

# MetLife LTCI – Multi-Life Discount Program – Offer Letter Worksheet for Employer Groups

**Please print clearly.** All information must be provided for processing. To avoid delays in approval, please fill out completely.

Mail to: Jane Nobiletti  
Agent Support Group  
99 Park Ave., Ste 1100  
New York, NY 10016

Date: \_\_\_\_\_  
Fax: (212) 292-7938  
Attn: Jane Nobiletti  
E-mail: Jane@ASGLife.com

## Employer Information:

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Number of Eligible Employees: \_\_\_\_\_  
Number of Other Eligibles: \_\_\_\_\_  
Describe Defined Class of Eligibles:  Employees  Spouses\*  Parents (includes in-laws)  
 Retirees  Adult Children (18+)  Grandparents (includes in-laws)

Board of Directors (Please provide a list of Directors names)

Carve-Out (Please describe; e.g. 10 execs 100% Employer-Paid.): \_\_\_\_\_

\*"Spouses" includes, where permitted by law, domestic partners and civil union partners.

## Offer Information:

### Program:

- Employer-paid — 10% Discount with Simplified Underwriting (Preferred Discount NOT available)  
 Employer-paid — 5% Discount with Modified Underwriting  
 Voluntary — 5% Discount with Simplified Underwriting (Preferred Discount NOT available)  
 Voluntary — 5% Discount with Modified Underwriting

If Employer-paid, will the employer pay for spouses of employees?  Yes  No

How many employees will be employer-paid? \_\_\_\_\_

How many spouses will be employer-paid? \_\_\_\_\_

How much will the employer contribute? (Dollar amount, percentage or base plan)

Employees \_\_\_\_\_

Spouses \_\_\_\_\_

ERISA: Will the employer consider this an ERISA plan?  Yes  No

IF YES, please provide the following:

Plan Name: \_\_\_\_\_ Plan #: \_\_\_\_\_

Policy year: \_\_\_\_\_ Reporting Period: \_\_\_\_\_

**Billing:** (Check One)

- Direct Bill - Available annual, semi-annual, quarterly or monthly. Bills are sent directly to insured's residence, unless it is a monthly direct bill, which is only available as an Automatic Checking Account Deduction.
- Direct Bill Third Party Payer - Bills are sent to a 3rd party payer identified on the application, on an annual, semi-annual or quarterly basis. Please note, a separate bill for each individual is sent to the 3rd party payer for this option.
- List Bill - Employer will receive one bill monthly for all applicable employees/spouse
  - Monthly
  - Annual (only available for employer-paid groups)
- Electronic Payroll Deduction (available for groups with 1000 or more employees)

**Complete if List Bill or Electronic Payroll Deduction:**

Please provide the contact name.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Does the employer use a vendor for payroll processing?

Yes  No

If yes, please provide the vendor's name: \_\_\_\_\_

Vendor's phone number: \_\_\_\_\_

Producer's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Additional Producer's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

MGA Name (IDG only): \_\_\_\_\_

Regional Sales Director/Regional Sales Vice President: \_\_\_\_\_