

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



12/06/23

**SAMPLE UCONN SPOUSE CERTIFICATE OF INSURANCE
123 SAMPLE RD. SAMPLE CITY RI 10000**

Important Information - Please Read

Why we're contacting you

Thank you for choosing Metropolitan Life Insurance Company ("MetLife"). We appreciate the confidence you and your Employer have placed in us. MetLife insures many of the nation's top companies, and is dedicated to helping individuals build financial security.

What we're doing

Enclosed you will find your MetLife certificate, which confirms your life insurance coverage. The effective date of your coverage is January 1, 2024, provided you meet the plan provisions for eligibility on that date, which may include a requirement that you be actively at work for the Employer.

What you need to do

Please secure your certificate as you would other important papers, and refer to it to enhance your overall understanding of the benefits provided.

You have the right to examine the certificate and return it within twenty days after receiving it, as stated under the "Right to Examine Certificate."

What you need to know

We will communicate with you at least annually, when we summarize for you the premium payments, disbursements, earnings and current death benefit amount(s) which relate to your certificate. In addition, you will hear from us at the time of any significant certificate activity.

We're here to help

We appreciate the opportunity to help you provide financial security for your loved ones, and look forward to a long, mutually rewarding relationship. If you have any questions, please call our Customer Relations Department at 800-756-0124 Monday through Friday, 7:00am to 7:00pm Central Time.

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Metropolitan Life Insurance Company
New York, New York 10166

CERTIFICATE RIDER

Group Policy No.: 141281-G; **Employer Group Number:** 0255622

Policyholder: Trustee of the MetLife Group Insurance Trust; **Participating Employer:** UNIVERSITY OF CONNECTICUT

Effective Date: January 1, 2024

The Certificate is changed as shown below:

The Certificate is revised to add the following:

"How We Will Pay Benefits

Unless the Beneficiary requests payment by check, when the Certificate states that We will pay benefits, We may pay the full benefit amount:

1. by check;
2. by establishing an account that earns interest and provides the Beneficiary with immediate access to the full benefit amount; or
3. 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. For details, call Our toll free number shown on the Certificate Face Page."

This rider is to be attached to and made a part of the Certificate.

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

Metropolitan Life Insurance Company ("MetLife") certifies that the benefits as described herein are provided under and subject to the terms and conditions of the Group Policy.

The Covered Person named on the Certificate Specifications page is insured on the Effective Date of Certificate.

METROPOLITAN LIFE INSURANCE COMPANY,

Michel Khalaf
President

Employer: UNIVERSITY OF CONNECTICUT
Policyholder: Trustee of the MetLife Group Insurance Trust

Group No.: 0255622
Group Policy No.: 141281-G

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.

Group Universal Life Insurance

This Certificate includes flexible premiums, adjustable benefits, group life insurance until age 100 and a paid-up benefit option at any time.

Non-Participating

Right to Examine Certificate - Please read this Certificate. You may return this Certificate to Us within 20 days from the date You receive it or within 45 days after the date You enroll for This Plan, whichever period ends later. If You return it within this period, this Certificate will be void from the beginning and We will refund any premiums You have paid.

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CERTIFICATE SPECIFICATIONS AS OF January 1, 2024

EMPLOYER..... UNIVERSITY OF CONNECTICUT

GROUP NUMBER..... 0255622

COVERED PERSON..... SPOUSE UCONN

OWNER'S NAME & ADDRESS SAMPLE UCONN
123 SAMPLE RD.
SAMPLE CITY RI 10000

INSURED'S NAME..... SPOUSE UCONN

PLAN..... GROUP UNIVERSAL LIFE

CERTIFICATE NUMBER..... 0001234567

EFFECTIVE DATE OF CERTIFICATE..... January 1, 2024

PLAN ANNIVERSARY DATE..... January 1

COVERED PERSON'S DATE OF BIRTH..... March 25, 1967

FINAL DATE OF CERTIFICATE..... CERTIFICATE ANNIVERSARY AT AGE 100*

DEATH BENEFIT..... Option B

SPECIFIED FACE AMOUNT OF INSURANCE (SPECIFIED AMOUNT)..... \$50,000.00

MINIMUM SPECIFIED FACE AMOUNT..... \$10,000

GUARANTEED INTEREST RATE..... 1.5% A Year

CHARGES:

Premium Expense Charges, Current	2.00% of each premium payment
Premium Expense Charges, Maximum	10.00% of each premium payment
Administration Charges, Current	\$0.00 per month
Administration Charges, Maximum	\$6.50 per month

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CERTIFICATE SPECIFICATIONS AS OF January 1, 2024

PLANNED PREMIUM

\$50.50 per month

ADDITIONAL COVERAGES

RIDER

BENEFIT AMOUNT

ACCELERATED BENEFITS

COVERED PERSON

Included

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE FOR THE COVERED PERSON

FULL AMOUNT: An amount equal to the Specified Amount of Life Insurance for You up to the maximum Accidental Death and Dismemberment Full Amount for You in accordance with the terms of This Plan as specified in the Group Policy.

* This Certificate will terminate prior to this date if premiums paid are not sufficient to continue this Certificate in force to this date. See Continuation of Insurance, Subsection 5 of section titled PREMIUMS.

THIS CERTIFICATE SPECIFICATIONS PAGE RELATING TO THE BENEFITS UNDER THIS PLAN REPLACES ANY PRIOR CERTIFICATE SPECIFICATIONS PAGE THAT HAS BEEN DELIVERED TO YOU AND SUCH PRIOR CERTIFICATE SPECIFICATIONS PAGE IS VOID.

I. DEFINITIONS OF CERTAIN TERMS USED HEREIN

This Plan provides Insurance through flexible premium payments. Net Premiums and interest will be credited to the Cash Value. The Cost of Insurance and other charges will be deducted each month from the Cash Surrender Value.

To make this Certificate clear and easy to read, We have left out many cross-references and conditional statements. Therefore, the provisions of the Certificate must be read as a whole. For example, Our payment of the Insurance proceeds depends upon the payment of sufficient contributions.

To exercise Your rights, You should follow the procedures stated in the Certificate. If You want to request a payment, adjust the death benefit, change a Beneficiary, change an address or request any other action by Us, You should do so on the forms prepared for each purpose. You can get these forms from Our Administrative Office.

Cash Surrender Value means the Cash Value less:

- (a) any loan and loan interest; and
- (b) any Monthly Deduction which is due and unpaid.

"Cash Value" is the sum of:

- (a) the Net Premiums received minus the Monthly Deductions to the current date; plus
- (b) interest credited to the current date; plus
- (c) the value in the Loan Account.

If You make a Partial Cash Withdrawal, the Cash Value defined above will be reduced by the amount of such withdrawal.

Certificate Years and Certificate Anniversaries are measured from the Plan Anniversary Date. For example, if the Effective Date of Certificate is the same as the Plan Anniversary Date of January 1, 2024, the first Certificate Year ends December 31, 2024. The first Certificate Month ends January 31, 2024, the first Monthly Anniversary is February 1, 2024, and the first Certificate Anniversary is January 1, 2025. If the Effective Date of Certificate is July 1, 2024 and the Plan Anniversary is January 1, 2024, the first Certificate Year ends December 31, 2024. The first Certificate Month ends July 31, 2024, the first Monthly Anniversary is August 1, 2024, and the first Certificate Anniversary is January 1, 2025.

"Change in Family Status" means:

- * a change in Your legal marital status such as by marriage, divorce, legal separation, death of Spouse or annulment, (this includes the forming of and dissolution of a Domestic Partnership);
- * a change in the number of Your dependents, such as by birth, adoption, placement for adoption, or death of a dependent;
- * Your purchase of a home;
- * a change in the employment status of You, Your Spouse or Your dependent child, such as beginning or ending employment, strike, lockout, taking or ending a leave of absence, changes in worksite or work schedule, if it causes You, Your Spouse or Your dependent child to gain or lose eligibility for life insurance;
- * a change of residence of You, Your Spouse or Your dependent child if it causes You, Your Spouse or Your dependent child to gain or lose eligibility for life insurance; and
- * Your dependent ceasing to be a Dependent as defined under This Plan.

Child includes:

- (a) Your natural child;
- (b) a child who is supported solely by You and permanently living in the home of which You are the head;
- (c) a child who is legally adopted; and
- (d) a stepchild (including the child of a Domestic Partner) who lives in Your home.



I. DEFINITIONS OF CERTAIN TERMS USED HEREIN - (Continued)

"Competing Plan" means any other life insurance plan, as determined by Us, which is offered to employees of the Employer and for which a majority of the employees who are eligible under This Plan are eligible.

"Covered Person" means the Insured's Spouse named on the Certificate Specifications page.

"Domestic Partner" means each of two people, one of whom is an Employee of the Employer, 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;
 4. sharing a primary residence with the other; 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.

"Effective Date of Certificate" is the date on which insurance coverage on the Covered Person takes effect.

"Gross Single Premium" means the total premium required to be paid to fund a Paid-up Benefit under the Certificate.

I. DEFINITIONS OF CERTAIN TERMS USED HEREIN - (Continued)

"Loan Account" is the account to which We transfer a portion of the Cash Value that will serve as collateral for the loan.

"Net Premium" means premiums received less any Premium Expense Charges.

"Net Single Premium" means the Gross Single Premium less any other charges for expenses.

"Payroll Deduction Plan" means the procedure for making premium contributions with deductions from Your salary.

"Policyholder" means Trustee of the MetLife Group Insurance Trust.

"Proof" means Written evidence satisfactory to Us that a person has satisfied the conditions and requirements for any benefit described in this Certificate including the payment of insurance. When a claim is made for any benefit payment described in this Certificate, Proof must establish:

- (a) the nature and the extent of the loss or condition;
- (b) Our obligation to pay the claim; and
- (c) the claimant's right to receive payment.

"Signed" means any symbol or method executed or adopted by a person with the present intention to authenticate a record, which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

"Spouse" means Your lawful Spouse. With respect to this Certificate and its Riders, the term also includes your Domestic Partner. The term does not include any person who:

- * is on active duty in the military of any country or international authority; however, active duty for this purpose does not include weekend or summer training for the reserve forces of the United States, including the National Guard; or
- * is insured under This Plan as an employee of the Employer.

"This Plan" means the Group Universal Life Insurance Plan for employees of the Employer provided under the Group Policy issued by Us to the Policyholder.

"We", "Us" and "Our" mean Metropolitan Life Insurance Company ("MetLife").

"Written" or "Writing" means a record which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

"You" and "Your" mean the Insured named on the Certificate Specifications page.



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II. PAYMENT WHEN THE COVERED PERSON DIES

1. Coverage

If the Covered Person dies before the earlier of the Final Date of Certificate and the date You elect Paid-up Benefits, We will pay:

The Death Benefit in effect on the Covered Person's life at the time of death;

MINUS

Any loan and loan interest;

MINUS

Any due and unpaid Monthly Deductions accruing during a Grace Period;

to the Beneficiary after We receive Proof of the Covered Person's death and a proper Written claim.

2. Death Benefit

The Death Benefit is either (a) or (b) below, but in no event less than the Minimum Death Benefit. The option chosen is set forth on the Certificate Specifications page.

(a) Option A: The amount of Death Benefit is fixed at the Specified Amount set forth on the Certificate Specifications page, subject to any Partial Cash Withdrawal You may have taken. It is composed of two parts - Insurance and the Cash Value. The amount of Insurance varies depending upon the Cash Value. To determine the amount of Insurance You subtract the Cash Value from the amount of Death Benefit.

(b) Option B: The amount of Death Benefit varies. It is composed of two parts - Insurance and the Cash Value. The amount of Insurance is fixed at the Specified Amount set forth on the Certificate Specifications page regardless of the Cash Value. The Cash Value is added to the amount of Insurance to determine the amount of Death Benefit.

3. Minimum Death Benefit

In no event will the Death Benefit be less than the amounts described below, nor will the Death Benefit be less than the minimum amount needed for this Certificate to qualify as life insurance under federal income tax law and Internal Revenue Service Rules which apply.

Your Age on the Date of Death	Minimum Death Benefit as a Percentage of the Cash Value
40 or younger	250%
45	215
50	185
55	150
60	130
65	120
70	115
75	105
80	105
85	105
90	105
95 or older	100

The Minimum Death Benefit will decrease uniformly within the age ranges shown. "Your Age on the Date of Death" means the Covered Person's age as of the beginning of the Certificate Year.



II. PAYMENT WHEN THE COVERED PERSON DIES - (Continued)

4. Death Benefit Adjustment

At any time after the first Certificate Year while this Certificate is in force, You may change the Death Benefit option or change (either increase or decrease) the Specified Amount, in accordance with the terms of This Plan on a date determined by the Employer, subject to the following:

- (a) In the event of a change in the Death Benefit option, We will change the Specified Amount as needed so that on the effective date of the change the amount of the Death Benefit will remain the same. Evidence of insurability may be required.
- (b) The Specified Amount may not be reduced to less than \$10,000.
- (c) For any change which would increase the Specified Amount, You must provide evidence of the Covered Person's insurability satisfactory to Us, except if You are paying under the Payroll Deduction Plan and such change is being requested due to a Change in Family Status, provided:
 - * the increase is \$10,000 or less that results in a new Specified Amount that does not exceed a maximum amount of \$50,000; and
 - * the change is requested within 31 days of the event.
- (d) A request for a change in the Specified Amount will take effect on the first of the month which coincides with or next follows:
 - (1) if evidence of insurability is required, the date We approve the request; or
 - (2) if evidence of insurability is not required, the date of the request.
- (e) We will provide a Written notice confirming this change. We may require that You send Us this Certificate to make the change.

Federal regulatory requirements potentially impact adjustments to the Specified Amount. In that circumstance We will notify You of Your options. We may return that portion of the Cash Value needed to meet those requirements.

III. MONTHLY DEDUCTION

The deduction for any Certificate Month is the sum of the following amounts, determined as of the beginning of that month.

- * The monthly cost of the Insurance (See Cost of Insurance below).
- * Any Administration Charges.
- * The monthly cost of any benefits provided by riders.

However, in certain instances the Monthly Deduction for a Certificate Month may not occur until a day up to 90 days after the start of that Certificate Month.

Interest Rate

The interest credited to the Cash Value for a specific month will be at an effective annual rate not less than the Guaranteed Interest Rate shown on the Certificate Specifications page.

We may declare rates of interest in excess of the Guaranteed Interest Rate entry shown on the Certificate Specifications page.

Once interest is credited, that interest will become part of the Cash Value from which Monthly Deductions are made. The Monthly Deduction will be charged against the most recent premiums paid and interest credited thereto.

Cost of Insurance

The Cost of the Insurance for any Certificate Month is equal to the monthly insurance rate multiplied by each \$1,000 of Your Death Benefit less the Cash Value. Monthly insurance rates will be set by Us from time to time. But these rates will never be more than the maximum rates shown in the table in section titled TABLE OF GUARANTEED MAXIMUM RATES FOR EACH \$1,000 OF INSURANCE.

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IV. PAYMENTS DURING THE COVERED PERSON'S LIFETIME

1. Payment on Final Date of Certificate

If the Covered Person is alive on the Final Date of Certificate, and You do not ask Us in Writing, prior to the Final Date, to continue the Certificate, We will pay You the Cash Surrender Value. Coverage under this Certificate will then end.

You may ask Us in Writing to continue this Certificate after the Final Date, provided such request is received prior to the Final Date. If You do, the Death Benefit will be equal to the Cash Value. The Insurance proceeds will equal the Death Benefit minus any outstanding Certificate loan and loan interest.

2. Surrender of Certificate

We will pay You all of the Cash Surrender Value after We receive Your request, in a format acceptable to Us, to surrender Your Certificate at Our Administrative Office. The Cash Surrender Value will be determined as of the date We receive Your request. If You request and are paid the full Cash Surrender Value, this Certificate and all of Our obligations under it will end. We may require that You return this Certificate with Your request before We pay You the full Cash Surrender Value.

3. Partial Cash Withdrawal

At any time You may request a Partial Cash Withdrawal. One Partial Cash Withdrawal per month may be taken as long as the Partial Cash Withdrawal does not exceed the Maximum Partial Cash Withdrawal. Each Partial Cash Withdrawal must be at least \$200. We will pay You the Partial Cash Withdrawal upon receipt of Your request at Our Administrative Office. The available Cash Surrender Value will be determined as of the date We receive Your request. When a Partial Cash Withdrawal is made, We will reduce the Cash Surrender Value by the amount of the Partial Cash Withdrawal.

The Maximum Partial Cash Withdrawal at any time is the Cash Surrender Value less twice the amount of the Monthly Deduction just prior to the Partial Cash Withdrawal.

Each Partial Cash Withdrawal is subject to an Administrative Charge equal to the lesser of \$25.00 or 2% of the amount of the Partial Cash Withdrawal.

If Option A is in effect, the Specified Amount will automatically be reduced by the sum of the amounts above. If the Specified Amount would be reduced to less than \$10,000, or to a level where the premiums already paid would exceed then current Internal Revenue Limits, We will contact You to determine if You want to cancel the request, withdraw a smaller amount, or surrender the Certificate.

IV. PAYMENTS DURING THE COVERED PERSON'S LIFETIME - (Continued)

4. Loan

You may get cash by taking a loan upon assignment of the Certificate as sole security. If there is an existing loan, You can increase it.

The maximum amount available for a new or increased loan will be 85% of the Cash Surrender Value.

The smallest amount You can borrow at any one time is \$200.

Loan interest is charged daily at the rate of 8.00% a year, and is due at the end of each Certificate Year. Interest not paid will be added to the loan principal. It will be added as of the due date and will be charged interest at the same rate as the rest of the loan. It will be deducted from the Cash Value and will be transferred to the Loan Account. The amount transferred will be treated as an increase in the loan.

5. Loan Repayment

You may repay all or part of a loan at any time while the Covered Person is alive and this Certificate is in force. You must tell Us when You make a payment if the payment is intended as a loan repayment rather than a premium payment. A loan repayment may not be made through the Payroll Deduction Plan. When loan principal repayments are received, a corresponding amount will be transferred from the Loan Account to the Cash Value.

6. Effect of a Loan on the Cash Value

When a loan is made, an amount equal to the loan will be transferred from the Cash Value to a Loan Account within the General Account.

Amounts in the Loan Account will be credited with interest at a rate We set but never less than 1.5%. Interest credited to amounts in the Loan Account will be allocated at least once a year to the Cash Value.

7. Deferment

We may defer paying a cash withdrawal value or the Cash Surrender Value for up to 6 months from the date We receive a request for payment. If We delay for 30 days or more, interest will be paid at a rate not less than 1.5% a year.

We may delay making a loan, except for a loan to pay a premium to Us, for up to 6 months from the date You request the loan.

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V. PREMIUMS

1. Payments

Premium contributions for this Certificate will be payable each month under the Payroll Deduction Plan. Under this plan, premium contributions will be sent to Us monthly by the Employer. These payments will be made with deductions from Your salary. However, You may be considered to be on the Payroll Deduction Plan under procedures, which are agreed upon by Us, and Your Employer.

This Payroll Deduction Plan procedure will end for You if:

- (a) Your employment ends; or
- (b) The Employer sends Us a Written request to end this procedure for You.

If this procedure ends for You while Your Insurance is in force, further premium contributions will be payable directly to Us based on Your new classification and according to the mode of premium payments that has been selected. See section titled TERMINATION/PORTABILITY.

The amount of Your premium contributions may be changed from time to time.

Other premiums may be paid at any time while the Insurance is in force and before the Final Date of Certificate and in any amount, subject to the limits described below.

If You are not paying under the Payroll Deduction Plan, We will send You premium notices.

If the Cash Value is large enough to keep Your Insurance in force You may skip premium contributions or change their frequency and amount.

2. Limits

The first premium may not be less than the Planned Premium shown on the Certificate Specifications page.

Each premium payment other than a Planned Premium must be at least \$20. We may change this minimum payment limit. No change will take effect until 90 days after notice is sent.

The total premiums paid in a Certificate Year may not exceed the maximum We set for that year. When We set the maximum for total premiums paid in a Certificate Year, We will take account of requirements in federal legislation. We will return to You any premiums paid in a Certificate Year which exceed the maximum.

3. Grace Period

If You are paying under the Payroll Deduction Plan and if the sum of the Cash Surrender Value on any Monthly Anniversary plus the Planned Premiums deducted from Your salary for that month is less than the Monthly Deduction for that month, there will be a Grace Period of 62 days after that anniversary to pay an amount that will cover the Monthly Deduction.

If You are not paying under the Payroll Deduction Plan and if the Cash Surrender Value on any Monthly Anniversary is less than the Monthly Deduction for that month, there will be a Grace Period of 62 days after that anniversary to pay an amount that will cover the Monthly Deduction. We will send You and any assignee on Our records at last known addresses a notice of the Grace Period.



V. PREMIUMS - (Continued)

If We do not receive a sufficient amount by the end of the Grace Period, Your Certificate will then end without value.

If the Covered Person dies during the Grace Period, We will pay the Death Benefit minus any loan and loan interest and minus any overdue Monthly Deduction.

4. Reinstatement

If the Grace Period has ended and You have not paid an amount that will cover the Monthly Deduction, You may request that this coverage be reinstated while the Covered Person is alive provided:

- (a) You have not surrendered this Certificate for its Cash Surrender Value; and
- (b) This Plan has not ended; and
- (c) You have not elected a Paid-up Benefit under this Certificate; and
- (d) You ask for reinstatement within 3 years after the end of the Grace Period; and
- (e) You provide evidence of the Covered Person's insurability satisfactory to Us; and
- (f) You pay the Monthly Deductions due through the end of the Grace Period plus the next 2 Monthly Deductions.

When You ask for reinstatement We will tell You the minimum amount You are required to pay to reinstate Your coverage. We will also tell You what the Cash Value and Cash Surrender Value will be at the date of reinstatement.

The Cash Surrender Value at the time of reinstatement will be based on the Cash Surrender Value at the start of the Grace Period less the Monthly Deductions through the end of the Grace Period and the premium paid at reinstatement.

The effective date of the reinstated coverage will be the Monthly Anniversary on or next following the date We approve the request.

5. Continuation of Insurance

If the Planned Premiums are not paid periodically as planned, the Insurance will remain in force as long as the Cash Surrender Value is sufficient to cover the Monthly Deduction. However, the Insurance will not continue beyond the Final Date of Certificate.

V. PREMIUMS - (Continued)

On any Monthly Anniversary when the Cash Surrender Value is less than the Monthly Deduction for that month, the Grace Period provision will apply.

If the Covered Person is living on the Final Date of Certificate and the Insurance is then in force, We will pay You the Cash Surrender Value unless We receive Your request, prior to the Final Date of Certificate, to continue the Covered Person's coverage under this Certificate. If We receive such request We will:

- (a) continue the Covered Person's Certificate with a Death Benefit equal to the Cash Surrender Value;
- (b) pay You the Cash Surrender Value when You request it, or pay Your Beneficiary after We receive Proof of the Covered Person's death;
- (c) stop the following deductions as of the Final Date of Certificate:
 - (i) the monthly cost of the Insurance;
 - (ii) any Administration Charge; and
 - (iii) the monthly cost of any riders.

The Planned Premium shown on the Certificate Specifications page may not provide coverage to the Final Date of Certificate. The period for which coverage will continue will be affected by:

- (a) the amount, time and frequency of premium payments;
- (b) changes in the Specified Amount and Death Benefit option;
- (c) changes in interest credits and the Cost of Insurance;
- (d) changes in applicable Charges, but not to exceed any maximum charge specified; and
- (e) any Partial Cash Withdrawals or loans under this Certificate.

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VI. TERMINATION/PORTABILITY

1. When the Covered Person's Death Benefit Ends

Your Certificate will no longer be in force on the earliest of the following:

- a. the date You surrender Your Certificate and We pay You the Cash Surrender Value, if any;
- b. the date of the Covered Person's death;
- c. the Final Date of Certificate;
- d. the date the Cash Surrender Value is not sufficient to cover the Monthly Deduction and the Grace Period has ended;
- e. the date the Spouse ceases to be a Spouse as defined in the section titled DEFINITIONS OF CERTAIN TERMS USED HEREIN;
- f. the date the Cash Surrender Value is not sufficient to cover the collateral for the Loan Account and the Grace Period has ended;
- g. You are no longer in a class which remains eligible for Death Benefits for the Covered Person;
- h. the date This Plan is changed to end coverage for the class or classes of employees of which You are a member;
- i. the date the Employer ends its participation in This Plan;
- j. the date MetLife ends This Plan pursuant to the following:

We reserve the right to terminate This Plan if any one of the following occurs:

- (1) during any one year period This Plan is in effect, the total of the Specified Amounts in effect for all participating employees of the Employer is diminished by more than 15%; or
- (2) if the Employer is providing a Competing Plan to eligible employees of This Plan; or
- (3) if the total number of employees participating in This Plan falls below 20% of the total number of employees eligible to participate in This Plan.

In the event We decide to exercise Our right to terminate This Plan, We will provide 90 days notice to the Employer, the Policyholder and all Certificateholders. For existing Certificateholders, see the Portability Option provision below and the section titled Premiums.

If This Plan ends for any reason and there is a Competing Plan, the Covered Person's Death Benefit will end if You are participating in the Payroll Deduction Plan. In this event, We reserve the right to pay You or the succeeding carrier, over a period of the next 5 years, the Cash Surrender Value of Your Certificate divided into annual (or more frequent) installments. If the payout is delayed in excess of 30 days, We will credit interest on any unpaid balance at a rate of not less than 1.5% per annum.

2. Portability Option

You are eligible to continue the Covered Person's Insurance if:

- a. Your employment with the Employer ends and You have not elected Paid-up Benefits; or
- b. You retire and You have not elected Paid-up Benefits.

VI. TERMINATION/PORTABILITY - (Continued)

In such event, We will automatically continue Your Insurance on the terms and conditions described in this Certificate, unless We are notified by You to the contrary.

When We continue Your Insurance under the Portability Option the following will occur:

1. You will have to pay Us directly for Your Insurance either on a quarterly, semi-annual, or annual basis.
2. We will bill You directly according to the payment frequency You choose.
3. We will reduce Your Cash Value, if any, by Your Monthly Deduction.
4. Your payments may be changed as a result of a change in premium rates.
5. The Administrative Charge may increase.

Your right to exercise the Portability Option will end on the earliest of the dates specified in items a - j above under When the Covered Person's Death Benefit Ends unless Your employment ended for reasons other than retirement.

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VII. BENEFICIARY

1. Your Beneficiary

The "Beneficiary" is the person or persons You choose to receive any benefit payable because of the Covered Person's death.

You make the 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 Us. You do not need the consent of the Beneficiary to make a change. When We receive 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 the Covered Person is 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 Us.

Your choice of a Beneficiary for a personal policy issued under section titled RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON THE COVERED PERSON'S LIFE will be effective for This Plan as well.

2. More Than One Beneficiary

If, when the Covered Person dies, more than one person is Your Beneficiary, they will share in the benefits equally, unless You have chosen otherwise.

3. Death of a Beneficiary

A person's rights as a Beneficiary end if:

- (a) that person dies before the Covered Person's death occurs; or
- (b) that person dies at the same time the Covered Person's death occurs; or
- (c) that person dies within 24 hours of the Covered Person's death.

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

4. No Beneficiary at the Covered Person's Death

If there is no Beneficiary at the Covered Person's death for any amount of benefits payable because of the Covered Person's death, that amount will be paid to You, if still living, otherwise to Your estate.

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

**VIII. RIGHT TO OBTAIN A PERSONAL
POLICY OF LIFE INSURANCE ON THE COVERED PERSON'S LIFE**

1. General Description

If the Covered Person's Death Benefit ends or is reduced for any of the reasons stated below, You have the option to buy an individual policy of life insurance ("new policy") from Us during the Application Period in accordance with the conditions and requirements of this section. This is referred to as the "option to convert". Evidence of the Covered Person's insurability will not be required.

2. When You Will Have the Option to Convert

You will have the option to convert when:

- * the Covered Person's Death Benefit ends because:
 - * the Plan ends provided the Covered Person's Death Benefit under This Plan has been in effect for 5 years; or
 - * This Plan is amended to end Death Benefits for an eligible class of which You are a member, provided the Covered Person's Death Benefit under This Plan has been in effect for at least 5 years; or
 - * You are no longer in a class which remains eligible for Death Benefits for the Covered Person, and You did not accept the Portability Option (see section titled TERMINATION/PORTABILITY).
- * the Covered Person's Death Benefit is reduced:
 - * because You change from one eligible class to another; or
 - * due to an amendment of the Plan.

If You opt not to convert a reduction in the amount of the Covered Person's Death Benefit as described above, You will not have the option to convert that amount at a later date.

A reduction in the amount of the Covered Person's Death Benefit as a result of the payment of an accelerated benefit will not give rise to a right to convert under this section.

The Covered Person will have the option to convert when the Covered Person's Death Benefit ends because:

- * the Spouse ceases to be a Spouse as defined in the section titled Definitions Of Certain Terms Used Herein; or
- * You die.

3. Application Period

If You opt to convert the Covered Person's Death Benefit for any of the reasons stated above, We must receive a completed conversion application form from You within the Application Period described below.

If You are given Written notice of the option to convert within 15 days before or after the date the Covered Person's Death Benefit ends or is reduced, the Application Period begins on the date that such Death Benefit ends or is reduced and expires 31 days after such date.

If You are given Written notice of the option to convert more than 15 days after the date the Covered Person's Death Benefit ends or is reduced, the Application Period begins on the date such Death Benefit ends or is reduced and expires 15 days from the date of such notice. In no event will the Application Period exceed 91 days from the date the Covered Person's Death Benefit ends or is reduced.

4. Option Conditions

The option to convert is subject to these conditions:

- * Our receipt within the Application Period of:
 - * Your Written application for the new policy; and
 - * the premium due for such new policy;



**VIII. RIGHT TO OBTAIN A PERSONAL
POLICY OF LIFE INSURANCE ON THE COVERED PERSON'S LIFE - (Continued)**

- * the premium rates for the new policy will be based on:
 - * Our rates then in use;
 - * the form and amount of insurance;
 - * the Covered Person's class of risk; and
 - * the Covered Person's attained age when the Covered Person's Death Benefit ends or is reduced;
- * the new policy may be on any form then customarily offered by Us, excluding term insurance;
- * the new policy will be issued without an accidental death and dismemberment benefit, a continuation benefit, an accelerated benefit option, a waiver of premium benefit or any other rider or additional benefits; and
- * the new policy will take effect on the 32nd day after the date the Covered Person's Death Benefit ends or is reduced; this will be the case regardless of the duration of the Application Period.

5. Maximum Amount of the New Policy

If the Covered Person's Death Benefit ends due to the end of this Plan or this Plan is amended to end coverage for the class of which You are a member, the maximum amount of insurance that You may elect for the new policy is the lesser of:

- * the Specified Amount of the Covered Person's Death Benefit that ends under the Plan; less
- * the amount of life insurance on the Covered Person for which You become eligible under any group policy within 31 days after the date the Death Benefit ends under the Plan; or
- * \$10,000.

If the Covered Person's Death Benefit ends for any other reason or is reduced, the maximum amount of insurance that You may elect for the new policy is the amount of the Covered Person's Death Benefit which ends under the Plan.

6. If the Covered Person Dies Within 31 Days After the Covered Person's Death Benefit Ends

If the Covered Person dies within 31 days after the Covered Person's Death Benefit ends, Proof of the Covered Person's death must be sent to Us. When We receive such Proof with the claim, We will review the claim and if We approve it, We will pay the Beneficiary the amount of Death Benefit that the Covered Person was entitled to have issued under the new policy, whether or not the application or any premium for such new policy has been received by Us.

We will not pay insurance under both a new policy applied for during the Application Period and this subsection.

IX. PAID-UP BENEFITS

1. Coverage

At any time while This Plan is in effect for You, You may elect to terminate the Covered Person's Death Benefit and use all or part of the Cash Surrender Value as a Gross Single Premium for a Paid-up Benefit under this Certificate. If You elect to do this, the Covered Person's Death Benefit and any benefits provided under any applicable Certificate Rider, (see Certificate Specifications page) will end on the day before the Covered Person becomes covered for Paid-up Benefits. You will receive a new Certificate Specifications page if You elect a Paid-up Benefit. If You elect a Paid-up Benefit, the election cannot be reversed.

The maximum rates used to determine the Gross Single Premium for a Paid-up Benefit will be based on the 2017 Commissioners Standard Ordinary Table. The interest rate will be an annual minimum rate of 1.5%, and an expense charge will not be applied.

You may choose the amount of Paid-up Benefit, provided that:

- (1) the Covered Person's Cash Surrender Value must be sufficient to cover the Gross Single Premium required for the amount chosen; and
- (2) the amount must be at least \$10,000; and
- (3) the amount cannot exceed the amount of Death Benefit for which the Covered Person was covered under This Plan immediately before electing a Paid-up Benefit.

Any amount of the Covered Person's Cash Surrender Value that is in excess of the Gross Single Premium used for the Covered Person's Paid-up Benefit will be returned to You in cash.

Any change in Beneficiary from the Beneficiary You named for the Covered Person's Death Benefit must be filed with Us.

2. Cash Value

The Covered Person's Paid-up Benefit has a cash value while the Covered Person is alive.

The cash value at any time will equal the Net Single Premium at the Covered Person's attained age for the amount of the Covered Person's Paid-up Benefit, using the same basis as We used to determine the amount of Paid-up Benefit.

We will pay You the cash value of the Covered Person's Paid-up Benefit under the same conditions as if You surrender Your Certificate for the full Cash Surrender Value of the Death Benefit.

You will not be permitted to obtain cash by taking a Partial Cash Withdrawal or a loan.

3. When Paid-Up Benefits End

If You request and are paid the cash value, this Certificate and all of Our obligations under it will end. Otherwise, the Paid-up Benefit will continue until the Covered Person's death and We will pay the Paid-up Benefit to the Beneficiary after We receive Proof of the Covered Person's death.

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X. TERMINATION OF MARRIAGE OR YOUR DEATH

If Your marriage to the Covered Person ends while the Covered Person is still covered for an amount of Insurance, We will pay You the Cash Surrender Value. Coverage under this Certificate will end. If You die while the Covered Person is still covered for an amount of Insurance, We will pay Your estate the Cash Surrender Value. Coverage under this Certificate will end. In the event of termination of marriage or Your death, the Covered Person may make Written request to remain insured under this Plan. If such request is made We will issue a Certificate to the Covered Person setting forth the applicable benefits.

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XI. GENERAL PROVISIONS

1. Optional Types of Payment

Payments which are provided under this Certificate may be made in other than a lump sum. Details on the payment options may be obtained from Us.

2. Entire Contract

Your Insurance is provided under a contract of group insurance with the Policyholder. The entire contract with the Policyholder is made up of the following:

- * the Group Policy and its Exhibits, which include the Certificate(s);
- * the Policyholder's application; and
- * the amendments and/or endorsements to the Group Policy.

3. Statements Made By You and/or the Covered Person Which Relate To Insurability

Any statement made by You and/or the Covered Person will be considered a representation and not a warranty. We will not use such statement to avoid insurance, reduce benefits or defend a claim unless the following requirements are met:

- * the statement is in a Written application or enrollment form;
- * You (and the Covered Person, if required) have signed the application or enrollment form; and
- * A copy of the application or enrollment form has been given to You or Your Beneficiary.

We will not use Your and/or the Covered Person's statements which relate to insurability to contest life Insurance after it has been in force for at least 2 years during the Covered Person's life. In addition, We will not use such statements to contest an increase or benefit addition to such Insurance after the increase or benefit has been in force for 2 years during the Covered Person's life.

In the case of reinstatement of Your Insurance, no such statement made by You and/or the Covered Person during the application for reinstatement will be used at all after such Insurance has been in force prior to the contest and after the reinstatement for a period of two years during the lifetime of a person to whom the statement applies.

4. Certificate

If the Group Policy is amended by changes which affect the description of the essential features of insurance contained in this Certificate, a supplement to this Certificate or a revised Certificate reflecting such changes will be issued. In addition, if benefits described in this Certificate are changed upon Your request, a new Certificate Specifications page or a Certificate Rider, or a revised Certificate reflecting such change will be issued. This Certificate supersedes and replaces any previously issued Certificates.

5. Applicant Owner

The Applicant Owner is the sole owner of all rights, title and interest under this Certificate and is named as the Owner on the Certificate Specifications page.

When referring to the rights, title, and interest provided under this Certificate, the terms "You/Your" will mean the Applicant Owner for purposes of such rights, title and interest. The terms "You/Your" will continue to mean the Insured person for purposes of identifying the employee under This Plan.

An individual or entity may apply for coverage on the Covered Person's life as an Applicant Owner under this Certificate provided the following conditions are met:

- 1) Coverage has been applied for on a Written form satisfactory to Us that has been Signed by the Applicant Owner and Covered Person; and
- 2) No one else is an Applicant Owner and there is no assignee under this Certificate with respect to this Covered Person's coverage.

We are not responsible for the validity of an Applicant Owner designation other than as required by applicable law.



XI. GENERAL PROVISIONS - (Continued)

6. Assignment

You may assign Your rights, title and interest under this Certificate as a gift or as a viatical assignment.

Once assigned, when referring to the rights, title, and interest provided under this Certificate, the term "You/Your" will mean the assignee(s) for purposes of such rights, title and interest. The terms "You/Your" will continue to mean the Insured person for purposes of identifying the employee under This Plan.

We will recognize the assignee(s) under such assignment as owner(s) of Your rights, title and interest in this Certificate if:

- * a Written form satisfactory to Us, affirming this assignment, has been completed;
- * the Written form has been Signed by You and the assignee(s);
- * the Insurance being assigned is in force;
- * the Written form is delivered to Us for recording.

We are not responsible for the validity of an assignment other than as required by applicable law.

7. Suicide

The Death Benefit or Paid-Up Benefit will not be paid if the Covered Person commits suicide, while sane or insane, within 2 years from the Effective Date of Certificate. Instead We will pay the Beneficiary an amount equal to all premiums paid, without interest, less any loan and loan interest and less any Cash Withdrawals. If the Covered Person commits suicide, while sane or insane, more than 2 years after the Effective Date of Certificate but within 2 years from the effective date of any increase in the Death Benefit, Our liability with respect to such increase will be limited to its cost.

8. Age

If the Covered Person's Date of Birth is not correct as shown on the Certificate Specifications page, We will adjust the benefits under this Certificate. The adjusted benefits will be those that the sum of the Monthly Deductions taken for the period in force would have provided at the correct age.

9. Computation of Rates

The maximum insurance rates are shown in the section titled TABLE OF GUARANTEED MAXIMUM RATES FOR EACH \$1,000 OF INSURANCE.

10. Changes In Certificate Cost Factors

Certificate Cost Factors are interest rates, Cost of Insurance rates, expense charges and Administrative Charges. Changes in Certificate Cost Factors will be by class and based on changes in future expectations for such elements as investment earnings, mortality, persistency, expenses and taxes. Any change in Certificate Cost Factors will be determined in accordance with procedures and standards on file, if required, with the insurance supervisory official of the jurisdiction in which the Group Policy is delivered. Certificate Cost Factors for in force Certificates will be reviewed at least once every five years to determine whether an adjustment in Certificate Cost Factors should be made.

XI. GENERAL PROVISIONS - (Continued)

11. Annual Reports

Each year, if there has been an amount in the Cash Value at the end of any of the preceding 12 Certificate Months, We will send You a report showing the current Death Benefit, Net Premiums and Cash Value for this Certificate.

It will also show the amount and type of credits to and deductions from the Cash Value during the past Certificate Year.

The report will also include any other information required by the insurance supervisory official of the jurisdiction in which this Certificate is delivered.

We may, at Our option, provide reports more frequently than on an annual basis (e.g., semi-annually or quarterly).

12. Right To Change This Certificate

We reserve the right to make changes in this Certificate or any Certificate Riders in order to comply with applicable laws and regulations. Any such change will apply to all Certificates under This Plan. We also will give the Insured Written notice of any such change.

13. Illustration of Future Benefits

At any time, We will provide an illustration of the future benefits and values under Your Certificate. You must ask in Writing for this illustration and pay the service fee set by Us.

14. Conformity with Law

If the terms and the provisions of this Certificate do not conform to any applicable law, this Certificate shall be interpreted to so conform.

15. Filing a Claim

Contact Us to obtain a claim form. At that time, We will send the claim form to the Beneficiary of record.

When We receive the completed claim form and Proof, We will review the claim. If We approve the claim, We will pay benefits subject to the terms and provisions of this Certificate and the Group Policy.

A claimant should send Us Proof as soon as is reasonably possible after the death of an Insured.

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XII. TABLE OF GUARANTEED MAXIMUM RATES FOR EACH \$1,000 OF INSURANCE

<u>Attained Age</u>	<u>Monthly Rate</u>	<u>Attained Age</u>	<u>Monthly Rate</u>
56	1.527000	79	16.093000
57	1.667000	80	17.930000
58	1.827000	81	19.993000
59	2.013000	82	22.410000
60	2.223000	83	25.280000
61	2.467000	84	28.577000
62	2.740000	85	32.360000
63	3.047000	86	36.660000
64	3.377000	87	41.480000
65	3.727000	88	46.727000
66	4.100000	89	52.280000
67	4.500000	90	58.017000
68	4.940000	91	63.760000
69	5.447000	92	69.417000
70	6.037000	93	74.837000
71	6.733000	94	79.773000
72	7.543000	95	84.953000
73	8.460000	96	91.097000
74	9.480000	97	97.757000
75	10.587000	98	104.980000
76	11.777000	99	112.627000
77	13.063000		
78	14.487000		

XIII. 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.

No agent has the authority to accept or to waive the required Proof of a claim.

As soon as the Covered Person's benefits end, You should consult Your Employer if You are paying under the Payroll Deduction Plan or MetLife if You are not paying under the Payroll Deduction Plan to find out what rights, if any, You may have to continue the Covered Person's protection.

Our Home Office is located at 200 Park Avenue, New York, New York 10166.
Our Administrative Office is located at 11330 Olive Boulevard, St. Louis, MO 63141.

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Metropolitan Life Insurance Company
New York, New York 10166

Rider: Accelerated Benefits

This Rider is a part of the Certificate to which it is attached if Accelerated Benefits are referred to on the Certificate Specifications page. The Accelerated Benefits are subject to all of the terms and conditions as specifically stated in this Rider. In all other respects, Accelerated Benefits shall be administered as part of the Certificate to which this Rider is attached.

1. Definitions

A. "Meets the Requirements" means that as a result of sickness or injury the Covered Person:

- (a) is not expected to recover; and
- (b) in fact, is expected to die in 12 months.

These must be certified by a Physician and accepted by Us.

B. **Physician** means:

- * a person licensed to practice medicine in the jurisdiction where such services are performed; or
- * any other person whose services, according to applicable law, must be treated as Physician's services for purposes of This Plan. Each such person must be licensed in the jurisdiction where the service is performed and must act within the scope of that license. Such person must also be certified and/or registered if required by such jurisdiction.

The term does not include:

- * You
- * Your Spouse; or
- * any member of Your immediate family including Your and/or Your Spouse's:
 - * parents;
 - * children (natural, step or adopted);
 - * siblings;
 - * grandparents; or
 - * grandchildren.

2. Coverage

We will pay Accelerated Benefits to You if:

- (a) the Covered Person Meets the Requirements while the Covered Person is covered for Accelerated Benefits; and
- (b) You or Your legally appointed representative request payment of Accelerated Benefits; and
- (c) the Covered Person is covered for Insurance under This Plan.

Payment of Accelerated Benefits will reduce the Covered Person's Death Benefit and the amount available for the Covered Person to convert to a personal policy of life insurance under RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON THE COVERED PERSON'S LIFE.

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3. Eligibility

The Eligibility Date for Accelerated Benefits is the later of January 1, 2024 and the Effective Date of Certificate.

4. Effective Date of Accelerated Benefits

Accelerated Benefits will become effective on the later of the Covered Person's Eligibility Date for Accelerated Benefits and the date the Covered Person becomes covered for Insurance under This Plan.

5. Exclusions

Accelerated Benefits will not be payable if:

- (a) the Covered Person's Death Benefit has been assigned by You; or
- (b) the amount of the Covered Person's Specified Amount is less than \$20,000, or
- (c) the Covered Person has elected to receive Paid-Up Benefits.

6. Amount

The amount of Accelerated Benefits payable is:

- (a) up to 80% of the Specified Amount shown on the Certificate Specifications page; and
- (b) determined as of the date We accept certification that the Covered Person Meets the Requirements; and
- (c) no more than \$1,000,000; and
- (d) reduced by any loan and loan interest outstanding under the Certificate to which this Rider is attached. In this event, the loan would be repaid to the extent of such reduction.

If the Covered Person's Specified Amount is scheduled to reduce within 12 months of such certification date, We will, for the purpose of determining the amount of Accelerated Benefits, deem the Specified Amount to have already been reduced on such certification date. If such reduced amount is less than the Minimum Death Benefit no Accelerated Benefits will be payable.

The Covered Person's Specified Amount after payment of the Accelerated Benefit will be:

- (a) the Specified Amount actually in effect on the certification date; less
- (b) the amount of Accelerated Benefits requested.

When the scheduled reduction date occurs, the Covered Person's Specified Amount will be reduced. The Specified Amount actually in effect on the certification date will be reduced in accordance with the provisions of This Plan.

After such scheduled reduction, the Covered Person's Specified Amount will be the Specified Amount actually in effect on the certification date:

REDUCED BY

the amount of such scheduled reduction; and

MINUS

the amount of Accelerated Benefits requested.

Payment of the Accelerated Benefits will reduce the Covered Person's Death Benefit.

7. Payment of Benefits

Accelerated Benefits will be payable when We receive notice and satisfactory proof that the Covered Person Meets the Requirements. Accelerated Benefits will be payable if You are living when payment is made. Accelerated Benefits are payable only once.

Payment of Accelerated Benefits may reduce the Covered Person's Death Benefit to an amount less than the Minimum Death Benefit described in the Certificate to which this Rider is attached. If this occurs We will automatically pay out a Partial Cash Withdrawal on a pro-rata basis to reduce the Cash Value. This procedure will be used so that the Certificate continues to qualify as life insurance under the Internal Revenue Code or successor law.

8. When Accelerated Benefits End

- (a) These benefits will end if the Certificate to which this Rider is attached ends.
- (b) These benefits will end on the day before the Covered Person becomes covered for Paid-Up Benefits.
- (c) If This Plan ends these benefits will end unless the Certificate to which this Rider is attached continues to be in force.
- (d) If Your employment with the Employer ends these benefits will end unless the Certificate to which this Rider is attached continues to be in force.

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Metropolitan Life Insurance Company,

Michel Khalaf
President



Metropolitan Life Insurance Company
New York, New York 10166

Rider: Accidental Death and Dismemberment Insurance

This Rider is a part of the Certificate to which it is attached if Accidental Death and Dismemberment Insurance is referred to on the Certificate Specifications page. Accidental Death and Dismemberment Insurance is subject to all of the terms and conditions as specifically stated in this Rider. In all other respects, Accidental Death and Dismemberment Insurance shall be administered as part of the Certificate to which this Rider is attached.

1. Coverage

If the Covered Person sustains an accidental injury that is the Direct and Sole Cause of a Covered Loss described in the Table of Covered Losses and Benefit Amounts section, Proof of the accidental injury and Covered Loss must be sent to Us. When We receive such Proof We will review the claim and if We approve it, will pay the insurance that is in effect on the date of the injury.

2. Presumption of Death

The Covered Person will be presumed to have died as a result of an accidental injury if:

- * an aircraft or other vehicle in which the Covered Person was traveling disappears, sinks, or is wrecked; and
- * the body of the person who has disappeared is not found within 1 year of:
 - * the date the aircraft or other vehicle was scheduled to have arrived at its destination, if traveling in an aircraft or other vehicle operated by a Common Carrier; or
 - * the date the person is reported missing to the authorities, if traveling in any other aircraft or vehicle.

3. Definitions

1. "**Accidental Death and Dismemberment Insurance**", when referred to in this Rider, mean all applicable Accidental Death and Dismemberment Insurance as per the Table of Covered Losses and Benefit Amounts section, unless specified otherwise.
2. "**Beneficiary**" means, for the purpose of this Rider, the person or persons to receive any benefit payable because of the Covered Person's death.
3. "**Child**" means Your natural or adopted child or stepchild (including the child of Your Domestic Partner).
4. "**Common Carrier**" means a government regulated entity that is in the business of transporting fare paying passengers.

The term does not include:

- * chartered or other privately arranged transportation;
- * taxis; or
- * limousines.



5. **"Direct and Sole Cause"** means that the Covered Loss occurred within 12 months of the date of the accidental injury and was a direct result of the accidental injury, independent of other causes.

We will deem a loss to be the direct result of an accidental injury if it results from unavoidable exposure to the elements and such exposure was a direct result of an accident.

6. **"Full Amount"** means the amount of Accidental Death and Dismemberment Insurance for which the injured party is covered on the date of the injured party's accident. The Full Amount is shown on the Certificate Specifications page.

7. **"Hospital"** means a facility which is licensed as such in the jurisdiction in which it is located and:
- * provides a broad range of medical and surgical services on a 24 hour a day basis for injured and sick persons by or under the supervision of a staff of Physicians; and
 - * provides a broad range of nursing care on a 24 hour a day basis by or under the direction of a registered professional nurse.

8. **"Hospitalized"** means that a person has received:

- (1) inpatient Hospital care; or
- (2) care in:
 - (i) a hospice; or
 - (ii) an intermediate care facility; or
 - (iii) a long-term care facility; or
- (3) chemotherapy; or
- (4) radiation therapy; or
- (5) dialysis treatment.

9. **"Physician"** means:

- * a person licensed to practice medicine in the jurisdiction where such services are performed;
- or
- * any other person whose services, according to applicable law, must be treated as Physician's services for purposes of This Plan. Each such person must be licensed in the jurisdiction where the service is performed and must act within the scope of that license. Such person must also be certified and/or registered if required by such jurisdiction.

The term does not include:

- * the Covered Person;
- * the Covered Person's Spouse; or
- * any member of the Covered Person's immediate family including the Covered Person's and/or the Covered Person's Spouse's:
 - * parents;
 - * children (natural, step or adopted);
 - * siblings;
 - * grandparents; or
 - * grandchildren.

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4. Eligibility

The Eligibility Date for Accidental Death and Dismemberment Insurance is the Effective Date of Certificate.

5. Effective Dates of Accidental Death and Dismemberment Insurance

A. Effective Date

Written request must be made for Accidental Death and Dismemberment Insurance for the Covered Person. The request forms will be provided by Us.

The Accidental Death and Dismemberment Insurance will become effective on the later of:

- (a) Your Eligibility Date for this Insurance;
- (b) the Effective Date of Certificate; and
- (c) the first day of the month following the date of Your request

provided You are actively at work on that date.

If You are not actively at work on the date that this insurance would otherwise take effect, the insurance will take effect on the date You resume active work.

B. Changes in the Amount of Accidental Death and Dismemberment Insurance

The Full Amount of the Accidental Death and Dismemberment Insurance for the Covered Person on the Effective Date is shown on the Certificate Specifications page.

A request to increase or decrease the life insurance benefit amount for the Covered Person will result in the same increase or decrease of Accidental Death and Dismemberment Insurance for the Covered Person not to exceed the maximum Accidental Death and Dismemberment Full Amount in accordance with the terms of This Plan as specified in the Group Policy.

C. Reinstatement of Insurance

If the Accidental Death and Dismemberment Insurance ends because a required payment to the cost of these benefits is not made, a request may be made to reinstate these benefits.

6. Exclusions

We will not pay benefits under this Rider for any Covered Loss shown in the Table of Covered Losses and Benefit Amounts section caused or contributed to by:

1. physical or mental illness or infirmity, or the diagnosis or treatment of such illness or infirmity;
2. an infection, other than infection occurring in an external accidental wound or from accidental food poisoning;
3. suicide or attempted suicide;
4. intentionally self-inflicted injury;
5. active duty service in the military of any country or international authority; however, active duty for this purpose does not include weekend or summer training for the reserve forces of the United States, including the National Guard;

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6. any incident related to:

- * travel in an aircraft as a pilot, crew member, flight student or while acting in any capacity other than as a passenger;
- * travel in an aircraft for the purpose of parachuting or otherwise exiting from such aircraft while it is in flight;
- * parachuting or otherwise exiting from an aircraft while such aircraft is in flight except for self-preservation;
- * travel in an aircraft or device used:
 - * for testing or experimental purposes;
 - * by or for any military authority; or
 - * for travel or designed for travel beyond the earth's atmosphere;

7. committing or attempting to commit a felony;

8. the voluntary intake or use by any means of:

- * any drug, medication or sedative, unless it is:
 - * taken or used as prescribed by a Physician, or
 - * an "over the counter" drug, medication or sedative taken as directed;
- * alcohol in combination with any drug, medication, or sedative; or
- * poison, gas, or fumes; or

9. war, whether declared or undeclared; or act of war, insurrection, rebellion, or riot.

Exclusion for Intoxication

We will not pay benefits under this section for any loss if the injured party is intoxicated at the time of the incident and is the operator of a vehicle or other device involved in the incident.

"Intoxicated" means, that the injured person's blood alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident occurred.

7. Table of Covered Losses and Benefit Amounts

All amounts listed are stated as percentages of the Full Amount shown on the Certificate Specifications page.

A. Accidental Death and Dismemberment Insurance For the Covered Person

1. Covered Loss (subject to Exclusions provision)	Benefit Amount
Loss of life.....	100%
Loss of a hand permanently severed at or above the wrist but below the elbow.....	50%
Loss of a foot permanently severed at or above the ankle but below the knee.....	50%
Loss of an arm permanently severed at or above the elbow.....	75%
Loss of a leg permanently severed at or above the knee.....	75%
Loss of sight in one eye.....	50%

"Loss of sight" means permanent and uncorrectable loss of sight in the eye. Visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees.

Loss of any combination of hand, foot, or sight of one eye, as defined above.....	100%
Loss of the thumb and index finger of same hand.....	25%

"Loss of thumb and index finger of same hand" means that the thumb and index finger are permanently severed through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb.

Loss of speech and loss of hearing.....	100%
Loss of speech or loss of hearing.....	50%

"Loss of speech" means the entire and irrecoverable loss of speech that continues for 6 consecutive months following the accidental injury.

"Loss of hearing" means the entire and irrecoverable loss of hearing in both ears that continues for 6 consecutive months following the accidental injury.

Paralysis of both arms and both legs.....	100%
Paralysis of both legs.....	50%
Paralysis of the arm and leg on either side of the body.....	50%
Paralysis of one arm or leg.....	25%

"Paralysis" means loss of use of a limb, without severance. A Physician must determine the paralysis to be permanent, complete and irreversible.

Brain Damage.....	100%
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"Brain Damage" means permanent and irreversible physical damage to the brain causing the complete inability to perform all the substantial and material functions and activities normal to everyday life. Such damage must manifest itself within 30 days of the accidental injury, require a Hospitalization of at least 5 days and persist for 12 consecutive months after the date of the accidental injury.

Coma.....	1% monthly beginning on the 7th day of the Coma for the duration of the Coma to a maximum of 60 months
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"Coma" means a state of deep and total unconsciousness from which the comatose person cannot be aroused. Such state must begin within 30 days of the accidental injury and continue for 7 consecutive days.

2. Additional Benefits:
(Benefit Amount is indicated on applicable Additional Benefit page.)

Additional Benefit	Applicable
Air Bag Use	Yes
Seat Belt Use	Yes
Child Care	Yes
Child Education	Yes
Common Carrier	Yes
Hospital Confinement	Yes

8. Payment of Benefits

For any loss sustained by the Covered Person We will pay benefits to You.

If the Covered Person sustains more than one Covered Loss due to an accidental injury, the amount We will pay, on behalf of such injured person, will not exceed the Full Amount shown on the Certificate Specifications page.

We will pay benefits in one sum. Other modes of payment may be available upon request. For details call Our toll free number shown on the Certificate Face Page.

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ADDITIONAL BENEFIT: AIR BAG USE

If the Covered Person dies as a result of an accidental injury, We will pay this additional benefit if:

1. We pay a benefit for loss of life under the Table of Covered Losses and Benefit Amounts section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that the deceased person:
 - * was in an accident while driving or riding as a passenger in a Passenger Car equipped with an Air Bag(s);
 - * was riding in a seat protected by an Air Bag;
 - * was wearing a Seat Belt which was properly fastened at the time of the accident; and
 - * died as a result of injuries sustained in the accident.

A police officer investigating the accident must certify that the Seat Belt was properly fastened and that the Passenger Car in which the deceased was traveling was equipped with Air Bags. A copy of such certification must be submitted to Us with the claim for benefits.

Passenger Car means any validly registered four-wheel private passenger car, four-wheel drive vehicle, pick-up truck or mini-van. It does not include any commercially licensed car, any private car being used for commercial purposes, or any vehicle used for recreational or professional racing.

Seat Belt means any restraint device that:

- * meets published United States government safety standards;
- * is properly installed by the car manufacturer; and
- * is not altered after the installation.

The term includes any child restraint device that meets the requirements of state law.

Air Bag means an inflatable restraint device that:

- * meets published United States government safety standards;
- * is properly installed by the car manufacturer; and
- * is not altered after the installation.

BENEFIT AMOUNT

The Air Bag Use benefit is an additional benefit equal to 5% of the applicable Full Amount shown on the Certificate Specifications page. However, the amount We will pay for this benefit will not be less than \$1,000 or more than \$10,000.

BENEFIT PAYMENT

For loss of the Covered Person's life, We will pay benefits to You.

ADDITIONAL BENEFIT: SEAT BELT USE

If the Covered Person dies as a result of an accidental injury, We will pay this additional Seat Belt Use benefit if:

- 1. We pay a benefit for loss of life under the Table of Covered Losses and Benefit Amounts section;
- 2. this benefit is in effect on the date of the injury; and
- 3. We receive Proof that the deceased person
 - * was in an accident while driving or riding as a passenger in a Passenger Car;
 - * was wearing a Seat Belt which was properly fastened at the time of the accident; and
 - * died as a result of injuries sustained in the accident.

A police officer investigating the accident must certify that the Seat Belt was properly fastened. A copy of such certification must be submitted to Us with the claim for benefits.

Passenger Car means any validly registered four-wheel private passenger car, four-wheel drive vehicle, pick-up truck or mini-van. It does not include any commercially licensed car, any private car being used for commercial purposes, or any vehicle used for recreational or professional racing.

Seat Belt means any restraint device that:

- * meets published United States Government safety standards;
- * is properly installed by the car manufacturer; and
- * is not altered after the installation.

The term includes any child restraint device that meets the requirements of state law.

BENEFIT AMOUNT

The Seat Belt Use benefit is an additional benefit equal to 10 % of the applicable Full Amount shown on the Certificate Specifications page. However, the amount We will pay for this benefit will not be less than \$1,000 or more than \$25,000.

BENEFIT PAYMENT

For loss of the Covered Person's life, We will pay benefits to You.

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ADDITIONAL BENEFIT: CHILD CARE

If the Covered Person dies as a result of an accidental injury, We will pay this additional Child Care benefit if:

1. We pay a benefit for loss of such person's life under the Table of Covered Losses and Benefit Amounts section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that on the date of death a Child was:
 - * enrolled in a Child Care Center; or
 - * within 12 months after that date, a Child was enrolled in a Child Care center.

Child Care Center means a facility that:

- * is operated and licensed according to the law of the jurisdiction where it is located; and
- * provides care and supervision for children in a group setting on a regularly scheduled and daily basis.

BENEFIT AMOUNT

For each Child who qualifies for this benefit, We will pay an amount equal to the future Child Care Center charges incurred for a period of up to 4 consecutive years, not to exceed:

- * an annual maximum of \$5,000; and
- * an overall maximum of 12% of the applicable Full Amount shown on the Certificate Specifications page.

We will not pay for Child Care Center charges incurred after the date a Child attains age 13.

We may require Proof of the Child's continued enrollment in a Child Care Center during the period for which a benefit is claimed.

BENEFIT PAYMENT

We will pay this benefit quarterly when We receive Proof that Child Care Center charges have been paid. Payment will be made to the person who pays such charges on behalf of the Child.

If this benefit is in effect on the date the Covered Person dies and there is no Child who could qualify for it, We will pay \$1,000 to the Beneficiary in one sum.

ADDITIONAL BENEFIT: CHILD EDUCATION

If the Covered Person dies as a result of an accidental injury, We will pay this additional Child Education benefit if:

- 1. We pay a benefit for loss of such person's life under the Table of Covered Losses and Benefit Amounts section;
- 2. this benefit is in effect on the date of the injury; and
- 3. We receive Proof that on the date of death a Child was:
 - * enrolled as a full-time student in an accredited college, university or vocational school above the 12th grade level; or
 - * at the 12th grade level and, within one year after that date, enrolls as a full-time student in an accredited college, university or vocational school.

BENEFIT AMOUNT

For each Child who qualifies for this benefit, We will pay an amount equal to the future tuition charges incurred for a period of up to 4 consecutive academic years, not to exceed:

- * an academic year maximum of \$10,000; and
- * an overall maximum of 20% of the deceased person's Full Amount shown on the Certificate Specifications page.

We may require Proof of the Child's continued enrollment as a full-time student during the period for which a benefit is claimed.

BENEFIT PAYMENT

We will pay this benefit semi-annually when We receive Proof that tuition charges have been paid. Payment will be made to the person who pays such charges on behalf of the Child.

If this benefit is in effect on the date the Covered Person dies and there is no Child who could qualify for it, We will pay \$1,000 to the Beneficiary in one sum.

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ADDITIONAL BENEFIT: COMMON CARRIER

If the Covered Person dies as a result of an accidental injury, We will pay this additional benefit if:

1. We pay a benefit for loss of life under the Table of Covered Losses and Benefit Amounts section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that the injury resulting in the deceased's death occurred while traveling in a Common Carrier.

BENEFIT AMOUNT

The Common Carrier benefit is an additional benefit equal to 100% of the applicable Full Amount shown on the Certificate Specifications page.

BENEFIT PAYMENT

For loss of the Covered Person's life, We will pay benefits to You.

ADDITIONAL BENEFIT: HOSPITAL CONFINEMENT

Subject to the provisions of the Table of Covered Losses and Benefit Amounts section, We will pay this additional benefit if:

1. We receive Proof that the Covered Person is confined in a Hospital and such confinement is a direct result of an accidental injury, independent of other causes;
2. We pay a benefit for a Covered Loss which resulted from that injury;
3. such confinement occurs within 12 months of the accidental injury; and
4. this benefit is in effect on the date of the injury.

BENEFIT AMOUNT

We will pay an amount for each full month of Hospital Confinement equal to the lesser of:

- * 1% of the applicable Full Amount shown on the Certificate Specifications page; and
- * \$2,500.

We will pay this benefit on a monthly basis beginning on the 5th day of confinement, for up to 12 months of continuous confinement. This benefit will be paid on a pro-rata basis for any partial month of confinement.

We will only pay benefits for one period of continuous confinement for any accidental injury. That period will be the first period of confinement that qualifies for payment.

BENEFIT PAYMENT

Benefit payments will be made monthly. Payment will be made to You.

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9. Filing a Claim

When there has been a Covered Loss, notify Us. This notice should be given to Us as soon as is reasonably possible but in any case within 20 days of the Covered Loss. When We receive notice, a claim form will be sent to You or the Beneficiary(ies) of record.

The claim form should be completed and sent along with Proof of the Covered Loss to Us as instructed on the claim form. If You or the Beneficiary have not received a claim form within 15 days of giving notice of the claim, Proof may be sent using any form sufficient to provide Us with the required Proof.

The claimant must give Us Proof no later than 90 days after the date of the Covered Loss.

If notice of claim or Proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice or Proof are given as soon as is reasonably possible.

When We receive the claim form and Proof, We will review the claim and, if We approve it, We will pay benefits subject to the terms and provisions of this Certificate and this Rider. The benefit amount may be reduced by the amount of any due and unpaid contributions to premium outstanding at the time We make payment.

10. Time Limit on Legal Actions

A legal action on a claim may only be brought against Us during a certain period. This period begins 60 days after the date Proof is filed and ends 3 years after the date such Proof is required.

11. Physical Exams

If a claim is submitted for Accidental Death and Dismemberment Insurance, We have the right to ask the insured to be examined by a Physician(s) of Our choice as often as is reasonably necessary to process the claim. We will pay the cost of such exam.

12. Autopsy

We have the right to make a reasonable request for an autopsy where permitted by law. Any such request will set forth the reasons We are requesting the autopsy.

13. When Accidental Death and Dismemberment Insurance Ends

Accidental Death and Dismemberment Insurance for the Covered Person will end on the earliest of:

- (a) the date of the Covered Person's death;
- (b) the certificate anniversary date following or coincident with the date of the Covered Person's 70th birthday;
- (c) the date the Certificate to which this Rider is attached ends,
- (d) the day the Certificate to which this Rider is attached becomes Paid-Up;
- (e) if a payment which is required by Us for the cost of this Rider is not made, the last day of the period for which a payment was made;
- (f) the Monthly Anniversary on or next following the date We receive Your Written request that this Rider be cancelled; or
- (g) the date the Covered Person ceases to be a Spouse as defined in the Certificate to which this rider is attached.



14. Premiums

While Accidental Death and Dismemberment Insurance is in force, payments for the cost of these benefits will be required in accordance with the applicable Planned Premiums.

15. Statements Made By You and/or The Covered Person Which Relate To Insurability

Any statement made by You, on behalf of the Covered Person, or by the Covered Person will be deemed a representation and not a warranty.

No such statement made by You, on behalf of the Covered Person, or by the Covered Person which relates to insurability will be used:

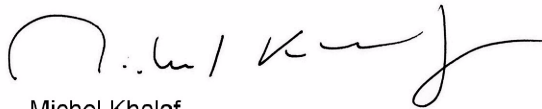
- (a) in contesting the validity of the benefits with respect to which such statement was made; or
- (b) to reduce the benefits;

unless the conditions listed in items (1) and (2) below have been met.

- (1) The statement must be contained in a Written application which has been Signed by You and/or the Covered Person.
- (2) A copy of the application has been furnished to You and/or the Covered Person or to the applicable Beneficiary.

No such statement made by You, on behalf of the Covered Person, or by the Covered Person will be used at all after such benefits or an increase in benefits have been in force prior to the contest for a period of 2 years during the lifetime of the person to whom the statement applies.

Metropolitan Life Insurance Company,



Michel Khalaf
President

THE FOLLOWING IS ADDITIONAL INFORMATION

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Delaware American Life Insurance Company
 MetLife Health Plans, Inc.
 MetLife Legal Plans, Inc.
 MetLife Legal Plans of Florida, Inc.
 Metropolitan General Insurance Company

Metropolitan Life Insurance Company
 Metropolitan Tower Life Insurance Company
 SafeGuard 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.

SECTION 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, as an executive benefit, or as otherwise made available at your work or through an association to which you belong. In this notice, "you" refers to these individuals.

SECTION 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.

SECTION 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 insurers, a legal plans company and a securities broker-dealer. In the future, we may also have affiliates in other businesses.

SECTION 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, LLC ("MIB"). It is a not-for-profit membership organization of insurance companies which operates an information exchange on behalf of its Members. We, or our reinsurers, may make a brief report to MIB. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted, MIB, upon request, will supply such company with the information in its file. Upon receipt of a request from you MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. You may do so by writing to MIB LLC, 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734 or go to MIB website at www.mib.com.

SECTION 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:

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- * 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

SECTION 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

SECTION 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.

SECTION 8: Accessing and Correcting Your Information

You may ask us for a copy of the personal information we have about you. 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.

SECTION 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. A detailed notice shall be furnished to you upon request. 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 these MetLife companies listed at the top of the first page.