... MassMutual

Producer's Certificate

Use this form for all New Business individual Disability Income insurance products and additions to existing in force policies. All sections must be completed by the Soliciting Producer for all cases. Attach a cover memo if further details are required.

Soliciting Producer
1. Full legal name (First, MI, Last, Suffix):
2. Status (Select one): Full-time Part-time Broker
3. Soliciting Producer ID #:
Agency Contact (To be used when the Underwriter/Case Manager has questions or needs additional information about this case)
4. Full legal name (First, MI, Last, Suffix):
5. Preferred phone number: () Extension:
6. Email address:
B Case Information::::::::::::::::::::::::::::::::::::
If Yes to any question in this section, provide additional information in question 7.
1. Proposed Insured's:
a. Full legal name (First, MI, Last, Suffix):
b. Preferred phone number: () Extension:
Alternate phone number: () Extension:
Best time to call: am pm
c. Email address:
d. Occupation Class (Select one):
\square 5A \square 5P \square 4A \square 4P \square 3A \square 3P \square 2A \square A (Not available with Buy/Sell)
e. Occupation Class Modifier (Select one, available with Radius Choice only):
☐ None ☐ 1 (Available with 5P & 4A only) ☐ 2 (Available with 4A & 3P only) ☐ 3 (Available with 5A only)
2. Individual business discount (Select one, if applicable):
1st year Cross-sale (Not available for Radius Transition Select)
Association (Not available for Buy/Sell or Radius Transition Select)
Spousal (Not available for BOE, Buy/Sell or Radius Transition Select)
3. Is there a Life or Long Term Care application being submitted concurrently with this Application? Yes N
4. Have you given the Proposed Insured a copy of the Important Privacy and Consumer Information Notice? Yes N
5. To the best of your knowledge, will the insurance being applied for replace any existing disability income insurance with this or any other company?
6. To the best of your knowledge, did the Proposed Insured have disability income insurance with this company that terminated within the past 13 months? Yes

Producer Compensation Information: sch Producer who will receive a commission below. If more than one, provide the percentage applicable to each, Producer should always be the soliciting or soliciting producer. The commissions should total 100%. Agency Producer Name Agency Number & BPID' or NPN*ID Agency Number & BPID' or NPN*ID Name & BPID' or TIN Name & BPID' or TIN PYC! #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #: #							
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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.

