

Disability Underwriting Requirements Guide

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Age and amount underwriting requirement details

Amount determination

The Medical Requirement Charts are to be used for all occupations and disability income (DI) insurance products. Before referring to the charts, please note that:

- When more than one product is being requested, Disability Income including Rider¹ amounts and BOE amounts should be added together when determining requirements. The Disability Income Chart will then be used to determine requirements.
- Business Buy-Sells are counted separately.
- Any amount of coverage issued with MassMutual within the past 3 years should be added to the current amount to determine the medical underwriting requirements needed unless the requirement called for has been obtained in the interim.
- When in combination with a Life sale, we will hold for Life's published age and amount requirements for our review in addition to DI's.

Definition of requirements

Medical history

Client Medical Interview (CMI) – The Client Medical Interview is an on-line process, for use with new business individual DI applications, that requires Proposed Insureds to complete a self-directed on-line medical questionnaire. This process replaces the traditional non-medical Part 2.

- Valid up to 6 months from the CMI completion date.
- CMI is subject to state and product availability. It may not be used for clients who do not speak or understand English.

Telephone Client Medical Interview

(Tele-CMI) – The Telephone Client Medical Interview is completed over the phone by specially trained MassMutual interviewers.

- Valid up to 6 months from the TCMI completion date.
- Tele-CMI is subject to state and product availability.

Medical tests

Blood profile and urinalysis (blood/urine) – Collection of blood and urine samples, which are screened for cholesterol and other blood lipids, blood sugar, liver and kidney function, nicotine, HIV, and illegal drugs. Additional tests may be performed based on initial findings.

- Proposed insureds are not required to fast, although an 8 – 12 hour fast is suggested.
- Producers are responsible for ensuring that Proposed Insureds sign any required HIV consent form prior to the blood draw.
- Analyzed by Clinical Reference Lab (CRL) and results are sent directly to the Home Office.
- Valid for 12 months from the test date

¹ Refer to Monthly Benefit amount determination on specific chart.

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.

- Analyzed by Clinical Reference Lab (CRL) and results are sent directly to the Home Office.
- Valid for 12 months from the test date

Physical measurements – Collection of height, weight, blood pressure, and pulse rate measurements.

- The lab sends results directly to the Home Office.
- Valid for 12 months from the test date

Note: All requirement expiration dates are subject to underwriter discretion.

Requirements not included on the charts

Attending Physician Statement (APS) – A copy of the Proposed Insured’s medical records may be required due to cause.

Examples of cause but not limited to:	
alcohol/drug treatment ¹	circulatory problems
mental nervous disorders	blood disorders
diabetes ¹	nervous system disorders
cancer ¹	hypertension
seizure disorders	chest pain/murmur
kidney problems (excluding stones)	ulcerative colitis
recent physical	

MassMutual attending physician statement (APS) vendor accounts will be used for home office orders only.

APS orders can continue in the field using non-MassMutual accounts. Reimbursement will be for business placed with MassMutual or MMLIA and use vendor contract rates.

Personal History Interview (PHI) – May be required due to cause. An interviewer trained by MassMutual will call the Proposed Insured at the phone number on the application and make every effort to reach the Proposed Insured at the most convenient time. Questions are used to verify information on the application, collect missing details, and provide supplemental information. The underwriter will order the interview if required after reviewing the application.

- Valid for 12 months from the interview date.

Important note about telephone interviews: Producers must thoroughly prepare all Proposed Insureds for telephone interviews by explaining the process and the nature of the questions. All Proposed Insureds may be called for a PHI or a **Supplemental Health Questionnaire (SHQ)**, which is similar to the PHI but focuses on a specific medical condition selected by the underwriter and may be required if a physical is completed within 24 months. (The SHQ may be used in place of or in addition to an APS – at underwriter discretion.)

Important note: While these 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.

¹ A preliminary offer from the Disability Relationship Manager is recommended for these conditions.

Age and amount underwriting requirements by product

RADIUS CHOICE, RADIUS AND MAXELECT *

Monthly benefit**	Ages	
	18 – 45	46 – 64 (Age 60 in CA and FL)
Up to \$1,000	CMI+	CMI+
\$1,001 – \$5,000	CMI+ Oral Fluids •	CMI+ Blood Profile/Urine Physical Measurements
\$5,001 – \$7,500	CMI+ Blood Profile/Urine Physical Measurements	CMI+ Blood Profile/Urine Physical Measurements
Greater than \$7,500	Tele-CMI Blood Profile/Urine Physical Measurements	Tele-CMI Blood Profile/Urine Physical Measurements

* If applying for amounts above the GSI, requirements are needed and will be based on the total amount (GSI + fully underwritten) of coverage

** Highest short-term rider or Base + SIR + 50% of highest Group Supplement Rider

+ Tele-CMI, Physical Measurements & Blood Profile/Urine required at \$1, for Puerto Rico

• No Oral Fluids required for 5A occupational classes up to \$3,500

BUSINESS OVERHEAD EXPENSE

Monthly benefit	Ages	
	18 – 45	46 – 60
Up to \$5,000	CMI+	CMI+
\$5,001 – \$7,500	CMI+ Oral Fluids Physical Measurements	CMI+ Blood Profile/Urine Physical Measurements
Greater than \$7,500	Tele-CMI Blood Profile/Urine Physical Measurements	Tele-CMI Blood Profile/Urine Physical Measurements

+ Tele-CMI, Physical Measurements & Blood Profile/Urine required at \$1, for Puerto Rico

BUY-SELL

Total pay-out	Ages	
	18 – 45	46 – 60
\$100,000 – \$300,000	CMI+ Oral Fluids	CMI+ Blood Profile/Urine Physical Measurements
Greater than \$300,000	Tele-CMI Blood Profile/Urine Physical Measurements	Tele-CMI Blood Profile/Urine Physical Measurements

+ Tele-CMI, Physical Measurements & Blood Profile/Urine required at \$1, for Puerto Rico

RADIUS TRANSITION SELECT AND CONDITIONALLY RENEWABLE DISABILITY INCOME PROTECTION

Monthly benefit	Ages	
	65 – 70	
Up to \$1,000	Tele-CMI+ Physical Measurements	
\$1,001 and greater	Tele-CMI Physical Measurements Blood Profile/Urine APS PHI	

+ Blood Profile/Urine required at \$1, for Puerto Rico

RETIREGUARD*

Monthly benefit	Ages	
	18 – 45	46 – 60
Up to \$3,000	CMI+	CMI+
Greater than \$3,000	CMI+ Oral Fluids •	Tele-CMI Blood Profile/Urine Physical Measurements

* If applying for amounts above the GSI, requirements are needed and will be based on the total amount (GSI + fully underwritten) of coverage

+ Tele-CMI, Physical Measurements & Blood Profile/Urine required at \$1, for Puerto Rico

• No Oral Fluids required for 5A occupational classes up to \$3,500

Financial requirements

DISABILITY INCOME COVERAGE – RADIUS CHOICE, RADIUS, MAXELECT¹, AND RADIUS TRANSITION SELECT*

Employee, non-owner	All States
(a) Applied for and in force Coverage \$3,000 and under	No financial documentation required • Not available in Puerto Rico, W-2 or Current Pay stub with year to date figure required
(b) Applied for and in force Coverage \$3,001 and under \$10,000	W-2 or Current Pay stub with year to date figure
(c) Applied for and in force Coverage \$10,000 – \$14,999	Submit the two most recent W-2s or W-2 & Current Pay stub with year to date figure
(d) Applied for and in force Coverage \$15,000 and over	Submit the two most recent Forms 1040, with all schedules and attachments including W-2s

Business owner entity+		Sole proprietor (Schedule C)	Partner in a partnership (Form 1065)	Corporation shareholder (Form 1120)	S-Corporation shareholder (Form 1120S)
(a) Applied for and in force Coverage under \$10,000 ²	Submit the most recent	Schedule C	K-1 or Form 1040, pages 1 & 2 and Schedule E, and W-2 if LLC	Form 1120, Page 1 and Form 1125E	Form 1120S, Pages 1 & K-1 and W-2 or Form 1040, Sch E and W-2
(b) Applied for and in force Coverage \$10,000 – \$14,999 ²	Submit the two most recent	Schedule Cs and Form 1040, Pages 1 & 2	K-1s and Forms 1040, Pages 1 & 2 and Schedule Es and W-2s if LLC	Forms 1120, Page 1 and Form 1125 and Forms 1040, Pages 1 & 2	Form 1120S, Pages 1 & K-1s and Forms 1040, Pages 1 & 2, Sch Es and W-2s
(c) Applied for and in force Coverage \$15,000 and over ²	Submit the two most recent	Forms 1040, with all schedules and attachments	Forms 1065 with all schedules and attachments and Forms 1040 with all schedules and attachments and W-2s if LLC	Forms 1120 with all schedules and attachments and Forms 1040 with all schedules and attachments	Forms 1120S with all schedules and attachments and Forms 1040 with all schedules and attachments including W-2s

¹ Business owners applying for MaxElect must submit business tax returns; for employees applying for amount above the GSI, additional financial information may also be required.

+ For Limited Liability Companies – request tax form filed by business with the IRS

² **In the following situations, documentation required in row (c) should be obtained:**

- Applicant's unearned income exceeds 15% of earned

***Note:**

1. When determining financial risk for Disability Income (DI), include all DI and Group LTD in force and applied for since the last time financial documentation was submitted for a MassMutual disability policy.
2. Financial documentation is not required for Starting/Young Professionals where in force and applied for coverage is within the starting practice limits.
3. Total issue and participation limits include all other coverages, both Individual and Group LTD.
4. Financial documentation is not required for Express DI Underwriting Program.

RETIREGUARD					
Entity+	Employee, non-owner	Sole proprietor	Partner in a partnership	Corporation shareholder	S-Corporation shareholder
Submit the most recent	No financial documentation required	Schedule C and Form 1040, page 1	K-1 and Form 1040, page 1, and W-2 if LLC or Form 1040, page 1 and Schedule E, and W-2 if LLC	Form 1120, pages 1 & 2 (include Form 1125E for returns 2011 and later)	Form 1120S, page 1 and K-1 and W-2

+ For Limited Liability Companies – request tax form filed by business with the IRS

BUSINESS OVERHEAD EXPENSE COVERAGE – APPLIED FOR AND IN FORCE COVERAGE \$20,000 AND OVER

Entity+	Sole proprietor	Partner in a partnership	Corporation shareholder	S-Corporation shareholder
Submit the most recent	Schedule C with all schedules and attachments	Form 1065 with all schedules and attachments	Form 1120 with all schedules and attachments	Form 1120S with all schedules and attachments

+ For Limited Liability Companies – request tax form filed by business with the IRS

BUY-SELL

Amount	Business type
	Professional & personal services and non-service businesses
Applied for and in force \$1,000,000 and below	Most recent Business Return* to include all schedules and attachments or Reviewed/Audited Financial Statement
Applied for and in force \$1,000,001 and above	Last 2 years Business Returns* to include all schedules and attachments or Reviewed/Audited Financial Statements (2 years)

***BUSINESS RETURNS REQUIRED**

Entity+	Partner in a partnership	Corporation shareholder	S-Corporation shareholder
Form required	Form 1065 with all schedules and attachments	Form 1120 with all schedules and attachments	Form 1120S with all schedules and attachments

+ For Limited Liability Companies – request tax form filed by business with the IRS

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