



**Company Complaint Form**  
**John Hancock Life Insurance Company (U.S.A.)**  
**John Hancock Life & Health Insurance Company**  
 (hereinafter referred to as The Company)

As a client of John Hancock Life Insurance Company (U.S.A.), and affiliated Companies, your satisfaction is our top priority. Upon receipt of a completed form, the Company will send you an acknowledgement letter and promptly investigate the matter. This form is for complaints related to Life Insurance, Long-Term Care Insurance and Annuity products.

**COMPLAINT CONTACT INFORMATION**

1. a) Name				
b) Address	<small>Street Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
c) Telephone				
Day	Evening	Best time to call		

**CLIENT AND PRODUCT INFORMATION**

2. a) Client's Name
b) If you are not the client, what is your relationship to him/her?
c) Policy and/or contract number(s) that are the subject of your complaint
d) Please list other policies/contracts you have with the Company
e) Agent or Broker's Name
f) Agency or Broker's Firm Name

**DESCRIPTION OF COMPLAINT**

3. Is this the first time you have filed a complaint regarding this matter? <input type="checkbox"/> Yes <input type="checkbox"/> No										
<small>Month          Day          Year</small> If <b>No</b> , date complaint was filed <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr></table>										
Sent to _____										
From whom did you receive a reply? _____										

**To handle your complaint properly, it is essential that you enclose as much information as possible.**

Please submit copies of the following with this form.

- All relevant correspondence to and from the Company or agent or broker
- Policy or Contract Summary
- Policy Illustrations
- Marketing material you received from the agent or broker
- Any other pertinent documentation or records

