



# Employee Benefits Proposal

## Group Accident Insurance

Proposal for IAFF eligible groups via the MetLife Illinois Multiple Union Trust  
Employer Paid Offer

Proposal Date:

Proposal Valid Until:

Proposed Customer Effective Date:

MBM Insurance Services, Inc.  
Michael B. Murphy, President  
516-795-8248



V10.10

AX16 [NS-RM] Low: Plan Design 4

BEN

## Group Accident Benefits

MetLife is pleased to offer you an opportunity to provide your employees with financial protection through our Group Accident Insurance as part of our robust portfolio of voluntary products. Accident Insurance provides features that could be valuable to your employees, including:

- ✓ Portability through Continued Insurance with Premium Payment which gives employees the ability to keep their existing coverage when their employment status with the employer changes.<sup>1</sup>
- ✓ No coordination with other insurance benefits;
- ✓ Employees are paid a lump-sum benefit that they can use as they feel necessary;
- ✓ Employees and their families will have access to discounts or services that will provide them actionable tools and resources to help them navigate life's twists and turns.<sup>2</sup>

MetLife Accident Insurance can supplement existing medical coverage and help provide financial support to pay for out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose.

### General Requirements

MetLife requires the employer to enable MetLife to raise awareness of the program among employees by communicating relevant information in an appropriate manner. Employer obligations include:

1. Premiums collected via payroll deduction;
2. Agreed upon enrollment method specified in this proposal including on-site enrollment support;
  - Distribution of all required enrollment materials identified by MetLife.
  - Communication through a minimum of 3 employee touch points (e.g., education through materials, emails, intranet/newsletters, onsite meetings).
3. No competing Accident plan programs.

*Failure to meet the requirements outlined above and/or to the agreed upon enrollment strategy will likely result in changes to this offering, including an increase in product rates, a change to the rate guarantee period or the program not being offered.*

*MetLife's proposal assumes an employer's agreement to provide the required enrollment strategy.*

*It is possible that combining ERISA benefit plans and voluntary insurance benefits on the same enrollment ballot may cause some voluntary insurance benefits to be deemed ERISA plans. There are steps that you can take in placing voluntary benefits on your ERISA ballot that can mitigate the risks. Specifically, segregating the ERISA and non-ERISA offerings on the ballot. We urge you to consult with your own advisor(s) on this matter.*

**The following section describes assumptions, specific program design, and rates being proposed for this group customer.**

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<sup>1</sup> Eligibility for portability through the Continued Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

<sup>2</sup> Discounts or services may not be available in all states.

<b>Proposal Assumptions</b>	
<b>Situs State</b>	IL  <u>Residents of most states will be covered by the situs state plan. Residents of certain states will be covered by a state specific certificate of insurance due to these states having extraterritorial laws. For specific state variations on Program Design, Benefits, Limitations and Exclusions, please contact MetLife.</u>
<b>Standard Industry Classification (SIC)</b>	9224
<b>Number of Eligible Employees</b>	
<b>Employee Eligibility</b>	<ul style="list-style-type: none"> <li>• Employees will be subject to an actively at work requirement. MN and VT residents are subject to a medical coverage requirement.</li> <li>• Must be a resident of the United States.</li> <li>• An employee must be enrolled for coverage for their Spouse / Domestic Partner and / or Dependent Child(ren) to be eligible for coverage.</li> <li>• Retirees are not eligible to enroll.</li> <li>• In the proposed situs state, access to Accident Insurance may not be restricted to only those employees enrolled in another insurance plan, such as a high deductible health plan, if the employer is paying the entire premium. Please contact MetLife for more information.</li> <li>• The demographics and details of potential covered insureds living and working outside the United States should be discussed with your MetLife representative. This product has contractual exclusions and limitation on claims events that occur overseas.</li> </ul>
<b>Contributions</b>	100% Employer Paid
<b>Enrollment Method</b>	On Ballot
<b>Implementation Timeline</b>	The minimum lead time required to implement your plan is dependent on the method by which the plan will be billed and will be between 10 and 16 weeks from the date of the initial implementation meeting.

<b>Plan Design</b>	
<b>Coverage Type</b>	24 Hour Coverage (on/off job)
<b>Benefit Amount</b>	Employees will select a single plan of coverage on a Guaranteed Issue basis.
<b>Underwriting Offer</b>	Guaranteed Issue <sup>2</sup> Benefits are paid directly to the employee based on flat schedule (not reimbursement) and there is no coordination with other insurance coverage.
<b>Benefit Reduction Due to Age</b>	Not Included.
<b>Portability (Continuation of Insurance with Premium Payment)<sup>3</sup></b>	“Portability” is available through our Continuation of Insurance provision. Employees who are no longer eligible for coverage under the plan (e.g. if their employment ends or if they retire or due to their movement to a non-eligible class or, unless they become eligible for similar coverage, if the group policy ends) may continue their coverage on a MetLife direct-billed basis.

Ask your MetLife representative for information on other plan designs and benefits that may be available based on MetLife’s guidelines, group size, underwriting and state requirements.

<sup>2</sup> Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage.

<sup>3</sup> Eligibility for portability through the Continued Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

<b>Rate Information</b>	
<b>Rate Structure</b>	Composite Rates
<b>Rate Guarantee period</b>	2 years, subsequent years' rates subject to change. If Preferred Enrollment conditions are met, the rate guarantee is extended by one additional year.
<b>Policy and Rate Changes</b>	<p>Policy Premiums are due on the first day of each month.</p> <p>This quote assumes a premium payment grace period of 31 days.</p> <p>MetLife reserves the right to change its rates for any of the following reasons:</p> <ul style="list-style-type: none"> <li>• The composition of the group, employees, dependents or the Accident insurance volume has changed 10% or more from the date when quoted.</li> <li>• Any of the plan designs are changed.</li> <li>• A change in applicable law requires a change in the insurance provided by the policy or the classes of persons eligible for insurance under the plan.</li> </ul>
<b>Supplemental Fees</b>	None

### Proposed Rates

Type	Monthly (12)
Employee Only	\$10.25

*Note: Final implemented rates may vary slightly due to rounding.*

*The rates shown apply whether the employer chooses to pay for employees only or employees and their spouses and/or children.*

*Please note that any employee-paid coverage must be offered under a separate plan with separate rates.*

**Covered Benefits** – All benefits must relate to injuries sustained in an accident.

		<b>BENEFIT AMOUNTS</b>
<b>BENEFIT</b>	<b>BENEFIT LIMITS</b>	<b>EMPLOYEE</b>
<b>ACCIDENTAL DEATH BENEFITS CATEGORY</b>		
Basic Accidental Death	N/A	\$50,000
Accidental Death Common Carrier		\$150,000
<b>ACCIDENTAL DISMEMBERMENT/FUNCTIONAL LOSS/PARALYSIS BENEFITS CATEGORY</b>		
<b>Basic Dismemberment/Functional Loss Benefit</b>		
Loss of one finger or one toe	N/A	\$1,000
Loss of one arm or one leg		\$15,000
Loss of one hand or one foot		\$15,000
Loss of two or more fingers or toes		\$2,000
Loss of sight in one eye		\$15,000
Loss of hearing in one ear		\$15,000
<b>Catastrophic Dismemberment/Functional Loss Benefit</b>		
Loss of both arms or both legs or one arm and one leg	N/A	\$50,000
Loss of both hands or both feet or one hand and one foot		\$50,000
Loss of sight in both eyes		\$50,000
Loss of hearing in both ears		\$50,000
Loss of ability to speak		\$50,000
<b>Paralysis Benefit</b>		
Two Limbs (paraplegia or hemiplegia)	N/A	\$25,000
Four Limbs (quadriplegia)		\$50,000

		<b>BENEFIT AMOUNTS</b>
<b>BENEFIT</b>	<b>BENEFIT LIMITS</b>	<b>ALL COVERED PERSONS</b>
<b>ACCIDENTAL INJURY BENEFITS CATEGORY</b>		
<b>Fracture Benefit (Closed)</b>		
Face or Nose (except mandible or maxilla)	If more than one bone is fractured, the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit.	\$2,000
Skull Fracture - depressed (except bones of face or nose)		\$5,000
Skull Fracture - non depressed (except bones of face or nose)		\$2,500
Lower Jaw, Mandible (except alveolar process)		\$1,000
Upper Jaw, Maxilla (except alveolar process)		\$2,000
Upper Arm between Elbow and Shoulder (humerus)		\$2,000

Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$1,000
Rib		\$1,000
Finger, Toe		\$200
Vertebrae, Body of (excluding vertebral processes)		\$2,000
Vertebral Process		\$750
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$2,000
Hip, Thigh (femur)		\$5,000
Coccyx		\$750
Leg (tibia and/or fibula)		\$2,000
Kneecap (patella)		\$750
Ankle		\$750
Foot (except toes)		\$750
Chip Fracture		25%
<b>Fracture Benefit (Open)</b>		
Face or Nose (except mandible or maxilla)		\$4,000
Skull Fracture - depressed (except bones of face or nose)		\$10,000
Skull Fracture - non depressed (except bones of face or nose)		\$5,000
Lower Jaw, Mandible (except alveolar process)		\$2,000
Upper Jaw, Maxilla (except alveolar process)		\$4,000
Upper Arm between Elbow and Shoulder (humerus)		\$4,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$2,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	If more than one bone is fractured, the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit.	\$2,000
Rib		\$2,000
Finger, Toe		\$400
Vertebrae, Body of (excluding vertebral processes)		\$4,000
Vertebral Process		\$1,500
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$4,000
Hip, Thigh (femur)		\$10,000
Coccyx		\$1,500
Leg (tibia and/or fibula)		\$4,000
Kneecap (patella)		\$1,500
Ankle		\$1,500

Foot (except toes)		\$1,500
Chip Fracture		25%
<b>Dislocation Benefit (Closed)</b>		
Lower Jaw	If more than one joint is dislocated, the amount we will pay for all dislocations combined will be no more than 2 times the highest Dislocation Benefit.	\$1,000
Collarbone (sternoclavicular)		\$1,500
Collarbone (acromioclavicular and separation)		\$1,000
Shoulder (glenohumeral)		\$1,000
Rib		\$1,000
Elbow		\$1,000
Wrist		\$1,000
Bone or Bones of the Hand (other than fingers)		\$1,000
Hip		\$5,000
Knee (except patella)		\$2,500
Ankle - Bone or bones of the Foot (other than toes)		\$1,000
One Toe or Finger		\$200
Partial Dislocation		25%
<b>Dislocation Benefit (Open)</b>		
Lower Jaw	If more than one joint is dislocated, the amount we will pay for all dislocations combined will be no more than 2 times the highest Dislocation Benefit.	\$2,000
Collarbone (sternoclavicular)		\$3,000
Collarbone (acromioclavicular and separation)		\$2,000
Shoulder (glenohumeral)		\$2,000
Rib		\$2,000
Elbow		\$2,000
Wrist		\$2,000
Bone or Bones of the Hand (other than fingers)		\$2,000
Hip		\$10,000
Knee (except patella)		\$5,000
Ankle - Bone or bones of the Foot (other than toes)		\$2,000
One Toe or Finger		\$400
Partial Dislocation		25%
<b>Burn Benefit</b>		
2nd Degree w/ less than 10% of surface skin burnt	1 time per accident; Unlimited time(s) per calendar year	\$100
2nd Degree 10-25% surface skin burnt		\$200
2nd Degree 25-35% surface skin burnt		\$750
2nd Degree 35% or more of surface skin burnt		\$1,500
3rd Degree w/ less than 10% of surface skin burnt		\$1,500
3rd Degree 10-25% surface skin burnt		\$2,000
3rd Degree 25-35% surface skin burnt		\$7,500

3rd Degree 35% or more of surface skin burnt		\$15,000
<b>Concussion Benefit</b>		
Concussion	1 time(s) per calendar year	\$500
<b>Coma Benefit</b>		
Coma	1 time(s) per accident; Unlimited time(s) per calendar year	\$10,000
<b>Laceration Benefit</b>		
Without repair by stiches	1 time per accident; 3 time(s) per calendar year	\$75
Repaired by stiches but less than 2 inches long		\$125
Repaired by stiches and 2-6 inches long		\$350
Repaired by stiches and over 6 inches long		\$700
<b>Broken Tooth Benefit</b>		
Crown	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$300
Extraction	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$150
Filling	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$50
<b>Eye Injury Benefit</b>		
Eye Injury	1 time(s) per accident; Unlimited time(s) per calendar year	\$400

		<b>BENEFIT AMOUNTS</b>
<b>BENEFIT</b>	<b>BENEFIT LIMITS</b>	<b>ALL COVERED PERSONS</b>
<b>MEDICAL TREATMENT AND SERVICES BENEFITS CATEGORY</b>		
<b>Ground Ambulance Benefit</b>		
Ground Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	\$200
<b>Air Ambulance Benefit</b>		
Air Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,250
<b>Emergency Care Benefit</b>		
Emergency Room	1 time per accident (combined with Non-Emergency Initial Care Benefit). Payable within 96 hours after the accident.	\$100
Physician's Office		\$100
Urgent Care		\$100

Non-Emergency Initial Care Benefit		
Non-Emergency Initial Care	1 time per accident (combined with Emergency Care Benefit)	\$100
Medical Testing Benefit		
Medical Testing (MRI/MR, Ultrasound, NCV, CT/CAT, EEG)	2 time(s) per accident; Unlimited time(s) per calendar year	\$200
Medical Testing (X-rays)		\$150
Physician Follow-Up Benefit		
Physician Follow-Up Visit	2 time(s) per accident; 6 time(s) per calendar year	\$50
Transportation Benefit		
Transportation	1 time(s) per accident; 2 time(s) per calendar year	\$400
Therapy Services Benefit		
Acupuncture	10 time(s) per accident; Unlimited time(s) per calendar year	\$50
Chiropractic Therapy		\$50
Cognitive Behavioral Therapy		\$50
Occupational Therapy		\$50
Physical Therapy		\$50
Respiratory therapy		\$50
Speech Therapy		\$50
Vocational Therapy		\$50
Pain Benefit		
Pain Management (for Epidural Anesthesia)	1 time(s) per accident; Unlimited time(s) per calendar year	\$100
Prosthetic Device Benefit		
One Device Only	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,000
More than One Device		\$2,000
Medical Appliance Benefit		
Brace		\$150
Cane		\$150
Crutches		\$150
Walker - expected use < 1yr		\$200
Walker - expected use >=1 yr		\$500
Walking Boot		\$150
Wheel chair or motorized scooter - expected use < 1yr		\$300

Wheel chair or motorized scooter - expected use >=1yr		\$1,000
Other medical device used for Mobility		\$150
Medical Appliance Benefit Limit (for all appliances combined per accident)		\$1,500
<b>Modification Benefit</b>		
Modification	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,500
<b>Blood/ Plasma/ Platelets Benefit</b>		
Blood/Plasma/Platelets	1 time(s) per accident; Unlimited time(s) per calendar year	\$500
<b>Surgery Benefits</b>		
Surgical Repair – Cranial	1 time(s) per accident; Unlimited time(s) per calendar year	\$2,000
Surgical Repair – Hernia		\$200
Surgical Repair – Ruptured Disc		\$1,500
Surgical Repair – Skin Graft (% of Burn Benefit )		50%
Surgical Repair – Torn Cartilage in Knee		\$1,500
Surgical Repair – Torn tendon/ligament/rotator cuff - one		\$1,000
Surgical Repair – Torn tendon/ligament/rotator cuff - two or more		\$2,000
Surgical Repair – Thoracic Cavity or Abdominal Pelvic Cavity		\$2,000
Exploratory Surgery (for any Surgery Benefit procedure)		\$200
<b>Other Outpatient Surgery Benefit</b>		
Other Outpatient Surgery Benefit	1 time(s) per accident; Unlimited time(s) per calendar year	\$400

		<b>BENEFIT AMOUNTS</b>
<b>BENEFIT</b>	<b>BENEFIT LIMITS</b>	<b>ALL COVERED PERSONS</b>
<b>ACCIDENT – HOSPITAL BENEFITS CATEGORY</b>		
<b>Hospital Admission Benefit</b>		
Admission	1 time per accident; Unlimited times per calendar year	\$1,000
ICU Supplemental Admission (paid in addition to Admission)		\$1,000
<b>Hospital Confinement Benefit</b>		
Confinement	15 days per accident. Payable after the first day of admission. ICU Supplemental Confinement will pay an additional benefit for 15 of those days.	\$200
ICU Supplemental Confinement (paid in addition to Confinement)		\$200

Inpatient Rehabilitation Benefit		
Inpatient Rehabilitation	15 days per accident; 30 days per calendar year	\$200

		BENEFIT AMOUNTS
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS
OTHER BENEFITS CATEGORY		
Lodging Benefit	15 day(s) per calendar year	\$200

Notes Regarding Certain Benefits:

- Accidental Death Benefits Category: The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.
- Accidental Death Common Carrier Benefit: "Common Carrier": refers to airplanes, trains, buses, trolleys, subways and boats. Certain conditions apply. See your Disclosure Statement or Outline of Coverage/Disclosure Document for specific details.
- Lodging Benefit: The lodging benefit is not available in all states. It provides a benefit for a companion accompanying a covered insured while hospitalized, provided that lodging is at least 50 miles from the insured's primary residence.

Please contact MetLife for detailed definitions and state variations of covered benefits.

<b>Other Benefits</b>	
<b>Organized Sports Activity Injury Benefit Rider</b>	<p>If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident - Medical Treatment and Services, Hospital benefits.</p> <p>The Organized Sports Activity Injury Benefit Rider is pending regulatory approval in some states.</p>

<b>Healthcare Navigation Services</b>	
<b>Healthcare Navigation Services</b> – added at no additional cost to you or your employees	<p>As an optional available service, your employees can have access to education and support from personal consultants with healthcare expertise, including the following: decision support related to health care services and benefits; assistance with understanding health benefits; concierge services to coordinate care, assess costs of care, find doctors and facilitate appointments; and medical claim/bill review and correction. The services also include access to self-service decision support tools via a web portal that can be used to assess costs of care and find doctors.</p>

<b>MetLife Advantages<sup>SM</sup></b>	
<b>MetLife Advantages<sup>SM</sup> – Services or Discounts</b> added at no additional cost to you or your employees	<p><b>Will Preparation Services<sup>1</sup></b></p> <p>As an added benefit your employees will 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.</p> <p><b>MetLife VisionAccess<sup>2</sup></b></p> <p>As an added benefit your employees will have access to the MetLife VisionAccess discount program. The program provides a discount on eye exams, glasses and frames, and laser vision correction when visiting a participating private practice.</p> <p><b>Funeral Discount and Planning Services<sup>3</sup></b></p> <p>As an added benefit your employees will have access to funeral discounts and planning services. Through Dignity Memorial, employees and family members will have access to compassionate counselors as well as discounts on funeral services through the largest network of funeral homes and cemetery providers in North America.</p>

### **MetLife Advantages<sup>SM</sup> Disclaimers**

MetLife Advantages<sup>SM</sup> availability varies by state.

<sup>1</sup>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.

<sup>2</sup>MetLife VisionAccess is a discount program and not an insured benefit. It is provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with MetLife or its affiliates. MetLife Vision Access is available to anyone regardless of affiliation with MetLife.

<sup>3</sup>Funeral Discount and Planning Services - Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. SCI offers planning services, expert assistance, and bereavement travel services are available to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers have been pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for funeral services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For TN, the funeral services discount is available for "At Need" services only. Not approved in CT, FL, MD, MO, MT, NH, ND, NY, TX, and WA.

## GROUP ACCIDENT INSURANCE EXCLUSIONS & LIMITATIONS

### PLEASE NOTE:

Exclusions and limitations in any policy and certificate issued will be based on the policyholder's situs state, plan design and states where employees reside. If the policyholder has employees residing in the following states, that state's Exclusions and Limitations will apply: Alaska, Arkansas, Colorado, Connecticut, Florida, Idaho, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Texas, Utah, Vermont, Washington, West Virginia, Wisconsin, and Wyoming. The aforementioned list of states and the state variations noted below are subject to change prior to the plan enrollment period. Please contact your MetLife representative for details.

### How to read this section:

Applicable state variations are noted in *italics* under each bolded item.

### **We will not pay benefits for any loss for a Covered Person caused by the Covered Person's Sickness, or the diagnosis or treatment of such Sickness, except:**

*CT and NY: paragraph including all bullets and sub-bullets deleted*

*ID: paragraph modified to "We will not pay benefits for any loss for a Covered Person caused or contributed to by:" All bullets and sub-bullets are deleted*

*NH: "care" added after "diagnosis" and before "or"*

- **for the Covered Person's use of:**

- **any drug, medication or sedative that is taken or used as prescribed by a Physician; or**
- **an "over the counter" drug, medication or sedative taken as directed; or**

*WA: New bullet: "We will not pay benefits for the Covered Person's voluntary use, by any means, of poison, gas or fumes."*

### **We will not pay benefits for any loss for a Covered Person caused or contributed to by:**

*IL: "or contributed to" deleted*

*ID: paragraph, bullet, and all 5 sub-bullets below deleted*

- **the Covered Person's voluntary use, by any means, of:**

*CT: bullet and all 5 sub-bullets deleted and replaced with the following: "the voluntary use, of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (the Controlled Substances Act), as now or hereafter amended, unless prescribed by the Covered Person's Physician for the Covered Person;"*

*MD and WA: bullet and all 5 sub-bullets deleted*

*MN: bullet revised to read "the Covered Person's voluntary use of any narcotic, unless it is taken or used as prescribed by a physician;" and the following 4 sub-bullets are deleted*

*NJ: bullet and all 5 sub-bullets deleted and replaced with the following:*

- *"the Covered Person's voluntary use, by any means, of poison, gas or fumes;*
- *the Covered Person's intoxication or being under the influence of any narcotic unless administered or consumed on the advice of a physician;"*

*NV: bullet revised to "the Covered Person's commission of or attempt to commit a felony at the time of the Accident, which involves the voluntary use, by any means, of:"*

NY: bullet and all 5 sub-bullets deleted and replaced with the following:

- “the Covered Person being under the influence of any narcotic, unless administered on the advice of a physician;
- the Covered Person being intoxicated;”

SD: bullet and all 5 sub-bullets below deleted

VT: add “and felonious” after “voluntary” and before “use”

- **any drug, medication or sedative, unless it is:**

CA: bullet and 2 sub-bullets deleted

PA: “drug, medication or sedative” deleted and replaced with “intoxicant or narcotic”

- **taken or used as prescribed by a Physician; or**
- **an “over the counter” drug, medication or sedative taken as directed;**
- **alcohol in combination with any drug, medication, or sedative; or**

AL: the following is added after “sedative”: “if label instructions for such drug, medication or sedative state that it cannot be taken safely in combination with alcohol.”

CA: bullet deleted

PA: “drug, medication or sedative” deleted and replaced with “narcotic”

- **poison, gas, or fumes;**

MN: bullet revised to “the Covered Person’s voluntary use of poison, gas or fumes”

NC: bullet revised to “the Covered Person’s voluntary inhalation of gas or fumes or voluntary taking of poison;”

PA: bullet deleted

TN: bullet revised to “the Covered Person’s intentional ingestion of poison, or intentional inhalation of gas or fumes;”

- **the Covered Person’s suicide or attempted suicide (while sane or insane);**

CO, MO and VT: “or insane” deleted

MN: bullet deleted

NY: bullet revised to “the Covered Person’s suicide, attempted suicide or intentionally self-inflicted Injury;”

- **the Covered Person’s intentionally self-inflicted injury;**

MN: bullet deleted

NY: bullet deleted – incorporated into the bullet above

MI: New bullet: “the Covered Person’s commission of or attempt to commit a felony or to which a contributing cause was the Covered Person’s being engaged in an illegal occupation or other willful criminal activity;”

- **war, whether declared or undeclared; or act of war;**

NC: bullet revised to add the following at the end: “(the term ‘war’ does not include terrorist acts);”

NY: bullet revised to “war, or act of war (whether declared or undeclared);”

OK: bullet revised to add the following at the end: “- this exclusion only applies to a Covered Person while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer;”

- **the Covered Person’s active participation in an insurrection, rebellion, riot, or terrorist act;**

ID: “rebellion” and “terrorist act” deleted

MD: bullet deleted

MI: the following is added to the end of the bullet “if such participation constitutes the commission of a felony or other willful criminal activity;”

NY: bullet revised to “the Covered Person’s participation in a felony, riot or insurrection;”

UT: “voluntary” added after “active” and before “participation”

- **the Covered Person’s engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;**

CA: bullet deleted

ID: bullet changed to “the Covered Person’s participation in a felony;”

MD: bullet deleted

MI: bullet deleted – incorporated into a new bullet above

NJ: bullet changed to “the Covered Person’s commission of or attempt to commit a felony or to which a contributing cause was the Covered Person’s engagement in an illegal occupation;”

NY: bullet changed to “the Covered Person’s engagement in an illegal occupation;”

UT: “engagement” deleted and replaced with “active participation”

- **the Covered Person’s infection, other than infection occurring in an external wound resulting from an Injury;**

CA: “that results directly from an Accident” added after “Injury”

ID and NY: bullet deleted

NH: “an external wound” is changed to “a wound”

- **food poisoning;**

ID, NY and UT: bullet deleted

- **the Covered Person’s operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:**

ID, MD, NY, SD and WA: bullet and two sub-bullets deleted

NV: inserted after “Person’s” and before “operation”: “commission of or attempt to commit a felony at the time of the Accident, which involves the”

- **intoxicated means that the Insured’s blood alcohol level met or exceeded .08%; and**

IL: Bullet revised to: “intoxicated means that which is defined and determined by the laws of the jurisdiction where the loss or cause of the loss was incurred and the Insured’s blood alcohol level meets or exceeds .08%; and”

- **motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;**

KY: “including, but not limited to: an automobile; a boat, a motorcycle; a truck; an all terrain vehicle; or a snow mobile” deleted

- **dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:**

ID: bullet revised to read “dental care or treatment or cosmetic Surgery, except when such Surgery is performed to:” and the sub-bullets remain unchanged

NY: bullet revised to “cosmetic surgery, except when such surgery is performed to reconstruct a part of the body which was disfigured or removed as a result of an Injury;”

- **treat an Injury;**

CA: “that results directly from an Accident” added after “Injury”

NH: bullet changed to “treat or provide care for an Injury;”

*NY: bullet deleted*

- **correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under this Certificate; or**

*CA: "that results directly from an Accident" added after "Injury"*

*NY: bullet deleted*

- **reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under this Certificate;**

*CA: "that results directly from an Accident" added after "Injury"*

*NY: bullet deleted*

*ID: New bullet added "the Covered Person's alcoholism or drug addiction;"*

- **the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:**

*ID: bullet revised to "the Covered Person's mental or emotional disorders or treatment of such mental or emotional disorders except for the Covered Person's use of:"*

*MN, SD and VT: bullet and two sub-bullets deleted*

*NH: "care" added after "diagnosis" and before "or"*

*NY: bullet revised to "the Covered Person's mental or emotional disorder, alcoholism or drug addiction;"*

- **any drug, medication or sedative that is taken or used as prescribed by a Physician; or**

*NY: bullet deleted*

- **an "over the counter" drug, medication or sedative taken as directed;**

*NY: bullet deleted*

- **activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;**

*FL: "Covered Person's" deleted and replaced by "Covered Person to carry out the duties and responsibilities of their"*

*NY: bullet revised to "the Covered Person's service in the armed forces or any auxiliary unit of the armed forces;"*

- **the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;**

*NY: bullet revised to "aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline;"*

- **the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;**

*ID: "If acting in a professional capacity," added at the beginning of the bullet*

*NY: bullet deleted*

- **the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;**

*ID, NY and OR: bullet deleted*

*MN: "in a professional capacity in" added after "driving" and before "any"*

- **the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;**

*ID: "semi-professional or" deleted*

*NY and SD: bullet deleted*

- the Covered Person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

*ID: bullet revised to “if acting in a professional capacity, the Covered Person hang gliding, para-kiting, or sail-gliding.”*

*NY and OR: bullet deleted*

**In addition, We will not pay benefits for:**

*NY: this paragraph, including all of the bullets and sub-bullets, is replaced with the following: “In addition, we will not pay benefits for services or treatment received outside of the United States, Canada or Mexico.”*

- a Covered Person while incarcerated in any type of penal or detention facility;

*ID, LA, and MO: bullet deleted*

*MD: an additional bullet is added which reads “any claim for health care services that the appropriate regulatory board determines were provided as a result of a prohibited referral under § 1-302 of the Health Occupations Article;”*

- any of the following outside of the United States, Canada or Mexico:

- any medical or healthcare treatment, services or transportation described in the Accident – Medical Treatment & Services Benefits section of this Certificate;

*NH: add “care” after “medical” and before “or healthcare treatment”. Replace “Medical Treatment & Services” with “Medical Care & Services”*

- any inpatient admission or stay in any medical or health care facility.

*(CA: the following two exclusions are added:)*

**Intoxicants and Controlled Substances**

*We will not be liable for any loss sustained or contracted in consequence of the Covered Person being intoxicated or under the influence of any controlled substance, unless administered on the advice of a Physician.*

**Illegal Occupation or Commission of a Felony**

*We will not be liable for any loss for a Covered Person to which a contributing cause was:*

- the Covered Person’s commission of or attempt to commit a felony; or
- such Covered Person being engaged in an illegal occupation.

*(CT: The following definition is added:)*

**“Participation in a Riot** means all forms of public violence, disorder or disturbance of the peace by three or more persons. It does not matter whether:

- there was common intent; or
- there was intent to damage any person or property, or to break the law.

**General Disclaimer:**

*METLIFE'S ACCIDENT INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. There are benefit reductions that begin at age 65, if applicable. Like most group accident and health insurance policies, policies offered by MetLife may include waiting periods and contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX or contact MetLife.*

*Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.*

*Some services in connection with the coverage may be performed by Transaction Applications Group, Inc. a wholly owned subsidiary of NTT Data Services, LLC. This service arrangement in no way alter Metropolitan Life Insurance Company's obligations. Coverage will continue to be administered in accordance with Metropolitan Life Insurance Company's policies and procedures.*



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## U.S. Business Intermediary and Producer Compensation Notice

Metropolitan Life Insurance Company, Metropolitan Tower Life Insurance Company, MetLife Consumer Services, Inc. and Metropolitan General Insurance Company (collectively herein called “MetLife”), enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related insurance and non-insurance products (“Products”) with brokers, agents, consultants, third party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such products (*each an “Intermediary”*). MetLife may pay your Intermediary compensation, which may include, among other things, base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business (*number of products sold or dollar value of premium*) with MetLife. In addition, supplemental compensation may be payable to your Intermediary for eligible Products. Under MetLife’s current supplemental compensation plan (SCP), the amount payable as supplemental compensation may range from 0% to 8% of premium or fees. The supplemental compensation percentage may be based on one or more of: (1) the number of products sold through your Intermediary during a one-year period, or other defined period; (2) the amount of eligible new or renewal premium or fees with respect to products sold through your Intermediary during a one-year period; (3) the persistency percentage of products inforce through your Intermediary during a one-year period; (4) the block growth of the products inforce through your Intermediary during a one-year period; (5) eligible new or renewal premium or fees growth during a one-year period; or (6) a flat amount, fixed percentage or sliding scale of the premium or fees for products as set by MetLife. The supplemental compensation percentage will be set by MetLife based on the achievement of the outlined qualification criteria and it may not be changed until the following SCP plan year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 8% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium or fees from you in relation to your products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (*e.g., insurance and employee benefits exchanges, enrollment firms and platforms, sales contests, consulting agreements, participation in an insurer panel, or reinsurance arrangements*).

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife’s base compensation and supplemental compensation plans can be found on MetLife’s Website at [www.metlife.com/business-and-brokers/broker-resources/broker-compensation](http://www.metlife.com/business-and-brokers/broker-resources/broker-compensation). Questions regarding Intermediary compensation can be directed to [ask4met@metlifeservice.com](mailto:ask4met@metlifeservice.com), or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your representative. Compensation paid to your representative is for participating in the sale, servicing, and/or renewal of products, and the compensation paid may vary based on a number of factors including the type of product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your representative or calling (866) 796-1800.

## Non-U.S. Coverage

When providing you with information concerning an eligible group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a MetLife affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MetLife or any other insurer that is not a member of MAXIS GBN. Please note that while MetLife is a member of MAXIS GBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.