



What to Expect During the Electronic Application and Underwriting Process

LIFE INSURANCE | INDEXED UNIVERSAL WITH LONG-TERM CARE PROVIDED BY RIDERS

Brighthouse SmartCare®



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Build for what's ahead®

Thank you for considering Brighthouse Financial for your insurance needs. This guide provides a general overview of the application and underwriting process for Brighthouse SmartCare®. To expedite the application process, follow these instructions and have all necessary information available. Additional steps may be required by your financial professional's firm.

Preparing for the Electronic Application

1. Participants needed for the telephone interview application

Policy Owner

The person, business, trust, or entity with the right to make all decisions regarding the policy. The policy owner and proposed insured may be the same person.

Proposed Insured

The person to be insured by the proposed coverage. If the insured becomes eligible for benefits, the policy owner will receive the payments. Upon the insured's death, the named beneficiaries will receive the death benefit.

2. Information needed for the electronic application

Policy Owner

- For each beneficiary (both primary and contingent): Name, date of birth, Social Security number/Tax ID, and address
- Name and address of additional designated person to receive lapse notice (if selected)
- Name, Social Security number/Tax ID, and state of residence
- List of any life and/or long-term care insurance policies for the proposed insured (either in force and/or applied for), including policy numbers, face amount, and full address of carrier
- Financial information: Household annual income and net worth
- Green card/visa information and immigration status, if applicable

Proposed Insured

- List of physicians or medical facilities that have treated you in the last 10 years, including addresses and phone numbers
- Names, dosages, length of use, and details about the reason for prescriptions, over-the-counter medications, and at-home remedies
- Medical history, including any history of alcohol or drug use
- Current and past use of tobacco products
- Driving history along with driver's license number and state of issue
- Name, Social Security number/Tax ID, and state of residence
- List of any life and/or long-term care insurance policies for the proposed insured (either in force and/or applied for), including policy numbers, face amount, and full address of carrier
- Financial information: Household annual income and net worth
- Green card/visa information and immigration status, if applicable

3. Complete the electronic application

Proposed Insured and Policy Owner

The proposed insured and policy owner (if different) will each receive an email with a link to access an electronic application that will take about 20-40 minutes to complete. The first step is to provide an authorization by electronically signing the HIPAA (or appropriate label) form. Then, after providing responses, electronically sign the application. This will include the Long-Term Care Personal Worksheet, which is required by state law.

Why Do We Need Personal Information?

When people apply for life insurance, they're asking an insurer to assume the risk of loss. The insurer needs to fully understand the risk it's taking to determine the premium needed to insure that risk.

All information gathered by Brighthouse Financial will be kept confidential. You will receive a copy of the consumer privacy notice that explains how we will obtain, use, and protect your personal information.

Additional information that may be needed:

Every application is different, so your requirements and results may vary from those mentioned here.

Cognitive Screening Interview

For the proposed insured age 66 or older, a cognitive screening telephone interview is required. The cognitive screening takes about 15 minutes to complete.

What is a cognitive screening? Cognitive screening assess impairments with attention, memory, learning, decision making and problem solving.

What happens after the electronic application is complete?

Once the application is complete, the information will be used to determine the proposed insured's eligibility for coverage. Many factors are considered when evaluating the application. If no additional requirements are needed, a decision will generally be made within 24 hours. For applications that require an Attending Physician Statement, the process can take up to 4 weeks to complete.

Attending Physician Statement (APS)

We may request additional details from the proposed physician(s) so we can fully understand their current health and medical history. To help speed up the process, the proposed insured can authorize us to collect their data, have the contact information for all of their medical providers available, and alert their physician(s) that this request may come. We will request an APS on all proposed insureds ages 66 and older.

Decision and delivery

Underwriter Review and Decision

After all requirements are met, the underwriting decision will be communicated to the policy owner's financial professional.

Policy Delivery and Confirmation

If the policy owner accepts the coverage, a premium payment will be required before we issue the policy.

After the premium is received, policy owner will receive an email link to download the policy and electronically sign any applicable delivery requirements. When they receive the policy, the policy owner should:

- Confirm that all information in the policy, including the application, is accurate. They should alert their financial professional if anything has changed or requires updating.
- Review any amendments to the application (if applicable).
- Review the statements below the "Right to Examine Your Policy" on page 1 of the policy to learn about their rights to return and cancel the policy within a specific time period.
- Sign, date, and return the revised illustration, Policy Receipt, and Amendment form, if applicable.

No insurance coverage will take effect until a policy is delivered to the policy owner, the first premium is paid in full, and all applicable delivery requirements are signed and returned to the issuing company. The policy will only take effect at the time it is delivered if (a) the condition of the proposed insured's health is the same as stated in the application; and (b) the proposed insured has not received any medical advice or treatment from a medical practitioner since the date of the application.



If you have any questions about underwriting or the application process, contact your financial professional.

Brighthouse SmartCare® is an indexed universal life insurance policy with long-term care riders issued by, and product guarantees are solely the responsibility of, Brighthouse Life Insurance Company, Charlotte, NC 28277 ("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. 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 contact your financial professional. May not be available in all states or firms.

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