

# Life Underwriting Requirements Guide

A Reference Guide for Financial Professionals

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# A Message from the Chief Life Underwriter

*At MassMutual, our Life Underwriting department has a proven track record of making sound, ethical decisions. Our continual review of underwriting guidelines and evolving research ensures producers have a competitive edge in the marketplace.*

The Life Underwriting requirements guide provides an overview of routine life insurance underwriting requirements and general information for life new business, term conversions, and insurability option riders that require evidence of insurability.

I encourage you to utilize the Life Underwriting Requirements Guide in conjunction with our online Field Underwriting guide (FieldNet), to better understand potential underwriting impacts of medical conditions and nonmedical risks. This will enable you to set appropriate expectations with your clients during the application process.

**PAM BEALS, VICE PRESIDENT AND CHIEF LIFE UNDERWRITER**

# Requirements Guide

## 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 page 15. 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.

## 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.<sup>1</sup>

<sup>1</sup> These are guidelines. All requirement expiration dates are subject to underwriter discretion.

## 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.<sup>1</sup>
- Above age 70, valid up to **6 months** from the exam date.<sup>1</sup>

## Client Medical Interview (CMI)

The Client Medical Interview is an online process, for use with new business individual life applications, that requires potential Insureds to complete a self-directed online medical questionnaire. This process replaces the traditional non-medical and Paramedical Part 2 Application process.

- Valid up to **12 months** from the Part 1 signature date.<sup>1</sup>
- CMI is subject to state and product availability.

## 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.<sup>1</sup>

## 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 at certain ages and risk amounts, or based on initial findings.

- 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.<sup>1</sup>

### NTproBNP

A hormone produced by the heart. Increased blood levels are a marker of cardiac risk.

- Completed as part of the blood profile based on age/amount requirements.
- In instances where labs are completed by another carrier, we may be able to substitute an EKG completed within the last **12 months** subject to underwriter discretion.

## 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.<sup>1</sup>
- Above age 70, valid up to **6 months** from the exam date.<sup>1</sup>

## 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.<sup>1</sup>

## Resting Electrocardiogram (Resting EKG)

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

- Valid up to **12 months** from the test date.<sup>1</sup>

## Paramed Exam, Blood Profile and Urinalysis — Optimizing Results

The following is a list of suggestions to help your clients get the most accurate test results.

- Get a good night's sleep and take all your prescription medications as usual.
- May be best to postpone the exam if feeling ill or under a great deal of stress.
- Proposed Insureds are not required to fast, although an 8-12 hour fast is suggested. Morning exams make it easier to fast.
- Avoid energy drinks and other caffeinated beverages for at least one hour prior to exam.
- Be well-hydrated as this will make it easier for the examiner to draw blood.
- Drink a glass of water an hour or so before the exam to aid in providing a urine specimen.
- Heavy exercise, such as running a marathon or triathlon, can sometimes lead to transient changes in blood test results. It may be best to wait at least 3 days after an event to have an insurance exam.
- To help ensure accurate measurements, ask the examiner to use the appropriate size BP cuff, and avoid talking while BP and pulse are being assessed.
- Bring a complete list of your current medications.
- Bring the names, addresses and phone numbers of your current health care providers.

## 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 vendor EMSI or directly from the physician or medical facility. 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.
- Medical records must be U.S. based.

### 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.<sup>1</sup>

### 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<sup>SM</sup> 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.<sup>1</sup>



## 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 ordered and received by the home office.

## 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.

### 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.
- Typically valid up to **12 months** from the interview date.<sup>1</sup>

## 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.

## 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.

**Your underwriter may at any time request additional discretionary financial requirements for any age and amount in order to properly assess the risk.**

## Important Notes Regarding Financial Requirements

For UL/SUL and term applications for ages 70+ 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-U.S. Citizens

For non-U.S. citizens, a copy of a valid visa or "green card" is required with submission of the application. For all products, permanent and term, 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).

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

- Business Financial Supplement (FR2074).
- The Financial Supplements (Fin Qs) do not take the place of required financial documentation for Premium Financing, or UL/SUL and term.
- Applications for age 70+ 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 70+ 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.**

# Preferred Underwriting Criteria

**Minimum face amount is \$50,000 (\$100,000 for Term products). Minimum age is 17.**

## Preferred Risk Classes:

- Ultra Preferred
- Select Preferred Non-tobacco
- Select Preferred Tobacco

## Initial Eligibility:

All Proposed Insureds must meet the following initial criteria to be eligible for preferred underwriting consideration.

- Aviation
  - Private aviation can qualify for Ultra with an Aviation Exclusion Rider only. Select may be available for a “well-qualified” pilot (see aviation guidelines) or with a rating.
- Avocation
  - Ratings for avocation are allowed.
- Cancer
  - No history of cancer<sup>2</sup>, which would have resulted in a rating in the last 10 years unless otherwise allowed by current underwriting guidelines.
- Driving history
  - No more than 2 moving violations in the past 3 years and no DUI/DWI in the past 5 years.
- Drug/Alcohol
  - No history of drug or alcohol abuse or treatment for drugs or alcohol in the last 10 years.
- Occupation
  - No ratable occupation.
- Ratings
  - No current ratings for any medical impairment.
- Residency
  - Meets usual residency guidelines.
- Tobacco/Nicotine
  - Ultra Preferred and Select Preferred Non-tobacco require negative urinalysis (no nicotine) and no use of tobacco or nicotine in the past 12 months, with the exception of up to 24 cigars per year.

<sup>2</sup> The cancer rating may not have occurred in the last 10 years regardless of when the cancer was diagnosed or treated. For example, a proposed insured with a cancer history that was rated with a 4-year temporary flat extra running from 1990 to 1994 (ending over 10 years ago) is eligible beginning in 2005. If the rating ran from 2000 to 2004, the proposed insured is not eligible until 2015. A proposed insured with a permanent flat extra or table rating for cancer is not eligible for preferred now or in the future.

## Tobacco Use Guidelines:

Tobacco use is considered the use of any nicotine-based product or smoking cessation product in the past year. Nicotine-based products/smoking cessation products include: cigarettes, pipe, snuff, chew, smokeless tobacco, electronic cigarettes, Hookah/ Hookah Tobacco, smoking cessation aids, and non-nicotine smoking cessation aids. Urine specimen must be negative for nontobacco consideration. Clients may still qualify for non-tobacco rates if only tobacco/nicotine use is cigars (provided they don't smoke more than 24 cigars a year and have a negative urinalysis specimen for nicotine).

## Preferred Guidelines:

Proposed Insureds qualify for preferred risk classes by accumulating points for various elements of good health. Elements most predictive of a long life earn more points than others. The following chart displays all available points and criteria.

Note that certain criteria provide the opportunity to earn multiple points. Fractional points are not available.

For those cases which are eligible for algorithmic underwriting, Preferred classes are determined by the MassMutual Mortality Score or M3S. The M3S is based on our own historical mortality studies. It uses information from the lab results, CMI, Part 1, and motor vehicle report and returns a risk class determination. This determination is made based on how a particular score compares

to others in the same 5-year age category (a percentile score). For instance, if a 35 year old man has a score that is better than 75% of his peers (75th percentile), that score would be consistent with an offer of UPNT.

The M3S essentially replaces Preferred Points for these cases. The variables considered by the M3S include cholesterol, liver function tests, kidney function tests, blood proteins, urine tests, family history of vascular disease, cancer and diabetes, as well as driving history and medical history.

## Preferred Points

**Proposed Insureds who meet the initial eligibility requirements must earn the following points.**

RISK CLASSIFICATION	POINTS
Ultra Preferred	10 points
Select Preferred Non-tobacco	8 points
Select Preferred Tobacco	7 points

Use the following preferred underwriting calculator to estimate how many points your client might earn.



## PREFERRED UNDERWRITING CALCULATOR

### FOR ALL PROPOSED INSURED

AVAILABLE POINTS = 7

Avocation rating		
No rating for avocation		+1
Blood pressure or blood lipid treatment		
No current treatment		+1
Electron Beam Computerized Tomography (EBCT)		
Favorable test result within the last 5 years		+2
Family history		
No cardiovascular disease in either parent before age 60		+1
Lab results		
Current blood/urine results (excluding blood lipids) are within normal limits		+1
Nicotine/Tobacco use (including cigars)		
None in the last 2 years		+1

### AGE-SPECIFIC CRITERIA

AVAILABLE POINTS = 2

Proposed Insureds ≥ 60 years old		
Favorable NTproBNP ≤125pg/ml within 1 year		+1
Normal EKG, stress test or angiography within 2 years		+1

### GENDER-SPECIFIC CRITERIA

AVAILABLE POINTS = 8

Blood pressure average over last 2 years		
AVAILABLE POINTS = 2		
Women	Men	
≤ 136/78	≤ 136/86	+1
≤ 130 / 72	≤ 132 / 80	+1
Body Mass Index (BMI: height/weight)		
AVAILABLE POINTS = 2		
Women	Men	
BMI = 17-28	BMI = 18-30	+1
BMI = 17-23	BMI = 18-25	+1
Cholesterol/HDL ratio		
AVAILABLE POINTS = 4		
Women	Men	
≤ 4.5	≤ 4.9	+2
≤ 3.0	≤ 3.4	+2

**TOTAL AVAILABLE POINTS  
IN ALL CATEGORIES = 17**

## LIFE BUILD CHART

HEIGHT	MAXIMUM WEIGHT FOR PREFERRED		MAXIMUM WEIGHT FOR STANDARD	
	AGE 64 AND UNDER	AGE 65 AND UP	AGE 64 AND UNDER	AGE 65 AND UP
4'-10"	153	172	172	186
4'-11"	158	178	178	193
5'	163	184	184	199
5'-1"	169	190	190	206
5'-2"	174	196	196	213
5'-3"	180	203	203	220
5'-4"	186	209	209	227
5'-5"	192	216	216	234
5'-6"	198	223	223	241
5'-7"	204	229	229	249
5'-8"	210	236	236	256
5'-9"	216	243	243	264
5'-10"	223	250	250	271
5'-11"	229	258	258	279
6'	235	265	265	287
6'-1"	242	272	272	295
6'-2"	249	280	280	303
6'-3"	256	288	288	312
6'-4"	262	295	295	320
6'-5"	269	303	303	328
6'-6"	276	311	311	337
6'-7"	284	319	319	346
6'-8"	291	327	327	355
6'-9"	298	335	335	363

## HEIGHT AND WEIGHT CONVERSION TO BODY MASS INDEX (BMI)

HEIGHT	BMI INDEX																
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	36
4'10"	82	87	91	96	101	106	111	115	120	125	130	134	139	144	149	154	173
4'11"	85	90	95	100	104	109	114	119	124	129	134	139	144	149	154	159	179
5'0"	88	93	98	103	108	113	118	123	129	134	139	144	149	154	159	164	185
5'1"	90	96	101	106	112	117	122	128	133	138	143	149	154	159	165	170	191
5'2"	93	99	104	110	115	121	126	132	137	143	148	154	159	165	170	175	197
5'3"	96	102	108	113	119	125	130	136	142	147	153	159	164	170	176	181	204
5'4"	100	105	111	117	123	129	135	140	146	152	158	164	169	175	181	187	210
5'5"	103	109	115	121	127	133	139	145	151	157	163	169	175	181	187	193	217
5'6"	106	112	118	124	131	137	143	149	155	162	168	174	179	186	193	199	224
5'7"	109	115	122	128	135	141	147	154	160	167	173	179	185	192	198	205	230
5'8"	112	119	125	132	139	145	152	158	165	172	178	185	190	198	204	211	237
5'9"	116	122	128	136	143	149	156	163	170	177	183	190	196	204	210	217	244
5'10"	119	126	133	140	147	154	161	168	175	182	189	196	202	210	217	224	251
5'11"	122	130	137	144	151	158	165	173	180	187	194	201	208	216	223	230	259
6'0"	126	133	141	148	155	163	170	177	185	192	200	207	214	222	229	236	266
6'1"	129	137	145	151	160	167	175	182	190	198	205	213	220	228	235	243	273
6'2"	133	141	148	156	164	172	180	187	195	203	211	219	226	234	242	250	281
6'3"	137	145	153	161	169	177	185	193	201	209	217	225	233	241	249	257	289
6'4"	140	148	157	165	173	181	189	198	206	214	222	231	239	247	255	263	296
6'5"	144	152	161	169	178	186	194	203	211	220	228	237	245	254	262	270	304
6'6"	148	156	165	174	182	191	200	208	217	226	234	243	251	260	269	277	312
6'7"	151	160	169	178	187	196	205	214	222	231	240	249	258	267	276	285	320
6'8"	155	164	173	183	192	201	210	219	228	237	246	255	265	274	283	292	328
6'9"	159	168	178	187	196	206	215	224	234	243	252	262	271	280	290	299	336
6'10"	163	173	182	192	201	211	220	230	240	249	259	268	278	287	297	307	345
6'11"	167	177	187	196	206	216	226	236	245	255	265	275	285	294	304	314	353
7'0"	171	181	191	201	211	221	231	241	251	261	271	282	292	302	312	322	362

## AGE AND AMOUNT REQUIREMENT CHARTS

PERM PRODUCTS	0-16	17-40	41-50	51-60	61-70	71-80	> 80
TERM PRODUCTS	N/A	18-40	41-50	51-60	61-70	>70 (VTART ONLY)	N/A
<b>UNDER \$50,000 N/A ON TERM</b>	Non-med	CMI <sup>3</sup> Phys. Meas. Oral Fluids	CMI <sup>3</sup> Phys. Meas. Oral Fluids	CMI <sup>4</sup> Phys.Meas. <sup>4</sup> Oral Fluids	Paramed Urine Specimen	Paramed Urine Specimen	Paramed Urine Specimen Fin Q
<b>\$50,000 TO \$249,999 TERM: \$100,000 TO \$249,999</b>	Non-med	CMI <sup>3</sup> Phys. Meas. Blood/Urine	CMI <sup>4</sup> Phys.Meas. <sup>4</sup> Blood/Urine	CMI <sup>4</sup> Phys.Meas. <sup>4</sup> Blood/Urine	Paramed Blood/Urine	Paramed Sr. Supp Blood <sup>6</sup> /Urine	Paramed Sr. Supp Blood <sup>6</sup> /Urine Fin Q
<b>\$250,000 TO \$499,999</b>	Non-med	CMI <sup>4</sup> Phys.Meas. <sup>4</sup> Blood/Urine	CMI <sup>4</sup> Phys.Meas. <sup>4</sup> Blood/Urine	CMI <sup>4</sup> Phys.Meas. <sup>4</sup> Blood/Urine	Paramed Blood <sup>6</sup> /Urine	Paramed Sr. Supp Blood <sup>6</sup> /Urine	Paramed Sr. Supp Blood <sup>6</sup> /Urine Fin Q
<b>\$500,000 TO \$1,000,000</b>	Non-med	CMI <sup>4</sup> Phys.Meas. <sup>4</sup> Blood/Urine	CMI <sup>4</sup> Phys.Meas. <sup>4</sup> Blood/Urine	CMI <sup>4</sup> Phys.Meas. <sup>4</sup> Blood/Urine	Paramed Blood <sup>6</sup> /Urine	Paramed Sr. Supp Blood <sup>6</sup> /Urine	Paramed Sr. Supp Blood <sup>6</sup> /Urine PHI Fin Q
<b>\$1,000,001 TO \$2,000,000</b>	Non-med	CMI <sup>4</sup> Phys.Meas. <sup>4</sup> Blood/Urine PHI <sup>5</sup>	CMI <sup>4</sup> Phys.Meas. <sup>4</sup> Blood/Urine PHI <sup>5</sup>	CMI <sup>4</sup> Phys.Meas. <sup>4</sup> Blood <sup>6</sup> /Urine PHI <sup>5</sup>	Paramed Blood <sup>6</sup> /Urine EKG PHI	Paramed Sr. Supp Blood <sup>6</sup> /Urine EKG PHI	Paramed Sr. Supp Blood <sup>6</sup> /Urine EKG PHI Fin Q
<b>\$2,000,001 TO \$3,000,000</b>	Non-med	CMI <sup>4</sup> Phys.Meas. <sup>4</sup> Blood/Urine PHI <sup>5</sup>	CMI <sup>4</sup> Phys.Meas. <sup>4</sup> Blood/Urine PHI <sup>5</sup>	CMI <sup>4</sup> Phys.Meas. <sup>4</sup> Blood <sup>6</sup> /Urine PHI <sup>5</sup>	Paramed Blood <sup>6</sup> /Urine EKG PHI	Paramed Sr. Supp Blood <sup>6</sup> /Urine EKG PHI Fin Q	Paramed Sr. Supp Blood <sup>6</sup> /Urine EKG PHI Fin Q
<b>\$3,000,001 TO \$5,000,000</b>	Non-med	Paramed Blood/Urine PHI	Paramed Blood/Urine PHI	Paramed Blood <sup>6</sup> /Urine PHI	Paramed Blood <sup>6</sup> /Urine EKG PHI	Paramed Sr. Supp Blood <sup>6</sup> /Urine EKG PHI Fin Q	Paramed Sr. Supp Blood <sup>6</sup> /Urine EKG PHI Fin Q
<b>\$5,000,001 TO \$10,000,000</b>	Paramed Financial	Paramed Blood/Urine PHI Fin Q	Paramed Blood/Urine EKG Fin Q PHI	Paramed Blood <sup>6</sup> /Urine EKG Fin Q PHI	Paramed Blood <sup>6</sup> /Urine EKG Fin Q PHI	Paramed Sr. Supp Blood <sup>6</sup> /Urine EKG IR Financial	Paramed Sr. Supp Blood <sup>6</sup> /Urine EKG IR Financial
<b>OVER \$10,000,000 TERM: VT10 &amp; VT20</b>	Paramed Financial	Paramed Blood/Urine IR Financial	Paramed Blood/Urine EKG IR Financial	Paramed Blood <sup>6</sup> /Urine EKG IR Financial	Paramed Blood <sup>6</sup> /Urine EKG IR Financial	Paramed Sr. Supp Blood <sup>6</sup> /Urine EKG IR Financial	Paramed Sr. Supp Blood <sup>6</sup> /Urine EKG IR Financial

Please see page 8 for financial requirements (additional financials may be required at Underwriter's discretion). For survivorship contracts, use half the applied for amount to determine medical requirements only. Non-medical requirements such as IRS and financials will be based on full amount applied for.

<sup>3</sup> CMI is subject to state and product availability, otherwise a Non-med will be required.

<sup>4</sup> CMI is subject to state and product availability, otherwise a Paramed will be required.

<sup>5</sup> PHI is required for non-U.S. Citizens and at underwriting discretion.

<sup>6</sup> NTproBNP testing required. See page 4 for more details.

## LTC/LIFE COMBO PRODUCT: CARECHOICE ONE

INSURANCE AGE <sup>7</sup>	AMOUNT AT RISK UP TO \$720,000 <sup>8</sup>
35-50	CC1 Part 2
51-63	CC1 Part 2
64-69	CC1 Part 2 Cognitive Assessment

## ATTENDING PHYSICIAN STATEMENT (APS) ORDERING GUIDELINES

INSURANCE AGE	AMOUNT AT RISK						
	<\$250,000	\$250,000-\$500,000	\$500,001-\$1,000,000	\$1,000,001-2,000,000	\$2,000,001-\$3,000,000	\$3,000,001-\$5,000,000	>\$5,000,000
<4	For Cause	For Cause	18 mos	18 mos	18 mos	18 mos	Required
4-16	For Cause	For Cause	For Cause	18 mos	18 mos	18 mos	Required
17-40	For Cause	For Cause	For Cause	For Cause	For Cause	For Cause	Required
41-50	For Cause	For Cause	For Cause	For Cause	For Cause	24 mos	Required
51-60	For Cause	For Cause	For Cause	For Cause	24 mos	24 mos	Required
61-64	For Cause	24 mos	24 mos	24 mos	24 mos	24 mos	Required
>64	Required	Required	Required	Required	Required	Required	Required

<sup>7</sup> New York issue ages 40-69 (non-tobacco) and ages 40-65 (tobacco).

<sup>8</sup> California the maximum face amount could exceed \$720,000 and would require additional underwriting.



**Time Frames:** If the Proposed Insured has been seen by a health care provider within the time frame shown (18 or 24 months), an APS will be required. Office visits for the following purposes should not be obtained: camp, sports, employment, insurance, FAA, and DOT physicals; vision screening (glasses/contacts); minor complaints (cold, flu, rash, muscle sprain, etc.).

**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 or more recently if the child is under 3 years old. If not, we may be unable to proceed with the case. Please consult with Underwriting.

**Proposed Insureds over age 64:**  
It is our expectation that those over age 64 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.

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

- Biopsy, tumor, cancer (excluding basal cell carcinoma)
- 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 two medications 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.

If the proposed insured has seen multiple physicians, please obtain direction from the underwriter regarding best source for APS information. It is imperative that we order the most useful source of medical information for each client to streamline the underwriting process and minimize time in underwriting.

**Note:** For Insureds age 41 to 60 applying for amounts of \$1,000,000 or less, do not order more than one APS without underwriter approval. In order to benefit from Algorithmic Underwriting, our accelerated underwriting program, do not order APS' for the following ages and amounts:

- Ages 0-16 for amounts  $\leq$  \$500,000
- Ages 17-40 for amounts  $\leq$  \$1,000,000

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