



Service Office:
Life New Business
30 Dan Rd, Suite 55765
Canton, MA 02021-2809

Informal Inquiry Form for HIV-Positive Clients

SECTION A: Overview

John Hancock is pleased to offer individuals living with human immunodeficiency virus (HIV) the opportunity to apply for term and permanent life insurance coverage for the face amounts from \$250,000 to \$2,000,000, provided that they meet certain criteria. Generally, the proposed insured must be subject to a favorable and stable clinical course, have strict adherence and response to antiretroviral therapy (ART), and must not have any significant immunosuppression or co-morbid conditions.

If you have a client who you believe meets the criteria outlined below and has no other significant medical conditions, please submit the applicable supporting medical records to John Hancock on an informal inquiry basis in order to receive a tentative underwriting quote from John Hancock. Please do not submit a formal application together with applicable age and amount requirements, until you have received an informal quote.

This form should accompany all informal submissions on HIV-positive clients. Please review the criteria set out below and initial this form certifying your belief that your submission meets these criteria.

SECTION B: Eligibility Criteria

Please note the following list is not comprehensive, and all applications are subject to complete underwriting.

- Age 30 - 65
- Diagnosed with HIV **more than five years ago**
- Treatment with antiretroviral therapy (ART) for **at least five years** without any lapses or delays in treatment
- Continuous monitoring by a qualified physician
- Undetectable HIV viral load for **at least two years**
- CD4 count of 350 cells/mm³ or higher for at least two years including a current CD4 count
- No prior history of:
 - Hepatitis B and/or hepatitis C infection, with proof of negative test results
 - Resistance to antiretroviral medication
 - Alcohol and/or drug (illicit or prescription) abuse
 - Coronary artery disease, diabetes, cancer, or significant psychiatric conditions

SECTION C: Agent Certification – Please initial in the box and submit with applicable medical records

I have reviewed the above important information with the proposed insured, and believe the proposed insured meets the indicated criteria.