

SERFF Tracking Number: MASS-126208485 State: Arkansas
Filing Company: Massachusetts Mutual Life Insurance Company State Tracking Number: 42793
Company Tracking Number:
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Term Application
Project Name/Number: Term Application/A70AR509

Filing at a Glance

Company: Massachusetts Mutual Life Insurance Company

Product Name: Term Application

SERFF Tr Num: MASS-126208485 State: Arkansas

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved-
Closed State Tr Num: 42793

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Lynne Mahan, Robin
Perez, Jennifer Dube

Disposition Date: 06/30/2009

Date Submitted: 06/29/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Term Application

Status of Filing in Domicile: Authorized

Project Number: A70AR509

Date Approved in Domicile: 06/16/2009

Requested Filing Mode: Review & Approval

Domicile Status Comments: Filed with the
Interstate Compact and approved 6/16/09.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/30/2009

Explanation for Other Group Market Type:

State Status Changed: 06/30/2009

Deemer Date:

Created By: Lynne Mahan

Submitted By: Lynne Mahan

Corresponding Filing Tracking Number:

Filing Description:

Re: Massachusetts Mutual Life Insurance Company

NAIC #: 435-65935

FEIN #: 04-1590850

A70AR509 Application Part 1 – Individual Term Life Insurance

SERFF Tracking Number: MASS-126208485 State: Arkansas
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The above-captioned form is being submitted for your review and approval. The form is described below. The form is in final print format. Final print copies of each form and any required certifications are attached.

A70AR509

When approved and implemented, this application will be used to apply for our Renewable and Convertible Term Life Insurance policy 410-AR-2006 and individual term life insurance policies we file in the future. This application is new and will not be replacing any existing forms.

This application will be completed electronically by the producer when personally meeting with the client, and subsequently electronically signed by the client.

The client always has the option of signing a paper copy of this application instead of electronically signing. If they choose to sign electronically, the signature process entails sending a secure e-mail to the e-mail address they provide in question A.8 (and F.8 if the Owner is not the insured) along with a copy of the completed application. That e-mail will ask the Insured (and Owner if necessary) to click on the link to the secure site where they will sign the application. In order to see the form(s) to be signed, the parties must provide their date of birth, place of birth and the last four numbers of either their Social Security Number or other government-issued ID (e.g. Driver's License or passport). Once those questions are correctly answered, they will be required to view each document they are signing, before clicking on a link in the signature section of the application. Please note that 3 incorrect answers to any of the identifying questions will lock the application and require that the client contact the soliciting producer. Similar procedures will be in place if the Owner of the policy is an entity (e.g. Trust, Corporation, etc.).

While the form will normally be completed and signed electronically, the client will be able to receive a paper copy of the application, and a paper copy will be included in the issued policy.

Section F, Proposed Owner Information, will only be completed and become part of the application when the Owner is someone other than the Insured. If there are multiple Owners, multiple versions of this page will be included with the policy and pagination will adjust accordingly.

Section C, Q. 7, Full Legal Name. If the Premium Payor is an individual, the Full Legal Name will request the last name, first name, middle initial, and suffix for the payor. If the premium payor is an entity, the full legal name field will instead ask for the name of the legal entity that will be paying the premiums.

Company and Contact

Filing Contact Information

SERFF Tracking Number: MASS-126208485 State: Arkansas
 Filing Company: Massachusetts Mutual Life Insurance Company State Tracking Number: 42793
 Company Tracking Number:
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Term Application
 Project Name/Number: Term Application/A70AR509

Lynne A. Mahan, Compliance Assistant LMahan@MassMutual.com
 1295 State Street 860-562-3462 [Phone]
 M-381 860-562-6109 [FAX]
 Springfield, MA 01111-0001

Filing Company Information

Massachusetts Mutual Life Insurance Company CoCode: 65935 State of Domicile: Massachusetts
 1295 State Street Group Code: 435 Company Type:
 MIP: M381 Group Name: State ID Number:
 Springfield, MA 01111 FEIN Number: 04-1590850
 (800) 767-1000 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$75.00
 Retaliatory? Yes
 Fee Explanation: 75.00 per form in Massachusetts.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Massachusetts Mutual Life Insurance Company	\$75.00	06/29/2009	28872463

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/30/2009	06/30/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Additional Information	Note To Filer	Linda Bird	05/24/2010	05/24/2010
Additional Information	Note To Reviewer	Lynne Mahan	05/21/2010	05/21/2010

SERFF Tracking Number: *MASS-126208485* *State:* *Arkansas*
Filing Company: *Massachusetts Mutual Life Insurance Company* *State Tracking Number:* *42793*
Company Tracking Number:
TOI: *L04I Individual Life - Term* *Sub-TOI:* *L04I.103 Renewable - Single Life -*
Fixed/Indeterminate Premium

Product Name: *Term Application*
Project Name/Number: *Term Application/A70AR509*

Disposition

Disposition Date: 06/30/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *MASS-126208485* *State:* *Arkansas*
Filing Company: *Massachusetts Mutual Life Insurance Company* *State Tracking Number:* *42793*
Company Tracking Number:
TOI: *L04I Individual Life - Term* *Sub-TOI:* *L04I.103 Renewable - Single Life -
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Product Name: *Term Application*
Project Name/Number: *Term Application/A70AR509*

Note To Filer

Created By:

Linda Bird on 05/24/2010 09:24 AM

Last Edited By:

Linda Bird

Submitted On:

05/24/2010 09:24 AM

Subject:

Additional Information

Comments:

We have received your notice to advise all clients will be completing the application in a paper format until such time as the company's electronic process is operational.

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Note To Reviewer

Created By:

Lynne Mahan on 05/21/2010 12:00 PM

Last Edited By:

Lynne Mahan

Submitted On:

05/21/2010 12:00 PM

Subject:

Additional Information

Comments:

Re: Massachusetts Mutual Life Insurance Company

NAIC #: 435-65935

FEIN #: 04-1590850

Informational Filing

A70AR509 Application Part 1 – Individual Term Life Insurance

The above-captioned form was approved by your Department on 6/30/09 (SERFF Tracking # MASS-126208485). The form has not yet been implemented.

As stated in our original submission, our intent is to have this form be completed and signed electronically while still allowing the client the option of completing a paper copy. However, due to some unforeseen difficulties with the implementation of the electronic version of this application, all clients will be completing this application in a paper format until such time as our electronic process is operational.

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Form Schedule

Lead Form Number: A70AR509

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	A70AR509	Application/ Enrollment Form	Application - Part 1	Initial		50.400	A70AR509.pdf



Application Part 1 - Individual Term Life Insurance

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

1295 State Street, Springfield, Massachusetts 01111-0001

A Proposed Insured COMPLETE THIS SECTION FOR ALL CASES

1. Sex: Male Female
2. Full Legal Name _____
(First Name) (Middle Initial)

(Last Name) (Suffix)
- 3a. DOB _____
(mm/dd/yyyy)
- 3b. Birthplace _____
(Country/State)
4. US Social Security #/TIN _____
- 5a. US Driver's License # _____
 State _____
 Expiration Date _____
- 5b. If none, type of government-issued photo ID _____

 Country/State of issue _____
 ID # _____
 Expiration Date _____

- 6a. Citizenship:
 - US Citizen, Resident US Citizen, Non-Resident
 - Alien, Resident Alien, Non-Resident
- 6b. Non-US Citizens provide:
 Type of Visa _____
 Country of Citizenship _____
7. Telephone #s Home _____
 Work _____ Cell _____
8. Email address _____
9. Residential Address

(City) (Country/State) (Zip/Postal Code)
10. Is Proposed Insured sole owner? Yes No
(Upon death to his/her estate)
11. Collateral Assignment Yes No
(If "Yes", complete Collateral Assignment Form F5308)

B Term Life Policy Information COMPLETE THIS SECTION FOR ALL CASES

1. Product _____
2. Face Amount \$ _____
3. Dividend Option: Dividend Accumulations (DA) Cash (CS)
 Reduced Premiums (RP)

4. Waiver of Premium Rider (WP)
5. Details _____

C Premium Payment Information COMPLETE THIS SECTION FOR ALL CASES

1. Frequency: Monthly (PAC or Group Only) Quarterly
 Semi-annual Annual
2. Billing Type:
 Pre-Authorized Check (PAC) Individual Direct Bill
 Group Bill (provide Inv. Fran. #) _____
3. Specify Policy Date (if other than Issue Date) _____
4. Date policy to save age for the Proposed Insured Yes No
5. Has the initial premium been paid? Yes No
(If "Yes", complete Temporary Life Insurance Receipt)
6. Source of Premium (check all that apply):
 - Earned Income Investment Income
 - Investment/Savings Gifts/Inheritance
 - Loan (Complete Premium Financing Supplement F7002)
 - Other (specify) _____

7. Premium Payor:
 - Proposed Insured Proposed Owner
 - Other (provide name and mailing address below)
- Full Legal Name _____
(First Name or Entity Name) (Middle Initial)

(Last Name) (Suffix)
- Mailing Address

(City) (Country/State) (Zip/Postal Code)

D Primary Purpose of Insurance**COMPLETE THIS SECTION FOR ALL CASES**

- 1a. Personal Needs:**
 Income for Dependents
 Estate Taxes
 Mortgage Cancellation

- 1b. Business Needs:**
 Key Employee
 Stock Redemption
 Cross Purchase

- 1c. Is this policy being purchased in connection with an employer-sponsored plan?**
 Yes If "Yes", check one of the following:
 Tax-qualified employer-sponsored plan
 Non-qualified employer-sponsored plan
 No
- 2.** If the policy applied for will be used in connection with a non-qualified employer-sponsored plan, will the policy be issued on a Unisex basis? _____ **Yes** **No**
- 3.** Has the Proposed Insured and/or the Proposed Owner(s) been offered any economic incentive, "free" life insurance, money, or any other consideration as an incentive to purchase this policy? (If "Yes", explain in Details #8) _____
- 4.** Does the Proposed Insured and/or the Proposed Owner(s) have a current agreement or commitment to sell, transfer, assign, or release this policy - or any beneficial interest of this policy or its ownership structure - to a life settlement company, viatical company, bank, investor, or secondary market provider? (If "Yes", explain in Details #8) _____
- 5.** In connection with this policy, has the Proposed Insured and/or the Proposed Owner(s) entered into an arrangement that entitles a lender or investor to a portion of the death benefit above and beyond the repayment of principal and interest on a loan? (If "Yes", explain in Details #8) _____

Complete questions 6-8 if this is a business-related sale

- 6.** Business is a: Corporation LLC/LLP Partnership Sole Proprietorship
 Year Established _____ # of employees _____ Net value of the business \$ _____
- 7.** If a policy is to be owned by a business or business associate, give names of the other officers or partners and the amount of insurance the business now carries on their lives or has currently applied for (if any officers or partners are not insured, explain in Details #8).
- | Name | Title | Face Amount | % Owned |
|------|-------|-------------|---------|
| | | | |
| | | | |
| | | | |
- 8.** Details (Please reference question number. Attach an additional sheet if necessary.)

E Other Insurance/Replacement Information**COMPLETE THIS SECTION FOR ALL CASES**

- 1.** List Life Insurance currently applied for, contemplated, or now in force on the Insured with this or other companies, including any policies which may have been sold, transferred, or assigned. If none, check here:
- | Policy # | Company | Product | Issue Year | Face Amount |
|----------|---------|---------|------------|-------------|
| | | | | |
| | | | | |
| | | | | |
- 2.** Write the total face amount of new insurance applied for that will be placed in all companies (including this Company's policies).
 \$ _____
- 3.** Is the insurance now being applied for intended to replace or change any insurance or annuity, in whole or part, issued by this Company or another company? Yes No If "Yes", provide information below:
- | Policy # | Company | Product | Issue Year | Face Amount |
|----------|---------|---------|------------|-------------|
| | | | | |
| | | | | |
| | | | | |
- 4. For Internal Term to Term Replacements Only:**
 Do you wish to terminate an existing internal term policy or rider? Yes No (If "Yes", complete Term to Term Replacement Form)

G Beneficiary Information**COMPLETE THIS SECTION FOR ALL CASES**

Beneficiary - Unless otherwise requested, surviving beneficiaries in any class shall take equally. If any beneficiary dies before the Proposed Insured, payment shall be made to the surviving beneficiaries in that class. If no beneficiary is entitled to the payment at time of claim, the proceeds shall be paid to the Proposed Owner, if living, or to the Proposed Owner's estate.

1a. Beneficiary Type _____ %

Name (If Trust, provide full name of Trust) _____

Relationship to Insured _____ DOB/Date of Trust _____ Primary Contingent

1b. Beneficiary Type _____ %

Name (If Trust, provide full name of Trust) _____

Relationship to Insured _____ DOB/Date of Trust _____ Primary Contingent

1c. Beneficiary Type _____ %

Name (If Trust, provide full name of Trust) _____

Relationship to Insured _____ DOB/Date of Trust _____ Primary Contingent

1d. Beneficiary Type _____ %

Name (If Trust, provide full name of Trust) _____

Relationship to Insured _____ DOB/Date of Trust _____ Primary Contingent

2. UTMA/UGMA Custodian - During the minority of the named child(ren), _____ shall be said Custodian
(name of adult to act as Custodian)
for said child(ren) under the _____ Uniform Transfers/Gifts to Minors Act.
(state)

3. Additional Beneficiary Details *(Please attach additional pages as needed)*

H Personal History Information**COMPLETE THIS SECTION FOR ALL CASES**

1. Does the Proposed Insured anticipate any foreign travel within the next 2 years? _____ Yes No

2. Within the last 3 years has the Proposed Insured been, or within the next 2 years does s/he expect to become, a pilot, student pilot, or crew member of any type of aircraft? **(If "Yes", Aviation Supplement to be completed)** _____ Yes No

3. Within the last 3 years has the Proposed Insured taken part in, or within the next 2 years does s/he expect to take part in, underwater diving, hang gliding, para sailing, para kiting, parachuting, skydiving, mountain climbing, bungee jumping, helicopter skiing, or organized racing by automobile, motorcycle, motorboat or snowmobile? **(If "Yes", Avocation Supplement to be completed)** _____ Yes No

4. Within the last 5 years, has the Proposed Insured been in a motor vehicle accident, been convicted of a moving violation, or received a driver's license restriction or revocation? _____ Yes No

5. Within the last 10 years, has the Proposed Insured been convicted of operating a motor vehicle while under the influence of alcohol or other drugs? _____ Yes No

6. Has the Proposed Insured ever been convicted of a felony, or is s/he currently on parole or probation? _____ Yes No

7a. Annual Earned Income \$ _____ 7b. Unearned Income \$ _____ 7c. Net Worth \$ _____

8. Occupation _____ Duties _____
Employer Name & Address _____

9a. If Proposed Insured is not employed: Household Income \$ _____ 9b. Household Net Worth \$ _____

Life Insurance Coverage - This is part 1 of an application for life insurance. The application includes any part 2 that may be required and any amendments, statements, and supplements to either part. Insurance coverage under the policy takes effect when the policy is delivered and accepted, and the initial premium is paid, provided that on the delivery date (1) the Proposed Insured is alive, (2) all answers on the application, including any amendments to the application, are still true and complete, and there have been no changes in the health or insurability of the Proposed Insured from the date the application was submitted to the company unless Insurability Protection is provided under a Temporary Life Insurance Receipt (TLIR), and (3) any required statement of insurability is completed. Failure to satisfy all of these requirements will result in no insurance coverage taking effect. If a future date is selected at time of application, coverage does not begin prior to that date.

Charges may accrue before insurance takes effect - If a life insurance policy is issued, insurance coverage will begin as defined above. Policy charges will begin on the Policy Date, which is defined in the policy. The Policy Date may occur before insurance under the policy takes effect. If so, you will be charged premiums during a period in which no insurance was in force. To reduce the likelihood of paying such premiums, the Proposed Policy Owner may purchase a TLIR, if eligible, or ask the Company to issue the policy with a future Policy Date. Requesting a specific Policy Date may cause the insured's age for insurance purposes to change and the cost of insurance rates to increase. If you have questions about policy charges or policy dating, ask your MassMutual Representative.

Changes and Corrections - Any material change or correction of the application will be shown on an amendment of application attached to the policy. Acceptance of any policy issued shall be acceptance of any change or correction of the application made by the Company. However, any correction or change in the amount, classification, plan of insurance, or riders applied for in this application must be agreed to in writing.

Authority of Producers - No producer can change the terms of this application or any policy issued by the insurer, waive any of the insurer's rights or requirements, or extend the time for any payment.

Acknowledgement of Receipt of Company Notices and Disclosures - In connection with this application, the Company's notices about the Medical Information Bureau (MIB), the Fair Credit Reporting Act, the Company's privacy practices, and Premium Payment Information have been provided to, and received by, the undersigned.

Authorization to Obtain and Disclose Information for the Proposed Insured and/or Proposed Owner - I authorize the Company to review this application and the information contained therein and to collect and review such other information, as it deems necessary, including such medical and non-medical information as the Company may request. I hereby authorize certain parties that have records or knowledge of me and/or my health, to make such information available to the Company, its reinsurers, its affiliated insurance companies, its agents, employees, and representatives. These parties shall include any licensed physician, medical practitioner, hospital, clinic, or other medical or medically-related facility, the MIB, pharmacy data search companies, Department of Motor Vehicles, credit agency, current or former employer, insurance company, and other organizations having information relevant to the issuance or administration of this policy. I further authorize the Company to obtain and conduct a personal history information interview and/or a written inspection in connection with this application, and authorize the Company to obtain an investigative report regarding information about my character, general reputation, personal characteristics, and mode of living. I understand that any and all such information obtained by the Company through such interviews, inspections, or reports may be made available to the Company's agents, employees, and representatives for determining eligibility for insurance, reinsurance, reinstatement requests, or changes in benefits. This authorization shall be valid for 24 months from the date of my signature on this application. All documents and information submitted to, or acquired by, the Company become property of the Company. A photocopy or facsimile of this authorization may be relied upon as if it were an original.

Taxpayer Identification - By my signature below, I, the Proposed Owner of this Policy, certify, under penalties of perjury, that (i) the number referred to in A4, F4, or F13 is my correct Taxpayer Identification Number; (ii) I am not subject to backup withholding either because (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) because the IRS has notified me that I am no longer subject to backup withholding; and (iii) I am a U.S. person (including U.S. resident alien). If (ii) is incorrect, please strike out and initial. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OF BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

I have read the application and all statements and answers as they pertain to me, and affirm that these statements and answers are true, complete and correctly recorded to the best of my knowledge and belief. The statements and answers in the application are the basis for any policy issued by the company, and no information about me will be considered to have been given to the company unless it is stated in the application. I hereby adopt all statements made in the application and agree to be bound by them.

Signed on _____ Date _____ City and State where Proposed Owner signed _____

Signature of Proposed Insured _____ **Signature of Soliciting Producer** _____

X _____ **X** _____ Agency # _____
Proposed Insured Soliciting Producer

Signature of Proposed Owner - If Other than Proposed Insured _____ **Signature of Proposed Joint Owner - If Applicable** _____

X _____ **X** _____
Proposed Owner Include Title (if applicable) Proposed Owner Include Title (if applicable)

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Our Readability Certification is attached. Attachment: AR Read Cert.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: The application form for which we seek approval is attached to the Form Schedule. Comments:		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo Bypass Reason: Not applicable to this application part 1 form. Comments:		

READABILITY CERTIFICATION

I hereby certify the accuracy of the Flesch reading ease test score for the following policy forms. These forms are at least 10 (ten) point type, 2 (two) point leaded.

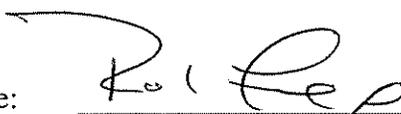
FORM NUMBER AND TITLE

FLESCH SCORE

A70AR509 Application Part 1 - For Individual Term Life Insurance

50.4

Signature:



Roland Fawthrop
Second Vice President & Actuary

Date:

6/29/09