

Why is having Hospital Indemnity Insurance important?

Hospital stays are costly and are often unexpected. Since most health care plans don't cover all of your expenses, you need to take steps to help protect yourself and your savings.

With an average cost of \$10,000 per hospital stay in the U.S.,¹ it's easy to see why having Hospital Indemnity insurance may make good financial sense. Just think about the possibility of having a hospital stay due to an accident or illness:

- Your child gets hurt on the school playground
- You experience chest pains while exercising and are admitted to the hospital to be checked and monitored
- Your spouse² undergoes an emergency appendectomy

Even the best medical plans may leave you with extra expenses to pay out of your own pocket.

A hospital stay can require a variety of treatments, tests, therapies and other care and services to assist in recovery. Each of these services may mean extra out-of-pocket costs for you to pay, beyond what your medical plan may cover, including medical plan deductibles and copayments, and extra expenses associated with out-of-network care and treatment.

Other household expenses may be harder to cover due to lost or reduced income, like your mortgage, car payment, child care or household upkeep while you recover.

Hospital Indemnity insurance can help you be better prepared by providing you with a payment to use as you see fit if you experience a covered event and meet the policy and certificate requirements. Typically a flat amount is paid for hospital admission and a per-day amount is paid for each day of a covered hospital stay, from the very first day of your stay. This payment can help you focus more on getting back on track and less on the extra expenses an accident or illness may bring.

With an average cost of \$10,000 per hospital stay in the U.S.,¹ it's easy to see why having Hospital Indemnity insurance may make good financial sense.

[continued >>](#)

How can having MetLife Hospital Indemnity Insurance benefit you?

Access to benefits for hospitalization due to accidents and sicknesses:³

- Admission to a hospital
- Hospital stays
- Admission to an Intensive Care Unit
- Intensive Care Unit stays
- Inpatient Rehab Unit stays (accidents only)

Actual plan design and plan benefits may vary. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details on the coverage types, amounts and premium options under your plan.

Why should I enroll now?

- ✓ Competitive group rates
- ✓ You and your eligible family members are guaranteed acceptance⁴
- ✓ Convenient payroll deduction ensures continuous, worry-free coverage
- ✓ To enroll, visit MyFrankCrum.com or call the FrankCrum Benefits Department at 1-800-393-0815, option 8.

¹ Costs for Hospital Stays in the United States, 2011. HCUP Statistical Brief #168. December 2013. Agency for Healthcare Research and Quality, Rockville, MD. Accessed March 2017.

² Coverage for domestic partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.

³ There is a pre-existing exclusion for covered sicknesses. Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

⁴ Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth 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.

METLIFE'S HOSPITAL INDEMNITY INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. There is a preexisting condition limitation for hospital sickness benefits. MetLife's Hospital Indemnity Insurance may be subject to benefit reductions that begin at age 65. And, like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX or GPNP13-HI or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In certain states, availability of MetLife's Group Hospital Indemnity Insurance is pending regulatory approval.



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New York, NY 10166
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MetLife Hospital Indemnity Insurance Plan Summary

HOSPITAL INDEMNITY INSURANCE BENEFITS

With MetLife, you'll have a choice of a comprehensive plan which provide payments in addition to any other insurance payments you may receive. Here are just some of the covered benefits/services, when an accident or illness puts you in the hospital.¹

Benefit Type ²	High Plan MetLife Hospital Indemnity Insurance Pays YOU
Hospital Coverage (Accident)	
Admission must occur within 180 days after the accident	\$1,500 per accident (non-ICU) \$3,000 per accident (ICU)
Confinement must occur within 180 days after the accident	\$300 a day (non-ICU) for up to 31 days \$600 a day (ICU) for up to 31 days
Inpatient Rehab stay must occur immediately following hospital confinement and occur within 365 days of accident	\$300 a day, up to 15 days per accident and 30 days per calendar year
Hospital Coverage (Sickness)³	
Admission	\$1,500 (non-ICU) \$3,000 (ICU)
Confinement	\$300 a day (non-ICU) for up to 31 days \$600 a day (ICU) for up to 31 days

ADF# HI681.14

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.

Hospital Indemnity Insurance Coverage Options	Monthly Cost to You High Plan
Employee	\$31.52
Employee & Spouse	\$60.08
Employee & Child(ren)	\$56.00
Employee & Spouse/Child(ren)	\$95.20

BENEFIT PAYMENT EXAMPLE

Susan wakes up in the middle of the night experiencing chest pain. An ambulance takes her to the emergency room (ER) at a local hospital. Upon arrival, the ER doctor examines Susan and advises that she requires immediate admission to the Intensive Care Unit for further evaluation and treatment. After 1 day in the Intensive Care Unit, Susan moves to a standard room and spends 2 additional days recovering in the hospital. Susan was released to her primary care physician for follow-up treatment and observation. Her primary doctor is now keeping a close watch over Susan's overall health. Depending on her health insurance, Susan's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Hospital Indemnity Insurance payments can be used to help cover these unexpected costs or to cover other expenses.

Covered Benefit ²	Benefit Amount ⁶
Admission - Intensive Care Unit Coverage (Sickness)	\$3,000
Confinement for 1 day- Intensive Care Unit Coverage (Sickness)	\$600
Confinement for 2 days – Hospital Coverage (Sickness)	\$300
Benefits paid by MetLife Group Hospital Indemnity Insurance	\$3,900

QUESTIONS & ANSWERS

Who is eligible to enroll for this Hospital Indemnity coverage?

You are eligible to enroll yourself and your eligible family members⁷. You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective. Dependents to be enrolled may not be subject to a medical restriction as set forth in the Certificate. Some states require the insured to have medical coverage.

How do I pay for my Hospital Indemnity coverage?

Premiums will be conveniently paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

What happens if my employment status changes? Can I take my coverage with me?

Yes, you can take your coverage with you. You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.⁸

Who do I call for assistance?

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

¹ Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

² Covered services/treatments must be the result of an accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.

³ There is a pre-existing condition exclusion for covered sicknesses. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.

⁵ The Health Screening Benefit is not available in all states.

⁶ Benefit amount is based on a sample MetLife plan design. Plan design and plan benefits may vary.

⁷ Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth 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.

⁸ 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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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. For Minnesota and Vermont State residents- If I am enrolling for Hospital Indemnity Insurance: I declare that all individuals to be insured have medical coverage in force that provides benefits for medical treatment, including hospital, surgical and medical expenses. I have received and read a copy of the Outline of Coverage or other disclosure document for the Hospital Indemnity Insurance.

Hospital Indemnity Insurance

Select your level of coverage

- Employee Only
- Employee + Spouse/Domestic Partner ¹
- Employee + Child(ren)
- Employee + Spouse/Domestic Partner ¹ + Child(ren)

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
_____	_____	
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	

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. It also includes your non-registered Domestic Partner in whom you have an insurable interest. 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)

DECLARATIONS AND SIGNATURE

Your Hospital Indemnity Insurance 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 applicable Fraud Warning(s) provided in this enrollment form.



<hr/> Signature of Employee	<hr/> Print Name	<hr/> Date Signed (MM/DD/YYYY)
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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)*