

Disability Benefits

What Every Claimant Should Know...

1. What should I do if I become disabled and am unsure if I qualify for benefits according to my policy provisions?

You should immediately notify your agent or MassMutual's Disability Income Service Center by calling toll free (800) 272-2216, prompt 3. Upon notification, a claim kit will be mailed or e-mailed to you. All determinations regarding benefit eligibility are made by the Disability Income Benefits Department

2. Will I have direct contact with the claim examiner?

Yes. You will be contacted within 10 business days of claim notification. This is an opportunity for the claim examiner to answer any questions that you may have. Depending on the nature of the disability, the claim examiner may ask for additional information to obtain a further understanding of your claim.

3. What methods are available for submitting my claim form?

You can choose to provide your claim information by hard copy form, telephone or email. If you choose the telephonic method, claim forms will be completed with your information and will be mailed to you for your signature and return to MassMutual.

4. When should I return the completed claim forms to the Disability Income Benefits Department at MassMutual?

You should return the completed claim forms as soon as possible. Your policy (ies) contains important provisions concerning the time in which proof of loss must be presented. You should consult your policy(ies) for details. We are glad to respond to your inquiries concerning benefits and other provisions of your policy(ies) that may apply to any claim presented to us.



5. Is my claim information kept confidential?

Yes. All information is kept confidential. It is not released except with your specific, written authorization or as required by law.

6. Can I expect to receive a personal visit from a MassMutual representative?

A personal visit can take place at any time during the claim process and usually involves fact gathering, answering questions and explaining policy provisions. The Disability Income Benefits Department has field representatives located throughout the country.

7. How long should I expect the claim approval process to take?

Gathering the necessary information to assess a claim

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Disability Income Insurance

can be time-consuming. Therefore, it is important that authorizations and claim forms be provided as soon as possible. Once all the information necessary to make a decision is received and the claim is approved, we will process your initial benefit payment within three (3) business days.

8. Once I start receiving benefits, what information will I be required to provide for benefits to continue on a monthly basis?

Monthly verification of continued disability may be needed. Depending upon the nature of the disability and the circumstances of the claim, this information could include disability progress reports, Attending Physician Statements, financial information or any other information required to make a determination regarding continued benefit eligibility. Monthly benefits will be released upon receipt, review and approval of continued eligibility.

9. What financial records should I be prepared to provide and how often will they be required?

The Disability Income Benefits Department will request financial documentation, usually in the form of tax returns, to establish pre-disability earnings and to validate employment prior to disability. If you are working on a reduced or part-time basis, monthly substantiation of earnings will also be required. Tax returns will likely be requested annually to reconcile the financial information that has been provided.

10. When will my policy premiums be waived?

Once you meet the eligibility criteria, your premium(s) will be waived in accordance with policy provisions as long as you remain disabled under the terms of the policy. A refund of premium may also be appropriate. You should continue to pay policy premium(s) when they fall due until receiving notice that your policy (ies) has been placed on waiver of premium.

11. How will my claim be handled if I have several different Disability Income policies?

The various proof of loss requirements for all of your policies will be identified and taken into consideration

during the claim examination process. Depending on the definition of disability in your contracts, you might qualify for benefits under one contract, but not another. A detailed explanation relating to the specific coverage for each policy will be provided for all claim decisions.

12. If my current earned income is less than the earned income used to purchase the policy, will the amount of insurance in force be affected?

The amount of insurance in force is not reduced because your earned income has changed since purchasing the policy.

13. If my occupation is different at the time of disability than when the policy was issued, which occupation will be used in evaluating my claim?

Your claim will be evaluated based on your regular profession(s) or business(s) for the period immediately prior to the date that disability begins.

14. Which of my physicians should complete the Attending Physician's Statement?

The licensed physician who has been treating you for the claimed disabling condition and can certify to your restrictions and limitations resulting from the condition should complete the Attending Physician's Statement. The treatment provided by your physician(s) must be appropriate for the claimed disabling condition under normal and customary medical practices.

15. Can MassMutual request that I attend an independent medical examination?

Yes. Your policy (ies) allow MassMutual to request an independent medical examination at its own expense to obtain a complete and objective understanding of your medical condition (s) and the extent to which it affects your ability to perform the duties of your occupation.

16. What if I disagree with the claim decision?

If you disagree with MassMutual's claim decision, you should advise your claim examiner and request the procedure for filing an appeal.



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