JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A) - NAIC 65838

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LTC Individual - Comprehensive - Tax Qualified Male POLICY FORM: LTC CA-06 7/12 - TQM												
1. Maximum Policy Benefit (MPB) = In year(s). Enter the number of days in Company Notes.												
1Yr	2Yrs	3Yrs	4Yrs	5Yrs	6Yrs	7Yrs	Lifetime	Other				
YES	YES	YES	YES	YES	YES	NO	NO	NO				
MPB												
Company	365 (Nu	mber of Days) t	imes the Nursin	g Facility Dail	y Benefit =		Other Not	es:				
Notes:												
2. Nursing Home/Facility Daily Benefit Amounts (NHB) - There is a minimum and maximum amount offered in dollar increments.												
Minimum Maximum Increment Day Week Month None Other												
\$50	\$400	\$10	YES	NO	NO	NO	NO					
NHB	Ψποσ	Ψισ	120	110	110	110	140					
—	Enter Notes: None reported by the company.											
Notes:												
3. Residential Care Facility Daily Benefit (RCFE) - Represents the RCFE percentage of the Nursing Facility Limit.												
100%	90%	80%	75%		Other	L percentage	JI IIIE INUISII	ig i acility cirriit.				
YES	NO NO	NO	NO NO	70% YES	NO	1						
RCFE	INO	NO	NO	IES	INO							
Company	Enter Notes:	None reported b	v the company									
Notes:		. tono roportou s	,e copa, .									
					_			t for Comprehensive Policies.				
100%	90%	80%	75%	70%	60%	50%	None	Other				
YES	NO	NO	NO	YES	NO	NO	NO	NO				
HCB												
, ,	Enter Notes: None reported by the company.											
Notes:												
						n dollar increments.						
Minimum	Maximum	Increment	Day	Week	Month	None YES	Other					
						TES						
HCBO Company	Not Applicable:	This LTC policy fo	orm is not a Home	Care Only poli	cy.							
Notes.	HCBO Company Not Applicable: This LTC policy form is not a Home Care Only policy.											
6. Qualification for Benefits (QB)												
QB_2_OF_6 QB_2_OF_7 QB_OTH1 QB_MN QB_CI QB_90DR QB_OTH2												
YES	NO NO	NO	NO	YES	YES	NO						
QB												
Company	The need for human assistance or continual supervision to perform at least2 of6 Activities of Daily Living.											
Notes:												

7. Elimination Period (EP) = In days Select all that applies.

0	20	30	60	90	100	CALENDAR	SERVICE	Other
NO	NO	YES	YES	YES	NO		YES	YES
EP Compan Notes:	Enter Notes:	180,365,730,109	95					

8. Inflation Protection (IP)

o. Illiation Protection (IP)								
IP Methodology	5% Compound	5% Simple	Guaranteed Purchase Option	Other				
	Compound	376 Simple	Ориоп	Other	1			
Explain IP Methodology: None reported by the company.	YES	NO	YES	YES				
IP Company Notes: Enter Notes: CPI. CPI = Each year, the Daily/Monthly Benefit and Total Pool of Money will be adjusted on a compounded basis, according to increases in the Consumer Price Index (CPI). The potential amount of the annual CPI increase is unlimited, even during periods of the highest inflation. In the event that the CPI decreases, the benefit amount will not be reduced.								

9. Waiver of Premium (WAVP)

Enter Notes: While receiving benefits and after the satisfaction of the elimination period. Also offer an optional benefit rider called Survivorship and Waiver of Premiums where If both policyholders have in-force policies and riders with no benefits paid during the first 10 years, the surviving partner's policy will be paid up upon the death of their partner. Or If both policyholders have in-force policies and riders with no benefits paid during the first 10 years, when one partner goes on claim after 10 years, the premiums are waived for both policies for the duration of the claim, upon recovery, both must pay premiums again.

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Long Term Care Insurance Rates

POLICY FORM: LTC CA-06 7/12 - TQM MALE LTC Individual - Comprehensive - Tax Qualified

	30 Day Elir	nination Per	riod - Servic	e	90 Day Elimination Period - Service					
ISSUE AGE	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	INFLATION	LIFETIME BENEFIT - WITH INFLATION PROTECTION		
40	\$600	\$3,468			\$500	\$2,890				
45	\$684	\$3,612			\$570	\$3,010				
50	\$768	\$3,756			\$640	\$3,130				
55	\$912	\$3,876			\$760	\$3,230				
60	\$1,200	\$4,236			\$1,000	\$3,530				
65	\$1,740	\$4,728			\$1,450	\$3,940				
70	\$2,784	\$6,120			\$2,320	\$5,100				
75	\$4,488	\$9,936			\$3,740	\$8,280				
80										

Note: No Inflation = BB (like GPO), With Inflation = 5% Compound

Customer Service Telephone Number: (800) 377-7311