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John Hancock Life Insurance Company, Boston, MA 02117.

CorporateChoice Product Guide

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CorporateChoice Long Term Care Insurance

John Hancock CorporateChoice

is an exciting new long term care insurance (LTCI) product from one of the leading carriers in the industry. With CorporateChoice, employers can provide employees and their family members with access to important insurance coverage. LTCI can help protect them against the high cost of long term care services – whether the need occurs sometime in the future, or as soon as tomorrow.

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Please Note:

If you have any questions, you can call the CorporateChoice sales desk at 1-888-321-4LTC.

Educate Your Clients About the Value of LTCI

Your clients may not be familiar with LTCI, but there are advantages for both employers and employees.

For Employers

> LTCI enhances employee benefits packages by offering coverage that may not be available with their health or disability benefits

> LTCI has similar tax advantages to health insurance, for employers paying all or part of the premium

> LTCI can help address productivity issues for those employees who have caregiving responsibilities

> LTCI can compliment an executive compensation package when employers pay for top managers' coverage

For Employees

> LTCI assists employees with their overall retirement planning, by helping to protect their savings from the high cost of services, should they find themselves in need of LTC

> LTCI helps employees face a long term care situation even if it occurs at a younger age due to an accident or illness

> LTCI has inflation features that help benefits keep pace with the rising cost of services

> LTCI offers benefits without the same requirements necessary for either Medicare or Medicaid

> LTCI provides a support system of care coordinators who can help employees manage the transition to long term care and alleviate some of the caregiving burden from family members

Know the Target Market

John Hancock has found that the most attractive prospects for LTCI are organizations with well-compensated, highly educated employees. You should be targeting groups of 50 to 500 employees. CorporateChoice is also available to groups with as few as 10 employees, if the employer is willing to contribute to the cost of the plan.

To ensure a successful enrollment, target groups that meet the following criteria:

> Average employee age > 40

> Average employee salary > $40,000, with target of 1.5 times the state average

> Highly educated employee population

> Good participation in voluntary benefits

The following are examples of groups that have better than average enrollments:

> Law offices

> Accounting firms

> Colleges/universities

> Pharmaceutical companies

> Engineering firms

External factors that can influence an enrollment

Even groups with outstanding demographics can perform poorly when certain conditions exist. When you are evaluating a group for a voluntary program, you may not wish to pursue a prospect that has plans to downsize or scale back its benefits offerings. Employees may not want to pay for a benefit out-of-pocket if they sense that job loss is imminent or feel threatened by perceived benefit "take-aways." Employers who are undergoing takeovers or mergers may also be poor candidates because employees may be distracted by the uncertainty of change.

Not all industries are right for CorporateChoice

Finally, there are certain industries that may not be appropriate for CorporateChoice because of associated occupational risk, seasonable employment, or lower-than-average expected enrollment. These are:

> Asbestos manufacture, installation, and removal

> Auto and building wreckers, salvage, junkyards, and scrap dealers

> Bars and cocktail lounges, liquor stores

> Chemical industries

> Dairy farms

> Explosives manufacture and distribution

> Marine salvage and towing

> Mining and quarrying

> Residential contractors (painting, plastering, etc.)

John Hancock may be willing to consider the management employees of these groups.

Please contact the sales desk for more information at 1-888-321-4LTC.

Familiarize Yourself with CorporateChoice

Eligible Groups

CorporateChoice is designed with employees and their family members in mind, with one of the broadest eligible groups available.[1] The following groups may be offered the coverage:

> All eligible, actively-at-work (AAW) employees, who are regularly scheduled to work at least 17.5 hours per week and are on U.S. payroll

> Retirees

> Board members

> Spouses of eligible employees, retirees, and board members[2]

> Same or opposite sex domestic partners of eligible employees, retirees, and board members[3]

> Surviving spouses of employees and retirees

> Parents and parents-in-law of eligible employees and retirees

> Grandparents and grandparents-in-law of eligible employees and retirees

> Adult children of eligible employees and retirees, and of their spouses[4]

> Spouses of eligible children[5]

> Adult siblings of eligible employees and retirees, and of their spouses[6]

> Spouses of eligible siblings[7]

1. Eligible groups may vary by state and underwriting classifications may vary within an employer's eligible population.

2,4,5,6,7. Spouses, domestic partners, siblings, and children must be issue age 18 - 84 on the effective date of coverage. All applicants, other than eligible active employees and their spouses, must reside in the U.S. on their effective date of coverage.

3. Louisiana does not allow eligibility for domestic partners.

Like the individual LTCI plans that you may be familiar with, CorporateChoice provides benefits for care received in a wide range of settings, from nursing homes to the insured's home. CorporateChoice daily benefits and certificate limits are described in greater detail in the following column.

Daily Benefit

The Daily Benefit (DB) is the most the plan will pay for the cost of all covered services received on a given day. CorporateChoice offers a range of DBs, between $100 and $300, in $50 increments. This is currently one of the broadest ranges of DBs offered in the industry.

Certificate Limit

The Certificate Limit (CL) is the total amount of benefit money available to the insured, for the cost of services covered by the CorporateChoice plan. The CL is calculated by multiplying the DB selected by the Benefit Period (BP). Your client can select a 2-, 3-, 4-, 5-, or 6-year BP.

Here's how it works:

The Certificate Limit for a $150 DB and a 5-year BP is calculated by multiplying the DB by the number of days in the BP.

$150 X 1,825 (number of days in 5 years) = $273,750

The CL is $273,750.

Issue Age

> For actively-at-work (AAW) employees there will be no issue age limits; however, only AAW employees between the ages of 18 – 69 may get the underwriting concession allowed for the group

> All other members of the eligible class must be between the ages of 18 – 84

> Issue age is based on age as of the initial plan effective date or the application received date, whichever is later

Benefit Reimbursement

The benefit amount payable under the plan is equal to the lesser of the actual daily covered charges or the total DB.

Under no circumstances, will John Hancock pay more than the DB for all charges incurred on any given day, except for the Stay at Home benefit provision.

One-Time Elimination Period

The Elimination Period (EP) is the number of days on which covered services must be received while the insured meets the benefit eligibility requirements. The EP need only be met once per lifetime, as long as the individual remains continuously insured.

The employer can select one of two options - 30 days of service or 90 days of service.

The Stay at Home benefit and Hospice Care benefit can be paid during the EP. However, days on which the Stay at Home benefit or Hospice Care is used will not count toward the satisfaction of the EP. A day on which care or services due to a pre-existing condition is received will not qualify as a service day and will not count towards satisfaction of the EP until all the requirements of the pre-existing condition clause have been met.

CorporateChoice Core Features

Nursing Home Care

Nursing Home Care includes skilled, intermediate, or custodial care (performed under the orders of a physician) in a qualified nursing facility that meets policy definitions.

Alternate Care Facility Care

Alternate Care Facility Care covers care received under the orders of a physician, in assisted living facilities, Alzheimer's facilities, custodial care facilities, or other alternatives to a qualified nursing facility, if they meet the policy definitions.

Community Based Professional Care

The Community Based Professional Care (CBPC) benefit is important because most long term care takes place outside of nursing homes and alternate care facilities. Few employer-sponsored plans offer facility-only coverage.

Community Based Professional Care includes home health care, homemaker services, and adult day care provided by a qualified home health agency or adult day care center.

Informal Care

An Informal Care benefit is a standard feature in most employer-sponsored LTCI plans. Many employers recognize that most people prefer to receive care in a familiar setting and will ask whether the carrier's proposed plan includes an informal care benefit.

The Informal Care benefit includes custodial care and homemaker services provided in the insured's home.

Informal Care can be provided by a person without professional skills or training, (including family members, whether or not they ordinarily reside in the insured's home). Informal caregivers must be at least 18 years old, unless certified or employed by a qualified home health agency.

Informal Care benefits can be paid in addition to the Community Based Professional Care benefits on any day. The total benefits paid cannot exceed the DB amount on any one day.

Hospice Care

Hospice Care can be an attractive feature to many consumers and is included in most employer-sponsored plans.

Under CorporateChoice, Hospice Care benefits can be paid to those individuals who have been diagnosed with a terminal illness. The benefit covers care delivered at home, in a nursing home, hospice facility, or alternate care facility.

Hospice benefits can be paid during the EP, but days on which only hospice care services are received, do not count toward satisfying the EP's days of service requirement.

Stay at Home Benefit

Many employer-sponsored plans offer the features included in the CorporateChoice Stay at Home benefit, but often as individual benefits, rather than under one single benefit.

The Stay at Home benefit is equal to 30 times the DB. The Stay at Home benefit is a separate benefit; it does not reduce the CL.

Inflation Adjustment Features

The CorporateChoice LTCI policy will include a choice of two inflation provisions:

Guaranteed Purchase Option (GPO)
Under the GPO, an inflation increase will be offered every three years from the employer's policy effective date, regardless of the insured's age. John Hancock will determine the amount of the increase to the DB, which will be no less than an amount that increases the DB by a minimum of 5% compounded annually over the three-year period. Insureds will receive offers unless they have declined one offer and have entered claim status. In that event, additional offers will cease. Inflation increases will not be available if coverage is in reduced paid-up status due to the nonforfeiture benefit.

Compound Inflation Coverage (CIC)
The CIC option, long the preference of various consumer advocates, is becoming increasingly popular, with more employers and employees selecting the option than in the past.

Under the CIC, the insured's DB automatically increases at an annual rate of 5% compounded, while the premium remains level. The increases to the DB will continue to be made regardless of age or whether the insured has been eligible for benefits. The increases will end if the coverage is in reduced paid-up status due to the nonforfeiture benefit.

Stay at Home benefits include:

> Care planning visit
> Home modifications
> Emergency medical response systems
> Durable medical equipment
> Caregiver training, up to 5 x the DB
> Home safety check
> Provider care check

Stay at Home benefits can be paid during the EP, but days on which only Stay at Home services are received, do not count toward satisfying the EP's days of service requirement.

Respite Care

When an insured is determined to be benefit eligible and has met the EP requirement, the plan will pay for covered services, provided on a short-term basis, that are designed to give the insured's unpaid caregiver temporary relief from caregiving duties. Any benefits paid will reduce the CL.

Temporary Bed-Holding

This benefit compares very favorably with similar benefits offered by our competitors. A Temporary Bed-Holding benefit will be paid to hold a bed in a nursing home or alternate care facility for up to 30 days per calendar year, if confinement is interrupted for any reason (e.g., going home for the holidays, going on a family vacation, or leaving for surgery).

Waiver of Premium

Premiums will be waived while an insured meets the benefit eligibility requirements and after the EP requirement is met.

Premiums will be waived for as long as the insured continues to be benefit eligible. Premium contributions will resume on the first of the month after the date the insured no longer meets the benefit eligibility requirements under the policy.

Return of Premium at Death

The Return of Premium at Death benefit is generally regarded as a feature that adds value to the plan, particularly among those employees who hesitate to purchase LTCI, thinking they may never need the benefit. It allows for the return of 100% of the insured's premiums paid, less any benefits paid or payable, in the event that the insured dies before reaching age 70. If coverage is in reduced paid-up status due to nonforfeiture, the Return of Premium at Death benefit will no longer apply, regardless of age.

CorporateChoice Optional Features

These features can be built-in or offered as employee options.

Nonforfeiture

Many employers value the flexibility afforded by a nonforfeiture benefit. They appreciate the fact that this benefit gives employees the option to stop premium payments and still retain some coverage, if that is their personal preference.

Under the Nonforfeiture benefit, an insured can discontinue premium payment after a minimum of three years of continuous coverage and retain reduced paid-up coverage with the full DB amount and a reduced CL equal to the greater of 30 times the DB, or the sum of premiums paid.

If exercised after a minimum of 10 years of continuous coverage, the reduced CL will equal the greater of 90 times the DB or the sum of premiums paid.

Contingent Nonforfeiture

If the optional Nonforfeiture benefit is not chosen, this feature is automatically included in the coverage. If the insured decides to lapse his or her coverage following a substantial rate increase, he or she will have the right to keep reduced paid-up coverage with the full DB amount and a reduced CL equal to the total amount of premiums paid since the coverage was issued, but not less than 30 times the DB.

Shared Care

Employers are aware of the shared benefit features that have been available in the individual market for many years and are starting to show real interest in them.

The Shared Care benefit allows an insured and his or her spouse/domestic partner to access benefits under each other's coverage, once benefits under his or her own coverage have been exhausted.

Both the insured and his or her spouse/domestic partner can receive benefits under one coverage at the same time. If the insured or spouse/domestic partner dies, the survivor's coverage will be increased by the amount remaining in the deceased person's CL.

The insured and his or her spouse/domestic partner must elect the exact same plan of benefits (DB, CL, inflation, nonforfeiture benefit, etc.). Shared Care is only available to insureds electing a 4-, 5-, or 6-year BP.

All applicants for the Shared Care benefit must be underwritten, including employees who would otherwise be eligible for guaranteed issue.

Spousal/Domestic Partner Discount

Many employers inquire about the availability of a spousal/domestic partner discount, so it may prove to be a popular option. However, not all employers will be interested if they perceive that this benefit favors the interests of married employees over those of unmarried employees.

The discount is available to married insureds or those in a qualified domestic partnership. The discount is available even if spouses/domestic partners do not apply.

The employer may choose between two approaches:

Standard Spousal Discount
Premiums charged to unmarried insureds are structured to subsidize the discounts available to married insureds.

Blended Spousal Discount
Premiums for both married and unmarried insureds are blended to produce discounted premiums applicable to both groups.

Paid-Up Coverage Options

These features may be very appealing to those employers who are considering an executive carve-out plan because the premium payment time period is well defined and could conceivably help them retain a senior executive until retirement.

Employers may choose between two options:

Accelerated Payment

The coverage is paid-up at the later of the tenth anniversary of the effective date of coverage or the first of the month on or after the insured's 65th birthday.

The Accelerated Payment option is available with our standard Compound Inflation Coverage (CIC) inflation protection feature, but not with our GPO inflation protection feature. Benefit increases to the DB, other than the CIC increases, will not be permitted.

Ten-Year Payment

The coverage is paid-up on the tenth anniversary of the effective date of coverage. Any period for which the premium has been waived will count toward the ten years.

The Ten-Year Payment option is available with our standard Compound Inflation Coverage (CIC) inflation protection feature, but not with our GPO inflation protection feature. Benefit increases to the DB, other than the CIC increases, will not be permitted.

Other Plan Features

Premium Payment Options

Active employees and their spouses/domestic partners will have their premium payments deducted from the employee's paycheck. Retirees and their spouses/domestic partners will have premiums deducted from the retiree's pension.

All other participants will pay premiums directly to John Hancock through automatic bank withdrawal from a bank account or by direct billing.

Premium Payment Grace Period

Insureds paying premiums on a direct-bill basis will be granted a 30-day grace period beyond the premium due date. As the end of the grace period approaches, the insured will be sent another bill, which will include a reminder notice. If payment is not received by the 60th day, coverage will be cancelled.

Guaranteed Renewable

John Hancock cannot cancel a person's coverage as long as premiums are paid on time. The company does reserve the right to increase premiums by class, subject to state insurance department approval.

Fully Portable

LTCI coverage is fully portable. Portability makes the coverage more attractive because employees who take advantage of lower premium rates by purchasing coverage at a young age, can continue the same coverage at group rates, after they terminate employment for any reason.

Portability also applies to family members, who may continue their own coverage, even if the employee elects to terminate his or her own coverage.

30-Day Free Look

Upon receipt of the Certificate of Insurance, an insured will have 30 days to decide whether to continue with the coverage. If the insured decides not to take the coverage during this period, all premiums paid will be refunded.

Learn About CorporateChoice Underwriting

The underwriting method available to your clients will depend upon a case-level evaluation of each prospect by the sales desk.

Guaranteed Issue

Eligible actively-at-work (AAW) employees, issue age 18 - 69, who meet the following criteria will be eligible for guaranteed issue:

- Employees who apply during initial open enrollment
- New hires applying within 31 days of first becoming eligible
- Newly eligible employees as a result of a status change, who apply within 31 days of first becoming eligible
- Employees returning from leave of absence or disability that occurred during the initial enrollment period, who apply within 31 days of return to an AAW status

A pre-existing condition exclusion will apply to all guaranteed issue employees. The pre-existing condition clause is defined below. Any employee electing Shared Care will be subject to full underwriting.

Simplified Underwriting

Eligible AAW employees, issue age 18 - 69, who meet the following criteria, will be eligible for simplified underwriting:

- Employees who apply during initial open enrollment
- New hires applying within 31 days of first becoming eligible
- Newly eligible employees as a result of a status change who apply within 31 days of first becoming eligible
- Employees returning from leave of absence or disability that occurred during the initial enrollment period, who apply within 31 days of return to an AAW status

Any employee electing Shared Care will be subject to full underwriting.

Simplified underwriting requires that AAW employee applicants provide evidence of insurability (EOI) by completing a short-form application, with only five questions.

If the employer pays for coverage for at least 10 AAW employees of a distinct class and these employees are subject to simplified underwriting, any employee who fails to meet simplified underwriting guidelines will be offered the following coverage on a guaranteed issue basis, subject to state variations:

- $50 DB Facility-Only coverage
- One-Year BP
- 90-Day EP
- GPO Inflation

Full Underwriting

All members of the eligible group, other than AAW employees, will be subject to full underwriting. However, the case evaluation criteria established by the sales desk may result in full underwriting being required for the entire group, including the AAW employees. Alternatively, an employer may choose that the full underwriting method be required for the entire group in order to obtain a lower premium rate.

Full underwriting requires that applicants provide evidence of insurability by completing a long-form application. In our experience, the vast majority of employees will be able to meet underwriting guidelines and will be accepted for coverage.

Exclusions

John Hancock's plan does not cover charges incurred by the insured due to:

- Intentionally self-inflicted injury
- Care services or treatment specifically provided for detoxification of, or rehabilitation for, alcohol or drug addiction
- Conditions caused by, or contributed to, committing or attempting to commit a felony, engaging in an illegal occupation, participating in a riot or insurrection
- Conditions caused by war, whether declared or not, or any act of war, or service in the armed forces or auxiliary units
- A service or supply for which a charge would not have been made in the absence of insurance

- A service or supply furnished by or covered as a benefit under a program of any government or its subdivisions or agencies except as otherwise required by law, and except:
  1. A program established by the federal government for its civilian employees;
  2. Medicare; and
  3. Medicaid (any state medical assistance program under Title XIX of the Social Security Act as amended from time to time)

No benefit will be payable under the plan for any charge to the extent that a benefit is payable for that charge under Medicare, or would be payable under Medicare, but for the coinsurance and deductible and co-payment provisions of Medicare, except when Medicare is determined to be secondary payor under applicable laws.

No benefit is payable under the plan for any charge for care received outside the U.S. (50 states or the District of Columbia).

NOTE: The insurance plan provides coverage for mental and nervous disorders of both organic and inorganic origin.

Pre-Existing Condition

The Pre-Existing Condition limitation only applies to those applicants who are issued coverage on a guaranteed issue basis.

Pre-Existing Condition means any condition (illness, disease, injury, or symptom) that, during the six (6) months prior to becoming insured under the Policy, causes the insured to:

a. consult a Health Care Professional;
b. seek diagnosis or medical advice, or receive medical care or treatment;
c. undergo hospital admission or a Health Care Professional's visit for testing or for diagnostic study; or
d. obtain services, supplies, prescription drugs or medicines

If, during the six (6) months after the insured individual's effective date of coverage,

- the insured needs Substantial Assistance to perform at least two of the Activities of Daily Living; or
- the insured needs Substantial Supervision for protection from threats to health and safety due to the presence of a Severe Cognitive Impairment,

that is caused or contributed to by a Pre-Existing Condition, John Hancock will not reimburse expenses for care, services, or treatment while such Substantial Assistance or Substantial Supervision continues, or, if the insured recovers, later becomes needed due to the same Pre-Existing Condition. Days on which charges are incurred for Pre-Existing Condition do not satisfy the EP until all the requirements of the Pre-Existing Condition limitation have been met.

Understand the Claims Process

Insureds are eligible to receive benefits under the policy when they become either functionally dependent or cognitively impaired and have fulfilled the EP requirement.

Functional Impairment

The John Hancock care coordinator verifies that the insured is unable to perform, without substantial assistance from another person, at least two of the six Activities of Daily Living (ADLs) because of a loss of functional capacity that is expected to last for a period of at least 90 days.

The 90-day period requirement, a part of what qualifies the plan for tax-favored status, is not a "waiting" period. It indicates only the expectation by a medical professional that an insured will be unable to perform any two ADLs for at least 90 days without substantial assistance from another person (hands-on or stand-by). Its purpose is to ensure that the particular illness or disability is long term in nature.

Activities of Daily Living

Our Activities of Daily Living (ADLs) are:

- Bathing
- Dressing
- Eating
- Toileting
- Transferring
- Maintaining Continence

A person is considered dependent in an ADL if substantial assistance (either stand-by or hands-on) from another person is needed to perform the activity and is expected to continue for at least 90 days. Someone dependent in an ADL either is not able to participate in the task or is able to contribute but not completely perform the task without substantial human assistance. A person who is physically able to perform an ADL but requires the presence of another person within arm's reach to prevent, by physical intervention, injury to the insured person while performing the activity, will be considered to be dependent in that ADL.

A person is considered to be independent in an ADL if he or she usually performs the activity (whether or not with special adaptive devices, equipment, or other aids) without substantial assistance of another person or with assistance with only minor parts of the task.

Separate Cognitive Impairment Trigger

The care coordinator verifies that the insured requires substantial supervision (which may include verbal cueing) to protect the insured from threats to health and safety due to cognitive impairment.

CareScout

John Hancock has partnered with CareScout to assist our insureds with locating suitable providers. CareScout specializes in connecting families to quality long term care providers at preferred rates. It provides insureds with access to quality assessment and licensing information for local providers, in order to help them make a more informed long term care decision. We consider this to be an invaluable service to those individuals who may be struggling with an emerging long term care situation.

The process is simple and requires no paperwork. When an insured calls John Hancock about a potential claim, the care coordinator asks what he or she is looking for in a provider and explains the CareScout services. A CareScout care advocate then contacts the insured and performs a customized search, based on the insured's needs, from its nationwide database. The insured receives a customized information guide that outlines appropriate local providers, along with services, rates, availability, and discounts, if any. The insured is under no obligation to select one of the providers on the CareScout list.

Start a Quote

Once you have a good employer prospect:

1-888-321-4LTC	**www.jhcorporatechoice.com**
8:30 a.m. to 4:30 p.m. EST	24 hours/day, 7 days/week
Call our sales desk and a representative will help you get a quote.	Generate a quote at your convenience and let the Web site do the work for you.

1 **Qualify your prospect by providing the following information:**

a. Client name
b. Quote description
c. Situs state
d. Total number of employees
e. Number of employees paid for by employer (if any)
f. Average age of entire employee population
g. Average salary of entire employee population
h. SIC code/industry

2 **Run sample rates (using eHansel)**

- Available immediately

3 **Request a proposal and plan design summary**

- Available within two business days

4 **Submit final plan design and employer census**

- Approval notification within two business days

The Web site offers additional advantages as well. It allows you to create your own personal workspace so that you can easily keep track of all of your quote activity.

If you have any questions, please call **1-888-321-4LTC** to speak with a sales desk representative.

Get the Support You Need

John Hancock is committed to providing our producers with exceptional service. We have created the CorporateChoice sales desk as a resource for all of your questions pertaining to LTCI.

In addition, we offer a variety of sales tools that include a pre-approach letter, an employer brochure, a tax guide, employer and employee presentations, and a comprehensive enrollment campaign, at no cost to you.

We also offer a CorporateChoice Web site that contains facts about the need for LTC and LTCI, product information, and an illustration system so that you can generate rates and obtain proposals on-line.

Recommend a Plan Design

CorporateChoice can be sold a number of ways – as an employer-paid plan, as part of an executive carve-out package, or as a straight voluntary plan. The first thing you should know when deciding which approach to recommend, is that selling LTCI as an employer-paid plan or executive carve-out is much more common in this particular market than it is among larger employers.

Employer-Paid Plans and Executive Carve-Outs

Employer-paid plans or executive carve-outs can help to attract and retain top talent. There are a number of additional benefits:

> Both employer-paid and executive carve-out plans enjoy the most liberal underwriting (often guaranteed issue for executives) and best rate structures; if a voluntary plan is being offered in conjunction with an executive carve-out, more favorable rates can usually be extended to the rest of the population

> Through the purchase of an institutionally-priced COLI program, an employer can recover the cost of the premiums for the employer-sponsored long term care program, just as it can for deferred compensation and supplemental retirement income plans; the company will recover all LTCI plan costs through the tax-free death benefit, upon the executive's death

> Employers who have a COLI plan in place can also use the accumulated funds to pay for an executive carve-out LTCI plan

> The CorporateChoice Ten-Year Payment option works well with COLI funding, because the LTCI plan will be fully paid-up after 10 years and its portability feature allows executives to continue the coverage, upon retirement; if employees terminate employment prior to the coverage being paid-up, they can still retain the coverage at their own expense

Voluntary Plans

If an employer decides to install CorporateChoice on a voluntary basis, the goal is to offer a plan design that will contribute to successful participation. Our experience has shown that simple, affordable plans are the most popular with employees. Keep the following guidelines in mind:

> In determining the DB amount, you may wish to consider the price of services in the employer's location; a high, medium, and low option will meet the needs of most employees

> John Hancock also recommends that employee choice be kept to a minimum; LTCI is new to many people and too many decisions about the coverage can discourage participation; built-in options are one possibility, but they do add to the cost of the plan, so this approach should be carefully weighed to make sure that the plan remains affordable

Explain the Tax Advantages

All employer-paid LTCI plans offer significant tax advantages for both employers and employees:

> Employers can deduct 100% of the premiums paid as a business expense

> Employers have the flexibility to determine eligible classes, so they can limit the plan's offer to key executives or broaden the eligible class to include the remaining employee population; in either case, they would still enjoy applicable tax advantages

> Most employees can exclude premiums from gross income and are not taxed on the LTCI benefits they receive

> Employees living in certain states are also eligible for either tax credits or deductions for premiums they pay, as part of a voluntary offering

For additional details, please refer to the John Hancock Long Term Care Insurance Tax Guide.

Plan the Enrollment

John Hancock is responsible for all aspects of the enrollment. Because long term care is a subject that many people may not be familiar with, our emphasis is on educating employees on the potential for need, as well as the reasons to consider coverage.

The CorporateChoice enrollment period is 60 days, including underwriting. Prior to the actual enrollment period, individuals will receive:

> An announcement letter that has enrollment dates and contact information, including the employer-dedicated Web site, where they can seek more information or enroll on-line

> A primer that presents an overview of the many issues surrounding long term care and the solutions offered by LTCI

> A rate-quote letter that provides personalized rates, based on the employee's age

> A plan highlights brochure that explains the benefits of the CorporateChoice LTCI Plan

> An enrollment kit, provided upon request, with plan information, rates, and applications

You will be responsible for conducting employee meetings or one-on-one consultations. John Hancock will provide you with an employee presentation that covers both the need for LTC and LTCI, as well product information.

Know Our Other Products

The following chart will provide you with a comparison of all of John Hancock's Long Term Care Insurance offerings for the employer market:

> CareChoice

> CorporateChoice

> Corporate Solutions

> Sponsored Group

	CareChoice	CorporateChoice	Corporate Solutions[1]	Sponsored Group[2]
Policy Structure	> Group product > Employer is the policyholder > Insureds receive certificates of insurance	> Group product > Employer is the policyholder > Insureds receive certificates of insurance	> Individual product > Insureds receive individual policies	> Individual product > Insureds receive individual policies
Target Market	> Employers with over 500 lives; over 250, if employer-paid	> Employers with 50-500 lives; over 10, if employer-paid	> Employers with under 500 lives	> Employers, associations, or affinity groups
Prospect Guidelines	> Average employee age > 40 > Average employee salary > $40,000, with target of 1.5 times the state average > Highly educated employee population > Good participation in voluntary benefits > Employers are required to certify accuracy of employee census and support of business product offering > All groups must meet home office approval	> Average employee age > 40 > Average employee salary > $40,000, with target of 1.5 times the state average > Highly educated employee population > Good participation in voluntary benefits > Employers are required to certify accuracy of employee census and support of business product offering > All groups must meet home office approval	> Average employee age > 40 > Average employee salary > $40,000 > Employer groups must be in business for at least 2 years > Employers are required to certify accuracy of employee census and support of business product offering > All groups must meet home office approval	> Average employee age > 50 > Average employee salary > $40,000 > Employer groups must have at least 5 lives and be in business for at least 2 years > Associations must have at least 10 members > All groups must meet home office approval
Participation Requirements	> None	> None	> Greater of 3% of eligible employees or 15 employee lives must apply and be approved	> All groups must submit at least 5 applications
Best Opportunities	> Large employers who prefer that a centralized team, led by a dedicated account executive, coordinates enrollment activities and is responsible for ongoing administration > Employers with geographically-dispersed populations > Ideal for combined executive carve-out/voluntary coverage offerings	> Small to mid-sized employers who prefer that their local producer coordinates enrollment activities and is the primary point of contact > Ideal for executive carve-out or core-plus buy-up opportunities, which are more common in this market space	> Small employers who prefer that their local producer coordinates enrollment activities and is the primary point of contact > Employers who prefer the flexibility of individual coverage > Ideal for executive carve-out or core-plus buy-up opportunities, which are more common in this market space	> Small employers who prefer that their local producer coordinates enrollment activities and is the primary point of contact > Employers who prefer the flexibility of individual coverage > Employers who prefer an ongoing marketing program, rather than a more defined enrollment period > Associations who want to enhance the value of benefits offered to their members > Ideal for smaller executive groups
Benefit Triggers	> Same	> 2/6 ADLs: - Bathing - Transferring - Toileting - Eating - Dressing - Maintaining Continence > Hands-on or Stand-by Assistance > Cognitive Impairment > Standardized tests > 90-day certification	> Same	> Same
Range of Benefit Levels/ Total Coverage Amount	> Daily Maximum Benefits (DMB) of $100-$350 in $5 increments > Benefit Periods (BP) of 2-10 years > Lifetime Maximum Benefit (LMB), or total pool of money, is calculated by multiplying the DMB by the number of days in the BP	> Daily Benefits (DB) of $100-$300, in $50 increments > Benefit Periods (BP) of 2,3,4,5, or 6 years > Certificate Limit (CL), or total pool of money, is calculated by multiplying the DB by the number of days in the BP	**Program 1: Modified Guaranteed Standard Issue (MGSI)** Allowable coverage without additional underwriting requirements: > LTCI Benefit Amount of $50 to $200 per day or $1,500 to $6,000 per month > Benefit Periods (BP) of 2,3,4, or 5 years > Policy Limit, or total pool of money, is calculated by multiplying the Benefit Amount by the number of days in the BP **Program 2: Modified Guaranteed To Issue (MGTI)** Same as for Sponsored Group, with the exception of the Lifetime Benefit Period and FamilyCare benefit	Daily Benefits: > $50-$500 for ages 18-79 > $50-$250 for ages 80-84, in $10 increments Monthly Benefits: > $1,500-$15,000 for ages 18-79 > $1,500-$7,500 for ages 80-84, in $100 increments Benefit Periods (BP) of 2,3,4,5,6,10 or Lifetime Policy Limit, or total pool of money, is calculated by multiplying the Benefit Amount by the number of days in the BP
Products Available	> Not applicable	> Not applicable	> Custom Care I & II > Essential Care I & II	> Custom Care I & II > Essential Care I & II > NY Partnership

NOTES

1. Product features are based on Custom Care II Product Portfolio.

2. Referred to as a Marketing Distribution Discount Program in NY and TX.

This comparison provides a high-level overview of John Hancock's Long Term Care Insurance for the employer market.
For a detailed description of plan features, please refer to the applicable Policy.

	CareChoice	CorporateChoice	Corporate Solutions[1]	Sponsored Group[2]	NOTES
Issue Ages	> For actively-at-work (AAW) employees, there will be no issue age limits > All other members of the eligible class must be at least 18 years old	> For actively-at-work (AAW) employees, there will be no issue age limits > All other members of the eligible class must be between the ages of 18–84	> Full-time eligible employees between the ages of 18-64 > Other insureds, spouses, eligible family members, employees ages 65-84, and part-time employees must complete full underwriting and may qualify for the Sponsored Group discount > Restricted benefits for ages 80-84	> Eligible employees/members between the ages of 18-84 > Restricted benefits for ages 80-84	1. Product features are based on Custom Care II Product Portfolio. 2. Referred to as a Marketing Distribution Discount Program in NY and TX. This comparison provides a high-level overview of John Hancock's Long Term Care Insurance for the employer market. For a detailed description of plan features, please refer to the applicable Policy.
Underwriting	**Guaranteed Issue** > Extended only to AAW employees when applicable > Eligible AAW employees who apply during initial open enrollment or within 31 days of first becoming eligible **Simplified Underwriting** > Can be made available to spouses/domestic partners of eligible employees > Applicants will be required to answer no more than five health questions if they apply during the employee's guaranteed issue period or within 31 days of first becoming eligible **Full Underwriting** > All other eligibles must provide evidence of insurability by completing the *Statement of Health* on the application	**Guaranteed Issue** > Extended only to AAW employees when applicable > Employees, issue age 18-69 who apply during initial open enrollment or within 31 days of first becoming eligible > GI underwriting is subject to a pre-existing condition exclusion (See page 10) **Simplified Underwriting** > Extended only to AAW employees when applicable > Eligible AAW employees, issue age 18-69 who apply during initial open enrollment or within 31 days of first becoming eligible **Full Underwriting** > May be required for AAW employees or offered as an option in order to obtain a lower premium rate for the group > All other members of the eligible class will always be subject to full underwriting	**Modified Guaranteed Standard Issue (MGSI)** > Extended only to eligible employee group > Standard rate class applies > Applicants complete only the section of the application entitled "Should You Submit This Application?" > No additional underwriting is required > Applicants must apply within a one-time 60-day enrollment period > Available to new hires or those now meeting the eligible employee definition (employee must apply within 60 days of meeting eligibility requirements) > Spouses/partners and all eligible family members must complete full underwriting **Modified Guaranteed to Issue (MGTI)** > Extended only to eligible employee group > All underwriting classes apply > Preferred (–15%) > Select > Class I and II (+25% and +50%) > Substandard not available with 10-year and Lifetime BP > Simplified application, allows full underwriting through telephone interview and ad hoc Attending Physician's Statement > Spouses/partners under age 64, can use MGTI applications during open enrollment but do not count toward minimum participation > Applicants must apply within a one-time 60 day enrollment period > Available to new hires or those now meeting the eligible employee definition (employee must apply within 60 days of meeting eligibility requirements) **Full Underwriting** > Other insureds, spouses, eligible family members, employees ages 65-84, and part-time employees must complete full underwriting and may qualify for the Sponsored Group discount > Also applies to employees who buy-up over the maximum coverage	**Full Underwriting** All applicants are subject to full underwriting > Preferred (– 15%) > Select > Class I and II (+25% and +50%) > Substandard not available with 10-year and Lifetime BP	
Elimination Period (EP)/ Qualification Period (QP)	> Employer may select Qualification Period (QP) of 30, 60, or 90 days > QP is based on calendar days > True cumulative QP; days do not need to be consecutive > QP need only be satisfied once during the insured's lifetime while continuously insured	> Employer may select Elimination Period (EP) of 30 or 90 days > EP is based on days of service > True cumulative EP; days do not need to be consecutive > EP need only be satisfied once during the insured's lifetime while continuously insured	> 30*,60*, 90, 180, or 365 days > EP is based on days of service > True cumulative EP; days do not need to be consecutive or within same claim > For HHC: If the insured is receiving home care one or more days a week, seven days will be applied toward the EP *Options not available for ages 80-84	> Same as Corporate Solutions	

	CareChoice	CorporateChoice	Corporate Solutions[1]	Sponsored Group[2]
Inflation Options	**Future Purchase Option (FPO)** > Offer to purchase additional coverage made every 3 years > No evidence of insurability > Increase to the Nursing Home DMB will not be less than 5% compounded annually over the 3-year period > Premiums based on attained age at offer > Insureds will receive offers unless they are over issue age 85 or have met the benefit eligibility requirements in the 6 months prior to the increase effective date > Inflation increases will not be available if coverage is in reduced paid-up status due to the nonforfeiture benefit > FPO is the default, if the other inflation option is not selected **Automatic Benefit Increase (ABI)** > The DMB and LMB automatically increase 5% compounded annually, while premiums remain level > The premium adjustment for future inflation increases is built into the plan at the time of initial enrollment > Insureds that purchase this option do not receive FPO offers > ABI ends if coverage is in reduced paid-up status due to the nonforfeiture benefit	**Guaranteed Purchase Option (GPO)** > Offer to purchase additional coverage made every 3 years > No evidence of insurability > Increase to the DB will not be less than 5% compounded annually over the 3-year period > Premiums based on attained age at offer > Insureds will receive offers unless they have declined one offer and have entered claim status; in that event, additional offers would cease > Inflation increases will not be available if coverage is in reduced paid-up status due to the nonforfeiture benefit > GPO is the default, if the other inflation option is not selected **Compound Inflation Coverage (CIC)** > The DB and the remaining CL automatically increase 5% compounded annually, while premiums remain level > The premium adjustment for future inflation increases is built into the plan at the time of initial enrollment > Insureds that purchase this option do not receive GPO offers > CIC ends if coverage is in reduced paid-up status due to the nonforfeiture benefit	**Guaranteed Purchase Option** > Offer to purchase additional coverage made every 3 years > No evidence of insurability > Increase to the LTC Benefit Amount can be 5%, 10%, or 15% of original LTC Benefit Amount > Insureds will receive one-time offer on the policy anniversary that falls on or after his or her 65th birthday, to switch to either 5%/3% or 5%/5% compound > GPO is the default, if other inflation options are not selected > Insureds will receive offers unless they are over attained age of 91, have received benefits in the prior 2 years, or if limited pay, family care, survivorship or waiver of premium rider are elected > GPO is not available for employer-pay plans **5%/5% Compound Inflation** > LTC Benefit Amount & remaining Policy Limit increase by 5% compounded annually **5%/3% Compound Inflation** > LTC Benefit Amount increases by 5% compound while remaining Policy Limit increases by 3% **5% Simple Inflation** > LTC Benefit Amount increases annually by 5% on a simple basis; increases are applied to the remaining policy limit NOTE: For the compound and simple inflations above, all inflation options may be removed after issue	> Same as Corporate Solutions
Nursing Home (NH)	> 100% of actual NH Facility charges are covered, up to the DMB	> 100% of actual NH Facility charges are covered, up to the DB	> 100% of actual NH Facility charges are covered, up to the LTC Benefit Amount	> Same as Corporate Solutions
Alternate Care Facility Care (ACFC)/ Assisted Living Facility (ALF)	> Employers may choose ACFC benefits payable from 50%-100% of the NH DMB; may not be less than the CBPC DMB	> 100% of actual ACFC charges are covered, up to the DB	> 100% of actual ALF charges are covered, up to the LTC Benefit Amount	> Same as Corporate Solutions
Community Based Professional Care (CBPC)/ Home Health Care (HHC)	> Employers may choose CBPC benefits payable from 50%-100% of the NH DMB > Covered services include: home health care, adult day care, and homemaker services	> 100% of CBPC services are covered, up to the DB > Covered services include: home health care, adult day care, and homemaker services	> 100% of HHC services are covered up to the LTC Benefit Amount > Covered services include: adult day care, professional care in your home, hospice care services, and incidental homemaker services	> Same as Corporate Solutions
Informal Care	> Employer may choose 100% of informal care charges from 25%-100% of the NH DMB, for 21, 30, 52, or 60 days per calendar year > Covered services include custodial and homemaker services provided in the insured's home > Informal care can be provided by a person without professional skills or training, (including family members, whether or not that person ordinarily resides in the insured's home) > Informal caregivers must be at least 18 years old unless certified or employed by a qualified home health agency > Informal care benefits can be paid in addition to the CBPC benefits on any day; total benefits paid cannot exceed the NH DMB on any one day	> 25% of DB for 30 days per calendar year > Covered services include custodial and homemaker services provided in the insured's home > Informal care can be provided by a person without professional skills or training, (including family members, whether or not they ordinarily reside in the insured's home) > Informal caregivers must be at least 18 years old unless certified or employed by a qualified home health agency > Informal care can be paid in addition to the CBPC benefits on any day; total benefits can not exceed the DB on any one day	> Not available	> Not available

NOTES

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2. Referred to as a Marketing Distribution Discount Program in NY and TX.

This comparison provides a high-level overview of John Hancock's Long Term Care Insurance for the employer market.
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	CareChoice	CorporateChoice	Corporate Solutions[1]	Sponsored Group[2]
Hospice Care	> Covered services include care received at home or in a nursing home, hospice facility, or alternate care facility > Insureds who meet the benefit trigger do not have to meet the QP requirement in order to receive hospice care benefits > Hospice care benefits that are paid during the QP will not count toward the satisfaction of the QP service day requirement	> Covered services include care received at home or in a nursing home, hospice facility, or alternate care facility > Insureds who meet the benefit trigger do not have to meet the EP requirement in order to receive hospice care benefits > Hospice care benefits that are paid during the EP will not count toward the satisfaction of the EP service day requirement	> Not available	> Not available
Respite Care	> Care received in a respite situation is covered the same as care received in a non-respite situation > The policy covers all levels of care with the level of reimbursement dependent on where the care is received > No additional limit placed on respite care beyond that for any other type of care and there is no special annual limit, except for the limits that apply to informal care, as long as the insured continues to meet eligibility requirements and benefits have not been exhausted > Reduces LMB > Employer option available that covers 21 days during the QP	> Care received in a respite situation is covered the same as care received in a non-respite situation > The policy covers all levels of care with the level of reimbursement dependent on where the care is received > No additional limit placed on respite care beyond that for any other type of care and there is no special annual limit, except for the limits that apply to informal care, as long as the insured continues to meet eligibility requirements and benefits have not been exhausted > Reduces CL	> Daily Option of up to 21 days at the LTC Benefit Amount per calendar year > Monthly Option of up to 21 days 1/30th of the LTC Benefit > Not subject to, nor does it satisfy, the EP > Reduces policy limit > After the EP is satisfied, respite care is paid under the LTC benefit	> Same as Corporate Solutions
Return of Premium at Death (ROP)	EMPLOYER OPTION > This benefit provides a refund of all, or a portion of, premiums paid, less benefits paid or payable if death occurs prior to age 75; the refund is paid based on a sliding scale, where 100% is returned if death occurs prior to age 65 and decreasing 10% per year, until age 74 > No premium return is payable if coverage is in reduced paid-up status due to nonforfeiture > ROP benefit for death occurring before age 70 is also available with a 20% sliding scale	> This benefit provides a refund of premiums paid, less benefits paid or payable, if death occurs prior to age 70 > No premium return is payable if coverage is in reduced paid-up status due to nonforfeiture	> This benefit pays a refund of premiums paid, less benefits paid or payable, if death occurs prior to 65 > No premium return is payable if coverage is in reduced paid-up status due to nonforfeiture OPTIONAL RIDER > At death, designated beneficiary is paid a benefit equal to total premium less claims paid, regardless of age of the policyholder at death > Receipt of returned premium may cause a taxable event for estate or beneficiary	> Same as Corporate Solutions
Temporary Bed Holding	> Covers 60 days of bed-holding in a nursing home or alternate care facility per calendar year > Applies if stay is interrupted for any reason	> Covers 30 days of bed-holding in a nursing home or alternate care facility per calendar year > Applies if stay is interrupted for any reason	> Covers 60 days of bed-holding per calendar year > Applies if stay is interrupted for any reason	> Same as Corporate Solutions
Care Advisory Services	> Same as CorporateChoice	> Unlimited care advisory services by care coordinators (registered nurses) for all insureds, at no charge > Care coordinators determine benefit eligibility, advise on appropriate site and level of care, and assist in finding local care providers > Insureds are not required to follow care coordinator advice	> The policyholder can choose an independent professional to assist in determining the care and treatment plan > Monthly: actual charges up to 1/3 of LTC (monthly) benefit amount per calendar year > Daily: actual charges up to 10 x the LTC benefit per calendar year > Not subject to, nor does it satisfy, the EP > Will not reduce policy limit	> Same as Corporate Solutions
Stay at Home	> Separate lifetime pool of money equal to 30 x NH DMB > Not subject to QP > Pays for home modifications, emergency alert systems, home safety check, caregiver training, care planning visit, durable medical equipment, and provider care check, designed to enable a claimant to remain at home > Caregiver training limited to 5 x DMB	> Separate lifetime pool of money equal to 30 x DB > Not subject to, nor does it satisfy, the EP > Pays for home modifications, emergency alert systems, home safety check, caregiver training, care planning visit, durable medical equipment, and provider care check, designed to enable a claimant to remain at home > Caregiver training limited to 5 x DB	> Monthly: Separate lifetime pool equal to 1 x the Monthly LTC Benefit > Daily: Separate lifetime pool equal to 30 x the Daily LTC Benefit > Not subject to, nor does it satisfy, the EP > Pays for home modifications, emergency alert systems, home safety check, caregiver training, and provider care check, designed to enable a claimant to remain at home	> Same as Corporate Solutions

NOTES

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	CareChoice	CorporateChoice	Corporate Solutions[1]	Sponsored Group[2]
Waiver of Premium	> After QP is met & while benefits are payable	> After EP is met & while benefits are payable	> After EP is met & while benefits are payable	> Same as Corporate Solutions
Nonforfeiture	EMPLOYER OPTION > Insureds may elect to stop paying premiums after at least 3 years of continuous coverage and keep their full DMB amount at a lower LMB (reduced paid-up status) > The value of the reduced LMB will be the greater of the sum of premiums paid into the plan or 30 x the Nursing Home DMB > If exercised after 10 years of continuous coverage, the LMB would be equal to the greater of 90 x the Nursing Home DMB or the sum of premiums paid	EMPLOYER OPTION > Insureds may elect to stop paying premiums after at least 3 years of continuous coverage and keep their full DB amount at a lower CL (reduced paid-up status) > The value of the reduced CL will be the greater of the sum of premiums paid into the plan or 30 x the DB > If exercised after 10 years of continuous coverage, the reduced CL would be equal to the greater of 90 x the DB or the sum of premiums paid	OPTIONAL RIDER > Paid-up shortened BP after 3 years inforce (or 1 year if limited payment option is selected) > New policy limit = total premiums paid minus benefits paid > Monthly Minimum policy limit = 1 x Monthly LTC Benefit Amount > Daily Minimum policy limit = 30 x Daily LTC Benefit Amount	> Same as Corporate Solutions
Contingent Nonforfeiture	> Same	> Will be automatically included in the policy in the event that traditional nonforfeiture is declined	> Same	> Same
Spousal/Partner Discounts	> Spousal discounts are reflected in lower group rates, that are applicable to all insureds, regardless of marital status	EMPLOYER OPTION > A discount of up to 25% will be offered to those applicants that have a spouse/domestic partner who is named on the application > Employer may choose to offer a blended rate schedule that takes into account both the single and partner rating to come up with one rating basis for the entire eligible class > A partner is defined as: - a spouse of a married couple - same sex or opposite sex partners that live together	> A discount of 15% will apply if an applicant has a partner and by 30% if both the applicant and the partner apply and are approved for coverage > A partner is defined as: - a spouse of a married couple - same sex or opposite sex partners that have lived together for 3 years - family members of the same generation that have lived together for 3 years	> Same as Corporate Solutions
Other Discounts	> Not applicable	> Not applicable	> For MGTI: 15% for Preferred > Loyalty credit: 5% premium credit provided to existing customers who have a prior policy series for at least 2 years and replace with either a CCII or ECII policy	> 15% discount for Preferred > 5% sponsored group discount for approved groups
Coordination of Benefits	> Same as CorporateChoice	> This plan will coordinate with other group medical and government plans, but not Medicare, Medicaid, or individual LTCI plans > In order to meet the requirements of HIPAA, which gives tax favored treatment to Qualified LTCI policies, this policy includes a Medicare offset	> We will coordinate benefits with other John Hancock individual LTCI policies	> Same as Corporate Solutions
Exclusions	> Refer to outline of coverage	> For programs with guaranteed issue for AAW employees, there is a pre-existing condition limitation. (Please see page 9 for a description of the pre-existing exclusion, as well as all other exclusions)	> Refer to outline of coverage	> Refer to outline of coverage

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	CareChoice	CorporateChoice	Corporate Solutions[1]	Sponsored Group[2]	NOTES
Limited Pay Benefits	> Not available at this time	EMPLOYER OPTION **Accelerated Payment** > Coverage is paid-up on the later of the tenth anniversary of the effective date of coverage or the first of the month on or after the insured's 65th birthday > Not available with GPO; only available with CIC > Requests for increases in coverage will not be permitted EMPLOYER OPTION **Ten-Year Payment** > Coverage is paid-up on the tenth anniversary of the effective date of coverage > Not available with GPO; only available with CIC > Requests for increases in coverage will not be permitted	> There are two options: 10-Pay and Paid-up at Age 65 > Guaranteed renewable during premium paying period, non-cancelable thereafter > Not available with GPO, or survivorship and waiver of premium optional rider > Paid-up at 65 only available to ages up to 55	> Same as Corporate Solutions	1. Product features are based on Custom Care II Product Portfolio. 2. Referred to as a Marketing Distribution Discount Program in NY and TX. This comparison provides a high-level overview of John Hancock's Long Term Care Insurance for the employer market. For a detailed description of plan features, please refer to the applicable Policy.
Shared Care	EMPLOYER OPTION > Allows the insured and his/her spouse/domestic partner to access benefits under each other's coverage once benefits under their own coverage have been exhausted > Requires Evidence of Insurability for all applicants > The insured and dependent must elect the exact same plan of benefits > The insured whose coverage is being used by his/her spouse/domestic partner must maintain at least a 2-year LMB coverage amount for his/her own use > Both the insured and the dependent can be receiving benefits under the insured's coverage at the same time > If either partner dies, survivor's coverage is automatically increased by remainder of deceased's LMB (premiums for the Shared Care benefit and the deceased's coverage are dropped) > Only available with a 4-, 5-, or 6-year LMB (Guaranteed Issue is not available to employees who apply for Shared Care. All Shared Care participants must provide EOI through full underwriting.)	EMPLOYER OPTION > Allows the insured and his/her spouse/domestic partner to access benefits under each other's coverage once benefits under their own coverage have been exhausted > Requires Evidence of Insurability for all applicants > The insured and dependent must elect the exact same plan of benefits > The insured whose coverage is being used by his/her spouse/domestic partner must maintain at least a 2-year CL coverage amount for his/her own use > Both the insured and the dependent can be receiving benefits under the insured's coverage at the same time > If either partner dies, survivor's coverage is automatically increased by remainder of deceased's CL (premiums for the Shared Care benefit and the deceased's coverage are dropped) > Only available with a 4-, 5-, or 6-year CL (Guaranteed Issue and Simplified Underwriting are not available to employees who apply for Shared Care. All Shared Care participants must provide EOI through full underwriting.)	OPTIONAL RIDER > Allows partners to access the available benefits under the other's policy once their own policy is exhausted > If either partner dies, survivor's policy is automatically increased by remainder of deceased's policy limit (premiums for both riders and the deceased's policy are dropped) > Partners must have rider and identical benefit options (except for EP and optional riders) > 60-day guarantee purchase offer of a 2-year benefit plan for policyholders whose benefits are exhausted by partner > No underwriting, attained age rates, no claim for prior 2 years, and up through age 90 > Not available with Lifetime BP > Not available to ages 80-84	> Same as Corporate Solutions	

GFR-PG-GR 7/2005 Long term care insurance is underwritten by John Hancock Life Insurance Company, Boston, MA 02117.

Notes

Recognize the Advantages of CorporateChoice

For Producers

- CorporateChoice is a great way to gain access to new prospects since employer groups are not subject to do-not-call legislation
- CorporateChoice is available to employers with as few as 10 lives, if the employer pays for the coverage
- Compensation levels are similar to those offered on individual coverage, and include vesting arrangements
- John Hancock coordinates enrollment campaign mailings; the producer is not responsible for the cost of materials or mailing
- CorporateChoice's group insurance structure allows for strong employer support, e.g., use of logo, executive endorsements, etc.; this generally leads to better enrollment results since employees look to their employers to make benefits recommendations
- Applications are submitted directly to John Hancock and applicants are contacted directly about underwriting status

For Employers

- CorporateChoice allows employers to select the benefit features and reimbursement levels most appropriate for their eligible population
- In many cases, particularly when the employer contributes to the cost of the plan, guaranteed issue is available for actively-at-work employees
- The John Hancock Customer Service Center is a toll-free resource where employees and their family members can call with questions about the CorporateChoice plan, billing, or claims situations
- Premiums include a comprehensive marketing plan, managed by John Hancock, that will educate employees about the need for long term care and will provide them with the plan and premium information they need to make an informed decision about purchasing the coverage or buy-up options
- Premiums can be payroll-deducted or insureds can be direct-billed
- Care coordinators are available to assist insureds through the claims process

BENEFITS MAY VARY BY STATE.

Rely on John Hancock

Employers who add long term care insurance to their portfolio of benefits deserve a carrier with the commitment, integrity, and resources to honor its promises. They rely on you to help them choose the best carrier. You can rely on John Hancock to deliver.

Here are the reasons why:

- Leading long term care insurance carrier since 1987
- Over 1,900 employer clients
- One of the largest LTCI books of business in the industry, with in-force premium in excess of $1 billion as of 12/31/04
- Centralized resources dedicated to marketing, customer service, and administration
- Care coordinators to assist claimants during the difficult transition to living with long term care
- Among the highest financial ratings in the industry
- One of two carriers selected to introduce and administer the Federal Long Term Care Insurance Program