

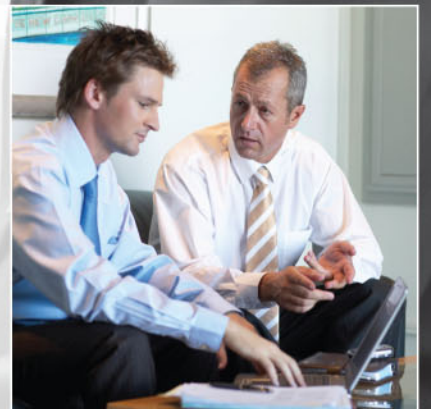
Multi-Life Program

Producer Resource Guide



MetLife

Our service and expertise.
Your benefit **solution.**SM



FOR PRODUCER OR BROKER/DEALER USE ONLY.
NOT FOR PUBLIC DISTRIBUTION.

Metropolitan Life Insurance Company (MetLife)

Simplified Underwriting Requirements

Eligible employees include those that are:

- W-2 employees, actively at work (as defined by the LTCI product used for program) on date of application signature
- 65 years old or younger
- Applying during initial 90-day enrollment period
- Applying within the benefit limitations set up for the program³

Eligible spouses⁴ include those that are:

- Employer-paid
- 65 years old or younger
- Applying during initial 90-day enrollment period
- Employer-paid spouses can apply via Simplified Underwriting if a group is set-up as a 10+ life program

Modified Underwriting Requirements

All applicants under a Modified Underwriting program and those not eligible for Simplified Underwriting must meet these requirements:

- An employee who is over age 65
- Employer-paid spouses who are over age 65
- Non-employer-paid spouses of any age
- Employees who are not actively at work (as defined by the LTCI product used for program) or on the date they sign an application
- An employee or employer-paid spouse age 65 or younger who wishes to apply for coverage above the Simplified Underwriting program benefit limitations
- All other eligible family members

Applicants subject to Modified Underwriting may be eligible for the Preferred Health Discount.

Simplified Underwriting

PROS

- Five health questions
- Ease of enrollment
- Employer-paid spouses eligible if group is set-up in the 10+ life segment.

CONS

- Preferred Health Discount not available
- Benefit limitations based on LTCI product used in program
- Limited to 90-day enrollment period

Modified Underwriting

PROS

- Fewer medical questions than standard non-Multi-Life policy underwriting
- Preferred Health Discount may be available
- More benefit options available
- Decline Offer may apply³

CONS

- Additional underwriting may be considered (telephone and face-to-face interviews) for those under age 66
- Longer underwriting process
- Potential for more declines

³ Dependent on LTCI product used for program implementation.

⁴ Spouses include, where permitted by law, domestic partners and civil union partners. Premiums paid for these individuals may not necessarily qualify as a deductible premium for tax purposes and the employee may have to include the amount paid for premium related to the domestic or civil union partner's coverage in his or her income as wages.

Employer-Paid

Voluntary-Paid

<p>Eligibility⁵</p> <ul style="list-style-type: none"> • Ages 18–84 • W-2 Employees (required for Simplified U/W) • Actively at work as defined by the LTCI product used in program (required for Simplified U/W) • Retirees 	<p>Eligibility⁵</p> <ul style="list-style-type: none"> • Ages 18–84 • W-2 Employees (required for Simplified U/W) • Actively at work as defined by the LTCI product used in program (required for Simplified U/W) • Retirees
<p>Eligible Family Members of Eligible Employees/ Retirees May Include:</p> <ul style="list-style-type: none"> • Spouses, which include, where permitted, domestic partners and civil union partners • Parents, parents-in-law, step-parents, step-parents-in-law • Grandparents, grandparents-in-law, step-grandparents, step-grandparents-in-law • Adult children (18 yrs +) 	<p>Eligible Family Members of Eligible Employees/ Retirees May Include:</p> <ul style="list-style-type: none"> • Spouses, which include, where permitted, domestic partners and civil union partners • Parents, parents-in-law, step-parents, step-parents-in-law • Grandparents, grandparents-in-law, step-grandparents, step-grandparents-in-law • Adult children (18 yrs +)
<p>Simplified Underwriting:</p> <ul style="list-style-type: none"> • 10% Multi-Life Program Discount* applied • Employees eligible, and if group is set-up as 10+ life segment, employer-paid spouses are eligible • At least 3 employee, employer-paid, insured lives must be received by MetLife within 90 days of group approval to meet participation requirements* • Preferred Health Discount not available • Employer-paid spouses are not eligible to apply for Simplified Underwriting in the 3–9* life segment • Benefit limits apply 	<p>Simplified Underwriting:</p> <ul style="list-style-type: none"> • 5% Multi-Life Discount* applied • At least 10 insured lives (all eligibles) must be received by MetLife within 90 days of group approval to meet participation requirements • Preferred Health Discount not available for any participants • Benefit limits apply
<p>Modified Underwriting:</p> <ul style="list-style-type: none"> • 5% Multi-Life Discount* applied • At least 3 insured lives (all eligibles) must be received by MetLife within 12 months of case approval* • All benefits available • Preferred Health Discount may be available to qualified participants 	<p>Modified Underwriting:</p> <ul style="list-style-type: none"> • 5% Multi-Life Discount* applied • At least 3 insured lives (all eligibles) must be received by MetLife within 12 months of case approval** • All benefits available • Preferred Health Discount may be available to qualified participants

* Discounts may vary and are not available in all states.

** State variations may apply.

⁵ Program eligibility may vary by state and may include Board of Directors. Board of Directors are generally not considered employees for tax purposes.

Available Discounts*

To qualify for the Multi-Life Program Discount a group must meet the minimum participation requirement within the enrollment period. If the minimum participation requirement is not met, the discount will continue for current insureds, but will not be available to new applicants/insureds.

Please note, available discounts:

- May vary by state
- Do not affect producer commissions
- Are additive
- Are portable, should employee leave company

Multi-Life Program Discounts

The Multi-Life Program Discount percentage offered to a group will apply to all participants in that group.

- Employer-Paid: 5% or 10%
- Voluntary: 5%

30% Spousal Discount

When two spouses apply and both are accepted for coverage, each will receive the Spousal Discount as long as both policies remain in-force. If only one spouse is accepted for coverage, the 15% Marital Discount will apply.

15% Marital Discount

For married applicants, if the spouse does not enroll or is declined for coverage. May not be combined with Spousal or Residential Discounts.

15% Residential Discount

For two or more applicants who reside in the same household and meet eligibility requirements. May not be combined with Spousal or Marital Discounts.

10% Preferred Health Discount

Applicants who meet specific medical underwriting criteria will receive a Preferred Health Discount. This discount is not available to applicants of a Simplified Underwriting Multi-Life group, including those who submit a modified underwriting application.

* Discounts may vary and are not available in all states.

Payment Riders and Options

The Multi-Life Program has different payment riders and options available, depending upon the product that is chosen. These affect the pay-out structure of commissions. State variations may apply. Please contact your Multi-Life Program Advisor for further details.

Billing Information and Options

Direct Billing

Available to all participants on a **Monthly** (Automatic Checking Account Deduction), **Quarterly**, **Semi-Annual** or **Annual** basis. Bills are mailed directly to the insured unless it is a **Monthly** direct bill, which is only available as an Automatic Checking Deduction.

Direct Third-Party Payor Billing

Available on a direct bill basis. Bills are mailed to a third-party payor selected on the application on a **Quarterly**, **Semi-Annual** or **Annual** basis. Separate bills are sent.

Payroll Deduction/List-Bill

Available for employees and their spouses in qualified Multi-Life cases. A **Monthly** bill is mailed to the employer or payroll vendor selected by the employer, and a copy is sent to the Producer. **Annual** list-bill is available for employer-paid cases. Certain restrictions apply. Contact your Multi-Life Program Advisor for more information.

Electronic Payroll Deduction

Also available for groups with 1,000+ eligible employees.

Please note: Family members, other than spouses (which includes domestic partners and civil union partners, where permitted by law) can only be billed on a direct bill basis.

PART C

COVERAGE SELECTIONS YOU ARE APPLYING FOR

APPLICANT 1	APPLICANT 2
<p>1. Select Your Plan of Coverage:</p> <p><input type="checkbox"/> Value <input type="checkbox"/> Ideal <input type="checkbox"/> Premier <input type="checkbox"/> Nursing Home Insurance Only</p>	<p>1. Select Your Plan of Coverage:</p> <p><input type="checkbox"/> Value <input type="checkbox"/> Ideal <input type="checkbox"/> Premier <input type="checkbox"/> Nursing Home Insurance Only</p>
<p>2. Select Your Maximum Nursing Home Daily Benefit Amount ("DBA"):</p> <p>DBA: \$ <input type="text"/> (\$70* to \$400** per day in \$10 increments) * \$100 minimum is required in NYC Metropolitan area ** For Simplified Underwriting, DBA cannot exceed \$300 per day</p>	<p>2. Select Your Maximum Nursing Home Daily Benefit Amount ("DBA"):</p> <p>DBA: \$ <input type="text"/> (\$70* to \$400** per day in \$10 increments) * \$100 minimum is required in NYC Metropolitan area ** For Simplified Underwriting, DBA cannot exceed \$300 per day</p>
<p>3. Select Your Benefit Period Multiplier: (Your Total Lifetime Benefit = Benefit Period x DBA)</p> <p><input type="checkbox"/> 730 (2-year) <input type="checkbox"/> 1,095 (3-year) <input type="checkbox"/> 1,460 (4-year) <input type="checkbox"/> 1,825 (5-year) <input type="checkbox"/> 2,555 (7-year)*</p> <p>*For Simplified Underwriting, Benefit Period cannot exceed 5 years</p>	<p>3. Select Your Benefit Period Multiplier: (Your Total Lifetime Benefit = Benefit Period x DBA)</p> <p><input type="checkbox"/> 730 (2-year) <input type="checkbox"/> 1,095 (3-year) <input type="checkbox"/> 1,460 (4-year) <input type="checkbox"/> 1,825 (5-year) <input type="checkbox"/> 2,555 (7-year)*</p> <p>*For Simplified Underwriting, Benefit Period cannot exceed 5 years</p>
<p>4. Select Your Home/Community-Based Care Benefit %*: Do not select any if a Nursing Home Insurance Policy was chosen above.</p> <p><input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50%</p> <p>* For Value: Home Care <u>and</u> Assisted Living Facility Care paid at this percentage of the DBA. * For Ideal: Home Care paid at this percentage of the DBA. * For Premier: Basic Daily Benefit paid at this percentage of the DBA.</p>	<p>4. Select Your Home/Community-Based Care Benefit %*: Do not select any if a Nursing Home Insurance Policy was chosen above.</p> <p><input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50%</p> <p>* For Value: Home Care <u>and</u> Assisted Living Facility Care paid at this percentage of the DBA. * For Ideal: Home Care paid at this percentage of the DBA. * For Premier: Basic Daily Benefit paid at this percentage of the DBA.</p>
<p>5. Select an Elimination Period:</p> <p><input type="checkbox"/> 20 Days <input type="checkbox"/> 45 Days <input type="checkbox"/> 100 Days</p>	<p>5. Select an Elimination Period:</p> <p><input type="checkbox"/> 20 Days <input type="checkbox"/> 45 Days <input type="checkbox"/> 100 Days</p>

MAIL THIS PAGE TO METLIFE

PART C

COVERAGE SELECTIONS YOU ARE APPLYING FOR (CONTINUED)

APPLICANT 1	APPLICANT 2
<p>6. Select Optional Riders:</p> <p><input type="checkbox"/> Indemnity Rider (Only available with Value policy)</p> <p><input type="checkbox"/> Shared Care Rider Spouse/Domestic Partner must have identical coverage (Not available with Restoration of Benefits Rider)</p> <p><input type="checkbox"/> Paid-Up Survivorship Rider</p> <p><input type="checkbox"/> Calendar Day Rider (Only available with Value and Ideal policies; Not available with Home Care EP Waiver)</p> <p><input type="checkbox"/> Home Care EP Waiver (Only available with Value and Ideal policies; Not available with Calendar Day Rider)</p> <p><input type="checkbox"/> Restoration of Benefits Rider (Not available with Premier Policy or Shared Care Rider)</p> <p><input type="checkbox"/> Return of Premium Rider To designate a beneficiary under this rider, you must complete the Beneficiary Designation Form required by MetLife.</p>	<p>6. Select Optional Riders:</p> <p><input type="checkbox"/> Indemnity Rider (Only available with Value policy)</p> <p><input type="checkbox"/> Shared Care Rider Spouse/Domestic Partner must have identical coverage (Not available with Restoration of Benefits Rider)</p> <p><input type="checkbox"/> Paid-Up Survivorship Rider</p> <p><input type="checkbox"/> Calendar Day Rider (Only available with Value and Ideal policies; Not available with Home Care EP Waiver)</p> <p><input type="checkbox"/> Home Care EP Waiver (Only available with Value and Ideal policies; Not available with Calendar Day Rider)</p> <p><input type="checkbox"/> Restoration of Benefits Rider (Not available with Premier Policy or Shared Care Rider)</p> <p><input type="checkbox"/> Return of Premium Rider To designate a beneficiary under this rider, you must complete the Beneficiary Designation Form required by MetLife.</p>
<p>7. Benefit Increase Options (choose one):</p> <p><input type="checkbox"/> 5% Automatic Compound Inflation Protection Rider</p> <p><input type="checkbox"/> 5% Automatic Simple Inflation Protection Rider</p> <p><input type="checkbox"/> Future Purchase Rider*</p> <p><input type="checkbox"/> I DO NOT choose Inflation Protection</p> <p>* Not available if an Accelerated Premium Payment rider is selected.</p>	<p>7. Benefit Increase Options (choose one):</p> <p><input type="checkbox"/> 5% Automatic Compound Inflation Protection Rider</p> <p><input type="checkbox"/> 5% Automatic Simple Inflation Protection Rider</p> <p><input type="checkbox"/> Future Purchase Rider*</p> <p><input type="checkbox"/> I DO NOT choose Inflation Protection</p> <p>* Not available if an Accelerated Premium Payment rider is selected.</p>
<p>8. Nonforfeiture Coverage Rider:</p> <p>I Select Nonforfeiture Coverage Rider <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>8. Nonforfeiture Coverage Rider:</p> <p>I Select Nonforfeiture Coverage Rider <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

MAIL THIS PAGE TO METLIFE