

An **Educational Guide**
for Financial Professionals

Life underwriting requirements guide

Insurance Strategies

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We'll help you get there.®



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Requirements guide

This guide will help you identify the underwriting requirements for all applications for new life business, term conversions, and insurability option riders that require evidence of insurability.

Step 1: Determine insurance age

“Insurance age” is the age at the closest birthday to the Policy Date. An individual’s insurance age changes 6 months prior to his/her actual birth date. For example, if you are 40 as of the Policy Date (usually the date the policy is issued) and will turn 41 in less than 6 months, your insurance age is 41. If you will turn 41 in more than 6 months, your insurance age is 40.

Step 2: Determine amount at risk

Use the sum of the base policy face amount and any riders that increase the amount of insurance.

- Term Riders (RTR, YTP, and STR)
- Life Insurance Supplemental Rider (LISR)
- Additional Life Insurance Rider (ALIR)
- Additional Insurance Rider (AIR)
- Estate Preservation/Estate Protection (EPR)
- Supplemental Insurance Purchase Rider (SIPR)

To determine the additional amount at risk under ALIR, multiply the ALIR payment by the correct multiplier for the insured's age:

Amount at risk

Issue Ages	Scheduled	Unscheduled
0-30	10x* or 20x#	2x
31-40	10x	2x
41-59	5x	2x
60-69	2x	1x
70+	1x	1x

* Use 10x if total face amount for determining requirements is \geq \$250,000

Use 20x if total face amount for determining requirements is $<$ \$250,000

Step 3: Determine underwriting requirements

Use insurance age and amount at risk to locate the requirements on the charts on pages 10-14. Use the total amount at risk in all applications currently submitted to and/or issued by MassMutual within the past 12 months.

Step 4: Create application package

- Use LifeApp Express to compile the forms for your wet signature application package.
 - Collect signatures and pre-payment, if applicable
 - Submit forms to your New Business Coordinator
 - New Business Coordinator completes data entry and quality check and submits to home office

Or:

- Use EZ-app tool to create application package including any supplemental forms needed. Supplemental forms are generated automatically based on data entry responses.

All other products

Use LifeApp Express to compile the forms for your application package.

Step 5: Order exams and tests, and check APS Guidelines

An authorized examiner must perform all medical requirements. Contact an authorized paramedical vendor to arrange appropriate exams and tests. Check APS Guidelines (page 16) to determine if an APS should be ordered.

- Producers are responsible for arranging all requirements and authorizations and submitting them to the Home Office unless otherwise noted. Clinical Reference Laboratory (CRL) performs all lab tests (blood, urine, and oral fluids).

Medical history / exam

Non-medical

Includes basic information about medical history. In addition to cases indicated on the chart, complete the non-medical if submitting another company's Part 2/ exam in place of a MassMutual Part 2/exam.

- *Valid up to 12 months from the Part 1 signature date.*¹

Paramedical exam

Medical history and height, weight, blood pressure, and pulse rate measurements, obtained by a paramedical examiner.

- Submitted on the Part 2 Application form.
- *Up to age 70, valid up to 12 months from the exam date.*¹
- *Above age 70, valid up to 6 months from the exam date.*¹

Senior Supplement (Sr. Supp)

Completed in addition to the paramedical exam. This supplement includes questions regarding activities as well as cognitive exercises and a functional screen.

- *Valid up to 6 months from the exam date.*¹

¹ These are guidelines. All requirement expiration dates are subject to underwriter discretion.

Medical tests

Blood profile and urinalysis (blood / urine)

Collection of blood and urine samples, which are screened for cholesterol and other blood lipids, blood sugar, liver and kidney function, nicotine, HIV, and illegal drugs. Additional tests may be performed based on initial findings.

- Proposed Insureds are not required to fast, although an 8-12 hour fast is suggested.
- Producers are responsible for ensuring that Proposed Insureds sign any required HIV consent form prior to the blood draw.
- The lab transmits results directly to the Home Office.
- *Valid up to 12 months from the test date.*¹

Physical measurements (phys. meas.)

Collection of height, weight, blood pressure, and pulse rate measurements.

- The lab transmits results directly to the Home Office.
- *Up to age 70, valid up to 12 months from the exam date.*¹
- *Above age 70, valid up to 6 months from the exam date.*¹

Oral fluids

The examiner places a sterile swab between the Proposed Insured's cheek and gum for at least 2 minutes to collect fluids for HIV, cocaine, and nicotine screening.

- The lab transmits results directly to the Home Office.
- *Valid up to 12 months from the test date.*¹

Resting Electrocardiogram (Resting ECG)

Routine and painless recording of the electrical activity of the heart.

- *Valid up to 12 months from the test date.*¹

Additional requirements

Attending Physician Statement (APS)

A copy of the Proposed Insured's medical records.

- Please consult the detailed APS guidelines on page 16 to determine when an APS is necessary.
- Producers/agency staff may order required APSs from approved vendors listed in FieldNet. Underwriters may also order APSs.
- When in doubt about whether to order an APS, consult with the underwriter.
- Notify the underwriter if an APS has been ordered.

Cognitive Assessment

The Assessment is required for those applying for the LTC Rider who are age 64 and older. It may also be requested by an underwriter for cause in other cases. The Assessment consists of a series of questions and memory exercises and is performed by a trained interviewer over the telephone. This requirement is generated upon receipt of the application for the LTC Rider, at the underwriter's discretion. It is ordered and received only by the Home Office.

- The interviewer will call the Proposed Insured at the phone number on the application and make every effort to reach the Proposed Insured at the most convenient time
- *Valid for up to **6 months** from the interview date.*¹

CC1 Part 2

The CC1 Part 2 will be conducted by trained interviewers and consists of a series of questions related to personal and medical history. The CC1 Part 2 is unique to the CareChoice One product and no substitutions of MassMutual or other companies' Part 2 are permitted.

- The interviewer will call the Proposed Insured at the phone number on the application and make every effort to reach the Proposed Insured at the most convenient time.
- *Valid up to **6 months** from the interview date, provided the CC1 Part 2 was signed by client.*¹

¹ These are guidelines. All requirement expiration dates are subject to underwriter discretion.

Pharmacy Database Check (RX)

A search that is completed on a pharmacy database and then crosschecked against the applicant's medication and medical history information on the application. This requirement is generated at Application Data Entry (ADE) and is ordered and received by the Home Office.

- *Valid up to 6 months from the report date.*

Telephone Inspection (PHI)

A personal history interview conducted by trained interviewers. Questions are used to verify information on the application, collect missing details, and provide supplemental information. Topics include employment, insurance in force, medical history, hobbies, lifestyle and finances.

- The underwriter will order the interview after reviewing the application.
- The interviewer will call the Proposed Insured at the phone number on the application and make every effort to reach the Proposed Insured at the most convenient time.
- *Valid up to 12 months from the interview date.*¹

Important note about telephone interviews –

Producers must thoroughly prepare all Proposed Insureds for telephone interviews by explaining the process and the nature of the questions. All Proposed Insureds may be called for a Telephone Inspection or a Supplemental Health Questionnaire (SHQ), which is similar to a Telephone Inspection and focuses on a specific topic selected by the underwriter (such as a particular medical condition). Underwriters may order interviews for any Proposed Insured without advance notice. Proposed Insureds who are well prepared and expecting the call are much more likely to have a positive interview experience.

Written Inspections (IR)

Consumer reports on the Proposed Insured's finances, lifestyle, character, and personal reputation. The investigator may conduct telephone or in-person interviews with the Proposed Insured and other sources (such as personal and business associates, accountants and attorneys) in addition to checking public records.

- Thoroughly prepare each client by explaining the process and the nature of the information collected. Proposed Insureds who are well prepared are much more likely to have a positive inspection experience.
- Written Inspection requests are generated at Application Data Entry (ADE). It is important for agency staff to accurately enter all inspection data to avoid delays.
- Refer to FieldNet for approved inspection vendors.
- *Valid up to 12 months from the report date.*¹

Motor Vehicle Report (MVR)

Proposed Insured's driving history report.

- The Home Office obtains the MVR using information from Application Data Entry (ADE). It is essential for agency staff to accurately enter the driver's license number to ensure quick MVR processing.
- *Valid up to 6 months from the report date.*¹



Financials

For face amounts over \$5,000,000, financial documentation may be required (at underwriter's discretion). Documentation can consist of tax returns, third party generated financial statements or other acceptable documentation.

If premium financing is to be used for any policy, premium financing documents and supplement form (F7002) are required.

Important notes regarding financial requirements

For UL/SUL and term applications for ages 65+ with aggregate risk amounts equal to or greater than \$1,000,000 the following financial documentation is required:

- Tax returns and supporting documents
- Premium financing documents and supplement form (F7002) if applicable
- If trust owned, a complete copy of trust agreement and certification of trust agreement (F6734)
- If LLC or similar entity owned, a complete copy of the business entity document or agreement and certification form (F7833)

Non-US citizens

For non-US citizens a copy of a valid visa or "greencard" is required with submission of the application. For all products, permanent and term (except CareChoiceSM One) submit the foreign supplement (F6290).

Financial Supplements (Fin Q)

The necessary Financial Supplement will depend upon purpose of insurance:

- Financial Supplement for Personal Insurance (FR2075)
- Business Financial Supplement (FR2074)

Age	Amount
Up to 70	\$5,000,001 - \$10,000,000
71 - 80	\$2,000,001 - \$5,000,000
>80	\$25,000 - \$5,000,000

- The Financial Supplements (Fin Q's) **do not** take the place of required financial documentation for Premium Financing, or UL/SUL and term applications for age 65+ with aggregate risk amounts equal to or greater than \$1,000,000.
- If tax returns are received for UL/SUL or term applications, for ages 65+ with aggregate risk amounts equal to or greater than \$1,000,000, we may be able to waive Financial Supplements at the underwriter's discretion.

Important notes

MassMutual underwriting practice and procedures

MassMutual creates its products independently of each other. Each product has its own unique characteristics, such as expense assumptions and pricing. In turn, the underwriting standards may vary from product to product.

In addition, when using the requirements charts, understand that while requirements are typically generated by age and amount, your underwriter may at any time request additional discretionary requirements in order to properly assess the risk.

All requirement expiration dates are subject to underwriter discretion.

Permanent Products³

Amount at risk	Insurance age		
	0-16	17-40	41-50
Under \$50,000	Non-med	Non-med Phys. Meas. Oral Fluids	Non-med Phys. Meas. Oral Fluids
\$50,000 to \$249,999	Non-med	Non-med Phys. Meas. Blood/Urine MVR	Paramed Blood/Urine
\$250,000 to \$499,999	Non-med	Paramed Blood/Urine MVR	Paramed Blood/Urine
\$500,000 to 1,000,000	Non-med	Paramed Blood/Urine MVR	Paramed Blood/Urine Rx
\$1,000,001 to \$2,000,000	Non-med	Paramed Blood/Urine MVR Rx PHI	Paramed Blood/Urine Rx EKG PHI
\$2,000,001 to \$3,000,000	Non-med	Paramed Blood/Urine MVR Rx PHI	Paramed Blood/Urine MVR Rx EKG PHI
\$3,000,001 to \$5,000,000	Non-med	Paramed Blood/Urine MVR Rx PHI	Paramed Blood/Urine MVR EKG PHI
\$5,000,001 to \$10,000,000	Paramed Financial ¹	Paramed Blood/Urine MVR PHI Fin Q ¹	Paramed Blood/Urine MVR EKG PHI Fin Q ¹
Over \$10,000,000	Paramed Financial ¹	Paramed Blood/Urine MVR IR Financial ¹	Paramed Blood/Urine MVR EKG IR Financial ¹

¹ Please see page 8 of U98 for financial requirements (additional financials may be required at Underwriter's discretion).

² Blood panel must include NTproBNP.

51-60	61-70	71-80	Over 80
Paramed Oral Fluids	Paramed Oral Fluids	Paramed Oral Fluids	Paramed Oral Fluids Fin Q ¹
Paramed Blood/Urine	Paramed Blood/Urine MVR Rx	Paramed Sr. Supp Blood/Urine MVR EKG	Paramed Sr. Supp Blood/Urine MVR EKG Fin Q ¹
Paramed Blood/Urine Rx	Paramed Blood/Urine MVR EKG	Paramed Sr. Supp Blood/Urine MVR EKG	Paramed Sr. Supp Blood/Urine MVR EKG Fin Q ¹
Paramed Blood/Urine Rx EKG	Paramed Blood/Urine MVR EKG	Paramed Sr. Supp Blood/Urine MVR EKG	Paramed Sr. Supp Blood/Urine MVR EKG PHI Fin Q ¹
Paramed Blood/Urine Rx EKG PHI	Paramed Blood/Urine MVR EKG PHI	Paramed Sr. Supp Blood/Urine MVR EKG PHI	Paramed Sr. Supp Blood/Urine MVR EKG PHI Fin Q ¹
Paramed Blood/Urine MVR EKG PHI	Paramed Blood/Urine MVR EKG PHI	Paramed Sr. Supp Blood/Urine MVR EKG PHI Fin Q ¹	Paramed Sr. Supp Blood/Urine MVR EKG PHI Fin Q ¹
Paramed Blood/Urine MVR EKG PHI	Paramed Blood/Urine MVR EKG PHI	Paramed Sr. Supp Blood/Urine MVR EKG PHI Fin Q ¹	Paramed Sr. Supp Blood/Urine MVR EKG PHI Fin Q ¹
Paramed Blood/Urine MVR EKG PHI Fin Q ¹	Paramed Blood/Urine MVR EKG PHI Fin Q ¹	Paramed Sr. Supp Blood/Urine MVR EKG PHI IR Financial ¹	Paramed Sr. Supp Blood/Urine MVR EKG IR Financial ¹
Paramed Blood ² /Urine MVR EKG IR Financial ¹	Paramed Blood ² /Urine MVR EKG IR Financial ¹	Paramed Sr. Supp Blood/Urine MVR EKG IR Financial ¹	Paramed Sr. Supp Blood/Urine MVR EKG IR Financial ¹

³ For survivorship contracts, use half the applied for amount to determine medical requirements only. Non-medical requirements such as IRs, MVRs and financials will be based on full amount applied for.

Term Products

Amount at risk	Insurance Age		
	0-17	18-40	41-50
Under \$100,000	NA	NA	NA
\$100,000 to \$249,999	NA	Non-med Phys. Meas. Blood/Urine MVR	Paramed Blood/Urine MVR
\$250,000 to \$499,999	NA	Paramed Blood/Urine MVR	Paramed Blood/Urine MVR
\$500,000 to 1,000,000	NA	Paramed Blood/Urine MVR	Paramed Blood/Urine MVR Rx
\$1,000,001 to \$2,000,000	NA	Paramed Blood/Urine MVR Rx PHI	Paramed Blood/Urine MVR Rx EKG PHI
\$2,000,001 to \$3,000,000	NA	Paramed Blood/Urine MVR Rx PHI	Paramed Blood/Urine MVR Rx EKG PHI
\$3,000,001 to \$5,000,000	NA	Paramed Blood/Urine MVR Rx PHI	Paramed Blood/Urine MVR EKG PHI
\$5,000,001 to \$10,000,000	NA	Paramed Blood/Urine MVR PHI Fin Q ¹	Paramed Blood/Urine MVR EKG PHI Fin Q ¹
Over \$10,000,000 (VT10 & VT20 Only)	NA	Paramed Blood/Urine MVR IR Financial ¹	Paramed Blood/Urine MVR EKG IR Financial ¹

¹ Please see page 8 of U98 for financial requirements (additional financials may be required at Underwriter's discretion).

² Blood panel must include NTproBNP.

51-60	61-70	Over 70 VTART Only
NA	NA	NA
Paramed Blood/Urine MVR	Paramed Blood/Urine MVR Rx	Paramed Sr. Supp Blood/Urine MVR EKG
Paramed Blood/Urine MVR Rx	Paramed Blood/Urine MVR EKG	Paramed Sr. Supp Blood/Urine MVR EKG
Paramed Blood/Urine MVR Rx EKG	Paramed Blood/Urine MVR EKG	Paramed Sr. Supp Blood/Urine MVR EKG
Paramed Blood/Urine MVR Rx EKG PHI	Paramed Blood/Urine MVR EKG PHI	Paramed Sr. Supp Blood/Urine MVR EKG PHI
Paramed Blood/Urine MVR EKG PHI	Paramed Blood/Urine MVR EKG PHI	Paramed Sr. Supp Blood/Urine MVR EKG PHI Fin Q ¹
Paramed Blood/Urine MVR EKG PHI	Paramed Blood/Urine MVR EKG PHI	Paramed Sr. Supp Blood/Urine MVR EKG PHI Fin Q ¹
Paramed Blood/Urine MVR EKG PHI Fin Q ¹	Paramed Blood/Urine MVR EKG PHI Fin Q ¹	Paramed Sr. Supp Blood/Urine MVR EKG IR Financial ¹
Paramed Blood ² /Urine MVR EKG IR Financial ¹	Paramed Blood ² /Urine MVR EKG IR Financial ¹	NA

LTC/Life Combo Product CareChoiceSM One

Insurance Age	Amount at risk
35-50	Up to \$720,000 CC1 Part 2 Rx
51-63	CC1 Part 2 Rx MVR
64-69	CC1 Part 2 Rx MVR Cognitive Assessment



Attending Physician Statement (APS) ordering guidelines

Insurance Age	Amount at risk		
	< \$250,000	\$250,000 - 499,999	\$500,000 - 2,000,000
0-16	For Cause only	For Cause only	18 mos ⁴
17-40	For Cause only	For Cause only	For Cause only
41-50	For Cause only	For Cause only	For Cause only
51-60	For Cause only	For Cause only	For Cause only
61-70	For Cause only	24 mos	24 mos
> 70	Required in all cases ⁵	Required in all cases ⁵	Required in all cases ⁵

Time Frames: If Proposed Insured has been seen by a health care provider within the time frame (18 or 24 months) shown, an APS will be required. If the Proposed Insured has not been seen by a health care provider within the time frame shown, an APS will be needed for cause only.

⁴ Proposed Insureds age 16 and under: It is our expectation that children receive routine well-child care, and are seen by a health care provider within 18 months. If not, we may be unable to proceed with the case. Please consult with Underwriting.

\$2,000,001-3,000,000	\$3,000,001-5,000,000	\$5,000,001-10,000,000	> \$10,000,000
18 mos ⁴	18 mos ⁴	Required in all cases ⁴	Required in all cases ⁴
For Cause only	For Cause only	Required in all cases	Required in all cases
For Cause only	24 mos	Required in all cases	Required in all cases
24 mos	24 mos	Required in all cases	Required in all cases
24 mos	24 mos	Required in all cases	Required in all cases
Required in all cases ⁵	Required in all cases ⁵	Required in all cases ⁵	Required in all cases ⁵

For Cause: An APS may be required in any case at underwriter discretion. Examples of common impairments for which an APS is needed include:

- Biopsy, tumor, cancer
- Heart disease, including heart attack, heart catheterization, angioplasty, PTCA, coronary stent, bypass, CABG, valvular heart disease
- Stroke, TIA, CVA
- Diabetes
- COPD, emphysema
- Substance abuse
- Mental or emotional disorders requiring more than one medication or hospitalization

This list is intended to provide general guidance; it is not all-inclusive.

When in doubt about whether to order an APS, consult with the underwriter. Notify the underwriter if an APS has been ordered.

⁵ Proposed Insureds over age 70: It is our expectation that those over age 70 receive regular medical care. Therefore, if the Proposed Insured has not been seen by a health care provider within 12 months, we will not be able to proceed with the case.

MassMutual. We'll help you get there.®

There are many reasons to choose a life insurance company to help meet your clients' financial needs: protection for their family or business, products to provide supplemental income and the confidence of knowing your clients will be prepared for the future.

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