

Metropolitan Life Insurance Company

How to Apply for Long Term Disability Conversion Insurance

You must apply for Long Term Disability (LTD) Conversion Insurance within **31 consecutive days** of the date your employment terminated with your employer.

Please follow these steps:

1. Read the attached explanation entitled **Group Long Term Disability Conversion Privilege**.
2. Complete The LTD Conversion Application provided in this package. Please answer each question in full, sign, and date the application form.
3. Your former employer must complete The Group Employer Questionnaire provided in this package.
4. Calculate your quarterly contribution and enclose your first quarterly contribution with your application.

Note - If the insurance Effective Date is at a time other than the beginning of a quarter, this initial full quarterly contribution will be prorated accordingly, and the excess payment will be applied as a credit on your next quarterly bill.

5. Send your:
 - Completed Application for Long Term Disability Conversion Insurance
 - Group Employer Questionnaire Form, and
 - First quarterly contribution and, if needed, a pro-rated payment to pay the policy to the billing date made payable to Metropolitan Life Insurance Company to:

Metropolitan Life Insurance Company

FAX: 908-552-3979 (application and questionnaire only)

MAIL - P.O. Box 30429 / Tampa, FL 33630-3429 (check)

PHONE - 1-800-929-1492

Note – The Application must be submitted 31 days consecutive days from the date your employment terminated to be considered.

Group Long Term Disability Conversion Privilege

If you have been insured for at least 12 consecutive months under the Conversion Privilege provided in your employer's LTD plan underwritten by Metropolitan Life Insurance Company ("MetLife"), you may be eligible to convert to a long term disability conversion plan.

You will be eligible to exercise your option to convert to long term disability conversion coverage if your employment with your employer is terminated because you:

1. resign;
2. are terminated for cause;

You do **not** have to supply medical evidence of insurability to obtain the converted coverage described in this package.

The Conversion Privilege is *not* available to you if:

- The Master Policy providing your LTD coverage terminates;
- The Master Policy is amended to exclude the class of employee to which you belong;
- You no longer belong to a class eligible for coverage under the Master Policy;
- You retire;
- You fail to pay the required contribution;
- You are disabled under the terms of the employer's LTD plan; or
- If you become insured for long term disability coverage under another group plan within 31 days after termination from your employer's plan.

Enrollment Period means the period of 31 consecutive days from the date your employment terminated during which you may enroll for LTD Conversion Insurance.

The **Effective Date** of LTD Conversion Insurance is 12:01 a.m. on the day after the date your regular group coverage terminated, provided you apply during the Enrollment Period.

The LTD Conversion Policy contains the following provisions:

- Your benefit will be **60%*** of your last basic monthly earnings with your employer, less Other Income Benefits.
- Your Maximum Monthly Benefit is **\$3000***, less Other Income Benefits.

* **Note:** This benefit percentage and Maximum Monthly Benefit may not exceed the similar benefit percentage and Maximum Monthly Benefit which were applicable to you on your termination date under your employer's plan.

- Your Minimum Monthly Benefit is \$50.
- Your Elimination Period is **180**** days. Your conversion benefits will become payable after you have been Totally Disabled for **180**** consecutive days.

** **Note:** This Elimination Period may not be less than the similar Elimination Period which was applicable to you on your termination date under your employer's plan.

Definition of Total Disability

TOTAL DISABILITY or TOTALLY DISABLED means that, due to an Injury or Sickness, you

- are completely and continuously unable to perform each of the material duties of your regular job; and
- require the regular care and attendance of a Doctor.

However, after the first 24 months of benefit payments, you must also be completely and continuously unable to perform the duties of any gainful work or service for which you are reasonable qualified taking into consideration your training, education, experience, and past earnings.

Maximum Benefit Duration

The maximum Benefit Duration shall be the greater of:

- The Benefit Duration as shown in the table below; and
- The Insured's normal retirement age as defined by the Social Security Amendments of 1983.

<u>Age when Total Disability Begins</u>	<u>Benefit Duration</u>
Less than 60	To age 65
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and Over	12 months

Rehabilitative Employment Benefit

If you are Totally Disabled but are performing Rehabilitative Employment, the amount of Monthly Benefit payable will be reduced by 50% of any compensation earned from Rehabilitative Employment.

However, your Monthly Benefit when added to the compensation earned during Rehabilitative Employment may not exceed your Basic Monthly Earnings. When this happens, your Monthly Benefit will be further reduced by the amount of excess of your Basic Monthly Earnings.

Any evidence needed to verify your earnings and proof of continuing Total disability must be submitted to us when requested.

Survivor Benefit

If you die after satisfying the Elimination period and while a Monthly Benefit is payable, we will pay to your Eligible survivor a lump sum amount equal to 3 times your last Gross Monthly Benefit.

Mental Illness Limitation

While you are Totally Disabled due to a Mental Illness and confined in a hospital or institution, the Monthly Benefit will be payable up to the Maximum Benefit Duration shown herein.

While you are Totally Disabled due to a Mental Illness and not confined in a hospital or institution, the Monthly Benefit will be payable up to the **lesser** of:

- 24 months; and
- the Maximum Benefit Duration shown herein.

But in no event will the Monthly Benefit be payable for longer than the Maximum Benefit Duration during a period of continuous Total Disability due to a Mental Illness, whether you are or are not confined in a hospital or institution.

General Exclusions

The policy does not cover any Total Disability which results from or is caused or contributed to by:

- war, insurrection, or rebellion;
- active participation in a riot;
- intentionally self-inflicted injuries or attempted suicide;
- the commission of a felony;
- a pre-existing condition, as defined under the employer's plan, for which no benefit would have been payable had coverage continued under the employer's plan.

Termination Provision

Your insurance under the policy will end at 12:00 midnight on the earliest of the following:

- the date the policy ends;
- the end of the period for which your last premium payment was made; and
- at the date you retire.

The end of your insurance will not affect a claim which is incurred prior to the date your insurance under the policy ends.

This is not a contract of insurance.

Complete details of your LTD Conversion Insurance, including all benefits and exclusions, will be explained in your Long Term Disability Conversion Insurance Certificate provided to you after you have been selected for insurance. The insured has a 10-day right to examine the Certificate.

Contributions

Will contribution payments ever change?

Your contribution payments for your coverage will change:

- when you reach a new age category; or
- when the schedule of contribution rates is changed; or
- when the terms of the policy are changed.

MetLife will make the contribution adjustment on the billing statement covering the time period in which the change occurs.

MetLife will notify you in writing at least 31 days in advance of the date the contribution rate change becomes effective.

Contribution Rates for LTD Conversion Coverage

<u>Age Band</u>	<u>Quarterly/\$100 of Monthly Benefit*</u>
Under Age 25	3.84
25 - 29	4.08
30 - 34	5.53
35 - 39	9.08
40 - 44	14.14
45 - 49	23.20
50 - 54	35.97
55 - 59	47.42
60 and over	49.18

* Quarterly rates are subject to change

How to calculate your initial Quarterly Premium Contribution

Monthly Compensation on Termination Date	\$ _____ (A)
Lesser of: <u>60%</u> of (A) <u>or</u> \$3000 Maximum	\$ _____ (B)
(B) divided by 100	\$ _____ (C) _
Quarterly Rate per \$100 (from above chart)	\$ _____ (D) _
Quarterly Contribution (C) x (D) =	<u>\$Your quarterly premium</u>

After the initial contribution, quarterly contributions are due January 1, April 1, July 1 and October 1. Thirty-one days prior to the due date, a bill will be sent to your address shown on the application. Should your address change, you must notify MetLife in writing. Changes should be sent to:

FAX : 908-552-3979

MAIL: P.O. Box 30429 / Tampa, FL 33630-3429

If for any reason you do not receive a bill, you still must make a timely contribution by the due date to keep your insurance in force. Send the amount of your last quarterly payment to the above address.

Metropolitan Life Insurance Company
 Disability Income Administration
 Attention: LTD Conversions
 FAX: 908-552-3979
 MAIL: P.O. Box 30429 / Tampa, FL 33630-3429
 PHONE: 1-800-929-1492

APPLICATION FOR LONG TERM DISABILITY CONVERSION INSURANCE
 Plan II

PLEASE TYPE OR PRINT ALL INFORMATION

1. Name (last) _____ (Full First) _____ (middle) _____

2. Sex (Circle) _____ 3. Social Security No. _____ 4. Date of Birth _____
 M F _____ / _____ / _____ (mm/dd/yyyy)

5. Home Address (Street & No.) and Phone Number
 City _____ State _____ Zip _____
 Phone _____ Email: _____

6. Application is being made according to the conversion privilege contained in Group Policy No. _____ issued to _____
 Policyholder or plan Sponsor Name by the Insurance Company above named.

7. Occupation _____

8. Reason for requesting conversion:
 _____ You terminated employment on _____ / _____ / _____ (mm/dd/yyyy)
 _____ Other (explain): _____

9. Your basic monthly earnings in effect just prior to your termination date?
 \$ _____

10. Are you covered for any other Group Long Term Disability insurance other than item #6 above?
 YES NO
 (Note your application will be declined if you have other group LTD coverage)

11. a. Are you now disabled from a sickness or injury? YES NO
 b. Are you now retired? YES NO
 (Note your application will be declined if you are disabled or retired)

12. This Policy provides you with 60% of your last basic monthly earnings less Other Income Benefits not to exceed a maximum monthly benefit of \$3,000 less Other Income Benefits. However, this benefit percentage and maximum monthly benefit may not exceed the similar benefit percentage and maximum monthly benefit which were applicable to you on your termination date under your Former Plan. The Elimination Period is 180 days but in no event less than the Elimination Period applicable to you under the Former Plan.

13. Contribution Mode: [Quarterly]
 If you apply for insurance at a time other than the beginning of a payment quarter, the first contribution will be a full quarterly payment. The first payment will be prorated accordingly and the excess will be applied as a credit on your next quarterly billing statement.

The statements set forth above are true to the best of my knowledge and belief, and may not be relied upon by the Insurance Company in considering this application. Further, my signature below acknowledges that I have received a copy of my statements as they appear on this application.

 Signature of Applicant

 Date

In order to complete review of the application, the following must be submitted:

- This Application, completed and signed;
- Employer Questionnaire Form, and
- Deposit check for the quarterly premium and, if necessary, a pro-rated premium to pay the policy to the billing date

Your insurance will not become effective until your employer has completed the EMPLOYER QUESTIONNAIRE and you receive approval and an effective date for your Long Term Disability Conversion Insurance from Metropolitan Life Insurance Company.

Metropolitan Life Insurance Company
Disability Income Administration
Attention: LTD Conversions
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GROUP EMPLOYER QUESTIONNAIRE
Plan II

The Conversion Privilege is only available to those insured employees who have been covered under this Conversion Privilege, or a similar Conversion Privilege under a plan that this plan replaced, for at least 12 months prior to the date employment ends. The insured employee must terminate for one of the following reasons:

1. Employee resigned; or
2. Employee is terminated for cause; or
3. Employee is laid off beyond the limits provided in this employer's LTD plan; or
4. Employee elects to go on an uninsured leave of absence.

Please furnish the following data regarding the terminated Employee who is applying for Group Long Term Disability Conversion Coverage.

1. Employee Name: _____
2. Group LTD Policy No.: _____
3. Employee's Date of Hire: _____
4. Employee's effective date of insurance under group LTD policy: _____
5. Date Employment terminated:
(The employee's date of termination should correspond with the date his insurance terminates) _____
6. Employee's occupation on the date of termination: _____
7. Employee's last basic monthly earnings before termination: _____
8. Date notice of Conversion Privilege was given to the employee: _____
9. Was the employee covered under your present LTD policy (or policies) for at least 12 consecutive months:
YES NO

If employee was covered under a prior plan of the Employer within the last 12 months, a copy of the prior carrier's LTD certificate must accompany this Questionnaire.

10. Did the employee leave employment as a result of retirement?
YES NO
11. Is the employee now disabled from a sickness or injury?
YES NO
12. Is there a disability claim for this employee pending for disability benefits under your LTD policy?
YES NO
13. Employee's Coverage in effect just prior to employee's Termination date:
Benefit Percent:
Maximum Benefit:
Elimination Period:

To the best of my knowledge the above information given is correct and complete.

Name of Employer as it appears on the Group Policy

Employer's Name and Address (if a subsidiary or affiliated Company)

Preparer's Signature and Title Date

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