



Medical Questions Continuation Sheet
John Hancock Life Insurance Company (U.S.A.)
(hereinafter referred to as The Company)

Service Office:
 Life New Business
 197 Clarendon Street
 Boston MA 02116-5010

- "The Company" must be same as shown on the original medical form.
- Print and use black ink. Any changes must be initialed by the Proposed Life Insured(s).

Proposed Life Insured (Life One)

Name First Middle Last

Proposed Life Insured (Life Two)

Name First Middle Last

Details for Yes answers to Health Questions

Question No.	Date			Reason and treatment given	Duration of Condition	Name, Address and Telephone Number of Attending Doctor and Hospital
	mmm	dd	yyyy			
Life One						

Question No.	Date			Reason and treatment given	Duration of Condition	Name, Address and Telephone Number of Attending Doctor and Hospital
	mmm	dd	yyyy			
Life Two						

Signatures

I/We have read the statements and answers in this form and they are complete and true to the best of my/our knowledge and belief. I/We understand that they shall form part of the application for life insurance for which this medical information was required by The Company.

Signed at City State This Day of Year

Signature of Proposed Life Insured One (Parent or Guardian, if under age 10)

X

Signature of Proposed Life Insured Two (Parent or Guardian, if under age 10)

X

Consent for Juvenile Insurance of Parent or Guardian

X

Father Mother Guardian

AGENT'S STATEMENT: I certify that I have truly and accurately recorded on this form the information supplied by the Proposed Life Insured(s).

Signature of Witness/Agent/Registered Representative

X