

**State:** Arkansas **Filing Company:** Massachusetts Mutual Life Insurance Company  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** A50GEN 1112 US MML  
**Project Name/Number:** A50GEN 1112 US/A50GEN 1112 US

## Filing at a Glance

Company: Massachusetts Mutual Life Insurance Company  
Product Name: A50GEN 1112 US MML  
State: Arkansas  
TOI: L08 Life - Other  
Sub-TOI: L08.000 Life - Other  
Filing Type: Form  
Date Submitted: 12/31/2012  
SERFF Tr Num: MASS-128782653  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num:

Implementation  
Date Requested:  
Author(s): Robin Perez, Jennifer Dube, Nick Sheehan  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 01/07/2013  
Disposition Status: Approved-Closed  
Implementation Date:

State Filing Description:

**State:** Arkansas  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** A50GEN 1112 US MML  
**Project Name/Number:** A50GEN 1112 US/A50GEN 1112 US

**Filing Company:** Massachusetts Mutual Life Insurance Company

## General Information

Project Name: A50GEN 1112 US  
Project Number: A50GEN 1112 US  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Deemer Date:  
Submitted By: Nick Sheehan

Status of Filing in Domicile: Pending  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Individual  
Individual Market Type:  
Filing Status Changed: 01/07/2013  
State Status Changed: 01/07/2013  
Created By: Robin Perez  
Corresponding Filing Tracking Number:

### Filing Description:

MML Bay State Life Insurance Company  
NAIC #: 435-70416  
FEIN #: 43-0581430

A50GEN 1112 US Application for Life or Disability Income Insurance (Part 2)  
F181GEN 1112 LI Military Supplement  
A3310GEN 1112 LI Aviation Supplement  
A3320GEN 1112 US Avocation Supplement  
F6290GEN 1112 US Non-citizen and/or Foreign Travel and Residence Supplement

The above-captioned forms are being submitted for your review and approval. The forms are described below. The forms are in final print format. Final print copies of the forms and any required certifications are attached.

### A50GEN 1112 US

When approved and implemented, this application will be used to provide additional information on a proposed insured. This form will be used with adults and juveniles. This form replaces previously approved A50GE702 approved by your department on 10/28/2002,

### A3310GEN 1112 LI

When approved and implemented, this supplement will be used to provide details relating to the proposed insured's aviation practices.  
This form replaces previously approved A3310-8900 approved by your department on 6/19/1989,

### A3320GEN 1112 US

When approved and implemented, this supplement will be used to provide details relating to the proposed insured's avocations.  
This form replaces previously approved A3320-8900 approved by your department on 6/19/1989,

### F181GEN 1112 LI

When approved and implemented, this supplement will be used to provide details relating to the proposed insured's military status and service. This is a new form and does not replace a previously approved form.

### F6290GEN 1112 US

**State:** Arkansas **Filing Company:** Massachusetts Mutual Life Insurance Company  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** A50GEN 1112 US MML  
**Project Name/Number:** A50GEN 1112 US/A50GEN 1112 US

When approved and implemented, this supplement will be completed by the proposed insured if they are contemplating foreign travel or residence in the next two years. This is a new form and does not replace a previously approved form.

## Company and Contact

### Filing Contact Information

Robin Perez, Compliance Specialist rperez@MassMutual.com  
 1295 State Street 860-562-4409 [Phone]  
 M177 860-562-6151 [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: \$375.00  
 Retaliatory? Yes  
 Fee Explanation:  
 Per Company: No

Company	Amount	Date Processed	Transaction #
Massachusetts Mutual Life Insurance Company	\$375.00	12/31/2012	66119365

SERFF Tracking #:

MASS-128782653

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Massachusetts Mutual Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

A50GEN 1112 US MML

Project Name/Number:

A50GEN 1112 US/A50GEN 1112 US

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/07/2013	01/07/2013

**SERFF Tracking #:**

MASS-128782653

**State Tracking #:****Company Tracking #:****State:**

Arkansas

**Filing Company:**

Massachusetts Mutual Life Insurance Company

**TOI/Sub-TOI:**

L08 Life - Other/L08.000 Life - Other

**Product Name:**

A50GEN 1112 US MML

**Project Name/Number:**

A50GEN 1112 US/A50GEN 1112 US

## Disposition

Disposition Date: 01/07/2013

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Form	Application for Life or Disability Income Insurance (Part 2)		Yes
Form	Avocation Supplement		Yes
Form	Military Supplement		Yes
Form	Non-Citizen and/or Foreign Travel and Residence Supplement		Yes
Form	Aviation Supplement		Yes

State: Arkansas  
 TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other  
 Product Name: A50GEN 1112 US MML  
 Project Name/Number: A50GEN 1112 US/A50GEN 1112 US

Filing Company: Massachusetts Mutual Life Insurance Company

## Form Schedule

Lead Form Number: A50GEN 1112 US								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Application for Life or Disability Income Insurance (Part 2)	A50GEN 1112 US	AEF	Initial		51.700	A50GEN.pdf
2		Avocation Supplement	A3320GEN 1112 LI	AEF	Initial		58.000	A3320GEN.pdf
3		Military Supplement	F181GEN 1112 LI	AEF	Initial		52.000	F181GEN.pdf
4		Non-Citizen and/or Foreign Travel and Residence Supplement	F6290GEN 1112 US	AEF	Initial		50.700	F6290GEN.pdf
5		Aviation Supplement	A3310GEN 1112 LI	AEF	Initial		50.900	A3310GEN.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

To the Company as defined below:

- Massachusetts Mutual Life Insurance Company**, 1295 State Street, Springfield, Massachusetts 01111-0001
- C.M. Life Insurance Company**, 100 Bright Meadow Boulevard, Enfield, Connecticut 06082
- MML Bay State Life Insurance Company**, 100 Bright Meadow Boulevard, Enfield, Connecticut 06082

**Use this Application to provide additional information on the Proposed Insured. Complete all sections for all cases.**

**A Personal Information** ::

1. Proposed Insured full legal name (*First, MI, Last, Suffix*): \_\_\_\_\_
2. Date of birth (*mm/dd/yyyy*): \_\_\_\_\_
3. Social Security Number or Taxpayer Identification Number: \_\_\_\_\_
4. Current height (*Feet and Inches*): \_\_\_\_\_ Current weight (*Pounds*): \_\_\_\_\_
5. If your weight changed by over 10 pounds in the last year, indicate amount and reason: \_\_\_\_\_  
\_\_\_\_\_
6. Current primary physician name (*First, MI, Last, Suffix*): \_\_\_\_\_
  - a. Physician business address (*Street, Suite #, City & State or Country, ZIP/Postal Code*):  
\_\_\_\_\_
  - b. Physician Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ -- \_\_\_\_\_
  - c. Date last seen by physician and reason: \_\_\_\_\_  
\_\_\_\_\_
7. Family History. *Include immediate family (parents and siblings). Use Details section for additional space.*

Relative	Health Problems – Include Age of Onset	Age if Living	Age at Death	Cause of Death
Father				
Mother				
Brother(s)/Sister(s)				

**B Personal History Information** ::

**If Proposed Insured answers Yes to any question, provide additional information in Supplement A.**

1. Has the Proposed Insured used tobacco or other nicotine containing products (*e.g. cigarettes, pipes, cigars, snuff, chewing tobacco or nicotine delivery device such as gum or the patch*):
  - a. Within the last 12 months? .....  Yes  No
  - b. Within the last 24 months? .....  Yes  No
2. Is the Proposed Insured currently:
  - a. Under treatment or taking any prescription medications (other than contraceptives)? .....  Yes  No
  - b. Taking any herbal or non-prescription medication at least weekly? .....  Yes  No
  - c. Pregnant? .....  Yes  No  
If Yes, expected delivery date: \_\_\_\_\_

MassMutual Financial Group is a marketing name for Massachusetts Mutual Life Insurance Company (MassMutual) and its affiliated companies and sales representatives.

**B** Personal History Information *continued* •••••

- 3. In the past 10 years, has the Proposed Insured been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for a disease or disorder such as:
  - a. Chest pain, heart attack, high blood pressure, heart murmur, palpitations or any other disorder of the heart, arteries or veins? .....  Yes  No
  - b. A tumor or cancer including skin cancer, melanoma or colon polyps? .....  Yes  No
  - c. A disorder of the blood, spleen or immune system including anemia, blood clots, bleeding, immune deficiency, leukemia, or lymphoma? .....  Yes  No
  - d. A disorder of the brain, spinal cord or nervous system including seizures, tremors, paralysis, dizziness, fainting, headaches, stroke or TIA (transient ischemic attack)? .....  Yes  No
  - e. Depression, anxiety, nervousness, stress, psychosis, suicide thoughts or attempts, anorexia or bulimia, post traumatic stress disorder, obsessive compulsive disorder, bipolar disorder, attention deficit hyperactivity disorder (ADHD) or other emotional disorder? .....  Yes  No
  - f. A disorder of the eyes, ears, nose, throat or sinuses including any partial or complete loss of hearing, vision or speech? .....  Yes  No
  - g. Asthma, allergies, shortness of breath, bronchitis, emphysema, chronic obstructive pulmonary disease (COPD), pneumonia, sleep apnea, tuberculosis or any other disorder of the respiratory system? .....  Yes  No
  - h. A disorder of the digestive system, liver, pancreas or gall bladder including hepatitis, jaundice, ulcers, intestinal bleeding, colitis, Crohn's disease (ileitis), recurrent indigestion, diarrhea or diverticulitis? .....  Yes  No
  - i. A disorder or impairment of the muscles, bones, joints, nerves, spine, neck or back including arthritis, gout, sciatica or amputations? .....  Yes  No
  - j. Epstein-Barr virus, Lyme disease, chronic fatigue syndrome, fibromyalgia, lupus or other rheumatologic disorder? .....  Yes  No
  - k. Diabetes or a disorder of the thyroid, pituitary or adrenal glands? .....  Yes  No
  - l. A disorder of the kidneys, bladder, prostate or urinary tract or findings of sugar, protein or blood in the urine? .....  Yes  No
  - m. A disorder of the skin including eczema or psoriasis? .....  Yes  No
  - n. A diagnosis of Human Immunodeficiency Virus (HIV) infection or Acquired Immune Deficiency Syndrome (AIDS)? .....  Yes  No
  - o. A disorder of the uterus, cervix, ovaries or breasts? .....  Yes  No
  - p. Multiple miscarriages, complicated pregnancy or infertility evaluation? .....  Yes  No
- 4. In the last 10 years, has the Proposed Insured:
  - a. Used cocaine, barbiturates, amphetamines, heroin, narcotics, stimulants, hallucinogens or other controlled substances or habit forming drugs not prescribed by a physician? .....  Yes  No
  - b. Received treatment, attended a program or been counseled for alcohol or drug abuse or been advised by a health professional to reduce the use of alcohol? .....  Yes  No
- 5. In the last 5 years, has the Proposed Insured:
  - a. Had an application for life, disability or health insurance declined, postponed, rated or restricted? .....  Yes  No
  - b. Had a sickness or injury for which a disability claim was made or payments, benefits or pension benefits were received? .....  Yes  No
- 6. In the last 3 years, unless previously stated on the application, has the Proposed Insured:
  - a. Had a physical exam, check-up or evaluation by a health professional? .....  Yes  No
  - b. Had an injury treated by a health professional or medical facility? .....  Yes  No
  - c. Had an electrocardiogram, x-ray, blood test or other diagnostic test, excluding an HIV test? .....  Yes  No
  - d. Had surgery or been a patient in a hospital, clinic or other medical or mental health facility? .....  Yes  No
  - e. Been advised to have surgery, medical treatment or diagnostic testing, excluding HIV testing that has not been completed? .....  Yes  No



Use this supplement to provide additional information for questions answered Yes.

**A Personal Information** ::

1. Proposed Insured full legal name (*First, MI, Last, Suffix*): \_\_\_\_\_
2. Date of birth (*mm/dd/yyyy*): \_\_\_\_\_
3. Social Security Number or Taxpayer Identification Number: \_\_\_\_\_

**B Additional Information** ::

Question	Details and Medications	Name of Physician	Address of Physician

▶ Signature of Proposed Insured: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

▶ Signature of Witness: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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To the Company as defined below:

- Massachusetts Mutual Life Insurance Company** 1295 State Street, Springfield, Massachusetts 01111-0001
- MML Bay State Life Insurance Company** 100 Bright Meadow Boulevard, Enfield, Connecticut 06082
- C.M. Life Insurance Company** 100 Bright Meadow Boulevard, Enfield, Connecticut 06082

**Proposed Insured should use this Supplement to provide details related to their avocations.**

**A Personal Information** ::

1. Policy number: \_\_\_\_\_
2. Full legal name (First, MI, Last, Suffix): \_\_\_\_\_
3. Date of birth (mm/dd/yyyy): \_\_\_\_\_
4. Preferred coverage (Select one):  Full coverage (Insurance may be in a classified premium category with increased premium)  
 Exclusion rider, if available

**B Avocation Information** ::

1. In which of the following avocations has the Proposed Insured participated during the last 3 years or expect to participate in the next 2 years?  
 Underwater Diving  Climbing  Aerial Sports  Racing (Complete corresponding sections below)
2. In the specified avocation, the Proposed Insured is a:  Professional  Semi-professional  Instructor  Amateur  Student
3. How long has the Proposed Insured participated in the avocation?  Less than 2 years  2 to 4 years  More than 4 years
4. Is the Proposed Insured a member of an organized club related to the avocation?  No  Yes If Yes, name: \_\_\_\_\_

**Underwater Diving**

5. Type (Select all that apply):  Scuba  Skin or Snorkel  Recreation  Rescue  Salvage  Night
6. Usual location (Select all that apply):  Deep Sea  Ocean  Lakes  Rivers  Ponds  Quarries  Caves
7. Has the Proposed Insured received formal training?  Yes  No If Yes, type of certification level: \_\_\_\_\_
8. Does the Proposed Insured dive alone?  Yes  No

**Frequency**

Depth	Average time	12 to 24 months ago	Last 12 months	Est. next 12 months
0 – 75 feet				
76 – 100 feet				
Over 100 feet				
Maximum depth	N/A	feet	feet	feet

**Climbing**

9. Type (Select all that apply):  Ice  Rock  Trail  Mountain  Cliff face
10. Usual location (Select all that apply):  North America  Elsewhere (Specify): \_\_\_\_\_
11. Number of trips: a. 12-24 months ago \_\_\_\_\_ b. Last 12 months \_\_\_\_\_ c. Est. next 12 months \_\_\_\_\_
12. Average days per trip: \_\_\_\_\_
13. Maximum elevation: \_\_\_\_\_
14. YDS class: \_\_\_\_\_
15. Equipment used: \_\_\_\_\_



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- C.M. Life Insurance Company** 100 Bright Meadow Boulevard, Enfield, Connecticut 06082

**Proposed Insured should use this Supplement to provide details on current military status and service.**

**A Personal Information** ::

- 1. Policy number: \_\_\_\_\_
- 2. Full legal name (*First, MI, Last, Suffix*): \_\_\_\_\_
- 3. Date of birth (*mm/dd/yyyy*): \_\_\_\_\_

**B Military Information** ::

- 1. Current military status (*Select one*):  Active  Inactive  Future (*Written agreement*)
- 2. Current member of which branch of the military?  Air Force  Army  Coast Guard  Marines  Navy
- 3. Currently serving in what capacity?  Full-time  National Guard  Reserves  ROTC  Service Academy  
*If National Guard or Reserves: Is the Proposed Insured currently activated for full-time duty?*  Yes  No
- 4. Current rank/grade:  Enlisted (*E1-E4*)  Enlisted (*E5 & up*)  Officer (*01-04*)  Officer (*05 & up*)
- 5. Dates of Service. a. Entry date (*mm/dd/yyyy*): \_\_\_\_\_ b. Expected discharge date (*If known*): \_\_\_\_\_
- 6. Current duties: \_\_\_\_\_
  - a. Currently receiving or expecting to receive hazardous duty or incentive pay?  Yes  No
  - b. Current assignment location (*State/Country*): \_\_\_\_\_
  - c. Alerted or received orders for duty outside the U.S.?  Yes  No
- 7. Ever flown or expect to fly as a pilot or crew member? *If Yes, complete Aviation Supplement.*  Yes  No

**C Additional Information** ::

**Details.** Provide additional information indicating question number.

**ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.**

Signed at (*City & State*): \_\_\_\_\_ Date: \_\_\_\_\_

 Signature of Proposed Insured: \_\_\_\_\_

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To the Company as defined below:

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- MML Bay State Life Insurance Company** 100 Bright Meadow Boulevard, Enfield, Connecticut 06082
- C.M. Life Insurance Company** 100 Bright Meadow Boulevard, Enfield, Connecticut 06082

**Proposed Insured should use this Supplement if contemplating foreign travel or residence in the next two years.**

## A Personal Information ::

1. Policy number: \_\_\_\_\_
2. Full legal name (First, MI, Last, Suffix): \_\_\_\_\_
3. Date of birth (mm/dd/yyyy): \_\_\_\_\_
4. Place of birth (Country & State/Province): \_\_\_\_\_

## B Citizenship ::

1. Are you a U.S. citizen?  Yes  No *If No, complete questions 2-6 and indicate citizenship:* \_\_\_\_\_
2. How long have you lived in the U.S. on a full time basis? \_\_\_\_\_  
*If residence has not been continuous, give dates and explanation below in section D – Additional Information*
3. Do you expect to remain in the United States permanently?  Yes  No *If No, when do you expect to leave?* \_\_\_\_\_
4. What type of Visa (or other documentary evidence) authorizing your stay in the US do you have? Describe:  
 Visa Symbol/Type: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_
5. What members of your immediate family are full-time residents in the U.S. or citizens of the U.S.? \_\_\_\_\_
6. Do you own personal assets in the United States?  Yes  No *If Yes, provide details in section D – Additional Information.*

## C Foreign Travel and/or Residence: ::

1. To what countries/cities do you intend to travel or reside? \_\_\_\_\_
  - a. Date of departure from U.S. (mm/dd/yyyy): \_\_\_\_\_
  - b. Duration of absence from U.S. For travel (annually): \_\_\_\_\_ For residence (total): \_\_\_\_\_
  - c. Duration of stays in each country and city to be visited: \_\_\_\_\_
  - d. Frequency of trips (annually): \_\_\_\_\_
2. Will your family accompany you?  Yes  No
3. Purpose of travel or residence abroad: \_\_\_\_\_  
*Is any trip for missionary purposes?  Yes  No If Yes, give details of activities, location and duration: \_\_\_\_\_*

## D Additional Information ::

**Details.** Provide additional information indicating section and question.

**ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.**

Signed at (City & State): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Proposed Insured: \_\_\_\_\_

MassMutual Financial Group is a marketing name for Massachusetts Mutual Life Insurance Company (MassMutual) and its affiliated companies and sales representatives.

To the Company as defined below:

- Massachusetts Mutual Life Insurance Company** 1295 State Street, Springfield, Massachusetts 01111-0001
- MML Bay State Life Insurance Company** 100 Bright Meadow Boulevard, Enfield, Connecticut 06082
- C.M. Life Insurance Company** 100 Bright Meadow Boulevard, Enfield, Connecticut 06082

**Proposed Insured should use this Supplement to provide details relating to their aviation practices.**

**A Personal Information** ::

1. Policy number: \_\_\_\_\_
2. Full legal name (First, MI, Last, Suffix): \_\_\_\_\_
3. Date of birth (mm/dd/yyyy): \_\_\_\_\_

**B Aviation Information** ::

1. What was the date of your last flight other than as a passenger? \_\_\_\_\_
2. Provide total hours flown, the number of hours flown in the past 12 months and your estimate for the next 12 months in each of the following categories. If no flying time in a given category, enter zero.

	Hours as Pilot or Co-Pilot			Hours as Crew Member	
	Total hours logged	Last 12 months	Estimate next 12 months	Last 12 months	Estimate next 12 months
Private or Student (Not flying for hire)					
Commercial (Flying for hire)					
Military (Including Reserve and National Guard)					

**Civilian Aviation (Including Private, Student and Commercial)**

If you answer Yes or select Other in this section or the Military Aviation section, provide details in section C – Additional Information.

3. Have you flown or do you expect to fly outside the continental United States?  Yes  No
4. What type of license/certificate do you hold?  None  Student  Private  Commercial  Flight Instructor  Air Transport Pilot
5. What ratings do you currently hold?  Visual Flight Rating  Instrument Flight Rating  Other (Specify): \_\_\_\_\_
6. Make and model of airplane owned/flown: \_\_\_\_\_
7. If flying commercially or on company business, indicate:  Solo  Both Pilot and Co-Pilot aboard
8. Indicate the nature of flying other than as a passenger during the past 12 months (Select all that apply):

<input type="checkbox"/> Pleasure or personal business	<input type="checkbox"/> Air Taxi	<input type="checkbox"/> Test – Experimental	<input type="checkbox"/> Scheduled Airlines (Listed by FAA as Certified Route Air Carriers)
<input type="checkbox"/> Company business: <input type="checkbox"/> Hire <input type="checkbox"/> Not for hire	<input type="checkbox"/> Charters	<input type="checkbox"/> Test – Production Line	<input type="checkbox"/> Supplemental Air Carriers
<input type="checkbox"/> Dusting, seeding or spraying	<input type="checkbox"/> Cargo Carriers	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Other Airlines (Non-scheduled passenger service)
<input type="checkbox"/> Other (Specify): _____			

MassMutual Financial Group is a marketing name for Massachusetts Mutual Life Insurance Company (MassMutual) and its affiliated companies and sales representatives.

**B Aviation Information** *continued* •••••

**Civilian Aviation** *continued*

9. Indicate all applicable types of aircrafts you have flown during the past 12 months (*Select all that apply*):

<input type="checkbox"/> Single engine	<input type="checkbox"/> Propeller	<input type="checkbox"/> Helicopter	<input type="checkbox"/> Sailplane
<input type="checkbox"/> Hot Air Balloon	<input type="checkbox"/> Gas or Helium Balloon	<input type="checkbox"/> Multi-engine	<input type="checkbox"/> Other ( <i>Specify</i> ): _____
<input type="checkbox"/> Jet	<input type="checkbox"/> Glider	<input type="checkbox"/> Home-built ( <i>Specify in section C</i> )	

**Military Aviation (Including Reserve and National Guard)**

10. The Proposed Insured is a member of which branch of the military?  Air Force  Army  Coast Guard  Marines  Navy

11. What is your Rank or Grade?  Enlisted (E1-E4)  Enlisted (E5 & up)  Officer (01-04)  Officer (05 & up)

12. Indicate your current Military Assignment/Duties (*Select all that apply*):

<input type="checkbox"/> Student Pilot	<input type="checkbox"/> Instructor	<input type="checkbox"/> M.A.C.	<input type="checkbox"/> Transport	<input type="checkbox"/> Other ( <i>Specify</i> ): _____
<input type="checkbox"/> Flight Surgeon/Nurse	<input type="checkbox"/> Reserve/National Guard	<input type="checkbox"/> Fighter Pilot	<input type="checkbox"/> Proficiency Flying	

13. Indicate all applicable types of aircrafts you have flown during the past 12 months (*Select all that apply*):

<input type="checkbox"/> Single engine	<input type="checkbox"/> Propeller	<input type="checkbox"/> Helicopter	<input type="checkbox"/> Reconnaissance or Liaison
<input type="checkbox"/> Multi-engine	<input type="checkbox"/> Jet	<input type="checkbox"/> Bomber	<input type="checkbox"/> Fighter or Interceptor
<input type="checkbox"/> Transport	<input type="checkbox"/> Other*	<input type="checkbox"/> Test/Experimental*	

\*Provide additional information in section C.

14. Have you flown or do you expect to fly in any carrier-based aircraft?  Yes  No (*If Yes, specify*): \_\_\_\_\_

15. Do you expect your future flying to be of a different nature or in a different type of aircraft?  Yes  No

**Coverage**

16. Preferred Coverage (*Select one*):  Full coverage (*Insurance may be in a classified premium category with increased premium*)  
 Exclusion Rider, if available

**C Additional Information** :::::

**Details.** Provide additional details indicating section and question.

**ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.**

Signed at (*City & State*): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Proposed Insured: \_\_\_\_\_

SERFF Tracking #:

MASS-128782653

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Massachusetts Mutual Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

A50GEN 1112 US MML

Project Name/Number:

A50GEN 1112 US/A50GEN 1112 US

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Generic Readability No A60.pdf			

## 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.

<u>FORM NUMBER AND TITLE</u>	<u>FLESCH SCORE</u>
A50GEN 1112 US      Application for Life or Disability Income Insurance (Part 2)	51.7
A3310GEN 1112 LI    Aviation Supplement	50.9
A3320GEN 1112 US    Avocation Supplement	58.0
F181GEN 1112 LI     Military Supplement	52.0
F6290GEN 1112 US    Non-Citizen and/or Foreign Travel and Residence Supplement	50.7

Signature: Digitally signed by Jo-Anne Rankin  
DN: cn=Jo-Anne Rankin, o=MM USIG,  
ou=Reinsurance, Filing, Illustrations,  
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Date: 2012.12.31 08:54:35 -0500  
Jo-Anne Rankin  
Vice President

Date: 12/28/2012