

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. **Please note that all answers must be “Yes” in order to apply for LifeBridge.**

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

FOLD1

TAPE HERE
DO NOT STAPLE



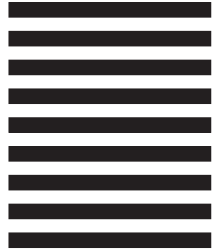
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

LB1010R 817

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1 SPRINGFIELD MA

POSTAGE WILL BE PAID BY ADDRESSEE

MASSMUTUAL
F205
LIFEBRIDGE PROGRAM MANAGER
PO BOX 1295
SPRINGFIELD MA 01101-9909



FOLD2