

MetLife



Employee Benefits Proposal

Group Critical Illness Insurance

Issue Age Rate Structure

Air Liquide

Employee Paid Offer

C&B Issue Date: 8/28/2014

Proposed Plan Effective Date: 1/1/2015

Cost and Benefit Summary

This Cost & Benefit Summary (C&B) includes Plan Design, rates and an Outline of Coverage for the situs state. This C&BS is valid for 90 days from the C&B issue date. Please contact MetLife for state variations.

[NS]

Eligibility

- Full-time employees will be subject to an actively at work requirement.
- An employee must be enrolled for coverage for their Spouse / Domestic Partner and / or Dependent Child(ren) to be eligible for coverage.
- Child(ren) are eligible for coverage from birth to age 26. Child(ren) must not be subject to any medical restrictions as set forth on the enrollment form and in the Certificate. Coverage for Domestic Partners varies by state. The definitions of Domestic Partner and Children vary by state. Please refer to the Outline of Coverage for details.

Design

- Contract Form: Group Policy
- Plan Situs: TX
 - 'Most states will be covered by the situs state plan. Certain states will be covered by a state specific certificate of insurance due to these states being extra-territorial. Our Group Critical Illness Insurance product filing is pending approval in the following extra-territorial states: NH and MT. Residents of these states will not be offered our Group Critical Illness plan until state approval is received. In addition, if 25% or more of the eligible population resides in VT, where product approval is also pending, that state is considered extra-territorial and the same restriction applies. We are willing to discuss an enrollment strategy for these residents at a later date once approval is received. For specific State variations on Plan Design, Benefits, Limitations and Exclusions please contact MetLife for details.
- Benefit Amount: Employees will be offered a choice of \$15,000 or \$30,000 or \$45,000 Guaranteed Issue coverage. Their Spouse / Domestic Partner will be offered 100% and Child(ren) will be offered 100% of employee Benefit Amount.
- Total Benefit Amount: 300% of the benefit amount elected.
- Pre-existing Condition Exclusion: Not Included
- Survival Period: None
- Continuation of Coverage: Will be made available on a direct bill basis for terminated and retired employees at active group rates.
- Benefit Reduction Due to Age:
 - Any benefit payable will be reduced by 25% of the amount listed for that benefit in the Schedule if the Covered Person's Attained Age is 65 to 69.
 - Any benefit payable will be reduced by 50% of the amount listed for that benefit in the Schedule if the Covered Person's Attained Age is 70 or older.

Covered Conditions:

Benefits will be paid as a percentage of elected coverage for the following conditions:

Covered Conditions	Initial Benefit (<i>First Occurrence After the Effective Date</i>)	Recurrence Benefit
Full Benefit Cancer	100% of Benefit Amount	100%
Partial Benefit Cancer	25% of Benefit Amount	25%
Heart Attack	100% of Benefit Amount	100%
Stroke	100% of Benefit Amount	100%
Coronary Artery Bypass Graff	100% of Benefit Amount	100%
Kidney Failure	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Any of the 22 Listed conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE

Listed Conditions: Receive 25% of the initial benefit amount for 22 conditions:

- Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Please contact MetLife for detailed definitions and state variations of covered conditions.

Provisions Regarding Covered Conditions:

All payments made for all covered persons under the Certificate will be made to the employee.

- If an insured is diagnosed with a covered condition and meets the policy and certificate requirements an initial benefit will be paid. The initial benefit works as follows; 1) For Partial Benefit Cancer; 25% of the Benefit Amount will be paid. 2) For a Listed Condition; 25% of the Benefit Amount will be paid. 3) For all other covered conditions; 100% of the Benefit Amount will be paid. MetLife will pay benefits until the Total Benefit Amount for each covered person is reached.
- If an insured is diagnosed with another occurrence of certain covered conditions and MetLife has already paid the Initial Benefit for that covered condition, a Recurrence Benefit equal to 100% of the Selected Benefit Amount will be paid. A Recurrence Benefit payment is subject to a 180-day benefit suspension period. MetLife will not pay a Recurrence Benefit for a covered condition that recurs during this period. MetLife will pay the initial benefit amount and a recurrence benefit until the Total Benefit Amount of 300% for each covered person is reached.

When the employee coverage terminates, the spouse/domestic partner and dependent children coverages will also terminate.

Health Screening Benefit:

- If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the Certificate and after his/her insurance has been in effect for 1 month, MetLife will pay a health screening benefit upon submission of proof that such measure was taken. When MetLife receives such proof, MetLife will review it, and if MetLife approves the claim, MetLife will pay a health screening benefit of \$100.

- The covered tests are: blood test to determine total cholesterol; blood test to determine triglycerides; breast MRI; breast sonogram; breast ultrasound; carotid doppler; colonoscopy; digital rectal exam (DRE); electrocardiogram (EKG); endoscopy; fasting blood glucose test; fasting plasma glucose test; flexible sigmoidoscopy; hemocult stool specimen; mammogram; pap smears or thin prep pap test; prostate-specific antigen (PSA) test; serum cholesterol test to determine LDL and HDL levels; stress test on bicycle or treadmill; two hour post-load plasma glucose test; or virtual colonoscopy.
- We will only pay one health screening benefit per covered person per calendar year.

General and Enrollment Strategy Requirements

Guaranteed Issue: Offer for employee and eligible family members.

General Requirements:

- 1 Employer/employee relationship;
- 2 Payroll deduction;
- 3 Agreed upon enrollment strategy; and
- 4 No competing critical illness/cancer insurance programs.

Agreed upon Enrollment Strategy (required):

- Distribution of policy provisions and exclusions to employees.
- Agree to communication strategy that includes a minimum of 3 employee touch points, i.e.,
 - Email Templates; Coming Soon – Kick off, Reminder. (Design options to accommodate Customer's technology needs).
 - FAQ
 - Intranet / Newsletter Content
 - Enrollment Kit
 - Onsite Presentation
 - Posters

Failure to meet the requirements outlined above and the agreed upon enrollment strategy may result in the program not being offered.

MetLife and the customer will work together to determine and implement the appropriate marketing campaign, MetLife's group CII proposal assumes an employer's agreement to provide the required enrollment strategy as outlined above.

Implementation Requirements:

- The minimum lead time required to implement your plan will be between 10 and 16 weeks, depending on the method by which the plan will be billed, from the date of the initial implementation meeting/call to the effective date.

Premium Structure

- Employee Paid (payroll deducted)—issue age rate per month. Insureds' premium is based on their issue age, meaning their initial rate is based on their age at the time their coverage becomes effective and their rates will not increase due to age.
- The plan is guaranteed renewable, and may not be canceled due to an increase in insureds' age or a change in their health. Premium rates can only be raised as the result of a rate change made on a class-wide basis. This C&B describes benefit reduction features that may apply.
- Coverage is guaranteed renewable provided: (1) premiums are paid as required under the Certificate; and (2) in a situation where the Group Policy ends, it is not replaced by a substantially similar critical illness policy as described in the Certificate.
- Unisex, Smoker Distinct rates.
- Initial Rate Guarantee: 3 years, subsequent years' rates subject to change.
- Rate Change:
MetLife reserves the right to change its rates for any of the following reasons:
 - The composition of the group, employees, dependents or the critical illness insurance volume has changed 10% or more from the date when quoted.
 - The financial arrangement on any part of the package has changed.
 - Any of the plan designs are changed.
 - A change in applicable law requires a change in the insurance provided by the policy or the classes of persons eligible for insurance under the plan.
- Commission: Heaped 65% first year and 5% subsequent years.

Financial - Guaranteed Issue Rates*

Monthly Premium for \$1,000 of Coverage (Non-Smoker)

Issue Age	Employee Only	Employee +Spouse	Employee +Children	Employee +Spouse/Children
<25	\$0.594	\$1.119	\$0.863	\$1.388
25-29	\$0.660	\$1.244	\$0.929	\$1.513
30-34	\$0.866	\$1.580	\$1.135	\$1.849
35-39	\$1.135	\$2.055	\$1.404	\$2.324
40-44	\$1.538	\$2.756	\$1.807	\$3.025
45-49	\$2.068	\$3.686	\$2.337	\$3.955
50-54	\$2.652	\$4.736	\$2.921	\$5.005
55-59	\$3.368	\$6.021	\$3.637	\$6.290
60-64	\$3.939	\$7.160	\$4.208	\$7.429
65-69	\$4.482	\$8.255	\$4.751	\$8.524
70+	\$5.392	\$9.971	\$5.661	\$10.240

Monthly Premium for \$1,000 of Coverage (Smoker)

Issue Age	Employee Only	Employee +Spouse	Employee +Children	Employee +Spouse/Children
<25	\$0.860	\$1.623	\$1.129	\$1.892
25-29	\$0.964	\$1.819	\$1.233	\$2.088
30-34	\$1.292	\$2.353	\$1.561	\$2.622
35-39	\$1.721	\$3.114	\$1.990	\$3.383
40-44	\$2.372	\$4.238	\$2.641	\$4.507
45-49	\$3.243	\$5.750	\$3.512	\$6.019
50-54	\$4.221	\$7.476	\$4.490	\$7.745
55-59	\$5.456	\$9.641	\$5.725	\$9.910
60-64	\$6.491	\$11.646	\$6.760	\$11.915
65-69	\$7.512	\$13.658	\$7.781	\$13.927
70+	\$9.188	\$16.820	\$9.457	\$17.089

*Multiply the per \$1,000 rates shown above by the appropriate factor (e.g., 15 for \$15,000 of coverage) and round to two decimals to calculate rates for the quoted benefit amounts. Note that the per \$1,000 rates are only applicable to the benefit amounts shown in this C&B. Final implemented rates may vary slightly due to rounding.

General Disclaimer:

METLIFE CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED GROUP POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. There is a preexisting condition exclusion, if applicable. There is a Benefit Suspension Period between Recurrences. A more detailed description of the benefits, limitations, and exclusions applicable to you can be found in the Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. Please contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In certain states, availability of MetLife's Group Issue Age Critical Illness Insurance is pending regulatory approval.

MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.

ADDENDUM TO COST & BENEFIT SUMMARY/PROPOSAL

This document is an addendum to the Cost & Benefit Summary or Proposal that has been provided for a MetLife Employee Benefit. The information that follows is to be considered part of the quoted plan.

Enrollment Credits:

MetLife's enrollment platform is available as a simplified, multi-channel and cross-product enrollment solution for our Voluntary Benefit products. This service is available to employers at no additional cost as the service is built into the pricing. Furthermore, MetLife will provide a credit if the employer decides not to use this platform and has purchased two or more MetLife lines of coverage¹. The credit will be paid as follows:

First-Year Enrollment Credit Paid on Product Being Enrolled*

	Scenario 1: No Benefits Booklet**	Scenario 2: Benefits Booklet**
Credit	3% of premium	2% of premium
Cap	200-999 Eligible Lives: \$15,000 1,000-4,999 Eligible Lives: \$30,000	

* Does not apply to 100% employer-paid, heaped commission, or auto and/or home insurance products. If there is existing MetLife coverage(s) in force, only new coverages experiencing an enrollment event qualify.

** MetLife is able to provide a multi-product benefits awareness booklet as part of the communications campaign.

Minimum Participation Requirements:

Product Quoted / Eligible Population	200-499 Lives	500-999 Lives	1,000-4,999 Lives
Accident	25%	15%	5%
Auto and Home	15%	10%	None
Cancer	25%	15%	5%
Critical Illness	25%	15%	5%
Dental	25%	25%	25%
Hospital Indemnity	25%	15%	5%
Legal Services	15%	10%	None
MetLife DefenderSM	15%	10%	None
Supplemental Life	25%	25%	25%
Vision	25%	25%	25%
Voluntary LTD	25%	25%	25%
Voluntary STD	25%	25%	25%
Whole Life (Permanent Life) through Texas Life Insurance Company	20%	20%	15%

Minimum participation requirements are not applicable if:

- A signed agreement is in place whereby the group customer agrees to a minimum of three enrollment communication touch points in which one is an onsite group meeting, AND
- More than one MetLife product is quoted and sold¹, OR, only one MetLife product is quoted and sold, but the eligible population is 500 lives or greater and enrollment will be on the employer's ballot.²

1. MetLife lines of coverage that count toward satisfying these requirements are as follows: Accident, Auto and Home, Term Life/AD&D, Cancer, Critical Illness, Dental, Hospital Indemnity, Legal, Long and Short Term-Disability, MetLife DefenderSM, Vision and Whole Life (Permanent Life). For customers with less than 1,000 eligible lives, a Dental, Disability, Term Life/AD&D or Vision coverage must be an existing coverage or one of the products purchased.

2. For Whole Life, enrollment will need to be conducted on a face-to-face basis through an enrollment firm.



**METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK**

**POLICYHOLDER: Your Employer
Group Policy Form No: GPNP14-CI
(Referred to as the "Group Policy")
Certificate Form No: GCERT14-CI
(Referred to as the "Certificate")**

**CRITICAL ILLNESS INSURANCE
OUTLINE OF COVERAGE**

THE CERTIFICATE PROVIDES LIMITED BENEFITS:

THE CERTIFICATE ONLY PROVIDES CRITICAL ILLNESS COVERAGE IN THE EVENT THAT A COVERED PERSON IS DIAGNOSED WITH CERTAIN SPECIFIED DISEASES OR HAS CERTAIN SURGICAL PROCEDURES PERFORMED. RECEIPT OF BENEFITS UNDER THE CERTIFICATE MAY AFFECT ELIGIBILITY FOR MEDICAID AND OTHER GOVERNMENTAL BENEFITS AND ENTITLEMENTS. ACCORDINGLY, PERSONS WHO WISH TO MAINTAIN ELIGIBILITY FOR SUCH BENEFITS SHOULD NOT PURCHASE THE COVERAGE MADE AVAILABLE UNDER THE GROUP POLICY WITHOUT CONSULTING A LEGAL ADVISOR.

**BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL
EXPENSES INCURRED.**

**THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE –
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO
HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.**

NOTE: The terms "You" and "Your" refer to the employee who becomes insured for the group insurance coverage described in this outline. The term "Covered Person" refers to a person for whom insurance is in effect under the Certificate.

- 1) THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED. READ YOUR CERTIFICATE CAREFULLY.** This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and Certificate. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which You have coverage will control. The Certificate sets forth in detail the rights and obligations of both You and MetLife with respect to the coverage. It is, therefore, important that You **READ YOUR CERTIFICATE CAREFULLY!**
- 2) CRITICAL ILLNESS INSURANCE COVERAGE.** Policies of this category are designed to provide a lump sum payment if the Covered Person is diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or has certain specified surgeries for the first time after insurance takes effect under the Group Policy.
- 3) THE GROUP POLICY DOES NOT PROVIDE ANY TYPE OF MEDICAL COVERAGE AND IS NOT A SUBSTITUTE FOR MEDICAL COVERAGE OR DISABILITY INSURANCE. YOU SHOULD HAVE MEDICAL INSURANCE IN PLACE WHEN YOU ENROLL FOR THIS COVERAGE.**

4) **COVERAGE UNDER THE CERTIFICATE IS GUARANTEED RENEWABLE.** This means that although MetLife reserves the right to change any or all premium rates as provided in the Group Policy, MetLife cannot end Your coverage under the Certificate except for reasons stated in the Certificate.

5) **BENEFITS**

Please be aware that the Certificate contains specific definitions, conditions, maximums, limitations, exclusions and proof requirements for the benefits described below.

The Benefit Amount that determines the amount we will pay for a first occurrence of a Covered Condition is shown on Your enrollment form. (Note that Major Organ Transplant has its own benefit amount). The Total Benefit Amount, which is the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per Covered Person, per lifetime is equal to 3 times the Benefit Amount that You select. The Total Benefit Amount does not include Supplemental Benefits.

Benefits for Covered Conditions:

Covered Condition	Initial Benefit For First Occurrence	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	100% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	100% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	25.00% of Benefit Amount
Heart Attack	100% of Benefit Amount	100% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	100% of Benefit Amount
Listed Conditions	25% of Benefit Amount	NONE
Major Organ Transplant	100% of Major Organ Transplant Benefit Amount	NONE

Recurrence Benefit:

We will pay the Recurrence Benefit shown above for a "Recurrence", as defined in the Certificate, subject to the following limitations:

- we will not pay a Recurrence Benefit for a Covered Condition that recurs during a Benefit Suspension Period; and
- we will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the Covered Person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Supplemental Benefits:

Health Screening Benefit

If a Covered Person takes one of the screening/prevention measures listed in the Certificate after insurance has been in effect for 30 days, we may pay a benefit of \$50 or \$100, depending on the plan you select.

We will pay one health screening benefit per Covered Person per calendar year.

6) **DEFINITIONS**

Benefit Suspension Period means the 180 day period following the date a Covered Condition, for which the Certificate pays a benefit, "Occurs", as defined in the Certificate, with respect to a Covered Person.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of diagnosis and will not benefit from, or has exhausted, curative therapy.

Listed Conditions means any of the following diseases:

Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia; (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

7) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a diagnosis of Alzheimer's Disease for:

- other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);
- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not diagnosed as Alzheimer's Disease.

We will not pay benefits for Coronary Artery Bypass Graft:

- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM staging;
- any tumor of the prostate classified as T1N0M0 under TNM staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM staging and is one centimeter or less in diameter unless there is metastasis;

- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM staging.

We will not pay benefits for a diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM staging;
- any tumor of the prostate classified as T1aN0M0 under TNM staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM staging.

We will not pay benefits for a Major Organ Transplant:

- performed outside the United States;
- involving organs received from non-human donors;
- involving implantation of mechanical devices or mechanical organs;
- involving stem cell generated transplants; or
- involving islet cell transplants.

We will not pay benefits for a diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Exclusions Related to Listed Conditions:

We will not pay benefits for:

- a diagnosis of multiple sclerosis for clinically isolated syndrome (CIS);
- a diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not diagnosed as systemic lupus erythematosus (SLE); or
- a suspected or probable diagnosis of a Listed Condition.

General Exclusions:

We will not pay benefits for Covered Conditions caused or contributed to by, or resulting from a Covered Person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
 - taken or used as prescribed by a physician;
 - an “over the counter” drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for Covered Conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any Covered Condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States.

Exclusion for Intoxication:

We will not pay benefits for any Covered Condition that is caused by, contributed to by, or results from a Covered Person's involvement in an incident, where such Covered Person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the Covered Person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

8) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same Covered Person, does not exceed the Total Benefit Amount that was in effect for that Covered Person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

Benefit Reduction Due to Age

The Benefit Amount and the Total Benefit Amount will each be reduced by: 25% when the Covered Person reaches age 65; and, by 50% when the Covered Person reaches age 70. If the Total Benefit Amount, when reduced under the Benefit Reduction Due to Age, is less than or equal to the sum of all benefits previously paid under the Certificate, insurance under the Certificate will end on the date of such reduction.

9) WHEN INSURANCE ENDS

Date Your Insurance Ends:

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

10) CONTINUATION OF INSURANCE

Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as "Continued Insurance". Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as "Group Billed Insurance".

You may obtain Continued Insurance for You and for Your dependents by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:

- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another group policy of critical illness or specified disease insurance issued to or provided through the group policyholder.

11) PREMIUMS

Premium rates are based on your age on the effective date of coverage and are shown in the enclosed materials. Premium rates are subject to change as stated in the Group Policy.



INTERMEDIARY AND PRODUCER COMPENSATION NOTICE

MetLife enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related products ("Products") with brokers, agents, consultants, third-party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such Products (each an "Intermediary"). MetLife may pay your Intermediary compensation, which may include, among other things, base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of Products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your Products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your Products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business (number of Products sold or dollar value of premium) with MetLife. In addition, supplemental compensation may be payable to your Intermediary. Under MetLife's current supplemental compensation plan, the amount payable as supplemental compensation may range from 0% to 8% of premium. The supplemental compensation percentage may be based on: (1) the number of Products sold through your Intermediary during a prior one-year period; (2) the amount of premium or fees with respect to Products sold through your Intermediary during a prior one-year period; (3) the persistency percentage of Products inforce through your Intermediary during a prior one-year period; (4) premium growth during a prior one-year period; (5) a fixed percentage of the premium for Products as set by MetLife. The supplemental compensation percentage will be set by MetLife prior to the beginning of each calendar year and it may not be changed until the following calendar year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 8% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our Products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium from you in relation to your Products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (e.g., insurance and employee benefits exchanges, enrollment firms and platforms, consulting agreements, or reinsurance arrangements).

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife's base compensation and supplemental compensation plans can be found on MetLife's Web site at www.metlife.com/brokercompensation. Questions regarding Intermediary compensation can be directed to ask4met@metlifeservice.com, or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your MetLife sales representative. Compensation paid to your MetLife sales representative is for participating in the sale, servicing, and/or renewal of Products, and the compensation paid may vary based on a number of factors including the type of Product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your MetLife sales representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your MetLife sales representative or calling (866) 796-1800. L0514375553[exp0715][All States]

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