

Brighthouse SmartCare®

Pre-Qualification Questionnaire

This questionnaire helps identify who may be 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 these questions, they will not qualify for Brighthouse SmartCare.

Blood	Are you currently seeing a hematologist for any blood disorders?
Brain	Have you had a cognitive disorder, including Alzheimer's disease, dementia, or memory loss?
	Have you had a seizure disorder resulting in two or more seizures a year, or have you been diagnosed with a seizure disorder in the last 12 months?
	Have you had more than one mini-stroke or transient ischemic attack (TIA)?
Brain/ Nervous System	Have you consulted with a medical professional or been treated for any neurological disorder related to the following: stroke, Parkinson's disease, multiple sclerosis (MS), muscular dystrophy, ALS/Lou Gehrig's disease, or Huntington's disease?
Build	See Height and Weight Guide.
Cancer	Have you completed cancer treatment in the past 3 years? (Please note that certain skin cancers, breast cancers, and prostate cancers may qualify within 6 months of treatment.)
	Have you been told you had high stage cancer (stage 3 or stage 4)?
	Have you received chemotherapy or a bone marrow transplant, or have you had cancer more than one time?
Diabetes	Are you currently using insulin, or been diagnosed with insulin-dependent diabetes?
Gastro	Have you been diagnosed with Crohn's disease or ulcerative colitis, and not had a colonoscopy in the last 3 years?

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General	Disqualifying Prescription Medications: See Decline Medications List.
Medical History	Have you been scheduled for surgery or nonroutine medical tests that are not yet completed, or have you been evaluated for an undiagnosed condition?
	In the last 3 years, have you received disability payments (excluding pregnancy)?
	Have you sustained two or more falls in the last 24 months?
	Are you currently using an assistive walking device?
	Have you had more than one fracture related to osteoporosis and/or osteopenia?
	Are you currently receiving home health services for daily living activities, or are you currently living in a nursing home?
	Have you been issued a disability parking permit for more than 90 days, or have you had driving privileges limited due to any medical conditions?
	Do you have any medical condition that has restricted your mobility or has impacted any of the six activities of daily living (bathing, continence, dressing, eating, toileting, transferring)?
	Do you currently need assistance with any of the six activities of daily living?
	Have you been diagnosed with chronic pain and are currently treated with narcotics?
	Have you been treated for alcohol or drug use in the past 5 years?
	Have you used illicit drugs (other than marijuana) or prescription narcotics in amounts other than as prescribed in the past 10 years without completing treatment?
	Have you received an organ transplant?
	Have you been diagnosed or treated for HIV/AIDS?
Heart/Cardio	Have you had a heart attack in the last 12 months?
	Have you had heart failure or heart enlargement?
	Have you had a circulatory disorder resulting from smoking or diabetes?
	Have you had heart surgery, including bypass, in the past 24 months (does not include stent placement)?
	Do you currently have an implanted defibrillator, such as a cardioverter-defibrillator?
Immune	Have you been treated for an autoimmune disease requiring daily steroid therapy or more than one biologic agent or immunosuppressant, including rheumatoid arthritis (RA), psoriatic arthritis, or lupus?
Kidney	Have you consulted a doctor or been treated for moderate or severe chronic kidney disease?
	Are you on dialysis?
Liver	Have you been diagnosed with cirrhosis of the liver?
	Are you currently being treated for chronic hepatitis B or hepatitis C?
Lung	Have you had chronic obstructive pulmonary disease (COPD), emphysema, or used oxygen?
Motor Vehicle	Have you been convicted of driving under the influence in the last 5 years?
Psych	Have you had a mental disorder requiring three or more prescription medications, or have you had thoughts of suicide?

Decline Medications List

Please note this is not an all-inclusive list. Medications may only represent the brand name prescription. If you are using a generic, please verify the brand name.

Acthar	Clozapine	Gengraf	Megace
Adriamycin	Clozaril	Geodon	Mellaril
Aggrenox	Cogentin	Gerimal	Mestinox
Agrylin	Cognex	Gilenya	Metelase
Akineton	Comtan	Glatopa	Methadone
Amiodarone	Copaxone	Gleevec	Methotrexate
Androl-50	Copegus	Gold Therapy	Mirapex
Antabuse	Cortef (hydrocortisone)	Haldol	Moban
Apidra	Cuprimine (D-penicillamine)	Hepsera	Moditen
Apokyn	Cytosar	Herceptin	MorphaBond (morphine)
Aptivus	Cytoxan	Humulin	MS Contin (morphine)
Aranesp	Dantrium	Hydergine (ergoloid)	Mutamycin (mitomycin)
Arava	Decadron	Hydralazine	Myfortic
Aricept	Deltasone (prednisone)	Hydrea	Myleran
Arimidex	Demerol	Hysingla ER	Namenda (memantine)
Aristada	Digox	Ifex	Navane
Artane	Digoxin	Iletin	Neoral (cyclosporine)
Atgam	Dilaudid (hydromorphone)	Inamrinone	Neupro
Aubagio	Dolophine (methadone)	Incivek (telaprevir)	Nilandron
Aviz	Dostinex	Infergen Interferon	Niloric
Avonex	Doxil	Intron	Nipent
Azilect	Duragesic (fentanyl)	Invega	Nitropress
AZT	Duramorph (morphine)	Isosorbide	Nitrostat
Baraclude	Ebixa (memantine)	Kadian (morphine)	Novantrone
Beatseron	Eldepryl	Kemadrin	Novolog
Betaferon	Eligard	Kineret	Nplate
Bevyxxa	Embeda (methadone)	Lantus	Nucynta
BiCNU	Emcyt	Larodopa	Numorphan
Blenoxane	Epogen	Latuda	Onsolis (fentanyl)
Buprenex	Equetro (lithium)	Lemtrada	Opana
Busulfex (busulfan)	Eskalith (lithium)	Leukeran	Orencia
Butrans	Eulexin (flutamide)	Leukine	Orthoclone
Campral	Exalgo (hydromorphone)	Levemir	Oxandrolone
Carbex	Exelon	Levo-Dromoran	Oxycontin (oxycodone)
Casodex	Extavia (interferon)	Lioresal (baclofen)	Palexia
CeeNU	Fanapt	Loxitane	Parcopa (levodopa)
Cellcept	Faslodex	Lupron	Parlodel
Cerefolin	Fazaclon	Lysodren	Pegasys
Cerubidine	Fentora (fentanyl)	Matulane	Pegatron
Chemotherapy (all forms)	Foscavir	Medrol	Percodan (oxycodone)

Permitil	Ribapak	Symadine	Vantus
Platinol	Ribasphere	Symbyax	Velban
Plegridy	Ribatab	Symmetrel	VePesid
Plenaxis	Ribaviran	Tambocor	Vesprin
Procrit	Risperdal	Tamoxifen	Viadur
Prograf	Rituxan	Tapal	Victrelis (boceprevir)
Proleukin	Roferon	Taractan	Videx
Prolixin (fluphenazine)	Rubex	Tarceva	Vivtrol (naltrexone)
Promacta	Sandimmune	Targiniq ER	Vraylar
Prostigmin	Saphris	Tasmar	Wellcovorin
Purinethol	Savaysa	Tecfidera	Wellferon (interferon)
Quinidine	Serentil	Thioplex	Winstrol
Ranexa	Simponi	Thioridazine	Xartemis
Razadyne	Simulect	Thymoglobulin	Xeljanz
Rebetron	Sinemet (carbidopa)	Timespan	Xeloda
Rebif (interferon)	Solian	Toposar (etoposide)	Xtampza ER (oxycodone)
Regonol	Stalevo	Trelstar	Zanosar
Reminyl	Stelazine	Tresiba	Zelapar
Requip	Sublimaze (fentanyl)	Trihexane	Zenapax
Revia (naltrexone)	Suboxone	Trilafon (perphenazine)	Zohydro ER
Rexulti	Subsys (fentanyl)	Tysabri	Zoladex
Ribapak	Subutex	Tyzeka	Zyprexa

Height and Weight Guide

Height	Accepted Weight Range (lbs.)
4' 8"	77 – 183
4' 9"	79 – 189
4' 10"	82 – 196
4' 11"	85 – 203
5' 0"	88 – 210
5' 1"	91 – 217
5' 2"	94 – 224
5' 3"	97 – 231
5' 4"	100 – 239
5' 5"	103 – 246
5' 6"	106 – 254
5' 7"	109 – 262
5' 8"	113 – 269

Height	Accepted Weight Range (lbs.)
5' 9"	116 – 277
5' 10"	119 – 286
5' 11"	123 – 294
6' 0"	126 – 302
6' 1"	130 – 311
6' 2"	133 – 319
6' 3"	137 – 328
6' 4"	141 – 337
6' 5"	144 – 346
6' 6"	148 – 355
6' 7"	152 – 364
6' 8"	156 – 373
6' 9"	160 – 383

This pre-qualification questionnaire 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.

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