

# Hardship Distribution Request Form

for active employees who have a qualifying hardship event

Use this form if you want to:

- request a distribution due to financial hardship

Do not use this form to:

- request any distribution option other than a hardship request that may be available to an active employee. See your Plan Administrator for details.

**Important Note:** The terms and availability of hardship distributions vary by plan. Please check with your plan sponsor/ employer to obtain information regarding any applicable restrictions and to help determine your eligibility for a hardship distribution prior to completing this form. Depending on the requirements applicable to your plan, you may need to provide certain supporting documentation in connection with your hardship withdrawal request. Please see the *Important Information* Section for documentation guidelines. Your hardship withdrawal request cannot be processed until approved by your plan sponsor.

**Questions?**

Call  
MassMutual's Customer Service Center  
1-800-854-0647

Fax  
1-800-220-2913

Online  
www.massmutual.com/corp

Note: If the plan requires spousal consent for a distribution, please contact your Plan Administrator who will provide you with additional paperwork.

123

If the plan's normal form of benefit is a *Qualified Joint and Survivor Annuity (QJSA)*, the *Qualified Joint and Survivor Annuity Form* must be completed by the participant (and spouse, if applicable) and provided to the Plan Administrator prior to a distribution being processed. If the Plan's normal form of benefit is not a QJSA, but requires spousal consent for a distribution, a *Spousal Consent Form* must be completed and provided to the Plan Administrator prior to the processing of any distribution.

Note: If you have MassMutual Lifetime Income (MMLI) as an investment option you may need to exchange out of this investment to make the dollar amount available for your hardship distribution. Exchanges out of MassMutual Lifetime Income will result in a loss of guaranteed income. To exchange out of MMLI, you can either call MassMutual's Customer Service Center or make this change online. Please see *Hardship Distribution Amount*, Section E, for more information.

MassMutual will not process this Form until it is received in good order. Please see the *Important Information* Section for the definition of "Good Order".

## Section A - Plan Information (Plan Administrator completes)

Plan ID	Plan Name		
Plan Contact	Daytime Phone Number		

## Section B - Participant Information (Participant completes)

SSN	Participant Name		Date of Birth
* Legal Address			
City	State	Zip Code	Daytime Phone Number

\*All future mailings will be sent to your Legal Address unless changed by you or your Employer and/or Plan Administrator, as applicable, as described under "Stale Address" in the *Important Information* section.

## Section C - Vesting Verification (Plan Administrator or Third Party Administrator Completes)

Vesting: Employer Match			%	Vesting: Employer Profit Sharing			%	Vesting: Other (Specify)			%
YTD Hours For TPA use only											

TPA or Authorized Plan Representative's Signature

Date

TPA or Authorized Representative's Name (please print)

Phone Number

E-Mail

## Section D - Distribution Reason (Participant Completes)

Check all that apply. I understand that approval of this request is subject to review by the Plan Administrator and the terms of the plan. I hereby request a Hardship Distribution for the following reason(s). Please attach documentation evidencing the expense for which this hardship is requested. If the expense is for someone other than the Participant, list the recipient and his or her relationship to the Participant on the expense document. Please see the *Important Information* Section for documentation guidelines. Note: your plan may have different or additional documentation requirements. Please confirm any requirements with your plan sponsor applicable to your circumstances.

- Expenses for Medical Care** for myself, my spouse, my dependent or primary beneficiary (as permitted under the plan).
- Purchase of My Primary Residence** excluding mortgage payments.
- Tuition and Related Education Fees** including room and board expenses, for the next 12 months for post-secondary education for myself, my spouse, my dependent or primary beneficiary (as permitted under the plan).
- Prevention of Eviction or Foreclosure** on my primary residence.
- Payment for Burial or Funeral Expenses** for my deceased parent, spouse, children, dependents or primary beneficiary (as permitted under the plan).
- Expenses for the Repair of Damage** on my primary residence that would qualify for a casualty deduction under IRC §165.
- Expenses and losses (including loss of income) incurred due to a federally-declared disaster, as allowed by the plan, by the Federal Emergency Management Agency (FEMA)**, provided that the employee's principal residence or principal place of employment at the time of the disaster was located in an area designated by FEMA for individual assistance with respect to the disaster.

## Section E - Hardship Distribution Amount (Participant Completes)

I understand my Hardship Distribution will be processed pro-rata across all contribution types and investments that are available under my plan for hardship distributions. (This does not include HLI investment.) Additional requirements may apply depending on the requirements applicable to your plan.

I am requesting a Hardship Distribution in the amount of \$ \_\_\_\_\_ OR  Withdrawal of Maximum Amount Available

Note: If the amount you request is greater than the amount available for hardship distribution on the date your request is processed, MassMutual will process for the maximum amount available to you under the terms of the Plan. Your hardship distribution will be processed pro-rata across eligible investments and contribution type sources that are available under your plan for hardship distributions.

Note For MassMutual Lifetime Income: If your plan account includes the MMLI investment option, it will count in establishing the maximum amount available for a hardship distribution. However, because MassMutual Lifetime Income will be excluded to protect your guaranteed income, you may not be able to distribute the maximum amount available unless you exchange out of the MMLI investment to make funds available for your hardship distribution. By exchanging out of MMLI, you are effectively liquidating your guaranteed income. The cash-out value of MassMutual Lifetime Income investment option is the lesser of net contributions accumulated at 3% interest or the dollar amount it would cost to purchase the income shares. Thus, if you elect to cash out your MMLI investment, the amount you may receive may be substantially less than the actuarial value and cost of the guaranteed annuity payments.

### Gross Up Distribution for Withholding:

This option can only be selected if you have sufficient funds in your account that are available for hardship.

- Check this box if you wish to increase the amount processed from your account for federal and, if applicable, state income tax withholding. For example: If you want to gross up for federal withholding, for a \$9,000 net check amount, \$10,000.00 will be processed from your account. ( $\$9,000/90\% = \$10,000.00$ ;  $\$10,000.00 \times 10\% = \$1,000.00$  federal income tax withholding;  $\$10,000.00 - \$1,000.00 = \$9,000$  net check amount) A similar computation will occur for state income tax withholding, if applicable.

## Section F - Cash Payment Instructions (Participant completes)

If applicable, please check one of the options below for receiving your Cash Payment and complete the appropriate information. Note: If no option is selected we will send you a check via regular United States Postal Service (USPS) mail delivery to the address specified according to plan provisions.

- Send my check via regular USPS mail delivery to the address specified according to plan provisions.
- Send my check Express Mail Delivery to the address specified according to plan provisions. A check handling fee will be applied to each check issued. **Please allow 3 to 5 business days for processing and delivery.** In addition, ROTH distributions require a separate, 2nd check to be issued, which will also be subject to a check handling fee.

## Section F - Cash Payment Instructions - continued

3.  Send my distribution via Direct Deposit to a bank account in which I am an authorized account holder. (Not applicable to Rollover distributions.)

Direct deposits will be made 3-5 business days from date of processing. The Direct Deposit fields below are required to be completed. The default account type of Checking will be used if not provided. I understand that if I do not fully complete the fields below; or provide a voided check; or the bank information that I have provided is invalid, a check will be mailed. I authorize MassMutual to initiate a debit to my account for any overpayment (s) made in error.

**To help protect our customers' assets, MassMutual may independently validate bank and customer account information before processing a wire/Direct Deposit/EFT. If we are unable to independently validate the bank and customer account information or sufficient documentation to support the wire/Direct Deposit/EFT is not provided, we will mail a check to the address of record. It should be noted that we are not always able to independently validate credit unions or smaller banks. Please provide a voided check with your request to assist with this process. If the account cannot be validated, a check will be mailed even if a voided check or financial instrument is submitted with distribution request.**

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	Bank Name												
Bank ABA/Routing (9 digits)												Bank Account No.		

Please note that we can only send funds via direct deposit to banks with a valid U.S. routing number.

MEMO _____												
⑆ 123456789 ⑆ 987654321 ⑆ 1001												
Bank ABA/Routing # (A 9-digit number always between these two marks)						Bank Account #						

## Section G - Federal Income Tax Withholding (Participant completes)

This section applies to any distribution on account of hardship. (Please read **Federal and State Tax Withholding** in the **Important Information Section**.) This distribution is subject to voluntary federal income tax withholding. If you do not make an election below, 10% federal income taxes will be taken from the taxable portion of your distribution. If federal income taxes are not withheld, you are liable for payment of federal income tax on your distribution. Please note that you may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.)

- Do not withhold federal taxes.
- I voluntarily elect to have additional withholding of \_\_\_\_\_ % (whole percentages only)

## Section H - State Income Tax Withholding (Participant completes)

**You may skip this Section if you reside in a state with no income tax or withholding requirement on retirement income.**

The taxable portion of your payment may be subject to state tax withholding requirements. While MassMutual will withhold based on your state's income tax rules and your election, if applicable, you are responsible for ensuring you satisfy your individual state income tax liability. If you make an election that is not in compliance with your state's income tax withholding rules, then MassMutual will default to your state's income tax withholding requirements.

State Income Tax Withholding rules are subject to change at any time. For current state specific tax information pertaining to your resident state, you should contact your tax advisor or your state income tax department. Also note, state tax rules may apply differently depending on your type of distribution (i.e., lump sum, periodic, non-periodic, etc.). In addition, some states allow for an exclusion from income distributions from certain retirement plans - to confirm whether you may qualify to exclude all or a portion of your distribution from income for state taxation purposes, you should consult your plan sponsor or state income tax department.

If your state's income taxes are determined based on wage tables, MassMutual is unable to calculate a net amount, you will need to ensure that you have grossed up accordingly. Your request may be delayed if a net amount is requested.

If you do not see your state listed below, it is a result of your state not permitting state income tax withholding.

Any tax information included in this written or electronic communication was not intended or written to be used, and it cannot be used by the taxpayer, for the purpose of avoiding any penalties that may be imposed on the taxpayer by any governmental taxing authority or agency.

## Section H - State Income Tax Withholding - continued

Your state tax income tax withholding options are:

AR, DE, KS, MD, MA, NC, NE, VT, VA	<p>These states require mandatory state income tax withholding on taxable distributions. MassMutual is required to withhold state income taxes based on state law. You may not elect out of state income tax withholding.</p> <p>Requests for Required Minimum Distributions (RMDs) and installment payment programs over a period of 10 years or more are not eligible to be rolled over. If you choose to opt out of federal income tax, MassMutual will automatically opt you out of state income tax. If you did not opt out of federal income tax withholding, then MassMutual will withhold based on state law.</p> <p><input type="checkbox"/> I elect to withhold an amount of \$ _____ (whole dollar amount)</p>
CA, DC, IA, ME, OK, OR	<p>These states require mandatory state income tax withholding. MassMutual is required to withhold state income taxes based on state law unless you elect out of withholding: <input type="checkbox"/> I elect no state income tax withholding.</p> <p>Note: The District of Columbia only requires mandatory withholding on a "lump sum" distribution that brings your account balance to zero. If you are requesting a "lump sum" distribution, then you may not opt out of withholding.</p>
AL, AZ, CO, ID, IL, IN, KY, LA, MS, MO, MT, NJ, NM, NY, ND, OH, PA, RI, WV, WI	<p>These states permit voluntary state income tax withholding. You may voluntarily elect state income tax withholding by providing a dollar amount. If no election is made for these voluntary states identified, then MassMutual will not apply any withholding.</p> <p><input type="checkbox"/> I voluntarily elect to withhold an amount of \$ _____ (whole dollar amount)</p> <p>Note: AZ and IL only permit voluntary state income tax withholding on periodic payments. If a tax election is requested on periodic payments and no amount is provided, MassMutual will default based on state rules. Lump sum distributions do not allow for state income tax withholding. If a tax election is requested on a lump sum distribution, MassMutual will not apply any withholding.</p>
GA, MN, SC, UT	<p>These states permit voluntary state income tax withholding based on state tax table formulas. You may voluntarily elect state withholding by selecting the box below. If no election is made for these voluntary states identified, then MassMutual will not apply any withholding. Please note only Gross Distribution requests are permitted when applying state tax withholding.</p> <p><input type="checkbox"/> Withhold based on my state's tax table formula, if applicable (MassMutual will apply the default tax allowance.)</p>
CT, MI	<p>These states require mandatory state income tax withholding. MassMutual is required to withhold state income taxes based on state law unless you provide an alternate dollar withholding amount below along with completing your state specific W-4P withholding certificate and submitting it with this form. If a W-4P is not provided, MassMutual will default to your state's mandatory max withholding amount. Note: CT residents, W-4P is only allowed for partial distributions.</p> <p><input type="checkbox"/> I elect to withhold an amount of \$ _____ (whole dollar amount)</p>

## Section I - Participant Certification of Financial Hardship, Acknowledgements and Authorization

I hereby instruct the Plan to distribute my vested account balance in the manner indicated on this form and understand that my election is irrevocable once processed. I certify that all the information I provided in this form is true and accurate to the best of my knowledge and belief. I understand that providing false or misleading information on this form may constitute fraud and be subject to severe penalties.

I hereby certify, acknowledge and agree that:

- The amount requested pursuant to this hardship withdrawal request does not exceed the amount of my financial need for which I am requesting a hardship withdrawal, after applicable tax withholding and penalties;
- I have obtained all currently available distribution amounts available to me under this and any other plan of my plan sponsor/employer, including any in-service withdrawals from rollover and/or after tax employee contributions (in accordance with the plan document and applicable law). If there are additional amounts available for withdrawal under the plan other than for hardship reasons, I certify that such amounts (if any) have been paid to me prior to this request for a hardship withdrawal. If my plan requires that I take all available participant loans (unless such loans would cause further hardship), I certify that, if so required, I have taken such loans prior to this request for a hardship withdrawal; and
- I have insufficient cash or other liquid assets to satisfy the financial need for which I am requesting a hardship withdrawal.
- If I have not been required to supply documentation of my hardship event and hardship amount to my Plan Administrator in connection with my hardship withdrawal request, I understand and agree that I am required to maintain records of such documentation of the hardship event and amount, and I will provide such documentation to my Plan Administrator or its designee upon request.

I further certify, acknowledge and agree that:

- I have consulted with my Plan Administrator and am aware of any fees that may apply to this distribution. Please see the *Important Information* Section for more information about fees.
- I have had an opportunity to ask and receive answers to my questions from the Plan Administrator regarding the requirements and restrictions for hardship distributions. For further information regarding the requirements and restrictions for hardship withdrawals for your plan, please contact your employer/plan sponsor.
- In addition, if my plan requires it, I have either provided the Plan Administrator with the required documentation that evidences my financial need, or I agree to retain copies in my personal records of supporting documentation applicable to my Distribution Reasons. I have provided the Plan Administrator with a properly executed spousal consent for distribution form and, if applicable, that I have received and read the *Qualified Joint and Survivor Annuity Notice and Waiver*.
- I have reviewed the state income tax withholding rules in Section H and the attached Fraud Warning Statements, as applicable to my state. I understand that the state income tax withholding rules described in Section H are subject to change.

**Section I - Participant Certification of Financial Hardship, Acknowledgements and Authorization - continued**

- I consent to an immediate distribution as selected on this form and affirmatively waive the minimum 30-day notice waiting period.

Note: If the check associated with this request is returned to MassMutual by the U.S. Postal Service as undeliverable, we are unlikely to resend it until you provide us with your updated address. Failure to provide us with your current and valid address may result in the check being considered abandoned property under the laws of the State where the check was mailed (unless preempted by ERISA).

**Important Note for Participants with a Non-U.S. or Non-U.S. Territory residence address:**

Please check this box if you are *not* a resident of the United States or a United States Territory.

If the current address is not an address within the U.S. or one of its territories, the Participant or Beneficiary receiving the distribution is required to fill out and return a *Citizenship Statement* form with the distribution request. Failure to provide a *Citizenship Statement* will result in U.S. Federal taxes being withheld at a rate of 30% for recipients with a non-U.S. residence address. Please ask your Plan Sponsor for a *Citizenship Statement* form or call MassMutual's Customer Service Center for a copy.

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**IMPORTANT** - If this withdrawal requires participant consent, and the participant's signature is not provided on this form, the Plan Administrator must initial below or this form will not be processed. Note: If the participant/beneficiary ("recipient") is not a resident of the United States (or US territory) at the time the distribution is paid, a *Citizenship Statement* form must be completed and signed by the recipient and submitted with this distribution request. Failure to do so will result in 30% Federal tax withholding on the taxable distribution.

By initialing this box, I certify as Plan Administrator that I have obtained the participant's consent and authorization for the distribution requested on this form on a separate document signed by the participant. I further certify that the participant has been advised of his or her rights under the Plan, any fees applicable to the distribution, and applicable law including, but not limited to, disclosures and notices described in this section. I agree that the Plan Administrator, and not MassMutual, is solely responsible for any consequences that result from this distribution.

On behalf of the Employer and the Plan, I hereby have reviewed, authorized and approved the hardship withdrawal application submitted by the Participant named above.

Plan Administrator Initials \_\_\_\_\_

**Section J - Plan Representative Certification and Authorization (required)**

As Plan Administrator or an authorized representative of the Plan, I hereby direct MassMutual to distribute from the Plan's account, trust, group annuity contract or funding agreement, as applicable, as a distribution from the participant's vested account the amount necessary to pay the benefit in the manner indicated in this form in accordance with the terms of the Plan and participant election. I understand that the Distribution Reasons listed in Section D of this form are generally applicable when the "safe harbor" determination of hardship is used by the Plan, and that if a "facts and circumstances" method is used for approving withdrawal of any contributions under the Plan, other Distribution Reasons may be applicable. In either event, I have determined whether additional information is necessary for a review of the Distribution Reason. I have reviewed the Participant Certification of Financial Hardship and have verified the Participant Information, Distribution Reason and Vesting and certify that each it is true and accurate to the best of my knowledge and that I have obtained any spousal consent for distribution forms (and, if applicable, provided the *Qualified Joint and Survivor Annuity* Form to the participant) that may be required by the Plan and/or ERISA and the Internal Revenue Code. I represent and agree that I have obtained and reviewed such information as required under the plan and any applicable procedures with respect to the reason for the participant's hardship withdrawal request. I acknowledge that this form does not constitute a delegation by the Plan Administrator of, and the Plan Administrator has not otherwise delegated, its income tax withholding duties and liabilities under §3405 of the Internal Revenue Code of 1986, as amended, to the Recordkeeper and that the Recordkeeper is acting as independent contractor of the Plan Administrator or Service Provider in making payments in accordance with these instructions. The Plan Administrator confirms that it is responsible for ensuring that state tax is withheld in accordance with current state law, and hereby directs MassMutual to withhold state tax, as applicable, in the manner provided on this form. The Plan Administrator acknowledges and agrees that this form reflects distributable events that may not be available under all plans. As a result, the Plan Administrator confirms that it has reviewed its Plan document to confirm that the requested distribution is in fact permitted and assumes all responsibility for any consequences that result from such distribution, including any correction or disqualification that results from an impermissible distribution. I have reviewed the Plan document as well as the Plan's group annuity contract or funding agreement, and I, and not MassMutual, have made the determination that the participant is eligible under the terms of the Plan, contract and applicable law to receive this distribution. In the event that the distribution is at any time determined to have been impermissible under the terms of the Plan or contract and applicable qualified plan rules, I agree that MassMutual and its affiliates shall have no responsibility, financially or otherwise, for any associated correction, costs, taxes, fees, expenses, charges, fines, penalties, charges, excise taxes or any other related amount. I, as authorized Plan representative and fiduciary and not MassMutual, made any and all fiduciary determinations with respect to this hardship distribution.

Please be sure the below signatory is on record as an authorized signer for your Plan at MassMutual.

\_\_\_\_\_  
Authorized Plan Administrator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Plan Administrator's Name (please print)

**Completed and signed forms may be Faxed to 800-220-2913; emailed to [mmprocessing@massmutual.com](mailto:mmprocessing@massmutual.com) or mailed to:**

Regular Mail Address:  
MassMutual  
P.O. Box 1583  
Hartford, CT 06144-1583

Overnight Mail Address:  
MassMutual  
100 Bright Meadow Boulevard  
Enfield, CT 06082

Note: Duplicate requests for a single distribution, such as a fax followed by a mailed original, may result in multiple distributions. MassMutual will not be responsible for any increase or decrease in account value based on investment performance or charges that arise from duplicate requests for a single distribution.

### Section K - Important Information

**Good Order** - "Good Order" means that all sections of this Form are complete, the participant has provided his/her signature authorizing the transaction (if required) and the Plan Sponsor has provided their signature authorizing MassMutual to process the transaction requested on this Form and the TPA has acknowledged the transaction by providing their signature.

**Hardship Distributions** - Please contact your employer/plan sponsor for information regarding under what circumstances hardship withdrawals are permitted and for any restrictions on the amount available for distribution. Your Plan Administrator may require supporting documentation for the hardship reason and amount necessary to satisfy your hardship.

**Federal and State Tax Withholding** - The distributions you receive from the plan are subject to federal income tax withholding unless you elect not to have withholding apply. Withholding will only apply to the portion of your distribution or withdrawal that is included in your income subject to federal income tax. If you elect not to have withholding apply to your distribution, or if you do not have enough federal or state income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rule if your withholding and estimated tax payments are not sufficient.

**Fees** - MassMutual may charge a transaction processing fee in accordance with its Service Agreement with the Plan Sponsor for each single sum benefit payment or rollover issued directly to or on behalf of (in the event of a trustee transfer of eligible rollover distribution) a Participant, beneficiary or alternative payee. For more information about fees, visit the "News" Section on the Participant web portal, Retirement Access ([massmutual.com/retirementaccess](http://massmutual.com/retirementaccess)).

**Stale Address** - It is important that you notify us if you change your address. Going forward, you or your Employer may change your address in our records. Your address may also be changed as a result of an address confirmation service provided under our agreement with your Employer. Under this service, the addresses in our records are compared against and updated quarterly with addresses received from commercial address update services (e.g., the U.S. Postal Service). If your mail is returned to us or your Employer tells us your address is incorrect, we are likely to suspend future mailings until a new address is obtained. Unless preempted by Federal law, failure to give us a current address may also result in uncashed distributions from your participant account being considered abandoned property under state law, and remitted to the applicable state. To update your address, contact your Employer and/or Plan Administrator, as applicable, or, if permitted by your Plan, log in to our website at [www.massmutual.com/corp](http://www.massmutual.com/corp) and select the change address link under your personal settings.

**Documentation Guidelines** - These guidelines are subject to any differing or additional requirements as may be determined under the plan and/or by the plan sponsor.

Reason for Withdrawal	Documentation Guidelines
<p><b>Expenses for Medical Care</b> for myself, my spouse, my children, my other dependent(s) or my primary beneficiary (as permitted under the plan).</p>	<p>Services provided</p> <ul style="list-style-type: none"> <li>• Bill dated within the last 60 days with amount due</li> <li>• List of services provided and insurance payments listed on bill OR Explanation of Benefits</li> </ul> <p>Services not provided yet</p> <ul style="list-style-type: none"> <li>• Treatment plan dated in the last 60 days</li> <li>• List of services to be provided with costs and insurance payments to be applied, if no insurance it must state there is no insurance coverage</li> <li>• Must indicate "Pre-payment is required" on document</li> </ul>

Reason for Withdrawal	Documentation Guidelines
<b>Purchase of My Principal Residence</b> <i>(excluding mortgage payments).</i>	Financed purchase <ul style="list-style-type: none"> <li>• Loan estimate dated within 60 days</li> <li>• Property Address listed</li> </ul> Cash purchase <ul style="list-style-type: none"> <li>• Executed Sales Contract or Purchase and Sales Agreement, dated within last 60 days including:               <ul style="list-style-type: none"> <li>Property address</li> <li>Purchase price</li> <li>Closing date</li> </ul> </li> </ul>
<b>Prevention of Eviction from or Foreclosure of my principal residence.</b>	Eviction <p>Eviction notice dated within the last 60 days including:</p> <ul style="list-style-type: none"> <li>• Property address</li> <li>• Date it must be paid by (must be a future date at least 5 days in the future from the date request is submitted to MassMutual)</li> <li>• Amount due</li> <li>• Language stating you can stay if you pay the amount requested</li> </ul> Lease agreement if individual landlord, if no lease eviction notice must state monthly rental amount and that rent is paid month to month <p>Foreclosure</p> Foreclosure notice/default letter dated within the last 60 days including: <ul style="list-style-type: none"> <li>• Property address</li> <li>• Date it must be paid by (must be a future date)</li> <li>• Amount due</li> </ul> <p><b>Note: Cannot be the monthly mortgage statement</b></p>
<b>Tuition and Related Education Fees</b> including room and board expenses for the next 12 months for post-secondary education for myself, my spouse, my children, my other dependent(s) or my primary beneficiary (as permitted under the plan)..	<b>Tuition expenses</b> <p>Bill with the school name dated within the last 60 days including:</p> <ul style="list-style-type: none"> <li>• Student's name</li> <li>• Net amount due</li> <li>• Charges and Credits including financial aid (cannot be simply the cost of the school but your personal bill showing the net amount due)</li> <li>• Term charges are for</li> </ul> <b>Books</b> <p>Online shopping cart print out of "voided" receipt showing the cost of books or supplies required</p> <p><b>Note: We cannot reimburse for purchases already made nor can we approve for student loans</b></p>
<b>Expenses for the Repair of Damage on my principal residence that would qualify for the casualty deduction under §IRC 165.</b>	Estimate of cost listing repairs dated within the last 60 days. <p>Homeowner's insurance coverage or denial, if no homeowners insurance, the estimate must state exact cause of damage and that no insurance money will be accepted toward payment.</p>
<b>Payment of Burial or Funeral Expenses</b> for my deceased parent, spouse, children, dependents or primary beneficiary (as permitted under the plan).	An itemized/detailed bill dated within the last 60 days from a funeral home, mortuary, crematorium and or religious establishment including: <ul style="list-style-type: none"> <li>• Charges</li> <li>• Payments/Credits</li> </ul> <p><b>Note: Flowers and Family vehicles, such as limousines, are not approvable</b></p>
<b>Expenses and losses as a result of a federally declared disaster (to the extent permitted by your plan).</b> Expenses and losses (including loss of income) incurred by the employee in connection with certain disasters declared by the Federal Emergency Management Agency (FEMA), provided that the employee's principal residence or principal place of employment at the time of the disaster was located in an area designated by FEMA for individual assistance with respect to the disaster (to the extent permitted by your plan).	An itemized description identifying the expense(s) or listing of unpaid invoice evidencing the expense(s), itemization of the costs, total amount due and insurance payment amount(if applicable). <p>An itemized receipt identifying the expense(s) (dated within 60 days as of the date of the request) or an unpaid invoice evidencing the expense(s), name of billing entity, itemization of the costs, total amount due (dated within 60 days as of the date of the request).</p> <p>Additional information as may be required by your plan administrator.</p> <p>(For loss of income) Participant's last three payroll paystubs.</p>

Refer to the applicable fraud warnings for your state of residence.

The "Company" refers to Massachusetts Mutual Life Insurance Company 1295 State Street, Springfield, Massachusetts 01111-0001

**Alabama** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

**Alaska** - A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona** - For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Arkansas, Louisiana, Rhode Island, Texas, West Virginia** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California** - For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado** - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Delaware, Idaho, Indiana, Oklahoma** - **WARNING:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**District of Columbia** - **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the Applicant.

**Florida** - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland** - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Minnesota** - A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire** - Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**New Jersey** - Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New Mexico** - ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**New York** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousands dollars and the stated value of the claim for each such violation.

**Ohio** - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oregon** - Any person who, with intent to defraud or knowing that s/ he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Pennsylvania** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Puerto Rico** - Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (\$5,000) dollars and not more than ten thousand (\$10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Tennessee** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Virginia and Washington** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**All other states** - Any person who knowingly and with intent to defraud, deceive, or injure an insurance company, files a claim containing false, incomplete, fraudulent, or misleading information, may be prosecuted under state law and may be subject to fines and/or confinement in prison.