

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 DI 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.

Definition of requirements

Medical history / exam

Non-medical – All medical questions on the application must be fully completed.

Paramed exam – Collection of medical history and height, weight, blood pressure & pulse rate measurements.

- Submitted on the Part 2 Application form
- *Valid for 12 months from the exam date*

An authorized examiner must perform all medical requirements.

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*

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 ²	circulatory problems
mental nervous disorders	blood disorders
diabetes ²	nervous system disorders
cancer ²	hypertension
seizure disorders	chest pain/murmur
kidney problems	ulcerative colitis
(excluding stones)	recent physical

- Producers/agency staff may order APSs from EMSI or directly from the medical facility. Underwriters may also order APSs.

¹ Refer to Monthly Benefit amount determination on specific chart.

² A survey form is recommended for these conditions.

- Ordering a necessary APS before the application is sent to underwriting can save significant time.
- When in doubt about whether to order, consult with the underwriter.
- Immediately notify the underwriter if an APS has been ordered.

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 Statement (SHS)**, 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 SHS 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.

Age and amount underwriting requirements by product

Radius* and MaxElect*

Monthly benefit**	Ages	
	18 – 45	46 – 64
Up to \$1,000	Non-Medical+	Non-Medical+
\$1,001 – \$5,000	Non-Medical+ Oral Fluids•++	Non-Medical+ Blood Profile/Urine Physical Measurements
\$5,001 – \$7,500	Non-Medical+ Blood Profile/Urine Physical Measurements	Paramed Blood Profile/Urine
Greater than \$7,500	Paramed Blood Profile/Urine	Paramed Blood Profile/Urine

* 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

+ Paramed & Blood Profile/Urine required at \$1, for CA/FL/PR

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

++ Blood Profile/Urine required for all healthcare occupations requesting the Own-Occ Rider.

Business Overhead Expense

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

+ Paramed & Blood Profile/Urine required at \$1, for CA/FL/PR

Buy-Sell

Total Pay-Out	Ages	
	18 – 45	46 – 60
\$100,000 – \$300,000	Non-Medical+ Oral Fluids	Non-Medical+ Blood Profile/Urine Physical Measurements
Greater than \$300,000	Paramed Blood Profile/Urine	Paramed Blood Profile/Urine

+ Paramed & Blood Profile/Urine required at \$1, for FL/PR

Radius Transition Select and Conditionally Renewable Disability Income Protection

Monthly benefit	Ages
	65 – 70
Up to \$1,000	Paramed+
\$1,001 and greater	Paramed Blood Profile/Urine APS PHI

+ Blood Profile/Urine required at \$1, for CA/FL/PR

RetireGuard*

Monthly benefit	Ages	
	18–45	46–64
Up to \$3,000	Non-Medical+	Non-Medical+
Greater than \$3,000	Non-Medical+ Oral Fluids•	Paramed Blood Profile/Urine

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

+ Paramed & Blood Profile/Urine required at \$1, for CA/FL/PR

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

Financial requirements

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.

Disability Income Coverage – Radius, MaxElect*, 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-2's 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-2's

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**	Submit the <i>most recent</i>	Schedule C	K-1 and W-2 if LLC or Form 1040, pages 1 & 2 and Schedule E, and W-2 if LLC	Form 1120, Pages 1 & 2 (include Form 1125E for returns 2011 and later)	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**	Submit the <i>two most recent</i>	Schedule C's and Forms 1040 Pages 1 & 2	K-1's and Forms 1040, Pages 1 & 2 and Schedule E's and W-2's if LLC	Forms 1120, Pages 1 & 2 (include Form 1125E for returns 2011 and later) and Forms 1040, Pages 1 & 2	Form 1120S, Pages 1 & K-1's and Forms 1040, Pages 1 & 2, Sch E's and W-2's
(c) Applied for and in force Coverage \$15,000 and over**	Submit the <i>two most recent</i>	Forms 1040, with all schedules and attachments	Forms 1065 with all schedules and attachments and Forms 1040 with all schedules and attachments and W-2's 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-2's

* 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

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

- applicant's unearned income exceeds 15% of earned
- When applicant's net worth exceeds 6M – also submit a Statement of Net Worth DI1961n. Tax forms will be requested as needed.

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

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

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

