

Leading the Way

Multi-Life Discount Program



MetLife[®]

Administrative & Enrollment

FORMS

FOR EMPLOYER GROUPS

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MetLife Multi-Life Program Overview⁽¹⁾

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Program Type & Discount Percentage		Minimum Participation Requirement	Eligible Class	Preferred Health Available? Yes/No	Nurse Telephone Interview (For Age 66 and over or Underwriter's Discretion)	APS (Medical Reports) (For Age 66 and over or Underwriter's Discretion)	Nurse Face-to-Face Interview (For Age 75 and over or Underwriter's Discretion)
Employer Paid	Simplified Program ⁽²⁾ 10% Multi-Life Discount	3 Employer paid insured lives within 90 days of group approval ⁽³⁾	W2 employees age 65 or under, actively at work, ⁽⁴⁾ who do not exceed the benefit limits (\$200/day DBA and/or 5-Yr BP), may complete the Simplified Underwriting section of the application. All others must complete the Modified (full) section of the application.	No	No	No	No
		10 Employer paid insured lives within 90 days of group approval	W2 employees age 65 or under, actively at work, ⁽⁴⁾ and employer paid spouses age 65 or under, who do not exceed the benefit limits (\$200/day DBA and/or 5-Yr BP), may complete the Simplified Underwriting section of the application. All others must complete the Modified (full) section of the application.	✓	✓	✓	✓
	Modified Program 5% Multi-Life Discount	3 insured lives within 12 months of group approval ⁽³⁾ 10 insured lives within 12 months of group approval	All eligibles must complete the Modified (full) section of the application.	✓	✓	✓	✓
Voluntary (Employee Paid)	Simplified Program ⁽²⁾ 5% Multi-Life Discount	10 insured lives within 12 months of group approval	W2 employees age 65 or under, actively at work, ⁽⁴⁾ who do not exceed the benefit limits (\$200/day DBA and/or 5-Yr BP), may complete the Simplified Underwriting section of the application. All others must complete the Modified (full) section of the application.	No	No	No	No
	Modified Program 5% Multi-Life Discount	3 insured lives within 12 months of group approval ⁽³⁾ 10 insured lives within 12 months of group approval	All eligibles must complete the Modified (full) section of the application.	✓	✓	✓	✓

⁽¹⁾ Program eligibility may include eligible employees, retirees, spouses (which include where permitted by law, domestic partners and civil union partners), adult children (over 18), parents, parents-in-law, step-parents, step-parents-in-law, grandparents, step-grandparents and grandparents-in-law of eligible employees and retirees.

⁽²⁾ Minimum Benefits Offer may be available for declines. Specifications: Facilities-only policy, \$50 DBA, 2-yr benefit period, 100 day EP, no benefit increase option available. Substandard rates apply. An alternative plan may be offered in AZ, CA, FL, GA, MA, NY, OR, RI, VT & WI.

⁽³⁾ The 3-9 life segment may not be available in all states. Minimum Benefits Offer is not available in this segment.

⁽⁴⁾ A minimum of 30 hours a week at your usual place of employment.

MULTI-LIFE DISCOUNT PROGRAM OVERVIEW

MetLife Multi-Life Program Discounts

Discounts

We are pleased to offer you a variety of discounts to meet the needs of your clients. To qualify for the Multi-Life Discount Program, an organization must be pre-approved and generate the minimum participation requirement. If the minimum participation requirement is not met, the discount will continue for current insureds, but will not be available to new applicants. Discounts for VIP2 are additive.

Note: Discounts and coverage are portable.

Discount Percentages:

Please note: Spousal, Marital and Residential discounts may vary by state.

- **30% Spousal Discount**

When two spouses (which includes where permitted by law, civil union partners and domestic partners) apply and both are accepted for coverage, each will receive the spousal discount (as long as both policies remain in-force). If only one spouse is accepted for coverage, the 15% “marital discount” will apply.

- **15% Marital Discount**

For married applicants even if their spouse (which includes where permitted by law, civil union partners and domestic partners) does not enroll or is declined coverage.

- **15% Residential Discount**

For two or more applicants who reside in the same household and both are accepted for coverage. May not be combined with marital or spousal discounts.

- **10% Preferred Health Discount**

Applicants who meet specific medical underwriting criteria will receive a preferred rating. (Not available to applicants of a Simplified Underwriting Multi-Life group.)

- **5% or 10% Multi-Life Discount**

When approved applicants purchase Long-Term Care Insurance through the Multi-Life Discount Program, an additional 5% or 10% discount will be added after all other discounts have been applied. The same discount will apply to all participants in the case.

Multi-Life Program Discounts are:

- ◆ Employer-paid – 5% or 10%
- ◆ Voluntary paid – 5%

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MetLife Multi-Life Discount Program

Approval Process

Note: If you submit your MetLife Long-Term Care business through a Master General Agency (MGA), you, as a sub-producer will need to submit forms for this Multi-Life Approval Process through that MGA. For questions, please contact your Wholesaler, Regional Sales Vice President or MGA.

Step 1	Determine if the prospective organization meets the guidelines for a Multi-Life group. Please refer to the <i>Getting Started</i> chapter of the <i>Producer's Guide</i> for more information or contact your MGA or MetLife Wholesaler.
Step 2	<p>Mail, fax or email the completed <i>Pre-Qualification Form</i> and the <i>Offer Letter Worksheet</i> to a Multi-Life Account Specialist. Remember to keep copies for your records.</p> <p>Mail: MetLife, Multi-Life Account Specialist, Individual Long-Term Care Insurance 57 Greens Farms Road, Westport, CT 06880</p> <p>Fax: 203-221-6564</p> <p>E-mail: LTCML@metlife.com</p>
Step 3	<p>Once received, the Multi-Life Account Specialist will:</p> <ol style="list-style-type: none"> 1. Review all forms submitted; 2. Request additional information, if needed; and 3. Make a decision on group approval. <p>If the Multi-Life group is acceptable for the program, the producer or MGA will receive an <i>Offer Letter</i> via email from the Multi-Life Account Specialist.</p>
Step 4	<p>The <i>Offer Letter</i> must be:</p> <ol style="list-style-type: none"> 1. Delivered to the organization; 2. Signed by the appropriate person(s) from the Organization; and 3. Returned to the Multi-Life Account Specialist. <p>PLEASE NOTE: The Multi-Life group will not become active until the signed <i>Offer Letter</i> is received by MetLife. Additionally, no applications may be submitted until the signed <i>Offer Letter</i> is returned to the Multi-Life Account Specialist and a MetLife Multi-Life Group Number has been assigned.</p>
Step 5	Once the signed <i>Offer Letter</i> is received, the Multi-Life Account Specialist will send an invitation for an implementation call. Implementation calls are critical to the success of the program and are strongly recommended. These calls are mandatory for cases with a payroll deduction/list bill, and may also be required with employer paid groups. Once this call has taken place, the Multi-Life Account Specialist will assign a Multi-Life Group Identification Number and will activate the group. An instruction letter and Multi-Life Group Identification Number will be sent via e-mail.
Step 6	Follow the steps outlined for you by your Multi-Life Account Specialist and begin your marketing initiative including scheduling meetings with employees to help them complete the appropriate applications.

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MetLife LTCI – Multi-Life Discount Program – Pre-Qualification Form for Employer Groups

This form will not be processed unless all information is filled out completely.

Pre-Qualification decisions will be processed within 24-48 hours.

Mail to: Multi-Life Account Specialist
MetLife Long-Term Care
57 Greens Farms Road
Westport, CT 06880

Date: _____
Fax: (203) 221-6564
Attn: Multi-Life Account Specialist
Email: LTCML@metlife.com

Employer Information: (Please Print Clearly)

Employer Name: _____ Industry: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Number of Eligible Employees: _____
Does the Employer have Employees in more than one state? NO YES Please list States: _____
Number of locations to be solicited: _____ Are you licensed in all applicable states? NO YES
Program (check one): Voluntary Employer-paid

Marketing Plan: (Using the Program Implementation and Marketing Plan as a guide, attach a detailed marketing plan for this Employer.)

How will employees be notified? Email Mail to home Company mail On-site seminars
(check all that apply) Other (explain): _____
Where will applications be taken? Worksite _____ In-Home meetings _____ Other (explain): _____
(check all that apply) _____
What type of participation rate do you expect over the 12 month period following case approval?
Anticipated # of applicants: _____ Anticipated Premium _____
If eligibles are located in more than 10 locations and/or 2 states, please describe how you plan to market to the group:

List all Long-Term Care coverage in-force/applied for coverage with this group: _____
Will MetLife be the exclusive carrier? NO YES If NO, list the other carriers: _____
Detailed/Comprehensive marketing plan **must** be submitted.
Please note that we will be monitoring the adherence to the marketing plan on an on-going basis, and will need to see timely progress toward participation. Multi-Life Account Specialists will monitor participation at regular intervals after roll-out. Employer Groups will be re-evaluated and may be terminated based on participation results.

Producer Information:

Producer Name: _____ Telephone: (____) ____ - ____
Producer ID: _____ Agency Code: _____ Fax: (____) ____ - ____
Additional Producer Name: _____ Telephone: (____) ____ - ____
Additional Producer ID: _____ Agency Code: _____ Fax: _____ - ____
Contact Name & Telephone/Email, if different than producer: _____
Address: _____ City: _____
State: _____ Zip Code: _____ E-Mail: _____
How do you prefer to be contacted?: E-mail Fax Telephone Regular mail
Distribution Channel: MetLife Brokerage* GenAm MetLife Distribution
 NEF MLI Other _____
*MGA Name: _____ Wholesaler/Regional Sales Vice President: _____

For Home Office Use Only: Date Received: _____ Date of Response: _____

MetLife LTCI – Multi-Life Discount Program – Offer Letter Worksheet for Employer Groups

Please print clearly. All information must be provided for processing. To avoid delays in approval, please fill out completely.

Mail to: Multi-Life Account Specialist
MetLife Long-Term Care
57 Greens Farms Road
Westport, CT 06880

Date: _____
Fax: (203) 221-6564
Attn: Multi-Life Account Specialist
Email: LTCML@metlife.com

Employer Information:

Employer Name: _____ Address: _____
Number of Eligible Employees: _____
Number of Other Eligibles: _____
Describe Defined Class of Eligibles: Employees Spouses* Parents (includes in-laws)
 Retirees Adult Children (18+) Grandparents (includes in-laws)
 Board of Directors
 Carve-Out (Please describe): _____

*“Spouses” includes, where permitted by law, domestic partners and civil union partners.

Offer Information:

Program:

- Employer-paid — 10% Discount with Simplified Underwriting (Preferred Discount NOT available)
- Employer-paid — 5% Discount with Modified Underwriting
- Voluntary — 5% Discount with Simplified Underwriting (Preferred Discount NOT available)
- Voluntary — 5% Discount with Modified Underwriting

If Employer-paid, will the employer pay for spouses of employees? Yes No
ERISA: Will the employer consider this an ERISA plan? Yes No

IF YES, please provide the following: Plan Name: _____ Plan #: _____
EIN: _____ Policy year: _____
Reporting Period: _____

Billing: (Check One)

- Direct Bill - Payment notice will be mailed to applicant or 3rd party payer directly
- List Bill - Employer will receive one bill monthly for all applicable employees
- Electronic Payroll Deduction (available for groups with 1000 or more employees)

Complete if List Bill:

Please provide the contact name.

Name: _____ Phone: _____
Title: _____ Fax: _____
Address: _____ E-mail: _____

Does the employer use a vendor for payroll processing? Yes No
If yes, please provide the vendor's name: _____ Vendor's phone number: _____

Producer Information:

Producer's Name: _____ Telephone: _____
E-mail: _____
Additional Producer's Name: _____ Telephone: _____
E-mail: _____
Distribution Channel: MetLife Brokerage* GenAm MetLife Distribution
 NEF MLI Other _____

*MGA Name: _____ Wholesaler/Regional Sales Vice President: _____

MetLife LTCI Multi-Life Discount Program: Quotation Request Form Date:

This quote request does not guarantee approval for the Multi-Life Discount Program.

To receive Group Approval, please obtain, fill out and fax all necessary Qualification Forms to (203) 221-6564 for review.

Group Information

Company Name: # of Employees:
 City: State: Zip Code:

Group Underwriting: Modified Underwriting Simplified Underwriting
 (Maximum \$200 DBA and 5 Year Benefit Period)

Group Types: Employer Association Employer Paid Voluntary Paid

Multi-Life Discount: 5% 10% - Must be Employer Paid & Simplified Underwriting
 Group Health Rating: Standard Preferred
 Preferred may be available for qualified applicants, except for Simplified U/W approved groups

Group Household Discount (may vary by state): 0% - Single/None 15% - Marital 15%- Residential 30% - Spousal
 Quote Type Requested:
 Illustrates premiums for up to 3 plan designs side by side
 Premium Table: as a rate sheet by age
 Premium Detail: Illustrates for each employee in group
 An Excel census is required for this quote

Plan Designs Check to select a Plan for illustration Note: Plan options vary by state.

Benefit Options Select Options by Plan Plan #1 Plan #2 Plan #3

Benefit Options	Select Options by Plan	Plan #1	Plan #2	Plan #3
• Plan Choice	Value, Ideal, Premier or Facilities Only			
• Daily Benefit Amount	\$50 - \$400 \$200 Max for Simplified U/W			
• Plan Coverage %	100%, 75%, 50% or N/A - if Facilities Only			
• Elimination Period	20, 45 or 100 Days			
• Benefit Period	2, 3, 4, 5, 7 year or Unlimited (except Premier) 5-Year Max for Simplified U/W			
• Benefit Increase Option	5% Compound, 5% Simple Future Purchase or None			
• Payment Options	Standard, 10 Pay, Pay to 65, Double Pay, Reduced Pay			
• Billing Mode	Annual, Semi-Annual, Quarterly or Monthly			

Optional Riders Check to Include Note: Not all riders are available in combination.

Optional Riders	Plan #1	Plan #2	Plan #3
• Non-Forfeiture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Return of Premium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Restoration of Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Indemnity (Value Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Calendar Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Home Care EP Waiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Producer Information

Name: Phone: Fax:

Producer ID: Agency ID: Email:

Distribution Channel: MetLife Brokerage* GenAm MetLife Distribution NEF MLI

*MGA Name: _____ Other _____

MetLife Multi-Life Program Implementation and Marketing Plan

The timetable below is based on a 90-day implementation process with a 40-day enrollment period from initial contact through payment of the first premium. This timetable is intended to help keep your client's program on-track through the implementation process.

Enter Date Below		Action Item
	Implementation Call	<p>Implementation Call - Held after receipt of signed Offer Letter and assignment of group number.</p> <p>Participants should include the Producer, Account Specialist, Benefits Administrator and Billing Contact. On this call, participants should:</p> <ul style="list-style-type: none"> • Discuss and formalize program implementation and timeline; • Discuss effective date; and • Discuss billing/payroll deduction/list-bill dates to meet desired effective date <p>MetLife program communication materials should also be reviewed and finalized.</p>
Enter Dates Below	Enrollment Period (In Days)	Action Item
	Day 1	<p>Organization announces program to employees.</p> <p>Send Announcement Letter from a company executive. May include details about process and upcoming informational meeting(s).</p>
	Day 10	<p>Start employee communications – enrollment period.</p> <p>Program posters/flyers, e-mail messages, newsletter articles distributed. Enrollment period announced – communicate deadline with time, place and date(s) of informational meeting(s). Include information, if available, on how to sign-up to attend informational meeting(s).</p>
	Day 14	<p>Follow-up announcement communication - Including details about program, enrollment deadline and informational meeting(s).</p>
	Day 16	<p>Reminder communication - Highlighting details about the program, enrollment deadline and informational meeting(s).</p>
	Day 17	<p>Informational meeting(s) begin. Provide enrollment kits.</p>
	Day 27	<p>Follow-up communication e-mail – Giving the program highlights and an application deadline reminder – enrollment period coming to a close.</p>
	Day 30	<p>Follow-up communication e-mail – Informing that the enrollment period is coming to a close.</p>
	Day 40	<p>Deadline for receipt of applications – enrollment period ends.</p>
	Days 45-60	<p>Payroll deduction.</p> <p>Once the employer receives an invoice, the employer can begin payroll deduction for employee/voluntary paid cases. Payroll deduction cannot begin prior to the receipt of an invoice, and should begin at least 15 days prior to the desired effective date.</p> <p>For Voluntary paid cases – Payroll deduction can begin once the employer receives a bill.</p> <p>For Employer paid cases – Employer should remit payment as soon as the bill is received.</p>
	Days 60-90	<p>Program effective date. A common effective date is used for each applicant as long as they applied during the enrollment period and are approved by the time the payroll deduction/list-bill is generated.</p>

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