



Springfield Technical  
Community College



**Springfield Technical Community College and MassMutual  
are proud to announce the introduction of LifeBridge<sup>SM</sup>**

**FREE LIFE INSURANCE**

You are eligible to apply for the program if you are:

- Between the ages of 19 and 42;
- The parent or legal guardian of one or more dependent children under age 18;
- A permanent, legal resident of the United States;
- Currently employed – either full or part time – with a total family income of less than \$40,000 annually; and
- In good health, as determined by MassMutual's underwriting standards.

You are not eligible to apply for the program if you:

- Have been diagnosed with heart disease, cancer, HIV or Type 1 Diabetes;
- Currently abuse drugs or alcohol or have abused them within the last 10 years; or
- Are currently on probation.

Remember, there's no time like the present to plan for your children's education. Take advantage of this free program NOW. A 10-year term life insurance policy, with a death benefit of \$50,000, is provided. If you die during the 10 years of coverage, the \$50,000 is paid into a trust administered by the MassMutual Trust Co., FSB, and used to cover educational expenses of your dependent children.

**For more information please complete the attached form and return it to the Thrive Center located in Building 16, Room 147, or call 413-755-5277. You may also mail the form to:**

Springfield Technical Community College  
The Thrive Center, Building 16, Room 147  
One Armory Square  
Springfield, MA 01102

You will be notified when MassMutual representatives will be available to assist you with the application process. At that time, medical professionals will also be available to take blood and urine samples to confirm your health status. All financial and medical information will be kept strictly confidential and used only to determine your eligibility for LifeBridge.

# LifeBridge Eligibility Form

Please answer ALL of the following questions. Massachusetts Mutual Life Insurance Company (MassMutual) will use the information to determine if you are eligible to be considered for participation in the LifeBridge Free Life Insurance Program. Incomplete forms will not be considered for this program.

Answer each question by CIRCLING either **YES** or **NO**:

- |   |     |    |
|---|-----|----|
| 1. Are you between the ages of 19 and 42?<br>Date of birth _____                                    | YES | NO |
| 2. Are you the parent or legal guardian of at least one dependent child who is under the age of 18: | YES | NO |
| 3. Are you currently employed (full or part time)?  | YES | NO |
| 4. Do you have a total family income that is at least \$10,000 but not more than \$40,000?          | YES | NO |
| 5. Are you a permanent, legal resident of the U.S.?   | YES | NO |
| 6. Are you the only member of your household who has applied?                                       | YES | NO |

Note: The LifeBridge Free Life Insurance Program is not designed to replace insurance coverage you already may have purchased.

## Identify your eligible children

Please print one or more individuals to receive equal benefits under the Trust. You must be the parent or legal guardian of these individuals (each child must be under the age of 18 at the time you apply).

*Provide ALL information requested below.*

| Name | Address (if different than your own) | Date of Birth |
|------|--------------------------------------|---------------|
|      |                                      |               |
|      |                                      |               |
|      |                                      |               |
|      |                                      |               |
|      |                                      |               |
|      |                                      |               |

## Your address and signature

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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