



# Employee Benefits Proposal

Group Critical Illness Insurance  
Attained Age Rate Structure

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



## Group Critical Illness Benefits

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

- ✓ 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.
- ✓ 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>1</sup>

MetLife Critical Illness Insurance can supplement existing medical coverage and help provide financial support to pay for out-of-pocket expenses such as mortgage payments, college tuition, hiring household help, or treatment not covered by your medical plan. 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 Critical Illness plan programs.

*Failure to meet the requirements outlined above and/or changes 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.*

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<sup>1</sup>Discounts or services may not be available in all states.



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

<b>Proposal Assumptions</b>	
<b>Situs State:</b>	IL <b><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 Plan Design, Benefits, Limitations and Exclusions, please contact MetLife.</u></b>
<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.</li> <li>• Employees must reside in the United States.</li> <li>• Retirees are not eligible to enroll.</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>Takeover</b>	No
<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>Underwriting Offer</b>	Guaranteed Issue  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.
<b>Benefit Amount</b>	Employees will receive a benefit amount of \$10,000.  Benefits are paid directly to the employee based on flat schedule (not reimbursement) and there is no coordination with other insurance coverage.

<b>Recurrence Benefit</b>	<p>Included. A benefit is payable for a subsequent occurrence of some covered conditions. Refer to the Plan Design – Covered Conditions table in this Cost &amp; Benefit Summary for the eligible conditions and amount payable.</p> <p>The Recurrence Benefit is payable 1 time per covered condition per covered person.</p>
<b>Total Benefit Amount</b>	<p>There is no Total Benefit Amount cap included in the plan. This refers to a maximum aggregate amount that MetLife would pay per covered person per lifetime for the covered conditions.</p>
<b>Category Limits</b>	<p>There are no Category Limits included in the plan. This refers to a maximum aggregate amount that MetLife would pay per covered person for all conditions under an applicable covered condition category.</p>
<b>Initial Benefit Separation Period</b>	<p>An Initial Benefit is not payable for a covered condition that occurs within 30 days of an occurrence of a different covered condition.</p>
<b>Recurrence Benefit Separation Period</b>	<p>A Recurrence Benefit is not payable for a covered condition which occurs again within 90 days of the original occurrence.</p>
<b>Treatment-Free Period</b>	<p>We will not pay a Recurrence Benefit unless the covered person has not been treated or had symptoms for at least:</p> <p>90 days for a Cancer covered condition.</p> <p>90 days for a Benign Tumor condition.</p>
<b>Pre-Existing Condition Limitation</b>	<p>3 months prior; excluded for 6 months. Does not apply to the following covered condition categories: Heart Attack, Severe Burn, Stroke.</p>
<b>Benefit Reduction Due to Age</b>	<p>Not Included.</p>
<b>Portability (Continuation of Coverage)</b>	<p>“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.</p> <p>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.</p>



### Plan Design – Covered Conditions

- **Initial Benefit** means the benefit that is payable for a covered condition the first time that it occurs while coverage is in effect. The Initial Benefit amount is expressed as a percentage of the elected Benefit Amount.
- **Recurrence Benefit** means the benefit that is payable for another occurrence of the same covered condition for which MetLife has already paid a benefit. The Recurrence Benefit amount is expressed as a percentage of the Initial Benefit amount.

Covered Conditions	Initial Benefit	Recurrence Benefit
<b>Benign Tumor Category</b>		
Benign Brain Tumor	100% of Benefit Amount	100% of Initial Benefit
<b>Cancer Category</b>		
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit
Non-Invasive Cancer	25% of Benefit Amount	100% of Initial Benefit
Skin Cancer	5% of Benefit Amount, but not less than \$250	NONE
<b>Coronary Artery Disease Category</b>		
Coronary Artery Bypass Graft (CABG) - <i>where surgery involving either a median sternotomy or minimally invasive procedure is performed</i>	50% of Benefit Amount	100% of Initial Benefit
<b>Childhood Disease Category</b>		
Cerebral Palsy	100% of Benefit Amount	NONE
Cleft Lip or Cleft Palate	100% of Benefit Amount	NONE
Cystic Fibrosis	100% of Benefit Amount	NONE
Diabetes (Type 1)	100% of Benefit Amount	NONE
Down Syndrome	100% of Benefit Amount	NONE
Sickle Cell Anemia	100% of Benefit Amount	NONE
Spina Bifida	100% of Benefit Amount	NONE
<b>Functional Loss Category</b>		
Coma	100% of Benefit Amount	100% of Initial Benefit
Loss of: Ability to Speak; Hearing; or Sight	100% of Benefit Amount	NONE
Paralysis of 2 or more limbs	100% of Benefit Amount	NONE
<b>Heart Attack Category</b>		
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE
<b>Infectious Disease Category</b>		
<i>For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 3 consecutive days.</i>		
Bacterial Cerebrospinal Meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
Diphtheria	25% of Benefit Amount	NONE
Encephalitis	25% of Benefit Amount	NONE
Legionnaire's Disease	25% of Benefit Amount	NONE
Malaria	25% of Benefit Amount	NONE
Necrotizing Fasciitis	25% of Benefit Amount	NONE
Osteomyelitis	25% of Benefit Amount	NONE

Rabies	25% of Benefit Amount	NONE
Tetanus	25% of Benefit Amount	NONE
Tuberculosis	25% of Benefit Amount	NONE
<b>Kidney Failure Category</b>		
Kidney Failure	100% of Benefit Amount	NONE
<b>Major Organ Transplant Category</b>		
Major Organ Transplant <i>For bone marrow, heart, lung, pancreas, and liver</i>	100% of Benefit Amount	NONE
<b>Progressive Disease Category</b>		
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
Muscular Dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE
Systemic Lupus Erythematosus (SLE)	100% of Benefit Amount	NONE
<b>Severe Burn Category</b>		
Severe Burn	100% of Benefit Amount	100% of Initial Benefit
<b>Stroke Category</b>		
Stroke	100% of Benefit Amount	100% of Initial Benefit

### Plan Design – Supplemental Benefits

<b>Health Screening Benefit</b>	<p>Payable if an eligible covered person takes one of the screening/prevention measures listed below.</p> <p><u>Benefit Amount</u></p> <ul style="list-style-type: none"> <li>Employees: \$50</li> </ul> <p><u>Times Payable per Calendar Year</u></p> <ul style="list-style-type: none"> <li>1 time per Employee</li> </ul> <p><u>Eligible Screening/Prevention Measures</u></p> <table border="1"> <tr> <td>routine health check-up exam</td> <td>fasting blood glucose test</td> </tr> <tr> <td>biopsies for cancer</td> <td>fasting plasma glucose test</td> </tr> <tr> <td>blood chemistry panel</td> <td>flexible sigmoidoscopy</td> </tr> <tr> <td>blood test to determine total cholesterol</td> <td>hearing test</td> </tr> <tr> <td>blood test to determine triglycerides</td> <td>hemoccult stool specimen</td> </tr> <tr> <td>bone marrow testing</td> <td>hemoglobin A1C</td> </tr> <tr> <td>breast MRI</td> <td>human papillomavirus (HPV) vaccination</td> </tr> <tr> <td>breast ultrasound</td> <td>immunization</td> </tr> <tr> <td>breast sonogram</td> <td>lipid panel</td> </tr> <tr> <td>cancer antigen 15-3 blood test for breast cancer (CA 15-3)</td> <td>mammogram</td> </tr> <tr> <td>cancer antigen 125 blood test for ovarian cancer (CA 125)</td> <td>oral cancer screening</td> </tr> <tr> <td>carcinoembryonic antigen blood test for colon cancer (CEA)</td> <td>pap smears or thin prep pap test</td> </tr> </table>	routine health check-up exam	fasting blood glucose test	biopsies for cancer	fasting plasma glucose test	blood chemistry panel	flexible sigmoidoscopy	blood test to determine total cholesterol	hearing test	blood test to determine triglycerides	hemoccult stool specimen	bone marrow testing	hemoglobin A1C	breast MRI	human papillomavirus (HPV) vaccination	breast ultrasound	immunization	breast sonogram	lipid panel	cancer antigen 15-3 blood test for breast cancer (CA 15-3)	mammogram	cancer antigen 125 blood test for ovarian cancer (CA 125)	oral cancer screening	carcinoembryonic antigen blood test for colon cancer (CEA)	pap smears or thin prep pap test
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	carotid doppler	prostate-specific antigen (PSA) test
	chest x-rays	serum cholesterol test to determine LDL and HDL levels
	clinical testicular exam	serum protein electrophoresis
	colonoscopy	skin cancer biopsy
	complete blood count (CBC)	skin cancer screening
	coronavirus testing	skin exam
	dental exam	stress test on bicycle or treadmill
	digital rectal exam (DRE)	successful completion of smoking cessation program
	Doppler screening for cancer	tests for sexually transmitted infections (STIs)
	Doppler screening for peripheral vascular disease	thermography
	echocardiogram	two-hour post-load plasma glucose test
	electrocardiogram (EKG)	ultrasounds for cancer detection
	electroencephalogram (EEG)	ultrasound screening of the abdominal aorta for abdominal aortic aneurysms
	endoscopy	virtual colonoscopy
	eye exams	

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.

### Healthcare Navigation Services

**Healthcare Navigation Services** – added at no additional cost to you or your employees

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.

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

**MetLife Advantages<sup>SM</sup> – Services or Discounts added at no additional cost to you or your employees**

**Will Preparation Services<sup>1</sup>**

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.

**MetLife VisionAccess<sup>2</sup>**

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.

**Funeral Discount and Planning Services<sup>3</sup>**

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.
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MetLife Advantages<sup>SM</sup> availability may vary 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 Vision Access 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 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 AK, CA, IN, MD, MO, ND, NJ, NY, TX, or WA.

<b>Rate Information</b>	
<b>Rate Structure</b>	Attained Age
<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, subject to state law requirements.
<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 Critical Illness 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

## Monthly (12) Premium Rates

Uni-Tobacco

Premium per \$1,000 of  
Coverage

Attained Age	Employee Only
<30	\$1.03
30 - 39	\$1.03
40 - 49	\$1.03
50 - 59	\$1.03
60 - 69	\$1.03
70+	\$1.03

Multiply the per \$1,000 rates shown above by the benefit amount divided by \$1,000 (e.g., 15 for \$15,000 of coverage) and round to two decimals to calculate rates for the quoted benefit amounts. Note that the per \$1,000 rates are only applicable to the benefit amounts shown in this C&B. Final implemented rates may vary slightly due to rounding.

## CRITICAL ILLNESS INSURANCE GENERAL EXCLUSIONS

### 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, Guam, 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.

### How to read this section:

Exclusions appear in **bold font**. Applicable state variations are noted in *italics*.

**We will not pay benefits for any Covered Condition for a Covered Person caused by, or that takes place during:**

- **the Covered Person's active participation in an insurrection, rebellion, riot or terrorist act;**  
*CT, NY and OR: "...riot or terrorist act;" deleted and replaced with "...or riot;"*  
*ID: "...insurrection, rebellion, riot or terrorist act" deleted and replaced with "...insurrection or riot;"*  
*MD: bullet deleted.*  
*MI: bullet expanded to "...or terrorist act if such participation constitutes the commission of a felony or other willful criminal activity;"*  
*UT: "active participation" changed to "voluntary active participation".*
- **the Covered Person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;**  
*CA and MD: bullet deleted.*  
*ID: bullet changed to "the Covered Person's participation in a felony;"*  
*MI: bullet changed to "the Covered Person's committing or attempting to commit a felony or to which a contributing cause was the Covered Person being engaged in an illegal occupation or other willful criminal activity;"*  
*NH and OR: "illegal occupation or" is deleted.*  
*NJ: bullet changed to "the Covered Person's commission of, or attempt to commit, a felony or engagement in an illegal occupation;"*  
*NY: bullet changed to "the Covered Person's engagement in any illegal occupation;"*  
*UT: "illegal occupation or activity" changed to "illegal occupation or activity as a voluntary participant".*
- **the Covered Person's intentionally self-inflicted injury;**  
*MN: bullet deleted.*
- **the Covered Person's suicide or attempted suicide (while sane or insane);**  
*MN: bullet deleted.*  
*MO, OR and VT: "or insane" is deleted.*  
*NY: "(while sane or insane)" is deleted.*

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

NC: *Bullet revised to: “war, whether declared or undeclared; or act of war (undeclared war does not include acts of terrorism);”*

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

OK: *Bullet revised to: “war, whether declared or undeclared; or act of war - 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 operation, while intoxicated, of a motor vehicle involved in the incident. 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. For purposes of this exclusion intoxicated means that the Covered Person’s:**

IL: *Last sentence in bullet revised to: “For purposes of this exclusion 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 Covered Person’s:”*

KY: *Second sentence revised to: “Motor vehicle means any vehicle that is powered by a motor.”*

CA, ID, MD, NJ, SD and WA: *bullet and two sub-bullets deleted.*

NV: *First sentence in bullet revised to: “the Covered Person’s commission of or attempt to commit a felony which involves the operation, while intoxicated, of a motor vehicle involved in the incident.”*

NY: *Bullet and sub-bullets deleted and replaced with “the Covered Person being intoxicated.”*

- **blood alcohol level met or exceeded .08%; or**

OR: *Bullet revised to: “blood alcohol level met or exceeded the limit established by the laws of the jurisdiction for driving while intoxicated where the incident took place; or”*

- **blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;**

- **the Covered Person voluntarily taking or using any drug, medication or sedative unless it is:**

CT: *bullet deleted and replaced with “the voluntary use of a 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;”*

CA, ID, MD, NJ, OR, SD and WA: *bullet and two sub-bullets deleted.*

MI: *bullet and two sub-bullets deleted and replaced with “the Covered Person voluntarily taking or using any drug, medication or sedative that constitutes a willful criminal activity; or”*

NY: *bullet and two sub-bullets deleted and replaced with “the Covered Person being under the influence of any narcotic (unless administered on the advice of a Physician);”*

PA: *“drug, medication or sedative” replaced with “intoxicant or narcotic”.*

VT: *bullet revised to “the Covered Person’s voluntary and felonious use of any drug, medication or sedative unless it is:”*

- **taken or used as prescribed by a Physician, or**

- **an “over the counter” drug, medication or sedative taken according to package directions; or**

NV: *Bullet and both sub-bullets deleted.*

ID: *additional bullet added: “the Covered Person’s alcoholism or drug addiction; or”*

*NJ: additional bullet added: “the Covered Person being intoxicated or being under the influence of any narcotic unless administered or consumed on the advice of a Physician;”*

- **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: bullet revised to “activities required by the Covered Person to carry out the duties and responsibilities of their service in...”*

*MO: bullet removed.*

**In addition,**

- *TX: bullet added: “Diagnosis or treatment of a Covered Condition by a Physician who is: You; Your spouse or anyone to whom You are related by blood or marriage; anyone who is a member of Your household; Your adopted child or step-child; anyone with whom You share a business interest; or Your employee;”*
- **We will not pay benefits for any Covered Condition for which Diagnosis is made outside the United States, Canada or Mexico unless the Diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to Occur on the date the Diagnosis is made outside the United States, Canada or Mexico.**

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

#### **INTOXICANTS AND CONTROLLED SUBSTANCES**

*We shall not be liable for any loss sustained or contracted in consequence of the Covered Person’s being intoxicated (including but not limited to intoxication due to cannabis use) or under the influence of any controlled substance unless administered on the advice of a Physician.*

#### **ILLEGAL OCCUPATION OR COMMISSION OF A FELONY**

*We shall not be liable for any loss to which a contributing cause was the commission of or attempt to commit a felony by the Covered Person whose injury or sickness is the basis of claim, or to which a contributing cause was such Covered Person’s 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.

*ID: The following exclusion is added:*

Coverage under this Certificate does not provide benefits for elective abortions.



**General Disclaimer:**

*METLIFE CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. There may be a preexisting condition exclusion. There may be a benefit reduction due to age provision. There may be a Benefit Suspension Period between recurrences of the same Covered Condition or occurrences of different Covered Conditions. MetLife offers CII on both an Attained Age basis, where rates will increase when a Covered Person reaches a new age band, and an Issue Age basis, where rates will not increase due to age. Rates are subject to change. MetLife reserves the right to raise premium rates for Issue Age CII on a class-wide basis. A more detailed description of the benefits, limitations, and exclusions can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP14-CI or contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.*

*MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.*

*Some services in connection with the coverage may be performed by our affiliate, MetLife Services and Solutions, LLC or by Transaction Applications Group, Inc. a wholly owned subsidiary of NTT Data Services, LLC. These service arrangements 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.

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