

FAQ regarding new business and underwriting updates—Options to support submissions without exams

We are pleased to announce that MassMutual has introduced temporary [options](#) to help advisors write new business during the COVID-19 pandemic. Following are frequently asked questions about life, disability income, and long term care insurance coverage. This information is subject to change as the situation develops.

IMPORTANT: The information below applies only to applications for up to a maximum of \$3 million (\$3M). Please do not ask for this handling for higher face amounts.

1. *Is MassMutual waiving all exams up to a \$3M face amount?*

- No, we are not waiving all insurance fluids/vitals (aka exams). However, given the challenges parameds are facing and customer concerns about COVID-19, we are offering to substitute information from medical records for the insurance fluids/vitals. **Note:** We still need a Part 2 though (a CMI or Tele-CMI), or a completed Coverpath application.
 - For more details on age/amount guidelines and how we will consider electronic and traditional medical records in lieu of the insurance fluids/vitals, please reference [Navigating Uncertainty](#).
 - There is a tradeoff: **Best class is Standard** when insurance fluids/vitals are not done through a paramedical examiner. However, we will reconsider the client for preferred classes if the client completes the insurance fluids/vitals within six months and has not had a significant change in health (i.e., they qualify for Select Preferred or Ultra Preferred after the exam is completed).
 - The underwriter will try to qualify as many clients as possible for approval, but this approach will not work for every case. Approval depends on the completeness and recency of the medical records.
 - If we can upgrade the class from Standard, we will reissue the policy with the original issue date and give you the choice of a premium refund or increasing the death benefit (subject to financial underwriting/suitability parameters).

2. *How long will the option to substitute for insurance fluids/vitals be available?*

- Until further notice. Our goal is to provide a viable alternative as long as the paramed challenges persist. When these challenges end, we will revert back to the normal age/amount requirements.
- MassMutual is hoping to get some good experience with our **1upHealth** Patient Portal solution—and perhaps use it going forward to replace traditional APSs.

3. *Do the new/temporary guidelines apply only to new applications or also to pending applications?*

- Both may qualify. If you have questions, contact your underwriter.
- This process is not intended for advisors to re-open closed cases where the client did not want to complete the exam. If the situation warrants and all of the available medical data is thorough/complete, we will consider such cases, but this should be rare.

4. *Should we try to schedule a paramed exam, or should we use the EMR solutions first?*

- We know that some clients are not comfortable completing a paramed exam, even if the examiner is available.
- Both options are available and equally acceptable (paramed or EMR solution). However, there are pros/cons to each:
 1. **With full insurance fluids/vitals:** We can offer preferred classes immediately to those who qualify. You avoid situations where medical records are available but not complete or recent enough for us to approve.

2. **Without full insurance fluids/vitals:** Your client may still be eligible for the preferred rate, once we obtain insurance fluids/vitals. If we are able to secure medical records and the records are recent/complete, we likely can issue quickly, and the client doesn't have to deal with having a paramed come to their home. **However, the best class we can approve under this option is Standard**, and the client will need to complete insurance fluids/vitals within six months to qualify for a preferred class. That means double handling for you, your staff, and the client. If the client's health has changed in the interim (e.g., heart attack, cancer) we won't be able to improve to preferred. Some medical questions will be asked to determine current health. *Further details will be communicated.*

Bottom line: MassMutual offers two options and you can choose what works best for your client.

5. **What is the typical workflow for the second option?**

Our first preference is for full age/amount requirements. If that's not possible, here is the suggested workflow:

- NBC contacts the client to help them access their medical records through **1upHealth** and uploads records to Insurance Workbench (this is automatic with the **1upHealth** solution).
 - Alternatively, the client can obtain their own patient portal medical records and send them to the advisor/NBC to be uploaded to Workbench.
- The underwriter will evaluate these to see if the case qualifies for approval and will attempt to access other medical record sources, if needed.
- If the client qualifies, we'll approve the file. If not, we'll notify the NBC/advisor and pend the case for the insurance fluids/vitals for up to 120 days, at which point we close the file and return money (if collected).
- When a for-cause APS is needed, the underwriter will try to use alternative methods for obtaining medical records.
- For U98 age/amount APSs, the traditional APS process will be used.
- See below for more information about the Coverpath process.

6. **Why are we asking NBCs to obtain patient portal records rather than advisors?**

You can handle as you'd like, but here's why we suggest NBCs:

- Administrative tasks are not always a strong suit for sales reps.
- It would be challenging to train all advisors on a new process. We believe training a smaller group of NBCs will be more effective and better for providing us with feedback so we can improve the process in the future.
- GAs generally want advisors to sell, not gather requirements.

7. **Can the NBC/advisor access the 1upHealth portal for their client?**

- No one should be accessing the client's patient portal on their behalf.
- 1upHealth is not a portal that NBCs, the home office, or advisors should be accessing on behalf of clients. We provided a link that can be sent to clients for them to access their own patient portal. If the client finds their provider, they log in with their patient portal credentials and authorize the release of data to MassMutual.
- When sending the template email to the client, offer to use Skype or Zoom to talk them through using the 1upHealth portal.

8. **Why use patient portals vs. the home office using other solutions?**

- The Affordable Care Act incentivizes doctors/hospitals to give patients access to their medical records. The vast majority of our customers who have seen a doctor in the last 24 months will

have a record they can access through the portal. Some of our other solutions are only available regionally or for certain providers.

- Patient portals never require special authorizations—a big plus. Some of our other solutions do.

9. What if the client is rated?

- If initial evidence indicates the client will be rated, we will hold application approval until we receive full age/amount requirements.

10. Can you make the rating worse if something significant shows up in the insurance fluids/vitals (e.g., elevated liver function tests)?

- Generally, no. Once the policy is in force, and there has been no material misrepresentation, we will not make the rating worse based on insurance fluids/vitals received later.
- The exception to this is if there is a material misrepresentation on the application that would cause us to have approved the application at a different rating or to decline. In this situation, we could rescind the coverage. This is our standard operating procedure—nothing has changed.

11. If a client has been exposed to, has symptoms of, or has tested positive for COVID-19, can we submit an application?

- Yes, but wait a minimum of 30 days after exposure, positive test, and/or full recovery, whichever is longer, then submit a Quick Quote to your team's Quick Quote board with full details. Some postponement periods are longer.

12. If a client has been exposed to COVID-19, or was tested recently and does not yet have results, do we deliver the policy?

- No. Contact the home office for instructions.

13. In the past, we've been able to use insurance exams/labs from another company if completed within 12 months, along with a current MassMutual Part 2 application (CMI/Tele-CMI or Coverpath application). Is this still an option?

- Yes, the options announced over the past week are in addition to any prior processes. We did not take anything away. All classes are potentially available. If you have questions, contact your underwriting director.

14. Is the Platinum Pass Program maximum going to be increased?

- No. There are no changes to the [Platinum Pass](#) Program at this time. This program is a good option for a client who has been underwritten by MassMutual or another approved company in the past five years. The client can double the coverage of the existing policy to a maximum of \$3M, whichever is less (whole life only). You may use Platinum Pass on pipeline cases if you submit all requirements. Use the [eligibility checklist](#) and [cover page](#).

15. What is our current position on foreign travel: past and future? If I have a client who intends to travel in next year or so (e.g., Great Britain, cruise, etc.) can we consider them? We know they won't travel if the ban is still in place.

- We are most concerned with foreign travel in the next six months. Planned travel after that is acceptable at this time. However, things can change quickly. We are monitoring through the CDC and will follow State Department guidelines.
- For recent foreign travel, we postpone for 30 days from return, assuming no COVID-19 exposure.

16. Can we work with Ash/Crump to obtain requirements they have if we know that the advisor went to them recently to get blood work or an APS?

- Yes. We are working with Ash/Crump to come up with a workflow process. This new process will be a permanent one.

17. Is the Coverpath fluidless program guaranteed issue?

- No. Significant data and underwriting occurs digitally. Expect less than 10-15% of ages 18-60 up to \$1M to qualify. The remaining customers will receive an underwriters' decision fast and digitally. We are working to improve this rate.

18. For those who qualify for fluidless, is the best offer Standard?

- No. Our best offer is Ultra Preferred, Select Preferred Tobacco, or Select Preferred Non-Tobacco.

19. Are we moving from \$750,000 to \$1M maximum for fluidless?

- Not yet. We are working on this. We are targeting the week of April 6, 2020.

20. How will Coverpath help obtain electronic and traditional medical records and APSs? Most seem automated.

- If you have a Coverpath case client/advisor who would like to try substituting medical records for the insurance fluids/vitals or required APS, contact Coverpath Customer Care Advocates (CCA) (support@coverpath.com, 1-866-957-5347).

Additional disability income insurance questions

21. What do we do at time of application (or delivery) if we learn that someone is laid-off or furloughed?

- We will postpone offering coverage until a client is back to work full-time and gainfully employed. We are insuring someone's occupation and income. Reconsideration is contingent upon the client returning to work in the same job, or to a new one. For specific questions, contact [Kathy Coughlin](#).

22. Have we made any changes in our Occupation Classes/Guidelines?

- No.

Additional long term care insurance question

23. Can we extend the delivery date for CareChoice One policies, whole life insurance policies with the LTCAccess Rider, or SignatureCare policies?

- Yes. You can temporarily extend the delivery period from 30 days to 90 days.
 - You must email the delivery team with the policy number to request an extension (DeliveryFollowUpTeam@MassMutual.com) for CareChoice One policies or whole life insurance policies with the LTCAccess Rider.
 - You must email status@lrcmassmutual.com to request the same extension for SignatureCare.

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