



Life Underwriting Guide

For Permanent Insurance

LIFE | PERMANENT



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FINANCIAL®

Build for what's ahead™

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At Brighthouse Financial®, we are on a mission to help people achieve financial security. As part of that mission, we strive to create simple underwriting solutions for our customers. We are constantly researching industry standards and reviewing our guidelines to make the underwriting process as minimally invasive as possible.

In 2018, we introduced Brighthouse Simple Underwriting. This approach will often result in an initial underwriting decision within 24 hours with no exams or labs needed from the Proposed Insured – and includes an underwriting offer without multiple levels of classes or ratings. This approach leverages the use of various databases (detailed within this guide) and medical records to avoid the traditional paramedical exam and laboratory testing process. Some Proposed Insureds will still need to use a traditional underwriting process.

We created this Life Underwriting Guide to provide general information for our permanent products. Separate guides are available for our term products and conversion information. We would encourage you to utilize this guide and our Underwriting Pre-Qualification Checklist to prepare your clients for the application process and make the process as transparent and easy as possible.

Medical Underwriting Requirements

Brighthouse Simple Underwriting

Brighthouse Simple Underwriting is available on our permanent products, subject to plan guidelines. Our current permanent products for sale include Brighthouse SmartCare¹ and Brighthouse Premier Accumulator Universal Life (PAUL). Not all products are available in each state. For PAUL products, a single-pay design is required to be eligible for simple underwriting.

Key Features

- Simple, less invasive process – no exams or labs
- Simple underwriting offer – yes or no answer
- Faster underwriting decision – generally within 24 hours following the completed application and cognitive interview, if applicable

Medical Underwriting Requirements for Brighthouse SmartCareSM

Amounts ²	Ages ³	
	40-65	66-75
Up to \$1,000,000	Brighthouse Simple Underwriting	Brighthouse Simple Underwriting, APS, ⁴ cognitive screening tele-application

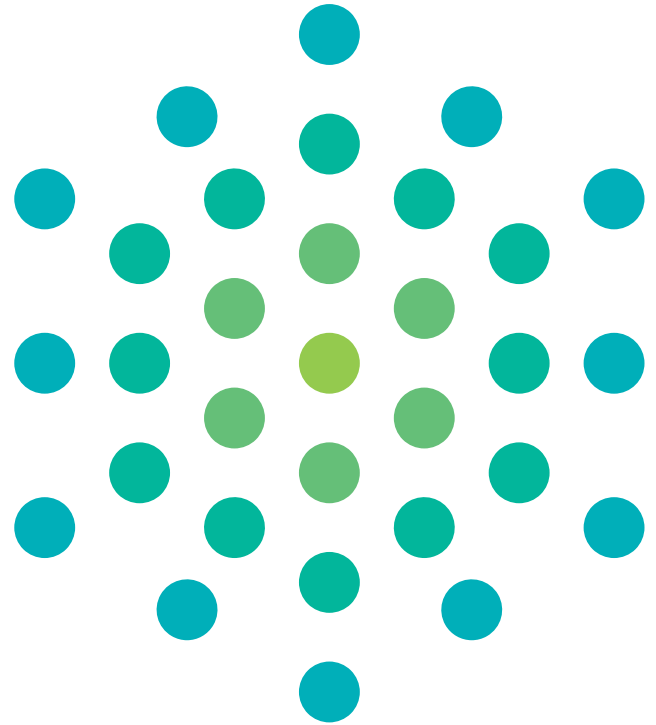
¹ Brighthouse SmartCareSM is an indexed universal life policy with long-term care benefits provided by riders.

² Amounts should include any life insurance coverage issued within the past 12 months, as well as the total life insurance amount provided by optional riders and benefits, including all amounts that can be exercised in the future, but not including Accidental Death benefits.

³ Requirements are based on age as defined by the policy. For Brighthouse SmartCare, we use age at last birthday and for PAUL, age at nearest birthday.

⁴ The Attending Physician Statement (APS) requirement based on age and amount limits would generally apply to Proposed Insureds who had a medical exam/checkup within 24 months from the application date.

Note: If there is any concurrent term application(s) with Brighthouse Financial, we will consider what requirements are needed on the term plan to determine requirements to be used for any permanent application(s). A Prescription History Database check, Motor Vehicle Report, Public Record search, and Medical Information Bureau check is ordered for all cases. Based on the Proposed Insured's medical history and underwriting review, additional requirements may be ordered in addition to those listed above. An Attending Physician Statement (APS) would be ordered at ages 21-65 up to \$2,500,000 if there is cause to do so. If a current paramed exam, blood, urine, and ECG are required, and the Proposed Insured had a recent exam done at another facility, we may be able to use those results as a valid substitute.



Medical Underwriting Requirements for PAUL

Amounts	Ages			
	21-40	40-65	66-75	76 and over
\$50,000 to \$99,999	Brighthouse Simple Underwriting	Brighthouse Simple Underwriting	Brighthouse Simple Underwriting, APS	Simple Paramed Urine Specimen, APS
\$100,000 to \$1,000,000	Brighthouse Simple Underwriting	Brighthouse Simple Underwriting	Brighthouse Simple Underwriting, APS	Paramed + ECG Blood with Urine Specimen, APS
\$1,000,001 to \$2,500,000	Brighthouse Simple Underwriting	Brighthouse Simple Underwriting	Paramed + ECG Blood with Urine Specimen, APS	Paramed + ECG Blood with Urine Specimen, APS
\$2,500,001 to \$5,000,000	Paramed, Blood with Urine Specimen, APS	Paramed + ECG Blood with Urine Specimen, APS	Paramed + ECG Blood with Urine Specimen, APS	Paramed + ECG Blood with Urine Specimen, APS

Height and Weight Limit Table

Use the following table to determine if the Proposed Insured may qualify for coverage.

The weights shown represent the minimum and maximum allowable weight for each height.

	Minimum	Maximum		Minimum	Maximum
4'8"	83	174	5'10"	129	272
4'9"	86	180	5'11"	133	279
4'10"	89	186	6'0"	137	287
4'11"	92	193	6'1"	140	295
5'0"	95	199	6'2"	144	304
5'1"	98	206	6'3"	148	312
5'2"	101	213	6'4"	152	320
5'3"	105	220	6'5"	156	329
5'4"	108	227	6'6"	160	337
5'5"	111	234	6'7"	164	346
5'6"	115	241	6'8"	168	355
5'7"	118	249	6'9"	173	364
5'8"	122	256	6'10"	177	373
5'9"	125	264	6'11"	181	382

Shelf Life of Underwriting Requirements

Medical and non-medical underwriting requirements are generally acceptable only for a finite period of time.

- The full blood profile, urinalysis, paramed exam, and resting ECG are generally acceptable for 12 months.
- Prescription History Database and Motor Vehicle Reports (MVRs) are generally acceptable for 6 months.

An amendment stating no changes to the application answers will be required for cases where more than 60 days has elapsed from the date of the application. For those cases with a completed Medical Supplement or paramed exam, a current Medical Supplement will be required.

Face Amount Limits and Class Availability

The maximum face amount for Brighthouse SmartCare is \$1,000,000. The maximum face amount for PAUL is \$5,000,000. This is an aggregate total and includes current application amounts and any in-force or increase requests to existing PAUL policies.

Rating classes available are Nonsmoker and Smoker. For Brighthouse SmartCare, there is also a Nonsmoker and Smoker with Couples Discount rate if the Proposed Insured is married or in a legally recognized civil union or domestic partnership. There are no preferred classes or table ratings available. A smoker is defined as any cigarette or tobacco substitute use within 12 months of the application, or a positive urine nicotine test.

Exclusion riders are generally not available.

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Non-Medical Underwriting Requirements

Consumer Reports

Ordering and receipt of all reports will be completely automated between our underwriting system and the third-party vendor providing the report.

Electronic Public Record Reports	Will be ordered on all cases. This includes information on property ownership, professional licenses, bankruptcies, and criminal records.
Consumer Credit Reports	Will be ordered on all Brighthouse SmartCare cases. May also be ordered on PAUL cases at the underwriter's discretion, depending on the details of the case.
Business Credit Reports and Comprehensive Business Reports	May be ordered at the underwriter's discretion, depending on the details of the case. Typically ordered for Proposed Insureds age 70 and above at amounts over \$500,000.
Additional Types of Reports	Reports such as criminal background checks and Dun & Bradstreet reports may be ordered at the underwriter's discretion, utilizing the same automated process.

Motor Vehicle Report (MVR)

Routine driving records will be ordered for all persons proposed for coverage.

Prescription Drug History Report (Rx Check)

A prescription drug history report will be ordered for all persons proposed for coverage.

Financial Underwriting Requirements

Personal Financial Information Supplement

The Personal Financial Information Supplement (PFIS) is required for all Proposed Insureds, Policy Owners, and third-party Premium Payors as shown below. The age of the Proposed Insured will determine whether a PFIS is required.

Product	Age of Proposed Insured	Amount
Brighthouse SmartCare	66 and older	All amounts
PAUL	18-69	\$2,000,001 and higher
	70 and older	\$500,001 and higher

Requests for Tax Transcripts using Form 4506-T

May be ordered at the underwriter's discretion, depending on details of the case – typically at age 70 and above at amounts over \$500,000.

IRS Form 4506-T is only valid if received by the IRS within 120 days of the form's signature date.

Financial Underwriting Guidelines

These guidelines are intended to provide a general formula to calculate suggested maximum amounts of life insurance that should meet the financial needs of the Proposed Insured and/or Policy Owner. It is the underwriter's responsibility to ensure that the Ultimate Total Line of Coverage is consistent with both Brighthouse Life Insurance Company and Brighthouse Life Insurance Company of NY (the Company's) standards and the continuing financial independence, security, and financial objectives of the Proposed Insured and/or Policy Owner. Unique case presentation may require consultation with the Chief Underwriter.

It is not unusual for an insurance policy to be intended to cover multiple needs, and the underwriter may be asked to consider a multipurpose sale on a frequent basis. Needs may change over time with younger applicants having a greater need for income replacement and a lesser need for estate conservation. The underwriter will take into account the overall picture of the Proposed Insured's and/or Policy Owner's income potential, estate growth, and whether or not the case has features covered under our guidelines for future inheritance.

Generally, the underwriter will consider the amounts under each need presented and offer the amount most in keeping with the overall purpose of the Proposed Insured's and/or Policy Owner's financial plan and picture and Ultimate Total Line of Coverage.

Please note the following:

- It is the practice of the Company to prohibit the purchase of life policies with funds sourced from qualified rollovers, IRA plan distributions, or qualified plan distributions.
- It is the practice of the Company to prohibit the purchase of qualified life policies and those subject to ERISA guidelines.
- It is the practice of the Company that we do not recognize income obtained through illegal means or income that is subject to taxation that has not been appropriately reported.
- Generally, in the absence of significant unearned income, savings, or other net worth, there should be a minimum household earned income of \$50,000. The limit applies to the Proposed Insured as well as to the Policy Owner if different and living in different households.
- Oil and gas rights or titles cannot be considered as an asset.
- If assets are not in the name of the Proposed Insured and/or Policy Owner (owned in ILIT, Q-Tip, NIMCRUT, or owned by other family members), they cannot be considered in the estate calculation.
- Jewelry, artwork, club memberships, household furnishings, collector cars, etc., will only be considered if evidence of either current insurance coverage on that item or an appraisal dated within 12 months of the application date by a recognized and accredited expert is submitted.
- Foreign assets that comprise more than 20% of net worth may require more extensive documentation.

Income Replacement Sales

Current income multiplication factors for determining the maximum amounts of insurance in force and applied for in all companies for the Proposed Insured.

Age	Times Income
40 and under	30
41-45	25
46-55	20
56-60	15
61-70	10
71-79	5
80 and over	Individual consideration

Estate Conservation Sales

The recommended maximum face amount is generally limited to 50% of the future value of the Proposed Insured's estate.

Age	Growth Rate	Future Estate Value
18-70	7%	75% of life expectancy, to a maximum of 25 years for ages 18-70, and maximum of 10 years for ages 71-79.
71-79	5%	
80 and over	No projected growth rate or years.	Face amounts should generally not exceed 50% of current net worth. Should demonstrate a clear insurable loss to support the requested face amount.

For purposes of establishing a reasonable estate conservation need, the current anticipated estate tax (federal and state) burdens are considered, but are not the only factors we take into account. There are final expenses other than anticipated tax burdens that will be considered, provided the justification of these other needs is documented. Other needs would include, but are not limited to:

- Offsetting the degradation of an individual's net worth that can occur when liquidating assets held in the estate
- Income tax due for the deceased
- Anticipated medical and final expenses

Premium Affordability

The following chart is a guideline for evaluating the appropriateness of the financial portion of the risk for both Brighthouse SmartCare and PAUL. Attention should always be paid to the individual nature of financial planning, the ultimate goal the Policy Owner wishes to meet, and the total premium outlay on all in-force and applied-for life insurance products.

Brighthouse SmartCare Net Worth	Age of Proposed Insured	Total Premium/Net Worth Ratio Should Not Exceed	Annual Premium/Income Ratio Should Not Exceed
Net worth \$200,000 or less and income \$50,000 or less	All ages	Decline	Decline
Net worth \$200,001 and over or income \$50,001 and over	All ages	20%*	20%

* Only one category needs to qualify (e.g., if total premium to net worth ratio is under 20% but annual premium to income ratio is over 20%, we would generally accept)

PAUL Net Worth	Age of Proposed Insured	Total Premium/Net Worth Ratio Should Not Exceed
Net worth less than \$200,001	64 or younger	10%
	65 or older	5%
Net worth \$200,001 – \$1,000,000	64 or younger	15%
	65 or older	10%
Net worth \$1,000,001 – \$1,999,999	All ages	25%
Net worth \$2,000,000 or more	At ages > 70, only certain assets may be re-allocated to pay the premium	33%

Remember: The Policy Owner must have an interest in the continued life of Proposed Insured. On cases where the Policy Owner is other than the Proposed Insured, we do need to verify appropriateness and/or insurable interest that the Policy Owner has in the life of the Proposed Insured.

Premium affordability must be demonstrated for the total premiums payable by any Payor for the total life insurance premium on all policies covering this Proposed Insured. For example, if an adult child is paying the premiums for the Proposed Insured parent, the adult child must demonstrate they can afford to pay all premiums for any personal coverage they may have in addition to the coverage they are applying for on their parent.

Premiums for Ages 70+

Evaluating these risks requires a higher degree of scrutiny to ensure that the planned premium is appropriate in context of the overall picture of the Proposed Insured's and/or Policy Owner's financial profile. The Personal Financial Statement should be reviewed and the following considered:

- Assets that can easily be liquidated to pay the planned premium may be considered – cash, CDs, mutual funds, stocks/bonds, or other investments. Business assets, pensions, or other income producing assets may be considered, but the impact on the loss of income may also be determined.
- Liquidation of assets should generally not reduce the Policy Owner's income by more than 20%.
- We would not consider using reverse mortgages, loans, qualified annuity replacements, or any other red-flag transactions to pay premiums.
- We would not consider using an asset that results from liquidating a primary residence to pay premiums.
- Short pay sales with face amounts less than \$500,001 that fall below our published Personal Financial Statement requirement will require submission of a Personal Financial Statement if the published short duration premium to net worth ratio is exceeded.

Dependency Guidelines

Household family members who do not have an income may be considered for the following amounts.

Dependent Spouse/Partner

Spouse generally means a legal marital, domestic, civil union, or common law partner.

Amount of insurance in force and applied for	Coverage needed on non-dependent spouse
\$0 – \$125,000	No requirement
\$125,001 and over	Equal amount

Dependent Parent/Relative/Member of Household

Dependent generally means a person who can be claimed as a qualifying dependent on tax returns by another person.

Amount of insurance in force and applied for	Coverage needed on financially responsible claiming person on tax returns
\$0 – \$125,000	Equal amount
\$125,001 and over	Individual consideration

Foreign Risk Underwriting Guidelines

Foreign Risks

Proposed Insureds who exhibit a foreign risk profile present unique challenges and the need for increased due diligence. The foreign risk profile generally falls into one or more of the following categories:

- Citizens of a foreign country who reside in the United States
- Individuals residing in a country other than the United States
- Individuals who travel outside the United States

The underwriting guidelines for evaluating each of these categories are presented on the following pages. However, it is important to keep in mind that some Proposed Insureds may present with histories or characteristics associated with more than one of these categories, which may present additional challenges or restrictions on our ability to provide coverage. In some instances, consideration may be contingent on the availability of reinsurance.

Foreign Residents (residing outside the United States for more than six months)

Foreign residents are not eligible for Brighthouse SmartCare or Brighthouse Simple Underwriting.

All stages of the client acquisition process (initial contact and solicitation, application, completion of requirements, and policy delivery) must be completed in the United States. Countries are classified individually to determine if risk is acceptable and to what degree. United States nexus is required and specific underwriting parameters need to be met. Please contact Underwriting for full details on our Foreign Resident Guidelines.

Non-U.S. Citizens Living in the United States



To be considered for coverage, these residents must have demonstrated significant ties to the United States and have intentions to remain permanently in the United States.

We will generally consider both permanent and temporary visa holders based on their time in the United States and countries of origin. For those risks that meet the following guidelines, we would consider under the same guidelines as U.S. citizens residing in the U.S., and the final underwriting assessment would be consistent with the expected United States mortality level of that underwriting classification.

Permanent visa holders are considered to have effectively demonstrated significant ties to the United States, while temporary visa holders would still need to document this nexus. For the purposes of underwriting, the following visa types should be considered permanent:

- U-551 or I-551 Permanent Resident (generally referred to as “green cards,” renewed every 10 years)
- CR/EB5 conditional green cards (reviewed after two years)
- LPR lawful permanent residents
- Persons granted asylum

Temporary visa holders residing in the United States less than six (6) months or who do not intend to remain permanently in the United States should be evaluated using Foreign Resident Guidelines. Note that temporary visa holders of C08, H-1B, SI, SQ, S5, S6, “T” class or “U” class, and those who have applied for Political Asylum without a final determination yet (may have Employment Authorization card with C08 category indicated) will be considered on an individual basis. Additional underwriting due diligence is required for these visa types. Consultation with a Chief Underwriter is expected before submitting these risks.

We will accept individuals with the approval of the visa petition as if a visa number has been obtained, provided documentation of such approval is furnished.

We will NOT accept Proposed Insureds who cannot provide a valid visa or other approved government documentation demonstrating their legal residence in the United States.

Note: Residents of the United States for less than the last 24 months are generally not eligible for Brighthouse SmartCare or the Brighthouse Simple Underwriting process.

Underwriting Requirements

Use normal underwriting guidelines for legal residents living in the United States for more than 24 months, including the Brighthouse Simple Underwriting process. For less than 24 months, use the chart below.

< 6 months in U.S.	6-12 months in U.S.	13-24 months in U.S.
<p>Permanent visa holder A and B country: Use 6-12 month guidelines C country: Individual Consideration</p>	<p>Temporary or permanent visa holder A and B country Permanent visa holder C country</p>	<p>Temporary or permanent visa holder A, B, C, D country</p>
<p>Temporary visa holder A, B, C country: Default to Foreign Resident Guidelines</p>	<p>Standard age/amount medical requirements apply to include, at a minimum, a paramed exam, blood with hepatitis screen, and urine for all amounts.</p>	<p>Use 6-12 month guidelines for A and B countries, but note improved handling for C and D countries listed on page 14.</p>
<p>Any visa type D country: Decline</p>	<p>Acceptable Foreign Risk Questionnaire that demonstrates realistic intent to stay in the United States (property owner, business owner, children/family in the United States). If intent to stay is not demonstrated, apply Foreign Resident Guidelines.</p> <p>Gainfully employed.</p> <p>Copy of valid visa. (If expiring in next six months, question regarding intent to renew. If expiring in next 90 days, request copy of renewal application.)</p> <p>Enhanced Due Diligence/Anti-Money Laundering compliance.</p> <p>Tele-application or Personal Health Information (PHI): Required for face amounts over \$1,000,000.</p> <p>For face amounts > \$250,000, age/amount financial requirements to include, at a minimum, documented evidence of tangible United States assets (investment account statements, bank statements, paystubs, property tax assessments, mortgage statements, etc.).</p> <p>In addition to current age/amount guidelines, APS required ages 40-60 ≥ \$1 million.</p>	
	<p>Temporary visa holder C country: Default to Foreign Resident Guidelines D Country of Origin: Decline</p>	<p>Permanent visa holders from any country, as well as temporary visa holders from A, B, C countries, can be auto bound if above criteria is met. Temporary visa holders from D countries are not eligible.</p>

Foreign Travel

United States Permanent Residents Only (United States citizens and non-United States citizens with permanent visas residing in the United States)

Considerations Based on Country to Be Visited

In order to determine the appropriate underwriting consideration, each country has been classified into a risk category. The travel guidelines listed allow for liberal consideration of travel within a 12-month period without any restriction or charge for the travel risk on the policy issued.

General Considerations Regarding Travel

When reviewing a travel risk, we are primarily concerned with future travel. Information provided on an application for past travel is viewed for significant ties to the country visited or history of frequent travel to determine the likelihood of future travel to the same countries. The Proposed Insured's activities while traveling may preclude coverage availability regardless of the countries to be visited. Missionaries, politicians, public figures, government officials, journalists, and private security/police forces are generally not considered. All travel must be documented under the foreign travel question, with length of travel stated in weeks.

State-Specific Foreign Travel Underwriting Guidelines

Certain states have adopted more stringent requirements. For residents of Florida and Georgia, no adverse underwriting action is taken based on the Proposed Insured's past or future legal foreign travel. In Florida, there is an exception for travel to Afghanistan or Iraq.

For residents of Illinois, Maryland, and New York, no adverse underwriting action is taken based on the Proposed Insured's past lawful foreign travel.

Country Code	U.S. and Canadian Residents	Countries
A	<p>Up to 6 months of travel in a 12-month period may be considered.</p> <ul style="list-style-type: none"> Standard classes available, underwritten riders considered on individual basis No extra charge for travel risk Total coverage available up to plan limit Jumbo Limit \$65 million for travel up to 12 weeks <p>For travel between 12 weeks to 6 months:</p> <ul style="list-style-type: none"> Jumbo Limit \$40 million Total coverage available up to plan limit <p>Travel more than 6 months is considered as foreign resident.</p>	<p>American Samoa, Andorra, Anguilla, Antigua and Barbuda, Argentina, Aruba, Australia, Austria, Bahamas, Bahrain, Barbados, Belgium, Belize, Bermuda, Brazil, British Virgin Islands, Brunei, Bulgaria, Canada, Cape Verde Islands, Cayman Islands, Chile, China, Costa Rica, Croatia, Cyprus, Czech Republic, Denmark, Dominica, Ecuador, Estonia, Falkland Islands, Finland, France, French Polynesia, Germany, Gibraltar, Greece, Greenland, Grenada, Guadeloupe, Ireland, Israel (except Gaza and West Bank), Italy, Jamaica, Japan, South Korea, Latvia, Liechtenstein, Lithuania, Luxembourg, Macau, Malaysia, Malta, Marshall Islands, Martinique, Mexico, Monaco, Montserrat, Netherlands, Netherlands Antilles, New Caledonia, New Zealand, Northern Mariana Islands, Norway, Panama, Paraguay, Poland, Portugal (including Azores and Madeira Islands), Qatar, Saint Helena, Saint Kitts and Nevis, Saint Lucia, Saint Martin/Saint Maarten, Saint Pierre and Miquelon, Saint Vincent and the Grenadines, Samoa, San Marino, Singapore, Slovakia, Slovenia, Spain, Sweden, Switzerland, Taiwan, Tokelau, Trinidad and Tobago, Turks and Caicos Islands, United Arab Emirates, United Kingdom, Uruguay</p>
B	<p>Up to 12 weeks of travel in a 12-month period may be considered.</p> <ul style="list-style-type: none"> Standard classes available, underwritten riders considered on individual basis No extra charge for travel risk Jumbo Limit \$40 million Total coverage available up to plan limit <p>For travel over 12 weeks:</p> <ul style="list-style-type: none"> Individual consideration 	<p>Albania, Belarus, Bosnia and Herzegovina, Cook Islands, Dominican Republic, El Salvador, French Guinea, Guatemala, Honduras, Kiribati (Gilbert Islands), Kuwait, Maldives, Micronesia, Montenegro, Nauru, Nicaragua, Niue, Oman, Palau, Peru, Romania, Russia, Saudi Arabia, Serbia, Seychelles, Tonga, Turkey, Tuvalu, Ukraine, Vanuatu (New Hebrides), Venezuela, Wallis and Futuna</p>
C	<p>Up to 12 weeks of travel in a 12-month period may be considered.</p> <ul style="list-style-type: none"> Standard classes available, underwritten riders considered on individual basis No extra charge for travel risk Jumbo Limit \$40 million Total coverage available up to plan limit <p>For travel over 12 weeks:</p> <ul style="list-style-type: none"> Individual consideration 	<p>Algeria, Armenia, Azerbaijan, Bhutan, Bolivia, Botswana, Colombia, Egypt, Fiji Islands, Georgia, Guyana, Indonesia, Jordan, Kazakhstan, Kyrgyzstan, Macedonia, Mauritius, Moldova, Mongolia, Morocco, Namibia, Sao Tome and Principe, South Africa, Sri Lanka, Suriname, Thailand, Tunisia, Turkmenistan, Uzbekistan, Vietnam</p>
D	<p>Travel to these countries is considered on an individual case basis and generally declined.</p>	<p>Any country not included in categories above</p>

Note: Changing global events and situations may adversely affect our ability and willingness to accept a travel risk. Individual consideration to use Brighthouse Financial retention to a limited amount is available for A, B, and C countries.

Change Underwriting for In-Force Business

Change requests are subject to policy limitations. Not all policies are eligible for non-contractual changes.

Face Amount Increase

Available as indicated within the policy pages up to the published maximums. The maximum face amount for PAUL is \$5,000,000. The maximum face amount for Brighthouse SmartCare is \$1,000,000. These are aggregate totals and include any current application amounts and any in-force or increase requests to existing policies.

The Coverage Continuation Rider (CCR) and Joint Coverage Continuation Rider (JCCR) were generally available on our Guaranteed Advantage Universal Life product (GAUL) and Legacy Advantage Survivorship Universal Life (LASUL). For existing policies, any future face amount increases will be limited to two times the current, in-force face amount up to maximum of \$5,000,000. The \$5,000,000 maximum is an aggregate total for these in-force life policies.

Change to Nonsmoker Rates

To be considered for Nonsmoker rates on in-force business, the Proposed Insured must have quit tobacco use for a minimum of 12 months. A change application with completed medical risk questions and a urine sample with negative cotinine testing is required.

If there has been a decline in the Proposed Insured's health that would result in a rating other than Standard, the request will not be approved.

Change to Better Class

For all better class requests, the following items are needed:

- Change Application with full completed medical risk questions to include the Insured's height and weight
- Current MIB check

Upon underwriting review of the change request, a determination will be made to verify if the change request can proceed and what requirements will be needed to complete the change request. Any additional requirements will be subject to the total enterprise risk, which includes all Brighthouse Financial in-force coverage, applications for coverage, certain riders, and benefit amounts. Change requests are also subject to retention and Jumbo Limits.

If the in-force policy was reinsured facultatively, it will be necessary to contact the reinsurer to determine whether the better class can be considered, and if any additional requirements would be necessary.

Administrative Guidelines

Temporary Insurance Agreement and Receipt

When It's Available

The Temporary Insurance Agreement and Receipt (TIA) provides for coverage should the Proposed Insured die while the application is being underwritten, subject to certain limitations. The Temporary Insurance death benefit will equal the amount of insurance applied for (including riders that provide a death benefit) up to a maximum of \$1,000,000, which is an aggregate total if more than one application or TIA for the Proposed Insured is submitted.

To be eligible for coverage, the Proposed Insured must never have received treatment for or been diagnosed with any of the following: cancer, HIV/AIDS, coronary artery disease, stroke, or alcohol or drug use. In addition, the application (including any exams, amendments, and supplements) must not include any material misrepresentations.

Coverage starts on the date of the Receipt, provided the minimum payment has been made as of the date of the application. Temporary insurance under the tele-application TIA commences after the latest of the tele-application interview or the medical examination has been completed and the minimum payment has been made.

Temporary Insurance will end on the earliest of the following:

- When coverage under a policy issued by the Company as a result of the application takes effect.
- When a policy issued by the Company as a result of the application is not accepted.
- When the Company refunds or offers to refund any payment received under this Receipt.
- The date the Proposed Insured or an Applicant learns that either the application has been declined or the Company has decided to terminate the Temporary Insurance, or five days from the date the Company mails to the Proposed Insured or an Applicant, at the address on the application, a notice that the application has been declined.
- Generally, 90 or 120 days from the date of receipt or end of tele-application interview.
Please refer to the specific TIA agreement submitted for specific time frames.

If no policy takes effect, any payment received will be refunded when Temporary Insurance ends

Policy Owner/Beneficiary Appropriateness

The beneficiary designation should clearly reflect the purpose of the coverage. The Policy Owner's insurable interest in the Proposed Insured is defined as having a real interest in the continued life of the Proposed Insured. This can mean "love and affection" or a "lawful and substantial economic interest."

It is the policy of Brighthouse Financial not to support any form of Investor Originated Life Insurance (IOLI), including "non-recourse premium financing," Stranger Originated Life Insurance (STOLI), or Charity Originated Life Insurance (CHOLI), where the intention of the Policy Owner at the time of sale is to sell the policy to an investor, group of investors, life settlement company, or charity. Unless prohibited by law, if information obtained during the underwriting process indicates that the policy applied for is being purchased with the intention of selling or transferring that policy in connection with one of these arrangements, Brighthouse Financial will not issue the policy.

Customer Identity Verification

Brighthouse Financial relies on its distributors to verify customers' identities in accordance with applicable laws and regulations.

Policy Issue and Effective Date Guidelines

Brighthouse SmartCare

- The effective date of the policy will be the original issue date of the policy. A reissue of the policy will not impact the policy effective date.
- Policies are issued using an "attained age" and we do not accept backdating or save age requests.

PAUL

- Payment with Application – When payment is collected with an application, the policy effective date will match the date of issue unless a specific date or save age is requested.
- Cash on Delivery (COD) – Upon issue, the policy effective date will match the date of issue. When the premium is received and applied, the effective date will automatically update the date on the policy to the current date, and no backdated premiums are required. A letter and a reprint of the policy specification pages, indicating the new policy effective date, will be mailed to the Policy Owner. For COD applications when a specific date or save age is requested, the policy effective date will not change when the initial premium is applied.
- Be mindful of the Proposed Insured's date of birth. PAUL uses an "age nearest" issue age, meaning that the Proposed Insured's issue age will be changed if the updated policy effective date is more than six months after their most recent birthday.
- For COD policies, if the Insured has an age change after issue and a specific policy date was not requested, premium cannot be applied, and the policy will need to be reissued to save age.

Helpful Reminders

- Policies cannot be issued on cases where the application date is more than 180 days old.
- Policies are not issued with effective dates on the 29th, 30th, or 31st, and will automatically be updated to the first of the following month.

Post-Issue and Policy Delivery Requirements

All life insurance policies require a delivery receipt:

- The signed receipt must be returned to Brighthouse Financial.
- If delivered via mail, the “Policy Mailed” section of the receipt must be completed, signed, and returned along with the green certified mail receipt confirming delivery to the Policy Owner. Policies cannot be delivered by emailing them to the Policy Owner.

If we have not received a signed delivery receipt 14 days after the case is placed, we will notify the producer that the receipt is outstanding. Subsequent notices will be sent for all outstanding post issue requirements up until a total of 70 days after the placing date. If we do not receive the required materials, we will cancel the policy and reverse the commission.

Additional Items:

- Altered amendments will not be accepted. A new amendment will need to be created and signed by the Owner and the Proposed Insured.
- If there has been a change in the Proposed Insured’s health since the application was completed, the policy cannot be delivered, and a Chief Underwriter should be contacted for consultation.

Policy State and Application Forms

The application and policy state are generally based on the state of residence of the Policy Owner. There are circumstances when an alternate policy issue state may be appropriate (e.g., Policy Owner lives or is domiciled in a state other than the Proposed Insured’s state). HIV Informed Consent Forms, if needed, are based on the Proposed Insured’s residence state.

Policy State and Application Guidelines

For new business: The application is generally based on the Policy Owner’s current residence state.

For changes to existing in-force policy: The application is based on the original issue state of the policy regardless of the current residence of the Policy Owner.

You must hold an active health and long-term care insurance license as required by state when selling long-term care products. In addition, for all products, you must be licensed and appointed in the state in which the application is signed and the risk-resident state, if different.

The following 22 risk-resident jurisdictions require that the representative be licensed and appointed in the jurisdiction where the Proposed Insured resides at the time the application is written: Alabama, Alaska, Arizona, Colorado, Florida, Georgia, Idaho, Iowa, Kansas, Louisiana, Maine, Maryland, Michigan, Mississippi, New Hampshire, New Mexico, North Carolina, Oklahoma, Puerto Rico, South Carolina, South Dakota, and West Virginia.

Military Personnel

Our long-standing policy is to support our men and women in the military. We will continue to insure members of the United States Armed Forces.

This policy extends to Proposed Insureds who are in the active military or military reserve services, including those in National Guard units and those who have received orders to report to trouble spots or areas of combat. The amount of coverage may be limited according to pay grade.

The solicitation, application, all underwriting requirements, and policy delivery must be completed in the United States. On sales involving members of the military, dependents of members of the military, or any sale or solicitation conducted on a military installation, a military disclosure form (DISCMILITARY-B) must be provided.

Proposed Insureds involved in the following military special forces may not be considered for insurance:

- Army Rangers
- Delta Force
- U.S. Army Special Forces
- Navy SEAL or Navy Special Warfare Development Group
- Marine Corps Force Reconnaissance
- Air Force Special Forces

Life insurance coverage is not available to civilians employed by private military contractors who are working in or with an assignment to a war zone.

Note: Check with Brighthouse Financial on the availability of any riders. Our life insurance policies generally do not include any war restrictions or exclusion clauses.



Contact Information

For questions regarding
the completion of the application,
please call **(877) 498-0657**.

Not available in all states.

Brighthouse SmartCareSM, an Indexed Universal Life Insurance Policy on Policy Forms ICC18-5-70 and 5-70-18, with a Long-Term Care Acceleration of Death Benefit Rider on Policy Forms ICC18-3ACCLTC1 and 3ACCLTC1-18, including the option to elect an Extension of Benefits Rider on Policy Forms ICC18-3EOB1, ICC18-3EOBIC1, or ICC18-3EOBIP1, and 3EOB1-18, 3EOBIC1-18, or 3EOBIP1-18, is issued by, with product guarantees that are solely the responsibility of, Brighthouse Life Insurance Company, Charlotte, NC 28277.

Brighthouse Premier Accumulator Universal Life is issued by, and product guarantees are solely the responsibility of, Brighthouse Life Insurance Company on Policy Form 5-39-17 and, in New York only, by Brighthouse Life Insurance Company of NY on Policy Form 5-39-17-NY ("Brighthouse Financial").

All guarantees, including any optional benefits, are subject to the claims-paying ability and financial strength of the issuing insurance company. Each issuing insurance company is solely responsible for its own financial condition and contractual obligations.

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