MassMutual

CareChoice Series Producer's Statement

For use with CareChoice Series products

Use this form when applying for CareChoice Series products. This form must be completed and signed by the Soliciting Producer.

A Agency Contact Information

To be used when the Underwriter/Case Manager has questions or needs additional information about this case.

1. Contact name: _____
2. Phone number: _____ Extension: _____ ☐ Home ☐ Work ☐ Cell
3. Email address: _____

Additional Agency Contact *(If applicable)*

4. Contact name: _____
5. Phone number: _____ Extension: _____ ☐ Home ☐ Work ☐ Cell
6. Email address: _____

B Policy Information

1. Risk classification: _____
2. Is this part of a multi-policy case (i.e., family members, business partners, etc.)? ☐ Yes ☐ No
   If Yes, provide associated policy number(s): _____
3. Are there any other applications (e.g., Disability, Long Term Care) being submitted concurrently with this Application? ☐ Yes ☐ No
   If Yes, provide associated policy number(s): _____
4. Is the policy being applied for a replacement? ☐ Yes ☐ No
   If Yes, complete applicable replacement forms.
5. Will dividends from an existing MassMutual policy be used to pay all or part of the initial premium on this policy? ☐ Yes ☐ No
   If Yes, complete Service Request Form (F5341).
6. Is the Life Insurance being applied for in conjunction with the purchase of a Single Premium Immediate Annuity? ☐ Yes ☐ No
   If Yes, provide associated policy number(s): _____
7. Are you aware of any person signing this Application who did <u>not</u> understand and answer each question in English? ☐ Yes ☐ No
   If Yes, complete applicable Acknowledgment Regarding English Language Materials and Translation (FR1119).
   Indicate language: _____
8. Was the Pre-Qualifying Checklist & Underwriting Guidelines Brochure (U0100) used? ☐ Yes ☐ No
9. Market type – indicate sales and marketing programs that were used to support this sale *(Select all that apply):*
   ☐ N/A ☐ Business Owner ☐ Existing Customer ☐ Family Markets ☐ LGBTQ Markets ☐ Multicultural Markets
   ☐ SpecialCare – Families with special needs* ☐ Women's Markets ☐ Other *(Specify):* _____

**Note: The receipt of insurance benefits by a beneficiary or dependent with special needs could negatively affect that individual's eligibility for government benefits.*

Massachusetts Mutual Life Insurance Company (MassMutual) and its subsidiaries, C.M. Life Insurance Company and MML Bay State Life Insurance Company, 1295 State Street, Springfield, MA 01111-0001.

C Producer Compensation Information

***Complete the first line for all applications and provide additional compensation arrangements if applicable. Renewal commissions are** only available for CareChoice Select. Producer 1 "Type" should always be the soliciting or soliciting/servicing producer. The commissions should total 100%.*

	Type	Agency Number	Producer Name & BPID[1] or NPN[2] ID	Agency/Distributor Name & BPID[1] or TIN	RTF[3]/Corporation Name & BPID[1] or TIN	% FYC[4]	% RC[5]
1							
			#:	#:	#:		
2							
			#:	#:	#:		
3							
			#:	#:	#:		
4							
			#:	#:	#:		
5							
			#:	#:	#:		
6							
			#:	#:	#:		
7							
			#:	#:	#:		
8							
			#:	#:	#:		

[1] BPID = Business Partner ID [2] NPN = National Producer Number [3] RTF = Retail Firm [4] FYC = First Year Commission [5] RC = Renewal Commission

D Agreements & Signatures

I certify to the best of my knowledge, information and belief that:

- The statements made in this Producer's Statement are true and accurate.
- Each question in the Application was asked of the Proposed Insured(s) and Proposed Owner(s) and accurately recorded.
- All required forms and notices were provided to the Proposed Owner (and Proposed Insured, if different) prior to completing the Application.
- I am unaware of any suspicious or unusual activities, including but not limited to Anti-Money Laundering (AML) "red flags" as described in my AML training or any other materials, arising out of or in connection with, the sale of this policy. I have reported suspicious activity, if any, to the appropriate individuals in accordance with MassMutual's AML program.
- The policy applied for is consistent with the financial needs of the Proposed Insured(s) and/or Proposed Owner(s).
- I am unaware of any information that would adversely affect any of the Proposed Insured's eligibility, acceptability or insurability.
- I have completed all training requirements.

The undersigned Producer understands and acknowledges that no application for a CareChoice One or CareChoice Select policy may be solicited or submitted without having applicable state life and health insurance licenses in place, and completing the applicable state long-term care pre-sale and ongoing training requirements.

Signature of Soliciting Producer: _____

Printed name: _____ Date: _____

Producer ID #: _____

Email address: _____