Group Life Insurance
For your family’s financial future. And your peace of mind.

If I am no longer here to provide for my family, I need benefits that will.
Life insurance is a key component to help protect your family’s financial future. MetLife can help you find the right kind of life insurance, at the right price. These are just a few of the times in your life when you may need to take stock of the amount of coverage you have:

- If you are planning to get married.
- If you are planning to have a family.
- If you are planning to have a mortgage.
- If you are planning to retire.
More security for today, and for the future.
This booklet is designed to make it easy to choose the right amount of coverage through your employer. While you may already have some basic life insurance coverage from your employer or other sources, you may not have an adequate amount of coverage.

Here's how this booklet can help you and your family:

1. It will help you assess your needs and determine how much life insurance coverage is right for your particular situation.

2. It will help you understand the coverage options your employer is offering. You'll see that there are a variety of features available with Group Life coverage, making this benefit even more valuable.

3. It will help make it easy to enroll. Check with your employer or company benefits administrator for more information.

Why life insurance coverage is so important.
If you are the family’s sole breadwinner, or part of a dual-income household, an adequate level of life insurance should be part of your financial plan. While no amount of money can take your place, the right amount of life insurance can go a long way in helping your family to replace lost income and maintain their standard of living. If you only have basic life insurance, chances are good that your current coverage has not kept pace with your changing needs.
If any of these situations pertain to you, it may be time to make a change to your life insurance coverage.

You’re married or getting married.
Today, families often rely on two incomes for financial security. If one income is lost, would your surviving spouse have the money needed to cover debts, mortgage or rent payments, other living expenses or maintain long-term goals? The right amount of life insurance can make all the difference during a difficult time.

You have a new or growing family.
You want the best for your children, both today and in the future. Without the contribution of both parents, there may not be enough money for childcare costs, college tuition, wedding expenses, care for aging parents or other future financial obligations. Added life insurance can help to cover these expenses.

You have a new or larger mortgage.
Your home is one of your most important assets and the place your family can feel most secure. Additional life insurance can be critical in helping your family keep this important investment if something were to happen to you.

You have a new job or salary increase.
A new job or a promotion often means a higher standard of living for your family. Additional life insurance can help your family maintain the lifestyle you’ve worked hard to give them.

You are planning for retirement.
Even though your children may have left home, or your mortgage is paid, that doesn’t mean your need for life insurance ends. Your spouse may need coverage to help make ends meet if you are no longer there to lend support. Life insurance can also help relieve family members from having to dip into savings to cover your final expenses or other outstanding debts.
If something happened to you, would your family be protected?
Get an idea of how much life insurance you might need through these examples:

<table>
<thead>
<tr>
<th>Profile</th>
<th>John and Susan</th>
<th>Tom and Debbie</th>
<th>Robert and Helen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profile</td>
<td>Married with two children</td>
<td>Married with no children</td>
<td>Pre-retirees with no children at home</td>
</tr>
<tr>
<td>Goals</td>
<td>Since John and Susan have young children and Susan isn’t employed, they want life insurance that will cover their expenses for 10 years as well as have an additional $100,000 to help pay for their children’s education.</td>
<td>If something were to happen to either Tom or Debbie, they want life insurance to cover expenses for five years. Tom also has older parents who depend on his support so they want to set aside $50,000 for adult care.</td>
<td>Even though Robert and Helen have no dependents living at home, Robert would like to set aside $45,000 and cover expenses for one year to make sure Helen has enough money to maintain a comfortable life if something happens to him. He also wants to set aside $10,000 for funeral expenses.</td>
</tr>
<tr>
<td>Ages</td>
<td>John: 40</td>
<td>Tom: 28</td>
<td>Robert: 58</td>
</tr>
<tr>
<td></td>
<td>Susan: 38</td>
<td>Debbie: 30</td>
<td>Helen: 56</td>
</tr>
<tr>
<td>Monthly Expenses</td>
<td>$3,000</td>
<td>$1,600</td>
<td>$1,500</td>
</tr>
<tr>
<td>Additional Expenses To Plan For</td>
<td>$100,000</td>
<td>$50,000</td>
<td>$55,000</td>
</tr>
<tr>
<td>Outstanding Debt</td>
<td>$200,000</td>
<td>$100,000</td>
<td>$70,000</td>
</tr>
<tr>
<td>Assets/Savings</td>
<td>$20,000</td>
<td>$50,000</td>
<td>$40,000</td>
</tr>
<tr>
<td>Recommended Coverage</td>
<td>$640,000</td>
<td>$196,000</td>
<td>$103,000</td>
</tr>
</tbody>
</table>

We recommend that you review your coverage periodically — even annually — to ensure that your family’s needs will be met now and in the future.

Take advantage of this important coverage.
If you have any questions about the options that are available to you, contact your benefits administrator or MetLife.

The examples shown are hypothetical and are used for informational purposes only. Your particular needs may vary. You may utilize the Life Insurance Calculator at www.metlife.com/mybenefits to assist you in determining the amount that is best for you and your specific needs.

If you determine you need more coverage than is offered under your employer’s program, consider enrolling for the available group coverage and supplementing it with insurance.

Like most group insurance policies, MetLife group insurance policies contain certain exceptions, reductions, limitations and terms for keeping them in force. Please contact your benefits administrator or MetLife for costs and complete details.
Basic Term Life / AD&D

Plan Design for: Oklahoma Higher Education Employees Insurance Group
Original Plan Effective Date: January 1, 2016
For All Active Full Time Employees working at least 30 hours per week

<table>
<thead>
<tr>
<th>Basic Life</th>
<th>2 times Basic Annual Earnings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental Death &amp; Dismemberment</td>
<td>An amount equal to Your Basic Life Insurance.</td>
</tr>
<tr>
<td>Plan Maximum</td>
<td>The lesser of 2 times Basic Annual Earnings or $250,000</td>
</tr>
<tr>
<td>Non-Medical Maximum</td>
<td>The lesser of 2 times Basic Annual Earnings or $250,000</td>
</tr>
<tr>
<td>Age Reduction Formula</td>
<td>35% at age 65; Additional 15% of original amount at age 70; Additional 15% of original amount at age 75: Benefits terminate at retirement</td>
</tr>
<tr>
<td>Employee Contribution</td>
<td></td>
</tr>
<tr>
<td>• Basic Life</td>
<td>0%</td>
</tr>
<tr>
<td>• AD&amp;D</td>
<td>0%</td>
</tr>
</tbody>
</table>

Term Life Features (1)
- Continuation of Life insurance while totally disabled as defined by the Group Policy (2)
- Accelerated Benefits Option (3)
- Total Control Account® (4)

AD&D Features (1)
- Seat Belt Benefit (5)
- Common Carrier Benefit
- Air Bag Benefit
- Total Control Account®
What Is Not Covered?

Like most insurance plans, this plan has exclusions. In addition, a reduction schedule may apply. Please see your benefits administrator or certificate for specific details.

Accidental Death & Dismemberment insurance does not include payment for any loss which is caused by or contributed to by: physical or mental illness, diagnosis of or treatment of the illness; an infection, unless caused by an external wound accidentally sustained; suicide or attempted suicide; injuring oneself on purpose; the voluntary intake or use by any means of any drug, medication or sedative, unless taken as prescribed by a doctor or an over-the-counter drug taken as directed; voluntary intake of alcohol in combination with any drug, medication or sedative; war, whether declared or undeclared, or act of war, insurrection, rebellion or riot; committing or trying to commit a felony; any poison, fumes or gas, voluntarily taken, administered or absorbed; service in the armed forces of any country or international authority, except the United States National Guard; operating, learning to operate, or serving as a member of a crew of an aircraft; while in any aircraft for the purpose of descent from such aircraft while in flight (except for self preservation); or operating a vehicle or device while intoxicated as defined by the laws of the jurisdiction in which the accident occurs.

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP99 or G2130-S) 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 insurance policy. 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.

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 your employer. Specific details regarding these provisions can be found in the certificate. If you have additional questions regarding the Life Insurance program underwritten by MetLife, please contact your benefits administrator or MetLife. Like most group life insurance policies, MetLife group policies contain exclusions, limitations, terms and conditions for keeping them in force. Please see your certificate for complete details.

(1) Features may vary depending on jurisdiction.
(2) Total disability or totally disabled means your inability to do your job and any other job for which you may be fit by education, training or experience, due to injury or sickness. Please note that this benefit is only available after you have participated in the Basic/Supplemental Term Life Plan for 1 year and it is only available to the employee.
(3) When life expectancy is certified by a physician to be 12 months or less. The Accelerated Benefits Option (ABO) is subject to state availability and regulation. The ABO benefits are intended to qualify for favorable federal tax treatment in which case the benefits will not be subject to federal taxation.
(4) The Total Control Account (TCA) is provided for all Life and AD&D benefits of $5,000 or more. The TCA is not insured by the Federal Deposit Insurance Corporation or any government agency. The assets backing TCAs are maintained in MetLife’s general account and are subject to MetLife’s creditors. MetLife bears the investment risk of the assets backing the TCAs, and expects to receive a profit. Regardless of the investment experience of such assets, the interest credited to TCAs will never fall below the guaranteed minimum rate. Guarantees are subject to the financial strength and claims paying ability of MetLife.
(5) The Seat Belt Benefit is payable if an insured person dies as a result of injuries sustained in an accident while driving or riding in a private passenger car and wearing a properly fastened seat belt or a child restraint if the insured is a child. In such case, his or her benefit can be increased by 10 percent of the Full Amount — but not less than $1,000 or more than $25,000.
Supplemental Term Life and AD&D

Plan Design for: Oklahoma Higher Education Employees Insurance Group
Original Plan Effective Date: January 1, 2016
For All Active Full Time Employees working at least 30 hours per week

Build Your Benefit with MetLife's Supplemental Term Life insurance, your employer gives you the opportunity to buy valuable life insurance coverage for yourself, your spouse and your dependent children -- all at affordable group rates.

<table>
<thead>
<tr>
<th></th>
<th>Employee</th>
<th>Spouse and Child</th>
</tr>
</thead>
</table>
| **Life Coverage:** provides a benefit in the event of death Schedules: | Increments of $10,000 | Option 1: $10,000 Spouse; $5,000 Child (Life Only)  
Option 2: $20,000 Spouse; $10,000 Child (Life Only)  
Option 3: $50,000 Spouse; $10,000 Child (Life Only)  
Option 4: $10,000 Spouse; $5,000 Child (Life and AD&D)  
Option 5: $20,000 Spouse; $10,000 Child (Life and AD&D)  
Option 6: $50,000 Spouse; $10,000 Child (Life and AD&D) |
| **Non-Medical Maximum**       | $300,000          | $50,000                                               |
| **Overall Benefit Maximum**   | The lesser of 5 times Your Basic Annual Earnings, or $500,000 | $50,000                                               |
| **AD&D Coverage:** provides a benefit in the event of death or dismemberment resulting from a covered accident Schedules: | Yes (benefit amount is same as Supplemental Term Life coverage)  
Yes (benefit amount is same as Supplemental Term Life coverage)  
Yes (benefit amount is same as Supplemental Term Life coverage) | Yes (benefit amount is same as Supplemental Term Life coverage) |
| **AD&D Maximum**              | Maximum amount is same as Supplemental Term Life coverage | Maximum amount is same as Supplemental Term Life coverage  
Maximum amount is same as Supplemental Term Life coverage |
| **Employee Contribution**     | 100%              | 100%                                                  |
| **Benefit Reduction**         |                   |                                                       |
| Benefits will reduce:         | 35% at age 65; Additional 15% of original amount at age 70; Additional 15% of original amount at age 75; Benefits terminate at retirement | Benefits terminate at Employee age 70  
N/A |

Any purchase or increase in benefits, which does not take place within 31 days of employee’s or dependent's eligibility effective date is subject to evidence of insurability. Coverage is subject to the approval of MetLife.
MetLife

Group Term Life Insurance Beneficiary Designation

This form MUST be signed before you return it. See “SECTION IV – Signature” on page 3.

SECTION I - Insured Information

Customer Number 161809

Employer Name/Group Policyholder Name Oklahoma Higher Education Employee Insurance Group

First Name
Middle Name
Last Name

Address – Street
City
State
ZIP Code

Date of Birth
Phone Number
SSN

SECTION II - Plan Information

I elect that the beneficiary designation shown on this form apply only to the plans insured by MetLife that I have indicated below:

☐ All group term life coverage currently in effect OR ☐ Basic Life
☐ Accidental Death & Dismemberment
☐ Supplemental/Optional Life

SECTION III - Beneficiary Information

☑ You MUST designate at least one primary beneficiary. A person may only be listed once. Anyone listed in the primary section cannot be listed in the contingent section.

☐ The sum of the Primary Beneficiary percentages MUST equal 100%. The sum of the Contingent Beneficiary percentages MUST equal 100%. Dollar amounts, fractions and decimals will not be accepted.

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

A. Individual Beneficiaries

PRIMARY BENEFICIARY - Your first choice to receive your life insurance proceeds in the event of your death. If any primary beneficiaries predecease you, that person’s share will be equally divided among any remaining primary beneficiaries.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
<th>Share: %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address – Street</td>
<td>City</td>
<td>State</td>
<td>ZIP Code</td>
</tr>
<tr>
<td>Relationship to Employee</td>
<td>Social Security Number</td>
<td>Date of Birth</td>
<td>Phone Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
<th>Share: %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address – Street</td>
<td>City</td>
<td>State</td>
<td>ZIP Code</td>
</tr>
<tr>
<td>Relationship to Employee</td>
<td>Social Security Number</td>
<td>Date of Birth</td>
<td>Phone Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
<th>Share: %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address – Street</td>
<td>City</td>
<td>State</td>
<td>ZIP Code</td>
</tr>
<tr>
<td>Relationship to Employee</td>
<td>Social Security Number</td>
<td>Date of Birth</td>
<td>Phone Number</td>
</tr>
</tbody>
</table>

Please complete the section that pertains to the type of beneficiary you are designating.
**CONTINGENT BENEFICIARY** - Your second choice to receive your life insurance proceeds if ALL of your primary beneficiary(ies) are not living at the time of your death. If any contingent beneficiaries predecease you, that person’s share will be equally divided among any remaining contingent beneficiaries.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
<th>Share: %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address – Street</td>
<td>City</td>
<td>State</td>
<td>ZIP Code</td>
</tr>
<tr>
<td>Relationship to Employee</td>
<td>Social Security Number</td>
<td>Date of Birth</td>
<td>Phone Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
<th>Share: %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address – Street</td>
<td>City</td>
<td>State</td>
<td>ZIP Code</td>
</tr>
<tr>
<td>Relationship to Employee</td>
<td>Social Security Number</td>
<td>Date of Birth</td>
<td>Phone Number</td>
</tr>
</tbody>
</table>

☐ **B. Living Trust**  – ☐ Primary  ☐ Contingent

If this form is executed by the insured, it is understood and agreed that if MetLife receives satisfactory proof that the aforesaid trust has been revoked or is not in effect at the insured’s death, the beneficiary shall be the insured’s Estate, unless otherwise indicated on this form.

<table>
<thead>
<tr>
<th>Trust Name</th>
<th>Trust Date</th>
<th>Trustee Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trustee - First Name</td>
<td>Middle Initial</td>
<td>Last Name</td>
</tr>
<tr>
<td>Trustee Address – Street</td>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

☐ **C. Testamentary Trust Created in the Insured’s Will**  – ☐ Primary  ☐ Contingent

The trust(ee) under any last Will and Testament of mine as shall be admitted to probate.

☐ **D. Insured’s Estate**  – ☐ Primary  ☐ Contingent

If the Insured’s Estate is selected as the Primary Beneficiary, no Contingent Beneficiary may be named.

☐ **E. Charity/Organization**  – ☐ Primary  ☐ Contingent

Be sure to name the charity or organization and not the charity or organization director or an employee of that charity/organization.

<table>
<thead>
<tr>
<th>Charity/Organization Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address – Street</td>
<td>City</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Charity/Organization Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address – Street</td>
<td>City</td>
</tr>
</tbody>
</table>
SECTION IV - Signature

☐ Check if you are completing and signing this form as agent for the employee under a valid Power of Attorney. Return a copy of the Power of Attorney with this beneficiary form. The Power of Attorney paperwork is subject to review by MetLife.

I hereby revoke any previous designations, and I designate the person, people, or entity named in Section III as Beneficiary(ies). I reserve the right to change or revoke this designation at any time.

Insured/Owner Name (Please Print)

_________________________________________________________________________

Insured/Owner Signature

_________________________________________________________________________

Date (must be date form was completed)

How to Submit This Form

The employee should provide the completed form to their employer or benefits administrator. Retain a copy for your records.

Please note: You MUST return all pages of this form.
To request coverage:
1. Employees must elect increments of $10,000.
2. Look up the premium costs for your age group for the coverage amount you are selecting on the chart below. If not present, use example to calculate premium cost for additional coverage amounts.
3. Choose the coverage option you want to buy for your spouse and child. Again, find the premium costs on the chart below. Note: Premiums are based on your age, not your spouse’s.
4. Fill in the enrollment form with the amounts of coverage you are selecting. (To request coverage over the non-medical maximum, please see your Human Resources representative for a medical questionnaire that you will need to complete.) Remember, you must purchase coverage for yourself in order to purchase coverage for your spouse or children.
5. During open enrollment, employees have the option to increase coverage two plan increments to a maximum of $20,000 or non-medical maximum.

### Monthly Premium For: Supplemental Employee Life and AD&D

<table>
<thead>
<tr>
<th>Employee Age</th>
<th>Monthly Rate per $1,000</th>
<th>$10,000</th>
<th>$20,000</th>
<th>$40,000</th>
<th>$50,000</th>
<th>$100,000</th>
<th>$150,000</th>
<th>$200,000</th>
<th>$300,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30</td>
<td>$0.08</td>
<td>$0.80</td>
<td>$1.60</td>
<td>$3.20</td>
<td>$4.00</td>
<td>$8.00</td>
<td>$12.00</td>
<td>$16.00</td>
<td>$24.00</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.10</td>
<td>$1.00</td>
<td>$2.00</td>
<td>$4.00</td>
<td>$5.00</td>
<td>$10.00</td>
<td>$15.00</td>
<td>$20.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.11</td>
<td>$1.10</td>
<td>$2.20</td>
<td>$4.40</td>
<td>$5.50</td>
<td>$11.00</td>
<td>$16.50</td>
<td>$22.00</td>
<td>$33.00</td>
</tr>
<tr>
<td>40-44</td>
<td>$0.15</td>
<td>$1.50</td>
<td>$3.00</td>
<td>$6.00</td>
<td>$7.50</td>
<td>$15.00</td>
<td>$22.50</td>
<td>$30.00</td>
<td>$45.00</td>
</tr>
<tr>
<td>45-49</td>
<td>$0.23</td>
<td>$2.30</td>
<td>$4.60</td>
<td>$9.20</td>
<td>$11.50</td>
<td>$23.00</td>
<td>$34.50</td>
<td>$46.00</td>
<td>$69.00</td>
</tr>
<tr>
<td>50-54</td>
<td>$0.34</td>
<td>$3.40</td>
<td>$6.80</td>
<td>$13.60</td>
<td>$17.00</td>
<td>$34.00</td>
<td>$51.00</td>
<td>$68.00</td>
<td>$102.00</td>
</tr>
<tr>
<td>55-59</td>
<td>$0.56</td>
<td>$5.60</td>
<td>$11.20</td>
<td>$22.40</td>
<td>$28.00</td>
<td>$56.00</td>
<td>$84.00</td>
<td>$112.00</td>
<td>$168.00</td>
</tr>
<tr>
<td>60-64</td>
<td>$0.69</td>
<td>$6.90</td>
<td>$13.80</td>
<td>$27.60</td>
<td>$34.50</td>
<td>$69.00</td>
<td>$103.50</td>
<td>$138.00</td>
<td>$207.00</td>
</tr>
<tr>
<td>65-69*</td>
<td>$1.29</td>
<td>$6.50</td>
<td>$13.00</td>
<td>$26.00</td>
<td>$32.50</td>
<td>$65.00</td>
<td>$97.50</td>
<td>$130.00</td>
<td>$195.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$8.39</td>
<td>$16.77</td>
<td>$33.54</td>
<td>$41.93</td>
<td>$83.85</td>
<td>$125.78</td>
<td>$167.70</td>
<td>$251.55</td>
</tr>
<tr>
<td>70-74*</td>
<td>$2.08</td>
<td>$5.00</td>
<td>$10.00</td>
<td>$20.00</td>
<td>$25.00</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$10.40</td>
<td>$20.80</td>
<td>$41.60</td>
<td>$52.00</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>75-99*</td>
<td>$2.08</td>
<td>$3.50</td>
<td>$7.00</td>
<td>$14.00</td>
<td>$17.50</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$7.28</td>
<td>$14.56</td>
<td>$29.12</td>
<td>$36.40</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Due to rounding, your actual payroll deduction amount may vary slightly.

*Age reductions apply

**Example:**

Use this formula to calculate premium costs for supplemental life benefit coverage amounts not shown in the illustration above.

$$\text{Monthly Cost} = \text{Age} \times \text{Monthly Rate per }$1,000\times \text{Benefits in }$1,000\text{'s}$$

<table>
<thead>
<tr>
<th>Age</th>
<th>Monthly Rate per $1,000</th>
<th>X</th>
<th>Benefits in $1,000’s</th>
<th>=</th>
<th>Monthly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>0.11</td>
<td>X</td>
<td>110</td>
<td>=</td>
<td>$12.10</td>
</tr>
</tbody>
</table>

### Monthly Premium for Dependent Life and Child Options

<table>
<thead>
<tr>
<th>Spouse and Child - Life Only</th>
<th>Spouse and Child – Life and AD&amp;D</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Option 1</strong></td>
<td><strong>Option 4</strong></td>
</tr>
<tr>
<td>$2.40 per family unit</td>
<td>$2.65 per family unit</td>
</tr>
<tr>
<td><strong>Option 2</strong></td>
<td><strong>Option 5</strong></td>
</tr>
<tr>
<td>$4.80 per family unit</td>
<td>$5.30 per family unit</td>
</tr>
<tr>
<td><strong>Option 3</strong></td>
<td><strong>Option 6</strong></td>
</tr>
<tr>
<td>$12.00 per family unit</td>
<td>$13.01 per family unit</td>
</tr>
</tbody>
</table>

Due to rounding, your actual payroll deduction amount may vary slightly.
Features available with Supplemental Life
Will Preparation Service† Like life insurance, a carefully prepared Will is important. With a Will, you can define your most important decisions such as who will care for your children or inherit your property. By enrolling for Supplemental Term Life coverage, you will have in person access to Hyatt Legal Plans’ network of 11,500+ participating attorneys for preparing or updating a will, living will and power of attorney. 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.

MetLife Estate Resolution Services (ERS)† is a valuable service offered under the group policy. 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. This can help alleviate the financial and administrative burden upon your loved ones in their time of need.

Portability*: If your present employment ends, you can choose to continue your current life benefits.

What Is Not Covered?
Like most insurance plans, this plan has exclusions. Supplemental 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. In addition, a reduction schedule may apply. Please see your benefits administrator or certificate for specific details.

Accidental Death & Dismemberment insurance does not include payment for any loss which is caused by or contributed to by: physical or mental illness, diagnosis of or treatment of the illness; an infection, unless caused by an external wound accidentally sustained; suicide or attempted suicide; injuring oneself on purpose; the voluntary intake or use by any means of any drug, medication or sedative, unless taken as prescribed by a doctor or an over-the-counter drug taken as directed; voluntary intake of alcohol in combination with any drug, medication or sedative; war, whether declared or undeclared, or act of war, insurrection, rebellion or riot; committing or trying to commit a felony; any poison, fumes or gas, voluntarily taken, administered or absorbed; service in the armed forces of any country or international authority, except the United States National Guard; operating, learning to operate, or serving as a member of a crew of an aircraft; while in any aircraft for the purpose of descent from such aircraft while in flight (except for self preservation); or operating a vehicle or device while intoxicated as defined by the laws of the jurisdiction in which the accident occurs.

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP99 or G2130-S) 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 insurance policy. Dependent Life coverage will terminate when a dependent no longer qualifies as a dependent. 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.

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 your employer and are subject to each state’s laws and availability. Specific details regarding these provisions can be found in the certificate.

If you have additional questions regarding the Life Insurance program underwritten by MetLife, please contact your benefits administrator or MetLife. Like most group life insurance policies, MetLife group policies contain exclusions, limitations, terms and conditions for keeping them in force. Please see your certificate for complete details.

1. Spouse amount cannot exceed 50% of the employee’s Supplemental Life benefit.
2. Child amount cannot exceed spouse amount.
† Will Preparation and MetLife Estate Resolution Services are offered by Hyatt Legal Plans, Inc., 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. Will Preparation and Estate Resolution Services are subject to regulatory approval and currently available in all states. For New York sitused cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation.

*Subject to state availability. To take advantage of this benefit, coverage of at least $10,000 must be elected.
**We’re Here to Help**

**MetLife Planning Tools**

Your goal should be to develop a life insurance plan (through one or more policies) that in the event of your death, provides your family with a financial safety net while making up the loss of your income.

One basic approach to determining your family’s life insurance needs is to consider completing the Life Insurance Calculator below. This can help you to determine how much insurance is right for you.

<table>
<thead>
<tr>
<th>BASIC MONTHLY EXPENSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>These are the everyday expenses that your family has to meet. Decide how many years you would want your insurance to cover these expenses. Then, multiply the Annual Expenses by that number of years.</td>
</tr>
</tbody>
</table>

- **Monthly Expenses** Consider expenses such as your mortgage*/rent, household expenses, insurance cost and child care expenses) 
- **Basic Annual Expenses** (Monthly Expenses x 12)
- **Number of Years You Want These Expenses Covered** (It could be 5, 10 or more years)
- **Total Basic Expenses** (Annual Expenses x Number of Years) 

<table>
<thead>
<tr>
<th>ADDITIONAL EXPENSES TO PLAN FOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>These are additional costs you and your family may have been planning for, so you may want to consider these as well.</td>
</tr>
</tbody>
</table>

- **Future Expenses** (Consider expenses such College Tuition, Child(ren)'s Wedding(s), Personal Funeral Expenses, Elder Care for Parents)

<table>
<thead>
<tr>
<th>OUTSTANDING DEBT</th>
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</thead>
<tbody>
<tr>
<td>These are committed costs you may wish to pay off in full to protect your family from this burden.</td>
</tr>
</tbody>
</table>

- **Outstanding Debt** (Consider Remaining Mortgage, Credit Card Bills, School or Auto Loans)

<table>
<thead>
<tr>
<th>TOTAL EXPENSES (1a + 2a + 3a)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>AVAILABLE ASSETS</th>
</tr>
</thead>
<tbody>
<tr>
<td>These are assets you may have that could be used to pay for expenses.</td>
</tr>
</tbody>
</table>

- **Assets** (Consider Savings [cash, securities, etc.], Employer Savings Plan, Equity in Your home, current Employer-Paid and/or Other Life Insurance)

<table>
<thead>
<tr>
<th>TOTAL COVERAGE NEEDED (A – B = C)</th>
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</thead>
</table>

* If you wish to pay off your mortgage do not enter the monthly expense in this section. You should enter this information under the Outstanding Debt section.
Now that you’ve reviewed your life insurance needs, please review your Coverage Options and calculate your monthly costs for this level of coverage.

Remember, the specific amount of life insurance you need to protect your loved ones depends on many factors—assumed rate of return on investment capital, future interest rates, inflation assumptions, future earnings, and future expenses—and an insurance professional or financial advisor can help you determine an accurate figure and choose appropriate coverage.

MetLife Is at Your Service

If you have questions

If you have any questions about your Group Life Plan, be sure to contact your employer/plan administrator.

L0913341772[exp1015][All States][DC, GU, MP, PR, VI] Metropolitan Life Insurance Company, New York, NY
Our Privacy Notice

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

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, or group insurance or annuity contract. In this notice, “you” refers to these individuals.

Protecting Your Information

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

Collecting Your Information

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

How We Get Your Information

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

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

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

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

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

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

Another source of information is MIB Group, Inc. (“MIB”). It is a non-profit association of life insurance companies. We and our reinsurers may give MIB health or other information about you. If you apply for life or health coverage from another member of MIB, or claim benefits from another member company, MIB will give that company any information that it has about you. If you contact MIB, it will tell you what it knows about you. You have the right to ask MIB to correct its information about you. You may do so by writing to MIB, Inc., 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734, by calling MIB at (866) 692-6901 (TTY (866) 346-3642 for the hearing impaired), or by contacting MIB at www.mib.com.

Using Your Information

We collect your personal information to help us decide if you’re eligible for our products or services. We may also need it to verify identities to help deter fraud, money laundering, or other crimes. How we use this information depends on
what products and services you have or want from us. It also depends on what laws apply to those products and services. For example, we may also use your information to:

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

Sharing Your Information With Others

We may share your personal information with others with your consent, by agreement, or as permitted or required by law. For example, we may share your information with businesses hired to carry out services for us. We may also share it with our affiliated or unaffiliated business partners through joint marketing agreements. In those situations, we share your information to jointly offer you products and services or have others offer you products and services we endorse or sponsor. Before sharing your information with any affiliate or joint marketing partner for their own marketing purposes, however, we will first notify you and give you an opportunity to opt out.

Other reasons we may share your information include:

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

HIPAA

We will not share your health information with any other company – even one of our affiliates – for their own marketing purposes. If you have dental, long-term care, or medical insurance from us, the Health Insurance Portability and Accountability Act (“HIPAA”) may further limit how we may use and share your information.

Accessing and Correcting Your Information

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

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

Questions

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

Send privacy questions to:

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

We may revise this privacy notice. If we make any material changes, we will notify you as required by law. We provide this privacy notice to you on behalf of these MetLife companies:

Metropolitan Life Insurance Company  MetLife Insurance Company of Connecticut
General American Life Insurance Company  SafeGuard Health Plans, Inc.
SafeHealth Life Insurance Company

CPN–Inst–Initial Enr/SOH -2009v2
When you choose MetLife, you choose a leader in employee benefits. For more than a century, we’ve provided insurance and other financial services to millions of individuals just like you. For more information on MetLife group life insurance coverage, contact your benefits administrator or MetLife.