



# Corporate Solutions Case Questionnaire

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

(hereinafter referred to as *The Company*)

•To proceed with an Underwriting Offer, Page 1 and Page 2 must be completed in detail.

**We will accept and prefer an Excel spreadsheet for the census information as outlined within the shaded heading on Page 2.**

John Hancock  
Corporate Solutions  
197 Clarendon, C-07-01  
Boston MA 02116

Contact Information  
Tel No: 1-888-266-7498, Option 5  
Email (New case illustration requests):  
[jhcorporateproducts@jhancock.com](mailto:jhcorporateproducts@jhancock.com)

### Agent/Producer Information

1. a) Producer Group
- b) Name of writing agent/broker  First  Middle  Last
- c) Is the Agent currently licensed to do Business with John Hancock?  Yes  No

### Proposed Client Details

2. a) Name of Client
- b) Address  Street No. & Name, City, State, Zip code
- c) Industry/ Line of Business  d) Company Type  C-corp  S-corp  
 LLC Partnership  Other
- e) Are any proposed insureds shareholders or owners within the company?  Yes  No

### Plan Design Details

3. a) Type of Plan  Salary Deferral  162 Bonus  Key Person  Corporate Sponsored Executive Owned After Tax Plan  
 SERP  REBA  Buy-Sell
- b) Policyowner  c) Beneficiary
- d) Will any policies be assigned to anyone or entity other than the named owner?  Yes  No  
If **Yes**, please provide details
- e) How were the proposed insureds or plan participants selected?
- f) How were the death benefits determined?
- g) Annualized Premiums \$  h) Will Premium Financing be used?  Yes  No
- i) Is the policy surrendered if the employee terminates employment?  Yes  No

### Existing Coverage

4. a) Is there any existing business/association coverage inforce?  Yes  No
- b) If **Yes**, what was the underwriting basis?  GI  SI  Regular
- c) If **Yes**, will this coverage be replaced?  Yes  No  
Reason for replacement
- d) Are there any known substandard or uninsurable risks in the group?  Yes  No  
If **Yes**, please provide details as these lives may not be eligible for the program and may require regular underwriting.

### Additional Information

5. a) Have or will concurrent applications being submitted to other Insurance Carriers?  Yes  No
- b) If **Yes**, will coverage be placed with all Carriers?  Yes  No
- c) If **Yes**, please indicate the total death benefit per life to be placed on the census. \$

**Census Information - Complete information below or send a completed Excel spreadsheet with same heading information (shaded) as identified below.**

Participant's Name	Date of Birth			Sex		Smoking Status		Specific workplace address, must include zip code Street No. & Name, City, State, Zip code	Job Title	Annual Base Salary \$	Total Annual Compensation \$	Proposed Death Benefit \$ (If known/applicable for Death Benefit)
	mmm	dd	yyyy	M	F	N	S					
1.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
2.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
3.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
4.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
5.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
6.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
7.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
8.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
9.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
10.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					