

MetLife



Employee Benefits Proposal

Group Accident Insurance

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. MN residents will be subject to a medical coverage 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.

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 Accident product filing is pending approval in VT, which is considered an extra-territorial state if 25% or more of the eligible population resides in VT. Residents of VT will not be offered our Group Accident plan until state approval is received if VT is considered extra-territorial. 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, Benefit Limitations and Exclusions please contact MetLife for details.
- Coverage Type: 24 Hour Coverage (on/off job).
- Coverage Amount: Employee will select a single plan of coverage on a Guaranteed Issue basis. Benefits are based on flat schedule amount that varies depending on plan. The attached Outline of Coverage contains a schedule of benefits for both a Low Plan and High Plan; however note this quote is for a High Plan option only.
- Benefits are paid directly to the employee based on flat schedule (not reimbursement) and there is no coordination with other insurance coverage. An assignment of benefits to a hospital or healthcare facility will be available when required by applicable law.
- 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.

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 Accident plan 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.
 - FAQ
 - Intranet / Newsletter Content
 - Enrollment Kit
 - Onsite Presentation / Enrollment Events
 - 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 Accident 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.

Covered Benefits

All Benefits Must Relate to Injuries Sustained in an Accident
Please contact MetLife for detailed definitions and state variations of covered conditions.

Injuries	Plan
Fracture Benefit - varies by type and number of broken bones Chip fractures paid at 25% of fracture benefit	\$100 - \$6,000
Dislocation Benefit - varies by type and number of dislocations Partial dislocations paid at 25% of dislocation benefit	\$100 - \$6,000
Burn Benefit (2nd and 3rd degree) - varies by type and severity of burns	\$100 - \$10,000
Skin Graft Benefit	50% of Burn Benefit
Concussion Benefit	\$400
Coma Benefit	\$10,000
Ruptured Disk with Surgical Repair Benefit	\$1,000
Torn Cartilage in Knee Benefit - with or without surgical repair	\$150 or \$750
Laceration (Cut) Benefit - varies by length of laceration (cut)	\$50 - \$400
Torn/Ruptured/Severed Tendon/Ligament/Rotator Cuff Benefit - varies by type of medical or surgical treatments and number of injuries	\$150 - \$1,000
Broken Tooth Benefit	\$50 - \$200
Eye Injury Benefit	\$300
Medical Services and Treatment	Plan
Ground Ambulance Benefit	\$300
Air Ambulance Benefit	\$1,000
Emergency Care Benefit - varies depending on location of care	\$50 - \$100
Non-Emergency Care Benefit	\$50
Medical Testing Benefit - X-Ray, MR/MRI, ultrasound, NCV, CT/CAT, EEG	\$200
Physician Follow-up Benefit	\$75
Transportation Benefit - travel more than 50 miles for follow-up treatment	\$400
Therapy Services Benefit - covers six types of therapy services	\$25
Pain Management Benefit for Epidural Anesthesia	\$100
Prosthetic Device Benefit - varies by type and number of devices	\$750 or \$1,500
Medical Appliance Benefit - varies by type and number of devices	\$100 - \$1,000
Modification Benefit - primary home or vehicle	\$1,000
Blood/Plasma/Platelets Benefit	\$400
Inpatient Surgery Benefit - varies by type of surgery	\$200 - \$2,000
Outpatient Ambulatory Surgery Benefit	\$300
Hospital Coverage (Accident)	Plan
Hospital Admission Benefit - non-ICU or ICU admission	\$1,000 or \$2,000
Hospital Confinement Benefit - non-ICU or ICU confinement	\$200 or \$400 per day
Inpatient Rehabilitation Unit Benefit	\$200 per day
Accidental Death	Plan
Basic Accidental Death Benefit	
- Employee	\$50,000
- Spouse	\$25,000
- Child(ren)	\$10,000
Accidental Death – Common Carrier Benefit	
- Employee	\$150,000
- Spouse	\$75,000
- Child(ren)	\$30,000
Dismemberment, Loss & Paralysis	Plan
Basic Dismemberment Benefit	\$500 - \$10,000
Catastrophic Dismemberment/Functional Loss Benefit	\$50,000
Paralysis Benefit - varies by type and severity of paralysis	\$25,000 or \$50,000
Other Benefits	Plan
Lodging – for accompanying companion's lodging more than 50 miles from the insured's primary residence during insured's hospitalization due to an accident	\$200 per day

Premium Structure

- Employee Paid (payroll deducted)—composite 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 Accident insurance volume has changed 10% or more from the date when quoted.
 - 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.
 - Note: Final implemented rates may vary slightly due to rounding.

Proposed Rates*

Type	Annual	Monthly
Employee Only	\$241.68	\$20.14
Employee + Spouse	\$362.52	\$30.21
Employee + Children	\$461.40	\$38.45
Employee + Spouse/Children	\$594.48	\$49.54

General Disclaimer:

METLIFE'S ACCIDENT INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage. The policy or its provisions may vary or be unavailable in some states. Like most group accident and health insurance policies, policies offered by MetLife may include waiting periods and contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX or contact MetLife.

Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. In certain states, availability of MetLife's Group Accident Insurance is pending regulatory approval.

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**

**Group Policy Form No: GPNP12-AX
(Referred to as the "Group Policy")
Certificate Form No: GCERT12-AX
(Referred to as the "Certificate")**

GROUP ACCIDENT INSURANCE

**THE CERTIFICATE PROVIDES LIMITED BENEFITS:
THE CERTIFICATE PROVIDES BENEFITS FOR ACCIDENTAL DEATH AND
ACCIDENTAL INJURIES, AND BENEFITS FOR TREATMENT OF AN ACCIDENTAL INJURY
IN A HOSPITAL. BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL
EXPENSES INCURRED. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE
WHEN YOU ENROLL FOR THIS INSURANCE.**

**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.**

OUTLINE OF COVERAGE

1) 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) ACCIDENT INSURANCE

Accident insurance coverage is designed to provide, to persons insured, coverage for certain losses resulting from an Accident ONLY, subject to any limitations contained in the Certificate.

The Certificate does not provide for reimbursement of any medical expenses.

3) BENEFITS

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.

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

BASIC ACCIDENTAL DEATH BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$50,000	\$25,000	\$10,000
ACCIDENTAL DEATH – COMMON CARRIER BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$150,000	\$75,000	\$30,000

*The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

Basic Dismemberment/Functional Loss Benefit:	Benefit
Loss of one finger or one toe	\$500
Loss of one arm or one leg	\$10,000
Loss of one hand or one foot	\$10,000
Loss of two or more fingers or toes in any combination	\$1,000
Loss of sight in one eye	\$10,000
Loss of hearing in one ear	\$10,000
Catastrophic Dismemberment/Functional Loss Benefit:	Benefit
Loss of both arms or both legs or one arm and one leg	\$50,000
Loss of both hands or both feet or one hand and one foot	\$50,000
Loss of sight in both eyes	\$50,000
Loss of hearing in both ears	\$50,000
Loss of ability to speak	\$50,000
Paralysis Benefit:	Benefit
Two limbs (paraplegia or hemiplegia)	\$25,000
Four limbs (quadriplegia)	\$50,000

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:

	Benefit for Closed Reduction	Benefit for Open Reduction
Face or Nose (except mandible or maxilla)	\$1,000	\$2,000
Skull fracture – depressed (except bones of face or nose)	\$3,000	\$6,000
Skull fracture – non-depressed (except bones of face or nose)	\$2,000	\$4,000
Lower Jaw, Mandible (except alveolar process)	\$500	\$1,000
Upper Jaw, Maxilla (except alveolar process)	\$1,000	\$2,000
Upper Arm between Elbow and Shoulder (humerus)	\$1,000	\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$500	\$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$500	\$1,000
Rib	\$500	\$1,000
Finger, Toe	\$100	\$200
Vertebrae, Body of (excluding vertebral processes)	\$2,000	\$4,000
Vertebral Processes	\$500	\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$2,000	\$4,000
Hip, Thigh (femur)	\$3,000	\$6,000
Coccyx	\$500	\$1,000
Leg (tibia and/or fibula)	\$2,000	\$4,000
Kneecap (patella)	\$500	\$1,000
Ankle	\$500	\$1,000
Foot (except toes)	\$500	\$1,000

***Chip Fracture Benefit** for any of the above: Benefit is 25% of the applicable benefit for the bone involved.

Dislocation Benefit:

Full Dislocation Benefit*:

	Benefit for Closed Reduction	Benefit for Open Reduction
Lower Jaw	\$500	\$1,000
Collarbone (sternoclavicular)	\$1,000	\$2,000
Collarbone (acromioclavicular and separation)	\$500	\$1,000
Shoulder (glenohumeral)	\$500	\$1,000
Rib	\$500	\$1,000
Elbow	\$500	\$1,000
Wrist	\$500	\$1,000
Bone or Bones of the Hand (other than fingers)	\$500	\$1,000
Hip	\$3,000	\$6,000
Knee (except patella)	\$2,000	\$4,000
Ankle - Bone or Bones of the Foot (other than toes)	\$1,000	\$2,000
One Toe or Finger	\$100	\$200

***Partial Dislocation Benefit** for any of the above: Benefit is 25% of the applicable benefit for joint involved.

Burn Benefit:

Percentage of total surface skin area that is burnt

	Benefit for 2nd Degree Burn	Benefit for 3rd Degree Burn
Less than 10%	\$100	\$1,000
At least 10% but less than 25%	\$200	\$2,000
At least 25% but less than 35%	\$500	\$5,000
35% or more	\$1,000	\$10,000

Skin Graft Benefit:

Skin Graft for 2nd or 3rd degree burn

Benefit

50% of the applicable Burn Benefit

Concussion Benefit	Benefit \$400
Coma Benefit	\$10,000
Ruptured Disc with Surgical Repair Benefit	\$1,000
Torn Cartilage in Knee Benefit:	
With surgical repair	\$750
Exploratory Surgery without repair	\$150
Laceration Benefit:	
Repaired without stitches	\$50
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$100
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$200
Total of all lacerations is over six inches (over 15.24 cm) long	\$400
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:	
Surgical repair: one tendon/ligament/rotator cuff	\$750
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$1,000
Exploratory Surgery without repair	\$150
Broken Tooth Benefit:	
Crown	\$200
Extraction	\$100
Filling	\$50
Eye Injury Benefit	\$300

ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS

	Benefit
Air Ambulance Benefit	\$1,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit:	
Emergency Room	\$100
Physician's Office	\$50
Urgent Care	\$50
Non-Emergency Initial Care Benefit	\$50
Medical Testing Benefit	\$200
Physician Follow-Up Visit Benefit	\$75
Transportation Benefit	\$400
Therapy Services Benefit:	Benefit
Cognitive behavioral therapy	\$25
Occupational therapy	\$25
Physical therapy	\$25
Respiratory therapy	\$25
Speech therapy	\$25
Vocational therapy	\$25
Pain Management Benefit (for Epidural Anesthesia)	\$100
Prosthetic Device Benefit:	
One device only	\$750
More than one device	\$1,500

Medical Appliance Benefit:	Benefit
Brace	\$100
Cane	\$100
Crutches	\$100
Walker – expected use less than 1 year	\$200
Walker – expected use 1 year or longer	\$500
Walking boot	\$100
Wheel chair or motorized scooter – expected use less than 1 year	\$200
Wheel chair or motorized scooter – expected use 1 year or longer	\$1,000
Other medical device used for mobility	\$100

Medical Appliance Benefit Limit:	
Limit for all Medical Appliances combined, per Covered Person, per Accident	\$1,000

Modification Benefit	\$1,000
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Blood/Plasma/Platelets Benefit	\$400
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Inpatient Surgery Benefit:	
Cranial Surgery	\$2,000
Exploratory Surgery	\$200
Hernia repair	\$200
Thoracic cavity or abdominal pelvic cavity Surgery	\$2,000

Outpatient Ambulatory Surgery Benefit	\$300
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ACCIDENT - HOSPITAL BENEFITS **Benefit**

Accident - Hospital Admission Benefit:	
Non-ICU Hospital Admission	\$1,000
Intensive Care Unit Admission	\$2,000

Accident - Hospital Confinement Benefit:	
Non-ICU Hospital Confinement	\$200 per day, up to 365 days per Covered Person per Accident
Intensive Care Unit Confinement	\$400 per day, up to 30 days per Covered Person per Accident

Inpatient Rehabilitation Benefit	\$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year
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OTHER BENEFITS

Lodging Benefit	\$200 per day, up to 30 days per calendar year
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4) DEFINITIONS

Accident means an act or event which:

- is unforeseen, unexpected and unanticipated;
- is definite as to time and place;
- is not a Sickness; and
- occurs while insurance is in effect.

The term Accident includes unavoidable exposure to the elements if such exposure was a direct result of an Accident.

Injury means any bodily harm:

- that results directly from an Accident; and
- is not specifically excluded as set forth in the section of the Certificate titled Accident - Exclusions.

Sickness means:

- a physical illness, physical infirmity or physical disease;
- pregnancy; or
- infection, but not an infection received through an accidental cut or wound.

5) EXCLUSIONS

We will not pay benefits for any loss for a Covered Person caused by the Covered Person's Sickness, or the diagnosis or treatment of such Sickness, except for the Covered Person's use of:

- any drug, medication or sedative that is taken or used as prescribed by a physician; or
- an "over the counter" drug, medication or sedative taken as directed.

We will not pay benefits for any loss for a Covered Person caused or contributed to by:

- the Covered Person's voluntary use, by any means, of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the Covered Person's infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- the Covered Person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an Injury;
 - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- the Covered Person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

In addition, we will not pay benefits for:

- a Covered Person while incarcerated in any type of penal or detention facility; or
- any of the following outside of the United States, Canada or Mexico:
 - medical treatment;
 - hospital admission or confinement; or
 - inpatient stay in a rehabilitation facility.

6) LIMITATIONS

Benefit Reduction Due to Age

A benefit payable with respect a Covered Person will be reduced as described in the table below, based on the Covered Person's Attained Age.

Attained Age means the Covered Person's age on the date of an Accident, for all benefits that become payable because of the Accident.

Attained Age	Reduction Amount
65 to 69	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. For example, a \$100 benefit, as listed in the Schedule, will be paid at \$75 if the Covered Person's Attained Age is 67.
70 or older	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. For example, a \$100 benefit, as listed on the Schedule, will be paid at \$50 if the Covered Person's Attained Age is 72.

7) 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.

Termination of a Covered Person's insurance will be without prejudice to an existing claim.

8) 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 policy of group insurance providing similar benefits issued to or provided through the group policyholder.

9) ADMINISTRATION OF INSURANCE

Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

10) PREMIUM

Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of 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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Metropolitan Life Insurance Company

200 Park Avenue

New York, NY 10166

www.metlife.com