(28619 Harland Clarke Holdings Corp.)
JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
JOHN HANCOCK PLACE
PO BOX 111
Boston, Massachusetts 02117
(John Hancock)
TEL. NO. 1-888-333-2659 (from within the United States)
1-617-572-0048 (from outside the United States)

LONG-TERM CARE INSURANCE
OUTLINE OF COVERAGE

Policy No. 28619-LTC Certificate Form No. GDB-CRT-0001.33

This insurance is intended to be qualified long-term care insurance under Section 7702B(b) of the Internal Revenue Code. If, in the future, it is determined that this insurance does not meet these requirements, John Hancock will make every reasonable effort to amend your insurance if John Hancock is required to do so in order to gain such favorable federal income tax treatment. John Hancock will offer you an opportunity to receive these amendments.

Caution: (Applicable only to individuals who are required to furnish proof of good health.) The issuance of this long-term care insurance is based upon your responses to the questions on your application. A copy of your application will be provided to you. If your answers are incorrect or untrue, John Hancock may have the right to deny benefits or rescind your insurance. The best time to clear up any questions is now, before a claim arises. If, for any reason, any of your answers are incorrect, contact the company at this address.

John Hancock Life Insurance Company (U.S.A.)
Group Long-Term CareB-6
P. O. Box 111
Boston, MA 02117

NOTE - The Georgia Insurance Department does not in any way warrant that this insurance meets the requirements of Section 7702B(b) of the Internal Revenue Code of 1986 as amended.

(1) **POLICY DESIGNATION.** The policy is a group policy of insurance which was issued in the State of Georgia.

(2) **PURPOSE OF OUTLINE OF COVERAGE.** This outline of coverage provides a very brief description of the important features of the policy. This is not an insurance contract, but only a summary of coverage. Only the group policy contains governing contractual provisions. This means that the group policy sets forth in detail the rights and obligations of both you and the insurance company. Therefore, it is very important that you READ YOUR CERTIFICATE CAREFULLY!

(3) **TERMS UNDER WHICH THE CERTIFICATE MAY BE RETURNED AND PREMIUM REFUNDED**.

(a) If you are not satisfied with the coverage provided, you may return your certificate within 30 days of the date it was delivered to you. Mail or deliver the certificate to John Hancock or to the agency office through which it was delivered. John Hancock will then refund any premium paid.

(b) PREMIUM REFUND. In the event you decide to cancel the insurance or in the event of your death, John Hancock will refund any unearned premiums.

(4) **THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.** If you are eligible for Medicare, review the Guide to Health Insurance for People on Medicare available from the insurance company. Neither John Hancock Life Insurance Company (U.S.A.) nor its agents represent Medicare, the federal government, or any state government.

(5) **LONG-TERM CARE COVERAGE.** Long-term care insurance is designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or other personal care services provided in a setting other than an acute care unit of a hospital. Benefits may be provided for institutional care, such as confinement in a nursing home; community based health care, such as adult day health care; and home health care.

Coverage is provided for the benefits outlined in paragraph (6) below. The benefits described in paragraph (6) may be limited by the limitations and exclusions in paragraph (7) below.

(6) **BENEFITS PROVIDED BY THIS POLICY.** The policy provides benefits for charges for Nursing Home Care, Alternate Care Facility Care, Home Health Care, Adult Day Care, and Informal Care incurred while a Benefit Period is in effect after the Qualification Period has been satisfied.

A Qualification Period begins on the first day on which the John Hancock Long-Term Care Case Manager certifies that you are in need of Long-Term Care Services. You are in need of Long-Term Care Services if you meet either of the following criterion due to a Covered Condition: you are unable to perform without substantial assistance from another person at least 2 Significant Activities of Daily Living due to loss of functional capacity for a period which is expected to last at least 90 days; or you require substantial supervision due to a Cognitive Impairment. ("Significant Activities of Daily Living" means only: bathing; dressing; eating; toileting; transferring from bed to chair; or maintaining continence.)

Before the Long-Term Care Case Manager can determine whether you are in need of Long-Term Care Services, you must provide John Hancock with a properly completed Certification Form.

The Qualification Period must be satisfied for each Benefit Period. No benefits are payable for any charges incurred during the Qualification Period.

The Qualification Period is satisfied on the date you have remained certified to be in need of Long-Term Care Services for the number of Qualification Period days shown in the enrollment material.

A Benefit Period begins on the day after the date the Qualification Period has been satisfied.

A Benefit Period will end on the date the John Hancock Long-Term Care Case Manager determines that you are no longer in need of Long Term Care Services.

NURSING HOME CARE - Benefits will be paid for charges of a Nursing Home incurred while you are confined because of a Covered Condition. Benefits payable for any day will be limited to the lesser of the Maximum Daily Amount for Nursing Home Care shown in the enrollment material for the option selected; and the charges incurred on that day, subject to the Lifetime Maximum Benefit.

The policy provides benefits for Skilled Nursing Care, Intermediate Nursing Care, Custodial Care, and room and board for inpatient care.

(6) **BENEFITS PROVIDED BY THIS POLICY - Continued**

ALTERNATE CARE FACILITY CARE - Benefits will be paid for charges of an Alternate Care Facility incurred while you are confined because of a Covered Condition. Benefits payable for any day will be limited to the lesser of the Maximum Daily Amount for Alternate Care Facility Care shown in the enrollment material for the option selected; and charges incurred on that day, subject to the Lifetime Maximum Benefit.

The policy provides benefits for room and board for inpatient care, and Custodial Care.

HOME HEALTH CARE/ADULT DAY CARE - Benefits will be paid for charges for Home Health Care and/or Adult Day Care incurred because of a Covered Condition. Benefits payable for any day will be limited to the lesser of the Maximum Daily Amount for Home Health Care/Adult Day Care shown in the enrollment material for the option selected; and the charges incurred on that day, subject to the Lifetime Maximum Benefit.

The total of benefits payable under this coverage and under the Informal Care Benefit for all charges incurred on any day will not exceed the Nursing Home Daily Maximum Benefit.

INFORMAL CARE - Benefits will be paid for charges for Informal Care incurred because of a Covered Condition. Benefits are subject to the following limits and to the Lifetime Maximum Benefit.

- Benefits payable for charges incurred on any day will not exceed the lesser of: the Maximum Daily Amount for Informal Care shown in the enrollment material for the option selected; and the charges incurred on that day.
- No benefits will be payable for charges for Informal Care incurred during a calendar year after benefits totalling the Calendar Year Maximum for Informal Care shown in the enrollment material for the option selected have become payable for such charges incurred during such year.
- No benefit is payable under this coverage for any charge to the extent that a benefit is payable for that charge under the Home Health Care/Adult Day Care Benefit.
- The total of benefits payable under this coverage and under the Home Health Care/Adult Day Care Benefit for all charges incurred on any day will not exceed the Nursing Home Daily Maximum Benefit.

LIFETIME MAXIMUM BENEFIT - The total of benefits payable for all charges incurred by an insured person will not exceed the Lifetime Maximum Benefit shown in the enrollment material for the option selected.

Once the Lifetime Maximum Benefit has been reached, no further benefits will be payable and your coverage will terminate.

(7) **LIMITATIONS AND EXCLUSIONS**

(a) Limitations on Benefits

- Nursing Home Care must be provided in a facility meeting the following criteria:

  . It is licensed to provide either Skilled Nursing Care or Intermediate Nursing Care by the jurisdiction in which the facility operates; or
  . It is approved by Medicare as a skilled nursing facility.

  A Nursing Home does not include a Hospital or an Alternate Care Facility.

- Alternate Care Facility Care must be provided in a facility which is engaged primarily in providing ongoing care and related services to at least 5 unrelated inpatients and meets all of the following standards:

  . It must provide 24 hour a day care and services sufficient to support inpatients' needs due to Cognitive Impairment or the inability to perform Significant Activities of Daily Living.

  . It is licensed by the appropriate licensing agency, if any, to provide such care.

  . It must provide 3 full meals daily and accommodate inpatients' special dietary needs.

  . It must have an awake employee on duty at all times who is trained in the appropriate methods and procedures to support inpatients needs resulting from inability to perform Significant Activities of Daily Living or Cognitive Impairment.

  . It has formal arrangements for obtaining the services of a Physician or RN or LPN or LVN to furnish appropriate aid in the event of a medical emergency.

  . It must have appropriate methods and procedures for handling and administering drugs and biologicals.

  Alternate Care Facility does not include a Hospital or a Nursing Home.

(7) **LIMITATIONS AND EXCLUSIONS - Continued**

(a) Limitations on Benefits (continued)

- The Home Health Care must be provided in your Home. The services must be provided by a person other than someone who ordinarily resides in your Home. The services must be in accordance with a Home Health Care Plan or approved by the Long-Term Care Case Manager.

- The Adult Day Care must be in accordance with a Home Health Care Plan or approved by the Long-Term Care Case Manager. The Adult Day Care must be provided by a person other than someone who ordinarily resides in your Home. The Adult Day Care must be provided in a facility meeting the following criteria:

  · It is licensed to provide a planned program of adult day care services to frail or impaired adults by the jurisdiction in which it operates.

  · If the jurisdiction in which it operates does not license Adult Day Care Centers, then the center must be operated pursuant to law and meet all of the following standards.

    It provides a planned program of adult day care services to frail or impaired adults under appropriate supervision.

    It operates at least 5 days a week for not less than 6 hours and not more than 18 hours a day.

    It maintains a written record of medical services for each person.

    It has established procedures for obtaining appropriate aid in the event of a medical emergency.

- The Informal Care must be in accordance with a Home Health Care Plan or approved by the Long-Term Care Case Manager. The Informal Care must be provided in your Home. The person providing the care must be 18 years or older; or employed through a Home Health Agency; or certified to provide such care in the jurisdiction where the care is provided.

- The Policy contains a "Coordination of Benefits" provision which may reduced or eliminate the benefits otherwise payable under the Policy with respect to benefits payable under another plan.

(7) **LIMITATIONS AND EXCLUSIONS** - Continued

(b) **EXCLUSIONS** - No benefit will be payable for any charges you incur due to:

- Mental or emotional disorders without demonstrable organic disease. This includes, but is not limited to neurosis, psychoneurosis, psychopathy and psychosis. However, this exclusion does not apply to Alzheimer's disease or other organically caused brain disorders.
- Intentionally self-inflicted injury.
- Care specifically provided for detoxification of or rehabilitation for alcohol or drug abuse, except drug abuse sustained at the hands of or while being treated by a physician for an injury or sickness..
- Conditions caused by:
  . war (declared or undeclared) or any act of war; or
  . service in any armed forces or auxilliary units.
- Conditions caused by:
  . committing or attempting to commit a felony.
  . engaging in an illegal occupation.
  . participating in an insurrection or riot.

  Care or treatment provided outside the United States and Puerto Rico. The United States as used herein includes only the 50 States and the District of Columbia.

  A service or supply furnished primarily to beautify.

  A service or supply furnished by or covered as a benefit under a program of any government or its subdivisions or agencies, except:
  . a program established by the federal government for its civilian employees;
  . Medicare; and
  . Medicaid (any state medical assistance program under Title XIX of the Social Security Act as amended from time to time).
- A service or supply for which a charge would not have been made in the absence of insurance.

No benefit will be payable for any charge to the extent that a benefit is payable for that charge under Medicare or would be payable under Medicare but for the coinsurance and deductible provisions of Medicare.

THE POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.

(8) **RELATIONSHIP OF COST OF CARE AND BENEFITS.** Because the costs of long-term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted.

The policy contains an Inflation Adjustment Provision which allows you the option to purchase additional amounts. The additional daily amount will be based on the increase in the Consumer Price Index or another suitable index but not less than an amount that will provide an increase to the daily amount of at least 5% of the value of the benefit per year compounded over the applicable period. The offer will be made only to those persons who have not been certified for benefits under the Policy within the 6 months prior to the increase effective date and whose issue age is less than 85 on the increase effective date. No additional underwriting or health screening will be done. The premium for the increase will be based on your issue age as of the effective date of the increase.

(9) **TERMS UNDER WHICH THE CERTIFICATE MAY BE CONTINUED IN FORCE OR DISCONTINUED**.

(a) CONTINUATION OF COVERAGE - You may keep this insurance in force by paying the required premium when due as long as the group policy continues in force and you have not received Long Term Care Services that resulted in payment of benefits totalling the Lifetime Maximum Benefit.

(b) CONVERSION - If your coverage under the Policy ends, you may be entitled to purchase conversion coverage under a long term care insurance policy issued by John Hancock.

The conversion privilege will not be available to you if:

- you failed to make a required premium contribution; or
- you received Long Term Care Services that resulted in the payment of benefits totalling the Lifetime Maximum Benefit; or
- the Policy is terminated and coverage is replaced within 31 days by group coverage which satisfies all the following qualifications:

  . it is effective on the day after the date the Policy ends;
  . it provides benefits substantially similar to or greater than those provided by the Policy;
  . the premium for it is calculated on the basis of the Insured Person's issue age on the most recent effective date of the person's coverage under the Policy, and
  . it provides immediate coverage to all persons insured under the Policy on the date the Policy ends.

(9) **TERMS UNDER WHICH THE CERTIFICATE MAY BE CONTINUED IN FORCE OR DISCONTINUED. -** Continued

(c) WAIVER OF PREMIUM BENEFIT - You do not have to make premium contributions starting with the first day of the month coincident with or following the later of:

- the date a Benefit Period begins; or
- the date on which you have incurred a Qualified Expense on each of 30 days,

provided you are certified on that date.

A Qualified Expense means an expense for Long-Term Care Services other than Informal Care for which a benefit is payable under the Policy or would be payable under the Policy but for the Qualification Period.

Your premium contributions will continue to be waived as long as the Benefit Period remains in effect. If the Benefit Period ends your premium contributions will resume on the first day of the month coincident with or following the date the Benefit Period ends.

If a Qualification Period or Benefit Period ends because you are no longer certified and you become certified within 180 days after the prior Qualification Period or Benefit Period ended, then the following will apply:

The days on which you incurred a Qualified Expense during the prior Qualification Period and/or Benefit Period will be credited toward satisfying the Waiver of Premium Contribution During a Benefit Period provision during the new Benefit Period.

(d) PREMIUM RATE CHANGES - The premium rate schedule applicable to this insurance may be changed. Your premium contribution does not automatically increase with age. The cost of your insurance can only be increased if the cost is increased for all persons in the same class of risk.

(10) **ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS.** The policy provides coverage for insureds clinically diagnosed as having Alzheimer's disease or related degenerative illnesses and illnesses involving dementia. The availability of policy benefits for such conditions is subject to certification by the Long-Term Care Case Manager that the insured is in need of Long-Term Care Services, and satisfaction of other benefit eligibility criteria as described in Item (6) of this Outline of Coverage.

(11) **PREMIUM**. The initial premium for your insurance will be determined from the premium rate schedules contained in your enrollment material based on the option selected and your issue age.

GRACE PERIOD. The Policy has a 31 day grace period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the 31 day period following that date.

(12) **ADDITIONAL FEATURES**. If your insurance is subject to evidence of insurability, it will be necessary for you to answer some medical questions on the application. It may also be necessary to obtain a copy of your medical history and to conduct a personal interview to determine if you are insurable. Based on the information received, John Hancock will determine if you are an insurable risk.

(12) **ADDITIONAL FEATURES**. (Continued)

RETURN OF PREMIUM BENEFIT - The plan includes a Return of Premium Benefit. Should your death occur at or before age 65, the plan will pay an amount equal to 100% of the premiums you have paid to date, minus the total of all benefits payable under the policy for charges you incurred. Each year beginning at your 66th birthday the percentage multiplied by the premium paid to date decreases by 20%: then the benefits payable for charges incurred are subtracted from that product. This means that there will be no return of premium should your death occur after your 70th birthday.

Group Long-Term Care Future Purchase Option Inflation Protection
Issue Age 45, Electing Each Inflation Offer