

# LifeBridge<sup>SM</sup> (FREE Life Insurance for Eligible Parents) FAQ

## What is LifeBridge<sup>SM</sup>?

This is a **FREE** life insurance program for income eligible families. It is designed to help you protect your dream of providing an education for your children if you die before they complete their schooling. The policy is for \$50,000 and is a 10-year term life insurance policy that can only be used to cover educational expenses of your children.

## Is the policy really free?

Yes it is completely free with no further obligations. As part of their commitment to increase family assets, MassMutual is paying the premiums for this policy. There is no cost to you or your children.

## What educational expenses will be covered under the program?

It can be used for tuition, fees, books, campus room and board, and other educational expenses. Expenses for pre-school, private school, trade school, colleges and universities all qualify.

## How long will this program be available?

New applications will be accepted until 20,000 policies are issued & the program discontinued.

## What if my income goes up after I get the free life insurance policy?

As long as you qualify at the time of application, you are covered for the entire 10 year term of the policy.

## Does the money have to be used all at once?

No. After your death, your beneficiaries have 10 years or until they are age 35, whichever is later to use the entire \$50,000 benefit.

## If I fill out the eligibility form, does that mean I am guaranteed coverage?

No. The information you provide on the eligibility form is used to determine if you are eligible to apply for the LifeBridge<sup>SM</sup> Free Life Insurance Program. Once you are notified you are eligible to apply, you will then need to complete an application for insurance.

## To be eligible you must be:

- Between the ages of 19 and 42
- Parent or legal guardian of at least one dependent child under the age of 18
- Permanent, legal resident of the United States
- Currently employed full or part time with annual family income between \$10,000 and \$40,000. If you have a new job, your pay stubs (vs. tax returns) can be used to determine income eligibility.
- Only member of your household who has applied
- In good health as determined by Mass Mutual's underwriting guidelines.
- You are **not eligible** if you have been diagnosed with heart disease, cancer, HIV or Type 1 Diabetes, currently abuse drugs or alcohol or have abused them within the last 10 years; or are currently on probation.

For more info, download the LifeBridge<sup>SM</sup> FAQ brochure available at the [SPAM Website](http://manoa.hawaii.edu/studentparents)  
<http://manoa.hawaii.edu/studentparents>

## Mail completed Eligibility Form to:

Jeffrey Ling, CFP® \*MassMutual Financial Group \*1001 Bishop St., Suite 2600 \*Honolulu, HI 96813  
Tel: 808-537-4591 ext 446 [JLING@FINSVCS.COM](mailto:JLING@FINSVCS.COM)

# LifeBridge eligibility form

Please answer ALL of the following questions. Massachusetts Mutual Life Insurance Company (MassMutual) will use the information to determine if you are eligible to be considered for participation in the LifeBridge Free Life Insurance Program. Incomplete forms will not be considered for this program.

**Fold and mail this form to the address on the back of the form. No postage is necessary.**

Answer each question truthfully; CIRCLE either **YES** or **NO**:

- |    |  |     |    |
|----|--|-----|----|
| 1. | Are you between the ages of 19 and 42?<br>Date of birth _____                                    | YES | NO |
| 2. | Are you the parent or legal guardian of at least one dependent child who is under the age of 18? | YES | NO |
| 3. | Are you currently employed (full or part time)?  | YES | NO |
| 4. | Do you have a total family income that is at least \$10,000 but not more than \$40,000?          | YES | NO |
| 5. | Are you a permanent, legal resident of the U.S.?   | YES | NO |
| 6. | Are you the only parent or legal guardian in your household who has applied?                     | YES | NO |

Note: The LifeBridge Free Life Insurance Program is not designed to replace insurance coverage you already may have purchased.

### Identify your eligible children

Please print one or more individuals to receive equal benefits under the Trust. You must be the parent or legal guardian of these individuals (each child must be under the age of 18 at the time you apply) and provide ALL information requested below.

Name	Address (if different than your own)	Date of Birth

### Your address and signature

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### From which community organization did you learn about this program?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Boys & Girls Club | <input type="checkbox"/> Habitat for Humanity | <input type="checkbox"/> Urban League   |
| <input type="checkbox"/> YMCA              | <input type="checkbox"/> YWCA                 | <input type="checkbox"/> Massmutual.com |
| <input type="checkbox"/> United Way        | <input type="checkbox"/> Other _____          |   |