

Underwriting Extra



Slam Dunk in Underwriting Cancer!

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Great Offense Against Gender-Specific Family History of Cancer

It's possible for a client to get Preferred in family history scenarios involving gender-specific cancers.

For male clients: Possible Preferred available even when a close female relative has died before age 60 from cancer of breast, ovary, cervix or fallopian tubes

For female clients: Possible Preferred in scenarios involving close male relatives who have died before age 60 of prostate or testicular cancer

Featured Article

Offering *More* Winning Decisions

Our progressive approach to underwriting cancer reflects recent improvements in treatment and mortality risk.

1. Scoring Sales with Our Progressive Approach

- **Thyroid, Uterine and Testicular Cancers** – Possible Standard immediately following completion of successful treatment of early detected, early stage scenarios
- **Breast Cancer** – Possible Standard rates for women 40 and older immediately following completion of successful treatment for specific localized breast cancer
- **Prostate Cancer** – Possible Standard for localized disease immediately following successful surgical treatment, successful radiation treatment over age 60, and "watchful waiting" scenarios over age 70

2. Offering Crowd-Pleasing Decisions on Cancer History

- Possible Preferred after Standard for five years for early detected and successfully treated uterine, thyroid and testicular cancers
- Possible Preferred after Standard for 10 years for several cancers
- Possible Standard Plus after Standard for five years for many cancers

3. Elimination of Some Temporary Extras

Certain temporary extras are eliminated for clients age 60 and up with a history of cancer, specifically:

- \$5/thousand for 3, 2 or 1 years
- \$7/thousand for 3, 2 or 1 years
- \$10/thousand for 2 or 1 years

Our underwriters can waive these ratings, which means these clients could qualify for Standard regardless of their cancer history.

Featured Cancer Cases

CASE 1

62-year-old female, Non Smoker, early stage uterine cancer; hysterectomy performed in December 2011 with full recovery, no nodal involvement on pathology and no other significant history. Applied for life insurance in June 2012.

Our Winning Decision:

Possible Standard

CASE 2

48-year-old male, Non Smoker, low grade, minimal invasion follicular thyroid cancer diagnosed in 2006; fully recovered and excellent follow-up. Applied for life insurance in June 2012.

Our Winning Decision:

Possible Preferred

CASE 3

50-year-old female; Non Smoker; localized breast cancer (T1a); successfully treated with lumpectomy and radiation in 2002. Applied for life insurance in July 2012.

Our Winning Decision:

Possible Standard Plus

CASE 4

60-year-old male, Non Smoker; localized prostate cancer; T2c, Gleason 6 cancer; successfully treated with surgery in 2002. Applied for life insurance in July 2012.

Our Winning Decision:

Possible Preferred



You Asked Us... About Kidney Cancer

- Q.** I have a client who had localized kidney cancer 10 years ago, but was cured with surgery (nephrectomy). There have been no recurrences of his cancer. His kidney function tests are currently within normal limits. Do I need to rate him for having only one kidney?
- A.** The human body can easily survive with one kidney. The remaining kidney compensates so that kidney function tests are usually at the upper end of normal. As long as there are no associated conditions that could result in progressive deterioration in the remaining kidney, John Hancock's practice has been to offer Standard coverage. Once the kidney cancer has been Standard for 10 years or more, we would even consider this client for Preferred.

Experts on Your Case

Giving Your Clients the Best Possible Underwriting Decision

- **Taking a Second Look at Challenging Cases:** Our underwriters are supported by a team of medical specialists, including several doctors who represent a variety of specialties along with in-depth experience in life underwriting.
- **Using R&D to Stay Competitive:** Our dedicated Research and Development team continually reviews the latest clinical studies in common impairments (e.g., cancer, diabetes, coronary artery disease, cerebral vascular disease), and if mortality has improved for any of these conditions we look for ways to transfer that benefit to the life insurance applicant.

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