

## Election of Portable Coverage Form For Group Life Insurance Coverage

### *Important Information About MetLife's Portability Option*

You're in a time of transition, and MetLife welcomes the opportunity to provide you with an affordable option to continue the Group Life Insurance coverage that you had with your former plan.

#### Here are some highlights of your Portability option...

- **You can take coverage with you.** You may continue the same or lesser amount of life insurance coverage you had on yourself at the time of your coverage termination through your former plan (See Part A of the Election Form). The minimum amount an employee can continue on a portable basis is \$20,000; the maximum is generally equal to the Life insurance coverage amount at the time of coverage termination or \$1,000,000, whichever is less.
- **Full protection for you.** When you elect portable coverage, you will have these valuable features: MetLife's Total Control Account<sup>®</sup> (TCA) and Accelerated Benefits Option (ABO) for you.

#### It's easy to elect Portable coverage:

1. Complete the attached Election Form **within 31 days** from the date your benefits are terminated **or** 45 days from the date this notice is given, if notice is given more than 15 days but less than 90 days after the date benefits were terminated.
2. Select the portable coverage amount for you (see attached Election Form Part B).
3. Designate your beneficiary(ies) and provide the required signatures.
4. **Send your completed Election Form to: MetLife Recordkeeping Center, P. O. Box 14401, Lexington, KY 40512-4401.**
5. Upon receipt of your completed Election Form, MetLife will send your initial monthly bill directly to your home address.

If you have any questions, require assistance in completing your Election Form, or wish to find out the cost of your portable coverage, you may phone our MetLife Recordkeeping Center toll-free at **1-888-252-3607**, between the hours of **8:00 a.m. and 8:00 p.m. (EST)**.

## ELECTION OF PORTABLE COVERAGE FORM

Instructions to the Recordkeeper: (The Recordkeeper is either the Employer, TPA or MetLife.)

1. Immediately upon the Insured's termination of employment, complete Part A below and make two copies of this form.
2. Provide the Eligible Insured with the original or mail it to their last known address.
3. Mail a copy of this form to MetLife Recordkeeping Center, P.O. Box 14401, Lexington, KY 40512-4401.
4. Maintain a copy for your records.

### Part A – TO BE COMPLETED BY THE RECORDKEEPER

Employer Name:	Group Report No.:	Sub Division:	Branch:	Portable No.:
Insured Coverage Termination Date:	Date of This Notice:			
Insured Name: (Last, First, Initial)	Social Security Number:	Date of Birth:	Sex: (M/F)	
Insured Mailing Address: (Street, City, State, Zip)			Insured Home Telephone No.:	
Annual Salary at Coverage Termination: \$	Reason for Termination:			
Has Coverage Been Assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify coverage assigned _____ and attach a copy of assignment form.				
Was the insured actively at work on the date of separation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Recordkeeper Name: _____				
Name of Person Completing Part A: _____ Telephone Number: _____				
<b>Employer To Verify Insurance Amount(s) In Effect At Termination Date:</b>				
<b><u>METLIFE INSURED COVERAGE AMOUNTS IN EFFECT:</u></b>				
<u>Life Insurance Amount</u>				
Insured:				
• Supplemental/Optional Life \$ _____				

MetLife provides coverage under a Group Insurance policy (Policy Number 93211-G) issued to the Chase Manhattan Bank, N.A., as Trustee. All Portable Term coverage terminates when your premium payments cease, or January 1 of the year in which you attain age 80. Portable Term insurance does not provide payment for death caused by suicide within the first two years (one year in Colorado or North Dakota) from the effective date of your coverage under your employer's Group Life Insurance benefit plan (except in Massachusetts, Missouri and Washington).

### Part B – TO BE COMPLETED BY THE INSURED

<p><b>Insured Application Period:</b> The Insured must apply for portable coverage within 31 days from the date benefits were terminated or 45 days from the date this notice is given, if notice is given more than 15 days but less than 90 days after the date benefits were terminated.</p>	<p>You may continue coverage at the same amount you had at the time of coverage termination or at a lesser amount. The employee minimum is \$20,000; the maximum is equal to the life insurance amount at time of coverage termination or \$1,000,000, whichever is less. At age 70, your coverage will be reduced by 50%.</p>	
<b>Portable Insurance Amount(s) Requested (Please Round Coverage to the nearest thousand)</b>		
Same Amount	Decreased Amount <sup>1</sup>	No Coverage
Insured: <sup>2</sup>		
• Supplemental/Optional Life <input type="checkbox"/>	\$ _____	<input type="checkbox"/>
NOTE: All coverage amounts are subject to applicable state laws.		

1. Specify the amount of coverage you prefer. The coverage amount selected may not exceed the coverage amount under the former plan.
2. In order to elect Portable coverage, you must have had the selected coverage under the former plan.

ENHANCED-EPORT

**Please Retain A Copy Of The Fully-Completed Form For Your  
Records And Return The Original To MetLife Recordkeeping Center  
If you have any questions, please call 1-888-252-3607  
(Continued on Following Page)**

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**ELECTION OF PORTABLE COVERAGE FORM (Continued)  
TO BE COMPLETED BY THE INSURED (Continued)**

DESIGNATION OF BENEFICIARY FOR INSURED LIFE BENEFITS				
<input type="checkbox"/> I Designate as my Primary Beneficiary: <input type="checkbox"/> My Designation of Beneficiary is on a separate form which is signed, dated and attached.				
Full Name (Last, First, Middle Initial)	Relationship	Date of Birth (Mo./Day/Yr.)	Address (Street, City, State, Zip)	Share %
<b>TOTAL:</b>				100%
If the Primary Beneficiary(ies) die before me, I designate as Contingent Beneficiary(ies):				
Full Name (Last, First, Middle Initial)	Relationship	Date of Birth (Mo./Day/Yr.)	Address (Street, City, State, Zip)	Share %
<b>TOTAL:</b>				100%
Unless designated otherwise, payment will be made in equal shares or all to the survivor. I RESERVE the right to change this designation at any time.				



\_\_\_\_\_  
Signature of Insured



\_\_\_\_\_  
Date Signed (Mo./Day/Yr.)

**RATE SHEET**  
**Schedule of Monthly Portable Group Life Insurance Term Rates**  
**For Insured**

Rates (cost per \$1,000 of coverage per month) are based on the Insured's age as of December 31<sup>st</sup>, of the current calendar year. Rates are subject to change.

**TABLE A**  
**LIFE INSURANCE ONLY**  
**MONTHLY TERM RATES**

AGE	INSURED RATE	AGE	INSURED RATE
15	\$0.106	48	\$0.454
16	\$0.120	49	\$0.500
17	\$0.129	50	\$0.552
18	\$0.137	51	\$0.610
19	\$0.141	52	\$0.673
20	\$0.142	53	\$0.743
21	\$0.153	54	\$0.811
22	\$0.146	55	\$0.896
23	\$0.131	56	\$0.987
24	\$0.122	57	\$1.091
25	\$0.115	58	\$1.204
26	\$0.115	59	\$1.328
27	\$0.107	60	\$1.470
28	\$0.107	61	\$1.624
29	\$0.107	62	\$1.796
30	\$0.107	63	\$1.987
31	\$0.107	64	\$2.202
32	\$0.115	65	\$2.436
33	\$0.115	66	\$2.682
34	\$0.122	67	\$2.904
35	\$0.131	68	\$3.139
36	\$0.138	69	\$3.399
37	\$0.153	70	\$3.691
38	\$0.168	71	\$4.022
39	\$0.184	72	\$4.400
40	\$0.202	73	\$4.828
41	\$0.224	74	\$5.292
42	\$0.248	75	\$5.785
43	\$0.275	76	\$6.359
44	\$0.302	77	\$6.958
45	\$0.334	78	\$7.585
46	\$0.370	79	\$8.262
47	\$0.410		

**Example Calculation of Premium For Insured Only:**

$$\frac{\$50,000}{\text{Amount of Coverage selected}} \div \$1,000 = \frac{50}{\text{\# of units}} \times \frac{\$0.334}{\text{Rate based on Age 45}} = \$16.70 \text{ (Monthly Premium)}$$