

It's time to
enroll for your
benefits

Commander Navy Installations Command

Here are the benefits in which you're eligible to participate.

- Disability Insurance
- Life Insurance

**Take advantage of the valuable
benefits available to you through
your employer and enroll today.**

Why long term disability insurance makes sense

Protect your paycheck

Long term disability insurance can replace a portion of your income should you become unable to work and earn a paycheck for an extended period of time due to an illness or injury. This plan can help protect you and your family from the impact of your lost income by replacing a portion of it during an extended disability.

A disability can become a reality. Be prepared if it does.

The risk of suffering a disabling illness or injury is greater than you may think. Just over 1 in 4 of today's 20 year olds will likely become disabled before reaching age 67.¹

While disabilities are typically unexpected, they don't have to threaten your financial security. Protect your income and enroll in MetLife Long Term Disability Insurance today.

Your coverage.

Long term disability coverage from MetLife may pay between 40–70% of your pre-disability income for an extended disability lasting one year or more. You receive benefits for as long as you remain disabled and unable to work, until retirement age. That means you have a steady income stream to help pay your bills during your disability.

You can also earn financial incentives by participating in MetLife approved rehabilitation programs. These programs are designed to help you recover financially and functionally.

What's more, given its strict definitions of what qualifies as a disability, you may not be able to count on federal help.

Chances are you may not be able to count on Social Security Disability Insurance (SSDI) to help you. Approximately 67% of initial SSDI claims are actually denied.² Social Security benefits are not available if you are expected to be out of work for less than a year.¹

Your name is on the check.

Monthly payments are made directly to you. You decide how to spend the money — for medical expenses not covered by your medical plan, like copays, deductibles, out-of-network care, or for non-medical needs like household bills, childcare, or home modifications. If you have a spouse/domestic partner and/or children, most likely they rely on you to help keep the household running. But with 58% of employees surveyed being very concerned about the ability to pay bills during a sudden income loss,³ you need to make sure your family is financially prepared to handle essential living expenses.

If you are single, and don't prepare ahead to cover your expenses, you may need to use your savings, sell your property, or borrow money from friends or family to meet your ongoing financial obligations while you recover.

Premiums will be automatically deducted from your paycheck making this coverage more convenient for you.

Now that you know how long term disability insurance can help protect your financial security, take a few minutes to learn more and apply today!

1. Social Security Fact Sheet, <https://www.ssa.gov/disabilityfacts/materials/pdf/factsheet.pdf>, January 2018.

2. Social Security Administration website, <http://www.ssa.gov/oact/STATS/dibStat.html>, 2016 Data, Accessed May 2017.

3. 14th Annual MetLife Employee Benefit Trends Study, 2016.

Like most group disability insurance policies, MetLife group policies contain certain exclusions, waiting periods, reductions, limitations and terms for keeping them in force. Ask your MetLife sales representative for complete costs and details.

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Navigating life together

Commander Navy Installations Command (CNIC) Disability Plan Benefits

Explore the coverage that helps you protect your income and your lifestyle.

What is Long Term Disability insurance?

Long Term Disability (LTD) insurance helps replace a portion of your income for an extended period of time.

Eligibility Requirements

All active full-time regular employees working at least 35 or more hours per week are eligible to participate.

During annual enrollment, if you are a late enrollee, a statement of health form ***is required***.

How to Enroll

Complete the enclosed enrollment form and return it to your employer within your first 31 days of eligibility for new employees, or if enrolling or changing coverage during Open Enrollment return to your Employer before the Open Enrollment period ends.

How is “Disability” defined under the Plan?

Generally, you are considered disabled and eligible for long term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of the treatment, and, during the Elimination Period and the next 24 months you are unable to earn more than 80% of your predisability earnings at your own occupation for any employer in the Local economy, and you are unable to perform each of the material duties of your own occupation for any employer in the Local economy.

Following the own occupation period for LTD, you are considered disabled if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of treatment and you are unable to earn 60% of your predisability earnings at any gainful occupation for any employer in the Local economy for which you are reasonably qualified taking into account your training, education and experience.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance/Summary Plan Description provided by your Employer.

What is the benefit amount?

Long Term Disability:

The Long Term Disability benefit replaces a portion of your predisability monthly earnings, less the income that was actually paid to you for the same Disability from other sources¹ (e.g., Social Security, Workers' Compensation, etc.).

The Benefit amount is 60% of your predisability monthly earnings.

The maximum monthly benefit under the plan is \$6,000.

The minimum monthly benefit under the plan is \$50 subject to overpayments and rehabilitation incentives.

Who pays for the cost of LTD coverage?

CNIC will contribute 75% of the cost of your LTD premium.

When do benefits begin and how long do they continue?

Long Term Disability:

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination period for Long Term Disability is the later of 60 days or expiration of your salary continuance, which may include sick leave, donated leave, and vacation.

Your plan's maximum benefit period and any specific limitations are described in the Certificate of Insurance/Summary Plan Description provided by your Employer.

Additional Disability Plan Benefits:

Coverage with Your Best Interests in Mind...

When you are ill or injured for a long time, MetLife believes you need more than a supplement to your income. That's why we offer return-to-work services, financial incentives and assistance in obtaining Social Security Disability Benefits to help you get the maximum benefits from your coverage.

Services to Help You Get Back to Work Can Include:

Nurse Consultant or Case Manager Services:

Specialists who personally contact you, your physician and your employer to coordinate an early return-to-work plan when appropriate.

Vocational Analysis:

Help with identifying job requirements and determining how your skills can be applied to a new or modified job with your employer.

Job Modifications/Accommodations:

Adjustments (e.g., redesign of work station tools) that enable you to return to your previous job or a similar one.

Retraining:

Development programs to help you return to your previous job or educate you for a new one.

Financial Incentives:

Allow employees to receive Disability benefits or partial benefits while attempting to return to work.

The Services of Social Security Specialists:

Once you are approved for Disability benefits, MetLife can help you obtain Social Security Disability benefits. Our specialists can guide you through the initial application and appeals processes and may also help you access assistance from attorneys or vendors to pursue Social Security benefits.

Answers to Some Important Questions...

Q. Can I still receive benefits if I return to work part time?

A. Yes. As long as you are disabled and meet the terms of your Disability plan, you may qualify for adjusted Disability benefits.

Your plan offers financial incentives designed to help you return to work when appropriate, even on a part-time basis. While disabled, you may receive up to 100% of your predisability earnings when combining benefits, Rehabilitation Incentives, other income sources such as Social Security Disability Benefits and part-time earnings.

Long Term Disability coverage also offers Rehabilitation and Family Care Incentives when you participate in an approved Rehabilitation Program. With the Rehabilitation Incentive you can get a 10% increase in your monthly benefit. Under Long Term Disability coverage, the Family Care Incentive provides reimbursement up to \$400 per month for eligible expenses, such as child care, during the first 12 months of Disability. If you participate in a Rehabilitation Program while you are disabled, we may reimburse you for expenses you incur in order to move to a new residence recommended as part of the Rehabilitation Program. Expenses must be approved in advance.

Q. Are there any exclusions for pre-existing conditions?

A. Yes. For the first 1-12 months your plan may not cover a sickness or accidental injury that arose in the months prior to your participation in the plan. Thereafter, provided you remain disabled, the sickness or accidental injury may be covered. A complete description of the pre-existing condition exclusion is included in the Certificate of Insurance/Summary Plan Description provided by your Employer.

Q. Are there any other limitations or exclusions to my coverage?

A. Yes. Your plan does not cover any Disability which results from or is caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
- Active participation in a riot;
- Intentionally self-inflicted injury or attempted suicide;
- Commission of or attempt to commit a felony.

If You are Disabled due to alcohol, drug or substance abuse or addiction, or mental or nervous disorders or diseases, neuromuscular, musculoskeletal or soft tissue disorder, chronic fatigue syndrome and related conditions, we will limit your Disability benefits for each occurrence for these conditions.

Other limitations or exclusions to your coverage may apply. Please review your Certificate of Insurance/Summary Plan Description provided by your Employer for specific details or contact your benefits administrator with any questions.

The "Plan Benefits" provides only a brief overview of the LTD plan. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance/Summary Plan Description. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

Long Term Disability ("LTD") coverage is provided under a group insurance policy (Form GPNP99) issued to your employer by MetLife. This LTD coverage terminates when your employment ceases, when you cease to be an eligible employee, when your LTD contributions cease (if applicable) or upon termination of the group contract by your employer. Like most group insurance policies, MetLife's group policies contain certain exclusions, elimination periods, reductions, limitations and terms for keeping them in force. State variations may apply.

Commander Navy Installations Command (CNIC) Disability Plan Contribution Worksheet

This worksheet allows you to approximate your monthly and annual contributions for Long Term Disability (LTD) coverage. Contribution amounts are bi-weekly, based on your monthly income. Actual contributions will be calculated by the payroll system.

Please note: The example shown below represents your premium contribution (25% of the total cost).

LTD Example

Long Term Disability Contribution:

A. Annual Earnings	
B. Monthly Earnings <i>(A. divided by 12)</i>	
C. Monthly Earnings/100 <i>(B. divided by 100)</i>	
D. Rate per \$100	0.665
E. Estimated Monthly Premium <i>(C. x D.)</i>	
F. Estimated Employee Monthly Contribution (25%) <i>(E. x 0.25)</i>	
G. Employee Bi-Weekly Contribution <i>(F x 12/26)</i>	
H. Estimated Employee Annual Contribution <i>(G x 26)</i>	

A. Annual Earnings	\$30,000
B. Monthly Earnings <i>(A. divided by 12)</i>	\$2,500
C. Monthly Earnings/100 <i>(B. divided by 100)</i>	\$25
D. Rate per \$100	0.665
E. Estimated Monthly Premium <i>(C. x D.)</i>	\$16.63
F. Estimated Employee Monthly Contribution (25%) <i>(E. x 0.25)</i>	\$4.16
G. Employee Bi-Weekly Contribution <i>(F x 12/26)</i>	\$1.92
H. Estimated Employee Annual Contribution <i>(G x 26)</i>	\$49.92

Why life insurance makes sense

What does term life insurance protect?

Let's start with your peace of mind.

- Life insurance can cover your family's needs if you're not there, including food, bills and debt.
- It can help pay for your children's education.
- It can help ensure your family stays in their home.
- And help take care of those who depend on you.

In short, life insurance can help replace your paycheck if you aren't there to earn it.

When life changes, so should your life insurance.

- New family members, a new job, a move or even a raise all mean that your life insurance needs have changed.
- Review your protection every year during your benefits enrollment.
- There's even a possibility your financial needs may decrease over time.

Life insurance costs less than you may think.

- With term life insurance, you can protect your family for a small fraction of your annual salary — about 1%, according to MetLife estimates.¹
- Compare that to the fact you're insuring years of income.

Life insurance is a smart financial move.

- Life insurance is a predictable financial option.
- Beneficiaries usually receive the proceeds of your policy income-tax free.

Now that you know how life insurance and AD&D insurance can help you protect those who depend on you, take a moment and get the coverage you need.

Make sure you learn more and enroll today!

Get an idea of how much life insurance might be right for you.

- A rule of thumb is 60% of your annual income times years to retirement. This incorporates an estimate of your salary, assuming some normal raises over time, and adds the value of your employee benefits, like healthcare. Then it subtracts the effect of taxes, and what it costs your family to have you around. Try our coverage estimator tool at metlife.com/MyBenefits.

Get more insurance on your life by adding accidental death & dismemberment (AD&D) insurance.

This extra protection can help provide financial security should a sudden accident take your life or cause you serious loss or harm. This coverage complements your life insurance coverage and helps protect you 24 hours a day, 365 days a year (please see your Plan Summary for details). This protection covers you for:

- Paralysis
- Fatal accident
- Brain damage or coma
- Loss of limb, speech, hearing or sight

Some additional benefits that may be included in your AD&D insurance coverage include:

- Air bag benefit
- Child care center benefit
- Seat belt benefit
- Hospitalization benefit

1. Source: MetLife premium data. Your actual cost can vary based upon the amount of coverage and the rate. Rates for term insurance vary depending upon such things as gender, age, class, health and other underwriting factors.

Like most group life insurance policies, MetLife Group Life Insurance policies have certain exclusions, limitations, reductions of benefits and terms for keeping them in force. A MetLife representative can provide you with costs and complete details.

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Commander Navy Installations Command (CNIC) Plan Benefits

MetLife is pleased to help CNIC support its commitment to you and your family with an enhanced life insurance program and enrollment opportunity for Basic and Optional Life Insurance. You are eligible for these coverages if you are an active full time regular employee working 35 or more hours per week or an active part time regular employee working 20 or more hours per week (excluding flex employees).

Basic Term Life and Personal Accidental Death and Dismemberment (PAD&D) Insurance

CNIC offers Basic Life Insurance coverage at one times your basic annual earnings plus \$2,000.

When you enroll for Basic Life Insurance, you are automatically enrolled for PAD&D Insurance. The benefit amount for PAD&D Insurance is equal to the benefit amount for Basic Life coverage (one times your basic annual earnings plus \$2,000).

CNIC contributes 33% of the cost for Basic Life and PAD&D Insurance. Your bi-weekly cost per \$1,000 of coverage is \$0.044.

During annual enrollment, if you are a late enrollee, a statement of health form ***is required***.

Optional Term Life/Optional Accidental Death and Dismemberment (OAD&D) Insurance and Dependent Term Life/Dependent Accidental Death and Dismemberment (DAD&D) Insurance

If you only have Basic Life Insurance, chances are good that your current coverage may not be enough. Should you need more, you have the option to choose Optional Life Insurance for yourself, spouse and dependent child(ren).

When you enroll for Optional Life Insurance, you are automatically enrolled for OAD&D Insurance. The benefit amount for OAD&D Insurance is equal to the benefit amount for Optional Life coverage. When you enroll your spouse and dependent child(ren) for Dependent Life Insurance, they are automatically enrolled for Dependent AD&D Insurance. The benefit amount is equal to the benefit amount for Dependent Life Insurance.

Optional Life/OAD&D Insurance and Dependent Life/DAD&D Insurance Coverage Options

For You	As a new employee, you may elect coverage up to four times your basic annual earnings to a maximum of \$500,000 combined with Basic Life with <i>no health questions</i> . You may elect coverage to five or six times your basic annual earnings to a maximum of \$750,000 combined with Basic Life by completing a statement of health form. During annual enrollment, if you are a late enrollee or if you are increasing coverage, a statement of health form <i>is required</i> .
For Your Spouse	As a new employee or during annual enrollment, you may elect \$10,000, \$25,000 or \$50,000 in dependent spouse coverage. Elections of \$10,000 or \$25,000 can be made with <i>no health questions</i> . If you elect \$50,000 in spouse coverage, a statement of health form <i>is required</i> . You must enroll in the Basic and Optional Life plan in order for your dependents to be eligible for coverage.
For Your Dependent Children*	As a new employee or during annual enrollment, you may elect \$5,000 or \$10,000 in dependent child coverage with <i>no health questions</i> . You must enroll in the Basic and Optional Life plan in order for your dependents to be eligible for coverage.

***Effective January 1, 2017 - Child(ren)'s Eligibility: Unmarried Dependent children are eligible for coverage from Birth to 26 years old, regardless of student status. Coverage terminates the last day of the month in which the child reaches age 26.**

Bi-Weekly Costs for Optional Term Life/Optional Accidental Death and Dismemberment (OAD&D) Insurance and Dependent Term Life/Dependent Accidental Death and Dismemberment (DAD&D) Insurance

MetLife Optional Life and OAD&D Insurance rates are affordable because they are group rates. Listed below is your bi-weekly cost per \$1,000 of coverage as well as those for your spouse (based on your age and the amount of coverage you desire). Bi-weekly cost to cover your child(ren) are also shown.

Optional Term Life and OAD&D Insurance

Employee's Age	Self Bi-weekly Cost Per \$1,000 of Coverage
Under 25	\$0.036
25 – 29	\$0.042
30 – 34	\$0.052
35 – 39	\$0.057
40 – 44	\$0.063
45 – 49	\$0.090
50 – 54	\$0.132
55 – 59	\$0.240
60 – 64	\$0.363
65 – 69	\$0.595
70 – 74	\$0.960
75 and above	\$1.502

Dependent Term Life and DAD&D Insurance

Employee's Age	Spouse Bi-weekly Cost for \$1,000 of Coverage
Under 30	\$0.042
30 – 34	\$0.052
35 – 39	\$0.061
40 – 44	\$0.070
45 – 49	\$0.098
50 – 54	\$.168
55 – 59	\$.272
60 – 64	\$.478
65 – 69	\$.816
70 – 74	\$1.262
75 and above	\$2.116

Bi-weekly Cost for your Child(ren)[†]	Amount of Coverage
\$0.325	\$5,000
\$0.651	\$10,000

[†] Covers all eligible children

Use the tables below to calculate your premium based on the amount of life insurance you will need.

Example: \$100,000 Optional Life and OAD&D Coverage

	Example	
1. Enter the rate from the table (example age 36)	\$0.057	\$ _____
2. Divide coverage amount by \$1000 Enter that amount (Example: for \$100,000 of coverage enter \$100)	\$100	\$ _____
3. Bi-weekly premium (1) x (2)	\$5.70	\$ _____

Example: \$25,000 Dependent Spouse Life and DAD&D Coverage

	Example	
1. Enter the rate from the table (example age 41)	\$0.070	\$ _____
2. Divide coverage amount by \$1000 Enter that amount (Example: for \$25,000 of coverage enter \$25)	\$25	\$ _____
3. Bi-weekly premium (1) x (2)	\$1.75	\$ _____

Repeat the three easy steps above to determine the cost for each coverage selected.

Features

This insurance offering from CNIC and MetLife comes with a variety of added features that can provide assistance to you and family members today and during a difficult time.

Accelerated Benefits Option*:

For access to funds during a difficult time

You can receive up to 80% of your Basic Life and Optional Life Insurance proceeds, with a minimum coverage amount of \$10,000, up to a maximum of \$500,000, in the event that you become terminally ill and are diagnosed with less than 12 months to live. This can go a long way toward helping your family meet medical and other related expenses at this difficult time.

*The Accelerated Benefits Option is subject to state availability and regulation. The accelerated life insurance benefits offered under your certificate are intended to qualify for favorable federal tax treatment. If the accelerated benefits qualify for favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation.

This information was written as a supplement to the marketing of life insurance products. Tax laws relating to accelerated benefits are complex and limitations may apply. You are advised to consult with and rely on an independent tax advisor about your own particular circumstances.

Receipt of accelerated benefits may affect your eligibility, or that of your spouse or your family, for public assistance programs such as medical assistance (Medicaid), Temporary Assistance to Needy Families (TANF), Supplementary Social Security Income (SSI) and drug assistance programs. You are advised to consult with social service agencies concerning the effect that receipt of accelerated benefits will have on public assistance eligibility for you, your spouse or your family.

Conversion

For those who wish to have more permanent coverage

You can generally convert your Group Term Life insurance benefits to an **Individual Whole Life**, insurance policy if your coverage terminates in whole or in part due to your retirement, termination of employment, or, a change in your employee class. Conversion is available on all Group Life insurance coverage's. If you experience an event that makes you eligible to convert your coverage, you can speak with a MetLife representative by calling: 1-877-275-6387 for more information.

Portability

So you can keep your coverage even if you leave your current employer

Should you leave CNIC for any reason, and your life insurance coverage's under this plan terminate, you will have an opportunity to continue group term coverage ("portability") under a different policy, subject to plan design. Competitive rates apply, but will likely be higher than your current rates. MetLife will bill you directly. Generally, there is no minimum time for you to be covered by the plan before you can take advantage of the portability feature. Portability provides the option to continue your life insurance coverage should you leave CNIC or are no longer eligible for coverage. Rates are based upon the experience of the ported group and you will be billed directly by MetLife.

Please note that if you experience an event that makes you eligible for portable coverage, please call a MetLife representative at 1-866-492-6983 or contact your employer for more information.

Will Preparation Service[†]

To ensure your decisions are carried out

By enrolling for **Optional Life** coverage, you will have access to a participating plan attorney who will prepare or update your or your spouse's will at no cost to you. Like Life insurance, a carefully prepared will is an important part of the financial planning process. Your will is an important legal document that determines who controls your estate after your death. With a will, you can define your most important wishes, including who will care for your children or inherit your property. Having a will can also help minimize estate expenses that can result when a person dies without a will.

You will have access to Hyatt Legal Plans' network of 11,000+ participating attorneys. When you enroll in this plan, you may take advantage of this benefit at no additional cost to you if you use a participating plan attorney.* To obtain the legal plan's toll-free number and your company's group access number, contact your employer or your plan administrator for this information.

[†] Will Preparation Services are offered by Hyatt Legal Plans, Inc., Cleveland, Ohio. In certain states, Will Preparation Services are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. In some states, Will Preparation is subject to regulatory approval and is not currently available.

* You also have the flexibility of using an attorney who is not participating in the Hyatt Legal Plans' network and being reimbursed for covered services according to a set fee schedule. In that case you will be responsible for any attorney's fees that exceed the reimbursed amount.

MetLife Estate Resolution Services - ERS[†]

Personal service and compassion to help your beneficiaries manage your estate during their time of need

MetLife Estate Resolution Services is a valuable service offered at no additional cost to you.

A Hyatt Legal Plan attorney will consult with your beneficiaries by telephone or in person regarding the probate process for your estate. The attorney will also handle the probate of your estate for your executor or administrator. You can feel confident that your executor or administrator will have access to the advice that is needed to properly settle your estate. This can help alleviate the financial and administrative burden upon your loved ones in their time of need.

[†] Estate Resolution Services are offered by Hyatt Legal Plans, Inc., Cleveland, Ohio. In certain states, Estate Resolution Services are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. In some states, Estate Resolution Services are subject to regulatory approval and are not currently available. The following are not covered by the service: Matters in which there is a conflict of interest between the executor, administrator, any beneficiary or heir and the estate; any disputes with the Policyholder, Employer, Plan Attorneys, MetLife and/or any of its affiliates; any disputes involving statutory benefits; Will contests or litigation outside Probate Court; Appeals; Court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.

MetLife Advice for Beneficiaries—Delivering the Promise[®]

For support and guidance when beneficiaries need it most

MetLife Advice for Beneficiaries—Delivering The Promise[®] is a service designed to provide beneficiaries with the support and assistance they need during an especially difficult time. Services include assistance filing life insurance claims and consultation to help with the details and questions that arise upon the loss of a loved one.

Total Control Account[®]:

For immediate access to life insurance proceeds

The Total Control Account Money Market Option provides your loved ones with a safe and convenient way to manage the proceeds of the policy when an insurance benefit is paid. They'll have the convenience of immediate access to their proceeds through check-writing privileges, which relieves the plan beneficiary from having to think about how the funds will be disbursed during a difficult time. There are no service or check-writing charges, and the account is generated by MetLife.

Travel Assistance*

A Travel Assistance benefit is available when you enroll in MetLife's AD&D coverage.

Travel Assistance: Would you know who to call if you needed help while traveling? With Travel Assistance services, offered on your AD&D/Business Travel Accident-BTA coverage, you'll have extra peace of mind whenever you travel. This service provides you and your dependents with medical, legal and financial assistance 24 hours a day, 365 days a year, when you are more than 100 miles away from home.

- **Identity Theft Solutions:** While you're home or away, you can take advantage of this valuable benefit now packaged with Travel Assistance. You will be provided with educational tools and resources to help prevent an identity theft occurrence. If you become a victim, you will receive personal assistance 24 hours a day, 365 days a year, to help alleviate your stress and time burden.

* Travel Assistance services are administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by ACE American Insurance Company. AXA Assistance and ACE American are not affiliated with MetLife, and the Travel Assistance & Identity Theft Solutions services they provide are separate and apart from the insurance provided by MetLife.

How to Enroll

Complete the enclosed enrollment form and return it to your employer within your first 31 days of eligibility for new employees, or if enrolling or changing coverage during Open Enrollment return to your Employer before the Open Enrollment period ends.

The cost of your coverage will be paid through convenient payroll deductions.

If you prefer not to participate in the Basic Life and Optional Life plan at this time, please sign the enrollment form and return to your employer.

Please contact MetLife toll-free at 866-492-6983 with questions regarding the life insurance plans explained in this Plan Benefits Guide. MetLife Customer Service Consultants are available to assist you Monday through Friday, 8:00 a.m. to 11:00 p.m. EST.

Additional Important Information

If you do not meet all of the conditions stated below, you will need to provide additional medical information by completing a Statement of Health form.

- Your enrollment takes place before your enrollment deadline.
- You are actively at work on the effective date of coverage.
- You are electing Optional Life coverage up to 4 times your basic annual earnings to a maximum of \$500,000 combined with Basic Life Insurance.
- You are electing Dependent Life coverage of \$50,000.

Your spouse and/or dependent child(ren) also do not need to provide a Statement of Health form as long as he/she is performing his/her normal activities and the spouse coverage is \$10,000 or \$25,000.

About Your Coverage Effective Date

You must be "Actively at Work" on the date your coverage becomes effective. Coverage will become effective on the date you sign your enrollment form for all requests that do not require additional medical information. Enrollment requests that require additional medical information will become effective on the date approved by MetLife.

What's Not Covered?

Like most insurance plans, this Optional Life coverage has exclusions. Optional and Dependent Life Insurance do not provide payment of benefits for death caused by suicide within the first two years (one year in North Dakota) of the effective date of the certificate, or payment of increased benefits for death caused by suicide within two years (one year in North Dakota or Colorado) of an increase in coverage.

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and CNIC and are subject to each state's laws and availability. Specific details regarding these provisions can be found in the booklet certificate.

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP99) issued to your employer by MetLife. Life and AD&D coverages under your employer's plan terminates when your employment ceases, when your Life and AD&D contributions cease, or upon termination of the group contract. Should your life insurance coverage terminate for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.

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Metropolitan Life Insurance Company, New York, NY

Required Regulatory Information

Like most insurance policies, insurance policies offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force. Please contact MetLife or your plan administrator for complete details.

Certain of the benefits mentioned in this communication may be sponsored by your employer as part of an employee benefit plan subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Those policies/products which are not part of an employer-sponsored plan are offered by MetLife or an affiliate and are not subject to ERISA. With respect to employer-sponsored benefits, you should obtain additional information regarding terms and eligibility from your employer. The MetLife Auto & Home® Group Insurance Program is not part of your employer-sponsored plan and is not subject to ERISA.

The companies listed in this communication operate independently and are not responsible for each other's financial obligations.

METLIFE U.S. CONSUMER PRIVACY NOTICE — GROUP BUSINESS & SPECIALIZED BENEFIT RESOURCES

Facts:	What Do the MetLife Companies Do With Your Personal Information?
Plan Sponsors and Group Insurance Contract Holders	This privacy notice is for individuals who apply for or obtain our products and services under an employee benefit plan, group insurance or annuity contract, or as an executive benefit. In this notice, “you” refers to these individuals.
Why?	Financial companies choose how they share your personal information. The law gives consumers the right to limit some but not all sharing. The law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> • Social Security number and employment information • income and assets • driving record • credit information and other consumer report information • medical information and insurance history • information about any business you have with us, our affiliates, or other companies
How Does MetLife Get Your Information?	<p>We collect personal information from you as well as through third parties. We also use outside sources to help ensure our records are correct and complete. Third parties include consumer reporting agencies, employers, other financial institutions and adult relatives. Information collected may be kept by the consumer reporting agency and later given to others as permitted by law. We don’t control the accuracy of information outside sources give us. If you want to make changes to information we receive about you, you must contact those sources. If we have asked for a consumer report about you, and you write or call us, we will give you the name, address, and phone number of the consumer reporting agency. The agency will give you a copy of the report, if you ask the agency and provide proper identification. Consumer reports may tell us about a lot of things, including:</p> <ul style="list-style-type: none"> • reputation • work history • driving record • finances • hobbies and dangerous activities <p>In some limited circumstances, we may ask an agency for an investigative report about you. They will ask others about you. We will ask them to contact you as well.</p>
How Does MetLife Use Your Information?	<p>We collect personal information to help decide if you’re eligible for our products or services. We may also use it to help deter fraud or money laundering. How we use this information depends on what products and services you have or want from us. We may also use it to:</p> <ul style="list-style-type: none"> • administer your products and services • market new products to you • confirm or correct your information • help us run our business • process claims and other transactions • comply with applicable laws • perform business research
How Does MetLife Protect 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 service providers must also protect it, and use it only to meet our business needs. We take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.
Reasons MetLife Shares Your Information	All financial companies need to share personal information to run their everyday business. 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 our sales agents and businesses hired to carry out services for us. We may share your information with our regulators or with law enforcement. If you have MetLife products because of your relationship with an employer, association or other sponsoring organization, we may share information with it and its agents as permitted by law. In the section below, we list the reasons financial companies can share their customers’ personal information; the reasons MetLife chooses to share; and whether you can limit this sharing.

Reasons We Can Share Your Personal Information		Does MetLife share?*	Can you limit this sharing?
For our everyday business purposes – such as to process your transactions, learn if you qualify for coverage, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus		Yes	No
For our marketing purposes – with service providers we use to offer our products and services to you		Yes	No
For joint marketing with other financial companies		No	Not Applicable
For our affiliates' everyday business purposes – Information about your transactions and experiences		No	Not Applicable
For our affiliates' everyday business purposes – Information about your creditworthiness		No	Not Applicable
For our affiliates to market to you		No	Not Applicable
For non-affiliates to market to you		No	Not Applicable
How Does MetLife Handle Your Health Information?	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. We will provide information about your rights under HIPAA with any dental, vision, long-term care or medical coverage issued to you. You can obtain a copy of our HIPAA Privacy Notice by visiting our website at www.MetLife.com . Select “Privacy Policy” at the bottom of the home page. 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 (212) 578-0299.		
Definitions:			
Affiliates	Companies related by common ownership or control. Affiliates can be financial or nonfinancial companies. Our affiliates include life, car, and home insurers. They also include a legal plans company and a securities broker-dealer. In the future, we may have affiliates in other businesses.		
Non-affiliates	Companies not related by common ownership or control. Non-affiliates can be financial or nonfinancial companies. MetLife does not share personal information with non-affiliates for their marketing purposes.		
Joint Marketing	A formal agreement between non-affiliated financial companies that together market financial products or services to you.		
How Can I Access and Correct Information?			
You may ask us for a copy of the personal information we have on you. Generally, we will provide it as long as it is reasonably retrievable and within our control. You must make your request in writing and provide the account or policy number associated with the information you wish 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. We will include your statement whenever we give your disputed information to anyone outside MetLife.			
Who is Providing This Notice?	Metropolitan Life Insurance Company Delaware American Life Insurance Company Safeguard Health Plans, Inc. MetLife Health Plans, Inc. General American Life Insurance Company SafeHealth Life Insurance Company Metropolitan Life Insurance Company as administrator for the Prudential Insurance Company of American; Business Men’s Assurance Company of America; Employer’s Reinsurance Corporation; and Teachers Insurance and Annuity Association of America		
How Will I Know if This Notice is Changed?	We may revise this privacy notice at any time. If we make material changes, we will notify you as required by law.		
Questions?	Send privacy questions or requests for more information to: MetLife Privacy Office, P.O. Box 489, Warwick, RI 02887-9954; Call (877) 638-7684 or go to www.metlife.com		

*Information we collect in connection with HIPAA-covered products will only be shared as allowed by HIPAA.

REQUIRED DISCLOSURE STATEMENT FOR ACCELERATED BENEFITS

Limitations Of The Accelerated Benefit Option:

The Accelerated Benefit Option is available to insureds under the group life insurance policy. The Accelerated Benefit Option may provide benefits to pay for long-term care services but it is NOT part of a long-term care or nursing home insurance policy and the amount this benefit pays may not be enough to cover medical, nursing home or other bills. You may use the money received from the Accelerated Benefit Option for any purpose. Unlike conventional life insurance proceeds, accelerated benefits payable under this policy **COULD BE TAXABLE IN SOME CIRCUMSTANCES**. We recommend contacting a tax advisor when making tax-related decisions about electing to receive and use benefits under the Accelerated Benefit Option.

A. Consequences Of This Benefit:

Receipt of accelerated benefits **MAY AFFECT MEDICAID and SUPPLEMENTAL SECURITY INCOME ("SSI") ELIGIBILITY**. The mere fact that you are insured under a group policy with an accelerated benefits feature may affect your eligibility for these government programs. In addition, exercising the Accelerated Benefit Option and receiving those benefits before you apply for these programs, or while you are receiving government benefits, may affect your initial or continued eligibility. Contact the Medicaid Unit of your local Division of Medical Assistance and the Social Security Administration for more information.

B. Medical Condition Enabling Acceleration Of Life Benefits:

Terminal Illness is the only medical condition which qualifies for accelerated benefits under the group policy. "Terminal illness" is a condition that a physician certifies will reasonably be expected to result in a drastically limited life span as specified in the group policy.

C. Payment Options:

The accelerated benefit is payable as a LUMP SUM. You or your legal representative may select another payment mode, such as 3 monthly installment payments.

D. Premium For Accelerated Benefit:

The cost of the Accelerated Benefit Option is included in your regular monthly premium.

E. Administrative Expense Charge:

No additional administrative expense charges apply.

ENROLLMENT • CHANGE FORM

GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper)				
Name of Group Customer/Employer Commander Navy Installations Command	Group Customer # 1127997	Report # 137799	Sub Code	Branch
Date of Hire (MM/DD/YYYY)	Coverage Effective Date (MM/DD/YYYY)			

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

I have read my enrollment materials and I request coverage for the benefits for which I am or may become eligible. I understand that contributions are required for the benefits I select below.

► You must complete a Statement of Health form:

- If you are enrolling during the initial enrollment period and requesting more than the lesser of 4x your Basic Annual Earnings (BAE) or \$500,000 of Supplemental/Optional Life Insurance
- If you are enrolling during the initial enrollment period or the annual enrollment period and requesting more than \$25,000 of Dependent Spouse/Domestic Partner Life Insurance
- If you are enrolling during the annual enrollment period and requesting an increase
- If you are enrolling after the initial enrollment period for any amount

Term Life Insurance and Accidental Death & Dismemberment (AD&D) Insurance

- ☐ Basic Life¹ and Basic AD&D
- ☐ Supplemental/Optional Life¹ and Supplemental/Optional AD&D
- ☐ 1x ☐ 2x ☐ 3x ☐ 4x ☐ 5x ☐ 6x Basic Annual Earnings up to a maximum of \$750,000 combined with Basic Life
- ☐ Dependent Spouse/Domestic Partner Life^{1,2} and Dependent Spouse/Domestic Partner AD&D
- ☐ \$10,000 ☐ \$25,000 ☐ \$50,000
- ☐ Dependent Child Life² and Dependent Child AD&D
- ☐ \$5,000 ☐ \$10,000

Disability Income Insurance

- ☐ Long Term Benefits

Dependent Information

If you are applying for coverage for your Spouse/Domestic Partner and/or Child(ren), please provide the information requested below:

Name of your Spouse/Domestic Partner (First, Middle, Last)	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	
Name(s) of your Child(ren) (First, Middle, Last)	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	

☐ Check here if you need more lines. Provide the additional information on a separate piece of paper and return it with your enrollment form.

¹ Life Insurance may include an Accelerated Benefits Option under which a terminally ill insured can accelerate a portion of his or her life insurance amount. An interest and expense charge may be deducted from the accelerated payment. Receipt of accelerated benefits may affect eligibility for public assistance.

² Amounts will be subject to state limits, if applicable. You must enroll for Basic Life and Supplemental/Optional Life in order to enroll for Dependent Spouse/Domestic Partner Life or Dependent Child Life insurance.

GEF02-1
ADM

SUBMISSION INSTRUCTIONS

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

**Commander Navy Installations Command
EF-ST401M-NW (10/12)**

FRAUD WARNINGS

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

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

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

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

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

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

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

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

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

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

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

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

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

BENEFICIARY DESIGNATION FOR EMPLOYEE INSURANCE

Note: Dependent insurance is payable to the Employee.

If you have previously designated a beneficiary under this Group Customer's plan, such beneficiary designation will remain in effect. Any MetLife payment upon your death will be paid in accordance with the records of the recordkeeper for such insurance unless you designate a beneficiary below.

I designate the following person(s) as primary beneficiary(ies) for any MetLife payment upon my death.

I understand I have the right to change this designation at any time.

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

Full Name (First, Middle, Last)	Social Security #	Date of Birth (Mo./Day/Yr.)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #	
Full Name (First, Middle, Last)	Social Security #	Date of Birth (Mo./Day/Yr.)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #	
Full Name (First, Middle, Last)	Social Security #	Date of Birth (Mo./Day/Yr.)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #	

Payment will be made in equal shares or all to the survivor unless otherwise indicated.	TOTAL:	100%
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If all the primary beneficiary(ies) die before me, I designate as contingent beneficiary(ies):

Full Name (First, Middle, Last)	Social Security #	Date of Birth (Mo./Day/Yr.)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #	
Full Name (First, Middle, Last)	Social Security #	Date of Birth (Mo./Day/Yr.)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #	

Payment will be made in equal shares or all to the survivor unless otherwise indicated.	TOTAL:	100%
--	---------------	------

DECLARATIONS AND SIGNATURE

By signing below, I acknowledge:

1. I have read this enrollment form and declare that all information I have given is true and complete to the best of my knowledge and belief.
2. I declare that I am actively at work on the date I am enrolling and, if I am enrolling for any contributory life insurance, that I was actively at work for at least 20 hours during the 7 calendar days preceding my date of enrollment. I understand that if I am not actively at work on the scheduled effective date of insurance, such insurance will not take effect until I return to active work.
3. I understand that, on the date dependent insurance for a person is scheduled to take effect, the dependent must not be confined at home under a physician's care, receiving or applying for disability benefits from any source, or Hospitalized. If the dependent does not meet this requirement on such date, the insurance will take effect on the date the dependent is no longer confined, receiving or applying for disability benefits from any source, or Hospitalized.
4. I understand that if I do not enroll for life or disability coverage during the initial enrollment period, or if I do not enroll for the maximum amount of coverage for which I am eligible, evidence of insurability satisfactory to MetLife may be required to enroll for or increase such coverage after the initial enrollment period has expired. Coverage will not take effect, or it will be limited, until notice is received that MetLife has approved the coverage or increase.
5. I authorize my employer to deduct the required contributions from my earnings for my coverage. This authorization applies to such coverage until I rescind it in writing.
6. I have read the Beneficiary Designation section provided in this enrollment form and I have made a designation if I so choose.
7. I have read the applicable Fraud Warning(s) provided in this enrollment form.



Signature of Employee

Print Name

Date Signed (MM/DD/YYYY)

INSTRUCTIONS

FOR THE **STATEMENT OF HEALTH FORM** AND THE **AUTHORIZATION FORM** THAT FOLLOW THIS SECTION

INSTRUCTIONS TO THE RECORDKEEPER (The Recordkeeper may be the Group Customer, a Third Party Administrator or MetLife.)

1. Fill in the Group Customer Information and Insurance Information on the Statement of Health form.
2. Give the forms to the Employee.

INSTRUCTIONS TO THE EMPLOYEE

1. Fill in your name and Social Security # on the Statement of Health form. The Employee's Name and the Employee's Social Security # must appear on the form.
2. Give the forms to the Proposed Insured to complete and send to MetLife.

INSTRUCTIONS TO THE PROPOSED INSURED (The Proposed Insured is the person for whom insurance is being requested. The Proposed Insured may be the Employee, the Employee's Spouse or the Employee's Child.) A separate Statement of Health form must be completed by each Proposed Insured. Based on the enrollment form submitted by the Employee, a Statement of Health form is required to complete the employee's request for group insurance coverage for you, the Proposed Insured.

1. If the Insurance Information Section is not completed, obtain the information before finalizing the form. Contact your Employer/Benefits Administrator if the Life Insurance amounts were not provided or to confirm the Life Insurance amounts.
2. Complete the Statement of Health form and sign where indicated by an arrow.
3. Sign the Authorization form where indicated by an arrow.
4. After completion, make a copy of both completed forms for your records and FAX, MAIL or EMAIL the original forms to the address at the right. Emailed forms must be printed and signed before they are scanned and submitted.

For questions, call MetLife at 1-800-638-6420, prompt 1 (Statement of Health Unit) or email us at eoim@metlifeservice.com.

Note: Additional medical information may be required after MetLife's initial review of a completed Statement of Health form. The additional information requested may be a physical examination, paramedical exam, or an Attending Physician Report. Correspondence will be sent within ten days by MetLife or our approved vendor. Incomplete forms will be returned to you for completion.

Some services in connection with your coverage may be performed by our affiliates, MetLife Global Operations Support Center Private Limited and MetLife Services and Solutions, LLC., unless prohibited by state or local law or by mutual agreement with the group customer.

These service arrangements in no way alter Metropolitan Life Insurance Company's obligation to you. Your coverage will continue to be administered in accordance with Metropolitan Life Insurance Company's policies and procedures.

Metropolitan Life Insurance Company
Statement of Health Unit
P.O. Box 14069
Lexington, KY 40512-4069
FAX: 1-859-225-7909

To Submit Completed Forms Email:
SOHSubmissions@metlife.com

For Questions Email:
eoim@metlifeservice.com



Metropolitan Life Insurance Company, New York, NY 10166

STATEMENT OF HEALTH FORM

GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper)

Name of Group Customer/Employer/Association Commander Navy Installations Command (CNIC)		Group Customer # 1127997	Reporting Location #
Street Address	City	State	Zip Code

INSURANCE INFORMATION (To be Completed by the Recordkeeper)

Enrollment year

Term Life Insurance

- ☐ Basic Life: Indicate amount subject to medical underwriting \$ _____
- ☐ Supplemental/Optional Life: Indicate amount subject to medical underwriting \$ _____
- ☐ Dependent Spouse¹ Life: Indicate amount subject to medical underwriting \$ _____
- ☐ Dependent Child Life: Indicate amount subject to medical underwriting \$ _____

Disability Income Insurance

- ☐ Long Term Benefits

EMPLOYEE INFORMATION (To be Completed by the Employee)

Name of Employee (First, Middle, Last)	Social Security # of Employee
--	-------------------------------

YOUR INFORMATION (To be Completed by the Proposed Insured)

Name (First, Middle, Last)		Relationship to Employee <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child		<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address	City	State	Zip Code	
Date of Birth (MM/DD/YYYY)	Daytime Phone #	Home Phone #	Email Address	

¹ For Vermont and Washington State residents, Spouse includes your registered Domestic Partner if you and your Domestic Partner are registered as domestic partners, civil union partners or reciprocal beneficiaries with a government agency or office where such registration is available.

GEF02-1

ADM

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

GEF02-1

ADM applies to residents of Connecticut, North Dakota and Utah)

Please complete all sections of this form. Incomplete forms will be returned to you.

Commander Navy Installations Command (CNIC)
SOH-XDP400M-NW (10/18)

**HEALTH INFORMATION****SECTION 1**

Please complete all questions below. Omitted information will cause delays. In this section, "you" and "your" refers to the person for whom insurance is being requested. Health Information is required for the Proposed Insured only. For questions 5 through 11u, for "yes" answers, please provide full details in Section 2.

Your name _____	Employee's Name _____		
	Employee's Social Security/Identification # _____		

1. Your height ____ feet ____ inches Your weight ____ pounds	Yes	No
2. Are you now on a diet prescribed by a physician or other health care provider? If "yes" indicate type _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you now pregnant? If "yes," what is your due date (month/day/year)? _____	<input type="checkbox"/>	<input type="checkbox"/>
If "yes", provide Physician's name _____ Telephone: (____) _____ - _____		
4. Are you now, or have you in the past 2 years, used tobacco in any form?	<input type="checkbox"/>	<input type="checkbox"/>
5. In the past 5 years, have you received medical treatment or counseling by a physician or other health care provider for, or been advised by a physician or other health care provider to discontinue, the use of alcohol or prescribed or non-prescribed drugs?	<input type="checkbox"/>	<input type="checkbox"/>
6. In the past 5 years, have you been convicted of driving while intoxicated or under the influence of alcohol and/or any drug? If "yes", specify "date(s) of conviction(s) (month/day/year) _____"	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you had any application for life, accidental death and dismemberment or disability insurance <input type="checkbox"/> declined <input type="checkbox"/> postponed <input type="checkbox"/> withdrawn <input type="checkbox"/> rated <input type="checkbox"/> modified or <input type="checkbox"/> issued other than as applied for? Indicate reason _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you now receiving or applying for any disability benefits, including workers' compensation?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you been Hospitalized as defined below (not including well-baby delivery) in the past 90 days? Hospitalized means admission for inpatient care in a hospital; receipt of care in a hospice facility, intermediate care facility, or long term care facility; or receipt of the following treatment wherever performed: chemotherapy, radiation therapy, or dialysis.	<input type="checkbox"/>	<input type="checkbox"/>
10. For residents of all states except CT, please answer the following question: Have you ever been diagnosed or treated by a physician or other health care provider for Acquired Immunodeficiency Syndrome (AIDS), AIDS Related Complex (ARC) or the Human Immunodeficiency Virus (HIV) infection? For CT residents, please answer the following question: To the best of your knowledge and belief, have you ever been diagnosed or treated by a physician or other health care provider for Acquired Immunodeficiency Syndrome (AIDS), AIDS Related Complex (ARC) or the Human Immunodeficiency Virus (HIV) infection?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever been diagnosed, treated or given medical advice by a physician or other health care provider for:		
a. cardiac or cardiovascular disorder? Indicate type _____	<input type="checkbox"/>	<input type="checkbox"/>
b. stroke or circulatory disorder? Indicate type _____	<input type="checkbox"/>	<input type="checkbox"/>
c. high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
d. cancer, Hodgkin's disease, lymphoma or tumors? Indicate type _____	<input type="checkbox"/>	<input type="checkbox"/>
e. anemia, leukemia or other blood disorder? Indicate type _____	<input type="checkbox"/>	<input type="checkbox"/>
f. diabetes? Your age at diagnosis? ____ <input type="checkbox"/> Check if insulin treated	<input type="checkbox"/>	<input type="checkbox"/>
g. asthma, COPD, emphysema or other lung disease? Indicate type _____	<input type="checkbox"/>	<input type="checkbox"/>
h. ulcers, stomach, hepatitis or other liver disorder? Indicate type _____	<input type="checkbox"/>	<input type="checkbox"/>
i. colitis, Crohn's, diverticulitis or other intestinal disorder? Indicate type _____	<input type="checkbox"/>	<input type="checkbox"/>
j. memory loss? Indicate type _____	<input type="checkbox"/>	<input type="checkbox"/>
k. epilepsy, paralysis, seizures, dizziness or other neurological disorder? Specify date of last seizure (month/year) ____ Indicate type _____	<input type="checkbox"/>	<input type="checkbox"/>
l. Epstein-Barr, chronic fatigue syndrome or fibromyalgia? Indicate type _____	<input type="checkbox"/>	<input type="checkbox"/>
m. multiple sclerosis, ALS or muscular dystrophy? Indicate type _____	<input type="checkbox"/>	<input type="checkbox"/>
n. lupus, scleroderma, auto immune disease or connective tissue disorder?	<input type="checkbox"/>	<input type="checkbox"/>
o. arthritis? <input type="checkbox"/> osteoarthritis <input type="checkbox"/> rheumatoid <input type="checkbox"/> other/type _____	<input type="checkbox"/>	<input type="checkbox"/>
p. back, neck, knee, spinal, joint or other musculoskeletal disorder? Indicate type _____	<input type="checkbox"/>	<input type="checkbox"/>
q. carpal tunnel syndrome?	<input type="checkbox"/>	<input type="checkbox"/>
r. kidney, urinary tract or prostate disorder? Indicate type _____	<input type="checkbox"/>	<input type="checkbox"/>
s. thyroid or other gland disorder? Indicate type _____	<input type="checkbox"/>	<input type="checkbox"/>
t. mental, anxiety, depression, attempted suicide or nervous disorder? Indicate type _____	<input type="checkbox"/>	<input type="checkbox"/>
u. sleep apnea? Indicate type _____	<input type="checkbox"/>	<input type="checkbox"/>

After completing the Personal Physician and Prescription Information on the next page, please provide full details in Section 2 for "yes" answers to questions 5 through 11u.

GEF09-1

HEA

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

GEF09-1

HEA applies to residents of Connecticut, North Dakota and Utah)

Please complete all sections of this form. Incomplete forms will be returned to you.

Commander Navy Installations Command (CNIC)

SOH-XDP400M-NW (10/18)



Metropolitan Life Insurance Company, New York, NY 10166

Personal Physician Information

Personal Physician's Name: _____
Address (Street, City, State, Zip Code): _____ Telephone: (____) ____ - ____
Date of last visit (MM/DD/YYYY): ____ / ____ / ____ Reason for visit: _____

Prescription Information

Are you currently taking any prescribed medications? ☐ Yes ☐ No If yes, list the medications.
Medication: _____ Condition/Diagnosis: _____
Prescribing Physician's Name: _____ Telephone: (____) ____ - ____
Address (Street, City, State, Zip Code): _____
Medication: _____ Condition/Diagnosis: _____
Prescribing Physician's Name: _____ Telephone: (____) ____ - ____
Address (Street, City, State, Zip Code): _____
☐ Check here if you are attaching another sheet for any additional medications.

SECTION 2

Please provide full details below for each "Yes" answer to questions 5 through 11u in Section 1. If you need more space to provide full details, attach a separate sheet with the information and sign and date it. Delays in processing your application may occur if complete details are not provided. MetLife may contact you for additional or missing information. ☐ Check here if you are attaching another sheet.

Your name _____ Employee's Name _____
Your Date of Birth ____ / ____ / ____

Question Number	Condition/Diagnosis	Please list any medication prescribed that you did not already identify in the Prescription Information above.
Date of Diagnosis (Month/Year)	Date of Last Treatment (Month/Year)	Type of Treatment
Treating Health Professional		
Physician's Name: _____		
Date of last visit: _____ Reason for visit: _____		
Address _____		
Street	City	State Zip Code
Telephone: (____) ____ - ____		

Question Number	Condition/Diagnosis	Please list any medication prescribed that you did not already identify in the Prescription Information above.
Date of Diagnosis (Month/Year)	Date of Last Treatment (Month/Year)	Type of Treatment
Treating Health Professional		
Physician's Name: _____		
Date of last visit: _____ Reason for visit: _____		
Address _____		
Street	City	State Zip Code
Telephone: (____) ____ - ____		

GEF09-1

HEA

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

GEF09-1

HEA applies to residents of Connecticut, North Dakota and Utah)

Please complete all sections of this form. Incomplete forms will be returned to you.

Commander Navy Installations Command (CNIC)

SOH-XDP400M-NW (10/18)

Question Number	Condition/Diagnosis	Please list any medication prescribed that you did not already identify in the Prescription Information above.
Date of Diagnosis (Month/Year)	Date of Last Treatment (Month/Year)	Type of Treatment
Treating Health Professional		
Physician's Name: _____		
Date of last visit: _____ Reason for visit: _____		
Address _____		
Street	City	State Zip Code
Telephone: () - _____		

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

FRAUD WARNINGS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Please complete all sections of this form. Incomplete forms will be returned to you.

Commander Navy Installations Command (CNIC)
SOH-XDP400M-NW (10/18)

DECLARATIONS AND SIGNATURES

By signing below, I acknowledge:

1. I have read this Statement of Health form and declare that all information I have given, including any health information, is true and complete to the best of my knowledge and belief. I understand that this information will be used by MetLife to determine insurability.
2. I have read the applicable Fraud Warning(s) provided in this Statement of Health form.



Signature of Proposed Insured

Print Name

Date Signed (MM/DD/YYYY)

If a child proposed for insurance is age 18 or over, the child must sign this Statement of Health. If the child is under age 18, a Personal Representative for the child must sign, **and indicate the legal relationship between the Personal Representative and the proposed insured**. A Personal Representative for the child is a person who has the right to control the child's health care, usually a parent, legal guardian, or a person appointed by a court.



Signature of Personal Representative

Print Name

Date Signed (MM/DD/YYYY)

Relationship of Personal Representative

GEF09-1

DEC

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

GEF09-1

DEC applies to residents of Connecticut, North Dakota and Utah)

Please complete all sections of this form. Incomplete forms will be returned to you.

AUTHORIZATION

This Authorization is in connection with an enrollment in group insurance and information required for underwriting and claim purposes for the proposed insured(s) ("employee", spouse, and /or any other person(s) named below). Underwriting means classification of individuals for determination of insurability and / or rates, based upon physician health reports, prescription drug history, laboratory test results, and other factors. Notwithstanding any prior restriction placed on information, records or data by a proposed insured, each proposed insured hereby authorizes:

- Any medical practitioner, facility or related entity; any insurer; MIB Group, Inc ("MIB"); any employer; any group policyholder, contract holder or benefit plan administrator; any pharmacy or pharmacy related service organization; any consumer reporting agency; or any government agency to give Metropolitan Life Insurance Company ("MetLife") or any third party acting on MetLife's behalf in this regard:
- personal information and data about the proposed insured including employment and occupational information;
- medical information, records and data about the proposed insured including information, records and data about drugs prescribed, medical test results and sexually transmitted diseases;
- information, records and data about the proposed insured related to alcohol and drug abuse and treatment, including information and data records and data related to alcohol and drug abuse protected by Federal Regulations 42 CFR part 2;
- information, records and data about the proposed insured relating to Acquired Immunodeficiency Syndrome (AIDS) or AIDS related conditions including, where permitted by applicable law, Human Immunodeficiency Virus (HIV) test results;
- information, records and data about the proposed insured relating to mental illness, except psychotherapy notes; and
- motor vehicle reports.

Note to All Health Care Providers: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Expiration, Revocation and Refusal to Sign: This authorization will expire 24 months from the date on this form or sooner if prescribed by law. The proposed insured may revoke this authorization at any time. To revoke the authorization, the proposed insured must write to MetLife at P.O. Box 14069, Lexington, KY 40512-4069, and inform MetLife that this Authorization is revoked. Any action taken before MetLife receives the proposed insured's revocation will be valid. Revocation may be the basis for denying coverage or benefits. If the proposed insured does not sign this Authorization, that person's enrollment for group insurance cannot be processed.

By signing below, each proposed insured acknowledges his or her understanding that:

- All or part of the information, records and data that MetLife receives pursuant to this authorization may be disclosed to MIB. Such information may also be disclosed to and used by any reinsurer, employee, affiliate or independent contractor who performs a business service for MetLife on the insurance applied for or on existing insurance with MetLife, or disclosed as otherwise required or permitted by applicable laws.
- Medical information, records and data that may have been subject to federal and state laws or regulations, including federal rules issued by Health and Human Services, setting forth standards for the use, maintenance and disclosure of such information by health care providers and health plans and records and data related to alcohol and drug abuse protected by Federal Regulations 42 CFR part 2, once disclosed to MetLife or upon redisclosure by MetLife, may no longer be covered by those laws or regulations.
- Information relating to HIV test results will only be disclosed as permitted by applicable law.
- Information obtained pursuant to this authorization about a proposed insured may be used, to the extent permitted by applicable law, to determine the insurability of other family members.
- A photocopy of this form is as valid as the original form. Each proposed insured (or his/her authorized representative) has a right to receive a copy of this form.
- I authorize MetLife, or its reinsurers, to make a brief report of my personal health information to MIB.



Signature of Proposed Insured

Date Signed (MM/DD/YYYY)

Print Name

State of Birth

Country of Birth

If a child proposed for insurance is age 18 or over, the child must sign this Authorization form. If the child is under age 18, a Personal Representative for the child must sign, **and indicate the legal relationship between the Personal Representative and the proposed insured.** A Personal Representative for the child is a person who has the right to control the child's health care, usually a parent, legal guardian, or a person appointed by a court.



Signature of Personal Representative

Print Name

Date Signed (MM/DD/YYYY)

Relationship of Personal Representative

Will Preparation Services¹



You now have access to an important benefit for all Commander Navy Installations Command employees who participate in the Supplemental Life Insurance plan – **Will Preparation¹**.

Having an up-to-date will is one of the most important things you can do for your family.

Without a will, your assets may be distributed according to state law and *not* in accordance with your wishes. With Will Preparation, you have access to an important service that helps you ensure your family's future should something happen to you.

What is Will Preparation?

Will Preparation is offered by Hyatt Legal Plans¹, a MetLife Company that provides eligible employees and their spouses/domestic partners with unlimited access to more than 13,400 attorneys participating in their network. The Will Preparation service includes preparation of a will, living wills and power of attorney. When you use a Hyatt plan attorney, you do not need to submit any claim forms. If you choose, you also have the flexibility of using a non-network attorney and will be reimbursed for covered services according to a set fee schedule.²

It's easy to use the Will Preparation Service:

CNIC employees who participate in MetLife's Supplemental Life Insurance plan can access the service by:

1. Calling Hyatt Legal Plans' toll-free number 1-800-821-6400, Monday through Friday, 8:00 a.m. through 7:00 p.m. E.T. and tell them that you are with 1127997. A Client Service Representative will provide you with a case number and assist you in locating a participating plan attorney in your area.
2. Call and schedule an appointment with a participating attorney—many plan attorneys even have evening and weekend appointments for you convenience.

Hyatt Legal Plans' Toll-Free Number:	1-800-821-6400
CNIC Group Number	1127997

¹ Will Preparation is offered by Hyatt Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. For New York situated cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation. Tax Planning and preparation of Living Trusts are not covered by the Will Preparation Service.

² If you chose a non-network attorney, you will be responsible for any attorneys' fees that exceed the reimbursed amount.

Frequently Asked Questions

What are Estate Resolution Services?

This service, offered through Hyatt Legal Plans, fully covers attorney fees by a participating plan attorney to settle an estate.

Am I eligible for this service?

You are eligible for this service if you are enrolled in MetLife's Supplemental Term Life, Group Universal Life or Group Variable Universal Life coverages.* These services can help you when tasked with settling your spouse/domestic partners' estate. And, as a life policyholder, your spouse/domestic partner and the beneficiaries of your estate have access to these services to settle your estate.

Do my beneficiaries or my spouse/domestic partner need to be insured under the group plan to access these services to settle my estate?

No. As a life policyholder, your beneficiaries or your spouse/ domestic partner do not have to be insured under the group plan to access these services.¹

What is the probate process?

Probate is the legal process of administering the estate of a deceased person by resolving all claims and distributing the deceased's property. If there is a will, it is "probated" to prove it is valid and authentic. If there is no will, an alternative process is used for administering and settling the estate.

Are there additional fees charged to my plan?

No. Covered services are available at no additional cost to you with your MetLife Group Life Plan. There will be no claim forms or co-payments to file for covered services – fees are included in your plan and the attorney handles all the paperwork. If you ask the attorney to provide additional work that is not fully covered under this service, the attorney will provide a written fee statement detailing any associated costs in advance of providing the service.

Examples of non-covered items include:

- Court costs, filing fees, recording fees, witness fees, transcripts, guardian ad litem fees and appraiser fees.

Are covered services only available to the executor/administrator of the estate?

No. If a beneficiary is not the executor/administrator of the estate, the beneficiary may receive consultations with the participating plan attorney to discuss general questions regarding the probate process. In situations involving multiple beneficiaries, all of the beneficiaries will be able to consult with the participating plan attorney. However, the executor/administrator will receive the full benefit of the Estate Resolution Services.

What are the covered services?

Covered services:

- Unlimited in-person or telephone consultations with an attorney to discuss matters or general questions relating to probating an estate.
- Preparation of estate documents and professional court representation at court proceedings available to help properly distribute probated assets from the estate.
- Preparation of correspondence needed to transfer non-probate assets, as well as any associated tax filings.

Advantages include:

- Convenient access to a local attorney.
- Extensive network of more than 14,000 participating plan attorneys.
- Professional Client Service Center to assist you in locating an attorney.

Are there exclusions?

Yes. The following are not covered by this service:

- Matters in which there is a conflict of interest between the executor, administrator, any beneficiary or heir and the estate;
- Any disputes with the policyholder, employer, plan attorneys, MetLife and/or any of its affiliates;
- Any disputes involving statutory benefits;
- Will contests or litigation outside probate court;
- Appeals;
- Court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines;
- Frivolous or unethical matters.

How can I access this service?

Simply contact a Client Services representative to get started.

- Call Hyatt Legal Plans' toll-free number at 1-800-821-6400
- Provide the company name, customer number (if available) and the last 4 digits of the policy holder's Social Security number.
- The Client Services representative will assign you a case number and help you locate a participating plan attorney near you.

What is a non-probate property or asset?

A non-probate property or asset is any asset whose ownership is automatically transferred without being subject to the probate process, such as one held in "joint tenancy with right of survivorship," or "payable on death" ownership. Life insurance proceeds are generally not subject to the probate process because the beneficiary is designated to receive the benefits. There may be tax issues related to these assets even if they are not part of the probate estate.

Are all individuals subject to probate?

Any individual who owns property that does not automatically pass to another person by operation of law or contract is considered to have an estate subject to probate. However, some states may have a simplified procedure for some estates.

Are Estate Resolution Services necessary?

Yes. Probate can be a difficult and expensive process. Having an experienced professional assist with the process will help ensure that all required filings/ paperwork are completed, as required by the local jurisdictions.

If there is not a will, does the estate pass to the spouse/domestic partner without going through the probate process?

No. If there is not a will, each state dictates how assets are distributed.

How long can the probate process take?

The probate process can take as much as few months or longer depending on the complexity of the estate.

Is the service different if a person dies with or without a will?

No. The services provided are the same, though the specific filings or requirements may be different.

Can an estate be settled without an in-person meeting?

No. Settling an estate may require signatures of the beneficiaries and/or executors/ administrators of the estate.

What if there are co-executors/ co-administrators?

The attorney for the estate would act as the central channel for all co-executors/co- administrators involved in settling the estate.

Can an attorney outside Hyatt Legal Plans network be used to settle an estate?

Yes. You can choose to use an out-of- network attorney if needed. When using an out-of-network attorney, you will receive reimbursement for covered services based on a set fee schedule.² However, you will be responsible for any attorney fees that exceed the reimbursed amount.

What is the average wait time to meet with a participating attorney?

Average wait time can vary depending on individual circumstances. Appointments are typically made within one business day of initial contact and most attorneys provide evening and Saturday appointments.

Will beneficiaries and/or executors/ administrators be sold any additional services when they meet with a participating plan attorney?

No. Typically beneficiaries and/or executors/administrators who utilize Estate Resolution Services do not incur additional costs. Unlimited consultations give beneficiaries and/or executors/ administrators the opportunity to ask questions and fully explore the best course of action to meet their needs. During the initial consultation, the participating plan attorney will recommend and review a plan of action with you or your beneficiaries to determine if any additional services are required beyond the covered services.

Does this feature provide translation services for participants for whom English is not their primary language?

Yes. Participating plan attorneys have access to translation services and some attorneys have alternate language abilities.

What are the options if a beneficiary and/or executor/ administrator is not satisfied with the service provided by a participating plan attorney?

Hyatt Legal Plans carefully screens and manages its network of participating plan attorneys on a regular basis. If you are dissatisfied with the service provided by a participating plan attorney, you can notify Hyatt Legal Plans, which will work to resolve any issues to your satisfaction.

What are the requirements for an attorney to be part of Hyatt Legal Plan's network?

Hyatt Legal Plan's attorneys have a minimum of 7 years of experience and adhere to a "code of excellence" as a member of the network.

1. Estate Resolution Services is only available for spouse/domestic partners when employee coverage is elected for Supplemental Term Life, Group Universal Life or Group Variable Universal Life.

2. The amount reimbursed will be the lesser of the maximum reimbursement amount or the attorney's actual charge.

Included with Supplemental Life Insurance. MetLife Estate Resolution Services are offered by Hyatt Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. Certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary or heir and the estate; any disputes with the group policyholder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.

Will Preparation Services¹ – At no additional cost to you!



Easily create a will; living will, or power of attorney

Having a will is one of the most important things you can do for your family. Making sure your will is up-to-date can help ensure that your assets are distributed the way you want. You do not need to have access to an attorney to create a binding will.

As an added benefit with your group Life insurance plan, you have access to MetLife's online will preparation services provided by SmartLegalForms to create a binding will, living will, or assign a power of attorney.

Convenience at your fingertips in a secure web environment

Sign on to an easy-to-use and secure website, available to you and your family members 24 hours a day, 7 days a week to create binding documents. Resources are available online to address questions you may have about creating a will or general estate planning. Once you create your binding documents, you will be provided with simple to follow instructions for witnessing/signing them in front of a Notary Republic.

Get Started

- Visit www.willscenter.com and register as a new user
- Follow the simple instructions to create your online document
- Return at your convenience to complete or update stored documents

1. WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. and is not affiliated with MetLife. The WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters. WillsCenter.com is available to anyone regardless of affiliation with MetLife.

metlife.com

Grief Counseling



Comfort, Support, and Guidance

Life's outcomes can be unpredictable. Take advantage of valuable resources and services available to you with your Basic Life coverage that provide expert support when needed most — at no additional cost to you. Whether its help coping with a loss or a major life change*, you and your loved ones can turn to our professional counselors and support services — provided by Harris Rothenberg International (HRI) — to get you and your family moving forward.

Licensed Counselors Available 24/7

Personalize sessions to meet your needs. You can choose to meet in-person or by phone with HRI's nationwide network of experienced counselors. They provide professional, confidential support during difficult times, including assistance with funeral planning needs.

Covered services, including but not limited to:

- Death of a loved one
- Receiving a serious medical diagnosis or critical illness
- Divorce
- Loss of a job

If further counseling sessions are preferred in addition to what's covered in your plan, counselors can assist you with accessing professional services that fit your specific needs, preferences, finances and health insurance coverage.

Funeral Assistance Services

Honor a loved one's life. Work with compassionate specialists that can assist you, your loved ones, and your beneficiaries with customizing funeral arrangements through personalized one-on-one service. HRI Specialists can offer assistance by providing referrals, arrangement options as well as helpful information such as:

- Locating nearby funeral homes and cemetery options
- Obtaining funeral cost estimates from local providers; compare cost information; services offered and funeral planning options
- Identifying service providers such as florists, caterers and hotels
- Offering information about back-up care for children or elderly
- Providing information on notifying the Social Security Administration, banks and utilities
- Finding local support groups

Self-Service Resources

Get the level of support you need at your own pace. Sometime you just need a little guidance. HRI offers professional self-help resources to help you get through the grieving process. Online information available to you includes:

- End-of-life issues
- Funeral and memorial planning
- What to do after the death of a loved one
- Adult care for surviving elders
- Grieving well and getting better
- Single parenting

Expert Guidance is Just a Phone Call Away

To speak with an HRI counselor or to access self-help information and resources:

Call: 1-855-609-9989

Visit www.griefcounseling.harrisrothenberg.net

Username: [metlifeassist](#) Password: [support](#)

Grief Counseling and Funeral Planning services are provided through an agreement with Harris, Rothenberg International (HRI), Inc. HRI is not an affiliate of MetLife, and the services HRI provides are separate and apart from the insurance provided by MetLife. HRI has a nationwide network of over 35,000 counselors. Counselors have master's or doctoral degrees and are licensed professionals. Availability is subject to state regulatory approval. The Grief Counseling program does not provide support for issues such as: domestic issues, parenting issues, or marital/relationship issues (other than a finalized divorce). For such issues, members should inquire with their human resources department about available company resources. This program is available to insureds, their dependents and beneficiaries who have received a serious medical diagnosis or suffered a loss. Events that may result in a loss are not covered under this program unless and until such loss has occurred.

- * Coverage includes up to five face-to-face or telephone sessions per event.

metlife.com



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