

**YOUR EMPLOYEE
BENEFIT PLAN**

The School Board of Miami-Dade County, Florida

Full-Time Employees

Basic Life Benefits

Supplemental Life Benefits

Accidental Death or Dismemberment Benefits

Supplemental Accidental Death or Dismemberment Benefits

Certificate Date: January 1, 2020

The School Board of Miami-Dade County, Florida
1500 Biscayne Blvd. #335
Miami, FL 33132

TO OUR EMPLOYEES:

All of us appreciate the protection and security insurance provides.

This certificate describes the benefits that are available to you. We urge you to read it carefully.

Benefits are provided through a group policy issued to The School Board of Miami-Dade County, Florida by Metropolitan Life Insurance Company.

The School Board of Miami-Dade County, Florida



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

Michel Khalaf
President

Employer: **The School Board of Miami-Dade County, Florida**
Group Policy No.: **6024400-G**

PLEASE AFFIX THE STICKER
SHOWING THE EMPLOYEE'S
NAME AND EFFECTIVE DATE
IN THIS SPACE

FOR CALIFORNIA RESIDENTS: REVIEW THIS CERTIFICATE CAREFULLY. IF YOU ARE 65 OR OLDER ON YOUR EFFECTIVE DATE OF THIS CERTIFICATE, YOU MAY RETURN IT TO US WITHIN 30 DAYS FROM THE DATE YOU RECEIVE IT AND WE WILL REFUND ANY PREMIUM YOU PAID. IN THIS CASE, THIS CERTIFICATE WILL BE CONSIDERED TO NEVER HAVE BEEN ISSUED.

For Maryland residents: The group insurance policy providing coverage under this certificate was issued in a jurisdiction other than Maryland and may not provide all of the benefits required by Maryland law.

North Dakota Residents: Free Look Period for Life Insurance: If You are not satisfied with your certificate, You may return it to us within 20 days after You receive it, unless a claim has previously been received by us under your certificate. We will refund within 30 days of our receipt of the returned certificate any Premium that has been paid and the certificate will then be considered to have never been issued. You should be aware that, if you elect to return the certificate for a refund of premiums, losses which otherwise would have been covered under your certificate will not be covered.

For West Virginia Residents: You have the right to return this certificate within ten days of its receipt and to have your premium refunded if, after examination of the certificate, you are not satisfied for any reason.

Accelerated Benefits may be taxable. If so, you or your Beneficiary may incur a tax obligation. As with all tax matters, you should consult your personal tax advisor to assess the impact of this Benefit.

Texas Residents: Please Read the Notice Pages for Texas Residents Carefully

If any prior certificate relating to the coverage set forth herein has been given to the Employee, such certificate is void.

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call MetLife's toll-free telephone number for information or to make a complaint at:

1-800-638-6420

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights, or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance:
P.O. Box 149104
Austin, TX 78714-9104
Fax: 512 - 490-1007

Web: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

PREMIUM OR CLAIM DISPUTES: Should you have a dispute concerning your premium or about a claim you should contact MetLife first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR CERTIFICATE:

This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener información o para presentar una queja:

Usted puede llamar al número de teléfono gratuito de MetLife's para obtener información o para presentar una queja al:

1-800-638-6420

Usted puede comunicarse con el Departamento de Seguros de Texas para obtener información sobre compañías, coberturas, derechos o quejas al:

1-800-252-3439

Usted puede escribir al Departamento de Seguros de Texas a:
P.O. Box 149104
Austin, TX 78714-9104
Fax: 512 - 490-1007

Sitio Web: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

DISPUTAS POR PRIMAS DE SEGUROS O RECLAMACIONES: Si tiene una disputa relacionada con su prima de seguro o con una reclamación, usted debe comunicarse con MetLife primero. Si la disputa no es resuelta, usted puede comunicarse con el Departamento de Seguros de Texas.

ADJUNTE ESTE AVISO A SU CERTIFICADO:

Este aviso es solamente para propósitos informativos y no se convierte en parte o en condición del documento adjunto.

Arkansas residents please be advised of the following:

IMPORTANT NOTICE

IF YOU HAVE A QUESTION CONCERNING YOUR COVERAGE OR A CLAIM, FIRST CONTACT YOUR GROUP EMPLOYER OR GROUP ACCOUNT ADMINISTRATOR. IF, AFTER DOING SO, YOU STILL HAVE A CONCERN, YOU MAY CALL METLIFE'S TOLL-FREE TELEPHONE NUMBER:

1-800-438-6388

IF YOU ARE STILL CONCERNED AFTER CONTACTING BOTH YOUR GROUP EMPLOYER AND METLIFE, YOU SHOULD FEEL FREE TO CONTACT:

**ARKANSAS INSURANCE DEPARTMENT
CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET
LITTLE ROCK, ARKANSAS 72201-1904
(501) 371-2640 or (800) 852-5494**

California residents please be advised of the following:

IMPORTANT NOTICE

TO OBTAIN ADDITIONAL INFORMATION, OR TO MAKE A COMPLAINT, CONTACT YOUR GROUP EMPLOYER OR METLIFE AT:

**METROPOLITAN LIFE INSURANCE COMPANY
ATTN: CONSUMER RELATIONS DEPARTMENT
500 SCHOOLHOUSE ROAD
JOHNSTOWN, PA 15904**

1-800-438-6388

IF, AFTER CONTACTING YOUR GROUP EMPLOYER AND/OR METLIFE, YOU FEEL THAT A SATISFACTORY SOLUTION HAS NOT BEEN REACHED, YOU MAY FILE A COMPLAINT WITH THE CALIFORNIA DEPARTMENT OF INSURANCE AT:

**DEPARTMENT OF INSURANCE
CONSUMER SERVICES
300 SOUTH SPRING STREET
LOS ANGELES, CA 90013**

WEBSITE: <http://www.insurance.ca.gov/>

**1-800-927-4357 (within California)
1-213-897-8921 (outside California)**

Georgia residents please be advised of the following:

IMPORTANT NOTICE

The laws of the state of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence.

Idaho residents please be advised of the following:

IMPORTANT NOTICE

IF YOU HAVE A QUESTION CONCERNING YOUR COVERAGE OR A CLAIM, FIRST CONTACT YOUR GROUP EMPLOYER. IF, AFTER DOING SO, YOU STILL HAVE A CONCERN, YOU MAY CALL METLIFE'S TOLL-FREE TELEPHONE NUMBER:

1-800-638-5433

IF YOU ARE STILL CONCERNED AFTER CONTACTING BOTH YOUR GROUP EMPLOYER AND METLIFE, YOU SHOULD FEEL FREE TO CONTACT:

**IDAHO DEPARTMENT OF INSURANCE
CONSUMER AFFAIRS
700 WEST STATE STREET, 3RD FLOOR
PO BOX 83720
BOISE, IDAHO 83720-0043
1-800-721-3272 (for calls placed within Idaho) or 208-334-4250 or
www.DOI.Idaho.gov**

NOTICE FOR RESIDENTS OF INDIANA

Questions regarding your policy or coverage should be directed to:

Metropolitan Life Insurance Company

1-800-438-6388

If you (a) need the assistance of the government agency that regulates insurance; or (b) have a complaint you have been unable to resolve with your insurer you may contact the Department of Insurance by mail, telephone or email:

State of Indiana Department of Insurance

Consumer Services Division

311 West Washington Street, Suite 300

Indianapolis, Indiana 46204

Consumer Hotline: (800) 622-4461; (317) 232-2395

Complaint can be filed electronically at www.in.gov/idoi

NOTICE FOR RESIDENTS OF MASSACHUSETTS

Your Employment Ends

With respect to all Personal Benefits other than Life Benefits (On Your Own Account), the 31 day period after the date such benefits would have ended because your employment ended.

With respect to all Personal Benefits other than Life Benefits (On Your Own Account), the 90-day period after the date such benefits would have ended because your employment ended due to a plant closing or partial plant closing.

In any event, such benefits will end on the date you would otherwise be entitled to similar benefits.

NOTICE FOR RESIDENTS OF MINNESOTA CONTINUATION OF BASIC OR SUPPLEMENTAL LIFE AND ACCIDENTAL DEATH OR DISMEMBERMENT BENEFITS WITH PREMIUM PAYMENT

If your Life or Accidental Death or Dismemberment Benefits end due to termination of your employment for any reason other than gross misconduct, you may continue such insurance for you.

If you are eligible for continuation of Life or Accidental Death or Dismemberment Benefits, your employer will notify you of:

- your right to elect to continue Life or Accidental Death or Dismemberment Benefits for you;
- the amount you must pay each month to your employer to keep such insurance in force;
- instructions for payment; and
- the time that payments are due.

The amount of the premium you will be required to pay for continuation of Life or Accidental Death or Dismemberment Benefits will not exceed 102 percent of the amount of premium required to be paid for active employees in your class for such insurance (this includes any premium amounts paid by the employer as well as the employee).

You will have 60 days within which to elect to continue Life or Accidental Death or Dismemberment Benefits under this section. The 60 day period begins to run on the date Life or Accidental Death or Dismemberment Benefits would otherwise end or on the date upon which notice of the right to continue Life or Accidental Death or Dismemberment Benefits is received, whichever is later. If you die during the 60 day election period, we will consider you to have elected to continue Life or Accidental Death or Dismemberment Benefits under this section.

If your employer fails to notify you of your right to continue insurance under this section, or fails to forward a required premium to us that you have paid, causing insurance for you to end, then your employer will become liable for these benefits to the same extent as, and in place of, us.

If you continue Life or Accidental Death or Dismemberment Benefits under this section, any reductions in Life or Accidental Death or Dismemberment Benefits that would have applied if you were Actively at Work apply to the continued insurance.

Continuation of Life or Accidental Death or Dismemberment Benefits under this section will end on the earliest of:

- the date the group policy ends for all employees or for the class of employees to which you belonged when your Active Work ceased;
- the date you fail to make a required premium payment when due;
- the date you become covered for life insurance under this or any other group term life insurance plan; or
- the end of 18 months following the date your Active Work ended.

When a continuation under this section ends, you may buy an individual policy of life insurance from us. The details of this option are described in the section entitled RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON YOUR OWN LIFE. For the purpose of that section, the end of this continuation will be considered the end of your employment.

Effect of Previous Conversion

If you converted Life or Accidental Death or Dismemberment Benefits to an individual policy, we will only pay Life or Accidental Death or Dismemberment Benefits under this section if such individual policy is

NOTICE FOR RESIDENTS OF MINNESOTA CONTINUATION OF BASIC OR SUPPLEMENTAL LIFE AND ACCIDENTAL DEATH OR DISMEMBERMENT BENEFITS WITH PREMIUM PAYMENT(Continued)

returned to us. If it is returned to us, we will refund to your estate the premiums paid for such policy without interest, less any debt incurred under such policy.

If such individual policy is not returned to us, we will pay the life insurance in effect under the individual policy.

We will not pay insurance under both the Group Policy and the individual policy.

Missouri residents please be advised of the following:

IMPORTANT NOTICE

ACCIDENTAL DEATH OR DISMEMBERMENT BENEFITS

EXCLUSIONS

If you reside in Missouri the exclusion for “suicide or attempted suicide” will be as follows:

“suicide or attempted suicide while sane”

If you reside in Missouri the exclusion for “injuring oneself on purpose” will be as follows:

“intentionally self-inflicted injury”

IMPORTANT NOTICE

NOTICE FOR RESIDENTS OF MONTANA

If a claim on your life becomes payable under this certificate, settlement of the claim shall be made within 60 days of the date that we receive proof of death that is satisfactory to us. The settlement shall include interest from the 30th day after we receive such proof until settlement. Such interest shall be paid at the rate required by law in Montana.

NOTICE FOR RESIDENTS OF TEXAS

THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

For Texas Residents:

IMPORTANT NOTICES

DEATH BENEFITS WILL BE REDUCED IF AN ACCELERATION-OF-LIFE-INSURANCE BENEFIT IS PAID.

DISCLOSURE: The acceleration-of-life-insurance benefits offered under this certificate are intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If the acceleration-of-life-insurance benefits qualify for such favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to acceleration-of-life insurance benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive acceleration-of-life-insurance benefits excludable from income under the federal law.

DISCLOSURE: Receipt of acceleration-of-life-insurance benefits may affect your, your spouse's or your family's eligibility for public assistance programs such as Medical Assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary Social Security Income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such payment will affect your, your spouse and your family's eligibility for public assistance.

Due to the laws of the state of Texas, the requirements that a Texas resident must meet to show a terminal illness in order to qualify for Accelerated Benefits are:

1. your life span is drastically limited;
2. you are expected to die within 24 months; and
3. you are not expected to recover.

These must be certified by a Doctor and accepted by us.

Notice of Protection Provided by Utah Life and Health Insurance Guaranty Association

This notice provides a brief summary of the Utah Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Utah law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, health, or annuity insurance company becomes financially unable to meet its obligations and is taken over by its insurance regulatory agency. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Utah law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association are:

- Life Insurance
 - o \$500,000 in death benefits
 - o \$200,000 in cash surrender or withdrawal values
- Health Insurance
 - o \$500,000 in hospital, medical and surgical insurance benefits
 - o \$500,000 in long-term care insurance benefits
 - o \$500,000 in disability income insurance benefits
 - o \$500,000 in other types of health insurance benefits
- Annuities
 - o \$250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$500,000. Special rules may apply with regard to hospital, medical and surgical insurance benefits.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. Coverage is conditioned on residency in this state and there are substantial limitations and exclusions. For a complete description of coverage, consult Utah Code, Title 3 IA, Chapter 28.

Insurance companies and agents are prohibited by Utah law to use the existence of the Association or its coverage to encourage you to purchase insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between Utah law and this notice, Utah law will control.

To learn more about the above protections, as well as protections relating to group contracts or retirement plans, please visit the Association's website at www.utlifega.org or contact:

Utah Life and Health Insurance Guaranty Assoc.
60 East South Temple, Suite 500
Salt Lake City UT 84111
(801) 320-9955

Utah Insurance Department
3110 State Office Building
Salt Lake City UT 84114-6901
(801) 538-3800

A written complaint about misuse of this Notice or the improper use of the existence of the Association may be filed with the Utah Insurance Department at the above address.

Virginia residents please be advised of the following:

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

In the event you need to contact someone about this insurance for any reason please contact your agent. If no agent was involved in the sale of this insurance, or if you have additional questions you may contact the insurance company issuing this insurance at the following address and telephone number:

MetLife
200 Park Avenue
New York, New York 10166
Attn: Corporate Consumer Relations Department

To phone in a claim related question, you may call Claims Customer Service at:

1-800-275-4638

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Virginia State Corporation Commission's Bureau of Insurance at:

Bureau of Insurance
Life and Health Division
P.O. Box 1157
Richmond, VA 23218-1157
1804-371-9691 - phone
1-877-310-6560 - toll-free
1-804-371-9944 - fax
www.scc.virginia.gov - web address
BureauOfInsurance@scc.virginia.gov – email

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Bureau of Insurance, have your policy number available.

Wisconsin residents please be advised of the following:

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

PROBLEMS WITH YOUR INSURANCE? - If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

Metropolitan Life Insurance Company
Corporate Consumer Relations Department
200 Park Avenue
New York, NY 10166
1-800-638-5433

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the **OFFICE OF THE COMMISSIONER OF INSURANCE** by contacting:

Office of the Commissioner of Insurance
Complaints Department
P.O. Box 7873
Madison, WI 53707-7873
1-800-236-8517 outside of Madison or 266-0103 in Madison.

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SCHEDULE OF BENEFITS
(Also see SCHEDULE SUPPLEMENT)

The following Benefits are provided subject to the provisions below.

The amount of Insurance that We will pay for any insurance to which You make contributions will be decreased by the amount of Your contributions due and unpaid to Us for that insurance.

BENEFITS (EMPLOYEE ONLY)

AMOUNT

How We Will Pay Benefits

Unless the Beneficiary requests payment by check, when the certificate states that we will pay benefits in "one sum" or a "single sum", we may pay the full benefit amount:

- by check;
- by establishing an account that earns interest and provides the Beneficiary with immediate access to the full benefit amount; or
- by any other method that provides the Beneficiary with immediate access to the full benefit amount.

Other modes of payment may be available upon request.

APPLICABLE TO ALL EMPLOYEES OTHER THAN
ADMINISTRATORS AND CONFIDENTIAL EXEMPT EMPLOYEES

Basic Life Benefits

| | |
|----------------------------------|---|
| Basic Life | An amount equal to your basic annual earnings, as determined by your Employer, rounded to the next higher \$1,000, if not already a multiple thereof, times 1 |
| Minimum Basic Life Benefit | \$10,000 |
| Maximum Basic Life Benefit | \$250,000 |
| Accelerated Benefit Option | Up to 50% of your Basic Life amount not to exceed \$125,000 |

Supplemental Life Benefits

All Employees who elect:

| | |
|--|---|
| Option 1 | An amount equal to your basic annual earnings, as determined by your Employer, rounded to the next higher \$1,000, if not already a multiple thereof, times 1 |
| Option 2 | An amount equal to your basic annual earnings, as determined by your Employer, rounded to the next higher \$1,000, if not already a multiple thereof, times 2 |
| Option 3 | An amount equal to your basic annual earnings, as determined by your Employer, rounded to the next higher \$1,000, if not already a multiple thereof, times 3 |
| Option 4 | An amount equal to your basic annual earnings, as determined by your Employer, rounded to the next higher \$1,000, if not already a multiple thereof, times 4 |
| Maximum Supplemental Life Benefit..... | \$750,000 |
| Accelerated Benefit Option..... | Up to 50% of your Supplemental Life amount not to exceed \$250,000 |

APPLICABLE TO ALL ADMINISTRATORS AND CONFIDENTIAL EXEMPT EMPLOYEES

Basic Life Benefits

| | |
|----------------------------------|---|
| Option 1 | \$50,000 |
| Option 2 | An amount equal to your basic annual earnings, as determined by your Employer, rounded to the next higher \$1,000, if not already a multiple thereof, times 2 |
| Minimum Basic Life Benefit..... | \$10,000 |
| Maximum Basic Life Benefit..... | \$500,000 |
| Accelerated Benefit Option | Up to 50% of your Basic Life amount not to exceed \$250,000 |

Supplemental Life Benefits

All Employees who elect:

| | |
|--|---|
| Option 1 | An amount equal to your basic annual earnings, as determined by your Employer, rounded to the next higher \$1,000, if not already a multiple thereof, times 1 |
| Option 2 | An amount equal to your basic annual earnings, as determined by your Employer, rounded to the next higher \$1,000, if not already a multiple thereof, times 2 |
| Option 3 | An amount equal to your basic annual earnings, as determined by your Employer, rounded to the next higher \$1,000, if not already a multiple thereof, times 3 |
| Maximum Supplemental Life Benefit..... | \$500,000 |
| Accelerated Benefit Option..... | Up to 50% of your Supplemental Life amount not to exceed \$250,000 |

Only your Life Benefits will be reduced if Accelerated Benefits are paid. Any amount of Accidental Death or Dismemberment Benefits will be based on the amount of your Life Benefits in effect at the date payment of the Accelerated Benefit is made.

See pages hereof entitled ACCELERATED BENEFITS (On Your Own Account).

Note: The Supplemental Life Benefits in this certificate is the Policyholder's Buy-Up Supplemental Life Benefits plan. The Policyholder provides a Core Supplemental Life Insurance plan under a separate certificate.

ESTATE RESOLUTION SERVICES

The following Estate Resolution Services are provided at no additional cost to individuals insured for Supplemental Life Benefits as described below. If You are eligible to receive these Estate Resolution Services and you or your spouse (for the Will Preparation Service) or you or your spouse or a Beneficiary (for the Probate Service) would like to speak with a representative from Hyatt Legal Plans or get the name of a Plan Attorney that you can speak with about these Services, please call (800) 821-6400.

THE FOLLOWING APPLIES TO RESIDENTS OF ALL STATES OTHER THAN TEXAS

Will Preparation Service

If you elect Supplemental Life Benefits, a will preparation service (the "Service") will be made available to you, through a MetLife affiliate (the "Affiliate"), while your Supplemental Life Benefits is in effect. This Service will be made available at no cost to you. It enables you to have a will prepared for you and your spouse free of charge by attorneys designated by the Affiliate. If you have a will prepared by an attorney not designated by the Affiliate, you must pay for the attorney's services directly. Upon proof of such payment, you will be reimbursed for the attorney's services in an amount equal to the lesser of the amount you paid for the attorney's services and the amount customarily reimbursed for such services by the Affiliate.

Probate Service

If you become insured for Group Supplemental Life Benefits coverage and you or your spouse die while such Group Supplemental Life Benefits coverage is in effect, a probate benefit (the "Benefit") will be made available to your estate in the event of your death or to your spouse's estate in the event of your spouse's death. Such benefit will be made available through a MetLife affiliate ("Affiliate").

The Benefit includes attorney representation and payment of legal fees for the executor or administrator of the estate of the deceased, including representation for the preparation of all documents and all of the court proceedings needed to transfer probate assets from the estate of the deceased to applicable heirs; and the completion of correspondence necessary to transfer non-probate assets such as proceeds from insurance policies, joint bank accounts, stock accounts or a house; and associated tax filings.

The Benefit provides for such probate services to be made available, free of charge by attorneys designated by the Affiliate. If probate services are provided by an attorney not designated by the Affiliate, the estate of the deceased must pay for those attorney's services directly. Upon Proof of such payment, the estate of the deceased will be reimbursed for the attorney's services in an amount equal to the lesser of the amount such estate paid for the attorney's services and the amount customarily reimbursed for such services by the Affiliate.

This Benefit will be provided at no cost to you and will end on the date your Group Supplemental Life Benefits coverage ends.

THE FOLLOWING APPLIES TO RESIDENTS OF TEXAS ONLY

Will Preparation Service

If you elect Supplemental Life Benefits, a will preparation service (the "Service") will be made available to you through a MetLife affiliate (the "Affiliate"), as agreed to by the Employer and MetLife, while your Supplemental Life Benefits is in effect under this Policy.

Will Preparation Service means a service covering the preparation of wills and codicils for you and your spouse. The creation of any testamentary trust is covered. The Will Preparation Service does not include tax planning.

This Service will be made available at no cost to you. It enables you to have a will prepared for you and your spouse free of charge by attorneys designated by the Affiliate. If you have a will prepared by an attorney not designated by the Affiliate, you must pay for the attorney's services directly. Upon proof of such payment, you will be reimbursed for the attorney's services in an amount equal to the lesser of the amount you paid for the attorney's services and the amount customarily reimbursed for such services by the Affiliate.

Probate Service

If you become insured for Supplemental Life Benefits coverage and you or your spouse die while such Supplemental Life Benefits is in effect, a probate benefit (the "Benefit") will be made available to your estate in the event of your death or to your spouse's estate in the event of your spouse's death. Such benefit will be made available through a MetLife affiliate ("Affiliate").

The Benefit includes attorney representation and payment of legal fees for the executor or administrator of the deceased including representation for the preparation of all documents and all of the court proceedings needed to transfer probate assets from the estate of the deceased to applicable heirs; and the completion of correspondence necessary to transfer non-probate assets such as proceeds from insurance policies, joint bank accounts, stock accounts or a house; and associated tax filings.

The Benefit provides for such services to be made available, free of charge by attorneys designated by the Affiliate. If probate services are provided by an attorney not designated by the Affiliate, the estate of the deceased must pay for those attorney's services directly. Upon proof of such payment, the estate of the deceased will be reimbursed for the attorney's services in an amount equal to the lesser of the amount your estate paid for the attorney's services and the amount customarily reimbursed for such services by the Affiliate.

This Benefit will be provided at no cost to you and will end on the date your Supplemental Life Benefits ends.

Accidental Death or Dismemberment Benefits

APPLICABLE TO ALL EMPLOYEES OTHER THAN ADMINISTRATORS AND CONFIDENTIAL EXEMPT EMPLOYEES

Full Amount

| | |
|---|---|
| Basic Accidental Death or Dismemberment Benefits ... | An amount equal to your Basic Life Benefits |
| Maximum Basic Accidental Death and Dismemberment Full Amount..... | \$250,000 |

Full Amount

| | |
|---|---|
| Supplemental Accidental Death or Dismemberment Benefits..... | An amount equal to your Supplemental Life Insurance |
| Maximum Supplemental Accidental Death or Dismemberment Full Amount..... | \$750,000 |

APPLICABLE TO ALL ADMINISTRATORS AND CONFIDENTIAL EXEMPT EMPLOYEES

Full Amount

| | |
|--|---|
| Basic Accidental Death or Dismemberment Benefits ... | An amount equal to your Basic Life Benefits |
| Maximum Basic Accidental Death and Dismemberment Full Amount | \$500,000 |

Full Amount

| | |
|--|---|
| Supplemental Accidental Death or Dismemberment Benefits | An amount equal to your Supplemental Life Insurance |
| Maximum Supplemental Accidental Death or Dismemberment Full Amount | \$500,000 |

Only your Life Benefits will be reduced if Accelerated Benefits are paid. Any amount of Accidental Death or Dismemberment Benefits will be based on the amount of your earnings used to determine the amount of your Life Benefits in effect at the date payment of the Accelerated Benefit is made subject to any change in your earnings as described in the Increase and Decrease provisions in this SCHEDULE OF BENEFITS.

See pages hereof entitled ACCELERATED BENEFITS (On Your Own Account).

You may request payment of an Accelerated Benefit from your Basic or Supplemental Life Benefits or from both. If you elect payment from both your Basic and Supplemental Life Benefits, the Accelerated Benefits payment will be determined in accordance with the pages hereof entitled ACCELERATED BENEFITS (On Your Own Account), but not more than \$250,000 will be payable for Basic Life and not more than \$250,000 for Supplemental Life.

INCREASES AND DECREASES IN AMOUNTS OF BASIC AND SUPPLEMENTAL LIFE BENEFITS, BASIC ACCIDENTAL DEATH OR DISMEMBERMENT BENEFITS AND SUPPLEMENTAL ACCIDENTAL DEATH OR DISMEMBERMENT BENEFITS

Your earnings on the date you become covered under This Plan will determine your benefits on that date. If your earnings or class changes, your benefits will be those for your new earnings or class. Any increase or decrease in your benefits will take place on January 1 each year provided you are Actively at Work on that date. If you are not Actively at Work on that date, the change in your benefits will take place when you return to Active Work.

Note: Your basic annual earnings may be adjusted if you are out on worker's compensation (which reduces your basic annual earnings), but will increase your basic annual earnings back to what your basic annual earnings were prior to going out on worker's compensation if you return to Active Work.

APPLICABLE TO EMPLOYEES WITH A PERSONAL ELIGIBILITY DATE ON OR AFTER APRIL 1, 1997

PROVISIONS APPLICABLE TO BASIC LIFE BENEFITS AND SUPPLEMENTAL LIFE BENEFITS IN TOTAL AMOUNTS GREATER THAN 3 TIMES YOUR BASIC ANNUAL EARNINGS

1. You must, at your expense, give us evidence of your good health in order to become covered by This Plan for a total amount of Life Benefits greater than 3 times your basic annual earnings; or
2. If we accept the evidence of your good health as satisfactory, such amount of Life Benefits or such increase in the amount of Life Benefits will become effective:
 - a. with respect to Basic Life Benefits, on the later of: (i) the date we accept the evidence of your good health if you are Actively at Work on that date or (ii) on the date you return to Active Work if you are not Actively at Work on that date; and
 - b. with respect to Supplemental Life Benefits, on the later of: (i) the date we accept the evidence of your good health or (ii) the effective date of your Personal Benefits provided, on such later date, you have satisfied the Work Requirements. If you have not satisfied the Work Requirements, such amount of Supplemental Life Benefits or such increase in the amount of Supplemental Life Benefits will become effective on the first day after you satisfy the Work Requirements.

3. If you do not give us evidence of your good health, or if such evidence of good health is not accepted by us as satisfactory, the amount of your Life Benefits will not be more than the greater of:
 - a. the amount of Life Benefits for which you were covered immediately prior to the date on which any such increase would have become effective; or
 - b. 3 times your basic annual earnings.

**APPLICABLE TO EMPLOYEES WITH A PERSONAL BENEFITS
ELIGIBILITY DATE PRIOR TO APRIL 1, 1997**

IF YOU CHANGE YOUR SUPPLEMENTAL LIFE BENEFITS COVERAGE

- A. Increase in Coverage:** If you are covered for Supplemental Life Benefits and make written application to increase coverage, you must give us evidence of good health at your expense. If we accept your evidence of good health as satisfactory, the increase in Supplemental Life Benefits will take effect as of the date we accept it if you have satisfied the Work Requirements. If you are required to submit evidence of good health and do not; or if you submit evidence of good health and we do not accept it; or if you fail to satisfy the Work Requirements at the time you submit your application or the time we accept your evidence of good health, whichever is later; the amount of your Supplemental Life Benefits will not change.
- B. Decrease in Coverage:** If you are covered for Supplemental Life Benefits and make a written application to decrease your coverage under one of the options of the Plan, that decrease will take effect as of the date of your application.

IF YOU ARE AGE 65 OR OLDER

The amounts of your Basic Life Benefits, Supplemental Life Benefits, Basic Accidental Death or Dismemberment Benefits and Supplemental Accidental Death or Dismemberment Benefits on and after age 65 will be determined by applying the appropriate percentage from the following table to the amount of such benefits in effect on the day before your 65th birthday.

| <u>Age of Employee</u> | <u>Percentage</u> |
|------------------------|-------------------|
| 65 but less than 70 | 65% |
| 70 or older | 50% |

WHEN YOU RETIRE

No benefits are provided under This Plan on or after the day you retire.



Please call 1-800-638-6420 for assistance regarding claims and information about coverage.

Form G.23000-B

SCHEDULE SUPPLEMENT

A. Statements Made by You Which Relate to Insurability

Any statement made by you will be deemed a representation and not a warranty.

No such statement made by you which relates to insurability will be used:

1. in contesting the validity of the benefits with respect to which such statement was made; or
2. to reduce the benefits;

unless the conditions listed in items (a) and (b) below have been met:

- a. The statement must be contained in a written application which has been signed by you.
- b. A copy of the application has been furnished to you or to your Beneficiary.

No such statement made by you will be used at all after such benefits have been in force prior to the contest for a period of two years during the lifetime of the person to whom the statement applies.

B. Assignment

This certificate may not be assigned by you. Your benefits may not be assigned prior to a loss.

C. Additional Provisions

1. The benefits under This Plan do not at any time provide paid-up insurance, or loan or cash values.
2. No agent has the authority:
 - a. to accept or to waive the required notice or proof of a claim; nor
 - b. to extend the time within which a notice or a proof must be given to us.

Form G.23000-B1

DEFINITIONS OF CERTAIN TERMS USED HEREIN

"Actively at Work" or **"Active Work"** means that you are performing all of the material duties of your job with the Employer where these duties are normally carried out. If you were Actively at Work on your last scheduled working day, you will be deemed Actively at Work:

1. on a scheduled non-working day;
2. provided you are not disabled.

"Covered Person" means an Employee on whose account benefits are in effect under This Plan.

"Doctor" means a person who is legally licensed to practice medicine. A licensed practitioner will be considered a Doctor if:

1. there is a law which applies to This Plan and that law requires that any service performed by such a practitioner must be considered for benefits on the same basis as if the service were performed by a Doctor; and
2. the service performed by the practitioner is within the scope of his or her license.

The term Doctor also includes any mental health professional as licensed by the Florida Department of Professional Regulation.

"Domestic Partner" means each of two people, one of whom is an employee of the Policyholder, who:

- have registered as each other's domestic partner, civil union partner or reciprocal beneficiary with a government agency where such registration is available; or
- are of the same or opposite sex and have a mutually dependent relationship so that each has an insurable interest in the life of the other. Each person must be:
 1. 18 years of age or older;
 2. unmarried;
 3. the sole domestic partner of the other person and have been so for the immediately preceding 6 months;
 4. sharing a primary residence with the other person and have been so sharing for the immediately preceding 6 months; and
 5. not related to the other in a manner that would bar their marriage in the jurisdiction in which they reside.

A Domestic Partner declaration attesting to the existence of an insurable interest in one another's lives must be completed and Signed by the employee.

"Employee" means a person who is employed and paid for services by the Employer on a full-time basis.

"Hospitalized" means that you have received:

1. inpatient care in a hospital; or
2. care in:
 - a. a hospice facility; or
 - b. an intermediate facility; or
 - c. a long term care facility; or
3. chemotherapy; or

4. radiation therapy; or
5. dialysis treatment.

"Personal Benefits" mean the benefits which are provided on account of an Employee under This Plan.

"Spouse" means your lawful spouse. **"This Plan"** means the Group Policy which is issued by us to provide Personal Benefits.

"Total Disability" or **"Totally Disabled"** means that because of a sickness or an injury:

1. you cannot do your job; and
2. you cannot do any other job for which you are fit by your education, your training or your experience.

"We", "us" and "our" mean Metropolitan.

"Work Requirements" means that you have:

1. worked as an Employee at least 20 hours during the last 7 consecutive calendar days; and
2. worked at either your usual place of business or away from your usual place of business at your Employer's convenience.

"You" and "your" mean the Employee who is a Covered Person for Personal Benefits.

Form G.23000-A

ELIGIBILITY FOR BENEFITS

Personal Benefits Eligibility Date

1. Applicable To Non-Contributory Benefits (Basic Life and Basic Accidental Death or Dismemberment).

If you become an Employee after January 1, 2020 your Personal Benefits Eligibility Date is the later of:

- a. January 1, 2020; and
- b. the day after the date you complete 90 days of continuous service as an Employee of the Employer.

2. Applicable To Contributory Benefits (Supplemental Life and Supplemental Accidental Death or Dismemberment).

If you are an Employee on January 1, 2020, that is your Personal Benefits Eligibility Date.

If you become an Employee after January 1, 2020, your Personal Benefits Eligibility Date is the date you become an Employee of the Employer.

Form G.23000-C

EFFECTIVE DATES OF PERSONAL BENEFITS

This Plan provides one or more Non-Contributory Benefit(s) and one or more Contributory Benefit(s). The applicable provisions set forth below will be applied separately to each benefit.

APPLICABLE TO NON-CONTRIBUTORY BENEFITS

(Basic Life and Basic Accidental Death or Dismemberment Benefits)

Your Personal Benefits will become effective on your Personal Benefits Eligibility Date provided you are then Actively at Work as an Employee. If you are not then Actively at Work as an Employee, your Personal Benefits will become effective on the date of your return to Active Work as an Employee.

APPLICABLE TO CONTRIBUTORY BENEFITS

(Supplemental Life and Supplemental Accidental Death or Dismemberment Benefits)

A. Request Forms

You must make a written request to the Employer for Personal Benefits. The request forms will be given to the Employer by us.

B. If Timely Request Is Made

A timely request is one that is made on or prior to the date thirty-one days after your Personal Benefits Eligibility Date. If you are not Actively at Work as an Employee on your Personal Benefits Eligibility Date, a request will be timely if it is made on or prior to the date thirty-one days after the date you return to Active Work as an Employee.

If you make a timely request for Personal Benefits, your Personal Benefits will become effective on the later of:

1. your Personal Benefits Eligibility Date; and
2. the date of your request;

subject to the Work Requirements.

If, on the date you would have become covered under This Plan for Personal Benefits, you:

1. were Hospitalized in the ninety days prior to the date you make a request for personal Benefits under This Plan; or
2. are then Hospitalized;

then evidence of your good health must be given to us.

C. If Late Request Is Made

If a request is not a timely request, it is a late request.

If you make a late request for Personal Benefits, evidence of your good health must be given to us.

D. Evidence of Good Health

The evidence of good health is to be given at your expense.

Your Personal Benefits will become effective on the date such evidence of good health is accepted by us as satisfactory, subject to the Work Requirements.

If the evidence of your good health is not accepted by us as satisfactory, you will not be covered for any Personal Benefits.

E. Work Requirements

You must satisfy the Work Requirements in order for your Personal Benefits to become effective. If you have not satisfied the Work Requirements on the date when your Personal Benefits would otherwise become effective, these benefits will become effective on the first day after you satisfy the Work Requirements.

F. Reinstatement of Benefits

If your Personal Benefits end because you do not make a required contribution to their cost, you may make a request to reinstate them. Such a request will be treated as if it were a late request in order to determine the effective date of your Personal Benefits.

Form G.23000-D1

LIFE BENEFITS
(On Your Own Account)

A. Coverage

If you die while you are covered for Life Benefits, we will pay to the Beneficiary the amount of Life Benefits that is in effect on your life on the date of your death.

B. Optional Types of Payment

Payment of any amount of Life Benefits may be made in installments. Details on the payment options may be obtained from the Employer.

Form G.23000-1

**ACCELERATED BENEFITS
(On Your Own Account)**

A. Definitions

“Meet the Requirements” means:

1. your life span is drastically limited; and
2. you are expected to die within 6 months; and
3. you are not expected to recover.

These must be certified by a Doctor and accepted by us.

B. Coverage

We will pay Accelerated Benefits to you if:

1. you apply for Accelerated Benefits while your Life Benefits or Death Benefits are in effect; and
2. you Meet the Requirements while you are covered for Life Benefits or Death Benefits; and
3. you request payment of Accelerated Benefits while your Life Benefits or Death Benefits are in effect.

Accelerated Benefits are payable only once.

Payment of Accelerated Benefits will reduce your Life Benefits or Death Benefits and the amount available for you to convert to a personal policy of life insurance under RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON YOUR OWN LIFE.

C. Proof

Accelerated Benefits will be payable when we receive proof that you Meet the Requirements.

Proof must be given to us. The proof must be in a form that is satisfactory to us. We have no duty to ask for any proof. Any delay in submitting proof will not cause a claim to be denied so long as the proof is given as soon as reasonably possible.

At the time that such proof is given, we may have you examined by Doctors of our choice, at our expense.

D. Amount

The amount of Accelerated Benefits payable is:

1. up to 50% of your Life Benefits or Death Benefits as shown in the SCHEDULE OF BENEFITS; and
2. determined as of the date we accept certification that you Meet the Requirements; and
3. no more than \$250,000 for Basic Life Benefits and \$250,000 for Supplemental Life Benefits.

If your Life Benefits or Death Benefits will reduce within 6 months of such certification date, the Accelerated Benefits payable will be up to 50% of such reduced amount.

Accelerated Benefits will be payable if you are living when payment is made.

You may be entitled to apply for a personal policy of Life Insurance up to the amount of such scheduled reduction under RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON YOUR OWN LIFE.

For Texas Residents: Upon receipt of your claim form we will send you a Preadjudication letter containing specific information on the payment you requested. Such information will include the amount of payment which will be made to you and the amount of death benefit remaining after payment of the Accelerated Benefit.

E. Exclusions

Accelerated Benefits will not be payable if:

1. you have assigned your Life Benefits (see Assignment provision under SCHEDULE SUPPLEMENT); or
2. the amount of your Life Benefits or Death Benefits is less than \$10,000.

Form G.23000-36

EXTENDED DEATH BENEFITS DURING TOTAL DISABILITY

A. Coverage

Death Benefits may be payable after your Life Benefits end in certain cases of Total Disability. We will pay Death Benefits to the Beneficiary if:

1. you become Totally Disabled before your Life Benefits end; and
2. you continue to be Totally Disabled after your Life Benefits end and until the date of your death; and
 - a. you die within a period of 12 months after your Life Benefits end; and
3. the required proof is submitted to us.

However, no Death Benefits are payable if a death benefit is payable under RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON YOUR OWN LIFE.

B. Proof

The Death Benefits will be payable when we receive:

1. proof of your death; and
2. proof that your Total Disability had continued from the date your Life Benefits ended until the date of your death.

This proof must be given to us within one year of your death. The proof must be in a form that is satisfactory to us. We have no duty to ask for any proof.

C. Amount

The amount of Death Benefits is the amount of your Life Benefits on the date your Life Benefits end.

D. One Payment Only

If we have issued a personal policy under RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON YOUR OWN LIFE, we will pay Death Benefits only if that policy is returned to us without any claim. In such case an amount equal to the premiums paid on the personal policy will be given to the Beneficiary.

Form G.23000-1B2

RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON YOUR OWN LIFE

A. Application

We will issue a personal policy of life insurance without disability or accidental death benefits to you if you apply for it in writing during the Application Period. The Application Period is the 31 day period after:

1. the date your Life Benefits end because your employment ends or because you are no longer in a class which remains eligible for Life Benefits; or
2. the date your Life Benefits end because This Plan ends, but only if your Life Benefits under This Plan have been in effect for at least 5 years; or
3. the date This Plan is changed to end the Life Benefits for your class, but only if your Life Benefits under This Plan have been in effect for at least 5 years.

For New Hampshire residents. If you are not given notice, in writing, of the Right To Obtain A Personal Policy of Life Insurance On Your Own Life at least 15 days before the end of the Application Period, you will have additional time in which to apply. You will then have 15 days from the date you are given the notice in which to apply.

Proof that you are insurable is not required by us.

B. Conditions

The personal policy will be issued to you subject to these conditions:

1. it will be on one of the forms then usually issued by us, except term insurance; and
2. it will not take effect until after the Application Period ends; and
3. the premium for the policy will be based on:
 - a. the class of risk to which you belong; and
 - b. your age on the effective date of the policy; and
 - c. the form and amount of the policy; and
4. if item A(1) applies to you, the amount of the policy will not be more than the amount of your Life Benefits on the date the Life Benefits end; and
5. if item A(2) or item A(3) applies to you, the amount of the policy will not be more than the lesser of:
 - a. the amount of your Life Benefits on the date the Life Benefits end, less any amount of life insurance for which you may be eligible under any group policy which takes effect within 31 days after your Life Benefits end; and
 - b. \$10,000.

C. If You Die During the Application Period

If you die during the Application Period, we will pay a death benefit to the Beneficiary. The amount of the death benefit will be the highest amount of life insurance pursuant to item B(4) or B(5) for which a personal policy could have been issued. This death benefit will be paid even if you did not apply for a personal policy.

Form G.23000-1A

ACCIDENTAL DEATH OR DISMEMBERMENT BENEFITS

A. Coverage

We will pay Accidental Death or Dismemberment Benefits for a Covered Loss shown in Section C if you are injured in an accident which occurs while you are covered for Accidental Death or Dismemberment Benefits; and if:

1. that accident is the sole cause of the injury; and
2. that injury is the sole cause of that Covered Loss; and
3. that Covered Loss occurs not more than one year after the date of that accident.

In addition, we will pay Accidental Death or Dismemberment Benefits for a Covered Loss shown below:

4. Exposure Benefit

We will pay an amount equal to the Full Amount, shown in Section B, for the loss of your life if:

- a. such loss of life results from unavoidable exposure to the elements; and
- b. after one year, your body has not been found after the conveyance in which you were traveling:
 - i. disappeared;
 - ii. made a forced landing;
 - iii. sank; or
 - iv. was wrecked.

B. Maximum Benefit for All Covered Losses in Each Accident

For all Covered Losses caused by all injuries which you sustain in one accident not more than the Full Amount will be paid.

Full Amount means the amount of Accidental Death or Dismemberment Benefits for which you are covered on the date of your accident.

C. Table of Covered Losses and Benefit Amounts

| Covered Losses (Subject to Exclusions) | Benefit Amounts |
|---|-----------------------------|
| Life | Full Amount |
| A hand | One-half of the Full Amount |
| A foot | One-half of the Full Amount |
| Sight of an eye | One-half of the Full Amount |
| Loss of more than one of the above in any one accident | Full Amount |

Loss of sight of an eye means that the eye is entirely blind and that no sight can be restored in that eye.

Loss of a hand means that all of the hand is cut off at or above the wrist.

Loss of a foot means that all of the foot is cut off at or above the ankle.

D. Exclusions (See notice page for Missouri residents)

We will not pay for any Covered Loss shown in Section C if it in any way results from, or is caused or contributed to by:

1. physical or mental illness, diagnosis of or treatment for the illness; or
2. suicide or attempted suicide; or
3. injuring oneself on purpose; or
4. the use of any drug or medicine; or
5. a war, or a warlike action in time of peace; or
6. committing or trying to commit a felony or other serious crime or an assault.

E. Payment of Benefits

The Accidental Death or Dismemberment Benefits for a Covered Loss will be paid when we receive notice and satisfactory proof of that loss.

Accidental Death or Dismemberment Benefits will be paid:

1. to your Beneficiary for the loss of your life; and
2. for any other Covered Loss sustained by you.

F. Optional Types of Payment

Payment of any amount of Accidental Death or Dismemberment Benefits for loss of life may be made in installments. Details on the payment options may be obtained from the Employer.

Form G.23000-4L

BENEFICIARY

A. Your Beneficiary

The "Beneficiary" is the person or persons you choose to receive any benefit payable because of your death.

You make your choice in writing on a form approved by us. This form must be filed with the records for This Plan.

You may change the Beneficiary at any time by filing a new form with the Employer. You do not need the consent of the Beneficiary to make a change. When the Employer receives a form changing the Beneficiary, the change will take effect as of the date you signed it. The change of Beneficiary will take effect even if you are not alive when it is received.

A change of Beneficiary will not apply to any payment made by us prior to the date the form was received by the Employer.

Your choice of a Beneficiary for a personal policy issued under RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON YOUR OWN LIFE will be effective for This Plan.

B. More Than One Beneficiary

If, when you die, more than one person is your Beneficiary, they will share in the benefits equally, unless you have chosen otherwise.

C. Death of a Beneficiary

A person's rights as a Beneficiary end if:

1. that person dies before your death occurs; or
2. that person dies at the same time your death occurs; or
3. that person dies within 24 hours of your death.

The share for that person will be divided among the surviving persons you have named as Beneficiary, unless you have chosen otherwise.

D. No Beneficiary at Your Death

If there is no Beneficiary at your death for any amount of benefits payable because of your death, that amount will be paid to your estate. However, we may instead pay all or part of that amount to one or more of the following persons who are related to you and who survive you:

- | | |
|---|------------------------|
| 1. Spouse, Civil Union Partner or Domestic Partner; | 3. parent; |
| 2. child; | 4. brother and sister. |

Any payment will discharge our liability for the amount so paid.

Form G.23000-G

**CLAIM PROCEDURE FOR
ACCIDENTAL DEATH OR DISMEMBERMENT BENEFITS**

A. When Notice of Claim Must be Given

Written notice of a claim must be given to us for Accidental Death or Dismemberment Benefits within 20 days after the date of the accident which caused the loss.

B. Claim Forms

When we receive written notice of a claim, we may furnish printed forms for filing proof of the claim. If we do not furnish printed forms within 15 days after you give us notice, you must furnish your own form of proof in writing.

Proof must describe the event, the nature and the extent of the cause for which a claim is made; it must be satisfactory to us.

C. When Proof of Claim Must Be Given

Written proof of a claim must be given to us not later than 90 days after the date of the loss, in the case of Accidental Death or Dismemberment Benefits.

D. Late Notice or Proof

If notice or proof is not given on time, the delay will not cause a claim to be denied or reduced as long as the notice or proof is given as soon as possible.

E. Time Limits on Starting Lawsuits

No lawsuit may be started to obtain benefits until 60 days after proof is given.

No lawsuit may be brought after the expiration of the applicable statute of limitations from the time proof must be given.

F. Medical Examinations

While a claim is pending, we, at our expense, have the right to have you examined by Doctors of our choice when and as often as we reasonably choose.

G. Autopsy

If Accidental Death or Dismemberment Benefits are claimed, we, at our expense, have, in the case of death, the right to have an autopsy made where it is not against the law.

Form G.23000-H3

WHEN BENEFITS END

- A.** All of your benefits will end on the last day of the calendar month in which your employment ends. Your employment ends when you cease Active Work as an Employee. However, for the purpose of benefits, the Employer may deem your employment to continue for certain absences. See **CONDITIONS UNDER WHICH YOUR ACTIVE WORK IS DEEMED TO CONTINUE.**
- B.** If This Plan ends in whole or in part, your benefits which are affected will end.
- C.** If a Covered Person does not make a payment which is required by the Employer to the cost of any benefits, those benefits will end; they will end on the last day of the period for which a payment required by the Employer was made.

The end of any type of benefits on account of a Covered Person will not affect a claim which is incurred before those benefits ended.

PORTABILITY

For purposes of this subsection, the term "Portability Eligible Insurance for you" refers to Supplemental Life Benefits.

You may request in writing during the Request Period specified below to continue Portability Eligible Insurance for you under another group policy if such insurance ends because:

- your employment ends; or
- you cease to be in a class that is eligible for such insurance.

If a request is made under this subsection, we will issue a new certificate of insurance which will explain the new insurance benefits. The insurance benefits under the new certificate may not be the same as those that ended under the Group Policy.

A request for portability may be made, if on the date of the request, the following requirements are met:

- the Group Policy is in effect;
- We have not received notice from the Employer of its intent to end the Group Policy;
- no application has been made to convert the insurance that is to be continued to an individual policy of life insurance as provided in the section entitled **RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON YOUR OWN LIFE**; and
- The person making the request resides in a jurisdiction that permits portability.

Request Period

To continue Portability Eligible Insurance for you under a different group policy, we must receive a completed request form within the Request Period described below.

If written notice of the option to continue Portability Eligible Insurance for you is given within 15 days before or after the date such insurance ends, the Request Period begins on the date the insurance ends and expires 31 days after such date.

If written notice of the option to continue Portability Eligible Insurance for you is given more than 15 days after but within 90 days of the date such insurance ends, the Request Period begins on the date the insurance ends and expires 45 days after the date of the notice.

If written notice of the option to continue Portability Eligible Insurance for you is not given within 90 days after the date such insurance ends, the Request Period begins on the date the insurance ends and expires at the end of such 90 day period.

Amount of the New Certificate

The maximum amount of Supplemental Life Benefits which may be continued is the lesser of:

- The total amount of all such insurance for you in effect immediately prior to the date it ends; and
- \$1,000,000.

Right to Convert Life Insurance Amounts Not Continued

Any amount of Life Insurance not continued under this subsection may be converted under the section entitled RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON YOUR OWN LIFE.

Premiums for the New Certificate

When a request to continue Portability Eligible Insurance for you is made under this subsection, the first premium must be paid during the Request Period. All premium payments must be made directly to us. When we issue the new certificate, we will also provide a schedule of premiums and payment instructions.

If You Die Within 31 Days of the Date Your Life Insurance Ends

If you die within 31 days of the date your life insurance ends and we have not received an application for a new certificate under this section, we will pay Life Insurance in accordance with the section entitled RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON YOUR OWN LIFE. If an application for a new certificate was received by us during such time period, we will only pay benefits for the Portability Eligible Insurance for which you applied for in accordance with this subsection.

If You are Totally Disabled on the Date Your Employment Ends

If you are Totally Disabled on the date your employment ends and you elect to continue Portability Eligible Insurance for you as provided in this subsection, you may at a later date become approved for the continuation of such insurance under the section entitled CONTINUED DEATH BENEFITS DURING TOTAL DISABILITY.

If you are so approved, any insurance described in, applied for, or issued under this subsection will end and we will return any premium paid by you for such insurance.

OPTION TO CONVERT

In addition to the continuation of insurance option described above, you may have the right to convert to a policy of individual life insurance. We urge you to read the section entitled RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON YOUR OWN LIFE.

Form G.23000-F

END-EPORT

CONDITIONS UNDER WHICH YOUR ACTIVE WORK IS DEEMED TO CONTINUE

If you are not Actively at Work as an Employee because of a situation set forth below, the Employer may deem you to be in Active Work as an Employee only for the purpose of continuing your employment and only for the periods specified below in order that certain of your benefits under This Plan may be continued.

All such benefits will be subject to prior cessation as set forth in WHEN BENEFITS END.

In any case, the benefits will end on:

1. the date the Employer notifies us that your benefits are not to be continued; or
2. the end of the last period for which the Employer has paid premiums to us for your benefits.

Your Sickness or Injury, Your Leave of Absence, Your Lay Off

With respect to all Personal Benefits, the period determined in accordance with the Employer's general practice for an Employee in your job class.

However, in the event the leave qualifies under the Family and Medical Leave Act of 1993 (FMLA) or a similar state law, the period cannot be longer than the leave required by the law. If a leave qualifies under more than one such law, the period cannot be longer than the longest leave permitted under any of the laws.

Right to Continue Life Benefits (On Your Own Account)

A. When the Right to Continue Life Benefits (On Your Own Account) Is Available

The right to continue these Life Benefits will be available if you are Fully Disabled on the date when these Life Benefits would have ended because your employment ended.

B. What Must Be Done to Continue Life Benefits (On Your Own Account)

In order to continue these Life Benefits, you must:

1. make a written request to us to continue the Life Benefits;
2. make any payment which is required for the cost of the continued Life Benefits; and
3. provide proof that you were disabled on the date your Life Benefits would have ended because your employment ended.

If the conditions set forth in this Section B are complied with, these Life Benefits will continue to be in effect until the earliest of the dates set forth in Section C.

C. When Life Benefits (On Your Own Account) End

Your Life Benefits will end on the earliest of:

1. 6 months after the date your Life Benefits would otherwise have ended; or
2. the date This Plan ends; or
3. if a payment which is required for the cost of these Life Benefits is not made, the last day of the period for which a required payment was made; or
4. the date we determine that under This Plan is applicable to you.

D. When the Right to Obtain a Personal Policy is Available

The right to obtain a personal policy from us will be available if the Life Benefits (On Your Own Account) end as set forth in item (1), (2) or (3) of Section C.

The conditions under which a personal policy may be obtained are set forth in RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON YOUR OWN LIFE. The personal policy will be on a form issued by us which provides the same or substantially similar benefits as those provided by these Benefits. Any limitation dealing with the right to apply during the Application Period or the amount of the policy will not apply in the event item (2) of Section C above occurs.

"Full Disability" or "Fully Disabled" means, for purposes of this section, that because of a sickness or an injury:

- You are unable to perform the material duties of your regular job; and
- You are unable to perform any other job for which you are fit by education, training or experience.

Form G.23000-L

NOTICES

This certificate is of value to you. It should be kept in a safe place. Your Beneficiary should know where the certificate is kept.

As soon as your benefits end, you should consult your Employer to find out what rights, if any, you may have to continue your protection.

If you had coverage under a prior plan of benefits, please consult your Employer to determine if there are any additional provisions which affect your benefits under This Plan.

Our Home Office is located at 200 Park Avenue, New York, New York 10166.

Form G.23000-E

**THE PRECEDING PAGE IS THE END OF THE CERTIFICATE.
THE FOLLOWING IS ADDITIONAL INFORMATION.**

Metropolitan Life Insurance Company
Metropolitan Tower Life Insurance Company
SafeGuard Health Plans, Inc.
Delaware American Life Insurance Company
MetLife Health Plans, Inc.
SafeHealth Life Insurance Company

Our Privacy Notice

We know that you buy our products and services because you trust us. This notice explains how we protect your privacy and treat your personal information. It applies to current and former customers. “Personal information” as used here means anything we know about you personally.

1. Plan Sponsors and Group Insurance Contract Holders

This privacy notice is for individuals who apply for or obtain our products and services under an employee benefit plan, group insurance or annuity contract, or as an executive benefit. In this notice, “you” refers to these individuals.

2. Protecting Your Information

We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our outside service providers must also protect it, and use it only to meet our business needs. We also take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.

3. Collecting Your Information

We typically collect your name, address, age, and other relevant information. We may also collect information about any business you have with us, our affiliates, or other companies. Our affiliates include life, car, and home insurers. They also include a legal plans company, and a securities broker-dealer. In the future, we may also have affiliates in other businesses.

4. How We Get Your Information

We get your personal information mostly from you. We may also use outside sources to help ensure our records are correct and complete. These sources may include consumer reporting agencies, employers, other financial institutions, adult relatives, and others. These sources may give us reports or share what they know with others. We don't control the accuracy of information outside sources give us. If you want to make any changes to information we receive from others about you, you must contact those sources.

We may ask for medical information. The Authorization that you sign when you request insurance permits these sources to tell us about you. We may also, at our expense:

- Ask for a medical exam
- Ask for blood and urine tests
- Ask health care providers to give us health data, including information about alcohol or drug abuse

We may also ask a consumer reporting agency for a “consumer report” about you (or anyone else to be insured). Consumer reports may tell us about a lot of things, including information about:

- Reputation
- Driving record
- Finances
- Work and work history
- Hobbies and dangerous activities

The information may be kept by the consumer reporting agency and later given to others as permitted by law. The agency will give you a copy of the report it provides to us, if you ask the agency and can provide adequate identification. If you write to us and we have asked for a consumer report about you, we will tell you so and give you the name, address and phone number of the consumer reporting agency.

Another source of information is MIB Group, Inc. (“MIB”). It is a non-profit association of life insurance companies. We and our reinsurers may give MIB health or other information about you. If you apply for life or health coverage from another member of MIB, or claim benefits from another member company, MIB will give that company any information that it has about you. If you contact MIB, it will tell you what it knows about you. You have the right to ask MIB to correct its information about you. You may do so by writing to MIB, Inc., 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734, by calling MIB at (866) 692-6901, or by contacting MIB at www.mib.com.

5. Using Your Information

We collect your personal information to help us decide if you're eligible for our products or services. We may also need it to verify identities to help deter fraud, money laundering, or other crimes. How we use this information depends on what

products and services you have or want from us. It also depends on what laws apply to those products and services. For example, we may also use your information to:

- administer your products and services
- perform business research
- market new products to you
- comply with applicable laws
- process claims and other transactions
- confirm or correct your information
- help us run our business

6. Sharing Your Information With Others

We may share your personal information with others with your consent, by agreement, or as permitted or required by law. We may share your personal information without your consent if permitted or required by law. For example, we may share your information with businesses hired to carry out services for us. We may also share it with our affiliated or unaffiliated business partners through joint marketing agreements. In those situations, we share your information to jointly offer you products and services or have others offer you products and services we endorse or sponsor. Before sharing your information with any affiliate or joint marketing partner for their own marketing purposes, however, we will first notify you and give you an opportunity to opt out.

Other reasons we may share your information include:

- doing what a court, law enforcement, or government agency requires us to do (for example, complying with search warrants or subpoenas)
- telling another company what we know about you if we are selling or merging any part of our business
- giving information to a governmental agency so it can decide if you are eligible for public benefits
- giving your information to someone with a legal interest in your assets (for example, a creditor with a lien on your account)
- giving your information to your health care provider
- having a peer review organization evaluate your information, if you have health coverage with us
- those listed in our “Using Your Information” section above

7. HIPAA

We will not share your health information with any other company – even one of our affiliates – for their own marketing purposes. The Health Insurance Portability and Accountability Act (“HIPAA”) protects your information if you request or purchase dental, vision, long-term care and/or medical insurance from us. HIPAA limits our ability to use and disclose the information that we obtain as a result of your request or purchase of insurance. Information about your rights under HIPAA will be provided to you with any dental, vision, long-term care or medical coverage issued to you.

You may obtain a copy of our HIPAA Privacy Notice by visiting our website at www.MetLife.com. For additional information about your rights under HIPAA; or to have a HIPAA Privacy Notice mailed to you, contact us at HIPAAprivacyAmericasUS@metlife.com, or call us at telephone number (212) 578-0299.

8. Accessing and Correcting Your Information

You may ask us for a copy of the personal information we have about you. Generally, we will provide it as long as it is reasonably locatable and retrievable. You must make your request in writing listing the account or policy numbers with the information you want to access. For legal reasons, we may not show you privileged information relating to a claim or lawsuit, unless required by law.

If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing, and we will include your statement whenever we give your disputed information to anyone outside MetLife.

9. Questions

We want you to understand how we protect your privacy. If you have any questions or want more information about this notice, please contact us. When you write, include your name, address, and policy or account number.

Send privacy questions to:

MetLife Privacy Office
P. O. Box 489
Warwick, RI 02887-9954
privacy@metlife.com

We may revise this privacy notice. If we make any material changes, we will notify you as required by law. We provide this privacy notice to you on behalf of the MetLife companies listed at the top of the first page.

The following notice applies to residents of Texas only:

For information about the Will Preparation Service and Estate Resolution Service, you may contact the provider, Hyatt Legal Plans, Inc. by phone.

Phone: 1-800-821-6400