

Life Underwriting Requirements Guide

A Reference Guide for Financial Professionals



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Getting Off to a Great Start!

The purpose of our **U98 Life Underwriting Requirements Guide** (and the electronic version, the **U98e**) is to provide MassMutual® advisors with key underwriting and process guidelines that will allow the underwriting process to progress as smoothly as possible. It covers medical, non-medical, financial and application information that is applicable to most life insurance applications. This information also will help advisors set appropriate expectations with clients on what to expect during the underwriting process.

Underwriting Responsibility

MassMutual's Life Underwriting Department is committed to fair, consistent and competitive underwriting decisions delivered in a timely manner, always seeking the best possible balance of risk stewardship and increased sales.

Field Underwriter's Responsibility

Advisors are expected to be competent field underwriters. This includes obtaining accurate and thorough responses to each application question. Providing complete answers helps avoid delays and allows eligible files to flow through the algorithmic underwriting process.

The Life Insurance Application

The application is a legal document representing an agreement between MassMutual and the policyowner. The advisor is responsible to:

- Obtain appropriate signatures on all parts of the application.
- Order correct requirements for age and amount at risk. (See Steps 2 and 3).
- Obtain and record accurate and thorough responses.

Quick Quotes for Preliminary Risk Assessments

If you are uncertain what risk class to quote, or whether a condition is insurable, use one of these options:

- Refer to the specific medical impairment or non-medical situation in the Field Underwriting Guide on FieldNet.
- Submit a Quick Quote request to your team's Quick Quote board including:
 - Age
 - Specific diagnosis, stage of cancer, date of diagnosis or symptom onset
 - Treatment (e.g. medication, surgery) and dates
 - Tests: dates and results
 - Current status of condition
 - Date of the most recent visit to the treating physician.

Quick Quotes typically are answered in one business day or less.

Requirements Guide

Step 1: Determine insurance age

“Insurance age” is the age at the client’s closest birthday to the application signature date. An individual’s insurance age changes 6 months before his/her actual birth date. For example, if the client is age 40 as of the application signature date and will turn 41 in less than 6 months, the insurance age is 41 years. If the client will turn 41 in more than 6 months, the insurance age is 40 years.

Step 2: Determine amount at risk

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

Whole Life

Single Life

- Additional Life Insurance Rider (ALIR)
- Planned ALIR (PALIR)
- Life Insurance Supplement Rider (LISR)
- Renewable Term Rider (RTR)
- Yearly Term Purchase Rider (YTP)

Survivorship

- Estate Protection Rider (EPR)
- Survivorship Additional Life Insurance Rider (ALIRS)
- Survivorship Life Insurance Supplement Rider (SIPR)

VUL

Single Life

- Other Insured Rider - VUL (OIR)

UL

Survivorship

- Estate Protection Rider (EPR)

To determine the additional amount at risk under ALIR multiply the ALIR payment by the correct multiplier for the Proposed Insured’s age:

AMOUNT AT RISK

ISSUE AGES	SCHEDULED	UNSCHEDULED
0-30	10x or 20x*	2x or 4x**
31-40	10x	3x
41-59	5x	2x
60-69	1x	1x
70+	1x	1x

* If total amount at risk is ≥ \$250,000, use 10x.

** If ≥ \$250,000, use 4x.

Step 3: Determine underwriting requirements

Total the amount at risk by adding the death benefits from all applications submitted to and/or issued by MassMutual in the past 12 months then refer to the insurance age and amount at risk in the chart on page 17.

Step 4: Create application package

Use the EZ-app tool to create the application package. Supplemental forms are generated automatically, based on data entry.

Alternatively, use LifeApp Express to compile the forms for a 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.

For Coverpath applications, please consult separate Coverpath guidelines.

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 on page 19 to determine if an APS should be ordered.

Advisors are responsible for arranging all requirements and authorizations and submitting them to the home office, unless otherwise noted. See the Foreign Underwriting section for additional details on ordering foreign nationals requirements.

Medical History/Exam

Age and total risk amounts from the past 12 months will determine which Part 2 below is required.

Non-Medical Part 2

This is completed with the client by the advisor. It includes basic information about medical history. In addition to cases indicated on the chart, complete the non-medical if you are 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

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

Paramedical Exam Part 2

Medical history and height, weight, blood pressure, and pulse rate measurements, are obtained by a paramedical examiner. For clients who do not speak or understand English, the exam must be done by an examiner fluent in the client's language.

- 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

Client Medical Interview (CMI)

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

- Valid up to **12 months** from the CMI completion date.
- CMI is subject to state and product availability. It may not be used for clients who do not speak or understand English.
- CMI is not available for use with post-90-day changes (policy change applications).

Telephone Client Medical Interview (Tele-CMI)

The Telephone Client Medical Interview is completed over the phone by specially trained MassMutual interviewers. It is for ages 17 to 60 and those over 60 years with coverage amounts more than \$3 million to with including \$10 million new business individual life applications. For these ages/amounts, the Tele-CMI replaces the Paramedical Part 2 and the PHI.

- Valid up to **12 months** from the TCMI completion date.¹
- Tele-CMI is subject to state and product availability.
- Tele-CMI is not available for use with conversion applications or on post-90-day changes (policy change applications).

Senior Supplement (Sr. Supp)

Completed by the examiner in addition to the paramedical exam. This supplement includes questions about activities as well as cognitive exercises and a functional screening.

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

Medical Tests

Blood Profile and Urinalysis (Blood/Urine)

Blood and urine samples are collected by the paramedical examiner, and 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.

- Advisors 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

NTproBNP

NTproBNP is 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.)

Paramedical examiners collect height, weight, blood pressure, and pulse rate measurements.

- The lab transmits these 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 EKG)

An EKG is a routine and painless recording of the electrical activity of the heart.

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

Paramed Exam, Blood Profile and Urinalysis – Tips for Optimizing Results

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

- Get a good night's sleep and take all 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 to 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, may 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 blood pressure cuff, and avoid talking while blood pressure and pulse are being assessed.
- Compile a complete list of current medications and dosages.
- Compile the names, addresses and phone numbers of current health care providers.

Additional Requirements

Attending Physician Statement (APS)

An Attending Physician Statement is a copy of the Proposed Insured's medical records.

- Please consult the detailed APS guidelines on page 19 to determine when an APS is necessary.
- Advisors/agency staff may order required APSs from an approved vendor or directly from the physician or medical facility. Underwriters may also order APSs. Request 5 years of records, including office visit notes, labs, test results and consult reports.
- When in doubt about whether to order an APS, consult with the underwriter.
- Notify the underwriter if an APS has been ordered when not requested by the underwriter.
- Medical records must be U.S.-based. See the Foreign Underwriting section for APS requirements for foreign nationals.

Cognitive Assessment

The Cognitive Assessment is completed over the telephone with those applying for the Long Term Care 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.

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

Pharmacy Database Check (RX)

A pharmacy database check is done 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, SHQ)

A Personal History Interview or Supplemental Health Questionnaire may be 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 orders the interview after reviewing the application.
- The interviewer calls the Proposed Insured at the phone number on the application and makes every effort to reach the Proposed Insured at the most convenient time. If the client has given permission, contact may be made by text.

Important note about telephone

interviews – Advisors must thoroughly prepare all Proposed Insureds for telephone interviews by explaining the process and the nature of the questions. Proposed Insureds may be called for a Telephone Inspection or a Supplemental Health Questionnaire (SHQ), which is similar to a Telephone Inspection but 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.

Inspection Reports (IR)

Inspection reports are always ordered by the home office and may include written and electronic consumer reports on the Proposed Insured's finances, lifestyle, character, and personal reputation. These are ordered for certain ages, amounts, or for cause. A written inspection report may or may not involve client contact. Investigators may conduct telephone interviews with other sources (such as personal and business associates, accountants and attorneys), in addition to checking public records.

The type of report ordered varies by age and amount of insurance. Your underwriter will communicate the type of report needed in an initial review email.

When client contact is required (written inspection), thoroughly prepare the 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.

Electronic inspection reports do not require client contact.

- Typically valid up to **12 months** from the report date.¹

Motor Vehicle Report (MVR)

A motor vehicle report detailing driving history is requested from the client's driver's license state.

- 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 accurate MVR processing.
- For clients in Puerto Rico, the advisor should obtain and submit the report.

Financials

For face amounts over \$10,000,000, financial documentation may be required (at underwriter's discretion).

Documentation may 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. Tax returns may be 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 71+ with aggregate risk amounts 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 a trust is the owner, submit a complete copy of the trust agreement and certification of trust agreement (F6734).
- If an LLC or similar entity is the owner, submit a complete copy of the business entity document or agreement and certification form (F7833).

Financial Supplements (FIN Q)

The necessary Financial Supplement will depend upon age, amount and the purpose of insurance:

AGE	AMOUNT
Up to 70	\$5,000,001 - \$10,000,000
71-80	\$1,000,001 - \$10,000,000
>80	\$25,000 - \$10,000,000

- Financial Supplement for Personal Insurance (FR2075).
- 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 71+ with aggregate risk amounts greater than \$1,000,000.
- If tax returns are received for UL/SUL or term applications, for ages 71+ with aggregate risk amounts greater than \$1,000,000, we may be able to waive Financial Supplements at the underwriter's discretion.

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

Foreign Underwriting

Foreign underwriting encompasses three broad categories for which additional information and requirements may be needed:

- Foreign nationals
- Foreign travel
- Non-U.S. citizens living in the U.S.

Always submit a fully completed **F6290 Foreign Supplement**.

For non-U.S. citizens, submit a copy of all pages of the passport, and a copy of the visa, green card, or EAD.

Foreign Nationals

Requirements for foreign nationals may differ from requirements for clients living in the U.S.

- A **foreign national** is a non-U.S. citizen living outside of the U.S., or a U.S. citizen living outside the U.S. for an extended period of time (more than six months for "A" countries and more than three months for "B" countries).

Foreign Nationals requirements (for those living outside the U.S.)

Except for Spanish, the APS must be translated before submitting to the home office. Please see Vendor Information on the FieldNet foreign section for APS translation information.

Refer to our Foreign Nationals marketing materials on FieldNet for full details and criteria for acceptable APSs.

High Net Worth Foreign Nationals (HNWFN) program

Our HNWFN program is designed for wealthy citizens living outside the United States. A minimum of \$10 million face amount is required. Consult **U1015 Addressing the Needs of High Net Worth Foreign Nationals** for full details and requirements.

IMPORTANT:

- Consult with Advanced Sales before taking an application in the HNWFN program.
- Do not order any HNWFN age/amount requirements until instructed by your underwriter.

Foreign Travel

Occasional short-term travel to politically stable countries for business or pleasure generally does not pose an underwriting risk. Countries are classified on a scale ranging from A to D and U (unacceptable), with A and B countries considered less risky. See the country classification chart on FieldNet. Provide as much information as possible about travel plans on the **F6290 Foreign Supplement**.

Non-U.S. Citizens Living in the U.S.

For non-U.S. citizens, a copy of a valid visa or “green card” is required with submission of the application. Submit a copy of all passport pages. For all products, permanent and term, submit the foreign supplement (F6290). For those working in the U.S. under an Employment Authorization Document (EAD), submit a copy.



Preferred Underwriting Criteria

Minimum face amount is \$50,000 (\$100,000 for Term products and for Universal Life Guard). Minimum age is 17.

Preferred Risk Classes

- Ultra Preferred Non-tobacco
- 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 may only qualify for Ultra with an Aviation Exclusion Rider. Select may be available for a “well-qualified” pilot (see aviation guidelines) or with a flat extra premium.
- Avocation
 - Ratings for avocation are allowed.
- Cancer
 - No history of cancer² that would have been rated 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 rating of 25 debits or more prior to the use of risk assessment credits.
- Residency
 - Meets usual U.S. residency guidelines.
- Tobacco/Nicotine
 - Ultra Preferred and Select Preferred Non-tobacco require a negative urinalysis test with no nicotine present, AND no use of tobacco or nicotine in the past 12 months, with the exception of no more than 24 cigars per year, if disclosed on the application.
 - Vaping/e-cig use are handled the same as tobacco/nicotine use.

² The cancer rating may not have occurred in the last 10 years regardless of when the cancer was diagnosed or treated. A Proposed Insured with a permanent flat extra or table rating for cancer is not eligible for preferred classes 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, Juul use, Hookah/ Hookah Tobacco, smoking cessation aids, and non-nicotine smoking cessation aids. The urine specimen must be negative in order to receive non-tobacco consideration. Clients may qualify for non-tobacco rates if their 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).

Algorithmic Underwriting: the Need for Speed

As a whole, the insurance industry is moving toward making faster and better decisions by using an algorithmic process for selected ages and policy face amounts. MassMutual has developed a MassMutual Mortality Score (M3S) that provides an assessment based on multiple factors in the client's file. Our goal is to significantly reduce cycle time through a mix of human and digital underwriting.

Like the traditional preferred points system, M3S considers build, blood pressure, cholesterol, smoking, and family history.

M3S also considers lab test results, driving history, and some elements of the medical history. It has been carefully calibrated to mirror the same risk distribution as our preferred points results.

The M3S score is fully automated and usually is generated almost immediately after receipt of the final requirement.

Not all states or applications are eligible and when that is the case, traditional preferred points underwriting is used.

Advisors can help the M3S process move quickly by completing labs early, using EZ-app, encouraging timely completion of the Client Medical Interview, and submitting cases in good order.

For those cases 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. This determination is made based on how a particular score compares with others in the same 5-year age category (a percentile score).

When used, the M3S replaces Preferred Points.

Preferred Guidelines

For clients who do not fall under the algorithmic process, traditional underwriting is done. Under traditional underwriting, Proposed Insureds qualify for preferred risk classes by accumulating points for various elements of good health. Elements most predictive of favorable mortality earn more points than others. The following chart displays all available points and criteria.

Some criteria provide the opportunity to earn multiple points. Fractional points are not available.

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.

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 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)		
Test results in the past 5 years are eligible for credit		+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, vaping)		
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"	167	172	181	186
4'-11"	173	178	188	193
5'	179	184	194	199
5'-1"	185	190	201	206
5'-2"	191	196	207	213
5'-3"	197	203	214	220
5'-4"	203	209	221	227
5'-5"	210	216	228	234
5'-6"	216	223	235	241
5'-7"	223	229	242	249
5'-8"	230	236	249	256
5'-9"	237	243	257	264
5'-10"	243	250	264	271
5'-11"	250	258	272	279
6'	258	265	280	287
6'-1"	265	272	288	295
6'-2"	272	280	295	303
6'-3"	280	288	304	312
6'-4"	287	295	312	320
6'-5"	295	303	320	328
6'-6"	302	311	328	337
6'-7"	310	319	337	346
6'-8"	318	327	345	355
6'-9"	326	335	354	363

HEIGHT AND WEIGHT CONVERSION TO BODY MASS INDEX (BMI)

HEIGHT	BMI INDEX																	
	18	20	22	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38
4'-10"	87	96	106	115	120	125	130	134	139	144	149	154	158	163	168	173	178	182
4'-11"	90	100	109	119	124	129	134	139	144	149	154	159	164	169	174	179	184	189
5"	93	103	113	123	129	134	139	144	149	154	159	164	169	175	180	185	190	195
5'-1"	96	106	117	128	133	138	143	149	154	159	165	170	175	180	186	191	196	202
5'-2"	99	110	121	132	137	143	148	154	159	165	170	175	181	186	192	197	203	208
5'-3"	102	113	125	136	142	147	153	159	164	170	176	181	187	192	198	204	209	215
5'-4"	105	117	129	140	146	152	158	164	169	175	181	187	193	199	204	210	216	222
5'-5"	109	121	133	145	151	157	163	169	175	181	187	193	199	205	211	217	223	229
5'-6"	112	124	137	149	155	162	168	174	180	186	193	199	205	211	217	224	230	236
5'-7"	115	128	141	154	160	167	173	179	186	192	198	205	211	218	224	230	237	243
5'-8"	119	132	145	158	165	172	178	185	191	198	204	211	218	224	231	237	244	250
5'-9"	122	136	149	163	170	177	183	190	197	204	210	217	224	231	238	244	251	258
5'-10"	126	140	154	168	175	182	189	196	203	210	217	224	231	237	244	251	258	265
5'-11"	130	144	158	173	180	187	194	201	208	216	223	230	237	244	251	259	266	273
6'	133	148	163	177	185	192	200	207	214	222	229	236	244	251	259	266	273	281
6'-1"	137	152	167	182	190	198	205	213	220	228	235	243	251	258	266	273	281	289
6'-2"	141	156	172	187	195	203	211	219	226	234	242	250	258	265	273	281	289	296
6'-3"	145	161	177	193	201	209	217	225	233	241	249	257	265	273	281	289	297	305
6'-4"	148	165	181	198	206	214	222	231	239	247	255	263	272	280	288	296	304	313
6'-5"	152	169	186	203	211	220	228	237	245	254	262	270	279	287	296	304	313	321
6'-6"	156	174	191	208	217	226	234	243	251	260	269	277	286	295	303	312	321	329
6'-7"	160	178	196	214	222	231	240	249	258	267	276	285	293	302	311	320	329	338
6'-8"	164	183	201	219	228	237	246	255	265	274	283	292	301	310	319	328	337	346
6'-9"	168	187	206	224	234	243	252	262	271	280	290	299	308	318	327	336	346	355
6'-10"	173	192	211	230	240	249	259	268	278	287	297	307	316	326	335	345	354	364
6'-11"	177	196	216	236	245	255	265	275	285	294	304	314	324	334	343	353	363	373
7'	181	201	221	241	251	261	271	282	292	302	312	322	332	342	352	362	372	382

Weight loss: We will add back half the weight lost in the past 12 months to determine the BMI.

AGE AND AMOUNT REQUIREMENT CHARTS

For High Net Worth Foreign Nationals requirements, please see information on page 9.

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
UNDER \$50,000 N/A ON TERM	Non-med	CMI ³ Phys. Meas. Oral Fluids	CMI ³ Phys. Meas. Oral Fluids	CMI ⁴ Phys. Meas. ⁴ Oral Fluids	Tele-CMI ⁷ Phys. Meas. Urine Specimen	Tele-CMI ⁷ Phys. Meas. Urine Specimen	Tele-CMI ⁷ Phys. Meas. Urine Specimen Fin Q
PERM: \$50,000 TO \$249,999 TERM/UL Life Guard: \$100,000 TO \$249,999	Non-med	CMI ³ Phys. Meas. Blood/Urine	CMI ⁴ Phys. Meas. ⁴ Blood/Urine	CMI ⁴ Phys. Meas. ⁴ Blood/Urine	Tele-CMI ⁷ Phys. Meas. Blood/Urine	Tele-CMI ⁷ Sr. Supp Phys. Meas. Blood ⁶ /Urine	Tele-CMI ⁷ Sr. Supp Phys. Meas. Blood ⁶ /Urine Fin Q
\$250,000 TO \$499,999	Non-med	CMI ⁴ Phys. Meas. ⁴ Blood/Urine	CMI ⁴ Phys. Meas. ⁴ Blood/Urine	CMI ⁴ Phys. Meas. ⁴ Blood/Urine	Tele-CMI ⁷ Phys. Meas. Blood ⁶ /Urine	Tele-CMI ⁷ Sr. Supp Phys. Meas. Blood ⁶ /Urine	Tele-CMI ⁷ Sr. Supp Phys. Meas. Blood ⁶ /Urine Fin Q
\$500,000 TO \$1,000,000	Non-med	CMI ⁴ Phys. Meas. ⁴ Blood/Urine	CMI ⁴ Phys. Meas. ⁴ Blood/Urine	CMI ⁴ Phys. Meas. ⁴ Blood/Urine	Tele-CMI ⁷ Phys. Meas. Blood ⁶ /Urine	Tele-CMI ⁷ Sr. Supp Phys. Meas. Blood ⁶ /Urine	Tele-CMI ⁷ Sr. Supp Phys. Meas. Blood ⁶ /Urine Fin Q
\$1,000,001 TO \$2,000,000	Non-med	CMI ⁴ Phys. Meas. ⁴ Blood/Urine PHI ⁵	CMI ⁴ Phys. Meas. ⁴ Blood/Urine PHI ⁵	CMI ⁴ Phys. Meas. ⁴ Blood ⁶ /Urine PHI ⁵	Tele-CMI ⁷ Phys. Meas. Blood ⁶ /Urine	Tele-CMI ⁷ Sr. Supp Phys. Meas. Blood ⁶ /Urine Fin Q	Tele-CMI ⁷ Sr. Supp Phys. Meas. Blood ⁶ /Urine Fin Q
\$2,000,001 TO \$3,000,000	Non-med	CMI ⁴ Phys. Meas. ⁴ Blood/Urine PHI ⁵	CMI ⁴ Phys. Meas. ⁴ Blood/Urine PHI ⁵	CMI ⁴ Phys. Meas. ⁴ Blood ⁶ /Urine PHI ⁵	Tele-CMI ⁷ Phys. Meas. Blood ⁶ /Urine	Tele-CMI ⁷ Sr. Supp Phys. Meas. Blood ⁶ /Urine Fin Q	Tele-CMI ⁷ Sr. Supp Phys. Meas. Blood ⁶ /Urine Fin Q
\$3,000,001 TO \$5,000,000	Non-med	Tele-CMI ⁷ Phys. Meas. Blood/Urine	Tele-CMI ⁷ Phys. Meas. Blood/Urine	Tele-CMI ⁷ Phys. Meas. Blood ⁶ /Urine	Tele-CMI ⁷ Phys. Meas. Blood ⁶ /Urine	Tele-CMI ⁷ Sr. Supp Phys. Meas. Blood ⁶ /Urine Fin Q	Tele-CMI ⁷ Sr. Supp Phys. Meas. Blood ⁶ /Urine Fin Q
\$5,000,001 TO \$9,999,999	Paramed Financial	Tele-CMI ⁷ Phys. Meas. Blood/Urine Fin Q	Tele-CMI ⁷ Phys. Meas. Blood ⁶ /Urine Fin Q	Tele-CMI ⁷ Phys. Meas. Blood ⁶ /Urine Fin Q	Tele-CMI ⁷ Phys. Meas. Blood ⁶ /Urine Fin Q	Tele-CMI ⁷ Sr. Supp Phys. Meas. Blood ⁶ /Urine IR Fin Q	Tele-CMI ⁷ Sr. Supp Phys. Meas. Blood ⁶ /Urine IR Fin Q

\$10,000,000	Paramed Financial	Tele-CMI ⁷ Phys. Meas. Blood/Urine Fin Q	Tele-CMI ⁷ Phys. Meas. Blood/Urine EKG Fin Q	Tele-CMI ⁷ Phys. Meas. Blood ⁶ /Urine EKG Fin Q	Tele-CMI ⁷ Phys. Meas. Blood ⁶ /Urine EKG Fin Q	Tele-CMI ⁷ Sr. Supp Phys. Meas. Blood ⁶ /Urine EKG IR FinQ	Tele-CMI ⁷ Sr. Supp Phys. Meas. Blood ⁶ /Urine EKG IR FinQ
OVER \$10,000,000 Term (except VT-ART)	Paramed Financial	Paramed Phys. Meas. Blood/Urine IR Financial	Paramed Phys. Meas. Blood/Urine EKG IR Financial	Paramed Phys. Meas. Blood ⁶ /Urine EKG IR Financial	Paramed Phys. Meas. Blood ⁶ /Urine EKG IR Financial	Paramed Sr. Supp Phys. Meas. Blood ⁶ /Urine EKG IR Financial	Paramed Sr. Supp Phys. Meas. Blood ⁶ /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 are based on full amount applied for.

An "IR" includes either a written inspection report or an electronic report ordered by the home office.

³ CMI is subject to state and product availability; otherwise a Non-med is required.

⁴ CMI is subject to state and product availability; otherwise a Paramed is required.

⁵ PHI is required for non-U.S. citizens and at underwriting discretion. See the Foreign Underwriting section for additional information on our High Net Worth Foreign National program.

⁶ NTproBNP testing required. See page 5 for more details.

⁷ Tele-CMI is subject to state and product availability. **If the Tele-CMI is not done/available**, a Paramed is required:

- For U.S. citizens, a Paramed and PHI are required for amounts over \$3,000,000 for ages 17-60; over \$1,000,000 for ages 61-80; at \$500,000 for ages >80
- For non-U.S. citizens, a Paramed and PHI are required for amounts over \$1,000,000
- For ages over 70 and amounts over \$5,000,000 to/including \$10,000,000, a Paramed, Written Inspection and Financials are required

When another company's Paramed exam is used, a fully completed MassMutual Non-med is required. No TCMI is done.

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

Foreign Nationals APSs

Foreign Nationals

Different APS guidelines apply to foreign nationals. Please consult our foreign nationals guidelines on FieldNet for details. Please see the Foreign Underwriting section on page 9 for the definition of a foreign national, and for additional information on translations and requirement ordering.

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 younger:

It is our expectation that children receive routine well-child care, and have been 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. 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
- 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, so we can streamline the underwriting process and minimize time in underwriting.

We expect clients to have an established physician in the U.S. All records should be provided in English or Spanish (see page 19 for additional information on APS translations). If records cannot be obtained from a U.S. physician/medical facility, or are not in English, they should be translated before uploading records.

CareChoice One

A CareChoice One policy is designed to help clients meet future long term care coverage needs. It provides whole life insurance protection as a secondary benefit.

Clients pay a single premium with no additional premiums ever required.

CareChoice One features limited underwriting, generally accepting clients up to Table D as Standard risks.

Please refer to FieldNet for eligible ages and additional details.

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FOR FINANCIAL PROFESSIONAL USE ONLY. NOT FOR USE WITH THE PUBLIC.

Products may not be available in all states. State variations apply.

Single Premium Whole Life Insurance, (SPWL-2013, ICC13SPWL and ICC13SPWL in North Carolina), is a participating, permanent single premium life insurance policy issued by Massachusetts Mutual Life Insurance Company, Springfield, MA 01111-0001.

