

# CareChoice<sup>SM</sup>

## Pre-Interview: What to Expect

### Dear Valued MassMutual® CareChoice Applicant,

Thank you for choosing Massachusetts Mutual Life Insurance Company (MassMutual) to help meet your protection needs. The telephone interview is an important step in the process of applying for insurance coverage. Your answers will help our underwriters make an informed decision. If some questions seem odd or make you feel uncomfortable, please be assured they are customary and necessary for this type of coverage. Your information is strictly confidential and will be handled in accordance with MassMutual's privacy guidelines.

#### Information to Have Available:

The following information will be gathered during the call:

- **Personal information** – you will be asked a few questions to verify that he/she is speaking to the correct person.
- **Medical history** – you will be asked about your medical history, including dates, symptoms, diagnoses and conditions for which you have been treated.
- **Medications** – you will be asked to provide the name, dosage and reason for taking. Having the prescription bottles handy will be helpful.
- **Cognitive assessment** – if you are age 64 or older, you will be asked to undergo our quick cognitive assessment which will be combined with the telephone interview and may take an additional 10 minutes.

#### What to Expect:

##### Scheduling

At this time, we do not schedule appointments, however, you can let us know the best time and phone number on the application. We always do our best to accommodate busy schedules.

The representative will confirm the purpose of the call and your consent, and inform you that the call is being recorded.

The interview may take as few as 20 minutes to complete. As many as 40 minutes may be needed to include the cognitive assessment and/or accommodate individuals with more involved medical histories. It will be beneficial for you to be in a private location where you

are free from distractions. If the interviewer calls you at an inconvenient time, it is important that you request to be called back at a time that is better for you.

#### IMPORTANT:

**Completing the following Personal History Worksheet prior to the interview will expedite the call by helping ensure you have the necessary information readily available. This information is for your use only and DOES NOT need to be returned to MassMutual.**

#### What happens to your personal information?

Your answers to the questions in the interview are kept strictly confidential and will only be used for the purpose of the insurance you are applying for. The telephone interview questions and answers are recorded and will be transcribed into writing and included as part of the insurance application, which will form part of the insurance policy if the application is approved.

#### What happens after your interview is completed?

MassMutual uses this information to evaluate your eligibility for this insurance.

#### Questions?

Should you have any questions about the interview or the application process, you can contact your advisor.

We look forward to our upcoming conversation, and thank you for applying for MassMutual CareChoice.



# Personal History Worksheet

## IMPORTANT NUMBERS

Last four digits of your Social Security Number	Date of birth	Exact Height	Exact Weight

## PRIMARY CARE PHYSICIAN

Name	Address	Phone

Other Medical professionals consulted other than your Primary Care Physician within the last 2 years.

## SOCIAL HISTORY

Do you use tobacco products (cigarettes, cigars, chewing tobacco, vaping, etc.)?
<input type="checkbox"/> No, or _____ frequency (daily/weekly)

Do you consume alcohol?
<input type="checkbox"/> No, or _____ frequency (daily/weekly)

## MEDICAL HISTORY

Condition	Date of diagnosis	Symptoms	Type and dates of treatment	Related tests and results	Date of last related doctor visit
1					
2					
3					
4					
5					
6					

For information gathering purposes only. This document DOES NOT need to be returned to MassMutual.



## MEDICAL HISTORY (CONTINUED)

If you have been diagnosed with any of the following conditions, please be ready to provide the following information

Cancer	Diabetes	Coronary heart disease	High blood pressure
Date of diagnosis:	Age diagnosed:	Date of diagnosis:	Date of diagnosis:
Type (breast, colon, prostate, etc.):	Last fasting blood glucose:	Heart attack? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last blood pressure:
Tumor size and location:	Last Blood HgA1C:	Treatment type (bypass, stent, etc.):	Treatment:
Stage (if known):	Treatment type:	Last stress test/heart test: <input type="checkbox"/> Date <input type="checkbox"/> Results _____	
Lymph node involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Presence of: <input type="checkbox"/> Retinopathy <input type="checkbox"/> Neuropathy <input type="checkbox"/> Neuropathy		
Treatment type: <input type="checkbox"/> Surgery <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiation			
Treatment dates:			

For information gathering purposes only. This document DOES NOT need to be returned to MassMutual.

## EVERYDAY ACTIVITIES

Have you ever had to alter any of your daily activities due to a medical condition? If yes, please provide details.

- |   |                                       |   |                                   |
|---|---------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Bathing          | <input type="checkbox"/> Continenence | <input type="checkbox"/> Dressing                   | <input type="checkbox"/> Driving  |
| <input type="checkbox"/> Eating           | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Managing personal finances | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Meal preparation | <input type="checkbox"/> Medicating   | <input type="checkbox"/> Mobility/Walking           |                                   |

Details:

.....

.....

.....

## MEDICATIONS

Prescription name	Dosage and frequency
1	
2	
3	
4	
5	
6	
7	
8	

