

Group Universal Life (GUL) Insurance

Get More Out of Your Life Insurance



MetLife



If my life insurance could do more for me today, and still provide protection for tomorrow.





Right now you have the opportunity to enroll in a life insurance plan that not only helps you to prepare for tomorrow, but can actually help you live better today.

MetLife Group Universal Life (GUL) is more than a basic life insurance product—it is a flexible, valuable alternative for your life insurance needs. In addition to providing reliable protection for your family, GUL includes a tax-deferred savings feature that can help you meet your short or long-term financial goals.

Life insurance is one of the most important tools that you have to protect your dependants' financial future. Whether you already have some life insurance or are just starting to think about it, take a minute to see how MetLife's GUL insurance fits into your financial plan.



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Please apply within your enrollment period. Refer to your enrollment letter for details.

Group Universal Life Can Help You Get More Out Of Life

Please apply within your 31 day eligibility period.

Dear Clackamas County Employee:

Good news! Your employer has made it possible for you to apply for MetLife Group Universal Life Insurance, insurance that not only offers protection for the future, but can also help you live better today.

Research shows that many employees with life insurance feel they may be underinsured,¹ and without adequate coverage the premature death of a provider can have a major impact on a family's finances. What would happen to your family or dependents if something happened to you? Would they be able to pay for housing, tuition and all the other expenses they'll face in the years ahead?

If you have any doubts about your family's financial security, take this special opportunity to apply for MetLife Group Universal Life. Be sure to act within your eligibility period, which ends 31 days from your date of hire. If you don't act within your eligibility period, you will be required to provide evidence of good health if you wish to apply for coverage in the future, and your application will be subject to review and approval by MetLife.

Group Universal Life offers you the security of life insurance and the ability to contribute to the policy's cash fund which earns interest on a tax-deferred basis.

MetLife Group Universal Life gives you all the protection of life insurance, but also includes a cash fund that can help you to meet a range of financial needs. If you take advantage of the cash fund, you can contribute premium above the cost of insurance and earn a competitive guaranteed rate of interest of 4%², which accrues on a tax-deferred basis.

Adjust your coverage levels as your life changes and take your coverage with you if your job changes.

Group Universal Life is as flexible as it is competitively priced. You have the freedom to adjust your coverage levels and premiums to reflect life changes, such as having a child or buying a home. It's portable, so you can take it with you if you change jobs or retire.³

So don't delay. Apply within your eligibility period.

The enclosed brochure and enrollment kit contain valuable tools to help you figure out how much coverage you need, how much premium you may want to contribute to your cash fund and more. But most important, you'll find your enrollment materials, which must be completed at and mailed within your eligibility period. [If you have questions, feel free to call the MetLife Benefits Line at **1 800 GET-MET 8** (1-800-438-6388).

Sincerely,

MetLife Customer Service Department

P.S. Remember, to ensure easy enrollment at a competitive group rate, you must act within 31 days of your eligibility period.

¹ 12th Annual MetLife Study of Employee Benefit Trends, 2014. "Underinsured" is defined as having life insurance coverage less than three times annual household income.

² All guarantees are subject to the financial strength and claims paying ability of Metropolitan Life Insurance Company

³ In some cases, if your employer replaces the MetLife GUL group contract with another group life insurance policy or otherwise terminates the MetLife GUL group contract, your MetLife GUL coverage may also be terminated, even after separation from employment or in retirement.

Coverage and 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 booklet certificate. If you have additional questions regarding the Group Universal Life Insurance Program underwritten by MetLife, please contact MetLife at **1 800 GET-MET 8** (1-800-438-6388).

Like most group life insurance policies, MetLife group policies contain certain exclusions, limitations, exceptions, reductions, waiting periods and terms for keeping them in force. Please contact MetLife for costs and complete details.

Clackamas County Plan Benefits

Employee Coverage Amounts

Select the level of protection that's best for you

- Minimum Coverage: \$10,000 or
- Maximum Coverage: \$300,000.

Eligibility

Employees are eligible to apply for coverage after 60 days of continuous employment. To be eligible for any amount of coverage, you must be "Actively at Work" on the effective date of coverage.

Dependent Coverage Amounts

Select coverage for your spouse/domestic partner and child(ren). Employee must apply for GUL coverage in order to apply for spouse/domestic partner. For child coverage, Employee must apply for coverage. Your spouse and eligible child(ren) must not be confined, receiving or awaiting a response regarding an application for disability benefits from any source or hospitalized on the date their coverage is scheduled to become effective. If they are confined, receiving or awaiting a response regarding an application for disability benefits from any source or hospitalized on such date, then please see below under "About Your Coverage Effective Date."

Coverage for Your Spouse/Domestic Partner¹

- Term Life – From \$10,000 to \$300,000, in \$10,000 increments.
- If your spouse/domestic partner is also an employee of Clackamas County, your spouse/domestic partner can either apply for employee coverage or spouse/domestic partner coverage, but not both.
- Please be prepared to provide the spouse or partner's Social Security Number.

Coverage for Your Children

Term Life Rider—\$2,000 or \$10,000 in \$2,000 increments

- Coverage is available for children from age 14 days to 19 years (or 26 years if enrolled at an accredited college or university).

Cash Fund Options

Group Universal Life is life insurance that lets you set aside premium above the cost of insurance in its tax-deferred cash fund which will earn a guaranteed minimum interest rate of 4%.² You can select a certain dollar amount to contribute through payroll deduction. This amount will be automatically and conveniently put into the cash fund and will earn a guaranteed minimum interest rate.

GUL's cash fund can be an attractive place to set aside extra funds and watch your money grow on a tax-deferred basis. To contribute to the cash fund, simply complete the appropriate section on your enrollment form. For more information and to see how your money can grow tax-deferred, please refer to the Understanding Your Group Universal Life's (GUL) Cash Fund section.

How to access the Cash Fund:

You may access your money through loans and withdrawals^{*}, provided there is adequate cash value in your fund. You can take only one loan at a time, the minimum being \$250. You can make one withdrawal per year provided you have adequate cash value in your cash fund, each for a minimum of \$250. There may be fees associated with some withdrawals and some withdrawals may have tax implications.^{**}

¹ For New York residents, dependent coverage cannot exceed the amount the employee is eligible to elect.

² Guarantees are subject to the financial strength and claims-paying ability of Metropolitan Life Insurance Company.

* Withdrawals may be subject to taxation if the amount exceeds the cost basis. Upon surrender, lapse, or case termination, including those circumstances where termination of the Group GUL contract results in termination of individual certificates/policies, loans become withdrawals and may become taxable to the certificate/policy owner.

** Loans & Withdrawals reduce the death benefit and cash fund and thereby undermine the ability of the cash fund to fund cost of insurance charges, which increase as the insured ages. In general, if you adhere to certain premium limits so that your policy is not considered a "modified endowment contract" (MEC) under the tax code, withdrawals will be subject to tax after policy basis has been reduced to zero. Policy basis is total premium paid (i.e., the cost of insurance and cash fund contribution) reduced by previous nontaxable withdrawals. However, different rules apply in the first fifteen policy years, when distributions accompanied by benefit reductions may be taxable prior to basis recovery. If your policy is considered a MEC because you have exceeded certain premium limits, withdrawals and loans are taxable to

Your cost of insurance is provided at competitive group rates. Paying is easier, and you won't have to worry about missing payments, since it's done through automatic payroll deductions.

Employee and Spouse/Domestic Partner Monthly Rates - Includes Waiver of Premium (Employee Only)

Use the rates below in the enclosed worksheet to determine your total monthly premium. Current rates (cost per \$1,000 of coverage per month) are based on your age as of December 31st of current year. Spouse/Domestic Partner rates are based on the spouse/domestic partner's age as of as of December 31st of current year. By completing this worksheet, you can figure out how much your coverage will cost you each month. You may also factor in your expected monthly cash fund contribution.

Non-Smoker

Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*
Employee/Spouse/Domestic Partner rate per \$1,000 of coverage	.044	.049	.062	.096	.164	.270	.424	.641	1.196

Smoker**

Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*
Employee Spouse/Domestic Partner rate per \$1,000 of coverage	\$.066	.074	.102	.149	.223	.330	.518	.797	1.269

Child Flat Monthly Rate: \$.059 per \$1,000 of coverage (covers all eligible children)

For example, for \$100,000 of GUL coverage the current monthly premium for a 30 year old would be 100 times \$.049 per \$1,000, for a 40 year old it would be 100 times \$.096 per \$1,000 and for a 50 year old it would be 100 times \$.270 per \$1,000.

Changes in Your Cost of Insurance Rates/Premium

The cost of insurance rates vary depending upon the amount of coverage, your age and benefits selected. Additionally, these rates will increase as you get older. Your current rates are guaranteed until the policy renewal date. At the renewal date, rates will be recalculated and may change.*** Rates will also change and can increase if you leave your employer and choose to continue your coverage.

For more complete information, please contact the MetLife Benefits Line at 1 800 GET-MET 8 (1-800-438-6388).

About Your Coverage Effective Date

You must be Actively at Work on the date your coverage is scheduled to become effective. Your spouse/domestic partner and eligible child(ren) must not be home or hospital confined or receiving or applying to receive disability benefits from any source when their coverage is scheduled to become effective.

Coverage will become effective on the first of the month following the receipt of your completed application for all requests that do not require additional medical information. A request for an amount that requires additional medical information and is not approved by the date listed above will not be effective until the later of the date the notice is received that MetLife has approved the coverage or increase if you meet Actively at Work requirements on that date, or the date that Actively at Work requirements are met after MetLife has approved the coverage or increase. The coverage for your spouse/domestic partner and eligible child(ren) will take effect on the date they are no longer confined, receiving or applying for disability benefits from any source or hospitalized. Your coverage must be in effect for your spouse/domestic partner's and eligible children's coverage to take effect.

Please refer to your certificate for age reduction rules.

Once you have enrolled and have elected to contribute to the Cash Fund, you will receive an Illustration.

the extent of policy gain (i.e., generally the excess of cash value over remaining basis) and a 10% penalty may apply if you are under age 59½.

* For rates over age 69, call the MetLife Benefits Line at 1 800 GET-MET 8 (1-800-438-6388).

*** A smoker is anyone who has smoked or used a tobacco product during the past 12 months.

*** The GUL group contract provides MetLife with the right to adjust the rates and/or the rate guarantee period should overall group participation change significantly.

By completing this worksheet, you can determine how much your coverage will cost. You should also factor in your monthly cash fund contribution, if applicable.

Section 1 – Employee Coverage

A. AMOUNT OF COVERAGE – You may select coverage from \$10,000 to \$300,000

B. MONTHLY COST OF COVERAGE – Multiply cost per \$1,000 of (see Insurance Rate Sheet) by the number of \$1,000 units you've selected (for example, \$70,000 = 70 units)

Amount of Coverage	÷	\$1,000	=	# of \$1,000 Unit of Coverage	X	Your cost per \$1,000 of coverage (see Rate Sheet)	=	MONTHLY COST OF INSURANCE	1
\$ <input style="width: 100px;" type="text"/> \$70,000				<input style="width: 100px;" type="text"/> 70		\$ <input style="width: 100px;" type="text"/> \$0.062 (example age 36 non-smoker)		\$ <input style="width: 100px;" type="text"/> \$4.34	

C. CASH FUND CONTRIBUTIONS – If you plan to contribute to your cash fund, add the amount you plan to contribute each month (for example, \$25, \$50, \$100).

	\$ <input style="width: 100px;" type="text"/>	2
TOTAL MONTHLY COST OF EMPLOYEE COVERAGE (1+2)	\$ <input style="width: 100px;" type="text"/>	3

Section 2 – Dependent Coverage

A. SPOUSE/Domestic Partner COVERAGE – You may select coverage from \$10,000 to \$300,000 in increments of \$10,000. Spouse coverage may not exceed 2X your Base Annual Salary. To calculate cost of spouse/domestic partner coverage follow direction in Section 1, Item B.

Amount of Coverage	÷	\$1,000	=	# of \$1,000 Unit of Coverage	X	Your cost per \$1,000 of coverage (see Rate Sheet)	=	MONTHLY COST OF INSURANCE	4
\$ <input style="width: 100px;" type="text"/> \$60,000				<input style="width: 100px;" type="text"/> 60		\$ <input style="width: 100px;" type="text"/> \$0.062 (example age 36 non-smoker)		\$ <input style="width: 100px;" type="text"/> \$3.72	

C. CHILD(REN) COVERAGE – Select coverage from \$2,000 to \$10,000 in increments of \$2,000 for each child, regardless of the number of children you have and fill in the monthly cost of coverage (see Insurance Rate Sheet)

	\$ <input style="width: 100px;" type="text"/>	5
TOTAL MONTHLY COST OF DEPENDENT COVERAGE (4+5+6)	\$ <input style="width: 100px;" type="text"/>	6

Section 3: Total Monthly Premium

To find your Total Monthly Premium for all covered individuals, add Total cost of Employee Coverage and Dependent Coverage

TOTAL EXPECTED MONTHLY PREMIUM (3+7)	\$ <input style="width: 100px;" type="text"/>	7
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In addition to life insurance protection, Clackamas County employees who apply for Group Universal Life will enjoy a range of valuable plan features and enhancements:

Face-to-Face Will Preparation Service³ – To help ensure your decisions are carried out

Like life insurance, a carefully prepared Will (Simple, Complex or Living) along with a Power of Attorney are important. With a Will, you can define your most important decisions such as who will care for your children or inherit your property.

Living Will:

- Ensures your wishes are carried out, and protects your loved ones from making these very difficult and personal medical decisions by themselves.
- Also called an “advanced directive,” it is a document authorized by statutes in all states. A person appoints someone as his/her proxy or representative to make decisions on maintaining extraordinary life-support if the person becomes incapacitated so that he or she cannot communicate his or her wishes.

Power of Attorney:

- Allows you to plan ahead by designating someone you know and trust to act on your behalf in the event of unexpected occurrences or if you become incapacitated. It is a written document that grants an individual the power to act on the grantor’s behalf.

By enrolling for GUL Life coverage, you will have face-to-face access to Hyatt Legal Plans’ network of over 13,000 participating plan attorneys. When you enroll in this plan, you may take advantage of this benefit with a participating plan attorney to prepare or update a will, living will or power of attorney for you and your spouse/domestic partner at no cost.* 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.

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

Face-to-Face Estate Resolution ServicesSM (ERS)⁴

Estate Resolution Services — is a valuable service offered through Hyatt Legal Plans. The executors/administrators of both your and your spouse’s/domestic partner’s estates will have access to the services of a participating Hyatt Legal Plans attorney to handle probating the deceased’s estate. You can feel confident that the legal assistance provided to the executor/administrator will help alleviate the administrative burden; there is no cost for services provided by a network attorney, which will alleviate the financial burden associated with settling an estate. Beneficiaries can also consult with a network attorney to discuss general questions regarding the probate process.

Waiver of Premium – You may be eligible to have your insurance premium waived until you reach age 65, die or recover from your disability, whichever is sooner, should you become unable to work due to total disability. The total disability must begin before age 60, and your waiver will begin after you have satisfied a 9-month waiting period. The Waiver of Premium will end on the earliest of your turning age 65, death or recovery. Please note that this benefit is available after you have participated in the GUL Plan for one year and it is only available for employee (not spouse/domestic partner) coverage. The one-year requirement applies to new participants in the plan.

Accelerated Benefits Option (ABO)⁵ – You can receive up to 50% of your Life insurance proceeds to a maximum of \$250,000 in the event that you become terminally ill and are diagnosed with less than 6 months to live. This can go a long way toward helping your family meet medical and other related expenses during a

³ Will Preparation is 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. For New York situated cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation. Tax Planning and preparation of Living Trusts are not covered by the Will Preparation Service.

⁴ Estate Resolution Services is offered by Hyatt Legal Plans, Inc., Cleveland, Ohio, a MetLife company. In certain states, the legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. Certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary or heir and the estate; any disputes with the group policyholder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.

difficult time. The Accelerated Benefit Option is also available to spouses insured under Dependent Life insurance plans. This option is not available for dependent child coverage.

Total Control Account® (TCA)⁶ – The Total Control Account® settlement option provides your loved ones with a safe and convenient way to manage the proceeds of a life or accident policy for claim payments of \$5,000 or more, backed by the financial strength and claims paying ability of Metropolitan Life Insurance Company. They'll have the convenience of immediate access to any or all of their proceeds, through an interest bearing account with unlimited draft-writing privileges. The Total Control Account gives beneficiaries time to decide what to do with their proceeds, which can be very helpful to them during a difficult time.

Transition Solutions⁷ - Assistance identifying solutions for your financial situations

Transition Solutions is a service designed to help provide assistance in making financial decisions based on the major events in your life including changes in employment, retirement or your benefits status. Contact your employer or plan administrator for more information.

Special Events – If you get married/divorced, have a baby/adopt a child or purchase a home, you can increase your coverage by a \$10,000 increment without evidence of insurability, subject to the coverage eligibility guidelines and program limits, provided you request the change within 31 days of the special event.

Funeral Planning Guide

This feature provides beneficiaries with a resource that outlines the final wishes of the employee. It highlights details of pertinent information including: how to plan for funeral costs, the death claim process, personal funeral preferences and more.

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

GUL: If you retire or leave your company, you can continue your coverage. Rates may change, but are generally lower than the rates available under a conversion option. Coverage may reduce at age 70 to the lesser of your current amount and five times the amount in your cash fund, but at no time can your coverage after age 70 exceed your current face amount. The minimum amount of coverage is \$10,000. Like term insurance, you also have the option to convert your coverage to permanent individual life insurance protection.

How to Apply:

Complete and sign the enclosed enrollment form and mail in the provided postage-paid envelope. **If you have questions, please call a MetLife Customer Service Consultant at 1 800 GET-MET 8 (1-800-438-6388).**

⁵ The Accelerated Benefits Option is subject to state availability and regulation. The accelerated life insurance benefits offered under your certificate are intended to qualify for favorable federal tax treatment. If the accelerated benefits qualify for favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation.

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

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

⁶ Subject to state law, and/or group policyholder direction, the Total Control Account 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 TCA are maintained in MetLife's general account and are subject to MetLife's creditors. MetLife bears the investment risk of the assets backing the TCA, and expects to earn income sufficient to pay interest to TCA Accountholders and to provide a profit on the operation of the TCAs. Guarantees are subject to the financial strength and claims paying ability of MetLife.

⁷ Transition Solutions Specialists are Financial Services Representatives of MetLife or New England Financial, a MetLife company.

Although current rates may change over time, your GUL rates will never be more than the maximum guaranteed monthly rates shown in your certificate. Sample ages of your maximum guaranteed monthly rate are shown in the chart below.

Sample Maximum Guaranteed Associate Monthly Rate*

Age	30	35	40	45	50	55	60	65	70*
Maximum employee rate per \$1,000 of coverage	0.146	0.181	0.263	0.395	0.585	0.918	1.411	2.246	3.515

For example, for \$100,000 of GUL coverage the guaranteed maximum monthly premium for a 30 year old would be 100 times \$0.146 per \$1,000, for a 40 year old it would be 100 times \$0.263 per \$1,000 and for a 50 year old it would be 100 times \$0.585 per \$1,000.

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

The information contained in this material is not intended to (and cannot) be used by anyone to avoid IRS penalties. This material supports the promotion and marketing of GUL. Employees should seek advice based on his or her particular circumstances from an independent tax advisor.

Group Universal Life (GUL) is issued by Metropolitan Life Insurance Company, New York, NY 10166. Certificate Form MetLife's standard Certificate Forms include: Certificate Forms G.9704(2004). Coverage may also be provided on MetLife's previous standard Policy Forms 30024 (1/95); DE-3002407 (2/2008); FL-3002409 (5/2005); IN-3002413 (1/95); KS-3002415 (1/95); LA-3002417 (2/2008); MN-3002422 (1/95); MS-3002423 (5/2005); NY-3002431 (5/2005); OK-3002435 (1/95); OR-3002436 (2/2008); PA-3002437 (1/95); SD-3002440 (1/95); and in TX-3002472 (5/2005).

Life coverage are provided under a group insurance policy (Policy Form GPNP99/G2130-S) issued to your employer by MetLife. Life coverage under your employer’s plan terminates when your employment ceases when your Life contributions cease, or upon termination of the group contract. Dependent Life coverage will terminate when a dependent no longer qualifies as a dependent or when a dependent spouse/domestic partner reaches age 95. Should your life insurance coverage terminate for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.

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Metropolitan Life Insurance Company, New York, NY

* For Maximum Guaranteed Employee Monthly Rate by specific age, please refer to your plan certificate.

What’s Not Covered?

Like most insurance plans, this plan has exclusions. Group Universal Life Insurance does not provide payment of benefits for death caused by suicide within the first two years (one year for group policies issued in Missouri, North Dakota and Colorado) of the effective date of the certificate or an increase in coverage. This exclusionary period is one year for residents of Missouri and North Dakota. If the group policy was issued in Massachusetts, the suicide exclusion does not apply to dependent life coverage. The suicide exclusion does not apply to residents of Washington, or to individuals covered under a group policy issued in Washington.

Understanding Your Group Universal Life (GUL) Cash Fund

Get More Out of Your Life Insurance Coverage

Did you know that, in addition to life insurance protection, your Group Universal Life (GUL) insurance coverage allows you to build cash value by making contributions to the GUL policy's cash fund? The cash fund is what makes GUL coverage different from other life insurance products. When you contribute to your GUL cash fund, you may benefit from tax advantages and a number of flexible options.

Keep More Money for Yourself

The money you contribute to your GUL cash fund earns a competitive interest rate that is guaranteed¹ not to fall below a certain minimum and interest accrues on a tax-deferred basis.

Flexible Options for Today and Tomorrow

The GUL coverage and cash fund offer great options that can help you reach your short-term goals and long term financial security. With the GUL cash fund you can:

- Choose the amount you wish to contribute on a regular basis through payroll deduction and/or a lump sum contribution.
- Access your cash fund – for any reason – through loans and withdrawals.² There are no penalties for withdrawals, and there is no time limit on loan repayments as long as you have adequate cash value in your cash fund.
- At retirement, use your cash fund to pay your life insurance coverage, buy an annuity, elect paid-up insurance, or receive a lump-sum payment.
- What's more, your beneficiary(ies) will receive both your life insurance benefit and any money in your cash fund generally income tax-free.

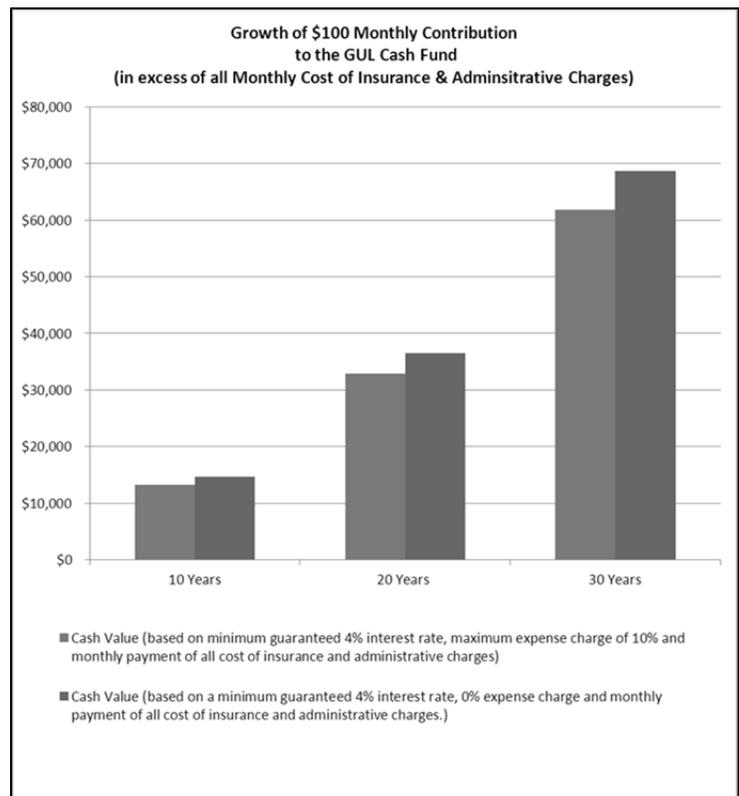
Your Contributions Can Accumulate Over Time!

The chart on the right shows how a monthly contribution of \$100 to the Cash Fund (in excess of all monthly cost of insurance and administrative charges) can add to your coverage and grow over time. You can contribute whatever amount is right for you. The chart shows two different, yet possible, Cash Fund scenarios.

Scenario 1: The light grey bar shows an accumulation scenario that represents the minimum you would be guaranteed under the conditions specified. It assumes the maximum possible expense charge of 10% and the minimum guaranteed interest rate of 4% credited to your Cash Fund.

Scenario 2: Your GUL plan currently has no expense charge, and contributions to your Cash Fund are being credited with the minimum guaranteed interest rate of 4%. The dark grey bar shows an accumulation scenario more closely aligned with your GUL program because it assumes a minimum guaranteed interest rate of 4% that is being credited to your Cash Fund and no expense charge.

For Example: After **30 years**, your monthly contribution of \$100 can accumulate in your Cash Fund to \$68,750 - bringing a \$100,000 death benefit to \$168,750



As your cash fund grows, you may withdraw some or all of your cash. Generally, there is no penalty for withdrawals and no tax due until total withdrawals exceed premium paid.²

Life Insurance Coverage That Meets Your Changing Needs

As you consider the advantages of GUL's cash fund, take a moment to think about your GUL coverage – is it keeping pace with your changing needs? Consider life events, such as:

- Marriage/Divorce
- Sending a child to college
- Birth of a child
- Care of an elderly family member
- Purchase of a new home

Do any of these situations pertain to you? If so, it may be time to “step up” your life insurance coverage. To help determine how much life insurance you may need to protect your family's financial security, access the MetLife Life Insurance Calculator at www.metlifeiseasier.net/na.

If you wish to contribute to the GUL Cash Fund and make monthly contributions, be sure to complete the appropriate section on your Enrollment Form.

¹ Guarantees are backed by the financial strength and claims paying ability of Metropolitan Life Insurance Company.

² Withdrawals may be subject to taxation if the amount of the withdrawal exceeds the total premiums paid, which includes the cost of insurance and cash fund contributions. In addition, if the funding of your certificate exceeds certain limits, it will become a “modified endowment contract” (MEC) and become subject to “earnings first” taxation on withdrawals and loans. An additional 10% penalty for withdrawals and loans taken before age 59 ½ will also generally apply. We will notify you if a contribution would cause your certificate to become a MEC. Loans and withdrawals will reduce your death benefit and cash value and thereby diminish the ability of the cash value to serve as a source of funding for cost of insurance charges, which increase as you age.

The information contained in this presentation is not intended to (and cannot) be used by anyone to avoid IRS penalties. This presentation supports the promotion and marketing of MetLife GUL. You should seek advice based on your particular circumstances from an independent tax advisor.

Like most group life insurance policies, MetLife's policies contain certain condition, exclusions, limitations and terms for keeping them in force. Product features and availability may vary by state. For more information, refer to your enrollment materials or call MetLife at 1-888-343-6897.

Frequently Asked Questions (FAQ)

Q. Is there an advantage to buying group life insurance?

A. Yes! By applying during your enrollment or eligibility period, you can obtain coverage, subject to plan limitations, without answering detailed medical questions or undergoing a physical. Your cost of insurance is provided at competitive group rates. Paying for coverage is easier, and you won't have to worry about missing payments, since it's done through automatic payroll deductions.

Q. Who is eligible for coverage?

A. Employees and New Hires who enroll within their enrollment or eligibility period. Dependents are eligible, subject to plan design – please review your Plan Summary for complete details.

Q. What happens if I apply after the initial enrollment or eligibility period?

A. You can still apply for coverage, but you may have to complete a Statement of Health form, and perhaps have a physical exam, regardless of the coverage amount you select. MetLife will review your information and evaluate your request for coverage based upon your answers to the medical questions, MetLife's underwriting rules and other information you authorize us to review. In certain cases, MetLife may request additional information to evaluate your application. You should consider obtaining insurance when you know you are in good health, and not risk having a hard time qualifying for coverage if your health changes.

Q. When will my coverage request go into effect?

A. Coverage requests will become effective the first of the month following the receipt and approval of your application by MetLife, as long as you are Actively at Work on that date. Coverage requests that require additional medical information and are not approved by this date will not be effective until the first of the month following approval from MetLife as long as you are Actively at Work on that date. See your Plan Summary or certificate for more information.

Q. Can I access my Cash Fund before I retire?

A. Yes. You may access your money through loans and withdrawals, provided there is adequate cash value in your fund. There may be fees associated with some withdrawals and some withdrawals may have tax implications.* Please refer to the "How to Access the Cash Fund" section under Plan Benefits for additional information.

Q. How do I know how much life insurance I need?

A. To help you determine how much life insurance coverage you may need, complete the Life Insurance Planner enclosed in your enrollment package. Or if you prefer, you can conveniently and quickly use the online calculator located at www.metlifeeasier.net/na

Q. How do I apply?

A. Complete and sign the enclosed enrollment form. Please refer to the "How to Apply" section under Plan Benefits for details on where to return completed forms.

Be sure to enroll before your enrollment or eligibility deadline.

*Loans & Withdrawals reduce the cash value and death benefit. In general, if you adhere to certain premium limits so that your policy is not considered a "Modified Endowment Contract" (MEC) under the tax code, withdrawals will be subject to tax only after policy basis has been reduced to zero. Policy basis is total premium paid (i.e., the cost of insurance and cash fund contribution) reduced by previous nontaxable withdrawals. If your policy is considered a MEC because you have exceeded certain premium limits, withdrawals and loans are taxable to the extent of policy gain (i.e., generally the excess of cash value over remaining basis) and a 10% penalty may apply if you are under age 59 ½.

The information contained in this FAQ is not intended to (and cannot) be used by anyone to avoid IRS penalties. This FAQ supports the promotion and marketing of MetLife GUL. You should seek advice based on your particular circumstances from an independent tax advisor.

Metropolitan Life Insurance Company, New York, NY
L0913342167[exp0815][All States]

As your cash fund grows, you may withdraw some or all of your cash. Generally, there is no penalty for withdrawals and no tax due until total withdrawals exceed premium paid.²

Life Insurance Coverage That Meets Your Changing Needs

As you consider the advantages of GUL's cash fund, take a moment to think about your GUL coverage – is it keeping pace with your changing needs? Consider life events, such as:

- Marriage/Divorce
- Sending a child to college
- Birth of a child
- Care of an elderly family member
- Purchase of a new home

Do any of these situations pertain to you? If so, it may be time to “step up” your life insurance coverage. To help determine how much life insurance you may need to protect your family's financial security, access the MetLife Life Insurance Calculator at www.metlifeiseasier.net/na.

If you wish to contribute to the GUL Cash Fund and make monthly contributions, be sure to complete the appropriate section on your Enrollment Form.

¹ Guarantees are backed by the financial strength and claims paying ability of Metropolitan Life Insurance Company.

² Withdrawals may be subject to taxation if the amount of the withdrawal exceeds the total premiums paid, which includes the cost of insurance and cash fund contributions. In addition, if the funding of your certificate exceeds certain limits, it will become a “modified endowment contract” (MEC) and become subject to “earnings first” taxation on withdrawals and loans. An additional 10% penalty for withdrawals and loans taken before age 59 ½ will also generally apply. We will notify you if a contribution would cause your certificate to become a MEC. Loans and withdrawals will reduce your death benefit and cash value and thereby diminish the ability of the cash value to serve as a source of funding for cost of insurance charges, which increase as you age.

The information contained in this presentation is not intended to (and cannot) be used by anyone to avoid IRS penalties. This presentation supports the promotion and marketing of MetLife GUL. You should seek advice based on your particular circumstances from an independent tax advisor.

Like most group life insurance policies, MetLife's policies contain certain condition, exclusions, limitations and terms for keeping them in force. Product features and availability may vary by state. For more information, refer to your enrollment materials or call MetLife at 1-888-343-6897.

Additional Information About Group Universal Life Insurance

Minimum/Maximum Amounts of Insurance Coverage: Coverage minimums and maximums vary by case. Call the MetLife Benefits Line if you are unsure of your company's plan specifics.

Incontestability Provision: There is a two-year contestability period during which any misstatements made by you can be used by MetLife to deny a claim.

Suicide Clause: The death benefit will not be paid if death by suicide occurs within two years of the effective date of the certificate (or for increased benefits, within two years of such increase). This clause can vary by state.

Reduction of Death Benefit: Upon your reaching age 70, or under other circumstances specified in your GUL certificate, your death benefit may reduce to five times the amount in your Cash Fund, not to exceed your current coverage amount. Minimum coverage is \$20,000.

Waiting Periods: You must be actively at work on date your coverage is scheduled to become effective for coverage to be effective. If you are not actively at work on such date, coverage will become effective on the first of the month following the date you return to work with your company.

Changes in Your Cost of Insurance Rates/Premium: Premiums vary depending upon the amount of coverage and benefits selected. Additionally, your cost of insurance rates are based on your age and will increase as you get older. Rates are guaranteed until the policy renewal date. At the renewal date, rates will be recalculated and are subject to change. MetLife reserves the right to alter the rates and/or the rate guarantee period should overall group participation change significantly. Rates will also change and likely increase if you leave your employer and choose to continue your coverage.

Termination of Coverage: If you fail to make a planned payment and the amount in your cash accumulation fund is insufficient to cover your cost of insurance, there will be a grace period of 60 days to pay the amount of the monthly deduction. If MetLife does not receive a sufficient amount by the end of the grace period, your coverage will then end. Either your employer or MetLife may terminate this program with sufficient notice to each other. If this program ends and your employer sponsors an alternate group life insurance plan (a "successor plan"), your MetLife GUL coverage will end if you are retired or paying via payroll deductions. If there is no successor plan, you may continue your MetLife GUL coverage as long as you arrange to make payments directly to MetLife. If you exercised a portability option when your employment terminated, and are currently paying premiums directly to MetLife, your GUL coverage will continue.

Spouse/Domestic or Civil Union Partner* Coverage: If this benefit is offered to you, it is provided as a separate certificate and is **owned by the employee**. In the event of termination of marriage, dissolution of the Domestic or Civil Union Partnership, or your death, your spouse/partner may request to remain insured under this program. In this event, your former spouse/domestic would become the owner of the GUL certificate. Coverage is subject to state availability and regulations.

Dependent Child(ren)* Coverage: If this benefit is offered to you, it provides insurance for all of your children from age 14 days to 19 years, with an extension to age 23 (or 25, depending on the program) if they are full-time college students. Dependent child(ren) coverage generally ends at the earlier of your retirement date, the date you die, when the child reaches the limiting age or upon termination of the certificate to which it is attached. Conversion to an individual policy may be offered when child coverage terminates for any of the above reasons. Coverage is subject to state availability and regulations.

* In order for coverage to be effective, you must be actively at work with your employer, and your spouse/domestic partner/or child(ren) must not be confined to a hospital on the enrollment date, or at home for any medical reason or be receiving or entitled to receive disability income for any medical reason on the scheduled effective date of coverage. For additional coverage to be effective, you must enroll for the additional coverage and make the required premium payment.

The above facts are intended to provide a brief description of certain certificate provisions which may be part of the GUL coverage. They do not constitute a contract. In all cases, the insurance certificate will govern. Coverage is provided under a master group insurance policy (Policy #G2130-S /GPN99). (MET)



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 blood and urine tests
- 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
- Driving record
- Finances
- Work and work history
- Hobbies and dangerous activities

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
General American Life Insurance Company
SafeGuard Life Insurance Company

MetLife Insurance Company of Connecticut
SafeGuard Health Plans Inc.

Notes

ENROLLMENT • CHANGE FORM

GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper)				
Name of Group Customer/Employer Clackamas County	Group Customer # 74414	Report #	Sub Code	Branch

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

I have read my enrollment materials and I request coverage for the benefits for which I am or may become eligible. I understand that no contributions are required for the Spouse Term Life and the Child Term Life. I understand that contributions are required for the benefits I select below.

▶ If you are enrolling during the initial enrollment period, you must complete this Hospitalization question for GUL, Dependent Spouse/Domestic Partner Term Life and Dependent Child Term Life.

Have you been Hospitalized as defined below (not including well-baby delivery) in the past 90 days?

Employee	Spouse/Domestic Partner	Child(ren)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If a Proposed Insured has been Hospitalized within the last 90 days a Statement of Health must be completed for the person to whom the "yes" applies. **Hospitalized** means admission for inpatient care in a hospital; receipt of care in a hospice facility, intermediate care facility, or long term care facility; or receipt of the following treatment wherever performed: chemotherapy, radiation therapy, or dialysis.

▶ If you are enrolling during the initial enrollment period, you must complete the Health Information section of this form and the enclosed Authorization form:

- If you are enrolling for more than \$50,000 of GUL Insurance
- If you are enrolling for more than \$20,000 of Dependent Spouse/Domestic Partner Life Insurance

▶ If you are enrolling after the initial enrollment period, you must complete a Statement of Health form for all amounts you are requesting.

Group Universal Life (GUL) Insurance
Note: A reduction in coverage may result in an irreversible Modified Endowment Contract (MEC) status and unfavorable tax treatment of withdrawals and loans, depending on circumstances. If you are planning to reduce your GUL coverage and do not want your certificate to become a MEC, please call 1-800-523-2894 to find out whether this will result in unfavorable tax consequences.
<input type="checkbox"/> GUL ¹
Enter a multiple of \$10,000 up to a maximum of \$300,000 \$ _____
Monthly Contribution to the GUL Cash Fund: <input type="checkbox"/> \$0 <input type="checkbox"/> \$10 <input type="checkbox"/> \$15 <input type="checkbox"/> \$25 <input type="checkbox"/> Other: _____ <input type="checkbox"/> Discontinue

Term Life Insurance
<input type="checkbox"/> Spouse/Domestic Partner ² Term Life ^{1,3}
Enter a multiple of \$10,000 up to a maximum of \$300,000 \$ _____
<input type="checkbox"/> Dependent Child Life ³
<input type="checkbox"/> \$2,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$6,000 <input type="checkbox"/> \$8,000 <input type="checkbox"/> \$10,000

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

² Domestic Partner includes your registered Domestic Partner if you and your Domestic Partner are registered as domestic partners, civil union partners or reciprocal beneficiaries with a government agency or office where such registration is available. It also includes your non-registered Domestic Partner in whom you have an insurable interest. By enrolling such Domestic Partner for coverage and signing this enrollment form, you are attesting to your insurable interest.

³ Amounts will be subject to state limits, if applicable.

GEF02-1 ADM

SUBMISSION INSTRUCTIONS

After completion, make a copy for your records and return the original to MetLife Recordkeeping Center, P. O. Box 14402, Lexington, KY 40512-4402. If you have any questions, call the MetLife Benefits Line at 1-800-438-6388

Dependent Information		
If you are applying for coverage for your Spouse/Domestic Partner and/or Child(ren), please provide the information requested below:		
Name of your Spouse/Domestic Partner (First, Middle, Last)	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	
Name(s) of your Child(ren) (First, Middle, Last)	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Check here if you need more lines. Provide the additional information on a separate piece of paper and return it with your enrollment form.		

Smoking Status Information		
Have you smoked cigarettes, pipes or cigars or used tobacco in any form in the past 3 years?	Employee <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse/Domestic Partner <input type="checkbox"/> Yes <input type="checkbox"/> No
If you are changing smoking status		
Status is changing from: <input type="checkbox"/> Smoker to Non-Smoker <input type="checkbox"/> Non-Smoker to Smoker	Change is for: <input type="checkbox"/> Employee <input type="checkbox"/> Spouse/Domestic Partner	

GEF02-1 ADM

HEALTH INFORMATION

Please complete all questions below. Omitted information will cause delays. In this section, "you" and "your" refers to the person for whom insurance is being requested.

Your height ___ feet ___ inches Spouse/Domestic Partner height ___ feet ___ inches

Your weight ___ pounds Spouse/Domestic Partner weight ___ pounds

	Employee	Spouse/ Domestic Partner
1. Have you had any application for life, accidental death and dismemberment or disability insurance declined, postponed, withdrawn, rated, modified, or issued other than as applied for?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you now receiving or applying for any disability benefits, including workers' compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been Hospitalized as defined below (not including well-baby delivery) in the past 90 days? Hospitalized means admission for inpatient care in a hospital; receipt of care in a hospice facility, intermediate care facility, or long term care facility; or receipt of the following treatment wherever performed: chemotherapy, radiation therapy, or dialysis.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been diagnosed or treated by a physician or other health care provider for Acquired Immunodeficiency Syndrome (AIDS), AIDS Related Complex (ARC) or the Human Immunodeficiency Virus (HIV) infection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been diagnosed, treated or given medical advice by a physician or other health care provider for:		
a. cardiac or cardiovascular disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. stroke or circulatory disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. high blood pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. cancer, Hodgkin's disease, lymphoma or tumors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "yes" to any of the above questions, a Statement of Health form must also be completed for the person to whom the "yes" applies.

GEF09-1 HEA

FRAUD WARNINGS

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

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

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

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

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

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

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

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

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

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

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

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

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

BENEFICIARY DESIGNATION FOR EMPLOYEE INSURANCE

I designate the following person(s) as primary beneficiary(ies) for any amount payable upon my death for the MetLife insurance coverage applied for in this enrollment form. With such designation any previous designation of a beneficiary for such coverage is hereby revoked.

I understand I have the right to change this designation at any time. I also understand that unless otherwise specified in the group insurance certificate, insurance due upon the death of a Dependent is payable to the Employee.

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

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

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

If all the primary beneficiary(ies) die before me, I designate as contingent beneficiary(ies):

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

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

DECLARATIONS AND SIGNATURE

By signing below, I acknowledge:

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



Signature of Employee _____
Print Name _____
Date Signed (MM/DD/YYYY) _____

AUTHORIZATION

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

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

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

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

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

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



_____ Signature of Employee	_____ Date Signed (MM/DD/YYYY)
_____ Print Name	_____ State of Birth
_____ Country of Birth	



_____ Signature of Spouse	_____ Date Signed (MM/DD/YYYY)
_____ Print Name	_____ State of Birth
_____ Country of Birth	

Metropolitan Life Insurance Company Statement of Health Form Instructions

Based on your enrollment, a Statement of Health is required to complete your request for group insurance coverage. Below are instructions for Completing the Statement of Health Form

A separate Statement of Health form is required for each Proposed Insured / Applicant requesting insurance.

PLEASE USE THE CHECKBOXES TO ENSURE PROPER COMPLETION OF THE FORM.

Information to be Completed by Voluntary Benefits

- Enter SOH Reporting Location (if applicable)
- Select type of Insurance
 - If Life Insurance, **enter the additional amount of insurance**
- Enter Enrollment Year or year of requested increase (usually current year) for reporting purposes only

Information to be Completed by Proposed Insured / Applicant

The Proposed Insured / Applicant must complete all information located in the boxes at the top:

- Enter Employee Name and Social Security Number**
- Enter Relationship of Proposed Insured / Applicant to Employee
- Enter Proposed Insured / Applicant's
 - Name
 - Sex
 - Date of Birth
 - Mailing Address
 - Business Telephone Number
- Home Telephone Number
- Email Address
- State of Birth
- Country of Birth

****NOTE: The Employee's Name and Social Security Number must appear on the form.**

Medical Information — must be completed.

- Complete Question 1.
- Check "Yes" or "No" for Questions 2–6 (**all parts**).
- Complete Question 7.
- Complete the details section if ANY of the questions 2 through 6 were answered "Yes."

Signatures

- The Employee must always sign and date the **Statement of Health** form.
- The Proposed Insured / Applicant (if over the age of 18) must sign and date the **Statement of Health and Authorization** forms. If the Proposed Insured / Applicant is under the age of 18, his/her personal representative must sign and date the Authorization.

Upon completion, detach the Consumer Privacy Notice and retain for your records. Make a copy of the completed form for your records and return the completed 3-page form to Voluntary Benefits in the enclosed envelope.

Note: Additional medical information may be required after initial review of completed forms. This information may be in the form of a physical examination, paramedical exam, or Attending Physician Report, in which correspondence will be sent within ten days by MetLife or our approved vendor. Incomplete forms will be returned for completion. For Inquiries, Contact 1-800-638-6420, Prompt 1 (Statement of Health Unit) or email ei@metlife.com.

STATEMENT OF HEALTH FORM

To be Completed by Voluntary Benefits

-PLEASE PRINT CLEARLY-

Employer Name Clackamas County	Customer Number 74414	Reporting Location Number	
Employer's Street Address 2051 Kaen Road	City Oregon City	State OR	Zip Code 97045
Insurance Requested (To be completed for each Proposed Insured / Applicant) <input type="checkbox"/> Group Universal Life <input type="checkbox"/> Dependent Life Additional Amount of Life Insurance Subject to Medical Underwriting \$ _____ Enrollment Year: _____			

To be Completed by the Proposed Insured / Applicant (A separate form must be completed for each Proposed Insured / Applicant)

Employee Name (Must Complete)			First	MI	Last	Employee Social Security Number (Must Complete)			
Insurance is for: <input type="checkbox"/> Employee <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Child		Proposed Insured Name			First	MI	Last	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (Mo Day Yr)
Mailing Address					City			State	Zip Code
Business Phone Number () ()	Home Phone Number () ()	E-mail Address			State of Birth		Country of Birth		

GEF02-1 ADM

OR

Medical Information — Please complete all questions below. Omitted information will cause delays. "You" and "Your" refers to the Proposed Insured.

- Height ____ feet ____ inches Weight ____ lbs
- Are you now:

	Yes	No
a. pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
b. taking prescribed medications or on a prescribed diet? If "yes," list: _____	<input type="checkbox"/>	<input type="checkbox"/>
c. receiving or applying for any disability benefits including workers' compensation?	<input type="checkbox"/>	<input type="checkbox"/>
- In the past 5 years, have you received medical treatment or counseling by a physician for, or been advised by a physician to discontinue, the use of alcohol or prescribed or non-prescribed drugs? Yes No
- In the past 3 years, have you been convicted of driving while intoxicated or under the influence of alcohol and/or any drug? If "yes," specify date of conviction (Mo./Day/Yr.) _____ Yes No
- Have you ever been diagnosed, treated or given medical advice by a physician or other health care provider for:

	Yes	No		Yes	No
a. chest pain or heart trouble?	<input type="checkbox"/>	<input type="checkbox"/>	h. colitis, Crohn's or any intestinal disorder?	<input type="checkbox"/>	<input type="checkbox"/>
b. high blood pressure, stroke or circulatory disorder?	<input type="checkbox"/>	<input type="checkbox"/>	i. Epilepsy, paralysis or dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
c. cancer or tumors?	<input type="checkbox"/>	<input type="checkbox"/>	j. mental or nervous disorder?	<input type="checkbox"/>	<input type="checkbox"/>
d. anemia, leukemia or other blood disorder?	<input type="checkbox"/>	<input type="checkbox"/>	k. Lyme disease, Epstein-Barr or chronic fatigue syndrome?	<input type="checkbox"/>	<input type="checkbox"/>
e. diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	l. arthritis, carpal tunnel, or any muscle weakness?	<input type="checkbox"/>	<input type="checkbox"/>
f. asthma, tuberculosis, pneumonia, or other lung disease?	<input type="checkbox"/>	<input type="checkbox"/>	m. kidney or urinary tract disorder?	<input type="checkbox"/>	<input type="checkbox"/>
g. ulcers, stomach or liver disorder?	<input type="checkbox"/>	<input type="checkbox"/>	n. thyroid or other gland disorder?	<input type="checkbox"/>	<input type="checkbox"/>
			o. back, neck or spinal disorder?	<input type="checkbox"/>	<input type="checkbox"/>
- Have you ever been diagnosed or treated by a member of the medical profession for Acquired Immunodeficiency Syndrome (AIDS), AIDS Related Complex (ARC) or the Human Immunodeficiency Virus (HIV) infection? Yes No
- Personal Physician: _____ Date and reason for last visit: _____
Address: _____ Phone Number: _____

Give full details for "Yes" answers on the next page.

GEF02-1 MQ

SOH-RK

OR
Clackamas County (04/08)

Give full details for “Yes” answers. If more space is needed for full details, attach a separate sheet, sign and date it.

Question Number	Dates of Treatment	Diagnosis/Condition	Duration	Name of Physician or Name of Clinic or Hospital and Complete Address, Including Zip Code

GEF02-1 MQ

OR

Declaration — I have read this Statement of Health and declare that all information given above is true and complete to the best of my knowledge and belief. I understand that this information will be used by MetLife to determine my insurability.

Fraud Warning:

If you reside in or are applying for insurance under a policy issued in one of the following states, please read the applicable warning.

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

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

Massachusetts: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, and may subject such person to criminal and civil penalties.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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

Kansas, Oregon, and Vermont: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud, and may be subject to criminal and civil penalties.

Puerto Rico: Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented, a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000), or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

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

All other states:

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



(Employee must always sign)	
Signed _____	Date _____
(Proposed Insured if other than Employee and at least 18 years of age)	
Signed _____	Date _____

GEF02-1a DEC

SOH-RK

OR
Clackamas County (04/08)

Make A Copy For Your Records and
Return the Completed Form to Voluntary Benefits in the Enclosed Envelope
For Inquiries, Contact 1-800-638-6420, Prompt 1 (Statement of Health Unit) or email eoim@metlife.com

Authorization

In connection with an enrollment for group insurance, for underwriting and claim purposes regarding the proposed insureds (the proposed insureds are the "employee", spouse, and any other person(s) named below), notwithstanding any prior restriction placed on information, records or data by a proposed insured, each proposed insured authorizes:

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

Expiration, Revocation and Refusal to Sign: This authorization will expire 24 months from the date on this form or sooner if prescribed by law. Unless permitted by applicable law, the proposed insured cannot revoke this authorization: (1) to the extent that MetLife has taken action relying on the authorization; or (2) if MetLife obtained the authorization as a condition to the proposed insured obtaining insurance coverage. In all other cases, the proposed insured may revoke this authorization at any time. To revoke the authorization, the proposed insured must write to MetLife at P.O. Box 14069, Lexington, KY 40512-4069, and inform MetLife that this Authorization is revoked. Any action taken before MetLife receives the proposed insured's revocation will be valid. Revocation may be the basis for denying coverage or benefits. If the proposed insured does not sign this Authorization, that person's enrollment for group insurance cannot be processed.

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

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

A photocopy of this form is as valid as the original form.



Signature of Proposed Insured or
Signature & Relationship of Personal Representative*

Print Name of Proposed Insured

Date Signed (Mo./Day/Yr.)

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



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 blood and urine tests
- 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
- Driving record
- Finances
- Work and work history
- Hobbies and dangerous activities

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
General American Life Insurance Company
SafeHealth Life Insurance Company**

**MetLife Insurance Company of Connecticut
SafeGuard Health Plans, Inc.**