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 have you 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?	

If the proposed insured answers YES to any of these questions, they will not qualify for Brighthouse SmartCare.

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 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 you 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 Mestinon Metelase Agrylin Cognex Gilenya Akineton Comtan Methadone Glatopa Amiodarone Methotrexate Copaxone Gleevec Androl-50 Copegus **Gold Therapy** Mirapex Cortef (hydrocortisone) Antabuse Haldol Moban **Apidra** Cuprimine (D-penicillamine) Hepsera Moditen MorphaBond (morphine) Apokyn Cytosar Herceptin **Aptivus** Cytoxan Humulin MS Contin (morphine)

Aranesp Dantrium Hydergine (ergoloid) Mutamycin (mitomycin)
Arava Decadron Hydralazine Myfortic

Aricept Deltasone (predpisone) Hydra

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 Dolophine (methadone) Aubagio Incivek (telaprevir) Nilandron Aviz **Dostinex** Infergen Interferon Niloric Doxil Intron Nipent Avonex 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)

Equetro (lithium) Lemtrada Buprenex Opana Busulfex (busulfan) Eskalith (lithium) Leukeran Orencia **Butrans** Eulexin (flutamide) Leukine Orthoclone Exalgo (hydromorphone) Campral Levemir Oxandrolone

Carbex Exelon Levo-Dromoran Oxycontin (oxycodone)

Casodex Extavia (interferon) Lioresal (baclofen) Palexia

CeeNU Fanapt Loxitane Parcopa (levadopa)

CellceptFaslodexLupronParlodelCerefolinFazacloLysodrenPegasysCerubidineFentora (fentanyl)MatulanePegatron

Chemotherapy (all forms) Foscavir Medrol Percodan (oxycodone)

Permitil
Platinol
Plegridy
Plenaxis
Procrit
Prograf
Proleukin

Proleukiii
Prolixiii (fluphenazine)
Promacta
Prostigmiii
Purinethol
Quinidine
Ranexa
Razadyne
Rebetron

Rebif (interferon)
Regonol
Reminyl
Requip
Revia (naltrexone)

Revia (nal Rexulti Ribapak Ribapak Ribasphere Ribatab Ribaviran Risperdal Rituxan Roferon Rubex

Sandimmune
Saphris
Savaysa
Serentil
Simponi
Simulect
Sinemet (carbidopa)

Solian Stalevo Stelazine Sublimaze (fenta

Sublimaze (fentanyl) Suboxone

Subsys (fentanyl) Subutex Symadine Symbyax Symmetrel Tambocor Tamoxifen Tapal Taractan

Tarceva

Targiniq ER
Tasmar
Tecfidera
Thioplex
Thioridazine
Thymoglobulin

Timespan
Toposar (etoposide)

Trelstar Tresiba Trihexane Trilafon (perphenazine) Tysabri

Tyzeka Vantus Velban VePesid Vesprin Viadur

Victrelis (boceprevir)

Videx

Vivtrol (naltrexone)

Vraylar Wellcovorin

Wellferon (interferon)

Winstrol Xartemis Xeljanz Xeloda

Xtampza ER (oxycodone)

Zanosar Zelapar Zenapax Zohydro ER Zoladex 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.

Brighthouse SmartCare is a life insurance policy that accelerates the death benefit for qualified long-term care services and is not a health insurance policy providing long-term care insurance subject to the minimum requirements of New York Law, does not qualify for the New York State Partnership for Long-Term Care Program, and is not a Medicare supplement policy.

Brighthouse SmartCare® is an indexed universal life insurance policy with long-term care riders issued in New York only by, and product guarantees are solely the responsibility of, Brighthouse Life Insurance Company of NY, New York, NY 10017 ("Brighthouse Financial"). All guarantees, including any optional benefits, are subject to the claims-paying ability and financial strength of the issuing insurance company. The 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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 Not Guaranteed by Any Bank or Credit Union • May Lose Value



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