

# OMNI Essential

## Specimen Contract



**MetLife**



# The Strength of MetLife

Selecting the right insurance company is as important as choosing the right coverage.

At MetLife, we've earned a reputation for policyholder service and financial integrity. Since we opened our doors in 1868, MetLife has grown to be one of the strongest and most respected financial institutions in the world.

For more than 85 years, MetLife has been in the business of protecting the livelihoods of our policyholders with disability income insurance. This commitment to the marketplace has made us a leading provider of disability income insurance.

# Contents

## BASE POLICY

Omni Essential . . . . .	2
Policy Schedule . . . . .	3
Policy Table of Contents . . . . .	5
Definitions . . . . .	6
Benefits/Waiver of Premiums . . . . .	9
Renewal Privilege . . . . .	10
Premium and Reinstatement . . . . .	11
Claims . . . . .	13
General Provisions . . . . .	14
Endorsement . . . . .	15

## RIDERS

Monthly Benefit for Residual Disability . . . . .	16
Monthly Benefit for Residual Disability with Recovery Benefit . . . . .	19
Cost-of-Living Adjustment (COLA) 0-10% . . . . .	23
Cost-of-Living Adjustment (COLA) 1-7% . . . . .	25
Cost-of-Living Adjustment (COLA) Simple 3% . . . . .	27
Guaranteed Insurability with Advanced Option (GI) . . . . .	29
Guaranteed Insurability (GI) . . . . .	32
Catastrophic Disability . . . . .	34
Spousal Catastrophic Disability . . . . .	36
Option to Purchase Long-Term Care Insurance . . . . .	40
Automatic Increase Benefit . . . . .	42
Lifetime . . . . .	43
Social Insurance Offset (SIO) . . . . .	45
Social Insurance Substitute (SIS) . . . . .	48
Refund of Premium . . . . .	51
Presumptive Total Disability . . . . .	52
Modification of Mental Disorder and/or Substance Abuse Limitations . . . . .	53

## MetLife®

Metropolitan Life Insurance Company  
200 Park Avenue, New York, New York 10166-0188

Metropolitan Life Insurance Company ("MetLife"), a stock company, will pay the benefits of this policy according to its provisions.

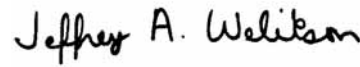
### Disability Income Insurance Policy

- \* **Guaranteed Renewable to Age 65, or for Five Policy Years if Later. Premium Rates are Subject to Change.** This means that You may renew this policy at the end of each term by paying the required Premium by the end of its grace period. The last renewal term will end on the first Premium Due Date on or after Your 65th birthday, or on the fifth policy anniversary if later. We have the right to change the table of Premium rates for this policy on a class basis.
- \* **Renewal Privilege After Age 65 With Limited Benefit Period. Premium Rates are Subject to Change.** If You are Gainfully Employed for at least 30 hours per week as of the first Premium Due Date on or after Your 65th birthday, or the fifth policy anniversary if later, You may continue coverage under this policy, exclusive of any riders providing additional benefits, for as long as You remain so employed. This privilege is explained on page 9.
- \* The Schedule of Benefits provided by this policy is shown on page 3.

We have issued this policy to You in consideration of the payment of the Premium and the statements made in Your Application. Your Application is part of Your policy.



C. Robert Henrikson  
Chairman, President and Chief Executive Officer



Jeffrey A. Welikson  
Senior Vice President and Corporate Secretary

**10-Day Right to Examine Policy.** Please read this policy. It is a legal contract between You and Us. You may return the policy to Us or to the representative through whom You bought it within 10 days from the date You receive it. If You return it within the 10-day period, the policy will be considered never to have been issued. We will refund any Premium paid.

See Table of Contents on page 4.

Countersigned and delivered on \_\_\_\_\_ By \_\_\_\_\_

Coverage is guaranteed renewable to age 65, or five policy years, if later. This means that MetLife cannot change your coverage until the first premium due date on or after your 65th birthday, or fifth policy anniversary, if later. However MetLife may change premium rates on a class basis.

Your coverage, exclusive of certain riders, may be renewed on a limited basis after age 65.

# Policy Schedule

The Policy Schedule summarizes the benefits, provisions, riders and premium of your policy.

<b>Metropolitan Life Insurance Company</b>			
<b>Policy Schedule</b>			
Effective Date	March 30, 2009	Policy Number:	7000000 AH
Insured:	John Doe	Issue Age and Sex	32 Male
Monthly Benefit for Total Disability	\$X,XXX	Elimination Period	90 days
Regular Occupation Period:	To Age 65	Maximum Benefit Period	To Age 65
Accumulation Period	180 days	(See Table A in the Schedule)	
Benefit Provisions			Annual Premium
Monthly Benefit for Total Disability			\$X,XXX.XX
Lifetime Benefit for Total Disability			IDI2000-PR/LIFE-TD \$X,XXX.XX
Monthly Benefit for Residual Disability			IDI2000-PR/RDIS \$XXX.XX
Cost-of-Living Adjustment with Benefit Purchase Option			IDIPR08-2 \$XXX.XX
Refund of Premium Benefit			IDI2000-PR/ROP \$X,XXX.XX
Catastrophic Disability Benefit			IDI2000-PR/CATDIS \$XX.XX
Monthly Benefit Amount - \$X,XXX			
Elimination Period - 90 days			
Spousal Catastrophic Disability Benefit			IDIPR07-1 \$XXX.XX
Spouse's Name Jane Doe			
Date of Birth 1/1/73			
Monthly Benefit Amount \$X,XXX.XX			
Elimination Period 90 Days			
Maximum Benefit Period 24 months			
Social Insurance Offset Benefit			IDI2000-PR/SIO \$XXX.XX
Elimination Period 180 days			
Guaranteed Insurability Benefit			IDIPR08-1 Unit of Increase \$XXX
Expiry Date - September 30, 2027			Maximum Total Increase \$X,XXX \$XX.XX
Automatic Increase in Monthly Benefit For Total Disability			IDIPR04-1 \$0.00
Effective Date	Monthly Benefit for Total Disability Increases to:	Annual Premium Increases by:	
9/30/2009	\$XXXX	\$XXX.XX	
9/30/2010	\$XXXX	\$XXX.XX	
9/30/2011	\$XXXX	\$XXX.XX	
9/30/2012	\$XXXX	\$XXX.XX	
9/30/2013	\$XXXX	\$XXX.XX	
If you do not cancel an increase, the premium for that increase will be payable on and after the effective date shown above for that increase.			
Effective March 30, 2009			
Endorsement			IDIPE06-1
IDI2000-P/GR	6S Nonsmoker	Omni Essential	

# Policy Schedule

<b>Metropolitan Life Insurance Company</b>			
<b>Policy Schedule</b>			
Effective Date	September 30, 2008	Policy Number:	7000000 AH
Insured:	John Doe	Issue Age and Sex	32 Male
		Financial Documentation Adjustment	(\$XXX.XX)
		Policy Fee	\$ XX.XX
		Multi-Life Discount	(\$X,XXX.XX)
		Total Annual Premium	\$X,XXX.XX
		Total Premium For Initial Term	\$X,XXX.XX
		12 Month Term	
<p>Endorsements and Riders to Your policy may change terms (including definitions, conditions, exclusions and limitations of coverage). You should always check each Endorsement and Rider to confirm what coverage You have.</p> <p>If You disclosed a condition in response to medical questions asked solely for the purpose of determining Your eligibility for a policy Rider, disclosure of any such condition may have caused You not to be eligible for the Rider. However, despite this disclosure, You will still be subject to any Exclusion for Pre-existing Conditions in any individual disability insurance policy issued to You.</p>			
<p><b>Table A</b>            <b>Maximum Benefit Period Varies by Age When Disability Begins</b></p>			
<b>Age When Disability Begins</b>		<b>Maximum Benefit Period</b>	
Before age 61		To Age 65	
At age 61, before age 62		48 Months	
At age 62, before age 63		42 Months	
At age 63, before age 64		36 Months	
At age 64, before age 65		30 Months	
At age 65, before age 75		24 Months	
At or after age 75		12 Months	
<p>See Renewal Provision for Ages 65 and Greater</p> <p>See Policy For Benefits Payable Under Any Riders</p>			
IDI2000-P/GR		6S Nonsmoker	Omni Essential
Page 3			

# Policy Table of Contents

## Table of Contents

Renewability.....	1
Schedule of Benefits.....	3
Understanding this Policy.....	5
Definitions.....	5
Benefits.....	8
Monthly Benefit for Total Disability.....	8
Limited Monthly Benefit for Mental Disorders and/or Substance Use Disorders..	8
Waiver of Premiums.....	8
Disability Because of Transplant Surgery.....	8
Rehabilitation.....	8
Recurrent and Concurrent Disability.....	9
Renewal Privilege if Employed After Age 65.....	9
Renewal Privilege.....	9
Total Disability Benefit With Limited Benefit Period.....	9
Premiums.....	9
Exclusions.....	10
General Exclusions.....	10
Preexisting Conditions Exclusion.....	10
Premium and Reinstatement.....	10
Premium Payment.....	10
Grace Period.....	10
Reinstatement.....	10
Suspension During Military Service.....	11
Suspension During Unemployment.....	11
Claims.....	12
Time of Loss.....	12
Notice of Claim.....	12
Claim Forms.....	12
Proof of Loss.....	12
Authorizations.....	12
Examinations.....	12
Time of Payment of Claim.....	12
Payment of Claims.....	12
Beneficiary.....	12
How to Change the Beneficiary.....	12
Assignment.....	13
General Provisions.....	13
The Contract.....	13
Limitation on Agent's or Broker's or Other Person's Authority.....	13
Time Limit on Certain Defenses.....	13
Misstatement of Age and Sex.....	13
Legal Actions.....	13
Conformity with State Statutes.....	13
Waiver of Policy Provisions.....	13

Riders providing additional benefits, special endorsements or exclusion riders, if any, follow page 13.

## Understanding This Policy

To make this policy clear and easy to read, We have left out many cross-references and conditional statements. Therefore, the provisions of the policy must be read as a whole. For example, the Exclusions on page 10 apply to all benefit provisions of this policy.

A policy term and a policy anniversary are measured from the Effective Date of the policy. For example, if the Effective Date is May 5, 2001, the first policy anniversary is May 5, 2002. If the policy term is 6 months, the first term ends November 4, 2001.

Read this policy to find out how to exercise Your rights. Instructions for submitting a claim can be found on page 12. If You want to change an address, or request any administrative action by Us, You should do so on the forms prepared for each purpose. You can get these forms from Your licensed insurance representative or one of Our local offices.

When You Write to Us, please give Us Your name, address and policy number. Please notify Us promptly of any changes. We will Write to You at Your last known address.

Checks, drafts or money orders may be drawn on a U.S. bank to the order of Metropolitan Life (or "MetLife"). They are received subject to the condition that they may be handled for collection in accordance with the practice of the collecting bank or banks. If We do not receive the full amount of any check, draft or money order, it will not constitute payment. All payments are to be made in U.S. currency.

## Definitions

**Accumulation Period** means the number of consecutive days during which the Elimination Period must be satisfied. The Accumulation Period is shown on page 3, and begins on the first day that You are Disabled.

**Age 65** means the first Premium Due Date that occurs on or after Your 65th birthday.

**Age 70** means the first Premium Due Date that occurs on or after Your 70th birthday.

**Application** means the Written application(s) for this policy, including any amendments thereto, and any application(s) for a policy change or reinstatement.

**Complications of Pregnancy** means:

1. Diseases of the mother which are not caused by pregnancy but which coexist with and are adversely affected by pregnancy, such as heart, kidney, lung and other similar diseases;
2. Maternal conditions caused by the pregnancy which make its treatment more difficult, such as placenta praevia, ectopic pregnancy, hemorrhage following delivery, or similar severe conditions; or
3. A cesarean section or a miscarriage.

This term does not include Physician-prescribed rest, false labor, morning sickness, occasional spotting, or other minor conditions associated with normal pregnancy.

**Disability or Disabled** means Total Disability that starts while Your policy is in force.

**Effective Date** means the date that the policy, or a rider, takes effect.

**Elimination Period** means the number of days of Disability which must elapse before benefits become payable for that Disability. These need not be consecutive days of Disability, but must occur within the Accumulation Period for the same or a related cause. No benefits are payable for the Elimination Period. Elimination periods are shown on page 3.

**Gainfully Employed** means actively engaged in an occupation for remuneration or profit.

*Different periods of disability within the accumulation period can count towards satisfying the elimination period.*

*Complications of pregnancy are covered as any other sickness.*

## Definitions (Continued)

**Hospital** means a licensed institution which:

1. Is operated, under the supervision of Physicians on the premises, for the care and treatment of injuries and sickness;
2. Has medical, surgical and diagnostic facilities;
3. Provides 24-hour nursing services on the premises by registered graduate nurses (RN);
4. Routinely makes a charge for its services; and
5. Is not primarily:
  - a. a nursing, convalescent, or rest home;
  - b. a place for custodial or educational care; or
  - c. a place for the care and treatment of the aged.

**Impairment** means a loss of use or function that can be evaluated by medical means.

**Injury** means an accidental bodily injury that occurs on or after the Effective Date of the policy and while Your policy is in force.

**Maximum Benefit Period** means the longest period of time for which We will pay benefits for any one period of Disability. Maximum Benefit Periods are shown on page 3.

**Mental Disorder and/or Substance Use Disorder** means any and all disorders set forth in the diagnostic categories of the most recently published edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders. Examples include, but are not limited to:

1. Depression/dysthymic disorder;
2. Obsessive compulsive disorder;
3. Any psychotic disorder;
4. Panic disorder/agoraphobia;
5. Bipolar disorder/cyclothymic disorder;
6. Anxiety disorder;
7. Diagnosed personality disorder;
8. Anorexia nervosa or bulimia;
9. Alcohol or substance abuse or dependency;
10. Post-traumatic stress disorder; and
11. Somatization disorder.

**Physician** means a person who is:

1. Legally licensed to practice medicine or psychology; or
2. A duly licensed practitioner or therapist operating within the scope of his or her license.

A Physician can not be:

1. You or anyone to whom You are related by blood or marriage;
2. Anyone with whom You share a business interest; or
3. Your employee.

*Subject to state variations.*

*Insures against the inability to perform the material and substantial duties of your regular occupation if you are not gainfully employed. Regular Occupation coverage is for the lesser of benefit period or:*

*A) to age 65, for occupational classes 6S-3A;*

*B) 5 years, for occupational class 2A;*

*C) 2 years, for occupational classes A & B.*

*We may waive the physician care requirement in certain situations.*

## Definitions (Continued)

**Preexisting Condition** means a Sickness or Injury for which, in the 5 years prior to the Effective Date:

1. Medical advice or treatment or care was contemplated, or was recommended by or received from a Physician; or
2. Symptoms existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

**Premium** is shown on page 3 and is the amount required to keep Your policy in force.

**Premium Due Date** means the first day of each policy term.

**Regular Occupation** means Your usual occupation (or occupations, if more than one) in which You are Gainfully Employed at the time You become Disabled. If You are not Gainfully Employed at the time Your Total Disability begins, Regular Occupation shall then mean any occupation(s) for which You are reasonably fitted by Your education, training or experience.

**Regular Occupation Period** means the period of time as shown on page 3 which starts on the first day following the Elimination Period.

**Sickness** means sickness or disease that first manifests itself on or after the Effective Date of the policy and while Your policy is in force.

**Signed** means any symbol or method executed or adopted by a person with the present intention to authenticate a record. The signature may be transmitted by paper or electronic media, provided it is consistent with applicable law.

**Total Disability or Totally Disabled** means that due solely to Impairment caused by Injury or Sickness, You are:

1. Before the end of the Regular Occupation Period shown on page 3:
  - a. Prevented from performing the material and substantial duties of Your Regular Occupation;
  - b. Not Gainfully Employed; and
  - c. Receiving appropriate care from a Physician who is appropriate to treat the condition causing the Impairment.
2. After the Regular Occupation Period shown on page 3:
  - a. Prevented from performing any occupation for which You are or become reasonably fitted by Your education, training or experience;
  - b. Not Gainfully Employed; and
  - c. Receiving appropriate care from a Physician who is appropriate to treat the condition causing the Impairment.

We may waive the requirement of care from a Physician if Your Physician provides documentation acceptable to Us that continued care would be of no benefit to You.

**We, Us and Our** mean Metropolitan Life Insurance Company.

**Write, Written or Writing** means a record that may be transmitted by paper or electronic media, and that is consistent with applicable law.

**You and Your** mean the insured named on page 3.

# Benefits/Waiver of Premiums

*If you die during a continuous period of disability and benefits have been paid for 12 months or more, we will pay your designated beneficiary an additional benefit for 3 months. This benefit is equal to the amount of the benefit payable for the last month of disability.*

*Disabilities resulting from mental disorders and/or substance use disorders will be limited to a lifetime benefit of 24 months. However, this limitation will not apply to any period of time you are confined in a hospital.*

*We will waive premiums that become due after the earlier of the date on which you were disabled for 90 consecutive days or the date the elimination period was satisfied, for as long as you remain disabled. Premiums that became due and were paid during that period will be refunded.*

*We will continue to waive your premiums for 90 days once your disability ends, provided benefits have been payable for 12 months or more.*

*Coverage for transplant surgery may be available.*

*Approved occupational rehabilitation may be available.*

## Benefits

### Monthly Benefit for Total Disability

We will pay the Monthly Benefit for Total Disability shown on page 3 while You are Totally Disabled.

This benefit will start to accrue after the Elimination Period. We will pay the benefit while You remain Totally Disabled, but not beyond the Maximum Benefit Period. For periods of less than a month, benefits will be prorated based on a 30-day month.

If You die during a continuous period of Disability, after benefits were paid for 12 months or more, an additional benefit, equal to the amount of the benefit payable for the last month of Disability, will be paid to Your beneficiary for each of the first 3 months after Your death.

### Limited Monthly Benefit for Mental Disorders and/or Substance Use Disorders

The Maximum Benefit Period is limited to 24 months for all periods of Disability during your lifetime if:

1. Such Disability is due to a Mental Disorder and/or Substance Use Disorder;
2. You otherwise qualify for Disability benefits; and
3. You are not confined in a Hospital.

However, any time during which You are confined in a Hospital does not count towards this 24-month limit.

### Waiver of Premiums

After the earlier of the date:

1. You have been Disabled for a period of 90 consecutive days; or
2. You satisfy the Elimination Period,

We will waive any Premium that becomes due while You remain Disabled. Your policy and its benefits will continue as if the Premium had been paid.

We will also refund to You any Premium that You paid that became due during the first 90 consecutive days of Disability, or the period during which the Elimination Period was satisfied.

The Premium waived will be based on the frequency of payment in effect on the date Your Disability starts.

If Premiums are being waived, and benefits have been payable for 12 months or more, any Premiums due during the first 90 days after that period of Disability ends will be waived. This additional 90-day waiver of Premium will apply only once during a period of Disability, including Recurrent Disabilities. Thereafter, any Premiums due will be payable. If You do not pay the first Premium due by the end of its grace period, Your policy will end.

Waiver of Premium ends when You are no longer Disabled. When You are no longer eligible for waiver of Premium, You can continue Your policy by paying the next Premium that becomes due.

### Disability Because of Transplant Surgery

If You are Disabled because You have had surgery, at least 6 months after the Effective Date, to transplant part of Your body to someone else, We will consider You Disabled due to Sickness.

### Rehabilitation

While You are receiving monthly benefits for Disability, We will consider participating in the cost of an occupational rehabilitation program aimed at helping You to return to Gainful Employment. Such program may include, but is not limited to, an accredited program of professional retraining or recertification. The program may be at Your request or We may suggest it. We will continue to pay benefits to You based on terms that We agree on with You.

In no case will We continue benefits beyond the Maximum Benefit Period.

# Renewal Privilege

A disability arising from the same or a related cause within 12 months of a prior period of disability for which disability benefits had been paid, and where the benefit period is to age 65 or longer (within 6 months if the benefit period is shorter than to age 65), will be considered a continuation of the prior period of disability. Your benefit period will not start anew. However, you will not be required to meet a new elimination period and benefits will begin accruing immediately.

You can keep your policy in force (exclusive of any riders) after age 65, or the fifth policy anniversary, if later, with a limited benefit period, if you are gainfully employed at least 30 hours per week and are not disabled.

## Recurrent Disability

If, after the end of a period of Disability for which Disability benefits have been paid, You become Disabled again, the later period of Disability will be deemed a Recurrent Disability, which is a continuation of the preceding period of Disability, unless:

1. You have been Gainfully Employed for at least 30 hours per week for at least 12 months following the end of the preceding period of Disability, if the Maximum Benefit Period for the Monthly Benefit for Total Disability is To Age 65 or longer; or
2. You have been Gainfully Employed for at least 30 hours per week for at least 6 months following the end of the preceding period of Disability, if the Maximum Benefit Period for the Monthly Benefit for Total Disability is shorter than To Age 65; or
3. The later period of Disability is due to a different or unrelated cause.

If either 1, 2 or 3 applies, the later period of Disability will be deemed a new period of Disability. A new Elimination Period must be satisfied before benefits start again, and a new Maximum Benefit Period will apply.

If the later period of Disability is deemed a Recurrent Disability, then it is not necessary for You to satisfy a new Elimination Period. However, Disability benefits paid for a Recurrent Disability are considered a continuation of the preceding period of Disability and will be subject to the Maximum Benefit Period that started with the preceding period of Disability. If the Maximum Benefit Period had ended with respect to the preceding period of Disability, no benefits will be payable for a recurrence of that Disability.

## Concurrent Disability

If a Disability is caused by more than one Injury or Sickness, whether related or unrelated, which overlap for any time during a continuous period of Disability, We will pay benefits as if the Disability were caused by one Injury or Sickness.

## Renewal Privilege if Employed After Age 65-- Total Disability Benefit With Limited Benefit Period

## Renewal Privilege

Following the first Premium Due Date on or after Your 65th birthday, or the fifth policy anniversary if later, You may continue the coverage under this policy, exclusive of any riders providing additional benefits, as long as:

1. You remain Gainfully Employed for at least 30 hours per week; and
2. The Premium is paid on time.

You may exercise this privilege only while Your policy is in force and You are not Disabled.

We may require proof on each policy anniversary that You have continued to be Gainfully Employed for at least 30 hours per week during the 13 weeks immediately prior to that policy anniversary.

If You continue coverage under this privilege, benefits will be paid subject to the same provisions,

limitations and exclusions in the policy. The Maximum Benefit Period will be 24 months for Total Disability starting before Your 75th birthday. If Total Disability starts after Your 75th birthday, the

Maximum Benefit Period will be 12 months.

## Total Disability Benefit With Limited Benefit Period

## Premiums

The Premium will be based on:

1. Your attained age, and will change on each policy anniversary based on Your attained age; and
2. Your class on the Effective Date of the policy.

We may also change the Premium rate for Your policy as of any policy anniversary, but only if We change it for all policies in Your class.

# Premium and Reinstatement

## Exclusions

### General Exclusions

We will not pay benefits for a Disability:

1. Due to an act of war, whether declared or undeclared;
2. Due to pregnancy or childbirth, but We will cover Disability due to Complications of Pregnancy;
3. Due to Mental Disorder and/or Substance Use Disorder beyond a 24-month lifetime limitation, except if You are confined in a Hospital;
4. Due to any loss We have excluded by name or specific description;
5. Due to Your committing, or attempting to commit, a felony;
6. Existing while You are legally incarcerated or detained; or
7. Caused by an intentionally self-inflicted Injury.

### Preexisting Conditions Exclusion

We will not pay benefits for a Disability that starts during the first 2 years after the Effective Date if it was due to a Preexisting Condition. This exclusion does not apply to any condition that was disclosed, and that was not misrepresented, in the Application and was not excluded by name or specific description.

## Premium and Reinstatement

### Premium Payment

The payment of the Premium shown on page 3, on or before the Effective Date, will keep the policy in force for the term which starts on the Effective Date. At the end of any term while the policy has been in force, You may renew the policy for a further term (called a renewal term). To renew, You must pay, by the end of the policy's grace period, a renewal Premium based on the Premium rates then in effect.

The last renewal term of the policy will end on the day before the first Premium Due Date on or after Your 65th birthday, or the fifth policy anniversary if later. See Renewal Privilege if Employed After Age 65 on page 9 for renewal past this date.

All policy terms will begin at 12:01 A.M. and end at midnight Standard Time, where You live.

You may change the frequency of payment with Our approval.

### Grace Period

This policy has a 31-day grace period. This means that each Premium after the first may be paid up to 31 days after its due date. During the grace period, the policy will stay in force. If You become Disabled during the grace period while the Premium remains unpaid, We may deduct any unpaid Premium(s) from the benefits due You.

### Reinstatement

If You do not pay the Premium before the end of the grace period, the policy will lapse. After the policy has lapsed, You may apply for reinstatement by completing an Application and paying all unpaid Premium(s). If We have not sent You a Written disapproval of the reinstatement Application within 45 days, the policy will be reinstated as of the date We received the Premium.

Any Premiums We accept for a reinstatement will be applied to a period for which Premiums have not been paid. The Premium rate for the reinstated policy will reflect any increase in the Premium which would have become effective if the policy had remained in force continuously.

The reinstated policy will cover only a loss that results from an Injury that occurs or a Sickness that first manifests itself after the date of reinstatement. In all other respects You and We will have the same rights under the policy, subject to any provisions noted on or attached to the reinstated policy.

*There are some exclusions (subject to state variations). The pregnancy exclusion may be removed in some employer paid scenarios.*

*There is a grace period of 31 days from the due date of any premium.*

# Premium and Reinstatement

## Premium and Reinstatement (Continued)

### Suspension During Military Service

If You enter full-time active duty in the military (land, sea or air) service of any nation or international authority, You may suspend this policy. But, You may not suspend the policy during active duty for training lasting 3 months or less. The policy will not be in force while it is suspended, and We will not accept Premiums for that period. Your policy will be suspended as of the date We receive Your Written request to suspend the policy. No privileges or options under this policy or any attached riders may be exercised during suspension. We will refund the pro rata portion of any Premium paid for a period beyond the date We receive your request. Premiums must be paid to the date of suspension.

If Your full-time active duty in the military service ends before the first Premium Due Date on or after Your 65th birthday, You may request that We place this policy back in force without evidence of insurability. Your coverage will start again when we receive:

1. Your Written request to place the policy back in force; and
2. The required pro rata Premium for coverage until the next Premium Due Date.

Your request and Premium payment must be received by Us within 90 days after the date Your active duty in the military service ends. Premiums will be at the same rate that they would have been had Your policy remained in force. The policy will not cover any loss due to an Injury that occurs or a Sickness that first manifests itself while the policy is suspended. In all other respects You and We will have the same rights under the policy as at the time before it was suspended.

### Suspension During Unemployment

After this policy has been in force for at least one year from the Effective Date, You may suspend this policy if You:

1. Become unemployed; and
2. Receive 8 weeks of governmental unemployment benefits.

The policy will not be in force while it is suspended, and We will not accept Premiums for that period. No privileges or options under this policy or any attached riders may be exercised during suspension.

The suspension will begin when we receive:

1. Your Written request to suspend the policy; and
2. Your certification that you are unemployed and that you have received 8 weeks of governmental unemployment benefits.

We will refund the pro rata portion of any Premium paid for a period beyond the date that the suspension begins. Premiums must be paid to the date of suspension.

After the end of a period of suspension, this policy may not be suspended again until 48 months have elapsed from the end of that period of suspension.

The suspension will end at the earlier of:

1. 6 months after the date of suspension, at which time You will be notified that the policy has been placed back in force and Premiums are now due; or
2. The date We receive Your Written request to end the suspension, subject to evidence satisfactory to Us that You are Gainfully Employed.

You will be required to pay the pro rata Premium for coverage until the next Premium Due Date. If this policy is suspended on the first Premium Due Date on or after Your 65th birthday, this policy will end at that time and cannot be renewed.

Premiums will be at the same rate that they would have been had Your policy remained in force. The policy will not cover any loss due to an Injury that occurs or a Sickness that first manifests itself while the policy is suspended. In all other respects You and We will have the same rights under the policy as at the time before it was suspended.

*Allows you to suspend coverage if you become unemployed and the policy has been in force for at least one year, subject to certain conditions.*

## Claims

<b>Time of Loss</b>	All losses must occur while Your policy is in force.
<b>Notice of Claim</b>	Written notice of claim must be given to Us at Our office within 30 days after a covered loss starts, or as soon thereafter as reasonably possible.
<b>Claim Forms</b>	After We receive the Written notice of claim We will send You Our proof of loss forms within 15 days. If We do not, You will meet the Written proof of loss requirements if You send Us, within the time set forth below, a Written statement of the nature and extent of Your loss.
<b>Proof of Loss</b>	<p>Written proof of loss satisfactory to Us must be sent to Us within 90 days after the end of each monthly period for which You claim benefits. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required. As often as is reasonably necessary, We may require as part of the proof of loss financial proof such as personal and business income tax returns, income statements, accountant's statements and other proof acceptable to Us.</p> <p>We may also require on a monthly basis, that You, and any Physician treating You, complete and Sign supplemental statements of claim.</p>
<b>Authorizations</b>	We may require, as often as is reasonably necessary, that You provide authorizations for Us to obtain medical information, financial information, and any other information pertinent to Your claim.
<b>Examinations</b>	<p>At Our expense, as often as is reasonably necessary, We may require You to have an independent examination by a Physician of Our choice.</p> <p>At Our expense, as often as is reasonably necessary, We may require an audit of all Your business and financial records, by a financial examiner of Our choice. This may include examination of business and financial records for any business in which You have an ownership interest.</p> <p>At Our expense, as often as is reasonably necessary, We may have Our representatives conduct telephone or in-person interviews with You regarding Your claim.</p>
<b>Time of Payment of Claim</b>	After We receive Written proof of loss, We will pay the benefits due under the policy.
<b>Payment of Claims</b>	All benefits will be paid to You. But, if You are not legally competent to give a valid release, or if any benefit is payable to Your estate, We may pay up to \$10,000 to anyone who We believe is entitled to it. If We make such a payment in good faith, We will not be liable to anyone for the amount We pay.
<b>Beneficiary</b>	<p>The beneficiary is the person or persons to whom any benefits unpaid at Your death are payable. You may name a contingent beneficiary to become the beneficiary if all the beneficiaries die while You are alive. If no beneficiary or contingent beneficiary is named, or none is alive when You die, Your estate will be the beneficiary. While You are alive, You may change any beneficiary or contingent beneficiary.</p> <p>If more than one beneficiary is alive when You die, We will pay them in equal shares, unless You have chosen otherwise.</p>
<b>How to Change The Beneficiary</b>	You may change the beneficiary or contingent beneficiary of this policy by Written notice or assignment of the policy. No change is binding on Us until it is recorded at Our office. Once recorded, the change binds Us as of the date You Signed it. This change will be without prejudice to Us as to any payment We make or action We take before We record the change. We may require that You send Us the policy to make the change.

*How to file a claim.*

*You may change your beneficiary.*

# General Provisions

## Claims (Continued)

### Assignment

You may assign Your policy or any claim under it by Written assignment. No assignment is binding on Us until it is recorded at Our office. Once recorded, the assignment binds Us as of the date You Signed it. The assignment will be without prejudice to Us as to any payment We make or action We take before We record the assignment. We will not be responsible for the validity of any assignment. We may require that You send Us the policy to record the assignment.

*Your policy or any claim under it may be assigned.*

## General Provisions

### The Contract

This policy with riders, if any, and the Application make up the entire contract. All statements in the Application will be representations and not warranties. No statement will be used to contest the policy unless it appears in the Application.

### Limitation on Agent's or Broker's or Other Person's Authority

No agent, broker, or other person except Our President, Our Secretary or Vice-President may:

1. Make or change any contract of insurance; or
2. Change or waive any terms of this policy.

Any change or waiver must be in Writing and Signed by Our President, Secretary, or Vice-President.

*The policy is incontestable after 2 years, except for fraud. Subject to state variations.*

### Time Limit on Certain Defenses

After 2 years from the Effective Date of this policy, or of any policy change or reinstatement, no misstatements, except for fraudulent misstatements, made by You on the Application can be used to void this policy or such policy change or reinstatement, or to deny a claim under this policy or the policy change or reinstatement, for a Disability starting after the end of such 2-year period.

No claim for Disability starting after 2 years from the Effective Date of this policy, or of any policy change or reinstatement, will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this policy, or of such policy change or reinstatement, unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

*Subject to state variations.*

### Misstatement of Age and Sex

If Your age or sex is not stated correctly on Our records, the benefits under the policy will be those that the Premium You paid would have bought at Your correct age and sex.

*If your age or sex was misstated, your benefit will be adjusted.*

### Legal Actions

No legal action may be brought until 60 days after Written proof of loss has been provided to Us. No such action may be brought after 3 years from the time Written proof of loss is required to be provided to Us.

### Conformity with State Statutes

Any provision in this policy which, on the Effective Date, conflicts with the laws of the state in which You reside on that date is amended to meet the minimum requirements of such laws.

### Waiver of Policy Provisions

Our failure to invoke or enforce a right We have reserved under the terms of this contract may not be deemed a permanent waiver of that right.

Copy of Application is attached.

# Endorsement

*When attached to a fully underwritten MultiLife or GSI policy, this endorsement removes the language that excludes disability due to pregnancy or childbirth. Subject to state variations.*

## Metropolitan Life Insurance Company

### Endorsement

This endorsement is a part of the policy if it is referred to on page 3.

**Effective Date**

The Effective Date of this endorsement is shown on page 3.

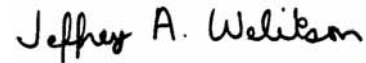
**Definitions**

The Definition of Complications of Pregnancy is deleted.

**Exclusions**

The following Exclusion is deleted:

2. "Due to pregnancy or childbirth, but We will cover Disability due to Complications of pregnancy;"



Jeffrey A. Welikson  
Senior Vice President and Corporate Secretary

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# Monthly Benefit for Residual Disability Rider

## 6S, 6A, 5A, 5S, 5D, 5I, 4A, 4M, 3A, 2A Only

For MultiLife cases, this rider is only available if included in the program design.

If you purchase this rider we will pay some disability benefits even if you are able to work but, due solely to impairment caused by injury or sickness, you have a loss of earnings of at least 20% of your prior earnings.

### Metropolitan Life Insurance Company

#### Rider: Monthly Benefit for Residual Disability

This rider is a part of the policy if it is referred to on page 3.

**Effective Date** The Effective Date of this rider is shown on page 3.

**Premium** The Premium for this rider is shown on page 3.

**Definitions** The definition of Disability or Disabled in Your policy is amended to read as follows:

"**Disability** or **Disabled** means either Total or Residual Disability that starts while Your policy is in force."

**Residual Disability** or **Residually Disabled** means that due solely to Impairment caused by Injury or Sickness:

1. Your Earnings are reduced by at least 20 percent of Your Prior Earnings; and
2. You are receiving appropriate care from a Physician who is appropriate to treat the condition causing the Impairment; and
3. You are not Totally Disabled, and are Gainfully Employed, but You are:
  - a. Prevented from performing one or more of the material and substantial duties of Your Regular Occupation; or
  - b. Performing the material and substantial duties of Your Regular Occupation, but are not able to perform them for more than 80 percent of the time normally required of You; or
  - c. Engaged in another occupation.

We may waive the requirement of care from a Physician if Your Physician provides documentation acceptable to Us that continued care would be of no benefit to You.

**Earnings** means income or compensation, payable as remuneration to You, for actual services You perform, or for goods or services provided by a business in which You have an ownership interest. This term includes salary, fees, profits or losses, commissions, bonuses and other payment for goods or services, which You or Your business render or provide. Earnings are determined after deduction of normal and customary unreimbursed business expenses, but before deduction of any income taxes.

Earnings do not include:

1. Income from dividends, interest, rent, royalties, annuities, or investments; or
2. Income from deferred compensation plans, formal sick pay benefits, disability income policies, or retirement plans.

**Review Date** means each anniversary date of the start of a period of Disability.

**Index Month** means the June before the Review Date. The first Index Month is the June before the start of a period of Disability.

# Monthly Benefit for Residual Disability Rider 6S, 6A, 5A, 5S, 5D, 5I, 4A, 4M, 3A, 2A Only

*There are two methods to determine your prior earnings; we will use whichever is more advantageous to you.*

*To help offset the effect of inflation, we will automatically increase your prior earnings, once each year, after the first year of disability.*

*How the benefit amount is determined.*

*If, solely due to impairment caused by injury or sickness, monthly earnings are 25% or less of prior earnings, the full monthly benefit for total disability will be payable.*

*We will provide a minimum residual benefit of 50% of the monthly benefit for total disability for the first 6 months of benefit payments (after the elimination period has been met).*

## Benefits

### Rider: Monthly Benefit for Residual Disability (Continued)

**CPI-W** means the Consumer Price Index for Urban Wage Earners and Clerical Workers for all items. It is published by the United States Bureau of Labor Statistics. If the CPI-W cannot be used or is not available, We will choose a suitable index to replace it. CPI-W will then mean the chosen index.

**Prior Earnings** means the greater of Your average monthly Earnings for the 3 calendar years immediately prior to the start of Your Disability, or for the 24 months immediately prior to the start of Your Disability, provided there is financial documentation satisfactory to Us.

After the start of a period of Disability, the Prior Earnings are increased each year, on the Review Date. The Prior Earnings will be multiplied by a factor equal to the CPI-W for the Index Month divided by the CPI-W for the preceding Index Month. The percentage increase in the Prior Earnings in any given year will not be more than 7% or less than 1%.

**Monthly Benefit for Residual Disability** --While You are Residually Disabled, We will pay a monthly benefit for Residual Disability, if the Elimination Period has been met (by Total Disability and/or Residual Disability).

The monthly amount of this benefit equals:

$A - B \times \text{Monthly Benefit for Total Disability as shown on page 3}$   
A

"A" is Your Prior Earnings.

"B" is Your Earnings for the month for which Residual Disability is claimed. Such Earnings will not include income received for services You performed prior to the date Your Residual Disability started.

If Earnings for the month for which Residual Disability is claimed are 25 percent or less of Prior Earnings, We will consider "B" to be zero; that is, the full Monthly Benefit for Total Disability, as shown on page 3, will be payable.

For example, if Your Monthly Benefit for Total Disability is \$1,000, and Your Prior Earnings are \$2,000, and Your monthly Earnings for the month for which Residual Disability is claimed are \$800; Your Residual Disability benefit would be computed as follows:

$$\begin{aligned} & \$2,000 - \$800 \times \$1,000 = \$600 \\ & \qquad \qquad \qquad \$2,000 \end{aligned}$$

For periods of less than a month, benefits will be prorated based on a 30-day month.

During the first 6 months during which Residual Disability benefits are paid, the minimum monthly benefit for Residual Disability will be 50 percent of the Monthly Benefit for Total Disability.

In determining "A" and "B" above, the same accounting method (cash or accrual) must be used. Once chosen, the accounting method (cash or accrual) will be applied consistently to the formula above.

**Cost-of-Living Adjustment for Disability Benefits**—If a Cost-of-Living Adjustment for Disability Benefits (COLA) rider is included in Your policy, then in computing Residual Disability benefits, We will substitute the Adjusted Monthly Benefit for Total Disability, as defined in the COLA rider, for the Monthly Benefit for Total Disability.

The Residual Disability benefit will be payable starting on the day after the Elimination Period ends; however, We will not pay a Residual Disability benefit while We are paying You the Total Disability benefit.

# Monthly Benefit for Residual Disability Rider 6S, 6A, 5A, 5S, 5D, 5I, 4A, 4M, 3A, 2A Only

## Rider: Monthly Benefit for Residual Disability (Continued)

We will continue to pay this benefit until the earlier of:

1. The date You are no longer Residually Disabled; or
2. The date the Maximum Benefit Period ends.

### Proof of Earnings

We may require proof from You, as often as is reasonably necessary, as to Your:

1. Prior Earnings; and
2. Earnings for each month for which a Residual Disability is claimed.

This may include financial proof such as Your personal and business income tax returns, income statements, accountant's statements or other proof acceptable to Us. We may require an audit of all Your business and financial records, by a financial examiner of Our choice. This may include examination of financial records for any business in which You have an ownership interest.

### Time Limit on Certain Defenses

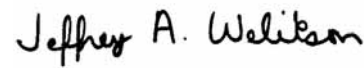
After 2 years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Disability starting more than 2 years from the Effective Date of this rider.

No claim for Disability starting after 2 years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

### Termination

This rider will end on the earliest of:

1. The date the policy ends;
2. The first Premium Due Date on or after Your 65th birthday, or the fifth policy anniversary, if later; or
3. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.



Jeffrey A. Welikson  
Senior Vice President and Corporate Secretary

Subject to state variations.

# Monthly Benefit for Residual Disability Rider with Recovery Benefit 6S, 6A, 5A, 5S, 5D, 5I, 4A, 4M, 3A, 2A Only

For MultiLife cases, this rider is only available if included in the program design.

We will pay some disability benefits even if you are able to work but, due solely to impairment caused by injury or sickness, you have a loss of earnings of at least 20% of your prior earnings.

## Metropolitan Life Insurance Company

### Rider: Monthly Benefit for Residual Disability

This rider is a part of the policy if it is referred to on page 3.

<b>Effective Date</b>	The Effective Date of this rider is shown on page 3.
<b>Premium</b>	The Premium for this rider is shown on page 3.
<b>Definitions</b>	The definition of Disability or Disabled in Your policy is amended to read as follows:

**"Disability or Disabled** means either Total or Residual Disability that starts while Your policy is in force."

**Residual Disability or Residually Disabled** means that due solely to Impairment caused by Injury or Sickness:

1. Your Earnings are reduced by at least 20 percent of Your Prior Earnings; and
2. You are receiving appropriate care from a Physician who is appropriate to treat the condition causing the Impairment; and
3. You are not Totally Disabled, and are Gainfully Employed, but You are:
  - a. Prevented from performing one or more of the material and substantial duties of Your Regular Occupation; or
  - b. Performing the material and substantial duties of Your Regular Occupation, but are not able to perform them for more than 80 percent of the time normally required of You; or
  - c. Engaged in another occupation.

We may waive the requirement of care from a Physician if Your Physician provides documentation acceptable to Us that continued care would be of no benefit to You.

**Earnings** means income or compensation, payable as remuneration to You, for actual services You perform, or for goods or services provided by a business in which You have an ownership interest. This term includes salary, fees, profits or losses, commissions, bonuses and other payment for goods or services, which You or Your business render or provide. Earnings are determined after deduction of normal and customary unreimbursed business expenses, but before deduction of any income taxes.

Earnings do not include:

1. Income from dividends, interest, rent, royalties, annuities, or investments; or
2. Income from deferred compensation plans, formal sick pay benefits, disability income policies, or retirement plans.

**Review Date** means each anniversary date of the start of a period of Disability.

**Index Month** means the June before the Review Date. The first Index Month is the June before the start of a period of Disability.

# Monthly Benefit for Residual Disability Rider with Recovery Benefit 6S, 6A, 5A, 5S, 5D, 5I, 4A, 4M, 3A, 2A Only

*There are two methods to determine your prior earnings; we will use whichever is more advantageous to you.*

*To help offset the effect of inflation, we will automatically increase your prior earnings once each year, after the first year of disability.*

*How the benefit amount is determined.*

*If, solely due to impairment caused by injury or sickness, monthly earnings are 25% or less of prior earnings, the full monthly benefit for total disability will be payable.*

## Rider: Monthly Benefit for Residual Disability (Continued)

**CPI-W** means the Consumer Price Index for Urban Wage Earners and Clerical Workers for all items. It is published by the United States Bureau of Labor Statistics. If the CPI-W cannot be used or is not available, We will choose a suitable index to replace it. CPI-W will then mean the chosen index.

**Prior Earnings** means the greater of Your average monthly Earnings for the 3 calendar years immediately prior to the start of Your Disability, or for the 24 months immediately prior to the start of Your Disability, provided there is financial documentation satisfactory to Us.

After the start of a period of Disability, the Prior Earnings are increased each year, on the Review Date. The Prior Earnings will be multiplied by a factor equal to the CPI-W for the Index Month divided by the CPI-W for the preceding Index Month. The percentage increase in the Prior Earnings in any given year will not be more than 7% or less than 1%.

**Recovery or Recovered** means that following a period of Total or Residual Disability, for which total or residual benefits have been paid:

1. You are working full time performing all of the material and substantial duties of Your Regular Occupation. Full time means You are working at least as many hours as You worked before being Totally or Residually Disabled; and
2. Your Earnings continue to be reduced by at least 20 percent of Your Prior Earnings; and
3. Your Earnings are reduced directly and solely due to the same Impairment that caused the Total or Residual Disability.

## Benefits

**Monthly Benefit for Residual Disability** --While You are Residually Disabled, We will pay a monthly benefit for Residual Disability, if the Elimination Period has been met (by Total Disability and/or Residual Disability).

The monthly amount of this benefit equals:

$$\frac{A-B}{A} \times \text{Monthly Benefit for Total Disability as shown on page 3}$$

"A" is Your Prior Earnings.

"B" is Your Earnings for the month for which Residual Disability is claimed. Such Earnings will not include income received for services You performed prior to the date Your Residual Disability started.

If Earnings for the month for which Residual Disability is claimed are 25 percent or less of Prior Earnings, We will consider "B" to be zero; that is, the full Monthly Benefit for Total Disability, as shown on page 3, will be payable.

For example, if Your Monthly Benefit for Total Disability is \$1,000, and Your Prior Earnings are \$2,000, and Your monthly Earnings for the month for which Residual Disability is claimed are \$800; Your Residual Disability benefit would be computed as follows:

$$\frac{\$2,000 - \$800}{\$2,000} \times \$1,000 = \$600$$

For periods of less than a month, benefits will be prorated based on a 30-day month.

# Monthly Benefit for Residual Disability Rider with Recovery Benefit 6S, 6A, 5A, 5S, 5D, 5I, 4A, 4M, 3A, 2A Only

*We will provide a minimum residual benefit of 50% of the monthly benefit for total disability for the first 6 months of benefit payments (after the elimination period has been met).*

*If you continue to have a loss of income of at least 20% (due to the same impairment) after you have returned to work full time, following a period for which total or residual benefits have been paid, we will pay a recovery benefit for up to: (a) 24 months, or (b) 36 months (depending on the actual rider you purchased).*

*How the recovery benefit amount is determined.*

## **Rider: Monthly Benefit for Residual Disability (Continued)**

During the first 6 months during which Residual Disability benefits are paid, the minimum monthly benefit for Residual Disability will be 50 percent of the Monthly Benefit for Total Disability.

In determining "A" and "B" above, the same accounting method (cash or accrual) must be used. Once chosen, the accounting method (cash or accrual) will be applied consistently to the formula above.

**Cost-of-Living Adjustment for Disability Benefits**—If a Cost-of-Living Adjustment for Disability Benefits (COLA) rider is included in Your policy, then in computing Residual Disability benefits, We will substitute the Adjusted Monthly Benefit for Total Disability, as defined in the COLA rider, for the Monthly Benefit for Total Disability.

The Residual Disability benefit will be payable starting on the day after the Elimination Period ends; however, We will not pay a Residual Disability benefit while We are paying You the Total Disability benefit.

We will continue to pay this benefit until the earlier of:

1. The date You are no longer Residually Disabled; or
2. The date the Maximum Benefit Period ends.

**Monthly Recovery Benefit**—A monthly Recovery benefit will be paid if You have Recovered. The monthly amount of this benefit equals:

$A - B \times \text{Monthly Benefit for Total Disability as shown on page 3}$   
A

"A" is Your Prior Earnings.

"B" is Your earnings for the month in which Recovery benefits are claimed.

In determining "A" and "B", the same accounting method (cash or accrual) that was used in determining the Residual Disability benefit will be applied.

**Cost-of-Living Adjustment for Disability Benefits**—If a Cost-of-Living Adjustment for Disability Benefits (COLA) rider is included in Your policy, then in computing the Recovery benefit, We will substitute the Adjusted Monthly Benefit for Total Disability, as defined in the COLA rider, for the Monthly Benefit for Total Disability.

A monthly Recovery benefit will be paid until the earliest of the following dates:

1. Benefits have been paid for a period equal to the Elimination Period, plus the period for which Disability benefits had been paid;
2. 24 months of Recovery benefits have been paid;
3. The Maximum Benefit Period ends; or
4. You no longer satisfy the definition of Recovered.

# Monthly Benefit for Residual Disability Rider with Recovery Benefit 6S, 6A, 5A, 5S, 5D, 5I, 4A, 4M, 3A, 2A Only

## Rider: Monthly Benefit for Residual Disability (Continued)

### Proof of Earnings

We may require proof from You, as often as is reasonably necessary, as to Your:

1. Prior Earnings; and
2. Earnings for each month for which a Residual Disability or Recovery benefit is claimed.

This may include financial proof such as Your personal and business income tax returns, income statements, accountant's statements or other proof acceptable to Us. We may require an audit of all Your business and financial records, by a financial examiner of Our choice. This may include examination of financial records for any business in which You have an ownership interest.

### Time Limit on Certain Defenses

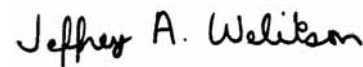
After 2 years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Disability starting more than 2 years from the Effective Date of this rider.

No claim for Disability starting after 2 years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

### Termination

This rider will end on the earliest of:

1. The date the policy ends;
2. The first Premium Due Date on or after Your 65th birthday; or
3. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.



Jeffrey A. Welikson  
Senior Vice President and Corporate Secretary

Subject to state variations.

# Cost-of-Living Adjustment for Disability Benefits Rider (0-10%)

For MultiLife cases, this rider is only available if included in the program design.

The 0-10% COLA rider is not approved for use in all states. Where not approved, the 1-7% version of the rider (shown on pages 25-26) is still available. Contact your sales representative for details.

Under this rider, benefit adjustments are related to the increase in the Consumer Price Index.

COLA 0-10% may increase your benefit after a period of disability of at least one year.

Your adjusted monthly benefit is payable for total disability and is also used to determine your residual disability and transitional your occupation disability benefit payments, if applicable.

If applicable, annual increases are based on increases in the CPI-U. Increases will not be more than 10%. The adjusted monthly benefit will remain the same if there is no change or a decrease in the CPI-U.

Once you are gainfully employed at least 30 hours per week, and if you are less than age 60, you may be able to increase your coverage up to the amount of the last adjusted monthly benefit for total disability. You must pay a premium for the increased coverage but there are no financial or medical underwriting requirements.

The Benefit Purchase Option is not available if the policy is issued as part of a GSI case.

## Metropolitan Life Insurance Company

### Rider: Cost-of-Living Adjustment for Disability Benefits

This rider is a part of the policy if it is referred to on page 3.

<b>Effective Date</b>	The Effective Date of this rider is shown on page 3.
<b>Premium</b>	The Premium for this rider is shown on page 3.
<b>Definitions</b>	<p><b>CPI-U</b> means the Consumer Price Index for All Urban Consumers. It is published by the United States Bureau of Labor Statistics. If the CPI-U cannot be used or is not available, We will choose a suitable index to replace it. CPI-U will then mean the chosen index.</p> <p><b>Review Date</b> means each anniversary date of the start of a period of Disability.</p> <p><b>Index Month</b> means the June before the Review Date. The first Index Month is the June before the start of a period of Disability.</p> <p><b>Adjusted Monthly Benefit for Total Disability</b> means the amount determined in the Benefits section below.</p>
<b>Benefits</b>	<p>If Your period of Disability lasts for at least one year We will adjust any further Monthly Benefit for Total Disability and (if a Residual Disability or Transitional Your Occupation rider is included in Your policy) Residual Disability or Total Disability in Your Occupation payable for that Disability by substituting the Adjusted Monthly Benefit for Total Disability for the Monthly Benefit for Total Disability.</p> <p>The Adjusted Monthly Benefit for Total Disability will be determined on each Review Date.</p> <p>The Adjusted Monthly Benefit for Total Disability is computed by multiplying the Monthly Benefit for Total Disability shown on page 3 by a factor equal to the CPI-U for the latest Index Month divided by the CPI-U for the first Index Month. From one year to the next, the Adjusted Monthly Benefit for Total Disability will not be increased by more than 10%, and will not be decreased, but could remain the same. This amount will be rounded upwards to the next whole dollar.</p> <p><b>Termination of Adjustment</b></p> <p>No further cost-of-living adjustments will be made to the Adjusted Monthly Benefit for Total Disability after the earliest of:</p> <ol style="list-style-type: none"><li>1. The date a period of Disability ends;</li><li>2. The date the Maximum Benefit Period ends; or</li><li>3. The first Premium Due Date on or after Your 65th birthday, or the second Review Date if later.</li></ol> <p><b>Benefit Purchase Option</b></p> <p>If the adjustments end because of 1 or 2 above, and:</p> <ol style="list-style-type: none"><li>1. You are Gainfully Employed for at least 30 hours per week; and</li><li>2. You have not attained age 60;</li></ol>

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# Cost-of-Living Adjustment for Disability Benefits Rider (0-10%)

*Benefit Purchase Option continued.*

*Subject to state variations.*

## Rider: Cost-of-Living Adjustment for Disability Benefits (Continued)

You may, within 90 days, add the amount of the last cost-of-living adjustment to the Monthly Benefit for Total Disability, provided that You pay the premium for this increased coverage. This premium will be based on the rates in effect for a person of Your age at the time the adjustments end, and Your class on the Effective Date of this rider. If You choose not to purchase this increased coverage, benefits payable for a new period of Disability will not include the cost-of-living adjustment(s) from the preceding period of Disability. In any case, a new first Index Month and Review Date will apply to a later period of Disability.

### Time Limit on Certain Defenses

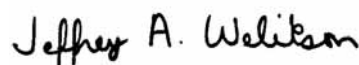
After 2 years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Disability starting more than 2 years from the Effective Date of this rider.

No claim for Disability starting after 2 years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

### Termination

This rider will end on the earliest of:

1. The date the policy ends;
2. The first Premium Due Date on or after Your 65th birthday; or
3. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.



Jeffrey A. Welikson  
Senior Vice President and Corporate Secretary

# Cost-of-Living Adjustment for Disability Benefits Rider (1-7%)

For MultiLife cases, this rider is only available if included in the program design.

This version of COLA is only available in states where the 0-10% COLA rider (shown on pages 23-24) is not approved for use. Contact your sales representative for details.

Under this rider, benefit adjustments are related to the increase in the Consumer Price Index.

The COLA rider increases your benefit after a period of disability of at least one year.

Your adjusted monthly benefit is payable for total disability and is also used to determine your residual disability and transitional your occupation disability benefit payments, if applicable.

Annual increases are based on increases in the CPI-W. Increases will not be more than 7% or less than 1% in any one year.

Once you are gainfully employed at least 30 hours per week, and if you are less than age 60, you may be able to increase your coverage up to the amount of the last adjusted monthly benefit for total disability. You must pay a premium for the increased coverage but there are no financial or medical underwriting requirements.

The Benefit Purchase Option is not available if the policy is issued as part of a GSI case.

## Metropolitan Life Insurance Company

### Rider: Cost-of-Living Adjustment for Disability Benefits

This rider is a part of the policy if it is referred to on page 3.

#### Effective Date

The Effective Date of this rider is shown on page 3.

#### Premium

The Premium for this rider is shown on page 3.

#### Definitions

**CPI-W** means the Consumer Price Index for Urban Wage Earners and Clerical Workers for all items. It is published by the United States Bureau of Labor Statistics. If the CPI-W cannot be used or is not available, We will choose a suitable index to replace it. CPI-W will then mean the chosen index.

**Review Date** means each anniversary date of the start of a period of Disability.

**Index Month** means the June before the Review Date. The first Index Month is the June before the start of a period of Disability.

**Adjusted Monthly Benefit for Total Disability** means the amount determined in the Benefits section below.

#### Benefits

If Your period of Disability lasts for at least one year We will adjust any further Monthly Benefit for Total Disability and (if a Residual Disability or Transitional Your Occupation rider is included in Your policy) Residual Disability or Total Disability in Your Occupation payable for that Disability by substituting the Adjusted Monthly Benefit for Total Disability for the Monthly Benefit for Total Disability.

The Adjusted Monthly Benefit for Total Disability will be redetermined on each Review Date.

The Adjusted Monthly Benefit for Total Disability is computed by multiplying the Monthly Benefit for Total Disability shown on page 3 by a factor equal to the CPI-W for the latest Index Month divided by the CPI-W for the first Index Month. This amount will be rounded upwards to the nearest multiple of \$10. But, the Adjusted Monthly Benefit for Total Disability will not be increased from one year to the next by more than 7%, or less than 1%.

#### Termination of Adjustment

No further cost-of-living adjustments will be made after the earliest of:

1. The date a period of Disability ends;
2. The date the Maximum Benefit Period ends; or
3. The first Premium Due Date on or after Your 65th birthday, or the second Review Date if later.

#### Benefit Purchase Option

If the adjustments end because of 1 or 2 above, and:

1. You are Gainfully Employed for at least 30 hours per week; and
2. You have not attained age 60;

# Cost-of-Living Adjustment for Disability Benefits Rider (1-7%)

## Rider: Cost-of-Living Adjustment for Disability Benefits (Continued)

You may, within 90 days, add the amount of the last cost-of-living adjustment to the Monthly Benefit for Total Disability, provided that You pay the premium for this increased coverage. This premium will be based on the rates in effect for a person of Your age at the time the adjustments end because of 1 or 2 above, and Your class on the Effective Date of this rider. Otherwise, benefits payable for a new period of Disability will not include the cost-of-living adjustment(s) from the preceding period. In any case, a new first Index Month and Review Date will apply to a later period of Disability.

### Time Limit on Certain Defenses

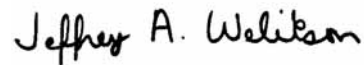
After 2 years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Disability starting more than 2 years from the Effective Date of this rider.

No claim for Disability starting after 2 years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

### Termination

This rider will end on the earliest of:

1. The date the policy ends;
2. The first Premium Due Date on or after Your 65th birthday; or
3. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.



Jeffrey A. Welikson  
Senior Vice President and Corporate Secretary

Subject to state variations.

# Cost-of-Living Adjustment for Disability Benefits Rider (Simple 3%)

*For MultiLife cases, this rider is only available if included in the program design.*

*The COLA rider increases your benefit after a period of disability of at least one year.*

*Your adjusted monthly benefit is payable for total disability and is also used to determine your residual disability and transitional your occupation disability benefit payments, if applicable.*

*Annual increases are equal to 3% of the monthly benefit for total disability as stated on page 3 of the policy.*

*Once you are gainfully employed at least 30 hours per week, and if you are less than age 60, you may be able to increase your coverage up to the amount of the last adjusted monthly benefit for total disability. You must pay a premium for the increased coverage but there are no financial or medical underwriting requirements.*

*The Benefit Purchase Option is not available if the policy is issued as part of a GSI case.*

## Metropolitan Life Insurance Company

### Rider: Cost-of-Living Adjustment for Disability Benefits

This rider is a part of the policy if it is referred to on page 3.

**Effective Date** The Effective Date of this rider is shown on page 3.

**Premium** The Premium for this rider is shown on page 3.

**Definitions** **Review Date** means each anniversary date of the start of a period of Disability.

**Adjusted Monthly Benefit for Total Disability** means the Monthly Benefit for Total Disability shown on page 3, plus the cost-of-living adjustment under this rider.

**Benefits** If Your period of Disability lasts for at least one year We will adjust any further Monthly Benefit for Total Disability and (if a Residual Disability or Transitional Your Occupation rider is included in Your policy) Residual Disability or Total Disability in Your Occupation payable for that Disability by substituting the Adjusted Monthly Benefit for Total Disability for the Monthly Benefit for Total Disability.

The cost-of-living adjustment will be made on each Review Date.

This adjustment is computed by multiplying the Monthly Benefit for Total Disability shown on page 3 by three percent (3%) times the number of completed years of the current Disability on the Review Date. This amount will be rounded upward to the nearest multiple of \$10 and added to your Monthly Benefit for Total Disability. This total amount is the Adjusted Monthly Benefit for Total Disability.

#### Termination of Adjustment

No further cost-of-living adjustments will be made after the earliest of:

1. The date a period of Disability ends;
2. The date the Maximum Benefit Period ends; or
3. The first Premium Due Date on or after Your 65th birthday, or the second Review Date if later.

#### Benefit Purchase Option

If the adjustments end because of 1 or 2 above, and:

1. You are Gainfully Employed for at least 30 hours per week; and
2. You have not attained age 60;

You may, within 90 days, add the amount of the last cost-of-living adjustment to the Monthly Benefit for Total Disability, provided that You pay the premium for this increased coverage. This premium will be based on the rates in effect for a person of Your age at the time the adjustments end because of 1 or 2 above, and Your class on the Effective Date of this rider. Otherwise, benefits payable for a new period of Disability will not include the cost-of-living adjustment(s) from the preceding period. In any case, a new Review Date will apply to a later period of Disability.

# Cost-of-Living Adjustment for Disability Benefits Rider (Simple 3%)

Subject to state variations.

## Rider: Cost-of-Living Adjustment for Disability Benefits (continued)

### Time Limit on Certain Defenses

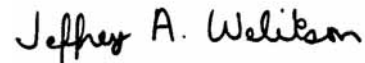
After 2 years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Disability starting more than 2 years from the Effective Date of this rider.

No claim for Disability starting after 2 years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

### Termination

This rider will end on the earliest of:

1. The date the policy ends;
2. The first Premium Due Date on or after Your 65th birthday; or
3. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.



Jeffrey A. Welikson  
Senior Vice President and Corporate Secretary

# Guaranteed Insurability (GI) Benefit Rider with Advanced Option Benefit

For MultiLife cases, this rider is only available if included in the program design.

This version of the Guaranteed Insurability rider is not approved for use in all states. Where not approved, the old version of the rider (shown on pages 32-33) is still available. Contact your sales representative for details.

There is a premium for each increase in coverage.

Option dates occur every policy anniversary through the expiry date shown on page 3.

The unused portion of a unit of increase may be carried over to the next option date. You may not carry the remainder forward past the next option date.

## Metropolitan Life Insurance Company

### Rider: Guaranteed Insurability Benefit

This rider is a part of the policy if it is referred to on page 3.

#### Effective Date

The Effective Date of this rider is shown on page 3.

The Effective Date of increases in the Policy Benefit will also be shown on page 3.

#### Premium

The Premium for this rider is shown on page 3.

In addition, there will be a Premium charge for each increase in the Policy Benefit. The Premium for each increase will be at the rate then in effect for Your policy based on Your age on the applicable Option Date and for Your class on the Effective Date of this rider.

For the increase to be effective, the Premium for the increase must be paid within 31 days after its Effective Date.

#### Definitions

**Policy Benefit** means the Monthly Benefit for Total Disability, as shown on page 3, payable under Your policy.

**Option Date** means each anniversary of the Effective Date of this rider that occurs on or before the Expiry Date.

**Unit of Increase** means an amount by which the Policy Benefit can be increased on an Option Date for the Standard Option Benefit. The Unit of Increase is shown on page 3.

**Maximum Total Increase** means the current amount remaining by which the Policy Benefit can be increased under this rider through the Expiry Date. This amount will decrease by the amount of any increases in the Policy Benefit by use of this rider. The Maximum Total Increase amount is shown on page 3.

**Advanced Option Period** means the time period from the Effective Date of this rider to the later of:

- the third Option Date following the Effective Date of this rider; or
- the Option Date on or next following Your 40th birthday.

**Earned Income** means income or compensation, payable as remuneration to You, for actual services You perform, or for goods or services provided by a business in which You have an ownership interest. This term includes salary, fees, profits or losses, commissions, bonuses and other payment for goods or services, which You or Your business render or provide. Earnings are determined after deduction of normal and customary unreimbursed business expenses, but before deduction of any income taxes.

Earned Income does not include:

1. Income from dividends, interest, rent, royalties, annuities, or investments; or
2. Income from deferred compensation plans, formal sick pay benefits, disability income policies, or retirement plans.

**Expiry Date** is the date, shown on page 3, when this rider ends.

#### Standard Option Benefit

On any Option Date, You may apply for an amount up to one Unit of Increase.

If all or part of a Unit of Increase is not used as of any Option Date, You may carry this remainder forward and apply for it on the next Option Date. You may not carry this remainder forward past that next Option Date. To use all or part of a carried-forward Unit of Increase, You must also apply for all of Your current Unit of Increase.

The minimum increase You may apply for is the lesser of the Maximum Total Increase or \$200. Each increase You apply for must be a multiple of \$50.

The amount for which You apply on any one Option Date may not exceed the Maximum Total Increase.

# Guaranteed Insurability (GI) Benefit Rider with Advanced Option Benefit

*This benefit allows you to apply for up to the Maximum Total Increase on any option date during the Advanced Option Period, as defined on the previous page.*

*Eligibility is based on your earned income and your disability income coverage. There is no medical underwriting.*

*Approved increases will take effect on the applicable option date. If you are disabled on the option date, the increase will not be payable for that disability or for a recurrence of that disability.*

*Subject to state variations.*

## Rider: Guaranteed Insurability Benefit (Continued)

### Advanced Option Benefit

On any Option date during the Advanced Option Period You may apply for any amount of increase up to the Maximum Total Increase. Any increase for which You apply must be a multiple of \$50.

If You exercise the Advanced Option Benefit, there will be no carried-forward Unit of Increase on the next Option Date.

### To Qualify for an Increase

You will qualify for an increase, if, on an Option Date:

1. Your Earned Income is sufficient for an increase based on Our underwriting and issue limits rules in effect at that time; and
2. The sum of all Your Disability income coverage after the increase is not more than the maximum coverage We would then offer to new applicants in Your class. The sum of Your Disability income coverage includes benefits You would receive from Us, other insurers and government agencies.

If, based on items 1 and 2 above, You qualify for less than the entire amount of increase applied for, then the amount of increase will be the amount for which You qualify.

### Application

If You want to apply for an increase, You must notify Us. We will send you an Application that must be completed and returned to Us within 60 days before the Option Date. This Application will ask You for a statement of Your Earned Income and disability income coverage, but will ask no questions about Your health.

### When an Increase Takes Effect

If Your Application is approved, Your Policy Benefit will be increased on the applicable Option Date. However, this increase in Your Policy Benefit will not be payable for a Disability existing on the Option Date, or for a Recurrent Disability that is a continuation of a Disability that began prior to the Option Date.

### Time Limit on Certain Defenses

After 2 years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Disability starting more than 2 years from the Effective Date of this rider.

After 2 years from the Effective Date of any increase in the Policy Benefit under this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for the increase in the Policy Benefit can be used to void the increase in the Policy Benefit or deny a claim with respect to the increase in the Policy Benefit for a Disability starting more than 2 years from the Effective Date of increase in the Policy Benefit.

No claim with respect to an increase in the Policy Benefit for a Disability starting after 2 years from the Effective Date of this rider, will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

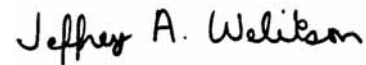
# Guaranteed Insurability (GI) Benefit Rider with Advanced Option Benefit

## Rider: Guaranteed Insurability Benefit (Continued)

### Termination

This rider will end on the earliest of:

1. The Expiry Date;
2. The date the Maximum Total Increase equals zero;
3. The date the policy ends; or
4. The date We receive Your Written request to end this rider, in which case You must return the policy to Us. We will change the policy and return it to You.



Jeffrey A. Welikson  
Senior Vice President and Corporate Secretary

# Guaranteed Insurability Benefit Rider

## 6S, 6A, 5A, 5S, 5D, 5I, 4A, 4M, 3A, 2A Only

For MultiLife cases, this rider is only available if included in the program design.

This version of the Guaranteed Insurability Benefit rider is only available in states where the new Guaranteed Insurability rider (shown on pages 29-31) is not approved for use. Contact your sales representative for details.

There is a premium for each increase in coverage.

Option dates occur every policy anniversary through the expiry date shown on page 3.

The unused portion of a unit of increase may be carried over to the next option date. You may not carry the remainder forward past the next option date.

Eligibility is based on your earned income and your disability income coverage. There is no medical underwriting.

If you exercise an option and are disabled on the option date, the increase will take effect at the start of the next policy term after you have been gainfully employed for at least 30 days.

**Metropolitan Life Insurance Company**  
**Rider: Guaranteed Insurability Benefit**

This rider is a part of the policy if it is referred to on page 3.

<b>Effective Date</b>	The Effective Date of this rider is shown on page 3.
<b>Premium</b>	<p>The Premium for this rider is shown on page 3.</p> <p>In addition, there is a Premium charge for each increase in the Policy Benefit. The Premium for each increase will be at the rate then in effect for new business under Your policy for Your age on the Option Date and for Your class on the Effective Date.</p> <p>For the increase to be effective, the Premium for the increase must be paid within 31 days after the Option Date.</p>
<b>Definitions</b>	<p><b>Policy Benefit</b> means the Monthly Benefit for Total Disability, as shown on page 3, payable under Your policy.</p> <p><b>Option Date</b> means each anniversary of the Effective Date that occurs on or before the Expiry Date.</p> <p><b>Unit of Increase</b> means an amount by which the Policy Benefit can be increased on an Option Date. That amount is shown on page 3, along with the maximum total increase.</p> <p><b>Expiry Date</b> is the date, shown on page 3, when this rider ends.</p>
<b>Benefits</b>	<p>On the first Option Date, You may apply for an amount up to one Unit of Increase. On each subsequent Option Date, You may apply for up to one additional Unit of Increase. The total of the increases applied for on all Option Dates may not exceed the maximum total increase shown on page 3.</p> <p>The minimum increase You may apply for is \$200. Each increase You apply for must be a multiple of \$50.</p> <p>If all or part of a Unit of Increase is not used as of any Option Date, You may carry it over and apply for it on the next Option Date. You may not carry it over past that next Option Date. In no event may You apply for more than 2 Units of Increase as of any Option Date. To use all or part of a carried-over Unit of Increase, You must also apply for all of Your current Unit of Increase.</p>
<b>To Qualify for an Increase</b>	<p>You will qualify for an increase, if, at the time You apply:</p> <ol style="list-style-type: none"> <li>1. Your earned income is sufficient for an increase based on Our underwriting and issue limits rules in effect at that time; and</li> <li>2. The sum of all Your Disability income coverage after the increase is not more than the maximum coverage We would then offer to new applicants in Your class. The sum of Your Disability income coverage includes benefits You would receive from Us, other insurers and government agencies.</li> </ol>
<b>Application</b>	If You want to apply for an increase, You must notify Us. We will send you a form, which must be completed and returned to Us within 60 days before the Option Date. This form will ask You for a statement of Your earned income and Disability income coverage, but will ask no questions about Your health.
<b>When an Increase Takes Effect</b>	An increase in Your Policy Benefit will take effect on the applicable Option Date, if You are not then Disabled. If You are then Disabled, but recover and are Gainfully Employed for at least 30 days, the increase will take effect at the start of the next policy term.

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# Guaranteed Insurability Benefit Rider

## 6S, 6A, 5A, 5S, 5D, 5I, 4A, 4M, 3A, 2A Only

Subject to state variations.

### Rider: Guaranteed Insurability Benefit (Continued)

#### Time Limit on Certain Defenses

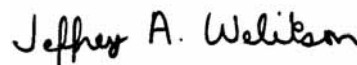
After 2 years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Disability starting more than 2 years from the Effective Date of this rider.

No claim for Disability starting after 2 years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

#### Termination

This rider will end on the earliest of:

1. The Expiry Date;
2. The date the total of all increases in the Policy Benefit equals the maximum total increase;
3. The date the policy ends; or
4. The date We receive Your Written request to end this rider, in which case You must return the policy to Us. We will change the policy and return it to You.



Jeffrey A. Welikson  
Senior Vice President and Corporate Secretary

# Catastrophic Disability Benefit Rider

For MultiLife cases, this rider is only available if included in the program design.

Definition of Catastrophic Disability.

If you are catastrophically disabled under item 1 of the definition of Catastrophic Disability, the elimination period for catastrophic disability will be waived.

This rider pays you a monthly benefit, in addition to any other disability benefit payments under your policy, while you are catastrophically disabled.

We will pay you 120% of the catastrophic disability benefit for the first 12 months catastrophic disability benefits are paid.

## Metropolitan Life Insurance Company

### Rider: Catastrophic Disability Benefit

This rider is a part of the policy if it is referred to on page 3.

<b>Date of Rider</b>	The Effective Date of this rider is shown on page 3 of Your policy.
<b>Premium</b>	The Premium for this rider is shown on page 3 of Your policy.
<b>Definitions</b>	<b>Aphasia</b> means the loss, due to Injury or disease of the brain centers, of:

1. The power of expression by speech, writing, or signs; or
2. Comprehension of spoken or written language.

**Catastrophic Disability** or **Catastrophically Disabled** means that due to Injury or Sickness, You:

1. Have a complete, irrecoverable and irreparable loss of:
  - a. Use of both hands, or both feet, or one hand and one foot;
  - b. The sight in both eyes;
  - c. Speech; or
  - d. Hearing in both ears;Or
2. Are Totally Disabled and have: Alzheimer's Disease or other irreversible form of senility or dementia; Aphasia; Hemiparesis; Paraplegia; or Quadriplegia.

**Elimination Period for Catastrophic Disability** means the number of consecutive days of Catastrophic Disability that must elapse before benefits for Catastrophic Disability become payable. No benefits are payable under this rider for the Elimination Period for Catastrophic Disability. The Elimination Period for Catastrophic Disability is shown on page 3 of Your policy. If You are Catastrophically Disabled under item 1 of the definition of Catastrophic Disability, this Elimination Period will be waived.

**Hemiparesis** means partial paralysis affecting both limbs on one side of the body.

**Paraplegia** means paralysis of the legs and lower part of the body.

**Quadriplegia** means paralysis of all four limbs.

#### Catastrophic Disability Benefit

Following the Elimination Period for Catastrophic Disability while You are Catastrophically Disabled, We will pay You the Monthly Benefit for Catastrophic Disability shown on page 3 of Your policy. For the first 12 months for which benefits are payable for Catastrophic Disability, the benefit will be paid at 120% of the Monthly Benefit for Catastrophic Disability. The Monthly Benefit for Catastrophic Disability will be paid in addition to any other Disability benefit payments under Your policy. These benefits will be paid until the earlier of:

1. The date You are no longer Catastrophically Disabled; or
2. The date the Maximum Benefit Period shown on page 3 of Your policy ends.

# Catastrophic Disability Benefit Rider

*If a COLA rider is included with your policy, we will also adjust the catastrophic disability benefits.*

*Subject to state variations.*

## Rider: Catastrophic Disability Benefit (continued)

### **Cost-of-Living Adjustment (if included in Your policy)**

If a Cost-of-Living Adjustment for Disability Benefits (COLA) rider is included in Your policy, then We will adjust the Catastrophic Disability benefits. The adjustment will be made in the manner specified in the COLA rider, with the amount of the Catastrophic Disability Benefit being substituted for the amount of the Monthly Benefit for Total Disability in the COLA rider.

### **Time Limit on Certain Defenses**

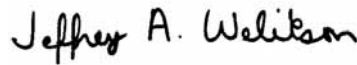
After 2 years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Catastrophic Disability starting more than 2 years from the Effective Date of this rider.

No claim for Catastrophic Disability starting after 2 years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Catastrophic Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

### **Termination**

This rider will end on the earliest of:

1. The date the policy ends;
2. The first Premium Due Date on or after Your 65th birthday, or the fifth policy anniversary, if later; or
3. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.



Jeffrey A. Welikson  
Senior Vice President and Corporate Secretary

# Spousal Catastrophic Disability Benefit Rider

For MultiLife cases, this rider is only available if included in the program design.

Definition of Spousal Catastrophic Disability.

Definition of Activities of Daily Living.

## Metropolitan Life Insurance Company

### Rider: Spousal Catastrophic Disability Benefit

This rider is a part of the policy if it is referred to on page 3.

#### Date of Rider

The Effective Date of this rider is shown on page 3 of Your policy.

#### Premium

The Premium for this rider is shown on page 3 of Your policy.

#### Definitions

**Spousal Catastrophic Disability** means that due to Injury or Sickness, Your Spouse:

1. Has a complete, irrecoverable and irreparable loss of:
  - a. Use of both hands, or both feet, or one hand and one foot;
  - b. The sight in both eyes;
  - c. Speech; or
  - d. Hearing in both ears; or
2. Has Alzheimer's Disease or other irreversible form of senility or dementia requiring supervision to protect from threats to health and safety due to severe cognitive impairment, and is unable to perform at least two (2) of the Activities of Daily Living without assistance from another person; or
3. Has: Aphasia; Hemiparesis; Paraplegia; or Quadriplegia, and is unable to perform at least two (2) of the Activities of Daily Living without assistance from another person.

When We use the term Catastrophically Disabled in this rider in connection with Your Spouse, We are referring to this definition of Spousal Catastrophic Disability.

**Activities of Daily Living** means the following:

1. **Bathing:** Washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
2. **Continence:** Ability to maintain control of bowel and bladder function; or, when not able to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
3. **Dressing:** Putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
4. **Eating:** Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously.
5. **Toileting:** Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
6. **Transferring:** Moving into or out of a bed, chair or wheelchair.

**Aphasia** means the loss, due to Injury or disease of the brain centers, of:

1. The power of expression by speech, writing, or signs; or
2. Comprehension of spoken or written language.

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1

DDACDB

# Spousal Catastrophic Disability Benefit Rider

The Spousal Catastrophic Disability Benefit rider pays you a benefit in the event that your non-working or part-time employed spouse (named on the policy schedule page) becomes catastrophically disabled, as defined in the definitions section of this rider.

We will pay you 120% of the spousal catastrophic disability benefit for the first 12 months spousal catastrophic disability benefits are paid.

## Rider: Spousal Catastrophic Disability Benefit (Continued)

**Elimination Period for Spousal Catastrophic Disability** means the number of consecutive days of Spousal Catastrophic Disability that must elapse before benefits for Spousal Catastrophic Disability become payable. No benefits are payable under this rider for the Elimination Period for Spousal Catastrophic Disability. The Elimination Period for Spousal Catastrophic Disability is shown on page 3 of Your policy. If Your Spouse is Catastrophically Disabled under item 1 of the definition of Spousal Catastrophic Disability, this Elimination Period will be waived.

**Hemiparesis** means partial paralysis affecting both limbs on one side of the body.

**Paraplegia** means paralysis of the legs and lower part of the body.

**Quadriplegia** means paralysis of all four limbs.

**Spouse's Age 65** means the first premium due date that occurs on or after your Spouse's 65th birthday.

**Your Spouse** means your lawful husband or wife named by You on Your application.

After the Elimination Period for Spousal Catastrophic Disability has been satisfied, and while Your Spouse is Catastrophically Disabled, We will pay You the Monthly Benefit for Spousal Catastrophic Disability shown on page 3 of Your policy. For the first 12 months for which benefits are payable for Spousal Catastrophic Disability, the benefit will be paid at 120% of the Monthly Benefit for Spousal Catastrophic Disability. These benefits will be paid until the earlier of:

1. The date Your Spouse is no longer Catastrophically Disabled; or
2. The date the Maximum Benefit Period for Spousal Catastrophic Disability, shown on page 3 of Your policy, ends.

If, after the end of a period of Spousal Catastrophic Disability, as described in item 3 of the definition of Spousal Catastrophic Disability, for which Spousal Catastrophic Disability benefits have been paid, Your Spouse becomes Catastrophically Disabled again, the later period of Spousal Catastrophic Disability will be deemed a Recurrent Spousal Catastrophic Disability, which is a continuation of the preceding period of Spousal Catastrophic Disability, unless:

1. The later period of Spousal Catastrophic Disability starts at least 6 months after the end of the preceding period of Spousal Catastrophic Disability; or
2. The later period of Spousal Catastrophic Disability is due to a different or unrelated cause.

If either 1 or 2 applies, the later period of Spousal Catastrophic Disability will be deemed a new period of Spousal Catastrophic Disability. A new Elimination Period must be satisfied before benefits start again, and a new Maximum Benefit Period will apply.

If the later period of Spousal Catastrophic Disability is deemed a Recurrent Spousal Catastrophic Disability, then it is not necessary for Your Spouse to satisfy a new Elimination Period. However, Spousal Catastrophic Disability benefits paid for a Recurrent Spousal Catastrophic Disability are considered a continuation of the preceding period of Spousal Catastrophic Disability and will be subject to the Maximum Benefit Period that started with the preceding period of Spousal Catastrophic Disability. If the Maximum Benefit Period had ended with respect to the preceding period of Spousal Catastrophic Disability, no benefits will be payable for a recurrence of that Spousal Catastrophic Disability.

### Spousal Catastrophic Disability Benefit

### Recurrent Spousal Catastrophic Disability

IDIPR07-1

2

DDACDC

# Spousal Catastrophic Disability Benefit Rider

How the maximum benefit period is determined.

Subject to state variations.

## Rider: Spousal Catastrophic Disability Benefit (Continued)

### Maximum Benefit Period

The Maximum Benefit Period for this rider is shown on page 3. However, if the Maximum Benefit Period selected is 5 years, the Maximum Benefit Period will vary depending on Your Spouse's Age when Spousal Catastrophic Disability begins, as follows:

Your Spouse's Age When Spousal Catastrophic Disability Begins	Maximum Benefit Period
Before age 61	60 months
At age 61, before age 62	48 months
At age 62, before age 63	42 months
At age 63, before age 64	36 months
At age 64, before age 65	30 months

### General Exclusions

We will not pay benefits for a Spousal Catastrophic Disability under this rider:

1. Due to an act of war, whether declared or undeclared;
2. Due to Your Spouse's committing, or attempting to commit, a felony;
3. Existing while Your Spouse is legally incarcerated or detained; or
4. Caused by Your Spouse's intentionally self-inflicted injury.

### Preexisting Conditions Exclusion

We will not pay benefits for a Spousal Catastrophic Disability under this rider that starts during the first 2 years after the Effective Date if it was due to a Preexisting Condition, as defined in Your policy. This exclusion does not apply to any condition that was disclosed, and that was not misrepresented, in the Application for this rider and was not excluded by name or specific description.

### Proof of Spouse's Disability

Written proof of loss satisfactory to Us must be sent to Us within 90 days after the end of each monthly period for which You claim benefits for Spousal Catastrophic Disability. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required. As often as is reasonably necessary, We may require as part of the proof of loss financial proof such as personal and business income tax returns, income statements and other proof acceptable to Us.

We may also require on a monthly basis that Your Spouse and Your Spouse's treating Physician complete and Sign supplemental statements of claim.

### Authorizations

We may require, as often as is reasonably necessary, that You and/or Your Spouse provide authorizations for Us to obtain medical information, financial information, and any other information pertinent to a claim for Spousal Catastrophic Disability.

### Examinations

At Our expense, as often as is reasonably necessary, We may require Your Spouse to have an independent examination by a Physician of Our choice.

At Our expense, as often as is reasonably necessary, We may require an audit of all Your Spouse's business and financial records, by a financial examiner of Our choice. This may include examination of business and financial records for any business in which Your Spouse has an ownership interest.

At Our expense, as often as is reasonably necessary, We may have Our representative conduct telephone or in-person interviews regarding a claim for Spousal Catastrophic Disability.

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3

DDACDD

# Spousal Catastrophic Disability Benefit Rider

Subject to state variations.

This rider terminates at the earliest of your 65th birthday, your spouse's 65th birthday, the date the policy ends or we receive a written request from you to end the benefit.

## Rider: Spousal Catastrophic Disability Benefit (Continued)

### Misstatement of Age and Sex

If Your Spouse's age or sex is not stated correctly on Our records, the benefits under the policy will be those that the Premium You paid would have bought at Your Spouse's correct age and sex.

### Time Limit on Certain Defenses

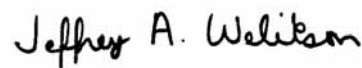
After 2 years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You or Your Spouse on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Spousal Catastrophic Disability starting more than 2 years from the Effective Date of this rider.

No claim for Spousal Catastrophic Disability starting after 2 years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider.

### Termination

This rider will end on the earliest of:

1. The date the policy ends;
2. The first Premium Due Date on or after Your 65th birthday;
3. The first Premium Due Date on or after Your Spouse's 65th birthday; or
4. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.



Jeffrey A. Welikson  
Senior Vice President and Corporate Secretary

# Option to Purchase Long-Term Care Insurance Rider

*For MultiLife cases, this rider is only available if included in the program design.*

*This rider provides you with an opportunity to purchase a Long-Term Care (LTC) policy on a future option date regardless of your health at that time.*

*This form is different in NY. Please ask your representative for details.*

*Option dates occur each year that your age is divisible by 5, but not before the second policy anniversary, until you reach age 60.*

*Benefit amounts are based on the ZIP Code where you reside at the time of application.*

## Metropolitan Life Insurance Company

### Rider: Option to Purchase Long-term Care Insurance

This rider is a part of the policy if it is referred to on page 3 of this policy.

#### Effective Date

The Effective Date of this rider is shown on page 3 of this policy.

#### Premium

The Premium for this rider is shown on page 3 of this policy.

#### Option to Purchase Long-term Care Insurance

We agree that You can purchase a long-term care insurance policy on Yourself without proof of insurability.

#### Purchase of Long-term Care Insurance

You may apply for a long-term care insurance policy within 60 days before a Purchase Option Date. You must complete a Written Application for the long-term care insurance policy within 60 days before the Purchase Option Date. We must receive the Application before the Purchase Option Date.

#### Purchase Option Dates

The Purchase Option Dates are shown on page 3 of this policy. The Effective Date of the long-term care insurance policy will be the Purchase Option Date on which You purchased the long-term care insurance policy, subject to Our receipt of the initial Premium.

#### The Long-term Care Policy

The long-term care insurance policy will be issued:

1. With You as insured;
2. With the same underwriting class as this rider or the class We reasonably determine is the closest to it if the class of this rider is not offered on the long-term care insurance policy;
3. On an individual policy form of long-term care insurance designated by Us or by Our designated affiliate on the Purchase Option Date that will provide the long-term care policy features as specified on page 3 of this policy;
4. At Premium rates in use by the issuing company on the Purchase Option Date as of which You purchase the long-term care insurance policy;
5. At Your attained age on the Purchase Option Date as of which You purchase the long-term care insurance policy; and
6. With a Daily Benefit Amount and a Total Lifetime Benefit up to the amount shown on page 3 of this policy, or the issuing company's published minimum Daily Benefit Amount and Total Lifetime Benefit on the date of purchase, if greater, except as otherwise required by law.

The long-term care policy will take effect on the Purchase Option Date as of which You purchase the long-term care insurance policy, subject to Our receipt of its initial Premium.

We reserve the right to offer an option exercise credit. If an option exercise credit is paid, it will be deducted from the initial Premium for the long-term care insurance policy.

If the long-term care insurance policy is issued on a basis other than daily benefits, the amounts shown in the long-term care insurance policy will reflect the chosen benefit amounts.

The contestable period of the long-term care insurance policy issued under this rider will be measured from the Effective Date of this rider. Optional features or riders can be attached to the long-term care policy only with the consent of the issuing company.

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# Option to Purchase Long-Term Care Insurance Rider

Subject to state variations.

## Rider: Option to Purchase Long-term Care Insurance (Continued)

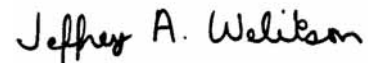
### Time Limit on Certain Defenses

After 2 years from the Effective Date of this rider, no misstatements, except fraudulent misstatements, made by You, on the Application for this rider or the policy to which it is attached can be used to void this rider.

### Termination

This rider will end upon the earliest of:

1. The Purchase Option Date that You exercise the option to purchase long-term care insurance;
2. The date the policy ends;
3. The final Purchase Option Date;
4. The date We receive Your Written request to end this rider, in which case You must return the policy to Us. We will change the policy and return it to You.



Jeffrey A. Welikson  
Senior Vice President and Corporate Secretary

# Automatic Increase Benefit Rider

## 6S, 6A, 5A, 5S, 5D, 5I, 4A, 4M, 3A, 2A Only

*For MultiLife cases, this rider is only available if included in the program design.*

*This rider increases your original base monthly benefit by 5% on each of the first five policy anniversaries. If you are disabled as of any of these anniversaries, your applicable increase (or increases) will take effect 30 days after the disability ends.*

### Metropolitan Life Insurance Company

#### Rider: Automatic Increase Benefit

This rider is a part of the policy if it is referred to on page 3.

**Effective Date**

The Effective Date of this rider is shown on page 3.

**Premium**

The premium for the increased monthly benefit for total disability on each of the 5 policy anniversaries of this rider, is shown on page 3. It is determined using the rates for the amount of the increase applicable to a person of your attained age on each of these anniversaries.

**Benefit**

On each of the 5 policy anniversaries of this rider your monthly benefit for total disability will increase as shown on page 3.

However, if you are Disabled as of any of these anniversaries, the applicable increase (or increases) will take effect 30 days after your Disability ends.

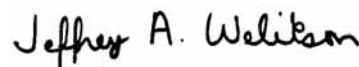
**Cancellation of Increase**

You may cancel the increase applicable to a given policy anniversary of this rider with written notice to us at least 60 days before that policy anniversary.

**Termination**

This rider will end on the earliest of:

1. The date this policy ends;
2. The day following the fifth policy anniversary of this rider; or
3. The date you cancel 2 consecutive annual increases.



Jeffrey A. Welikson  
Senior Vice President and Corporate Secretary



# Lifetime Monthly Benefit for Total Disability Rider 6S, 6A, 5A, 5S, 5D, 5I, 4A, 4M Only

Subject to state variations.

## Rider: Lifetime Monthly Benefit for Total Disability (Continued)

### Time Limit on Certain Defenses

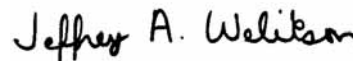
After 2 years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Total Disability starting more than 2 years from the Effective Date of this rider.

No claim for Total Disability starting after 2 years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Total Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

### Termination

This rider will end on the earliest of:

1. The date the policy ends;
2. The first Premium Due Date on or after Your 65th birthday; or
3. The date We receive Your Written request to end this rider, in which case You must return the policy to Us. We will change the policy and return it to You.



Jeffrey A. Welikson  
Senior Vice President and Corporate Secretary

# Social Insurance Offset Benefit Rider

If the elimination period for this rider is less than 365 days, once satisfied, the rider will pay a benefit during the first year of disability even if legislated benefits are payable. It is not available in NY and NJ.

These are the legislated benefits.

After the first year of disability, there is a dollar for dollar offset if you are receiving legislated benefits.

## Metropolitan Life Insurance Company Rider: Social Insurance Offset Benefit

This rider is a part of the policy if it is referred to on page 3.

**Effective Date** The Effective Date of this rider is shown on page 3.

**Premium** The Premium for this rider is shown on page 3.

**Definitions** **Policy Benefit** means the Monthly Benefit for Total Disability on page 3.

**Legislated Benefits** means:

1. Social Security insurance benefits, or Disability income benefits under similar federal, state or local laws, including workers' compensation and occupational disease laws; or
2. Benefits under the Railroad Retirement Act; or
3. Benefits under the Civil Service Retirement Plan or any like program covering federal, state or local government employees.

**Social Security Insurance Benefits** means the Disability benefit portion of the Old Age, Survivors, and Disability Insurance Act, also known as Social Security, as enacted or later amended by the federal Social Security Act.

**First Year of Disability** means the 12-month period beginning on the first day of the Elimination Period.

**Total Disability Benefit** We will pay this rider's monthly benefit shown on page 3 if:

1. The Elimination Period shown on page 3 for this rider has been met. If Your policy includes a rider for Presumptive Total Disability, then, for the purposes of this rider, the Elimination Period will not be waived for Presumptive Total Disability;
2. You are Totally Disabled; and
3. After the First Year of Disability, no Legislated Benefits are payable for such Disability.

After the First Year of Disability, for any month in which Legislated Benefits are payable for Your Disability, the amount payable under this rider will be reduced by subtracting the total amount of Legislated Benefits You are receiving from this rider's monthly benefit shown on page 3. Once benefits are payable from Legislated Benefits, We will not reduce the benefit under this rider to reflect any increase in Legislated Benefits due to a cost-of-living adjustment.

If You receive Legislated Benefits as a lump sum payment, You must immediately notify Us of such payment. The lump sum payment (even if received in the First Year of Disability) will be prorated on a monthly basis over the time period for which the sum was intended. The monthly amount thus obtained, in addition to any other Legislated Benefits, will be subtracted from this rider's monthly benefit shown on page 3 to determine the amount payable under this rider after the First Year of Disability. This reduction will only apply to a period for which We have not yet made benefit payments under this rider. If the time period to which the lump sum payment applies is not specified, We reserve the right to make a reasonable determination.

# Social Insurance Offset Benefit Rider

## Rider: Social Insurance Offset Benefit (Continued)

This benefit will end on the earlier of:

1. The date the Policy Benefit ends;
2. The Premium Due Date on or after Your 65th birthday, for Disability starting before your 61st birthday, or the applicable period determined from the table below, for Disability starting on or after Your 61st birthday.

Age on Last Birthday	Maximum Months of Benefits
61	48
62	42
63	36
64	30
65	24

### Proof That You Qualify

To receive benefits under this rider You must give Us Written proof satisfactory to Us that You qualify for this rider's monthly benefit, including proof that:

1. You made timely application for Legislated Benefits to which You may be entitled;
2. Your claim for these benefits has been approved, denied, or is still pending; and
3. If Your application for Legislated Benefits has been denied, You are following every appeals process available to You.

If, after completing the appeals process, You are still denied Legislated Benefits, We can require You to reapply from time to time.

If, after We start paying benefits under this rider, Legislated Benefits are approved and You receive a retroactive payment, You will not have to return any payments We have already made.

### Attorney Fee Benefit

If You incur attorney fees during a Legislated Benefits appeals process, We will pay an additional benefit equal to one monthly benefit under this rider, provided that You had:

1. A hearing before an Administrative Law Judge;
2. A review of the hearing by the Appeals Council (or similar body); or
3. Brought a civil action in the United States District Court.

We will not pay the attorney fee benefit for services provided before:

1. Your initial filing for Legislated Benefits is denied; and
2. You have requested and received a reconsideration of the denial.

### Residual Disability Benefit (if included in Your policy)

If Your policy has a Residual Disability Benefit rider, You may qualify for additional Residual Disability benefits based on this rider's monthly benefit if:

1. The Elimination Period shown on page 3 for this rider has been met. If Your policy includes a rider for Presumptive Total Disability, then, for the purposes of this rider, the Elimination Period will not be waived for Presumptive Total Disability;
2. You are Residually Disabled.

If You qualify, additional Residual Disability benefits will be calculated for this rider, in the same manner as described in the Residual Disability Benefit rider. Any Legislated Benefits payable after the First Year of Disability will then be subtracted.

*We will pay an additional benefit if you incur attorney fees during a legislated benefits appeals process, subject to certain conditions.*

*The Social Insurance Offset Benefit rider also applies to the Residual Disability rider if it is included in your policy.*

# Social Insurance Offset Benefit Rider

The COLA rider, if it is included in your policy, also applies to the Social Insurance Offset Benefit.

Subject to state variations.

## Rider: Social Insurance Offset Benefit (Continued)

### Cost-of-Living Adjustment (if included in Your policy)

If Your policy contains a Cost-of-Living Adjustment for Disability Benefits rider, references to the Adjusted Monthly Benefit for Total Disability as described in the Cost-of-Living Adjustment rider include this rider's monthly benefit for Total Disability plus the cost-of-living adjustments applicable to this rider's monthly benefit. Cost-of-living adjustments will be made before any reduction for Legislated Benefits.

### Time Limit on Certain Defenses

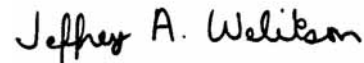
After 2 years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Disability starting more than 2 years from the Effective Date of this rider.

No claim for Disability starting after 2 years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

### Termination

This rider will end on the earliest of:

1. The date the policy ends;
2. The first Premium Due Date on or after Your 65th birthday; or
3. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.



Jeffrey A. Welikson  
Senior Vice President and Corporate Secretary

# Social Insurance Substitute Benefit Rider

*This rider is only for use in NY.  
This form is different in NJ.  
Please ask your representative  
for details.*

*After the Social Insurance  
Substitute elimination period is  
satisfied, this rider pays a benefit  
in addition to your base monthly  
benefit in the event that your  
claim for legislated benefits (such  
as Social Security insurance  
benefits) is pending or denied.*

*These are the legislated benefits.*

## Metropolitan Life Insurance Company

### Rider: Social Insurance Substitute Benefit

This rider is a part of the policy if it is referred to on page 3.

- Effective Date** The Effective Date of this rider is shown on page 3.
- Premium** The Premium for this rider is shown on page 3.
- Definitions** **Policy Benefit** means the Monthly Benefit for Total Disability on page 3.

**Legislated Benefits** means:

1. Social Security insurance benefits, or Disability income benefits under similar federal, state or local laws, including worker's compensation and occupational disease laws; or
2. Benefits under the Railroad Retirement Act; or
3. Benefits under the Civil Service Retirement Plan or any like program covering federal, state or local government employees.

**Social Security Insurance Benefits** means the Disability benefit portion of the Old Age, Survivors, and Disability Insurance Act, also known as Social Security, as enacted or later amended by the federal Social Security Act.

**Total  
Disability  
Benefit**

We will pay this rider's monthly benefit shown on page 3 if:

1. The Elimination Period shown on page 3 for this rider has been met. If Your policy includes a rider for Presumptive Total Disability, then, for the purposes of this rider, the Elimination Period will not be waived for Presumptive Total Disability;
2. You are Totally Disabled; and
3. No Legislated Benefits are payable for such Disability.

This benefit will end on the earliest of:

1. The date the Policy Benefit ends;
2. The date Legislated Benefits become payable for Your Disability; or
2. The Premium Due Date on or after Your 65th birthday, for Disability starting before your 61st birthday, or the applicable period determined from the table below, for Disability starting on or after Your 61st birthday.

Age on Last Birthday	Maximum Months of Benefits
61	48
62	42
63	36
64	30
65	24

# Social Insurance Substitute Benefit Rider

## Rider: Social Insurance Substitute Benefit (Continued)

### Proof That You Qualify

To receive benefits under this rider You must give Us Written proof satisfactory to Us that You qualify for this rider's monthly benefit, including proof that:

1. You made timely application for Legislated Benefits to which You may be entitled;
2. Your claim for these benefits has been approved, denied, or is still pending; and
3. If Your application for Legislated Benefits has been denied, You are following every appeals process available to You.

If, after completing the appeals process, You are still denied Legislated Benefits, We can require You to reapply from time to time.

If, after We start paying benefits under this rider, Legislated Benefits are approved and You receive a retroactive payment, You will not have to return any payments We have already made.

### Attorney Fee Benefit

If You incur attorney fees during a Legislated Benefits appeals process, We will pay an additional benefit equal to one monthly benefit under this rider, provided that You had:

1. A hearing before an Administrative Law Judge;
2. A review of the hearing by the Appeals Council (or similar body); or
3. Brought a civil action in the United States District Court.

We will not pay the attorney fee benefit for services provided before:

1. Your initial filing for Legislated Benefits is denied; and
2. You have requested and received a reconsideration of the denial.

### Termination of Legislated Benefits

If Legislated Benefits end for Your Disability, We will start paying the added monthly benefit as of the date they end, if:

1. The Elimination Period shown on page 3 for this rider has been met. If Your policy includes a rider for Presumptive Total Disability, then, for the purposes of this rider, the Elimination Period will not be waived for Presumptive Total Disability; and
2. The Policy Benefit is still payable.

### Residual Disability Benefit (if included in Your policy)

If Your policy has a Residual Disability Benefit rider, You may qualify for additional Residual Disability benefits based on this rider's monthly benefit if:

1. The Elimination Period shown on page 3 for this rider has been met. If Your policy includes a rider for Presumptive Total Disability, then, for the purposes of this rider, the Elimination Period will not be waived for Presumptive Total Disability;
2. You are Residually Disabled.

If You qualify, additional Residual Disability benefits will be calculated for this rider, in the same manner as described in the Residual Disability Benefit rider. Any Legislated Benefits payable after the First Year of Disability will then be subtracted.

### Cost-of-Living Adjustment (if included in Your policy)

If Your policy contains a Cost-of-Living Adjustment for Disability Benefits rider, references to the Adjusted Monthly Benefit for Total Disability as described in the Cost-of-Living Adjustment rider include this rider's monthly benefit for Total Disability plus the cost-of-living adjustments applicable to this rider's monthly benefit. Cost-of-living adjustments will be made before any reduction for Legislated Benefits.

*We will pay an additional benefit if you incur attorney fees during a legislated benefits appeals process, subject to certain conditions.*

*The Social Insurance Substitute Benefit rider also applies to the Residual Disability rider if it is included in your policy.*

*The COLA rider, if it is included in your policy, also applies to the Social Insurance Substitute Benefit.*

# Social Insurance Substitute Benefit Rider

Subject to state variations.

## Rider: Social Insurance Substitute Benefit (Continued)

### Time Limit on Certain Defenses

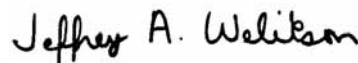
After 2 years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a loss incurred or Disability that starts more than 2 years from the Effective Date of this rider.

No claim for loss incurred or Disability that starts after 2 years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

### Termination

This rider will end on the earliest of:

1. The date the policy ends;
2. The first Premium Due Date on or after Your 65th birthday; or
3. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.



Jeffrey A. Welikson  
Senior Vice President and Corporate Secretary

# Refund of Premium Rider

For MultiLife cases, this rider is only available if included in the program design.

Not available in all states.

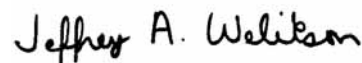
This rider will refund 50% of your premiums every 5 years, less any claims or experience refunds paid. The net cost after 5 years (without taking into account the time value of money), if no claims or experience refunds are paid, is 18.5% less than if the benefit was not purchased.

## Metropolitan Life Insurance Company

### Rider: Refund of Premium

This rider is a part of the policy if it is referred to on page 3.

<b>Effective Date</b>	The Effective Date of this rider is shown on page 3.
<b>Premium</b>	The Premium for this rider is shown on page 3. If a benefit would not be payable for a 5-year period, due to the amount of claims and experience refunds paid during that 5-year period, We will waive the remaining Premium(s) for this rider, based on the frequency of payment then in effect, until the anniversary of this rider on which the next 5-year period begins.
<b>Benefit</b>	<p>Starting on the fifth policy anniversary, and on each fifth policy anniversary thereafter, We will refund 50 percent of the amount of Premiums paid for the prior 5-year period, without interest, less any claims or experience refunds paid for that period. We will also make this refund for any remaining period immediately prior to termination of this rider, if it ends:</p> <ol style="list-style-type: none"><li>1. Due to Your death; or</li><li>2. On the first Premium Due Date on or after Your 65th birthday.</li></ol>
<b>Termination</b>	<p>This rider will end on the earliest of:</p> <ol style="list-style-type: none"><li>1. The date this policy ends;</li><li>2. The first Premium Due Date on or after Your 65th birthday; or</li><li>3. The date You request in Writing to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.</li></ol>



Jeffrey A. Welikson  
Senior Vice President and Corporate Secretary

IDI2000-PR/ROP

DDABBE

# Presumptive Total Disability Rider

For MultiLife cases, this rider is only available if included in the program design.

If you satisfy the definition of Presumptive Total Disability, you will be presumed to be totally and permanently disabled even if you can work. We will waive the elimination period (except with respect to the SIO/SIS Benefit rider, if included in the policy) and pay the monthly benefit for total disability shown on page 3.

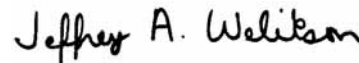
Subject to state variations.

## Metropolitan Life Insurance Company

### Rider: Presumptive Total Disability

This rider is a part of the policy if it is referred to on page 3.

<b>Date of Rider</b>	The Effective Date of this rider is shown on page 3.
<b>Premium</b>	The Premium for this rider is shown on page 3.
<b>Definitions</b>	<p><b>Presumptive Total Disability</b> means that You are presumed to be totally and permanently Disabled if an Injury or Sickness causes Your complete, irrecoverable and irreparable loss of:</p> <ol style="list-style-type: none"><li>1. The use of both hands, or both feet, or one hand and one foot;</li><li>2. The sight in both eyes;</li><li>3. Speech; or</li><li>4. Hearing in both ears.</li></ol>
<b>Benefits</b>	<p>If You are Totally Disabled according to the definition of Presumptive Total Disability, We will:</p> <ol style="list-style-type: none"><li>1. Consider You to be Totally Disabled even if You are able to work and even if You are not receiving medical care from a Physician; and</li><li>2. Waive the Elimination Period, except with respect to any Social Insurance Offset Benefit rider included in Your policy.</li></ol> <p>Benefits for Presumptive Total Disability will be the Monthly Benefit for Total Disability shown on page 3, and will be paid in place of any other Disability benefits. Benefits for Presumptive Total Disability will be payable until the date this rider ends, as shown below.</p>
<b>Time Limit on Certain Defenses</b>	<p>After 2 years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Total Disability starting more than 2 years from the Effective Date of this rider.</p> <p>No claim for Total Disability starting after 2 years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Total Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.</p>
<b>Termination</b>	<p>This rider will end on the earliest of:</p> <ol style="list-style-type: none"><li>1. The date the policy ends;</li><li>2. The first Premium Due Date on or after Your 65th birthday; or</li><li>3. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.</li></ol>



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Senior Vice President and Corporate Secretary

ID12000-PE/PDIS  
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DDABAQ

# Modification of Mental Disorder and/or Substance Abuse Limitations Rider

For MultiLife cases, this rider is only available if included in the program design.

This rider deletes all references to mental and/or substance use disorders. These conditions are covered as any other sickness.

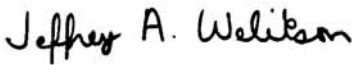
Subject to state variations.

**Metropolitan Life Insurance Company**

**Rider: Modification of Mental Disorder and/or Substance Abuse Limitations**

This rider is a part of the policy if it is referred to on page 3.

<b>Effective Date</b>	The Effective Date of this rider is shown on page 3.
<b>Premium</b>	The Premium for this rider is shown on page 3.
<b>Benefits</b>	For any Disability, for which benefits are payable, starting on or after the Effective Date of this policy and rider, and while this policy and rider are in force: any definitions and references to Mental Disorders and/or Substance Use Disorders (included any limited benefit therefor) are deleted from this policy. This means that Disability due to Mental Disorders and/or Substance Use Disorders will be covered on the same basis as any other Disability.
<b>Time Limit on Certain Defenses</b>	<p>After 2 years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Disability starting more than 2 years from the Effective Date of this rider.</p> <p>No claim for Disability starting after 2 years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.</p>
<b>Termination</b>	<p>This rider will end on the earliest of:</p> <ol style="list-style-type: none"><li>1. The date the policy ends;</li><li>2. The first Premium Due Date on or after Your 65th birthday; or</li><li>3. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.</li></ol>

  
Jeffrey A. Welikson  
Senior Vice President and Corporate Secretary

IDI2000-PE/MS-LIMIT  
(2)

DDABAN

**THIS IS NEITHER A CONTRACT NOR AN OFFER TO CONTRACT  
NOR AN APPLICATION FOR DISABILITY INSURANCE.**

The margin notes in this brochure are for reference only. The actual policy language controls our obligations. If a disability income policy is issued, our obligations will be determined solely by the provisions of the policy issued. Provisions in the policy form as issued may vary in certain respects from their presentation here as a result of state laws or regulations.

**LIMIT OF AUTHORITY**—Financial Services Representatives are not authorized to make, alter or discharge any contract in the name of Metropolitan Life Insurance Company (MetLife) nor to incur any liability on behalf of MetLife by any promise or statement. Financial Services Representatives have no authority to make statements, either verbal or written, which might be construed as binding MetLife unless they are actually stated in the printed contracts.

For policies issued in New York: This policy provides disability income insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. The expected benefit ratio for this policy is at least 50%. This ratio is the portion of future premiums that MetLife expects to return as benefits, when averaged over all people with this policy.

Benefits for the **if in life**<sup>SM</sup>

**MetLife**