MassMutual

Email

EZ-app Guide for Life & Disability Income Insurance

This EZ-app Guide is designed to help you understand what information is needed when completing an application for insurance in EZ-app. It is not an application. When completing the actual application for insurance, either in paper or in EZ-app, all questions must be asked of, and answered by, the Proposed Insured(s) and/or Proposed Owner(s).

Application type:

☐ Life & Disability Income ***(Review all sections)***

☐ Life only ***(Review sections A-F)***

☐ Disability Income only ***(Review sections A-B & G-H)***

A – Proposed Insured Information

Full name: _____ Gender: ☐ Male ☐ Female

Date of birth: _____ Birth state: _____

SSN/ITIN: _____

Residential address: _____

Phone 1: _____ ☐ Home ☐ Work ☐ Cell Best time to call: _____

Phone 2: _____ ☐ Home ☐ Work ☐ Cell Best time to call: _____

Email 1: _____

Email 2: _____

Type of citizenship: ☐ Resident U.S. citizen ☐ Non-resident U.S. citizen ☐ Resident alien ☐ Other: _____

Additional Citizenship Information *(Non-U.S. Citizens only):* Country of citizenship: _____

Type of visa: _____ How long have they lived in the U.S. on a full time basis? _____

What members of their immediate family are full time residents in the U.S. or citizens of the U.S.? _____

B – Personal History

More information will need to be provided at time of application if the Proposed Insured:

- Is currently disabled or applying for any disability benefits
- Has used tobacco or other nicotine containing products (e.g. cigarettes, e-cigarettes, pipes, cigars, snuff, chewing tobacco or nicotine delivery device such as gum or the patch) within the last 24 months
- Has ever been convicted of a felony, or is currently on parole or probation
- Has been convicted of operating a motor vehicle while under the influence within the last 5 years
- Has been found at fault in a motor vehicle accident, convicted of a moving violation or received a driver's license restriction or revocation (e.g. speeding ticket, suspended license, reckless driving or careless driving) within the last 3 years
- Has any recent/anticipated foreign travel
- Has any recent/anticipated military involvement
- Has any recent/anticipated aviation experience (e.g. pilot, student pilot, crew member)
- Has any recent/anticipated avocation participation (e.g. extreme sports)

B – Personal History *(Continued)*

Physician name: _____

Physician address: _____

Date/timeframe/reason last seen: _____

Occupation & job duties: _____

Employer name & address: _____

_____

Annual earned income: $ _____ Prior year: $ _____

Annual unearned income: $ _____ Prior year: $ _____

Net worth: $ _____

If juvenile, list all family members (including siblings, parents and legal guardians). For coverage, provide the total life insurance currently applied for or now in force with MassMutual or other companies. If none, more information will need to be provided at time of application.

Relationship	Name	Age	Group Coverage	Non-Group Coverage
			$	$
			$	$

C – Owner Information *(Life only; information needed if Proposed Owner is <u>not</u> Proposed Insured)*

Full name: _____ Gender: ☐ Male ☐ Female

Date of birth/date of Trust: _____ Relationship to Insured: _____

Trustee: _____

Residential/legal address: _____

D – Beneficiary Information *(Life only)*

Beneficiary 1 Type: ☐ Primary ☐ Secondary/Contingent ☐ Not sure

Full name: _____

Date of birth/date of Trust: _____ Relationship to Insured: _____

Residential address: _____

Beneficiary 2 Type: ☐ Primary ☐ Secondary/Contingent ☐ Not sure

Full name: _____

Date of birth/date of Trust: _____ Relationship to Insured: _____

Residential address: _____

Beneficiary 3 Type: ☐ Primary ☐ Secondary/Contingent ☐ Not sure

Full name: _____

Date of birth/date of Trust: _____ Relationship to Insured: _____

Residential address: _____

E – Supplemental Information for Proposed Insured *(Life only)*

If any of the questions below are answered Yes, additional information will be required at time of application:

- Have they been treated for, or had treatment recommended by, a health professional for cancer, heart attack, heart disease, chest pain, stroke, alcohol or drug use or immune system disorder within the past two years? ☐ Yes ☐ No
- Have they been admitted to a hospital or medical facility, been advised to be admitted, or had surgery performed or recommended by a health professional other than for a normal pregnancy or childbirth within the past 90 days? ☐ Yes ☐ No
- Have they had medical tests or examinations scheduled in the next 90 days except for pregnancy or childbirth? ☐ Yes ☐ No

F – Other Life/Annuity Coverage on Proposed Insured *(Life only)*

Policy # & Company	Face Amount	Product	Issue Yr.	Purpose	Status	Replace	1035x
	$			☐ Business ☐ Personal	☐ Applied for ☐ In force	☐ Yes ☐ No	☐ Yes ☐ No
	$			☐ Business ☐ Personal	☐ Applied for ☐ In force	☐ Yes ☐ No	☐ Yes ☐ No

G – Supplemental Information for Proposed Insured *(Disability Income only)*

What percent of their duties include physical activity (e.g. climbing, crouching, lifting, etc.)? _____

What state do they work in? _____ How long have they worked for their current employer? _____

If less than 2 years, what was their previous occupation and duration of employment? _____

How many hours per week, on average, do they work? _____ For the past 90 days, have they been continuously at work? ☐ Yes ☐ No

If no, provide details of missed work, reduced hours or job restrictions/modifications: _____

Is additional contributory group disability income coverage available through their employer? ☐ Yes ☐ No ☐ Not sure

If yes, do they have plans to participate in the future? ☐ Yes ☐ No ☐ Not sure

H – Other Disability Income Coverage on the Proposed Insured *(Disability Income only)*

Company	Type*	Issue Year	Monthly Benefit Amount	Benefit Period	Waiting Period	Employer Pay?	Being Replaced?	Replacement Date
			$			☐ Yes ☐ No	☐ Yes ☐ No	
			$			☐ Yes ☐ No	☐ Yes ☐ No	

*Type of plan: Individual (I), Group (G) or Association (A)

Reminders!

At time of application, be sure to have the following on hand:

☐ Government issued ID (e.g. U.S. driver's license, passport, etc.)

☐ If setting up PAC for recurring payments, bank name, bank account number and routing number

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, MA 01111-0001 and its subsidiaries: C.M. Life Insurance Company and MML Bay State Life Insurance Company, 100 Bright Meadow Boulevard, Enfield, Connecticut 06082-1981.