the Power of Attorney or Guardianship if you have not already submitted a copy.

In this form, the term 'John Hancock' refers to the applicable company associated with your policy or rider.

Long-term care insurance policies and riders, are underwritten and administered by John Hancock Life Insurance Company (U.S.A.) ("John Hancock USA"), Boston, MA 02117(licensed in all states except New York; permitted in New York to service certain existing policyholders). In New York, long-term care insurance policies are underwritten and administered by John Hancock Life and Health Insurance Company, Boston, MA 02117 and long-term care riders are underwritten and administered by John Hancock Life Insurance Company of New York, Valhalla, NY 10595. Long-term care insurance policies underwritten by Time Insurance Company, Union Security Insurance Company, Union Security Life Insurance Company of New York, American Republic Insurance Company, and Blue Cross/Blue Shield of South Carolina are administered by John Hancock USA.



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State Fraud Attachment

If you are a resident of one of the below listed states, please read the applicable fraud statement. If your residence state is not listed, the standard fraud statement on the enclosed form applies.

If you are a resident of:

Arkansas	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
California	For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
District of Columbia	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Pursuant to s. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.803, or s. 775.084, Florida Statutes.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland	Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
New Jersey	Any person who included any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Refer to Reverse Side for Additional State Variations

New York	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oregon	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.
Rhode Island	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Virginia	Any person who knowingly and with intent mislead any insurance company or other person files an application for insurance or a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may commit a crime and may subject such person to criminal and civil penalties.
Washington	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. State regulations require this disclosure be provided to individuals who complete claim forms.