



Life Underwriting Requirements Guide

A Reference Guide for Financial Professionals

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Getting Off to a Great Start!

This digital version of the Life Underwriting Requirements Guide (U98e) provides access to all underwriting requirements covered in the U98 brochure – plus links to supporting documents and more. Save this website url to your Favorites and view easily on any mobile device. To access topics quickly, simply click on the Table of Contents. This digital guide will help you easily identify the underwriting requirements for applications for new life business. It covers medical, non-medical, financial and application information for most life insurance applications. This information will also help you set appropriate expectations with your clients on what to expect during the underwriting process.

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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.

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.

Quick Quotes

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.

Surveys

A formal survey or an informal survey application provides enough abbreviated information on the proposed insured for the underwriter to make a tentative underwriting quote. If the quote is acceptable to the applicant, then a formal application is submitted to determine a final underwriting decision.

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 policy 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 \(EPRS\)](#)
- [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	2X	1X
70+	1X	1X

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

** If \geq \$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 [here](#).

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 [here](#) 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 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

Paramedical Exam Part 2

Medical history and height, weight, blood pressure, and pulse rate measurements, are obtained by a paramedical examiner fluent in the client's language. 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 Application process.

- Valid up to **12 months** from the CMI completion date.¹
- CMI is subject to product availability. Otherwise refer to the [Requirements Chart](#) below. It may not be used for clients who do not speak or understand English.
- The CMI may be used with conversion applications subject to product availability and age-amount. CMI may not be used with policy change applications, except in California. It is not approved for use with Survivorship or CareChoice policies.
- A language line to complete a TCMI is available for those unable to complete the online CMI because they do not speak or understand English.

Telephone Client Medical Interview (Tele-CMI)

The Telephone Client Medical Interview is completed over the phone by specially trained MassMutual interviewers. It is available for new business individual life applications for ages 71+ and total risk amounts less than or equal to \$10 million.

- Valid up to 6 months from the Tele-CMI completion date.¹
- Tele-CMI is subject to product availability. If the Tele-CMI is not done/available, typically a Paramed and PHI are required.
 - For ages over 70 and amounts over \$5,000,000 to/including \$10,000,000, a Paramed, Written Inspection and Financials are required.
- The Tele-CMI may be used with conversion applications subject to product availability and age-amount. Tele-CMI may not be used with policy change applications, except in California.
- The Tele-CMI is not approved for use with Survivorship or CareChoice policies.

Senior Supplement (Sr. Supp)

The Senior Supplement is 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 (throughout) 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.
- 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. Digital records (otherwise known as the Digital Health Profile, or DHP) generally are ordered first. As needed, traditional records are ordered second.

- Please consult the detailed APS guidelines [here](#) to determine when an APS is necessary.
- When notified by underwriting, advisors/agency staff may order required APSs 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.
- Underwriters may also order APSs.
- When in doubt about whether to order an APS, consult with 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 [LTCAccess 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 Proposed Insured'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 is 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 (EIR) typically do not involve 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).
- For clients in Puerto Rico, the advisor should obtain and submit the report.
- It is essential for agency staff to accurately enter the driver's license number to ensure accurate MVR processing.

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 age/amount brackets. These include:

- 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 client's compensation details (e.g., from a CPA or attorney.)

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 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). Please use the appropriate state version.
- 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.

MIB and Other Databases

The home office orders MIB (Medical Information Bureau) results and searches electronic databases (such as Milliman) for all proposed insureds.

¹ These are guidelines. All requirement expiration dates are subject to underwriter discretion. Some requirements for clients over age 70 expire at six months.

Foreign Underwriting

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

- Foreign nationals or U.S. citizens living abroad
- Foreign travel
- Foreign citizens living in the U.S.

Always submit a fully completed [F6290 Foreign Supplement](#). Please use the appropriate state version.

Foreign Nationals

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

The following are handled as foreign nationals:

- Non-U.S. citizens living outside of the U.S., or
- U.S. citizens 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](#) for APS translation information.

For non-U.S. citizens, submit a copy of the identity page of a valid passport and a valid visa.

Minimum base policy size is \$1,000,000, or \$500,000 if there is a minimum base premium of \$15,000.

Refer to our [Foreign Nationals marketing materials](#) 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 \$5 million base policy face amount is required, or at least \$250,000 annual base policy premium, excluding riders. Consult our marketing materials for details.

IMPORTANT:

- It may be beneficial to consult with Advanced Sales before taking an application in the HNWFN program.

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](#). Provide as much information as possible about travel plans on the [F6290 Foreign Supplement](#). Please use the appropriate state version.

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

- If the client has a valid visa or “green card”, a copy is required with submission of the application.
- An undocumented U.S. resident may be considered for coverage under certain parameters, if they:
 - Demonstrate a tie to the U.S.,
 - Have a financial need for coverage, and
 - Have established medical care in the U.S.

For all applications, 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 pilots who meet criteria for "Well-Qualified" or "Highly-Qualified" pilots may qualify for preferred classes. Others may qualify for preferred classes either with a flat extra premium or with an [Aviation Exclusion Rider](#). (See [aviation guidelines](#)).
- 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.

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, ZYN pouches, Betel Nut, Nicorette gum, 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 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.

Fluidless Underwriting

Some applications, depending on age and face amount, may qualify for our Express Path fluidless underwriting program (no exam, blood or urine required). Visit [Coverpath Help Center](#) for FAQs and more details on our fluidless underwriting program.

Preferred Guidelines

For clients who do not fall under the algorithmic process, or fluidless process/underwriting, 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 a long life 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.

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.

PREFERRED POINTS

Proposed insureds who meet the initial eligibility requirements must earn the following points:

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

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

PREFERRED UNDERWRITING CALCULATOR

FOR ALL PROPOSED INSUREDS

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: height/weight)			
	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 Credits (RACs)

Risk Assessment Credits are applied proactively by the underwriter to eligible substandard files to improve the offer by up to two tables. These are based on favorable markers, such as BMI, lab work, avocation, lipids, family history, and blood pressure.

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)

Access Centers for Disease Control and Prevention (CDC) calculators:

[Adult BMI Calculator](#)

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

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 [here](#).

For survivorship requirements, please see information [here](#). Pay close attention to the exam requirements as some exam options are not available for survivorship contracts.

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 ³ Phys. Meas. Oral Fluids Rx MVR	CMI ³ Phys. Meas. Oral Fluids Rx MVR	CMI ⁴ Phys. Meas. ⁴ Oral Fluids Rx MVR	Paramed Urine Specimen Rx MVR EIR	Paramed Urine Specimen Rx MVR APS EIR	Tele-CMI ⁷ Phys. Meas. Urine Specimen Rx MVR APS	Tele-CMI ⁷ Phys. Meas. Urine Specimen Rx MVR Fin Q APS
\$50,000 TO \$249,999	Non-med Rx	CMI ³ Phys. Meas. Blood/Urine Rx MVR	CMI ⁴ Phys. Meas. ⁴ Blood/Urine Rx MVR	CMI ⁴ Phys. Meas. ⁴ Blood/Urine Rx MVR	Paramed Blood/Urine Rx MVR EIR	Paramed Blood/Urine Rx MVR APS EIR	Tele-CMI ⁷ Phys. Meas. Blood ⁶ /Urine Sr. Supp Rx MVR APS	Tele-CMI ⁷ Phys. Meas. Blood ⁶ /Urine Sr. Supp Rx MVR Fin Q APS
\$250,000 TO \$499,999	Non-med Rx	CMI ⁴ Phys. Meas. ⁴ Blood/Urine Rx MVR	CMI ⁴ Phys. Meas. ⁴ Blood/Urine Rx MVR	CMI ⁴ Phys. Meas. ⁴ Blood/Urine Rx MVR	Paramed Blood ⁶ /Urine Rx MVR APS - 24 months EIR	Paramed Blood ⁶ /Urine Rx MVR APS EIR	Tele-CMI ⁷ Phys. Meas. Blood ⁶ /Urine Sr. Supp Rx MVR APS	Tele-CMI ⁷ Phys. Meas. Blood ⁶ /Urine Sr. Supp Rx MVR Fin Q APS
\$500,000 TO \$1,000,000	Non-med Rx APS - 18 months for ages 0-1 and >\$500k	CMI ⁴ Phys. Meas. ⁴ Blood/Urine Rx MVR	CMI ⁴ Phys. Meas. ⁴ Blood/Urine Rx MVR	CMI ⁴ Phys. Meas. ⁴ Blood/Urine Rx MVR	Paramed Blood ⁶ /Urine Rx MVR APS - 24 months EIR	Paramed Blood ⁶ /Urine Rx MVR APS EIR	Tele-CMI ⁷ Phys. Meas. Blood ⁶ /Urine Sr. Supp Rx MVR APS	Tele-CMI ⁷ Phys. Meas. Blood ⁶ /Urine Sr. Supp Rx MVR Fin Q APS
\$1,000,001 TO \$2,000,000	Non-med Rx APS - 18 months	CMI ⁴ Phys. Meas. ⁴ Blood/Urine Rx MVR PHI ⁵	CMI ⁴ Phys. Meas. ⁴ Blood/Urine Rx MVR PHI ⁵	CMI ⁴ Phys. Meas. ⁴ Blood ⁶ /Urine Rx MVR PHI ⁵	Paramed Blood ⁶ /Urine Rx MVR PHI ⁵ APS - 24 months EIR	Paramed Blood ⁶ /Urine Rx MVR PHI ⁵ APS EIR	Tele-CMI ⁷ Phys. Meas. Blood ⁶ /Urine Sr. Supp Rx MVR Fin Q APS	Tele-CMI ⁷ Phys. Meas. Blood ⁶ /Urine Sr. Supp Rx MVR Fin Q APS
\$2,000,001 TO \$3,000,000	Non-med Rx	CMI ⁴ Phys. Meas. ⁴ Blood/Urine	CMI ⁴ Phys. Meas. ⁴ Blood/Urine	CMI ⁴ Phys. Meas. ⁴ Blood ⁶ /Urine	Paramed Blood ⁶ /Urine Rx	Paramed Blood ⁶ /Urine Rx	Tele-CMI ⁷ Phys. Meas. Blood ⁶ /Urine	Tele-CMI ⁷ Phys. Meas. Blood ⁶ /Urine

	APS - 18 months	Rx MVR PHI ⁵	Rx MVR PHI ⁵	Rx MVR PHI ⁵ APS - 24 months	MVR PHI ⁵ APS - 24 months EIR	MVR APS PHI ⁵ EIR	Sr. Supp Rx MVR Fin Q APS	Sr. Supp Rx MVR Fin Q APS
\$3,000,001 TO \$5,000,000	Non-med Rx APS - 18 months	Paramed Blood/Urine Rx MVR PHI ⁵ EIR	Paramed Blood/Urine Rx MVR PHI ⁵ APS - 24 months EIR	Paramed Blood ⁶ /Urine Rx MVR PHI ⁵ APS - 24 months EIR	Paramed Blood ⁶ /Urine Rx MVR PHI ⁵ APS - 24 months EIR	Paramed Blood ⁶ /Urine Rx MVR PHI ⁵ APS EIR	Tele-CMI ⁷ Phys. Meas. Blood ⁶ /Urine Sr. Supp Rx MVR Fin Q APS	Tele-CMI ⁷ Phys. Meas. Blood ⁶ /Urine Sr. Supp Rx MVR Fin Q APS
	\$5,000,001 TO \$9,999,999	Paramed Rx Third Party Financials APS	Paramed Blood/Urine Rx MVR Fin Q PHI ⁵ APS EIR	Paramed Blood ⁶ /Urine Rx MVR Fin Q PHI ⁵ APS EIR	Paramed Blood ⁶ /Urine Rx MVR Fin Q PHI ⁵ APS EIR	Paramed Blood ⁶ /Urine Rx MVR Fin Q PHI ⁵ APS EIR	Paramed Blood ⁶ /Urine Rx MVR Fin Q PHI ⁵ APS EIR	Tele-CMI ⁷ Phys. Meas. Blood ⁶ /Urine Sr. Supp Rx MVR Fin Q APS EIR
\$10,000,000	Paramed Rx Third Party Financials APS	Paramed Blood ⁶ /Urine Rx MVR Fin Q PHI ⁵ APS EIR	Paramed Blood ⁶ /Urine EKG Rx MVR Fin Q PHI ⁵ APS EIR	Paramed Blood ⁶ /Urine EKG Rx MVR Fin Q PHI ⁵ APS EIR	Paramed Blood ⁶ /Urine EKG Rx MVR Fin Q PHI ⁵ APS EIR	Paramed Blood ⁶ /Urine EKG Rx MVR Fin Q PHI ⁵ APS EIR	Tele-CMI ⁷ Phys. Meas. Blood ⁶ /Urine EKG Sr. Supp Rx MVR Fin Q APS EIR	Tele-CMI ⁷ Phys. Meas. Blood ⁶ /Urine EKG Sr. Supp Rx MVR Fin Q APS EIR
	OVER \$10,000,000	Paramed Rx Third Party Financials APS	Paramed Blood/Urine Rx EKG MVR APS EIR* for >\$10M-\$20M IR for >\$20M Third Party Financials	Paramed Blood ⁶ /Urine EKG Rx MVR APS EIR* for >\$10M-\$20M IR for >\$20M Third Party Financials	Paramed Blood ⁶ /Urine EKG Rx MVR APS EIR* for >\$10M-\$20M IR for >\$20M Third Party Financials	Paramed Blood ⁶ /Urine EKG Rx MVR APS EIR* for >\$10M-\$20M IR for >\$20M Third Party Financials	Paramed Blood ⁶ /Urine EKG Rx MVR APS EIR* for >\$10M-\$20M IR for >\$20M (age 65) IR for >\$20M (ages 65-70) Third Party Financials	Tele-CMI ⁷ Phys. Meas. Blood ⁶ /Urine EKG Sr. Supp Rx MVR APS IR Third Party Financials

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.
- CMI/TCMI are not approved for survivorship applications.
- Non-medical requirements, such as IRs and financials, are based on full amount applied for.

* 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.

Please see [here](#) for financial requirements (additional financials may be required at Underwriter's discretion).

The written inspection report (IR) and the electronic inspection report (EIR) are ordered by the home office.

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

⁴ CMI is subject to product availability; otherwise a Paramed is required. When another company's Paramed exam is used, a fully completed MassMutual Non-med, CMI or Tele-CMI is required.

⁵ 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 Underwriting](#) section for additional information on our High-Net-Worth Foreign National program. Otherwise, the PHI is only needed at underwriter discretion.

⁶ NTproBNP testing required. See [here](#) for more details.

⁷ Tele-CMI is subject to product availability. If the Tele-CMI is not done/available, typically a Paramed and PHI are required. When another company's Paramed exam is used, a fully completed MassMutual Non-med, CMI or Tele-CMI is required.

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	
<4	For Cause	For Cause	0 - <1 year = 18 months 1 - 3 years = for cause	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

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

Digital records (otherwise known as the Digital Health Profile, or DHP) generally are ordered first. As needed, traditional records are ordered second.

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.

We expect that clients have an established physician in the U.S. All records should be provided in English or Spanish (see 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.

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.

Foreign Nationals APSs

Foreign Nationals

Different APS guidelines apply to foreign nationals. Please consult the [Foreign Nationals Underwriting Overview](#) guide for further details.

CareChoice One and CareChoice Select

The CareChoice policies are designed to help clients address future long term care coverage needs, while also providing whole life insurance protection. Both policies feature a streamlined underwriting process, including a telephone interview. Clients rated a maximum of Table D generally are accepted as Standard risks.

CareChoice One

The CareChoice One policy is a single premium participating whole life insurance policy with a long term care rider.

CareChoice Select

The CareChoice Select policy is a participating level premium 10-pay whole life insurance policy with two long term care riders.

Please refer to the [MassMutual CareChoice Product Guide \(LI9032\)](#) for additional information about these policies.

MassMutual Underwriting Practice and Procedures – Important Notes

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 requirements and expiration dates are subject to underwriter discretion.



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.

Limited Payment Whole Life insurance (MMCCWL-2019 and ICC19-MMCCWL in certain states, including North Carolina) is a participating, permanent, level-premium life insurance policy issued by Massachusetts Mutual Life Insurance Company, Springfield, MA 01111-0001.

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