

# Life Underwriting Requirements Quick Reference Guide







A Reference Guide for Financial Professionals

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

## Getting Off to a Great Start!

This reference guide will help you quickly identify the underwriting requirements for applications for new life business.

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# Helpful Information



## 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.

Additionally, while requirements are typically determined by the age of the proposed insured and the amount of coverage applied for, an underwriter may request additional requirements at their discretion.

All expiration dates included below are also subject to underwriter discretion.



## MassMutual Life Underwriting Commitment

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



## The Benefits of Field Underwriting by Financial Professionals

Robust field underwriting is advantageous for all Financial Professionals. All financial professionals are strongly encouraged to know the right questions to ask their clients so that they can provide illustrations using an appropriate risk class, thoroughly and accurately respond to all application questions, and set expectations for the process moving forward. Strong field underwriting will also help ensure applications are properly routed through the underwriting process and potentially avoid delays.



## The Life Insurance Application

The application is a legal document representing an agreement between MassMutual and the policyowner. Financial Professionals are responsible for:



**Obtaining appropriate signatures on all parts of the application.**



**Ordering correct requirements for age and amount at risk.**



**Obtaining and recording accurate and thorough responses.**



## Preliminary Risk Assessments

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

### Quick Quote

A request sent via email to a dedicated Quick Quote board. This option is ideal when the client's history can be summarized in a brief email. Once received, Underwriting typically responds in one business day or less. Include the following information in the request:



- ✓ **Age and gender**
- ✓ **Amount of coverage**
- ✓ **Specific diagnosis, date of diagnosis**
- ✓ **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.**

### Surveys



Surveys are ideal for complex histories that cannot be easily summarized and may result in an adverse underwriting decision. They may also be useful when the proposed insured has a history of substandard offers.

Contact your Underwriting team to discuss available options for submitting surveys.

A tentative quote will be given with each request. These quotes are not final offers. Full applications will need to be submitted and will be fully reviewed and underwritten.

# Insurance Age

Insurance age is the age at the proposed insured's closest birthday to the application signature date. Insurance age is used to determine age and amount requirements.



A proposed insured's insurance age changes **6 months before their actual birth date**.

For example, if they are age 40 as of the policy signature date and will turn 41 in less than 6 months, the insurance age is 41 years. If they will turn 41 in more than 6 months, the insurance age is 40 years.

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# Total Amount at Risk (TAR)

TAR is the sum of all applications currently submitted, pending, and/or issued by MassMutual in the past 12 months. TAR is used to determine age and amount requirements.

## Survivorship

For survivorship contracts, use half the TAR to determine medical requirements only, for each proposed insured.



Non-medical requirements for each proposed insured, such as inspection reports and financials, are based on the full TAR.

## Riders

Some riders, particularly those available on the MassMutual Whole Life policies, must be factored in when determining TAR.

To determine the additional amount at risk under the Additional Life Insurance Rider (ALIR), multiply the ALIR payment by the correct multiplier for the proposed insured's age found in the chart below:

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

For the Life Insurance Supplement Rider (LISR) and the Renewable Term Rider (RTR), the additional TAR associated with each is the death benefit each rider will add to the base face amount.<sup>3</sup>

<sup>1</sup> If total amount at risk is greater than or equal to \$250,000, use 10x.

<sup>2</sup> If total amount at risk is greater than or equal to \$250,000, use 4x.

<sup>3</sup> For more information on the ALIR, PALIR, LISR, RTR, and YTP riders, please refer to the [Overview of Whole Life Product Portfolio brochure \(LI10804e\)](#). For more information on the ALIRS, EPRS, and LISRS riders please refer to the [Survivorship Whole Life Product Reference Guide \(LI1789\)](#).

## AGE AND AMOUNT REQUIREMENT CHART

AGE/AMOUNT	0 - 16	17 - 40	41 - 50	51 - 60	61 - 64	65 - 70	71 - 80	OVER 80
UNDER \$50,000	Non-med Rx	CMI <sup>1</sup> Phys Meas. Oral Fluids Rx MVR	CMI <sup>1</sup> Phys Meas. Oral Fluids Rx MVR	CMI <sup>2</sup> Phys Meas. Oral Fluids Rx MVR	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Urine Specimen Rx MVR	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Urine Specimen Rx MVR APS	Tele-CMI <sup>3</sup> Phys. Meas. <sup>3</sup> Urine Specimen Rx MVR APS	Tele-CMI <sup>3</sup> Phys Meas. <sup>3</sup> Urine Specimen Rx MVR Financial Questionnaire APS

<p><b>\$50,000 TO \$249,999</b></p> <p><b>\$250,000 TO \$499,999</b></p> <p><b>\$500,000 TO \$1,000,000</b></p> <p><b>\$1,000,001 TO \$2,000,000</b></p> <p><b>\$2,000,001 TO \$3,000,000</b></p>	Non-med Rx	CMI <sup>1</sup> Phys Meas. Blood/ Urine Rx MVR	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood/ Urine Rx MVR	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood/ Urine Rx MVR	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood/ Urine Rx MVR	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood/ Urine Rx MVR APS	Tele-CMI <sup>3</sup> Phys Meas. <sup>3</sup> Blood <sup>5</sup> /Urine Senior Supplement Rx MVR APS	Tele-CMI <sup>3</sup> Phys Meas. <sup>3</sup> Blood <sup>5</sup> /Urine Senior Supplement Rx MVR Financial Questionnaire APS
	Non-med Rx	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood/ Urine Rx MVR	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood/ Urine Rx MVR	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood/ Urine Rx MVR	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood <sup>5</sup> / Urine Rx MVR APS - 24 months	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood <sup>5</sup> / Urine Rx MVR APS	Tele-CMI <sup>3</sup> Phys Meas. <sup>3</sup> Blood <sup>5</sup> /Urine Senior Supplement Rx MVR APS	Tele-CMI <sup>3</sup> Phys Meas. <sup>3</sup> Blood <sup>5</sup> /Urine Senior Supplement Rx MVR Financial Questionnaire APS
	Non-med Rx APS - 18 months for ages 0 - 1 and > \$500k	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood/ Urine Rx MVR	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood/ Urine Rx MVR	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood/ Urine Rx MVR	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood <sup>5</sup> / Urine Rx MVR APS - 24 months	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood <sup>5</sup> / Urine Rx MVR APS	Tele-CMI <sup>3</sup> Phys Meas. <sup>3</sup> Blood <sup>5</sup> /Urine Senior Supplement Rx MVR APS	Tele-CMI <sup>3</sup> Phys Meas. <sup>3</sup> Blood <sup>5</sup> /Urine Senior Supplement Rx MVR Financial Questionnaire APS
	Non-med Rx APS - 18 months	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood/ Urine Rx MVR PHI <sup>4</sup>	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood/ Urine Rx MVR PHI <sup>4</sup>	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood <sup>5</sup> / Urine Rx MVR PHI <sup>4</sup>	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood <sup>5</sup> / Urine Rx MVR PHI <sup>4</sup> APS - 24 months	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood <sup>5</sup> / Urine Rx MVR PHI <sup>4</sup> APS	Tele-CMI <sup>3</sup> Phys Meas. <sup>3</sup> Blood <sup>5</sup> /Urine Senior Supplement Rx MVR Financial Questionnaire APS	Tele-CMI <sup>3</sup> Phys Meas. <sup>3</sup> Blood <sup>5</sup> /Urine Senior Supplement Rx MVR Financial Questionnaire APS
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AGE/ AMOUNT	0 - 16	17 - 40	41 - 50	51 - 60	61 - 64	65 - 70	71 - 80	OVER 80
<b>\$3,000,001 TO \$5,000,000</b>	Non-med Rx APS - 18 months	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood/Urine Rx MVR PHI <sup>4</sup>	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood/Urine Rx MVR PHI <sup>4</sup> APS - 24 months	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood <sup>5</sup> /Urine Rx MVR PHI <sup>4</sup> APS - 24 months	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood <sup>5</sup> /Urine Rx MVR PHI <sup>4</sup> APS - 24 months	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood <sup>5</sup> /Urine Rx MVR PHI <sup>4</sup> APS	Tele-CMI <sup>3</sup> Phys Meas. <sup>3</sup> Blood <sup>5</sup> /Urine Senior Supplement Rx MVR Financial Questionnaire APS	Tele-CMI <sup>3</sup> Phys Meas. <sup>3</sup> Blood <sup>5</sup> /Urine Senior Supplement Rx MVR Financial Questionnaire APS
<b>\$5,000,001 TO \$9,999,999</b>	Paramed Rx Third Party Financials APS	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood/Urine Rx MVR Financial Questionnaire PHI <sup>4</sup> APS	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood <sup>5</sup> /Urine Rx MVR Financial Questionnaire PHI <sup>4</sup> APS	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood <sup>5</sup> /Urine Rx MVR Financial Questionnaire PHI <sup>4</sup> APS	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood <sup>5</sup> /Urine Rx MVR Financial Questionnaire PHI <sup>4</sup> APS	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood <sup>5</sup> /Urine Rx MVR Financial Questionnaire PHI <sup>4</sup> APS	Tele-CMI <sup>3</sup> Phys Meas. <sup>3</sup> Blood <sup>5</sup> /Urine Senior Supplement Rx MVR Financial Questionnaire APS EIR	Tele-CMI <sup>3</sup> Phys Meas. <sup>3</sup> Blood <sup>5</sup> /Urine Senior Supplement Rx MVR Financial Questionnaire APS EIR
<b>\$10,000,000</b>	Paramed Rx Third Party Financials APS	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood/Urine Rx MVR Financial Questionnaire PHI <sup>4</sup> APS	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood/Urine EKG Rx MVR Financial Questionnaire PHI <sup>4</sup> APS	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood <sup>5</sup> /Urine EKG Rx MVR Financial Questionnaire PHI <sup>4</sup> APS	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood <sup>5</sup> /Urine EKG Rx MVR Financial Questionnaire PHI <sup>4</sup> APS	CMI <sup>2</sup> Phys Meas. <sup>2</sup> Blood <sup>5</sup> /Urine EKG Rx MVR Financial Questionnaire PHI <sup>4</sup> APS	Tele-CMI <sup>3</sup> Phys Meas. <sup>3</sup> Blood <sup>5</sup> /Urine EKG Senior Supplement Rx MVR Financial Questionnaire APS EIR	Tele-CMI <sup>3</sup> Phys Meas. <sup>3</sup> Blood <sup>5</sup> /Urine EKG Senior Supplement Rx MVR Financial Questionnaire APS EIR
<b>OVER \$10,000,000</b>	Paramed Rx Third Party Financials APS	Paramed Blood/Urine Rx MVR APS EIR* for > \$10-\$20M IR for >\$20M Third Party Financials	Paramed Blood/Urine EKG Rx MVR APS EIR* for > \$10-\$20M IR for >\$20M Third Party Financials	Paramed Blood <sup>5</sup> /Urine EKG Rx MVR APS EIR* for > \$10-\$20M IR for >\$20M Third Party Financials	Paramed Blood <sup>5</sup> /Urine EKG Rx MVR APS EIR* for > \$10-\$20M IR for >\$20M Third Party Financials	Paramed Blood <sup>5</sup> /Urine EKG Rx MVR APS Third Party Financials Age 65: EIR* for > \$10- \$20M, IR for >\$20M Age 66+: IR	Tele-CMI <sup>3</sup> Phys Meas. <sup>3</sup> Blood <sup>5</sup> /Urine EKG Senior Supplement Rx MVR APS IR Third Party Financials	Tele-CMI <sup>3</sup> Phys Meas. <sup>3</sup> Blood <sup>5</sup> /Urine EKG Senior Supplement Rx MVR APS IR Third Party Financials

## KEY

**CMI:** Client Medical Interview

**Tele-CMI:** Telephone Client Medical Interview

**PHI:** Personal History Interview - required for non-U.S. citizens only or at underwriter discretion.

**RX:** Prescription Check

**MVR:** Motor Vehicle Report

**EIR:** Electronic Inspection Report

**IR:** Written Inspection Report

**APS - 24 months:** Attending Physician Statement needed if seen in the last 24 months

**APS - 18 months:** Attending Physician Statement needed if seen in the last 18 months

**APS:** Attending Physician Statement

\* Third-party financials are requested through financial professionals when the proposed insured is 65 years old and younger, and total amount at risk is more than \$10 million. For personal coverage, these include federal tax returns (past two years), OR bank/financial statements from a CPA or attorney. For business coverage, we need a profit/loss statement AND corporate financial statements from a CPA or attorney.

<sup>1</sup> CMI is not available in all circumstances. If the CMI is not done or not available, a Nonmedical part 2 is required.

<sup>2</sup> CMI and Phys. Meas. (if footnoted) are not available in all circumstances. If the CMI is not done or not available, a Paramedical part 2 is required. When another company's Paramed exam is used, a fully completed MassMutual Non-med, CMI or Tele-CMI is required.

<sup>3</sup> Tele-CMI and Phys. Meas. are not available in all circumstances. If the Tele-CMI is not done/available, a Paramed and PHI are required.

<sup>4</sup> A PHI is required for non-citizen U.S. residents or foreign national non-U.S. residents (unless obtaining a written inspection report for High-Net-Worth Foreign Nationals). See the [Foreign Risk](#) section for additional information on our foreign nationals programs. Otherwise, the PHI is only needed at underwriter discretion.

<sup>5</sup> NTproBNP testing required.

**Please note:** The CareChoice One and CareChoice Select policies leverage a streamlined underwriting process, including a telephone interview. For more information about the application and underwriting process for these policies, refer to [MassMutual CareChoice One and CareChoice Select Guide \(LI9032\)](#).

## Requirements for Survivorship Contracts

- Use half the applied for amount to determine medical requirements only.
- To ensure correct requirements are ordered from exam companies for survivorship policies, select the appropriate drop-down choice (SWL, SUL) in the exam company order menu to ensure correct requirements are generated.
- Paramed Part 2 is required for survivorship applications.
- Non-medical requirements, such as IRs and financials, are based on full amount applied for.

## Riders

The Additional Life Insurance Rider, Life Insurance Supplement Rider, and the Renewable Term Rider must be factored in when determining TAR. See the section "Total Amount at Risk" above.

# Medical History & Exam Requirements

## Part 2

The age and amount requirements outlined above determine which Part 2 is required.



## Online Client Medical Interview (CMI)

The Client Medical Interview (CMI) is a self-directed online medical questionnaire completed by the proposed insured. In addition to new business applications, it may also be used with conversions and policy changes requiring underwriting. It is not available for use with Survivorship or CareChoice. It also may not be used for clients who do not speak or understand English. A language line to complete a Tele-CMI is available for those unable to complete the online CMI because they do not speak or understand English. If the CMI is not done or available, typically a Non-Med or Paramed is required.





## Telephone Client Medical Interview (Tele-CMI)

The Telephone Client Medical Interview (Tele-CMI) is completed over the phone by specially trained MassMutual interviewers. In addition to new business applications, it may also be used with conversions and policy changes requiring underwriting. It is not available for use with Survivorship or CareChoice. If the Tele-CMI is not done or available, typically a Paramed Part 2 and PHI are required.

The Tele-CMI contact number for the proposed insured to call is **(844) 835-3264**. However, they should not call before the first office telephone contact because the file will not yet be set up for the interview.



## Non-Medical (Non-med)

The non-medical part 2 is completed with the proposed insured by the financial professional.



## Paramed

The paramed part 2 is completed with the proposed insured by a paramedical examiner and may be done along with [medical tests](#). For clients who do not speak or understand English, the exam must be done by an examiner fluent in the client's language.

Part 2s are generally valid for up to 12 months for proposed insureds 70 years old or younger. For those over the age of 70 or substandard cases, the part 2 is generally valid for up to 6 months. (All requirement expiration dates are subject to underwriter discretion.)

## 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.

- Financial Professionals are responsible for ensuring that proposed insureds sign any required HIV consent forms prior to the blood draw.
- The lab will transmit results directly to MassMutual.



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Results are valid for up to 12 months from the exam date for proposed insureds 70 years old or younger.



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Results are valid for up to 6 months from the exam date for proposed insureds older than 70 years old.



## NTproBNP

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

- This test is completed as part of the blood profile, based on age and amount requirements.
- In instances where labs are completed by another carrier, MassMutual 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 will transmit these results directly to MassMutual.



Results are valid for up to 12 months from the exam date for proposed insureds 70 years old or younger.



Results are valid for up to 6 months from the exam date for proposed insureds older than 70 years old.



## 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 will transmit these results directly to MassMutual.



Results are valid for up to 12 months from the test date.



## Resting Electrocardiogram (Resting EKG)

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



Results are valid for up to 12 months from the test date.

# Additional Requirements

Additional requirements may be ordered by a MassMutual Underwriter, based on the proposed insured's age and coverage amount, or at their discretion.



## Attending Physician Statements (APS)

An Attending Physician Statement is a copy of the Proposed Insured's medical records. Digital records generally are ordered first. As needed, traditional records are ordered second.

When notified by underwriting, advisors/agency staff may order required records from an approved vendor or directly from the physician or medical facility. Request 5 years of records, including office visit notes, labs, test results, and consult reports.

<b>APS – 24 Months</b>	Defined as records needed if the proposed insured has been seen within the last 24 months. (See the Age/Amount requirements section.)
<b>APS – 18 Months</b>	Defined as records needed if the proposed insured has been seen within the last 18 months. (See the Age/Amount requirements section.)
<b>Proposed Insureds Age 16 and Younger</b>	It is expected that children receive routine well-child care and have been seen by a health care provider within the last 18 months, or more recently if the child is under 3 years old. If this is not the case, it may not be possible for the application to move forward. Please consult with Underwriting to discuss further.
<b>Proposed Insureds Over Age 64</b>	It is expected that proposed insureds over age 64 receive regular medical care. If they have not been seen by a health care provider within the last 12 months, the application will not move forward. Please consult with Underwriting to discuss further.
<b>For Cause</b>	<p>An APS may be required on any case at underwriter discretion. Examples of common impairments for which an APS is needed include:</p> <ul style="list-style-type: none"><li>• Biopsy, tumor, cancer (excluding basal cell carcinoma)</li><li>• Heart disease, including heart attack, heart catheterization, angioplasty, PTCA, coronary stent, bypass, CABG, valvular heart disease</li><li>• Stroke, TIA, CVA</li><li>• COPD, emphysema</li><li>• Substance abuse</li><li>• Mental or emotional disorders requiring more than two medications or hospitalization</li></ul>
<b>Country and Language</b>	<p>Proposed insureds should have an established physician in the U.S., and all required records should be provided in English or Spanish.</p> <p>A foreign-language APS must be obtained by the financial professional, and the financial professional must use an accredited translation service to translate them (except for Spanish, which MassMutual will translate).</p>
<b>Multiple Physicians</b>	If the proposed insured has seen multiple physicians, please obtain direction from the underwriter regarding the best source for APS information. It is important to provide the most useful source of medical information for each proposed insured to streamline the underwriting process and reduce the time it takes for each application to be reviewed.

The above information is intended to offer general guidance and is not an all-inclusive list. When in doubt about whether to order an APS, consult with an underwriter.

For more information, refer to [Ordering and Reimbursement of Underwriting Requirements \(LI7528\)](#).



## Cognitive Assessment

The Cognitive Assessment is used when proposed insureds ages 64 and older apply for the [LTCAccess Rider](#). An underwriter may also request it on other cases, at their discretion.

It consists of a series of questions and memory exercises administered by a trained interviewer. They will make every effort to call the proposed insured at the phone number on the application at the most convenient time. The results of the assessment are valid for up to 6 months from the interview date.



## Prescription Check

A pharmacy database check is ordered by MassMutual and crosschecked against the proposed insured's medication and medical history information on the application.



## Motor Vehicle Report (MVR)

The MVR details the driving history of the proposed insured. It is ordered by MassMutual using information from the application. Therefore, it is important that the driver's license information, including state and number, is accurately entered on the application.



## Senior Supplement

The Senior Supplement is a screening that tests cognitive and functional abilities. It is administered by an examiner and consists of three parts:



An orientation-memory-concentration test.



Yes/no questions that assess activities of daily living.



A timed "Up and Go" exercise.



## Telephone Inspection (Personal History Interview/Supplemental Health Questionnaire)

A Personal History Interview (PHI) may be ordered by an underwriter after reviewing an application. It is conducted by a trained interviewer who uses questions to verify information on the application, collect missing details, and provide supplemental information.

Questions may be related to the proposed insured's:



**EMPLOYMENT**



**INSURANCE IN FORCE**



**MEDICAL HISTORY**



**HOBBIES**



**LIFESTYLE**



**FINANCES**

Additionally, a Supplemental Health Questionnaire (SHQ) may be ordered by an underwriter at their discretion. While similar to a PHI, the SHQ focuses on a specific topic selected by the underwriter, such as a particular medical condition.

When either a PHI or SHQ are required, the interviewer will make every effort to call the proposed insured at the most convenient time using the phone number on the application. If permission is given on the application, contact may be made via text. Refer to the [How MassMutual Contacts Proposed Insureds for Telephone Interviews](#) section for more information.

Proposed insureds who are well prepared for the call are more likely to have a positive interview experience. Therefore, it is recommended that financial professionals prepare them for the interview by explaining the process and the nature of the questions they may be asked.

**Please note:** Underwriters may order interviews for any proposed insured without advanced notice.

### How MassMutual Contacts Proposed Insureds for Telephone Interviews

The process for contacting the proposed insured varies depending on information and communication preferences indicated on the application.



If the proposed insured consents to receiving text messages on the application, up to three texts will be sent to them requesting they complete the requirement. These texts will come from **(413) 200-3395**. It is recommended that they are made aware that texts from this number are legitimate and forthcoming.

If the proposed insured does not consent to receiving text messages, the interviewer will call them at the time designated on the application as the best time to call. If the proposed insured is unavailable, the following steps will be taken:



If an email address is provided on the application, two follow-up emails will be sent with directions on how to complete the required interview. These emails will come from **personalhistoryunit@noreply.massmutual.com**.





If no email address is provided, two additional follow-up calls will be placed during normal business hours.

Proposed insureds may call the numbers provided above to complete the Tele-CMI, the PHI, or the SHQ. For Tele-CMIs, it is recommended that the proposed insured wait for the Tele-CMI call or text to avoid delays and wait times.



## Inspection Report

Inspection reports are always ordered by MassMutual and may include written and electronic consumer reports on the finances, lifestyle, character, and personal reputation of the proposed insured. These are ordered for certain ages, amounts, or a specific reason. A written inspection report may or may not involve contact with the proposed insured. Investigators may conduct telephone interviews with other sources (such as personal and business associates, accountants, and attorneys), in addition to checking public records. Electronic inspection reports (EIR) typically do not involve contact with the proposed insured.

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

To ensure the proposed insured has a positive experience when an inspection is needed, it is recommended that the financial professional prepare them by explaining the process and the nature of the information that will be collected.



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Inspection reports are typically valid for up to **12 months** from the report date.



## Medical Information Bureau (MIB) and Other Databases

MIB results and electronic database searches, such as Milliman, are completed for all proposed insureds.

## Financial Underwriting Requirements

### Financial Questionnaire

The necessary Financial Supplement form will depend upon the purpose of the insurance:

- **Personal insurance:** complete Personal Insurance Supplement (form **FR2075**). The appropriate state version of the form should be used.
- **Business insurance:** complete Business Financial Supplement (form **FR2074**).
- The Financial Supplements do not take the place of required financial documentation for Premium Financing, or UL/SUL and term applications for ages 71 and older with aggregate risk amounts greater than \$1,000,000.
- If tax returns are received for UL/SUL or term applications, for ages 71 and older with aggregate risk amounts greater than \$1,000,000, Financial Supplements may be waived at the underwriter's discretion.

Financial Supplements are needed for the following ages and amounts:

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

## Financials

For face amounts over \$10,000,000, financial documentation is required. Documentation may consist of tax returns, third-party generated financial statements, or other acceptable documentation.

Third-party financials may be needed for certain ages and amounts. Required financials for personal and business coverage may be different, and could include the following:



### PERSONAL COVERAGE

- Tax returns from the past two years, OR
- Current bank/financial institution statements, including verification/documentation of net worth by a disinterested third party (e.g., a CPA or attorney).



### BUSINESS COVERAGE

- Profit and loss statement, AND
- Corporate business financial statements that include proposed insured's compensation details (e.g., from a CPA or attorney).



For any application where premium financing is being used, the **Premium Finance Supplement, Disclosure, & Acknowledgment form (F7002)** is 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.

## Financial Requirements for UL, SUL, and Term Applications

For ages 71 and older with aggregate risk amounts greater than \$1,000,000, the following financial documentation is required:

- Tax returns and supporting documents.
- **Premium Finance Supplement, Disclosure, & Acknowledgment form (F7002)**, if applicable.
- A complete copy of the trust agreement and **Certification of Trust Agreement form (F6734)** if a trust will be the owner of the policy.
- A complete copy of the business entity document and **Agreement and Certification form (F7833)** if an LLC or similar entity will be the owner of the policy.

# Financial Underwriting Guidelines

## Personal Needs

### Income Replacement

#### AGE & ANNUAL EARNED INCOME MULTIPLE

18 - 40	41 - 50	51 - 60	61 - 67	68 - 75
40x	30x	25x	15x	10x*

\* Individual consideration may be given for coverage amounts in excess of the stated multiple.

In general, premium should not exceed 10-15 percent of earned income.

The total premiums for all life insurance policies should make sense for the household income and net worth. Higher ratios are subject to individual consideration.



#### Spouses

Both employed and non-employed spouses are eligible for the same amount of coverage as the higher-earning employed spouse, up to a maximum of \$10 million. In general, a non-employed spouse should not have more life insurance than the employed spouse.



#### Estate Conservation

- Generally, a 6 percent growth rate to net worth x55 percent, out to age 85 (maximum of 20 years).
- Higher or lower growth rates will depend on case specifics and are subject to individual consideration.



#### Charitable Giving

- A demonstrated financial loss to the charity must be established in the event of the client's death (e.g., client donates financially or is a board member of the charity).
- For financial giving, a multiplication factor from 10x to 30x is used, based on the giving pattern and age of the proposed insured.
- The proposed insured must have an adequate personal insurance program.
- ALIR is not available on charity-owned policies.
- Premium financing is not allowed on charity-owned policies.
- For amounts over \$2 million, proof of contributions must be provided (e.g. receipts from the charity or a copy of Schedule A from a 1040 tax return).



#### Personal Creditor

- Generally up to 75% of the loan amount can be considered.
- Loan duration should be a minimum of 5 years.
- Full amount of personal loan is subject to individual consideration.



## Business Needs



### Key Person

- Consideration up to age 60.
- Generally, coverage is limited to 10 to 15x the compensation package, with individual consideration for higher amounts based on unique circumstances and supporting documentation.



### Buy-Sell

- Coverage is based on the proposed insured's portion of the fair market value or equity in the business, plus a 6% growth factor over 10 years, with adequate justification.
- All individuals with ownership should apply concurrently.
- If the buy-sell agreement is not finalized, other supporting documents will be required.

Refer to the [Financial Guidelines \(LI7197\)](#) for more information.

## Juvenile Underwriting Guidelines

MassMutual defines a juvenile as a child ranging from fifteen days to sixteen years old. Juvenile life insurance applications require MassMutual underwriters to consider several factors, including:

- The purpose of the coverage
- The insurable interest of the owner and beneficiary
- The amount of coverage applied for in relation to other family members' coverage
- Any applicable state guidelines
- Medical history

The following information focuses on MassMutual's guidelines and requirements when underwriting juvenile applications. For state-specific guidelines, please refer to the [State-Specific Financial Underwriting Guidelines](#) section of this resource.

## GENERAL GUIDELINES

<b>Minimum Age</b>	The proposed insured must be at least 15 days old.
<b>Amount of Coverage Available</b>	<p>In all states, except NY, the maximum amount of coverage available on the life of a child is 1.25 times the highest amount of coverage on either parent, up to a maximum of \$1,000,000. Individual consideration is given for greater amounts.</p> <p>The amount applied for should make sense in relation to the family's insurance program. Siblings should have similar coverage (i.e., face amounts and/or premiums). If a grandparent is the owner/payor, all juvenile grandchildren should carry similar coverage. All relevant family coverage should be provided on the application.</p> <p>If a case differs from these guidelines, provide an explanation in a cover letter.</p>
<b>Products</b>	All individual Whole Life products and riders, and Apex VUL and riders, subject to minimum issue ages, are available.
<b>Risk Ratings</b>	<p>For ages &lt;15 – Standard Non-Tobacco only.</p> <p>For ages 15-16 – Standard Non-Tobacco or Tobacco.</p>
<b>Policy Ownership &amp; Beneficiary</b>	<p>Generally, the policyowner and beneficiary must be the juvenile's parent, grandparent, or a trust with the trust grantor being a parent, grandparent, or legal guardian.</p> <p>Ownership by a legal guardian may be acceptable, subject to appropriate legal documentation.</p> <p>The ownership section should be completed on the Part 1 and/or the ownership form.</p>
<b>Insurability Information</b>	The parent must be the source of all insurability information on the child's application, regardless of the policy ownership. The grandparent may be the source of insurability information only if the grandparent is also the child's legal guardian.

## Required Forms and Signatures

In most instances, a parent or legal guardian must sign on behalf of proposed insureds younger than 16 years old. Those who are 16 years old (attained age) may sign all life insurance application and underwriting forms **except** for the HIPAA authorization. If a guardian is seeking to obtain coverage on a juvenile, guardianship papers are required.

The following state-specific rules apply:



### California

A juvenile may not sign under the age of 18.



### New York

A juvenile may not sign under the age of 14 and a half.



### Washington

A juvenile is required to sign when they are between the attained ages of 15 and 17, except for the HIPAA authorization as noted above.



## Part 1

On the MassMutual Part 1 application, a parent or legal guardian signs on behalf of the proposed juvenile insured. If the policy will be owned by a parent or legal guardian, they will sign as the policyowner. If the policy will be owned by a grandparent or trust, then the grandparent or trustee will sign as the policyowner.

The Financial Professional signs as producer.



## Part 2

The Part 2 non-med form is included in the application packet. The parent should answer all questions. Remember to include the primary care provider contact information with the date of last visit and reason for last visit. Accurately measured height and weight should be provided. If the measured date is not the date of the Part 2, please include the measured date.

A parent signs on behalf of the proposed juvenile insured on the proposed insured line. If the policy will be owned by a parent or legal guardian, they will sign as the policyowner. If the policy will be owned by a grandparent or trust, then the grandparent or trustee will sign as the policyowner.

The Financial Professional will sign as a witness. If a Paramed Part 2 will be required, the examiner will sign as a witness.



### HIPAA Form F8186 (required in all cases)

- Proposed Insured / Insured / Representative — The parent or legal guardian must sign this line.
- Printed Name — Printed name of the representative signing (signature above)
- Proposed Insured's full legal name — Full name of the insured
- Date of Birth — The date of birth of the juvenile insured
- Relationship to Insured — Mother, Father, or Legal Guardian



### HIV Test Consent Form

If this form is required, a parent or legal guardian will sign on behalf of the proposed insured.



### Temporary Life Insurance Receipt (TLIR)

If prepayment is collected and TLIR coverage is requested:

- A parent should provide answers to the Health Questions on the form.
- The individual making premium payments will sign as the Premium Payor.
- A parent will sign as Proposed Insured, unless the parent is also the Premium Payor, in which case the Proposed Insured line should be left blank.
- Financial Professional signs as producer.

**Please note:** If the Financial Professional is the parent or legal guardian of the juvenile insured, and they provide the insurability information on the Non-Med Part 2, they will sign as a Parent on behalf of the proposed juvenile insured, and as the Producer for the Witness Signature. The Witness Signature may also be left blank when the Financial Professional is the parent of the juvenile insured.

In cases where the child lives with only one parent, the parent that the child is living with must be the one to sign the application on behalf of the juvenile insured (Part 1 and Part 2). This ensures that the medical questions are answered most knowledgeably.

# Juvenile Underwriting Requirements

≤ \$1,000,000	<ul style="list-style-type: none"><li>• Non-med</li><li>• RX database check</li><li>• APS for ages 0-1 at \$500,001 and up</li></ul>
1,000,001 to \$5,000,000	<ul style="list-style-type: none"><li>• Non-med</li><li>• RX database check</li><li>• APS</li></ul>
\$5,000,001 to \$10,000,000	<ul style="list-style-type: none"><li>• Paramed</li><li>• RX database check</li><li>• Third Party Financials</li><li>• APS</li></ul>

## KEY

**RX:** Prescription Check

**APS:** Attending Physician Statement

**Note:** 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, it may not be possible for the application to move forward. Please consult with Underwriting.

## Juvenile Build Chart

Generally, the below build guidelines apply for juvenile cases:

AGES	BUILD GUIDELINES
15 days through 23 months	Height and weight measurements between the 5th – 95th percentile for the child's age and gender.
2 years to 14 years	Body Mass Index (BMI) between the 5th percentile and 120% of the 95th percentile.

If the child's build falls outside of the ranges above, please submit the case to Underwriting for review. Full medical records may be required, subject to underwriter discretion.

# State-Specific Financial Underwriting Guidelines



## New York Juvenile Limits

New York state regulations limit the amount of life insurance coverage that can be put in force on a juvenile in relation to the amount of life insurance coverage currently in force on the life of the parents. Additionally, an endorsement must appear in all juvenile policies to notify all policyowners of the limitations.

ATTAINED AGE AT NEAREST BIRTHDAY	STATUTORY LIMIT
0 - 4 years 6 months	The greater of \$50,000 or 25% of the amount of life insurance in force on the life of the applicant (owner) on the date of issue.
Over 4 years 6 months - 14 years 6 months	The greater of \$50,000 or 50% of the amount of life insurance in force on the life of the applicant (owner) on the date of issue.

Additional benefits payable under the terms of an accidental death rider do not count against the limits prescribed by law.

The fact that an applicant (owner) may be uninsurable does not alter the provision of the law.

There is no statutory limit on the face amount if the policy is effectuated and the premium is paid by the person(s) having an insurable interest in the life of the minor and on whom the minor is not dependent for support and maintenance. For example, a grandparent who does not support the grandchild may obtain a policy on the grandchild for more than the above limits, if justified financially. In this case, insurance must be purchased on all minor grandchildren for like amounts of coverage or premium, and the grandparent must be the owner and payor.



## Washington Juvenile Applications

Washington state has enacted laws to prevent the fraudulent purchasing of life insurance on juveniles:

- A juvenile insured actual age 15–17 years old must sign the application along with the parent or legal guardian with whom the child lives.
- Juvenile coverage that exceeds the annual household income must be justified (e.g., by the amount of coverage on the parents and siblings).

# Preferred Underwriting Guidelines

## Preferred Risk Classes



### Available with all products:

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



### Minimum face amount:

\$50,000 for permanent products; \$100,000 for term products and UL Guard



### Minimum insurance age:

17 for permanent products; 18 for term products (19 for the state of Washington)

## Initial Eligibility

All proposed insureds must meet the following initial criteria to be eligible for preferred underwriting consideration:

<b>Aviation</b>	Some private pilots may be eligible for Ultra Preferred or Select Preferred, even when a flat extra premium is assessed. Please contact Underwriting with questions.
<b>Avocation</b>	Ratings for avocation may be available, subject to underwriting.
<b>Cancer</b>	No history of cancer that would have been assessed at standard or worse in the last 10 years, unless otherwise allowed by current underwriting guidelines. <sup>4</sup>
<b>Driving History</b>	No more than 2 moving violations in the past 3 years and no DUI/DWI in the past 5 years.
<b>Occupation</b>	No ratable occupation.
<b>Drug/Alcohol</b>	No history of, or treatment for, drug or alcohol abuse in the last 10 years.
<b>Ratings</b>	No current rating of 25 debits or more prior to the use of risk assessment credits.
<b>Residency/ Foreign Travel</b>	Meets current residency and travel underwriting guidelines. Refer to the Foreign Risk section for more information.
<b>Tobacco/ Nicotine</b>	<ul style="list-style-type: none"><li>• Ultra Preferred Non-Tobacco 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 no more than 24 cigars per year, if disclosed on the application.</li><li>• Vaping/e-cig use are handled the same as tobacco/nicotine use.</li></ul>

<sup>4</sup> 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 usage includes the use of any nicotine-based product or smoking cessation product in the past year. These products include: cigarettes, pipe, snuff, chew, smokeless tobacco, electronic cigarettes, Juul, hookah/hookah tobacco, ZYN pouches, betel nut, Nicorette gum, smoking cessation aids, and non-nicotine smoking cessation aids.

The urine specimen must be negative to receive non-tobacco consideration. Proposed insureds 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, if disclosed on the application).

## Life Build Guidelines

### 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)

Centers for Disease Control and Prevention (CDC) calculators:



[Adult BMI Calculator](#)



[BMI Percentile Calculator for Child and Teen](#)

Please note: MassMutual will add back half of any weight lost in the past 12 months to determine the BMI.

## Pathways of Underwriting

### Accelerated Underwriting

MassExpress<sup>SM</sup>, MassMutual's Accelerated Underwriting Program, expedites the application process, for those eligible, by eliminating medical exams, labs, and APSs, creating a streamlined experience for clients. Refer to the program overview, [MassExpress \(U1017\)](#), for more details.

### Algorithmic Underwriting

For applicants eligible for algorithmic underwriting, Preferred classes are determined by the MassMutual<sup>®</sup> Mortality Score or M3S.

The goal of M3S is to significantly reduce cycle time through a mix of human and digital underwriting. The M3S score is fully automated and is usually generated almost immediately after receipt of the final requirement.

**Like the traditional Preferred Points system, M3S provides an assessment based on multiple factors in the proposed insured's file, including:**



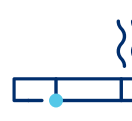
**BUILD**



**BLOOD PRESSURE**



**CHOLESTEROL**



**TOBACCO USE**



**FAMILY HISTORY**



**LAB RESULTS**



**DRIVING HISTORY**



**PERSONAL MEDICAL  
HISTORY**

The M3S has been carefully calibrated based on MassMutual's historical mortality studies. The risk class is determined based on how a particular M3S score compares with others of a similar age and gender.



Not all applications are eligible, and when that is the case, traditional underwriting is used. Please note, when M3S is used it will replace Preferred Points (i.e., traditional underwriting).

## Traditional Underwriting

Applications for proposed insureds who not eligible for Accelerated or Algorithmic Underwriting will be reviewed through traditional underwriting.

With traditional underwriting, proposed insureds can qualify for preferred risk classes through a point-based system that recognizes indicators of good health. The chart below includes the criteria that's considered and the points available for each.

Those who do not qualify for a preferred risk class under traditional underwriting may be insurable at a standard or substandard class.

### PREFERRED POINTS FOR TRADITIONAL UNDERWRITING

#### Preferred Points Comparison

Proposed insureds who meet the initial eligibility requirements must earn the following points to determine the specific preferred class.

RISK CLASSIFICATION	TERM AND PERMANENT PRODUCTS
Ultra Preferred Non-Tobacco	10 points
Select Preferred Non-Tobacco	8 points
Select Preferred Tobacco	7 points

The following chart displays all available points and criteria for traditional underwriting and can be used to estimate how many points the proposed insured might earn:

## PREFERRED UNDERWRITING CHART

### 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

Women

Men

≤ 136/78 ≤ 136/86 +1

≤ 130 / 72 ≤ 132 / 80 +1

#### Body Mass Index (BMI: weight/height)

Women

Men

BMI = 17-28 BMI = 18-30 +1

BMI = 17-23 BMI = 18-25 +1

#### Cholesterol/HDL ratio

Women

Men

≤ 4.5 ≤ 4.9 +2

≤ 3.0 ≤ 3.4 +2

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

# Risk Assessment Credit (RAC) Guidelines

## (Traditional underwriting only)

MassMutual's Risk Assessment Credit (RAC) program gives underwriters the ability to adjust the risk rating for proposed insureds with favorable mortality factors such as body mass index (BMI), laboratory test results, avocation, lipids, family history, and blood pressure (BP). Qualifying for credits can improve a substandard, or "rated," offer by up to two table ratings. The below criteria can be used to calculate credits for a proposed insured, age 17 or older, with a substandard medical history. Please note, RACs are only available on traditionally underwritten applications.

FEMALE		MALE	
All Impairments/Atherosclerotic	Points	All Impairments/Atherosclerotic	Points
No nicotine use of any kind, including cigars, in last 2 years	1	No nicotine use of any kind, including cigars, in last 2 years	1
No rating due to avocation	1	No rating due to avocation	1
Current and normal insurance labs (excluding lipids) <sup>5</sup>	1	Current and normal insurance labs (excluding lipids) <sup>5</sup>	1
BMI = 17-23 <sup>6,7</sup>	1	BMI = 18-26 <sup>6,7</sup>	1
BMI = 17-28 <sup>6,7</sup>	1	BMI = 18-30 <sup>6,7</sup>	1
Non-Atherosclerotic Impairments Only <sup>8,9</sup>	Points	Non-Atherosclerotic Impairments Only <sup>8,9</sup>	Points
No CV disease in either parent before age 60	1	No CV disease in either parent before age 60	1
No current use of blood pressure or lipid therapy AND blood pressure is ≤ 140/85 AND Cholesterol/HDL ratio is ≤ 5.00	1	No current use of blood pressure or lipid therapy AND blood pressure is ≤ 140/85 AND Cholesterol/HDL ratio is ≤ 5.00	1
NT-proBNP is ≤ 125 pg/mL within 1 year, current age ≥ 60	1	NT-proBNP is ≤ 125 pg/mL within 1 year, current age ≥ 60	1
Normal EKG, stress test, or angiogram within 2 years and current age ≥ 60	1	Normal EKG, stress test, or angiogram within 2 years and current age ≥ 60	1
Favorable EBCT within 5 years	2	Favorable EBCT within 5 years	2
BP average is ≤ 130/72 <sup>6</sup>	1	BP average is ≤ 132/80 <sup>6</sup>	1
BP average is ≤ 136/80 <sup>6</sup>	1	BP average is ≤ 140/85 <sup>6</sup>	1
Cholesterol/HDL ratio is ≤ 3.30 <sup>6</sup>	2	Cholesterol/HDL ratio is ≤ 4.00 <sup>6</sup>	2
Cholesterol/HDL ratio is ≤ 4.50 <sup>6</sup>	2	Cholesterol/HDL ratio is ≤ 5.00 <sup>6</sup>	2

The total RACs determine the number of credits that may be applied. This chart outlines the risk rating improvement that may be available.

RAC PTS	CREDITS
1-3	0
4	10
5	20
6	30
7	40
8+	50

Maximum 2 table reduction

<sup>5</sup> Some abnormalities may be allowed. Contact your Quick Quote board with specific proposed insured values.

<sup>6</sup> All points are available for proposed insureds who satisfy both sets of criteria for each impairment.

<sup>7</sup> Half of any weight lost in the last 12 months is added back.

<sup>8</sup> These points are not available for proposed insureds with atherosclerotic diseases, for example coronary artery disease, cerebral vascular accident, peripheral arterial disease, carotid artery disease, abdominal aortic aneurysms, renal artery stenosis, or cardiac stress test and EKG abnormalities (excluding atrial fibrillation).

<sup>9</sup> If there are ratings for both atherosclerotic and non-atherosclerotic disease, non-atherosclerotic points can be used only if the non-atherosclerotic component is greater.

# Foreign Risk

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

## Foreign Travel



Occasional, short-term travel to a foreign country is generally not concerning, unless the country being visited represents a heightened risk. Refer to the country code chart above for the latest country classifications. Provide as much information as possible about known travel plans at the time of application on the F6290 Foreign Supplement.

For more information, refer to [Guidelines for Foreign Travel \(LI7553\)](#).

## Foreign Nationals or U.S. Citizens Living Abroad



The following proposed insureds are underwritten as foreign nationals:

- Non-U.S. citizens living outside of the U.S.
- U.S. citizens living outside the U.S. for an extended period of time (defined as more than 6 months for A countries and more than three months for B countries).

For more information, refer to [Guidelines for Foreign Nationals Living Abroad \(LI7547\)](#).

## Foreign Citizens Living in the U.S.



Proposed insureds who are foreign citizens of another country but live in the U.S. for more than 9 months per year may be eligible for coverage. These individuals may or may not have documentation such as a green card, certain temporary visas, or an Employment Authorization Document (EAD)/Adjustment of Status. Those with temporary visas that do not qualify under this definition may be eligible to be underwritten as a foreign national. Additionally, undocumented U.S. residents who can demonstrate a tie to the U.S. and have a financial need for life insurance coverage may also be considered under certain parameters.

For more information, refer to [Guidelines for Foreign Citizens Living in the U.S. \(LI7552\)](#).

In all cases:

- A fully completed **F6290 (Foreign Supplement)** should be submitted with the application. Please use the appropriate state version.
- Refer to the [Country Code Classification Chart \(LI5549\)](#) for the latest country classifications.

# Internal Retention Limits

## INTERNAL RETENTION LIMITS – U.S. RESIDENT CITIZENS (STANDARD OR BETTER)

Issue Age	INDIVIDUAL		SURVIVORSHIP	
	Whole Life	Non-Whole Life	Whole Life	Non-Whole Life
17-60 <sup>10</sup>	\$30M	\$15M	\$35M	\$20M
61-65	\$20M	\$15M	\$25M	\$20M
66-75	\$20M	\$15M	\$25M	\$20M
76-80 <sup>11</sup>	\$10M	\$10M	\$15M	\$15M
81-85 <sup>11</sup>	\$10M	\$10M	\$10M	\$10M
86-90 <sup>11</sup>	\$1M	\$1M	\$1M	\$1M

## PROFESSIONAL ATHLETES INTERNAL RETENTION

ISSUE AGE	PERSONAL COVERAGE	TEAM COVERAGE
16-21	Whole Life: \$10M Non-Whole Life: \$5M	\$3M
22+	Whole Life: \$20M Non-Whole Life: \$15M	\$3M

<sup>10</sup> For survivorship policies, the minimum age is 18 years.

<sup>11</sup> For individual products, clients ages 80 and above must be rated Standard or better with no flat extra to qualify for an offer.

Automatic reinsurance capacity is used before internal retention. Maximum retention limits are cumulative with MassMutual and are subject to case details, including the product type, the insured's age, and risk class.

