

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY ("the Company")
 1295 State Street, Springfield, Massachusetts 01111-0001

Please read this Temporary Disability Insurance Agreement ("Agreement") carefully. It is important to you.

This Agreement provides a maximum of 75 days of coverage while insurability is being determined. The maximum amount of monthly benefits and the maximum period for which benefits may be paid for disability under this Agreement is LIMITED. This Agreement is only to be used for new policies. It cannot be used in conjunction with a "Bill at Issue" request and cannot be used for additions to existing, in force policies.

Summary - This Agreement provides LIMITED coverage while we review the Proposed Insured's application to decide if we will issue the policy(ies) applied for. This Agreement does not commit the Company to issue any policy(ies).

Eligibility Requirements for Temporary Insurance Coverage – No coverage will be available under this Agreement if there are incorrect, untrue, incomplete or omitted statements or other material misrepresentations of fact in any part of the application, which includes the Part 1, the Part 2, any amendments, any questionnaires and supplements to either part and this Agreement. The Company will grant temporary coverage to the Proposed Insured if all the following conditions are met:

1. The advance payment (equal to a minimum of at least one month's premium) has been provided to our Agent, and the instrument (method) submitted as payment is honored and there are sufficient funds to pay the required premium;
2. The Part 1 of the application has been completed and signed on the same date as this Agreement; and
3. All of the following questions are answered and each is answered "No".

Has the Proposed Insured:

	Yes	No
a. In the past 5 years, received treatment for, been advised to seek treatment for, or been diagnosed by a health professional, physician or other practitioner as having an emotional or mental disorder, stroke, cancer, tumor, chest pain or heart attack, or any disease, disorder or problem of the kidneys, arteries, neck, or back?	<input type="checkbox"/>	<input type="checkbox"/>
b. In the past 5 years, received treatment, attended a program or been counseled for alcohol or drug abuse, or been advised by a health professional to receive such treatment?	<input type="checkbox"/>	<input type="checkbox"/>
c. Within the past 12 months, applied for, been declined for, or had issued any other individual disability insurance?	<input type="checkbox"/>	<input type="checkbox"/>
d. In the past 90 days:		
• Been admitted to a hospital or medical facility, or been recommended admission to a hospital or medical facility by a health professional?	<input type="checkbox"/>	<input type="checkbox"/>
• Had surgery or been advised to have surgery by a health professional?	<input type="checkbox"/>	<input type="checkbox"/>
• Had any diagnostic test, excluding tests for the Human Immunodeficiency Virus (HIV), for which the results are unknown, or been advised by a health professional to have any diagnostic test, excluding tests for HIV, which has not yet been completed?	<input type="checkbox"/>	<input type="checkbox"/>

No soliciting agent is authorized to accept any payment with the application if any of the above questions are answered "Yes" or left blank.

Temporary Insurance Coverage

Accidental Bodily Injury – Coverage starts at 12:01 AM on the date following the simultaneous:

1. Completion of the application and this Agreement; and
2. Payment of at least the minimum advance premium.

Coverage is provided only for a disability due to an accidental bodily injury that occurs on or after this date.

Sickness – Coverage starts at 12:01 AM on the date following the simultaneous:

1. Completion of the application (which includes completion of a medical examination if required by the Company's underwriting guidelines) and this Agreement; and
2. Payment of at least the minimum advance premium.

Coverage is provided only for a disability due to a sickness that first manifests itself on or after this date.