

Pre-Qualification Checklist

This checklist helps identify who is a good candidate for Brighthouse SmartCare. The Proposed Insured should be a permanent resident of the United States. If the Proposed Insured answers YES to any of the questions below, they may not qualify for coverage.

In the past 3 years, has the Proposed Insured:

	Y	N
Been declined or rated for life insurance coverage?	<input type="checkbox"/>	<input type="checkbox"/>
Been scheduled for surgery or non-routine medical tests that are not yet completed, or been evaluated for an undiagnosed condition?	<input type="checkbox"/>	<input type="checkbox"/>
Had a conviction for driving under the influence, or had his/her license suspended?	<input type="checkbox"/>	<input type="checkbox"/>
Had a seizure disorder resulting in two or more seizures a year, or been diagnosed with a seizure disorder in the last 24 months?	<input type="checkbox"/>	<input type="checkbox"/>
Received disability payments (excluding pregnancy)?	<input type="checkbox"/>	<input type="checkbox"/>
Required home health services for daily living activities, or been confined to a nursing home?	<input type="checkbox"/>	<input type="checkbox"/>
Sustained two or more falls, or used an assistive walking device?	<input type="checkbox"/>	<input type="checkbox"/>

In the past 10 years, has the Proposed Insured:

	Y	N
Been diagnosed with HIV/AIDS?	<input type="checkbox"/>	<input type="checkbox"/>
Been followed or treated for a heart disorder (including: heart attack, heart failure, heart enlargement, heart surgery of any kind, or atrial fibrillation)?	<input type="checkbox"/>	<input type="checkbox"/>
Been treated for an autoimmune disease requiring daily steroid therapy or more than one biologic agent or immunosuppressant (including: rheumatoid or psoriatic arthritis and lupus)?	<input type="checkbox"/>	<input type="checkbox"/>
Had a chronic liver disorder, excluding fatty liver (including: cirrhosis of the liver, chronic or active hepatitis B or C, pancreatitis, or other chronic liver diseases)?	<input type="checkbox"/>	<input type="checkbox"/>
Had a chronic obstructive pulmonary disease (COPD) or emphysema?	<input type="checkbox"/>	<input type="checkbox"/>
Had a chronic pain treated with prescription medication?	<input type="checkbox"/>	<input type="checkbox"/>
Had a circulatory disorder resulting from smoking or diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Had a cognitive disorder, including Alzheimer’s disease, dementia, or memory loss?	<input type="checkbox"/>	<input type="checkbox"/>
Had a mental disorder requiring three or more prescription medications, or had thoughts of suicide?	<input type="checkbox"/>	<input type="checkbox"/>

In the past 10 years, has the Proposed Insured:

	Y	N
Had Crohn's disease or ulcerative colitis requiring prescription medication?	<input type="checkbox"/>	<input type="checkbox"/>
Had insulin-dependent diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Received an organ transplant?	<input type="checkbox"/>	<input type="checkbox"/>
Seen or been treated by a nephrologist for any chronic kidney diseases?	<input type="checkbox"/>	<input type="checkbox"/>
Seen or been treated by a neurologist for any neurological disorder related to: stroke, carotid artery disease, Parkinson's disease, multiple sclerosis, muscular dystrophy, ALS/Lou Gehrig's disease, or Huntington's disease?	<input type="checkbox"/>	<input type="checkbox"/>
Seen or been treated by an oncologist or hematologist for cancer, leukemia, lymphoma, or a blood disorder?	<input type="checkbox"/>	<input type="checkbox"/>

Over the past 10 years, has the Proposed Insured had a history of:

	Y	N
Alcohol or drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>
Felony conviction or is he/she currently on parole?	<input type="checkbox"/>	<input type="checkbox"/>
Using illicit drugs (other than marijuana) or prescription narcotics in amounts other than as prescribed?	<input type="checkbox"/>	<input type="checkbox"/>

All No's?

Work with your financial professional to apply today.

Not available in all states.

This pre-qualification checklist is meant to provide guidance on conditions that generally disqualify the Proposed Insured. It is not meant to include all possible underwriting concerns. There are numerous complex individual medical histories that could result in a disqualification for coverage.

Like most insurance policies, Brighthouse Financial policies contain charges, limitations, exclusions, termination provisions, and terms for keeping them in force. Contact your financial representative for costs and complete details.

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 Financial"). All guarantees, including 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. Brighthouse SmartCare has exclusions, limitations, reduction of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, please consult your financial professional.

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Brighthouse
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Brighthouse Life Insurance Company
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• Not Insured by Any Federal Government Agency
• Not Guaranteed by Any Bank or Credit Union • May Lose Value