For John Hancock life insurance applications, please submit an Attending Physician’s Statement according to the Age and Amount Guidelines chart below, or if there is indication of any of the impairments listed on the next page. These guidelines are not all inclusive so if there is any question about whether an APS is needed, contact your underwriter.

- Do not order an APS completed for FAA, DOT, insurance, military or employment purposes, appendectomy, or for the cold/flu or allergies.
- For ages 51 and above, no more than two APSs should be ordered without prior underwriting approval.
- In the absence of a pattern of continued medical care, including age-appropriate tests, older age insureds may be subject to best class restrictions, or postponement, until an acceptable pattern of medical care is established.
- Insureds age 80+ may not be considered for insurance if no personal physician or no physician visit within the past 12 months.
- The APS must be provided in English. John Hancock does not cover translation fees and the translator should be at arm’s length to the sale.
- Fees for APSs in excess of the parameters outlined in this flyer are not eligible for reimbursement.

### Age and Amount Guidelines for an APS

<table>
<thead>
<tr>
<th>Age</th>
<th>Face amount</th>
<th>Routine APS Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–10</td>
<td>All face amounts</td>
<td>For consideration, APS required and it must be from primary physician who was consulted within past 12 months</td>
</tr>
<tr>
<td>11–15</td>
<td>All face amounts</td>
<td>For consideration, APS required and it must be from primary physician within last 18 months</td>
</tr>
<tr>
<td>16–50</td>
<td>$1–$3,000,000</td>
<td>N/A — see impairment list</td>
</tr>
<tr>
<td></td>
<td>$3,000,001–$4,999,999</td>
<td>If a check-up¹ in last two years</td>
</tr>
<tr>
<td></td>
<td>$5,000,000+</td>
<td>If a check-up¹ in last three years</td>
</tr>
<tr>
<td>51–65</td>
<td>$1–$499,999</td>
<td>N/A — see impairment list</td>
</tr>
<tr>
<td></td>
<td>$500,000–$4,999,999</td>
<td>If a check-up¹ in last three years</td>
</tr>
<tr>
<td></td>
<td>$5,000,000+</td>
<td>If a check-up¹ in last five years²</td>
</tr>
<tr>
<td>66–75</td>
<td>All face amounts</td>
<td>Primary physician visits in last 10 years²</td>
</tr>
<tr>
<td>76–90</td>
<td>All face amounts</td>
<td>Primary physician visits in last 10 years²</td>
</tr>
</tbody>
</table>
Impairments requiring an Attending Physician Statement

An APS is required regardless of the amount or age if the proposed insured has had a history of or consulted with a doctor about any of the following medical conditions within the past 10 years, and associated diagnostic testing completed within 3 years.³

- Abnormal cardiac test (or other abnormal testing)
- Alcohol or drug consultation or treatment
- Aneurysm
- Arrhythmia of any kind, palpitations
- Asthma (moderate or severe, not mild)
- Blood disorders: anemia, polycythemia, thrombocythemia, clotting disorders
- Cancer or tumors (not basal cell or squamous cell skin cancer), biopsy, bone scan, pathology reports
- Colon polyps removed within past 3 years
- Crohn's disease, ulcerative colitis
- Dementia, Alzheimer's disease, memory loss, cognitive impairment, cognitive testing
- Diabetes
- Emphysema, chronic bronchitis, COPD
- Epilepsy, seizure disorder
- Heart or vascular disease, including: angioplasty (PTCA), by-pass surgery (CABG), heart attack, murmurs, valve disease and applicable tests (i.e., echocardiogram, cardiac catheterization, stress tests)
- Hepatitis, liver disease, pancreatic disorders
- High blood pressure treated with >2 meds
- Kidney/renal disease (except kidney stones), family history of PCKD
- Lupus, connective tissue disorders
- Mental, emotional disorders including depression, bipolar, moderate to severe anxiety, OCD, panic attacks, and eating disorders. Excludes ADHD
- Neurological disorders including: multiple sclerosis, Parkinson's disease, muscular dystrophy, and applicable tests (i.e., MRI, CT Scan, or EEG)
- Obesity (rated over 150% or greater)
- Osteoporosis: moderate/severe
- Osteoarthritis, degenerative disc disease if LTC rider requested
- PSA elevations investigated in past three years
- Rheumatoid arthritis
- Sleep apnea — APS may be required for severe cases
- Special testing completed within 3 years to include: cognitive testing, biopsy, and pathology reports
- Stroke or TIA
- Thrombosis (clots)

For more information, contact your John Hancock underwriter.

1. A check up is defined as a physical exam or comprehensive consultation by a physician.
2. Underwriting may require additional APS information under certain circumstances, such as significant medical histories and evaluations, e.g., pathology reports or cardiac evaluations.
3. Underwriter discretion to apply based on specific impairment and time period since last visit

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