

**Payroll Deduction Plan
Notification of Termination/Cancellation**



Use this form to stop payroll deductions or to cancel your policy. If you stop your payroll deductions, you have the option of being billed a specified address.

Employer

Employee Name () Phone

Street City State Zip

- I have terminated my employment.*** Please bill me at the address indicated. I will be billed quarterly unless a different payment method is requested.
- I have requested a leave of absence.*** Please bill me at the address indicated. To resume payroll deduction for my life insurance, I should contact John Hancock at the 800 number listed below and notify my employer's payroll department prior to returning to work.
- Cancel my payroll deduction(s).*** I wish to be billed at the address indicated.
- Cancel only the policy(ies) shown below, as well as my payroll deduction for them.*** (A Customer Service Representative will be in contact with me if further requirements are necessary to process this request.)

Indicate ONLY the policy number(s) to which this change applies:

Policy Number	Name of Insured
_____	_____
_____	_____
_____	_____
_____	_____

x _____
Employee Signature

Date

white - Administrative Office copy

yellow - Employer copy

pink - Agent copy

John Hancock Variable Life Insurance Company
Administrative Offices: P.O. Box 506, Keene, NH 03431-0506
(603) 357-1450 or 1-800-310-8319