

Why is having Critical Illness Insurance so important?

Your family's expenses will continue if and when a critical illness occurs.

Studies show that some families spend as much as \$14,444 or more during a time of critical illness and recovery.¹ And while financial experts recommend having 3 – 9 months of living expenses set aside to help in an emergency situation² like undergoing a serious illness, with today's economy, most families don't have that kind of money in reserve.

Quality health and disability income insurance plans aren't always enough. There may still be coverage gaps. Disability income plans cover a portion of your income while health insurance may leave you with some expenses to pay including:

- Health plan deductibles
- Prescription copays
- Out-of-network treatments
- Alternative treatments

Critical illnesses can happen at any age and more often than you may think.

The odds of you or a family member suffering a critical illness are actually quite surprising. Studies have shown:

- The average age for onset of a critical illness is 43.³
- Every year about 735,000 Americans have a heart attack.⁴
- 1 out of every 2 men will be diagnosed with cancer at some point in their lives.⁵
- 1 out of every 3 women will be diagnosed with cancer at some point in their lives.⁵

Critical illness insurance can help safeguard your finances by providing you with a lump-sum payment when your family needs it most. The payment you receive is yours to spend as you see fit and in addition to any other insurance you may have.

Help protect yourself, your family, and your budget from the financial impact of a critical illness.

continued >>

How can having MetLife Critical Illness Insurance benefit you and your loved ones?

MetLife Critical Illness Insurance provides a lump-sum payment if you or a covered family member⁶ is diagnosed with one of the following medical conditions and meets the policy and certificate requirements: Full Benefit Cancer,⁷ Partial Benefit Cancer,⁷ All Other Cancer,⁷ Heart Attack, Stroke,⁸ Coronary Artery Bypass Graft,⁹ Kidney Failure, Alzheimer's disease,¹⁰ Major Organ Transplant and the 22 Listed Conditions.¹¹ Your plan pays a Recurrence Benefit for the following Covered Conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer, Partial Benefit Cancer and All Other Cancer. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences.¹²

Payments will be made directly to you, not to the doctors, hospitals or other health care providers. You will receive a check mailed directly to your home. The payment you receive is yours to spend as you see fit and may be used to cover ongoing household bills like:

- Groceries
- Mortgage and car payments
- Child care
- Or any other way you want; the choice is yours

Why should I enroll now?

- ✓ Competitive group rates
- ✓ Your acceptance is guaranteed providing you are actively at work¹³
- ✓ Rates will not increase due to age¹⁴
- ✓ Convenient payroll deduction
- ✓ Portable coverage enables you to take it with you if your employment status changes¹⁵
- ✓ To enroll, visit MyFrankCrum.com or call the FrankCrum Benefits Department at 1-800-393-0815, option 8.

¹ MetLife Accident and Critical Illness Impact Study, October 2013.

² www.bankrate.com, How big should your emergency fund be?, Accessed May 2017.

³ e-personalFinance.com, How Does Critical Illness Insurance Work, Accessed March 2014.

⁴ CDC, www.cdc.gov/heartdisease/facts.htm. Accessed November 2016.

⁵ American Cancer Society, Lifetime Risk of Developing or Dying From Cancer. Last Revised: March 23, 2016 .

⁶ Eligible Family Members mean all persons eligible for coverage as defined in the Certificate.

⁷ Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for specific information about cancer benefits. Not all types of cancer are covered. Some cancers are covered at less than the Initial Benefit Amount. For NH-sitused groups and NH residents, there is an initial benefit of \$100 for All Other Cancer.

⁸ In certain states, the Covered Condition is Severe Stroke.

⁹ In NJ sitused cases, the Covered Condition is Coronary Artery Disease.

¹⁰ Please review the Outline of Coverage for specific information about Alzheimer's disease.

¹¹ MetLife Critical Illness Insurance will pay 25% of the Initial Benefit Amount when a covered person is diagnosed with one of the 22 Listed Conditions. A Covered Person may only receive one benefit payment of a Listed Condition in his/her lifetime. The Listed Conditions are: Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

¹² We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period. We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the Covered Person has not had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit during the Benefit Suspension Period.

¹³ Coverage is guaranteed provided (1) the employee is actively at work and (2) any dependents to be covered are not under medical restriction as described in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the Armed Forces or living overseas.

¹⁴ The plan is guaranteed renewable, and may not be canceled due to an increase in your age or a change in your health. Premium rates can only be raised as the result of a rate change made on a class-wide basis. Benefit reduces by 25% at age 65 and 50% at age 70. Coverage is guaranteed renewable provided: (1) premiums are paid as required under the Certificate; and (2) in a situation where the Group Policy ends, it is not replaced by a substantially similar critical illness policy as described in the Certificate.

¹⁵ Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE'S CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability may vary by state. In most plans, there is a pre-existing condition exclusion. In most states, after a covered condition occurs there is a benefit suspension period during which benefits will not be paid for a recurrence. MetLife's Issue Age CII product is guaranteed renewable, and may be subject to benefit reductions that begin at age 65. Premium rates for MetLife's Issue Age CII are based on age at the time of the initial coverage effective date and will not increase due to age; premium rates for increases in coverage, including the addition of dependents' coverage, if applicable, will be based on the covered person's age at the time of that increase's effective date. Rates are subject to change for MetLife's Issue Age CII on a class-wide basis. A more detailed description of the benefits, limitations, and exclusions can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP14-CI or contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In New York, availability of MetLife's Issue Age CII product is pending regulatory approval.

MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.

Metropolitan Life Insurance Company

200 Park Avenue
New York, NY 10166
www.metlife.com

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MetLife Critical Illness Insurance Plan Summary

COVERAGE OPTIONS

Critical Illness Insurance		
Eligible Individual	Initial Benefit	Requirements
Employee	\$15,000 or \$30,000	Coverage is guaranteed provided you are actively at work. ³
Spouse/Domestic Partner ¹	50% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ³
Dependent Child(ren) ²	50% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ³

BENEFIT PAYMENT

Your **Initial Benefit** provides a lump-sum payment upon the first diagnosis of a Covered Condition. Your plan pays a Recurrence Benefit⁴ for the following Covered Conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer and Partial Benefit Cancer. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences.

The maximum amount that you can receive through your Critical Illness Insurance plan is called the **Total Benefit** and is 3 times the amount of your Initial Benefit. This means that you can receive multiple Initial Benefit and Recurrence Benefit payments until you reach the maximum of 300%.

Please refer to the table below for the percentage benefit amount for each Covered Condition.

Covered Conditions	Initial Benefit	Recurrence Benefit
Full Benefit Cancer ⁵	100% of Initial Benefit	50% of Initial Benefit
Partial Benefit Cancer ⁵	25% of Initial Benefit	12.5% of Initial Benefit
Heart Attack	100% of Initial Benefit	50% of Initial Benefit
Stroke ⁶	100% of Initial Benefit	50% of Initial Benefit
Coronary Artery Bypass Graft ⁷	100% of Initial Benefit	50% of Initial Benefit
Kidney Failure	100% of Initial Benefit	Not applicable
Alzheimer's Disease ⁸	100% of Initial Benefit	Not applicable
Major Organ Transplant Benefit	100% of Initial Benefit	Not applicable
22 Listed Conditions	25% of Initial Benefit	Not applicable

22 Listed Conditions

MetLife Critical Illness Insurance will pay 25% of the Initial Benefit Amount for each of the 22 Listed Conditions until the Total Benefit Amount is reached. A Covered Person may only receive one payment for each Listed Condition in his/her lifetime. The Listed Conditions are Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Example of Initial & Recurrence Benefit Payments

The example below illustrates an employee who elected an Initial Benefit of \$15,000 and has a Total Benefit of 3 times the Initial Benefit Amount \$45,000.

Illness – Covered Condition	Payment	Total Benefit Remaining
Heart Attack – first diagnosis	Initial Benefit payment of \$15,000 or 100%	\$30,000
Heart Attack – second diagnosis, two years later	Recurrence Benefit payment of \$7,500 or 50%	\$22,500
Kidney Failure – first diagnosis, three years later	Initial Benefit payment of \$15,000 or 100%	\$7,500

SUPPLEMENTAL BENEFITS

MetLife provides coverage for the Supplemental Benefits listed below. This coverage would be in addition to the Total Benefit Amount payable for the previously mentioned Covered Conditions.

Health Screening Benefit¹⁰

After your coverage has been in effect for thirty days, MetLife will provide an annual benefit of \$50 per calendar year for taking one of the eligible screening/prevention measures. MetLife will pay only one health screening benefit per covered person per calendar year. For a complete list of eligible screening/prevention measures, please refer to the Disclosure Statement/Outline of Coverage.

INSURANCE RATES

MetLife offers competitive group rates and convenient payroll deduction so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below and are for the period of 11/1/2017 through 10/31/2018.

Monthly Premium/\$15,000 of Coverage

Attained Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Children
<25	\$3.60	\$6.15	\$6.45	\$9.00
25–29	\$3.90	\$6.45	\$6.75	\$9.45
30–34	\$5.55	\$8.85	\$8.40	\$11.70
35–39	\$7.95	\$12.45	\$10.95	\$15.30
40–44	\$12.30	\$18.75	\$15.30	\$21.60
45–49	\$18.90	\$28.05	\$21.75	\$30.90
50–54	\$28.35	\$41.25	\$31.20	\$44.25
55–59	\$40.65	\$58.65	\$43.50	\$61.50
60–64	\$59.25	\$84.60	\$62.10	\$87.60
65–69	\$89.70	\$127.20	\$92.55	\$130.05
70+	\$135.00	\$192.45	\$137.85	\$195.45

Monthly Premium/\$30,000 of Coverage

Attained Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Children
<25	\$7.20	\$12.30	\$12.90	\$18.00
25–29	\$7.80	\$12.90	\$13.50	\$18.90
30–34	\$11.10	\$17.70	\$16.80	\$23.40
35–39	\$15.90	\$24.90	\$21.90	\$30.60
40–44	\$24.60	\$37.50	\$30.60	\$43.20
45–49	\$37.80	\$56.10	\$43.50	\$61.80
50–54	\$56.70	\$82.50	\$62.40	\$88.50
55–59	\$81.30	\$117.30	\$87.00	\$123.00
60–64	\$118.50	\$169.20	\$124.20	\$175.20
65–69	\$179.40	\$254.40	\$185.10	\$260.10
70+	\$270.00	\$384.90	\$275.70	\$390.90

QUESTIONS & ANSWERS

Who is eligible to enroll?

Regular active full-time employees who are actively at work along with their spouse/domestic partner and dependent children can enroll for MetLife Critical Illness Insurance coverage.³

How do I pay for coverage?

Coverage is paid through convenient payroll deduction.

What is the coverage effective date?

The coverage effective date is 11/01/2017.

If I Leave the Company, Can I Keep My Coverage?¹¹

Under certain circumstances, you can take your coverage with you if you leave. You must make a request in writing within a specified period after you leave your employer. You must also continue to pay premiums to keep the coverage in force.

Who do I call for assistance?

For assistance, please contact the FranCrum Benefits Department by phone at 1-800-393-0815, option 8 or by email at benefits@frankcrum.com.

Footnotes:

¹ Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.

² Dependent Child coverage varies by state. Please contact MetLife for more information.

³ Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.

Coverage is guaranteed provided (1) the employee is performing all of the usual and customary duties of your job at the employer's place of business or at an alternate place approved by your employer (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.

⁴ We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period. We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the Covered Person has not had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit during the Benefit Suspension Period.

⁵ Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for specific information about cancer benefits. Not all types of cancer are covered. Some cancers are covered at less than the Initial Benefit Amount. For NH-sitused cases and NH residents, there is an initial benefit of \$100 for All Other Cancers.

⁶ In certain states, the covered condition is Severe Stroke.

⁷ In NJ sitused cases, the Covered Condition is Coronary Artery Disease.

⁸ Please review the Outline of Coverage for specific information about Alzheimer's disease.

¹⁰ The Health Screening Benefit is not available in all states. See your certificate for any applicable waiting periods. There is a separate mammogram benefit for MT residents and for cases sitused in CA and MT.

¹¹ Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

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MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.

Metropolitan Life Insurance Company, New York, NY 10166.
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Metropolitan Life Insurance Company, New York, NY 10166

ENROLLMENT • CHANGE FORM

GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper)				
Name of Group Customer/Employer	Group Customer #	Report #	Sub Code	Branch
Date of Hire (MM/DD/YYYY)		Coverage Effective Date (MM/DD/YYYY)		

YOUR ENROLLMENT INFORMATION (To be Completed by the Employee)		
Name (First, Middle, Last)	Social Security # - -	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, City, State, Zip Code)		Date of Birth (MM/DD/YYYY)
Phone #	Email Address	<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change in Enrollment If due to a Qualifying Event, enter date (MM/DD/YYYY)

I have read my enrollment materials and I request coverage for the benefits for which I am or may become eligible. I understand that contributions are required for the benefits I select below. I have received and read a copy of the Outline of Coverage or other disclosure document for the Critical Illness Insurance. In certain states, this coverage may be referred to as Critical Illness Insurance, Specified Disease Insurance, Limited Benefit Insurance or Limited Benefit Critical Illness Insurance.

Critical Illness Insurance
Select your level of coverage: <input type="checkbox"/> Employee Benefit Amount <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> Dependent Spouse/Domestic Partner ¹ <input type="checkbox"/> Dependent Child

Dependent Information
If you are applying for coverage for your Spouse/Domestic Partner and/or Child(ren), please provide the information requested below:
Name of your Spouse/Domestic Partner (First, Middle, Last) _____ Date of Birth (MM/DD/YYYY) _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Name(s) of your Child(ren) (First, Middle, Last) _____ Date of Birth (MM/DD/YYYY) _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
_____ Date of Birth (MM/DD/YYYY) _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
_____ Date of Birth (MM/DD/YYYY) _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
_____ Date of Birth (MM/DD/YYYY) _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Check here if you need more lines. Provide the additional information on a separate piece of paper and return it with your enrollment form.

¹ Domestic Partner includes your registered Domestic Partner if you and your Domestic Partner are registered as domestic partners, civil union partners or reciprocal beneficiaries with a government agency or office where such registration is available. By enrolling such Domestic Partner for coverage and signing this enrollment form, you are attesting to your insurable interest.

GEF02-1 ADM
 (The form number above applies to residents of all states except as follows: Form number **GEF02-1 ADM** applies to residents of Oregon; **GEF09-1** applies to residents of Louisiana and Montana; and **GEF02-1 ADM** applies to residents of New Mexico, North Dakota and Utah)

SUBMISSION INSTRUCTIONS

After completion, make a copy for your records and return the original to your Employer.

FRAUD WARNINGS

Before signing this enrollment form, please read the warning for the state where you reside and for the state where the contract under which you are applying for coverage was issued.

Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, New Mexico, Ohio, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kansas and Oregon: Any person who knowingly presents a materially false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who files an application containing any false or misleading information is subject to criminal and civil penalties.

New York (only applies to Accident and Health Benefits): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

Pennsylvania and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

GEF09-1

FW

(The form number above applies to residents of all states except as follows: Form number GEF09-1 FW applies to residents of Oregon;

GEF09-1 applies to residents of Louisiana and Montana; and

GEF09-1

FW applies to residents of New Mexico, North Dakota and Utah)

BENEFICIARY DESIGNATION FOR EMPLOYEE INSURANCE

I designate the following person(s) as primary beneficiary(ies) for any amount payable upon my death for the MetLife insurance coverage applied for in this enrollment form. With such designation any previous designation of a beneficiary for such coverage is hereby revoked.

I understand I have the right to change this designation at any time. I also understand that unless otherwise specified in the group insurance certificate, insurance due upon the death of a Dependent is payable to the Employee.

Check if you need more space for additional beneficiaries and attach a separate page. Include all beneficiary information, and sign/date the page.

Full Name (First, Middle, Last)	Social Security #	Date of Birth (Mo./Day/Yr.)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #	
Full Name (First, Middle, Last)	Social Security #	Date of Birth (Mo./Day/Yr.)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #	
Full Name (First, Middle, Last)	Social Security #	Date of Birth (Mo./Day/Yr.)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #	
Payment will be made in equal shares or all to the survivor unless otherwise indicated.				TOTAL: 100%
If all the primary beneficiary(ies) die before me, I designate as contingent beneficiary(ies):				
Full Name (First, Middle, Last)	Social Security #	Date of Birth (Mo./Day/Yr.)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #	
Full Name (First, Middle, Last)	Social Security #	Date of Birth (Mo./Day/Yr.)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #	
Payment will be made in equal shares or all to the survivor unless otherwise indicated.				TOTAL: 100%

DECLARATIONS AND SIGNATURE

Your Critical Illness certificate provides limited benefits. Read your certificate carefully.

By signing below, I acknowledge:

1. I have read this enrollment form and declare that all information I have given is true and complete to the best of my knowledge and belief.
2. I declare that I am actively at work on the date I am enrolling. I understand that if I am not actively at work on the scheduled effective date of insurance, such insurance will not take effect until I return to active work.
3. I understand that, on the date dependent insurance for a person is scheduled to take effect, the dependent must not be confined at home under a physician's care, receiving or applying for disability benefits from any source, or Hospitalized. If the dependent does not meet this requirement on such date, the insurance will take effect on the date the dependent is no longer confined, receiving or applying for disability benefits from any source, or Hospitalized. **Hospitalized** means admission for inpatient care in a hospital; receipt of care in a hospice facility, intermediate care facility, or long term care facility; or receipt of the following treatment wherever performed: chemotherapy, radiation therapy, or dialysis.
4. I authorize my employer to deduct the required contributions from my earnings for my coverage. This authorization applies to such coverage until I rescind it in writing.
5. I have read the Beneficiary Designation section provided in this enrollment form and I have made a designation if I so choose.
6. I have read the applicable Fraud Warning(s) provided in this enrollment form.



Sign Here

Signature of Employee
Print Name
Date Signed (MM/DD/YYYY)

GEF09-1
DEC
*(The form number above applies to residents of all states except as follows: Form number **GEF09-1 DEC** applies to residents of Oregon; **GEF09-1** applies to residents of Louisiana and Montana; and **GEF09-1 DEC** applies to residents of New Mexico, North Dakota and Utah)*