



# Life insurance policy review checklist

Please fill in applicable sections of this checklist and share it with your life insurance professional — it will help you get the most from a life insurance policy review.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Best time to be contacted: \_\_\_\_\_  
Work place: \_\_\_\_\_  
Work address: \_\_\_\_\_  
Work phone: \_\_\_\_\_

## Life changes that have occurred since I purchased my policy:

- New home
- New child or grandchild
- Change in marital status
- New employment
- Started a business
- Change in health (myself and/or my spouse)
- Other

## Existing Coverage (List all inforce Life Insurance and LTC policies):

\_\_\_\_\_  
\_\_\_\_\_

## Lifestyle Information

Do you exercise regularly?

- Yes
- No

If yes, please list the type(s) of activity and frequency

\_\_\_\_\_  
\_\_\_\_\_

How often do you see your doctors (pcp/specialists)?

- Once a year or more
- Less than once a year
- Never

Do you smoke?

- Yes
- No
- Recently quit or planning to quit

Do you aspire to be healthier and would you be motivated by rewards or discounts on shopping and travel?

- Yes
- No
- Maybe

Insurance policies and/or associated riders and features may not be available in all states.

Insurance products are issued by John Hancock Life Insurance Company (U.S.A.), Boston, MA 02210 (not licensed in New York) and John Hancock Life Insurance Company of New York, Valhalla, NY 10595.

LIFE-2046 6/17 MLINY020717033