

LIFE INSURANCE



**MetLife**

**THE LIFE  
UNDERWRITING  
GUIDE**

MAY 1, 2011

# our vision

To contribute to growing MetLife's business by making appropriate decisions that:

- Are competitive in the marketplace
- Enable producers to win against the competition
- Ensure MetLife will be here when our clients need us

THE GUIDE PROVIDES AN OVERVIEW OF THE CLIENT ACQUISITION PROCESS, FIELD UNDERWRITING GUIDELINES, ROUTINE LIFE INSURANCE UNDERWRITING REQUIREMENTS AND GENERAL INFORMATION. CIRCUMSTANCES OF A PARTICULAR CASE MAY CAUSE CHANGES TO OR ADDITIONAL REQUIREMENTS TO BE ORDERED. ALL UNDERWRITING GUIDELINES ARE SUBJECT TO CHANGE.

The Life Underwriting Guide is published by the Life New Business Underwriting Strategies Unit. If you have comments, suggestions or questions about THE GUIDE, please contact Robin Martucci-Livote, 732-893-3728, or via e-mail, [rmartucciliv@metlife.com](mailto:rmartucciliv@metlife.com).

# TABLE OF CONTENTS

|   |    |
|---|----|
| <b>Medical Underwriting Requirements</b> .....  | 2  |
| <b>Non-Medical Underwriting Requirements</b>  |    |
| Consumer Reports, Telephone Surveys and Motor Vehicle Records .....   | 5  |
| <b>Underwriting Guidelines</b>  |    |
| Financial Underwriting and Dependency Guidelines.....   | 6  |
| Investor Owned Life Insurance, Retention and Reinsurance .....  | 7  |
| Applications Information and Completion Instruction, Policy State & Application Forms .....                   | 8  |
| Best Class Criteria:  |    |
| Elite Plus, Preferred Plus, Elite Nonsmoker, Standard Plus and Preferred Classes (Nonsmoker and Smoker) ..... | 9  |
| Standard Class Criteria .....   | 10 |
| Family History — Cardiovascular Disease .....   | 10 |
| Rapid eUnderwriting.....  | 11 |
| Height & Weight Limit Table (through Table C).....  | 12 |
| Foreign Risks .....   | 13 |
| Foreign Travel Program .....  | 16 |
| Military Personnel.....   | 18 |
| Tobacco Use Guidelines.....   | 19 |
| Adverse Underwriting Letters.....   | 19 |
| Temporary Insurance.....  | 20 |
| <b>Three Ways to Apply</b>  |    |
| Traditional Underwriting .....  | 20 |
| Traditional Underwriting With Tele-App .....  | 20 |
| Rapid eUnderwriting .....   | 21 |
| <b>Underwriting Programs</b>  |    |
| MetEdge .....   | 22 |
| Cross Franchise Term Conversions .....  | 22 |
| Solutions for Life (External Term Conversions).....   | 22 |
| Simplified Underwriting Program for Multi-Life Cases (Pre-approval required) .....                            | 23 |
| Parallel Underwriting Track (PUT) Program.....  | 24 |
| <b>Group Conversion Checklist</b> .....   | 25 |
| <b>Managing Your Cases:</b>   |    |
| Tips to avoid pending your case and improve 'In Good Order' (IGO).....  | 26 |
| 1035 Checklist .....  | 28 |
| <b>Replacement Forms by State</b> .....   | 29 |
| <b>Customer Verification Documentation of Owners</b>  |    |
| Know Your Customer Documentation Requirements .....   | 31 |
| <b>Contact Information</b> .....  | 33 |

## MEDICAL UNDERWRITING REQUIREMENTS

The following requirements are for traditional underwriting of life insurance applications. See Underwriting Programs section on page 20 to determine if your case or client is subject to specific underwriting requirements and criteria.

|                             | Ages <sup>1</sup>                       |  |  |  |  |
|-----------------------------|---|--|--|--|--|
|                             | 15-17                                   | 18-40 <sup>4</sup>                             | 41-50 <sup>4</sup>                             | 51-60 <sup>4</sup>   | 61 and over <sup>4</sup>   |
| Up to \$99,999              | Non-Medical                             | Non-Medical <sup>2</sup>                       | Non-Medical <sup>2</sup>                       | Simple Paramed <sup>2</sup><br>Urine Specimen              | Simple Paramed <sup>2</sup><br>Urine Specimen  |
| \$100,000 to \$249,999      | Non-Medical                             | Non-Medical<br>Blood with<br>Urine Specimen    | Simple Paramed<br>Blood with<br>Urine Specimen | Paramed<br>Blood with<br>Urine Specimen                    | Paramed + EKG<br>Blood with<br>Urine Specimen  |
| \$250,000 to \$999,999      | Non-Medical                             | Simple Paramed<br>Blood with<br>Urine Specimen | Paramed<br>Blood with<br>Urine Specimen        | Paramed + EKG<br>Blood with<br>Urine Specimen              | Paramed + EKG<br>Blood with<br>Urine Specimen  |
| \$1,000,000                 | Non-Medical                             | Paramed<br>Blood with<br>Urine Specimen        | Paramed<br>Blood with<br>Urine Specimen        | Paramed + EKG<br>Blood with<br>Urine Specimen              | Paramed + EKG<br>Blood with<br>Urine Specimen  |
| \$1,000,001 to \$2,500,000  | Paramed<br>Blood with<br>Urine Specimen | Paramed<br>Blood with<br>Urine Specimen        | Paramed + EKG<br>Blood with<br>Urine Specimen  | Paramed + EKG<br>Blood with<br>Urine Specimen              | Paramed + EKG<br>Blood with<br>Urine Specimen  |
| \$2,500,001 to \$4,999,999  | Paramed<br>Blood with<br>Urine Specimen | Paramed<br>Blood with<br>Urine Specimen        | Paramed + EKG<br>Blood with<br>Urine Specimen  | Paramed + EKG<br>Blood with<br>Urine Specimen              | Paramed + EKG<br>Blood with<br>Urine Specimen  |
| \$5,000,000                 | Paramed<br>Blood with<br>Urine Specimen | Paramed<br>Blood with<br>Urine Specimen        | Paramed + EKG<br>Blood with<br>Urine Specimen  | Paramed + EKG<br>Blood with<br>Urine Specimen              | Paramed + EKG<br>Blood with<br>Urine Specimen  |
| \$5,000,001 to \$10,000,000 | Paramed<br>Blood with<br>Urine Specimen | Paramed + EKG<br>Blood with<br>Urine Specimen  | Paramed + EKG<br>Blood with<br>Urine Specimen  | Paramed + EKG<br>Blood with<br>Urine Specimen              | Paramed + EKG<br>Blood with<br>Urine Specimen  |
| Over \$10,000,000           | Paramed<br>Blood with<br>Urine Specimen | Paramed + EKG<br>Blood with<br>Urine Specimen  | Paramed + EKG<br>Blood with<br>Urine Specimen  | Paramed + TMT <sup>3</sup><br>Blood with<br>Urine Specimen | Paramed +<br>TMT <sup>3</sup> (Ages 61-70)<br>EKG (Ages 71 & over)<br>Blood with<br>Urine Specimen |

1. Requirements are based on age at nearest birthday. Ages 0 through 14 are non-medical.
2. All urine specimens obtained without a full blood specimen will be tested for HIV. Urine HIV testing is routinely required at ages 18 and older when the total amount in force and applied for within 12 months is \$50,001-\$99,999 in the following jurisdictions: DC, DE, FL, GA, MD, NJ, NY, PR and SC.
3. An EKG should be ordered in lieu of a treadmill test (TMT) on any proposed insured known to have coronary risk factors (history of myocardial infarction, angina pectoris or coronary insufficiency).
4. If a Tele-Application is completed for proposed insureds ages 70 and below, a simple paramed is to be done in lieu of a full paramed. A full paramed exam is still required at ages 71 and up.

Based on the proposed insured's medical history, additional requirements may need to be ordered beyond those listed in the table above.

**NOTE:** Table is not applicable for Rapid eUnderwriting.

### TYPES OF MEDICAL EXAMS

(All examinations include a urine specimen.)

1. Simple Paramedical (SPM) — A limited exam to collect physical measurements (height, weight, blood pressure, pulse) and blood/urine specimens.
2. Full Paramedical (PM) – A full exam collecting full health histories, blood/urine specimens, physical measurements (height, weight, blood pressure, pulse) and EKG, if needed.

# MEDICAL UNDERWRITING REQUIREMENTS

## GENERAL MEDICAL EXAM PROCEDURES

1. Prepare your clients for the exam by advising them of the following:
  - A valid picture ID as proof of identity (driver’s license, passport, etc.) will need to be shown to the examiner.
  - The examiner will collect specimens, e.g., full blood, urine, etc. Remind your clients that for optimum results they should fast for 8-12 hours before their appointment if blood is being taken.
2. Remind clients that they should also have available:
  - Names and addresses of any physicians who have attended them, including their primary care physicians.
  - Names of any prescriptions, over-the-counter drugs and herbal remedies they are taking.
3. Be sure appointments are made with one of the paramedical companies shown below and not with an individual examiner.
4. Provide the paramedical vendor with:
  - Accurate and complete identification information about the client and a case number, if available.
  - Information on your client’s language needs and ask if they have an examiner fluent in the applicant’s preferred language.
5. Remind the paramedical vendor to use the appropriate carrier for specimens:
  - United States Mail for urine specimens.
  - Federal Express for full blood and urine specimens.
6. Ensure that the paramedical vendor knows to send blood and urine samples to:

**United States Mail Address**  
ExamOne, Inc.  
P.O. Box 2035  
Shawnee Mission, KS 66201

**FedEx Address**  
ExamOne, Inc.  
10101 Renner Blvd.  
Lenexa, Kansas 66219

## PARAMEDICAL VENDORS

Three paramedical vendors are approved for all types of medical services: including scheduling an EKG or treadmill EKG if applicable, full paramed and simple paramed exams, as well as the collection of blood and urine. Examinations and specimens submitted by any other examiner or paramedical vendor will not be accepted or used in the underwriting process.

Contact information shown below:

| VENDOR                                     | TELEPHONE NUMBER | WEBSITE                                      |
|--|------------------|--|
| American Para-Professionals Systems (APPS) | 1-800-635-1677   | www.appslive.com                             |
| ExamOne                                    | 1-800-768-2071   | www.examone.com                              |
| Hooper Holmes/Portamedic                   | 1-866-384-6614   | www.portamedic.com or<br>www.hooperhomes.com |

**MetLife producers only:** All paramedical vendors indicated above are also authorized to complete examinations and specimen collections for clients in the Downstate New York/New Jersey area. The APPS, ExamOne and Hooper Holmes/Portamedic telephone numbers are as stated above. Clerical associates will need to use a personal password when placing orders.

## MEDICAL VENDOR INTERFACE

The Life New Business underwriting and issue system, CAS, has the capability to automatically place orders for medical requirements and Attending Physician Statements (APS) with the vendors. The eNewBusiness application data entry screens have a series of questions that help CAS determine if any requirements have already been ordered for the client as well as the preferences of your sales office for the requirement ordering.

If your office has opted for electronic ordering of medical requirements, exams and APSs, CAS determines the routine age and amount requirement and submits an order to the vendor of preference for your office. The requirement comment is updated with the verbiage “System Order” to alert your office and the underwriter that CAS has placed this order. Vendor comments, status and tracking will be viewable in the requirement comments box of the case. If, in the case of APS vendor interface, the physician information is incomplete or unknown, CAS will display “Please Order” in the requirement comment to alert the underwriter that the order needs to be placed manually with the vendor. Vendor comments, status and tracking will be viewable in the requirement comments box of the case.

# MEDICAL UNDERWRITING REQUIREMENTS

## JOINT LIFE POLICIES

Generally, we will medically underwrite each proposed insured for the greater of one-half the total policy amount requested or \$250,000. For example, if the total policy amount is \$1,000,000, each proposed insured will be underwritten for \$500,000; if the total policy amount is \$300,000, each proposed insured will be underwritten for \$250,000. This underwriting amount will determine the non-medical limits, type of examination, special tests and APS requirements for each insured.

Consumer Report requirements, financial justification and reinsurance, when applicable, for each proposed insured will be based on the total policy amount.

If an insured applying for any joint life policy is willing to accept an uninsurable rating based on admitted medical history, the following will not routinely be required: Attending Physician Statement (APS), paramedical or medical exam, blood and urine. However, a fully completed application, including the medical supplement, a PHI or Consumer Report and a personal financial statement are still required. All routine age and amount requirements will still be required on the other life.

## HIV INFORMED CONSENT FORMS

(Generic or state-specific according to proposed insured's state of residence)

If an HIV test is required by our underwriting guidelines, the producer is responsible for providing special information to the proposed insured(s) and having a special informed consent for HIV testing signed by each proposed insured at the time the application is completed. All state or jurisdiction consent forms are included in the state APP-PACK and approved for use with your New Business applications. Please note that the APP-PACK is based on the owner's residence state; the state-specific or generic HIV consent form is required based on the proposed insured(s) residence state. An HIV Consent Form exists for every state or jurisdiction. Therefore, the proper HIV consent form is required on every case with a urine specimen. All urine specimens received at ExamOne not accompanied by blood, regardless of the routine testing amount, will be tested for HIV and Underwriting will use the results.

## ROUTINE ATTENDING PHYSICIAN STATEMENT GUIDELINES

If your client has had a routine checkup/physical exam within 12-24 months, an APS may be ordered based on these age & amount thresholds. Underwriting may also order an APS for medical history.

| Ages        | Check-up Within 12 Months | Check-up Within 13-24 Months |
|-------------|---------------------------|------------------------------|
| 0-14        | \$500,000                 | Not Applicable               |
| 15-50       | \$1,000,001               | Not Applicable               |
| 51-60       | \$500,001                 | Not Applicable               |
| 61 and over | \$100,000                 | \$100,000                    |

## ORDERING AN APS ON-LINE

Parameds.com provides APS collection services in all states.

The eNewBusiness system will identify the correct vendor for APS collection when the APS requirement is generated.

Third Party Distribution/MetLife Investors: Sales offices may request physician statements directly or request the TPD team in Bloomfield, CT, to order.

| VENDOR       | TELEPHONE NUMBER | WEBSITE                                  |
|--------------|------------------|--|
| Parameds.com | 1-888-766-3999   | www.parameds.com or Metlife@parameds.com |

## TIPS FOR ORDERING APSs

Here are four things you should know when ordering an APS:

- When your client's medical provider appears non-responsive, consider asking your client to request his/her physician's help in expediting the APS.
- Protect your client's confidentiality. Make sure that the APS goes directly to the New Business Center, not to the sales office.
- If your client's medical provider uses an outside record keeping service, delays in collection should be expected.
- Proposed insureds ages 61 and older must demonstrate a pattern of continuing medical care, including age-appropriate tests, to qualify for the Preferred classes.

**NOTE:** A check-up done in anticipation of completion of an application for insurance will not satisfy this requirement.

## MEDICAL UNDERWRITING REQUIREMENTS

### PRESCRIPTION HISTORY DATABASE

The Prescription History Database program is used to determine the medical prescription history of older applicants:

- Ages 61-69 applying for \$2,500,001 or more of coverage
- Ages 70 and over applying for \$1,000,0001 or more

This database check is also used to help facilitate specialized underwriting programs such as Rapid eUnderwriting.

The Prescription History Database quickly and accurately provides the life underwriter with a detailed history of the applicant's use of prescription and some over-the-counter drugs and medical equipment. The report is delivered quickly in an electronic format and does not delay underwriting.

In addition to the age/amount thresholds listed above, a prescription history is ordered automatically if the application meets all these conditions:

- The applicant is age 50 and over
- The amount applied for is \$250,000 or more
- The applicant has no personal physician or has not seen a doctor in the past two years
- The application shows no medical history

If the database shows a prescription history, the report will list the medications, dosages and prescribing physicians.

**NOTE:** The underwriter may order a Prescription Database History for cause at any age and amount.

By signing the required authorization form EAUTH-07, the applicant authorizes pharmacies and medical vendors to release this information to MetLife. The applicant may request a free copy of the report. If the applicant believes the report is inaccurate, he or she may take the dispute directly to the vendor; contact information is provided in the letter sent to the applicant.

### SHELF LIFE OF UNDERWRITING REQUIREMENTS

Medical and non-medical underwriting requirements are generally acceptable only for a finite period of time. Each case is considered individually and sound underwriting judgment applied to the need to update information from a pending or previously closed file.

- For ages 69 and below: The full blood profile, urinalysis, examination, telephone interview/personal history interview, ICR, resting EKG, are generally acceptable for 12 months. Prescription History Database will be required/updated at age 18 and above for amounts \$250,000 and up whenever the shelf life of full blood profile, urinalysis, examination, Prescription History Database requirements exceeds six months.
- 70 and below: Exercise test/treadmill test is generally acceptable for 24 months.
- 71 and above: The full blood profile, urinalysis, examination, telephone interview/personal history interview, Investigative Consumer Report, for ages is generally acceptable for six months. A resting EKG is generally acceptable for 12 months.
- Any Age: Prescription History Database and MVRs are generally acceptable for six months.

## NON-MEDICAL UNDERWRITING REQUIREMENTS

### CONSUMER REPORTS AND TELEPHONE SURVEYS

- 1. Personal History Telephone Interview (PHI)** — At age 70 and above for amounts \$1,000,001 through \$5,000,000 inclusive, a routine PHI will be scheduled to collect certain underwriting information. Where the insured is the owner, the PHI will include required compliance questions (see item 3 below). Where the owner is not the insured, a post-issue written survey will be mailed to the owner. Based on the proposed insured's non-medical or medical risk factors, the underwriter may request a tele-interview for cause. Based on individual circumstances, the interview will be limited to the specific risk factor that requires additional clarification to be appropriately considered. Note: There will be only one contact with your client.
- 2. Investigative Consumer Report** — At all ages for amounts over \$5,000,000, an in-depth interview will be conducted to collect certain underwriting information. Third party financial verification is requested as part of the Investigative Consumer Report.
- 3. Quality Assurance (QA) Customer Contact Program** — The compliance customer contact program is intended to verify certain information on the application and ensure the client fully understands the product purchased. Through a risk-based approach for all cases at amounts up to and including \$5,000,000, cases that are scored with a potential compliance risk will be conducted by a brief telephone survey during the underwriting process. For lower risk cases, business or trustee ownership or if pre-issue telephone contact was unsuccessful, the owner is sent a written survey after issue. (Compliance interviews are not done for National Accounts since the broker/dealer, not MetLife, has supervisory responsibility for sales practice.)

## NON-MEDICAL UNDERWRITING REQUIREMENTS

### MOTOR VEHICLE RECORDS (MVR)

For the following ages and amounts, routine-driving records will be ordered for all persons proposed for insurance. The driver's license number(s) should be included on each application to facilitate the collection of these records.

| Proposed Insured | Amounts            |
|------------------|--------------------|
| Age 18 - 35      | \$100,000 and over |
| Age 36 and older | \$250,000 and over |

## UNDERWRITING GUIDELINES

### FINANCIAL UNDERWRITING GUIDELINES

These guidelines are intended to provide a general formula to calculate suggested maximum amounts of life insurance that should meet the financial needs of your clients. Additional information will be needed when projections exceed those listed in these charts or if there are questions regarding the appropriateness of the sale from a suitability perspective including, but not limited to, affordability of the premiums.

| Income Replacement Sales   |                          |
|--|--------------------------|
| Current income multiplication factors for determining the maximum amounts of insurance in force and applied for in all companies for the proposed insured. |                          |
| AGE  | TIMES INCOME             |
| Up to 40   | 30                       |
| 41-45  | 25                       |
| 46-55  | 20                       |
| 56-60  | 15                       |
| 61-70  | 10                       |
| 71-79  | 5                        |
| 80 +   | Individual Consideration |

| Estate Conservation Sales   |   |
|---|---|
| Guidelines for determining the maximum amounts of insurance in force and applied for in all companies for the proposed insured.           |   |
| The future value of the proposed insured's estate should generally be projected at a rate of 7% for a maximum number of years as follows: |   |
| AGE   | TIMES INCOME  |
| Up to 80  | 75% of life expectancy, to age 61-70 10 maximum of 30 years |
| 81 and over   | Individual Consideration                                    |

### DEPENDENCY GUIDELINES

Household family members who do not have an income may be considered for the following amounts. In all cases, amounts must meet the tests of suitability and affordability.

| Dependent Spouse   |   |
|--|---|
| Spouse generally means a legal marital, domestic, civil union or common-law partner. |   |
| Amount of Insurance Inforce and Applied for  | Coverage Needed on Non-dependent Spouse |
| 0 - \$125,000  | No Requirement                          |
| \$125,001 and over   | Equal Amount                            |

| Dependent Parent   |   |
|--|---|
| Only one child in a family may claim the parent as a dependent |   |
| Amount of Insurance Inforce and Applied for                    | Coverage Needed on Financially Responsible Adult Son/Daughter |
| 0 - \$125,000  | Equal Amount  |
| \$125,001 and over   | Twice the Amount  |

| Dependent Child: All States other than New York   |                                       |
|---|---------------------------------------|
| Amount of Insurance Inforce and Applied for   | Coverage Needed on Parent/Family Head |
| 0 - \$1,000,000   | Equal Amount                          |
| \$1,000,001 and over  | Individual Consideration              |
| In the state of Washington, the insurance amount on dependent child cannot exceed the current household income.   |                                       |
| Limited amounts of coverage will be available to high school seniors (\$50,000), college students (\$100,000), and graduate students (\$250,000) even if there is no coverage inforce or applied for on the head of household. Primary wage-earner would need to meet the amounts shown in the Dependent Child table above for amounts in excess of these limits. |                                       |
| <b>NOTE:</b> In the state of Washington, consideration of students whose head of household has no coverage is limited to annual household income as noted above.  |                                       |

# UNDERWRITING GUIDELINES

## FINANCIAL UNDERWRITING GUIDELINES

| Dependent Child: State of New York |  |   |
|------------------------------------|--|---|
| Age of Child                       | Amount of Insurance In Force and Applied for | Multiple of Coverage Needed on Parent/Family Head |
| 0-4½                               | Over \$50,000                                | 4 Times   |
| 4½ - 14½                           | Over \$50,000                                | 2 Times   |
| > 14½                              | \$50,001 to \$1,000,000                      | Equal Amount                                      |
| All ages                           | \$50,000 or less                             | Equal Amount                                      |
| All ages                           | \$1,000,001 and over                         | Individual Consideration                          |

Accidental death & dismemberment insurance (includes credit card insurance) should not be counted in determining whether the family head has sufficient coverage under NY law to qualify the minor for the amount of insurance requested.

## INVESTOR OWNED LIFE INSURANCE

It is the policy of MetLife **not to support** any form of Investor Owned Life Insurance (IOLI), including “non-recourse premium financing,” where the intention of the proposed owner at the time of sale is to sell the policy to an investor, group of investors, life settlement company or charity. In keeping with this policy, applications for life insurance that involve such arrangements should NOT be submitted for underwriting. If information developed during the underwriting process indicates that the policy applied for is being purchased with the intention of selling or transferring that policy, MetLife will not issue the policy. The application form and Statement of Owner Intent Supplement is required for policy face amounts at \$500,000 or greater, and the issue age of 67 and above.

## RETENTION AND REINSURANCE

|   |  |
|---|--|
| <b>MetLife Retention*</b>   | \$20 million   |
| <b>Automatic Binding Limit*</b> : The amount the company can automatically bind the reinsurer without the reinsurer’s prior approval. | \$60 million<br>\$25 million (Aviation Risks)<br>\$15 million (Foreign Residents: “A” List countries only – not all qualify)<br>\$10 million (Professional Athletes) |
| <b>Jumbo Limit*</b> : The sum of all in-force coverage and pending applications with all companies.                                   | \$65 million   |

\* Graded down by age and underwriting class. Other restrictions may apply.

*Our maximum capacity when seeking facultative reinsurance is \$144 million.*

| Disability Waiver Retention Limits<br>(Aggregate amount in force and applied for with all MetLife Companies) |             |
|--|-------------|
| Age 0  | \$300,000   |
| 1 – 14   | \$750,000   |
| 15 – 59  | \$3,000,000 |

| Accidental Death Benefit Limits |   |           |           |
|---------------------------------|---|-----------|-----------|
| ADB Rating                      | Age Last Birthday   |           |           |
|                                 | Under 20  | 20-24     | 25 +      |
| 1                               | Individually considered for amounts over \$50,000 but not to exceed the limits set for ages 20-24 | \$300,000 | \$500,000 |
| 1.5                             |   | \$200,000 | \$300,000 |
| 2.5                             |   | \$100,000 | \$200,000 |
| 4                               | Not Available   | \$50,000  | \$100,000 |

# UNDERWRITING GUIDELINES

## APPLICATIONS COMPLETED BY MAIL

Generally, we would expect all persons proposed for insurance and all proposed policy owners to be present and seen by the producer, with a government-issued photo identification (driver's license, state ID, passport) directly reviewed when the application is written.

**NOTE:** The Tele-Application process is designed to confirm the proposed insured's identity without being seen by the producer and is not subject to the additional underwriting required of applications completed by mail.

Where it may not be possible to complete the Enterprise Application in person, or use the TeleApplication process, exception procedures exist for the application to be completed by mail. Reasons for completing an application by mail include the following, other circumstances should be discussed with and approved in advance by your underwriter:

- The grandparent who resides outside the producer's immediate area who wishes to purchase insurance for a grandchild.
- The long-term client who moves out of the producer's immediate area but still wants the producer's service.
- The business insurance case where one partner resides in the producer's immediate area and the application can be completed in person, while one or more partners do not and are not available for in-person completion.
- The adult student away at school when the parent is interested in purchasing insurance for that student.
- The individual is in the military service in the United States.

**NOTE:** Where the application was taken by mail, the Agency/Sales Management's signature must appear on the Producer Identification & Certification that is submitted with the application as indication of his/her approval. Additionally, the producer certification should clearly indicate that the proposed insured was not seen and that the application was completed by mail and the reason given for this necessity.

When the proposed insured was not seen, a disinterested adult must sign (and include his or her address below his or her signature) witnessing the proposed insured's signature. The producer must be licensed in the signature state and must follow all state licensing guidelines, including Risk Residence Licensing. The application and the Certification of Owner Identity must clearly indicate completion by mail and that the proposed insured/owner's personal identification was not seen. Delays in processing or inability to issue may result.

The application and all routine age and amount underwriting requirements must be completed in the United States. At least a full paramedical exam will be required for proposed insureds ages 18 and over; an APS will be required in lieu of the paramedical exam for proposed insureds under age 18. In addition, a telephone interview (or Investigative Consumer Report for face amounts in excess of \$5,000,000) is required. The underwriter may order other requirements if deemed necessary. Generally, it would not be appropriate to collect an advance premium at the time of application.

## APPLICATIONS COMPLETED ON THE LIFE OF A RELATIVE OF THE PRODUCER

Partner/Sales Manager must be present at the time of completion of the application and sign as witness on the Certification/Agreement/Disclosure section of the application. A "relative" is any of the following: parent, spouse, grandparent, son or daughter, grandchild, brother, sister, uncle, aunt, nephew, niece, first cousin, brother or sister-in-law, mother or father-in-law.

Applications received without the management signature will require a full medical examination regardless of the amount of insurance requested in addition to all other routine age and amount underwriting requirements. Tele-underwriting applications are not subject to these requirements since the interview process, which includes all application medical questions, is completed by an independent party.

## POLICY STATE AND APPLICATION FORMS

The application and **policy state** are generally based on the state of residence of the policy owner. Where a trust will own the policy, the policy state and application form should be based on the trustee's residence state. HIV Informed Consent Forms, if needed, are based on the proposed insured's residence state.

|   |   |
|---|---|
| <b>For new business and all conversions:</b>    | The application is based on owner's current residence state.  |
| <b>For changes to existing in force policy:</b> | The application is based on the original issue state of the policy regardless of the current residence of the policy owner. |

**You must be licensed and appointed in the state in which the application is signed and the risk-resident state, if different.** The following **22 risk-resident** jurisdictions require that the representative be licensed and appointed in the jurisdiction where the proposed insured resides at the time the application is written.

Alabama, Alaska, Arizona, California, Colorado, Florida, Georgia, Idaho, Iowa, Kansas, Louisiana, Maine, Maryland, Michigan, Mississippi, New Hampshire, New Mexico, North Carolina, Puerto Rico, South Carolina, South Dakota, West Virginia.

# UNDERWRITING GUIDELINES

## CRITERIA GUIDELINES

**ELITE PLUS** (Nonsmoker) and **PREFERRED PLUS** (Nonsmoker): Ages 18-75, \$250,000 and over (where available).

**ELITE** (Nonsmoker): Ages 18-80, \$250,000 and over (where available).

**STANDARD PLUS** (Nonsmoker): Ages 18-75 and **PREFERRED** (Smoker or Nonsmoker): Ages 18-80, \$100,000 and over.

| CRITERIA  | ELITE PLUS  | PREFERRED PLUS<br>ELITE NONSMOKER   | STANDARD PLUS<br>PREFERRED<br>NONSMOKER   | PREFERRED<br>SMOKER  |
|---|---|---|---|--|
| Height + Weight   | Use Height and Weight Limit table on page 12  |   |   |  |
| <b>Blood Pressure</b>   |   |   |   |  |
| Ages 54 & under<br>Ages 55 & over   | 130/80 or less<br>135/85 or less  | 140/85 or less<br>140/90 or less  | 145/90 or less<br>Ages 55 - 69: 150/90 or less<br>Ages 70 & over: 155/90 or less  |  |
|   | No blood pressure medication within the last 12 months  |   | Current medication acceptable for all ages  |  |
| <b>Blood and Urine Profile</b>  | Some variances qualify  | Some variances qualify  | Some variances qualify  |  |
| <b>Cholesterol</b>  |   |   |   |  |
| Ages 54 & under<br>Ages 55-69<br>Ages 70 & over                                       | 200 or less<br>210 or less<br>150-210<br>Ratio 4.5 or less (all ages)   | 220 or less and Ratio 5.0 or less<br>240 or less and Ratio 5.0 or less<br>OR<br>260 or less and Ratio 4.5 or less   | 260 or less and Ratio 6.0 or less<br>Ages 55-69: 280 or less and Ratio 6.5 or less<br>Age 70 & over 150 - 300 and Ratio 7.0 or less           |  |
|   | Current medication okay if acceptable level maintained for at least 12 months. (all ages)   |   | Current medication acceptable (all ages)  |  |
| <b>Personal History</b><br>(Subject to documentation of good health)                  | No FEPs<br>No history of diabetes<br>May be available with some history of cardiovascular disease and certain cancers.  |   | No FEPs<br>No history of diabetes<br>May be available with some history of cardiovascular disease and certain cancers                         |  |
| <b>Aviation<br/>Avocation<br/>Occupation<br/>Foreign Travel<br/>Residence or FEPs</b> | No Aviation except for non-ratable commercial pilots<br>No ratable Avocations, Occupations or Foreign Travel<br>Exclusion Riders acceptable where available<br>No Foreign Residence, except Canada<br>No medical FEPs                     |   | Aviation, Avocation, Occupation FEPs or Exclusion Rider acceptable<br>No ratable Foreign Travel or Foreign Residence FEPs.<br>No medical FEPs |  |
| <b>Driving History</b>  | <u>No DWI convictions within past 5 years.</u><br><i>Elite Plus</i> — Maximum of 1 moving violation within past 3 years<br><i>Elite</i> — Maximum of 2 moving violations within past 3 years  |   | No <b>DWI</b> convictions within past 5 years.<br>Maximum 2 moving violations within past 3 years   |  |
| <b>Substance Abuse (Alcohol/Drugs)</b>  | No history or treatment   |   | No history or treatment in past 10 years.   |  |
| <b>Family History</b><br>(Not applicable to proposed insureds age 66 and over)        | No death from Cardiovascular Disease or Cancer (some cancers may qualify) in parent prior to age 60 or in sibling prior to age 65   |   | No death from Cardiovascular Disease or Cancer (some cancers may qualify) in immediate family member (parent or sibling) prior to age 60      |  |
|   | A "wellness" consideration may be allowed for Preferred Plus/Elite and Standard Plus/Preferred Nonsmoker to offset one early family history death due to Cardiovascular Disease or Cancer.<br>Applicable for proposed insureds ages 40-65 |   |   |  |
| <b>Tobacco</b><br>(Tobacco use guidelines available on page 19 )                      | No nicotine use (any form) for past 60 months and negative nicotine test  | No use of nicotine (in any form) for past 60 months and negative nicotine test<br><i>A celebratory cigar (limited to 4 per year) with negative nicotine test qualifies.</i> | No cigarettes/tobacco substitutes in the past 24 months and negative nicotine test  | Current use or within 12 months or positive nicotine test<br><br>Use 13-24 months ago with negative urine test may be Standard Nonsmoker |

**Table Acronyms:** **DWI** = Driving While Intoxicated, **FEP** = Flat Extra Premium

Other medical/non-medical risks not listed above may preclude the Preferred classes. Values listed represent the maximum allowable.

# UNDERWRITING GUIDELINES

## STANDARD (NONSMOKER, SMOKER AND JUVENILE STANDARD) CRITERIA GUIDELINES

| CRITERIA                              | STANDARD  |
|---------------------------------------|---|
| <b>Height + Weight</b>                | Use Height and Weight Limit Table on Page 11                        |
| <b>Blood Pressure</b>                 |   |
| Ages 15-39                            | 160/90 or less  |
| Ages 40-49                            | 165/90 or less  |
| Ages 50 & over                        | 170/90 or less  |
|                                       | Current medication acceptable for all ages                          |
| <b>Blood/Urine</b>                    | Some variances qualify  |
| <b>Cholesterol</b>                    |   |
| Ages 0-44                             | 300 or less and Ratio 9.6 or less or Over 300 and Ratio 8.0 or less |
| Ages 45-65                            | 350 or less and Ratio 9.6 or less or 351-400 and Ratio 8.0 or less  |
| Ages 66 & over                        | 350 or less and Ratio 10.5 or less or 351-375 and Ratio             |
| <b>Personal Health History</b>        | Average risk with or without an FEP, not substandard                |
| <b>Flat Extra Premiums (FEPs)</b>     | FEPs acceptable<br>Exclusion Riders acceptable where available      |
| <b>Driving History</b>                | Average risk with or without an FEP, not substandard                |
| <b>Substance Abuse: Alcohol/Drugs</b> | Average risk with or without an FEP, not substandard                |
| \$125,001 and over                    | Twice the amount  |
| <b>Tobacco Use</b>                    | See Tobacco Use Guidelines on page 19                               |

Other medical or non-medical risks not listed above may preclude consideration for the Standard class. Values listed in chart generally represent the maximum allowable.

### FAMILY HISTORY—CARDIOVASCULAR DISEASE AND CANCER

The family history consideration in the best class criteria is concerned with the types of cardiovascular disease and cancer that carry an increased risk of the proposed insured developing the condition in the future.

No death in parents under age 60 or siblings under age 65 from:

- **Cardiovascular Disease (CVD), including:**
  - Coronary Artery Disease
  - Cerebrovascular disease (other than AVM)
  - Peripheral Arterial Disease
  - Aneurysm
  - Dilated or Hypertrophic Cardiomyopathy
  - Other CVD with a familial pattern
- **Not including:**
  - Valvular Heart Disease
  - AVM
  - Heart Murmur
  - Endocarditis
  - Myocarditis
  - Pericarditis
  - Other CVD with no familial pattern
- **Cancer (these cancers only):**
  - Melanoma, colon or lung cancer in any parent or sibling, or
  - Breast, ovarian or prostate cancer in the same-sex parent or sibling.

# UNDERWRITING GUIDELINES

## RAPID eUNDERWRITING BEST CLASS CRITERIA

| CRITERIA                       | PREFERRED PLUS   | STANDARD PLUS   | PREFERRED SMOKER                             |
|--------------------------------|--|---|--|
| <b>Height &amp; Weight</b>     | Use Height & Weight table on page 12   |   |  |
| <b>Blood Pressure</b>          | Some histories of high blood pressure qualify  |   |  |
| <b>Cholesterol</b>             | Some histories of high cholesterol qualify   |   |  |
| <b>Personal Health History</b> | Not ratable, including no FEP; subject to confirmation of routine care with health professional  |   |  |
| <b>Substance Abuse</b>         | No history   | No history or treatment in past 10 years              |  |
| <b>Aviation</b>                | Not eligible for Rapid eUnderwriting   |   |  |
| <b>Avocation/Occupation</b>    | Not ratable, including no FEP  | FEP acceptable  |  |
| <b>Driving History</b>         | No more than 2 moving violations in the past 5 years   | No more than 2 moving violations in the past 3 years  |  |
|                                | <b>Ages</b>  |   |  |
|                                | 18-20: No history of DWI; No FEP<br>21-40: No history of DWI within past 5 years; No FEP   |   |  |
| <b>Foreign Travel</b>          | Not ratable, including no FEP  |   |  |
| <b>Tobacco</b>                 | No use of nicotine in any form for the past 60 months.   | No use of nicotine in any form for the past 24 months | Use of nicotine in any form within 12 months |
|                                | <b>If cigars only</b> , may allow with up to 4 celebratory cigars per year   |   |  |
| <b>Family History</b>          | <b>Death</b> from Cardiovascular Disease, Cancer or Diabetes in a parent under the age of 60 or sibling under the age of 65 (some cancers may qualify) |   |  |
|                                | No cases   |   |  |

# UNDERWRITING GUIDELINES

## HEIGHT AND WEIGHT LIMIT TABLE

Use the following table to provide clients with an indication of the potential premium class they may qualify for. The weights shown represent the maximum allowable weight for each class. Qualification for any classification is subject to review of all underwriting requirements.

(Table Acronyms: **PFD** = Preferred, **STD** = Standard)

|        | ELITE PLUS |     | PFD PLUS ELITE |     | STD PLUS PFD NS/S |     | STANDARD |               | TABLE B       | TABLE C       |
|--------|------------|-----|----------------|-----|-------------------|-----|----------|---------------|---------------|---------------|
|        | M          | F   | M              | F   | M                 | F   | AGE 15   | AGE 16 & OVER | AGE 16 & OVER | AGE 16 & OVER |
| 4' 8"  | 125        | 121 | 132            | 125 | 143               | 137 | 144      | 188           | 199           | 210           |
| 4' 9"  | 130        | 125 | 136            | 130 | 148               | 141 | 150      | 192           | 203           | 214           |
| 4' 10" | 135        | 130 | 141            | 135 | 153               | 146 | 155      | 196           | 207           | 218           |
| 4' 11" | 139        | 134 | 146            | 139 | 158               | 152 | 161      | 200           | 211           | 221           |
| 5' 0"  | 144        | 139 | 150            | 144 | 164               | 157 | 166      | 204           | 215           | 226           |
| 5' 1"  | 149        | 144 | 154            | 149 | 169               | 162 | 172      | 209           | 220           | 230           |
| 5' 2"  | 151        | 148 | 158            | 153 | 175               | 166 | 177      | 213           | 224           | 234           |
| 5' 3"  | 156        | 151 | 162            | 157 | 180               | 169 | 183      | 218           | 229           | 240           |
| 5' 4"  | 161        | 156 | 166            | 161 | 185               | 175 | 188      | 224           | 235           | 246           |
| 5' 5"  | 166        | 161 | 171            | 166 | 191               | 180 | 194      | 230           | 243           | 252           |
| 5' 6"  | 170        | 164 | 175            | 170 | 197               | 185 | 199      | 236           | 247           | 258           |
| 5' 7"  | 174        | 169 | 179            | 174 | 203               | 189 | 205      | 242           | 253           | 265           |
| 5' 8"  | 179        | 174 | 184            | 179 | 209               | 194 | 210      | 249           | 261           | 273           |
| 5' 9"  | 182        | 178 | 188            | 183 | 215               | 199 | 216      | 256           | 269           | 281           |
| 5' 10" | 188        | 183 | 193            | 188 | 220               | 204 | 221      | 263           | 276           | 288           |
| 5' 11" | 193        | 189 | 198            | 193 | 226               | 210 | 227      | 270           | 283           | 296           |
| 6' 0"  | 199        | 194 | 204            | 199 | 232               | 216 | 232      | 278           | 291           | 304           |
| 6' 1"  | 204        | 200 | 209            | 204 | 237               | 221 | 238      | 286           | 299           | 312           |
| 6' 2"  | 210        | 205 | 214            | 210 | 243               | 228 | 244      | 294           | 307           | 320           |
| 6' 3"  | 215        | 211 | 220            | 215 | 249               | 234 | 250      | 302           | 315           | 328           |
| 6' 4"  | 221        | 216 | 226            | 221 | 255               | 240 | 255      | 310           | 323           | 336           |
| 6' 5"  | 227        | 222 | 232            | 227 | 261               | 246 | 260      | 318           | 331           | 344           |
| 6' 6"  | 233        | 228 | 238            | 233 | 267               | 253 | 265      | 325           | 339           | 352           |
| 6' 7"  | 239        | 235 | 244            | 239 | 273               | 259 | *        | 333           | 347           | 360           |
| 6' 8"  | 245        | 241 | 251            | 245 | 279               | 266 | *        | 341           | 355           | 368           |
| 6' 9"  | 251        | 247 | 257            | 251 | 285               | 273 | *        | 349           | 363           | 376           |
| 6' 10" | 258        | 253 | 263            | 258 | 291               | 279 | *        | 357           | 371           | 384           |
| 6' 11" | 264        | 259 | 270            | 264 | 298               | 286 | *        | 369           | 384           | 389           |

\* Individual consideration will also be given for heights above or below those listed in chart, for weights indicated by an asterisk, and for Table B or C at age 15.

## FOREIGN RISKS

Clients that exhibit a foreign risk profile present unique challenges and the need for increased due diligence. The foreign risk profile generally falls into one or more of the following categories:

- Citizens of a foreign country who reside in the United States
- Individuals residing in a country other than the United States
- Individuals who travel outside the United States

The underwriting guidelines for evaluating each of these categories are presented on the following pages. However, it is important to keep in mind that some clients may present with histories or characteristics associated with more than one of these categories which may present additional challenges or restrictions on our ability to provide coverage. In some instances consideration may be contingent on the availability of reinsurance.

# UNDERWRITING GUIDELINES

## CITIZENS OF A FOREIGN COUNTRY WHO RESIDE IN THE UNITED STATES: IMMIGRANTS AND NON-IMMIGRANTS

We may consider a recent immigrant, a non-United States citizen who has been granted lawful permanent residence as evidenced by the issuance of a Permanent Resident Alien Identification Card or who have had their permanent visa petition approved but are awaiting a visa number. This includes those who have been granted asylum.) We may also consider some non-immigrants residing in the US with a valid temporary visa that would allow them to easily change their status to a permanent status and individuals granted asylum. The visa types we routinely accept are E-1, E-2, F-1, F-2, K-1, M-1, M-2, N-8, N-9, V-1, V-2, H-1b. Others may be considered on an individual case basis.

Proposed insureds residing in the United States one year or more with the intent and ability to lawfully remain in the United States for at least five years may be considered for all plans and riders subject to our normal underwriting guidelines and retention. Restrictions and/or additional underwriting requirements may be required to consider proposed insureds who have been residing in the United States for a shorter duration.

### Documentation

In most situations, if the Visa/ID type, number and expiration date are provided and are consistent with other information in the application, additional documentation may not be necessary. When additional documentation is necessary, depending on the immigration status indicated, any or all of following might be requested as evidence of the visa and status.

- A copy of the passport with the visa stamp and the Arrival and Departure Record (I-94)
- The permanent resident ID card (I-155, I-551, i.e., “green card” or “white card”)
- Correspondence from the United States Citizenship and Immigration Services (USCIS) approving the petition for a permanent visa. If letter is not available, provide the 13-digit application number from the USCIS
- A valid Employee Authorization Document (EAD) card. EAD cards are not proof of the individual’s ability to remain in the USA and generally not required for most immigration classifications. However, the USCIS recommends that one be obtained for use as a government issued photo ID

### Product Availability

Depending on the length of residency in the United States, we may consider recent immigrants with a valid permanent visa and those seeking permanent immigration statuses residing in the United States with a valid temporary visa that would allow the individual to remain in the United States at least five years.

|   |   |
|---|---|
| Individuals residing in the United States <i>less than 6 months</i> or who do not intend to remain in the United States for at least five years | Individually considered on a case by case basis; should be submitted on a preliminary basis<br>Generally, coverage will be limited to permanent plans of life insurance. No riders/benefits will be available.<br>Maximum face amount of coverage limited to \$500,000. The Chief Underwriter may consider face amounts up to \$1,000,000 based on the individual merits of the case. |
| Individuals residing in the United States for at least <i>6 months to 1 year</i> , with the intent of remaining for at least 5 years            | All permanent and term plans are available. Riders are limited to Disability Waiver benefits, Accidental Death benefits and The Enricher®. The amount of life insurance is based on regular financial underwriting consideration and retention limits.  |
| Individuals residing in the United States for <i>at least 1 year or more</i> , with the intent of remaining for at least 5 years                | All plans and riders in each Brand portfolio are available.<br>The amount of life insurance is based on regular financial underwriting consideration and retention limits.  |

The application and all underwriting requirements must be written and completed in the United States. We may ask for evidence that the application was taken in the United States

Visas that are not previously listed require additional information and possibly additional documentation to determine the individual’s intent and ability to remain in the United States. Answers to the following questions will help us to evaluate the individual case.

- How long has the proposed insured resided in the United States?
- Does the individual have family in the United States?
- What financial investments, other than the coverage applied for, has the proposed insured made in the United States?
- Does he/she own real estate? Does he/she have United States bank accounts?
- What are the prospects for the proposed insured to remain here indefinitely?
- Does the client have a written commitment or contract with his/her employer?

### Examinations:

Residing in the United States one year or less: simple paramed, full blood with urine at \$50,000 or more. If age and amount or medical history warrants a more extensive medical evaluation, it should be ordered.

Residing in the United States one year or more: regular underwriting guidelines for medical requirements will apply.

**PHI’s and Investigative Consumer Reports** are required on all clients residing in the United States less than two years. The type of report necessary will be based on our regular underwriting guidelines. For all others, (e.g. in the United States two years or more) normal guidelines apply.

# UNDERWRITING GUIDELINES

## FOREIGN RESIDENTS (RESIDING OUTSIDE THE UNITED STATES FOR MORE THAN SIX MONTHS)

In order to write a life insurance policy on a United States and non-United States citizen residing outside of the United States, we must comply with United States and the resident country's laws and insurance regulations to protect you, our customers and the company's reputation as a responsible insurer in the global market.

For residents of Mexico, a more stringent set of parameters exists to be fully compliant with Mexican and United States laws and rules of suitability.

**Eligibility Guidelines** — Eligibility for consideration applies to all persons to be insured and all owners.

### CONSIDERED

Residents of the following countries: Antigua, Australia, Austria, Bahamas, Barbados, Barbuda, Belgium, Belize, Bermuda, Bolivia, Chile, China, Costa Rica, Czech Republic<sup>1</sup>, Denmark, Dominican Republic, Ecuador, Germany, Greece, Grenada, Guatemala, Holland, Honduras, Hong Kong, Indonesia, Israel, Italy, Jamaica, Latvia, Luxembourg, Malaysia, Marshall Islands, Mexico, Montserrat, Morocco, Netherlands, Netherlands Antilles, Nicaragua, Norway, Pakistan, Peru, Philippines, Poland, Portugal, Romania, Russia, Singapore, South Korea, Spain<sup>1</sup> (non-citizen residents only), St. Kitts & Nevis, St. Lucia, St. Maarten, Suriname, Sweden, Switzerland<sup>2</sup>, Taiwan, Trinidad, Tobago, Turks & Caicos, United Arab Emirates, United Kingdom and Venezuela

Must have a United States bank account to pay insurance premiums.

**Residents of Mexico:** the United States bank account should be established for a purpose other than paying premiums on the life insurance policy.

1. Foreign trade legislation in the Czech Republic and Spain applies to its citizens living there. It does not apply to citizens of other countries in the Czech Republic and Spain.
2. The beneficiary must not reside in Switzerland.

### NOT CONSIDERED

Policy owner or proposed insured or beneficiary cannot reside in or be a citizen of a country subject to OFAC sanctions. Current list includes: Burma, Cuba, Iran and Sudan. Due to rapidly shifting world situations, the list of countries subject to OFAC sanctions is continuously in a state of flux. For current information, refer to the OFAC website: <http://www.treas.gov/offices/enforcement/ofac/programs/>

Permanent residents, regardless of citizenship, of one of the following countries that have insurance laws that prohibit the sale of policies to their residents, cannot be considered: Argentina, Croatia, France, Greece, Hungary, India, Italy, Japan, Panama, Romania, South Africa, Spain (citizens only), Switzerland and Ukraine.

Hazardous occupations and avocations.

Money orders and cashiers checks are not acceptable

1. In order for a resident of another country to be considered, there must be sufficient documentation provided with the application to justify the need for a United States policy, as opposed to a policy issued from a company domiciled in the resident country.
2. Applications on the lives of foreign residents are not eligible for consideration under the Solutions for Life Program External Term Conversion Program, quikMet, Tele-Applications or any Simplified Underwriting Program.
3. The amount of coverage available is based on the country risk class of the country where the proposed insured resides as follows (see pages 17 and 18 for individual country risk classes).
4. MetLife has not obtained a legal opinion on any country not listed above. Therefore, we are not able to write residents of the country in question.

### Product Availability

**Minimum Face Amount:**

**Permanent Plans:** \$250,000. No more than half the coverage applied for may be represented by a term rider, if a term rider is available. Survivorship products are not available.

**Term Plans:** \$500,000. Plan must be at least a 10-year term policy.

**NOTE:** These term cases are not eligible for Rapid eUnderwriting.

**Maximum Amounts:** Autobind and retention limits are based on the country's travel risk classification.

| Country Risk Class | Amount of Coverage Available if Risk is Acceptable Based on Foreign Resident Guidelines  |
|--------------------|--|
| A                  | Autobind reinsurance up to \$15 million. MetLife retention up to \$5 million. Individual consideration for Elite + and Select Preferred where available. |
| B                  | MetLife retention up to \$5 million. Best class available is Preferred.  |
| C                  | MetLife retention up to \$2 million. Best class available is Standard.   |

## UNDERWRITING GUIDELINES

### FOREIGN RESIDENTS (RESIDING OUTSIDE THE UNITED STATES FOR MORE THAN SIX MONTHS)

**NOTE: Residents of Canada and Guam are eligible for our regular retention and auto-bind limits offered to United States residents.**

**Riders and Benefits:** Only term riders on the primary insured and The Enricher are available.

#### Application Requirements

1. All stages of the client acquisition process (initial contact and solicitation, application, completion of requirements and policy delivery) must be completed in the United States.
2. The policy state will be based on the United States mailing address of the owner, if available. Otherwise the policy state will be the state where the application was completed and signed.
3. In a cover letter, describe a profile of your client so we can understand the reason for obtaining a United States policy. Provide responses to as many of the following questions as possible:
  - How long have you known the client and in what capacity? (As a friend, relative, business relationship)
  - How did you make the sale?
  - Does the client own a business or property in the United States?
  - Do close family members legally reside in the United States?
  - Is the client employed by a United States company?
  - How often is the client in the United States and for what purpose?
  - What is the client's occupation?
  - Include the name, address and telephone number of at least one reference in the country of residence who can be contacted to verify the financial statements made in the application.
4. Additional Underwriting Guidelines for Residents of Mexico
  - Each proposed insured must demonstrate strong ties to the United States:
    - Ownership in a successful business in the United States
    - Property ownership in the United States, or
    - Employed in the United States by a United States company

**A dependent spouse or child will not be considered for insurance coverage unless they have their own strong ties to the United States.**

**Working in a foreign country for a United States-owned company or owning United States brokerage investment accounts do not constitute strong ties or property ownership in the United States.**

- The following must be included in your cover letter:
  - Explanation of how and where the insurance was solicited and the circumstances under which the application was taken
  - Purpose of the insurance
  - Explanation of how the amount of insurance was determined
  - Details of the basis of the United States ties involved. The details must include:
    - Name, address, telephone number of the business/company owned in the United States
    - Addresses of all properties owned in the United States
    - Where the applicant or proposed insured works for a United States company, a copy of a pay statement, or letter on employer stationery verifying such employment
    - Include a detailed description of the tie to the United States and contact information of at least one business reference in the United States who can confirm and verify the tie
    - Include the name, address and telephone number of at least one reference in Mexico who can be contacted to verify the financial statements made in the application

#### Underwriting Requirements

Minimally, a paramed examination, full blood profile and urine specimen are required. If the age and amount or medical history warrants a more extensive medical evaluation, it should be ordered. Personal History Interviews or Investigative Consumer Reports are required on all foreign residents. Your underwriter may order an overseas consumer report if deemed necessary to properly evaluate the application.

# UNDERWRITING GUIDELINES

## FOREIGN TRAVEL

### United States Permanent Residents Only (United States Citizens and Non-United States Citizens with Permanent Visa ID Residing in the United States)

The travel guidelines below allow for liberal consideration of travel within a 12-month period without any restriction or charge for the travel risk on the policy issued.

#### General Considerations Regarding Travel

When reviewing a travel risk, we are primarily concerned with future travel. Information provided on an application for past travel is viewed for significant ties to the country visited or history of frequent travel to determine the likelihood of future travel to the same countries. The proposed insured's activities while traveling may preclude coverage availability regardless of the countries to be visited. Missionaries, politicians, public figures, government officials, journalists, private security/police forces are generally not considered. All travel must be documented under the foreign travel question, with length of travel stated in 'weeks.'

#### State Specific Foreign Travel Underwriting Guidelines

Several states have adopted requirements that impact an insurer's ability to underwrite for foreign travel. MetLife actively monitors all pending and established regulations and insurance department directives, modifying underwriting guidelines as necessary to remain in compliance.

In most states, the requirements that have been enacted state that an adverse underwriting decision for reasons of foreign travel may only be taken if the decision is justified based on sound actuarial principles or reasonably anticipated experience. MetLife's travel guidelines are based on the following guidelines are in compliance with the regulations.

Certain states have adopted more stringent requirements. For residents of Florida and Georgia, no adverse underwriting action is taken based on the proposed insured's past or future legal foreign travel. In Florida, there is an exception for travel to Afghanistan or Iraq. For residents of Illinois, Maryland and New York, no adverse underwriting action is taken based on the resident proposed insured's past lawful foreign travel.

Our underwriting guidelines and applications forms which include questions concerning foreign travel are compliant with state regulations and are to be asked and responses recorded accurately. This also applies to foreign travel questions posed during a PHI or Consumer Report interview.

#### Travel Exclusion Rider

The proposed insured may request the Travel Exclusion Rider in lieu of an Adverse Underwriting Decision. The Travel Exclusion Rider will not pay a death benefit if the insured dies in one of the countries listed on the application and the rider page. If the individual frequently travels to the country to be excluded, it may not be in his or her best interest to limit the death benefit with this exclusion. While we do not anticipate any other state approvals, future state legislation may preclude us from continuing to use the exclusion.

#### The Travel Exclusion Rider is available for all Enterprise product brands in the following states:

|            |              |              |               |                      |              |
|------------|--------------|--------------|---------------|----------------------|--------------|
| Arizona    | Arkansas     | California   | Colorado      | District of Columbia | Delaware     |
| Idaho      | Kansas       | Maine        | Michigan      | Mississippi          | Nevada       |
| New Mexico | North Dakota | Pennsylvania | Rhode Island  | South Carolina       | South Dakota |
| Tennessee  | Virginia     | Washington   | West Virginia | Wisconsin            | Wyoming      |

# UNDERWRITING GUIDELINES

## FOREIGN TRAVEL

### Considerations Based On Country To Be Visited

In order to determine the appropriate underwriting consideration, each country has been classified into one of four risk categories. For each category there is a limited amount of travel within a 12-month period that we accept without any adverse action. Travel for longer periods of time may preclude our Preferred classes and/or require a flat extra premium to be added to the final decision. The following table provides underwriting and reinsurance considerations for each country code.

For the purposes of travel, Canada, Guam and Puerto Rico will be considered the same as travel within the United States.

| Country Code | US and Canadian Residents   | Countries   |
|--------------|---|---|
| <b>A</b>     | <p>Up to <b>6 months</b> of travel in a 12-month period may be considered.</p> <ul style="list-style-type: none"> <li>All classes and plans available, disability waiver &amp; accidental death considered on individual basis</li> <li>No extra charge for travel risk</li> </ul> <p>Travel more than 6 months, considered as foreign resident</p> <p><b>Reinsurance and Retention Information:</b></p> <p>Up to 12 weeks of travel:</p> <ul style="list-style-type: none"> <li>Autobind up to \$60 million</li> <li>MetLife retention up to \$20 million</li> <li>Jumbo limit to \$65 million</li> </ul> <p>For travel beyond 12 weeks to 6 months:</p> <ul style="list-style-type: none"> <li>Jumbo limit \$40 million</li> <li>Autobind reinsurance up to \$15 million</li> <li>MetLife retention limited to \$5 million</li> </ul> <p>Permanent Residents (<i>if acceptable based on foreign resident guidelines</i>):</p> <ul style="list-style-type: none"> <li>Autobind reinsurance up to \$15 million</li> <li>MetLife retention limited to \$5 million</li> </ul> | <p>American Samoa, Andorra, Anguilla, Antigua and Barbuda, Argentina, Aruba, Australia, Austria, Bahamas, Bahrain, Barbados, Barbuda, Belgium, Bermuda, Bosnia &amp; Herzegovina, Brunei, Canary Islands, Cayman Islands, Chile, Croatia, Cyprus, Czech Republic, Denmark, Dominica, Estonia, Falklands Islands, Finland, France, French Guiana, French Polynesia, Germany, Greece, Greenland, Grenada, Guadeloupe, Hong Kong, Hungary, Iceland, Ireland, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Macau, Malta, Martinique, Monaco, Montserrat, Netherlands, Netherlands Antilles, New Zealand, Northern Mariana Islands, Norway, Poland, Portugal, St. Kitts and Nevis, St. Lucia, San Marino, Singapore, Slovakia, Slovenia, South Korea, Spain, Sweden, Switzerland, Taiwan, Turks/Caicos, United Arab Emirates, United Kingdom, Uruguay, Vatican City, Virgin Islands</p> |
| <b>B</b>     | <p>Up to <b>12 weeks</b> of travel in a 12-month period may be considered.</p> <ul style="list-style-type: none"> <li>All classes and plans available, disability waiver &amp; accidental death considered on individual basis</li> <li>No extra charge for travel risk</li> </ul> <p><b>Reinsurance and Retention Information:</b></p> <p>Up to 12 weeks:</p> <ul style="list-style-type: none"> <li>Jumbo limit \$40 million</li> <li>Autobind reinsurance up to \$30 million</li> <li>MetLife retention limited to \$12.5 million</li> </ul> <p>Over 12 weeks of travel:</p> <ul style="list-style-type: none"> <li>Individually considered subject to obtaining facultative reinsurance.</li> <li>MetLife Retention limited to \$5 million</li> </ul> <p>Permanent Residents:<br/>MetLife retention</p> <ul style="list-style-type: none"> <li>\$5 million (no FEP)</li> <li>Best class available: Preferred/Standard Plus</li> </ul>   | <p>Albania, Armenia, Azerbaijan, Belarus, Belize, Brazil, Bulgaria, Cape Verde, China, Cook Islands, Costa Rica, Ecuador, Egypt, Georgia, Israel, Jamaica, Jordan, Kazakhstan, Kuwait, Libya, Macedonia, Malaysia, Maldives, Marshall Islands, Mexico, Moldova, Mongolia, Montenegro, Morocco, New Caledonia, Oman, Palau, Panama, Paraguay, Peru, Qatar, Romania, Russia, Saint Vincent and the Grenadines, Samoa, Saudi Arabia, Serbia and Montenegro, Seychelles, Syria, Trinidad and Tobago, Tunisia, Turkey, Ukraine</p>   |

# UNDERWRITING GUIDELINES

## FOREIGN TRAVEL

| Country Code | US and Canadian Residents  | Countries  |
|--------------|--|--|
| <b>C</b>     | <p>Up to <b>12 weeks</b> of travel in a 12-month period may be considered</p> <ul style="list-style-type: none"> <li>All classes and plans available, disability waiver and accidental death considered on individual basis</li> <li>No extra charge for travel risk</li> </ul> <p><b>Reinsurance and Retention Information:</b></p> <p>Up to <b>12 weeks</b> of travel:</p> <ul style="list-style-type: none"> <li>Jumbo Limit \$40 million</li> <li>Autobind reinsurance up to \$15 million</li> <li>MetLife retention limited to \$5 million</li> </ul> <p>Over 12 weeks of travel:</p> <ul style="list-style-type: none"> <li>Individually considered subject to obtaining facultative reinsurance</li> <li>MetLife retention limited to \$2 million</li> </ul> <p>Permanent Residents:<br/>MetLife retention</p> <ul style="list-style-type: none"> <li>\$2 million (no FEP)</li> <li>Best class available: Standard</li> </ul> | <p>Algeria, Bangladesh, Bhutan, Bolivia, Botswana, Dominican Republic, El Salvador, Federated States of Micronesia, Fiji, Guatemala, Guyana, Honduras, India, Indonesia, Kiribati, Kosovo, Kyrgyzstan, Laos, Lebanon, Mauritius, Namibia, Nauru, Nepal, Nicaragua, Niue, Pakistan, Philippines, Solomon Islands, Suriname, Tajikistan, Thailand, Tonga, Turkmenistan, Tuvalu, Uzbekistan, Vanuatu, Venezuela, Vietnam, West Bank</p> |
| <b>D</b>     | <p>Travel to these countries are considered on an individual case basis and generally declined</p> <p><b>Reinsurance and Retention Information:</b></p> <p>Individually considered subject to obtaining facultative reinsurance<br/>MetLife retention up to \$2 million is based on individual case consideration for leisure travel up to 2 weeks, where travel to affluent resort accommodations similar to those in the US, such as:</p> <ul style="list-style-type: none"> <li>5 star resorts</li> <li>Guided Tours</li> <li>Cruises</li> </ul>  | <p>Any country not included in categories above</p>  |

**NOTE:** Changing global events and situations may adversely impact our ability and willingness to accept a travel risk.

## MILITARY PERSONNEL

Our long-standing policy is to support our men and women in the military. We will continue to accept proposed insureds for life insurance who are members of the United States Armed Forces. This policy extends to proposed insureds who are in the active military or military reserve services, including those in National Guard Units and those who have received orders to trouble spots or areas of combat. The amount of coverage may be limited according to pay grade.

Our life insurance policies do not include any war restrictions or exclusion clauses.

**NOTE:** Applicants involved in the following military special forces may not be considered for insurance:

- Army Rangers
- Delta Force
- U. S. Army Special Forces
- Navy SEAL or Navy Special Warfare Development Group
- Marine Corps Force Reconnaissance
- Air Force Special Forces

Nothing in these guidelines is intended to apply to private military contractors working in an active combat zone.

# UNDERWRITING GUIDELINES

## TOBACCO USE GUIDELINES

For Elite Plus Nonsmoker, Preferred Plus Nonsmoker, Elite Nonsmoker, Standard Plus Nonsmoker, Preferred Nonsmoker and Preferred Smoker, proposed insureds must meet all other criteria guidelines. Cigars, pipes and smokeless tobacco with negative urine specimen qualify for nonsmoker rates. However, Standard Plus Nonsmoker and Preferred Nonsmoker are generally the best available classes. Regardless of admission of cigarette smoking, tobacco use or the use of nicotine substitutes such as a patch, gum, atomizer or drink, testing positive for nicotine qualifies for the appropriate smoker class.

When considering inforce business for a change from smoker rates to nonsmoker rates in current classification or better, the insured must qualify for the better premium rate in effect at the time of the better class change request in all respects not just tobacco use.

### Elite Plus Nonsmoker, Preferred Plus Nonsmoker or Elite Nonsmoker

- No tobacco (in any form) or nicotine substitute use (e.g. nicotine patch, gum or nasal spray, etc) within five years (60 months) of application and urinalysis negative for nicotine. Celebratory cigars (limited to 4 per year) with negative nicotine test qualify for Preferred Plus and Elite, not Elite Plus.

### Standard Plus Nonsmoker or Preferred Nonsmoker

- No cigarette smoking or use of nicotine substitutes within 24 months of application and urinalysis negative for nicotine.
- Alternate forms of tobacco use (cigar, pipe or smokeless tobacco) currently or in the past and urinalysis negative for nicotine.

### Preferred Smoker

- Cigarette smoking or use of tobacco substitutes currently or within 12 months of application, or a urinalysis positive for nicotine. (Cigarette smoking between 13 and 24 months ago may qualify for Standard Nonsmoker.)

### Standard or Substandard Nonsmoker

- Average or impaired risk, no cigarette smoking or use of nicotine substitutes within 12 months of application. Tests negative for nicotine or no testing required.

### Standard or Substandard Smoker

- Average or impaired risk, cigarette smoking or use of nicotine substitutes within 12 months of application or a urinalysis positive for nicotine.
  - For Juvenile Standard and Juvenile substandard classifications (ages 0-17), tobacco use guidelines are not applicable and premium rates make no distinction for cigarette smoking or tobacco use.

## ADVERSE UNDERWRITING DECISION LETTERS

Adverse Underwriting Decision (AUD) letters are required by law according to the information provided below.

| Situation  | AUD Letter Required   |
|--|---|
| Less than best class available, e.g., Preferred not Elite<br><b>OR</b><br>Standard not Preferred | Hawaii, Kansas, Maine, Massachusetts, Montana, New York, North Carolina, Oregon, Virginia |
| Substandard table rating, FEPs/SRCs through decline  | All states  |
| Information from Investigative Consumer Report or MIB added to adverse decision                  | All states (Required by the Federal Fair Credit Reporting Act)                            |

# TEMPORARY INSURANCE

## WHEN IT'S AVAILABLE

Temporary Insurance (TI) provides for a death benefit for the proposed insured should he or she die while the application is being underwritten. Also, if the health or insurability of the proposed insured changes once TI has started, the company will consider the health of the Proposed Insured as of the date TI began. The TI death benefit/freezing of insurability will be for the amount applied for, but never more than \$1,000,000 (\$2,000,000 for survivorship policies) under all TI receipts issued by MetLife companies.

To be eligible for TI, the proposed insured must be at least 14 days old and never have received treatment or been diagnosed with any of the following: cancer, HIV, AIDS, coronary artery disease, stroke, or alcohol or drug use. In addition, the application (including any exams, amendments, and supplements) must not include any material misrepresentations.

We offer three different versions of the Temporary Insurance Agreement (TIA). The traditional TIA (form number ETIA- 8-07) is part of the Client Package, is signed and dated only by the producer; and is left with the client. A separate TIA (form number ETIAET-57-08) is available for Tele-Application cases. It is part of the Tele-Application Forms Package and is signed by producer, insured and owner. One copy is left with the owner and one is submitted to Life Underwriting. These two TIAs are designed for use when the initial payment is collected at the time of application, EOT or ERF completion.

A third TIA (form number ETIAPOST-52-07) is available when the initial payment is collected after the application or tele-application interview is completed. This form is not part of any package and is signed by the producer, insured and owner. One copy is left with the owner and one submitted to Life Underwriting.

**Note:** This version of the TIA should not be used, and is invalid, if there has been any change in the proposed insured's health since the date of the application.

For TI coverage to be in effect, we must receive payment of one-twelfth of the annual premium amount or one of the following, if applicable: an Initial Premium Draft per Electronic Funds Transfer form, a Salary Deduction form, a Government Allotment form, or for ERISA qualified plans, an Employer Group Number on the application (a completed Commission Disclosure form must have been provided to the plan trustee).

Assuming that one of the above has been satisfied, TI coverage will begin on the later of the date of the application or the exam (if required). The exam need not have been completed for TI coverage to be in effect if death is the result of an accident and occurs within 30 days of the application. Generally, TI coverage will be in effect until either the policy applied for is in effect or is not accepted, until we decline the application or refund the premium, or 120 days from the date of the application.

## THREE WAYS TO APPLY

MetLife now has three application processes to meet your client's needs and schedule. Keep in mind that you should be proposing a product and amount of coverage based on your client's financial needs, not solely to qualify for a specific underwriting process.

### TRADITIONAL UNDERWRITING

You complete the paper version of the Enterprise Application with your client, who is then considered using traditional underwriting requirements to offer the most competitive premium class available based on his or her insurability. The majority of this guide discusses the requirements and underwriting considerations used as part of the traditional underwriting process.

Traditional underwriting with the paper Enterprise Application is available based on the following criteria:

- Permanent plans
  - All ages, all face amounts
- 30-year Guaranteed Level Term Plan
  - All ages, all face amounts
- 10-, 15-, 20-year Guaranteed Level Term Plan
  - Ages 41 and over for all face amounts
  - Ages 0-40, for face amounts \$500,001 and above.

### TRADITIONAL UNDERWRITING WITH THE TELE-APPLICATION

Focus your efforts on meeting your client's insurance needs and let our Call Center focus on the field medical underwriting for you. Complete an Express Order Ticket and our Call Center will contact your client to complete the traditional Enterprise application using the electronic signature.

Since the Call Center will collect complete and specific details of your client's health history, the traditional age and amount guidelines are modified to require a simple paramed in lieu of any full paramed exam noted on page 2. All other requirements and considerations in this guide would apply to Tele-Applications.

Traditional underwriting through Tele-Application process is available based on the following criteria:

- Permanent plans
  - All ages, all face amounts
- 30-year Guaranteed Level Term Plan
  - All ages, all face amounts
- 10-, 15-, 20-year Guaranteed Level Term Plan
  - Ages 41 and over for all face amounts
  - Ages 0-40, for face amounts \$500,001 and above.

## THREE WAYS TO APPLY

### RAPID eUNDERWRITING

Rapid eUnderwriting is MetLife's innovative electronic underwriting process. This proprietary process will result in policies being issued in a matter of days, versus weeks or months.

**Rapid eUnderwriting Policies** — The regular age and amount requirements contained in this guide do not apply to Rapid eUnderwriting. Your client will not have to complete any medical exams or lab work and no Attending Physician Statements will be ordered. Instead, your client will complete the Rapid eUnderwriting application.

Our underwriting decision will be based on the detailed responses to the application and database record checks that will be ordered by the underwriting system. These checks include Medical Information Bureau (MIB), motor vehicle, public record and prescription database records.

The Rapid eUnderwriting process is available based on the following criteria:

Guaranteed Level Term (GLT) in 10-, 15- or 20-year durations, with face amounts between \$100,000 and \$500,000 for ages between of 18 and 40 (age at nearest birthday).

#### Eligibility

- **Client**—Must be between the ages of 18 and 40 at his/her nearest birthday. The insured must be the policy owner and a resident of the United States
- **Product**—Guaranteed Level Term, for 10, 15 and 20 years  
**NOTE:** 30-year GLT is not available
- **Riders**—Acceleration of Death Benefit Rider, Disability Waiver of Premium and Convertible Disability Waiver of Premium
- **Face amount**—The total amount of coverage written with MetLife in the past 12 months may not exceed \$500,000. In addition, there is a lifetime maximum amount of coverage that can be underwritten through Rapid eUnderwriting of \$500,000.

#### Available Underwriting Classes

- Preferred Plus to Table D, including Preferred Smoker and Standard Smoker.  
**NOTE:** Elite class is not available
- Flat extra premium up to \$3.50 per \$1,000 per year provided base rating is Table B or better

#### Important Facts About Rapid eUnderwriting

- Rapid eUnderwriting is not available for any other product or coverage.
- The Enterprise Application with regular underwriting may not be used to issue a Guaranteed Level Term policy for 10, 15, or 20 years if the application meets the Rapid eUnderwriting eligibility requirements as stated above.
- Be sure that you are submitting the right application for the desired product. If a policy reissue request will move a case out of Rapid eUnderwriting, a new Enterprise Application will be required and traditional underwriting will be applied.
- Rapid eUnderwriting does not support Alternate or Additional policy requests. A separate application or Express Order Ticket must be submitted for each policy requested. If both applications are being collected through a telephone interview, two complete interviews must be conducted (whether both qualify for Rapid eUnderwriting or if one is traditional Enterprise Application).
- Facultative reinsurance and MetEdge are not available.
- At present, the following conditions are not considered in the Rapid eUnderwriting process and will result in a decline. The conditions can be considered only through traditional underwriting process:
  - Aviation—Private pilot activities
  - Bipolar disorder or other significant psychiatric history
  - Cancer—Skin cancer may be considered
  - Cardiac/Cardiovascular—Significant history such as heart attack, TIA, stroke
  - Diabetes—Gestational diabetes will be considered
  - DWI/DUI—Decision based on date of violation(s) as well as age at time of violation(s) and if there are other moving violations
  - Felony criminal history—Recent convictions or still on parole/probation
  - Hepatitis B or Hepatitis C
  - Kidney—Chronic disease
  - Leukemia
  - Multiple sclerosis
  - Systemic lupus

**Remember:** Rapid eUnderwriting is based primarily on the statements from your client. Make sure your client is prepared to fully disclose all medical information in detail during the application interview.

## UNDERWRITING PROGRAMS

Contact your life underwriting team for additional information.

### METEDGE FACULTATIVE REINSURANCE PROGRAM

MetEdge is a special facultative reinsurance program that allows certain cases that would be rated Table B or Table C for one or two minor medical impairments or non-medical risks to be upgraded to Table B or Standard. All life products, including survivorship, rated Table B or C due to 1 or 2 minor medical impairments or non-medical risks are automatically sent to the participating reinsurer for a maximum of \$10 million at ages 18-70. (Maximum amounts are aggregate inforce and applied for.) On the survivorship product, we improve the rating on the Table B or C life even if the other life is uninsurable.

The reinsurer will evaluate the application to see if the offer can be improved. If the reinsurer agrees to the better rating, your client wins! If the reinsurer cannot improve the rating, your client still wins because the original MetLife offer remains “on the table.”

| MetEdge   |   |
|---|---|
| <b>Does MetEdge program use reinsurers?</b>   | Yes   |
| <b>Which products are eligible?</b>   | All individual permanent and term life products including Joint Life®   |
| <b>What medical impairments are eligible?</b>   | Diabetes type II and abnormal results for albumin, globulin A1C ratio, blood pressure, blood sugar, blood urea nitrogen (BUN), cholesterol/HDL, creatinine, EKG, liver function test, PSA test, triglyceride, body mass index (BMI), height/weight, proteinuria |
| <b>What non-medical impairments are eligible?</b>   | Foreign travel/foreign nationals, motor vehicle violations, scuba diving  |
| <b>What is the maximum total coverage MetLife will issue to one insured with multiple policies using MetEdge?</b> | \$10 million  |

### CROSS-FRANCHISE TERM CONVERSIONS

Owners of Metropolitan Life Insurance (MetLife), New England Life Insurance, First MetLife Investors, MetLife Investors, MetLife Investors USA, General American and MetLife Insurance Company of Connecticut term policies may convert their policies to any approved Enterprise permanent plan (excluding Private Placement, Premium Financing and COLI products) without evidence of insurability.

### SOLUTIONS FOR LIFE (EXTERNAL TERM CONVERSION)

Your clients with a term policy from an approved company may convert the outside term policy to a permanent plan of insurance on a guaranteed issue basis, without evidence of insurability. The term policy must be issued and in force with one of the approved companies listed below, and meet the following eligibility requirements and program guidelines:

| Approved Companies   |  |
|--|--|
| <b>American General Life Insurance</b>   | <b>Manulife Insurance</b>  |
| <ul style="list-style-type: none"> <li>Old Line Life Insurance</li> </ul>  | <ul style="list-style-type: none"> <li>John Hancock Life Insurance</li> </ul>  |
| <b>AVIVA</b>   | <b>Massachusetts Mutual Life Insurance<sup>1</sup></b>   |
| <b>AXA Equitable Life Insurance</b>  | <b>Midland National Life Insurance Company<sup>2</sup></b>   |
| <ul style="list-style-type: none"> <li>MONY Life Insurance</li> </ul>  | <b>Minnesota Life Insurance</b>  |
| <b>Banner Life Insurance</b>   | <b>New York Life Insurance<sup>1</sup></b>   |
| <b>Genworth (Financial) Life Insurance</b>   | <b>North American Co for Life and Health</b>   |
| <ul style="list-style-type: none"> <li>First Colony Life Insurance</li> <li>GE Capital Life Insurance</li> </ul> | <b>Northwestern Mutual Life Insurance</b>  |
| <b>Guardian Life Insurance</b>   | <b>Ohio National Life Insurance</b>  |
| <ul style="list-style-type: none"> <li>Berkshire Life Insurance</li> </ul>                                       | <b>Pacific Life Insurance</b>  |
| <b>Hartford Life and Annuity Insurance Company</b>   | <b>Penn Mutual Life Insurance<sup>1</sup></b>  |
| <b>Liberty Life Insurance</b>  | <b>Phoenix Life Insurance</b>  |
| <b>Lincoln Benefit Life Insurance</b>  | <b>Principal Life Insurance</b>  |
| <ul style="list-style-type: none"> <li>Allstate</li> </ul>   | <b>Protective Life Insurance</b>   |
| <b>Lincoln National Life Insurance</b>   | <ul style="list-style-type: none"> <li>Chase Insurance Life &amp; Annuity</li> <li>Empire General Life Insurance</li> <li>Federal Kemper Life Assurance</li> <li>Zurich Kemper Life Insurance</li> </ul> |

*Continued on following page >*

## UNDERWRITING PROGRAMS

### SOLUTIONS FOR LIFE (EXTERNAL TERM CONVERSION)

| Approved Companies                            |                                       |
|---|---------------------------------------|
| <b>Provident Mutual Life Insurance</b>        | <b>Union Central Life Insurance</b>   |
| <b>State Farm Life Insurance</b>              | • West Coast Life                     |
| <b>Transamerica Occidental Life Insurance</b> | <b>Western Reserve Life Assurance</b> |

1. Only policies issued Preferred rating classification or better are eligible.
  2. Adjustment to Preferred Non-tobacco and Preferred Tobacco mapping April 2007 and later.
- Parent companies shown in **bold print**. Affiliates, subsidiaries or parent companies of approved companies are not eligible unless they are already on the list of approved companies.

| Some Eligibility Requirements and Program Guidelines (Term policy guidelines italicized; Permanent policy guidelines Roman type) |   |   |
|--|---|---|
| <i>No partial conversions of primary insured or spouse term rider coverage</i>   | <i>Term riders eligible if the entire base term policy is converted</i> | <i>Issued a minimum of 6 months and within the maximum of the last 60 months</i>        |
| <i>\$100,000 to \$1,000,000 aggregate maximum</i>  | <i>In conversion period</i>   | <i>Issued Standard or better; no flat extra premiums (FEP/SRCs) or exclusion riders</i> |
| <i>Original term policy or full policy duplicate required</i>  | <i>No conversion credits</i>  | <i>Regularly underwritten; not issued under a special program</i>                       |
| PAIR is not available with the permanent policy  | Client's permanent policy issue age must be 18-65                       | Program is not available in New York  |

Benefits/Riders are generally not available. Term riders are not available. Modified Whole Life Plans with term plan "features" are not available for conversion in this program.

**Submission requirements:** Partially completed new business application, Enterprise External Term Conversion Assignment Form (EXTC1) assigning policy to Metropolitan Life or MetLife Investors USA, original term policy (no lost policy declaration form), signed illustration or certification, C.O.D. only. In addition, replacement questionnaire, state-specific forms and suitability review required. Variable products require policy endorsement E-E7-01 acknowledging the receipt and acceptance of the policy and agreement to the changes made to the date of the policy; and brand-specific variable supplements are required.

### SIMPLIFIED UNDERWRITING FOR MULTI-LIFE CASES

**You must obtain pre-approval from Life Underwriting to use simplified underwriting for your multi-life cases.**

Simplified Underwriting is available as an option for you to handle separate and distinct business markets where guaranteed participation levels enable us to accommodate a group in a favorable fashion.

There are two programs, Full Participation and Optional Participation.

| Full Participation Program   | Optional Participation Program   |
|--|--|
| Insurance must be part of an Employer/Union sponsored program.   | Insurance must be part of an Employer/Union sponsored program.   |
| Minimum of 10 eligible lives.  | Minimum of 25 eligible lives are required with a participation level of 40-89%, or                       |
| At least 90% of those eligible must participate.   | Minimum of 100 eligible lives are required with a participation level of 20-39%.                         |
| Amount of insurance available must be preset or formula driven, and the minimum amount of insurance that will be considered is \$50,000, subject to meeting the product minimum. | Minimum amount of insurance that will be considered is \$50,000, subject to meeting the product minimum. |

# UNDERWRITING PROGRAMS

## INITIAL UNDERWRITING REQUIREMENTS FOR FULL AND OPTIONAL PARTICIPATION PROGRAMS

| Full Participation Program |                        |                               |                               |                               |                     | Optional Participation Program |                               |                               |                     |
|----------------------------|------------------------|-------------------------------|-------------------------------|-------------------------------|---------------------|--------------------------------|-------------------------------|-------------------------------|---------------------|
| AGE                        | \$50,000<br>-\$250,000 | \$250,001<br>-\$500,000       | \$500,001<br>-\$1,000,000     | \$1,000,001-<br>\$2,500,000   | OVER<br>\$2,500,000 | \$50,000<br>-\$99,999          | \$100,000<br>-\$500,000       | \$500,001-<br>\$1,000,000     | OVER<br>\$1,000,000 |
| 20-40                      | Nonmed <sup>1</sup>    | Nonmed <sup>2</sup><br>Urine  | SPM Urine <sup>1</sup>        | PM Urine <sup>1</sup>         | Full UW             | Nonmed                         | Nonmed <sup>2</sup><br>Urine  | SPM Urine <sup>1</sup>        | Full UW             |
| 41-50                      | Nonmed <sup>2</sup>    | Nonmed <sup>2</sup><br>Urine  | SPM Urine <sup>1</sup>        | PM Urine <sup>1</sup>         | Full UW             | Nonmed                         | Nonmed <sup>2</sup><br>Urine  | SPM Urine <sup>1</sup>        | Full UW             |
| 51-60                      | Nonmed <sup>2</sup>    | SPM Urine <sup>1</sup>        | SPM Urine <sup>1</sup>        | PM, EKG<br>Urine <sup>1</sup> | Full UW             | Nonmed                         | SPM Urine <sup>1</sup>        | SPM Urine <sup>1</sup>        | Full UW             |
| 61-70                      | Nonmed <sup>2</sup>    | PM, EKG<br>Urine <sup>1</sup> | PM, EKG<br>Urine <sup>1</sup> | PM, EKG<br>Urine <sup>1</sup> | Full UW             | Nonmed                         | PM, EKG<br>Urine <sup>1</sup> | PM, EKG<br>Urine <sup>1</sup> | Full UW             |
| 70 +                       | Full UW                | Full UW                       | Full UW                       | Full UW                       | Full UW             | Full UW                        | Full UW                       | Full UW                       | Full UW             |

1. The Preferred Class will be available only if all participants eligible for Preferred on an age/amount basis submit to a full blood profile in addition to urine.
2. The Preferred Class will be available only if all participants eligible for Preferred on an age/amount basis submit to a full blood profile in addition to SPM and urine.

### Notes

- Applications should be completed in the normal manner with the necessary accompanying forms.
- Employer Owned Life Insurance (EOLI) forms required.
- For amounts through \$1 million, an APS with details of a complete medical exam (comparable to an insurance examination) within the past 12 months may be substituted for a SPM or PM. If required for age and amount, an EKG dated within six months must be available for review from the attending physician. A urine specimen will still be required.
- The urine screen should include an HIV test for amounts starting at \$250,001 for the Full Participation Program and starting at \$100,000 for the Optional Participation Program, except for certain **selected high-risk HIV states/jurisdictions**, where HIV testing is required starting at \$50,001: Delaware, Florida, Georgia, Maryland, New Jersey, New York, Puerto Rico, South Carolina and Washington, D.C.
- MVRs required: ages 20-35 at \$100,000 and over; ages 36 and older at \$250,000 and over.
- MIBs will be obtained on all applications.
- Term plans excluded. Term riders limited to half the face amount.
- Additional underwriting requirements may be ordered for cause.

## PARALLEL UNDERWRITING TRACK (PUT) PROGRAM [INDIVIDUAL DISTRIBUTION ONLY]

The PUT Program is an underwriting process partnership between Life Underwriting and the Enterprise General Agency (EGA), available to Elite, Chairman's, Concierge and Leaders producers. Life Underwriting will automatically engage the PUT Program on the producer's cases. The PUT Program criteria are outlined below:

|                         | Enterprise Permanent<br>Products | Enterprise<br>Term Products     | Case<br>Criteria              | Producer<br>Access                   |
|-------------------------|----------------------------------|---------------------------------|-------------------------------|--------------------------------------|
| <b>Elite/Chairman's</b> | \$250,000 Minimum Face Amount    | \$1 million Minimum Face Amount | None                          | Opt in/Opt Out or Case-by-Case basis |
| <b>Concierge</b>        | \$250,000 Minimum Face Amount    | \$1 million Minimum Face Amount | None                          | Opt in/Opt Out or Case-by-Case basis |
| <b>Leaders</b>          | \$250,000 Minimum Face Amount    | \$1 million Minimum Face Amount | Rated and Declined Risks Only | Opt in/Opt Out Only                  |

The EGA will utilize the current underwriting information and shop the case to targeted EGA carriers and attempt to secure tentative offers. The PUT Program benefits producers and their clients by:

- Faster responses.
- Timely shopping decisions that will reduce the likelihood of expiring medical requirements.
- Ensuring client is being provided with the *best possible* offer for his or her situation.
- Demonstrating the competitiveness of MetLife underwriting.
- Giving the producer (and your office) a competitive advantage over the competition.

# GROUP CONVERSION CHECKLIST

## PRODUCT AVAILABILITY

Promise Whole Life® — All states

If the Group Contract employer is domiciled in **New York** or **West Virginia**, the option of a one-year interim term using the one-year non-renewable convertible term product is available.

## APPLICATION AND SUPPLEMENTAL FORMS

The current new business life application (no tele-underwriting) and Form MGC-33-07 from the supplemental forms package serve as the vehicle for converting group life insurance to an individual policy.

**Application Completion for Group Conversion only:** Sections 1 through 6, Certification/Agreement/Disclosure and include appropriate signatures.

**When New Business Policy is requested as Additional or Alternative to the Group Conversion:** Complete the entire application, Certification/Agreement/Disclosure and include appropriate signatures.

## FORM MGC-33-07

**For Group Conversion only:** Check box #1 and complete the Group Policy information under the Question #2 bullets.

For New Business Policy in addition to the Group Conversion (Dual Process): Check Box #2 and complete the Group Policy information.

For both scenarios, please remember to complete proposed insured/insured name at the top of the form.

After data-collecting, write the case number in the upper right corner of this form and the application cover.

### Additional documentation required:

- The Agent/Producer ID & Cert form
- The Electronic Payment form (when applicable)
- Conversion letter from employer
- Signed sales illustration
- E-lead from MetLife Advice (Provide the date of the client's initial call to convert the policy.)

## APPLICATION PERIOD

A 31-day application period, beginning the day **after** termination of group coverage defined as:

### Employee:

- Coverage lost due to termination of employment
- Termination of the policy
- Termination of eligibility for Group benefits
- Ceases to be a member of a covered class
- Reduction in benefits (NY, NJ, SC only)

**Dependent:** (in addition to above definitions that may affect dependent)

- No longer eligible as a dependent

## POLICY DATING

The new policy will be dated the 32<sup>nd</sup> day (the day after the end of the application period). Please advise the client at time of application that **requests for backdating or special dating will not be accepted**. Due to the dating of the conversion policy, back premiums may be required after issue to bring the policy current.

## POLICY CLASSIFICATION — BENEFITS AND RIDERS

Standard Unisex (ONLY) [*Choose Group Conversion when running the Sales Illustration.*]

## EXCEPTIONS

### NONE

**Authority for Final Decision:** All questions and correspondence should be directed to the group conversion underwriter.

However, please note that the approval or declination of a conversion lies with the off-site group approver, not your underwriter.

## MANAGING YOUR CASES

### TO AVOID PENDING YOUR CASE AND IMPROVE YOUR IN GOOD ORDER (IGO) RATE, BE SURE:

**You use the correct application (policy issue state) based on the owner's state of residence.** (See page 9.)

If owner is an entity, such as a corporation or Trust, the Policy Issue State is where the corporation is domiciled or the Trustee's residence address. If the trustee is a corporation, or if there are multiple trustees living in different states, the **Policy Issue State** is where the corporation or Trust is domiciled.

An alternative policy issue state may be considered when discussed with Life Underwriting prior to writing an application, if a case can be made that an alternative state/jurisdiction has a more significant interest in the transaction.

**Note:** Although the application, examination form and most supplemental forms must coincide with the Policy Issue State, the following forms must always coincide with the resident-state of the proposed insured:

- State-specific HIV Consent Forms
- New Mexico Short Form Notice of Confidential Abuse Information Practices/New Mexico Notice of Confidential Abuse Information Practice Form
- California Notice Regarding Standards for Medi-Cal Eligibility
- All forms (including the voided check or deposit slip for the Electronic Payment Account Agreement) are current, complete, accurate and legible in black or blue ink; and include all appropriate signatures including city, state and date where applicable.
- Be sure your agent number is valid and included on the application.
- Your client initials any changes or cross-outs; never use correction fluids or tape.
- All applications are submitted with a signed sales illustration or signed illustration certification as part of NAIC compliance. The signed sales illustration or certification form should match exactly with what is applied for as indicated on the application.
- Applications written on relatives of the sales representative are witnessed by the agency manager or managing director. (see page 9 for more details)
- You ask all questions exactly as they appear on the application; make sure the proposed insured understands each question. Complete all health information. Record the answers exactly as given and make sure they are complete and accurate in as much detail as possible.
- If a full medical examination is required due to age/amount rules and you leave the application's medical section incomplete, be aware that if there are any medical conditions admitted on the examination that require an Attending Physician's Statement, the case will be delayed and considered a NOGO.
- When completing information for any and all impairments, include:
  - Specific diagnosis and date of onset
  - Frequency of episodes and date of most recent episode/attack
  - Treatment, including dates and medication prescribed
  - Complete name and address of all physicians and specialists consulted
- All persons proposed for insurance and all proposed policy owners are present and seen and government-issued photo identification (driver's license, state ID, or passport) is directly reviewed when the application is written. (See pages 31 and 32 for required information/documentation for owners.)
- Your client has answered the citizenship and legal residence questions.
- Your client's social security number is accurate.
- You have completed and submitted the proper state replacement forms. Additional replacement NOGO's include: unadmitted replacements, missing replacement or in-force illustrations, insufficient justification for replacement and policy numbers missing.
- Your client's investment objectives match the fund allocations on equity sales. Double-check all Variable Life Supplement forms for the correct Prospectus and Supplement to Prospectus dates. (We also suggest you complete a Variable Life Insurance Suitability Worksheet to make sure the selected funds agree with your client's investment objective and risk tolerance.)
- Your client's name appears on the application exactly as he or she wants it to appear on the policy.
- The completed application is keyed in and transmitted to underwriting within one week of the application date.
- The application and all required paperwork/forms are properly completed and imaged to underwriting within 2 days of the transmission of the application.
- The Case/Policy Number is noted on all requirements forwarded to underwriting, labs and outside vendors.
- Your client is prepared for the necessary requirements, to include contact for the examination, Personal History/Telephone Interview, Compliance Interview and/or Consumer Report by an outside agency (when necessary). Provide new business services with the home or business telephone number and the most convenient time to call during Eastern Time business hours up to 6 p.m.

## MANAGING YOUR CASES

- You keep communications open with your underwriter to include the:
  - Progress of the case
  - Questions posed by the underwriter should be answered promptly and accurately
  - Explanation by a cover letter for medical and/or financial factors, or any unusual designation or request (special policy dating) that may not be apparent to the underwriter; or if a previous underwriting discussion is involved, if there is competition from another source or there is an unusual beneficiary or ownership designation
  - Request for the underwriter to contact you with the classification decision, prior to issue, when the case is considered as competition with another insurance carrier
- You complete the ownership and beneficiary designations (all requested information) and include the Trust Certification form when owner is a trust. **NOTE:** Trust must have been established prior to application.

**Acceptable Beneficiary Designations:** A primary objective in the underwriting process is the determination that the coverage being applied for is in the best interest of the proposed insured.

On initial review of the application, the beneficiary designation should clearly reflect the purpose of the coverage and that there is an insurable interest. The beneficiary's insurable interest is defined as having a real interest in the continued life of the proposed insured. This can be engendered by "love and affection" or a "lawful and substantial economic interest."

The following beneficiaries may generally be assumed to have an insurable interest in the life of the proposed insured:

- **Immediate family members** — Spouse, children, parents, domestic partner, grandparents and grandchildren. (If domestic partnership is not legally recognized in the policy state, we may need to ask questions to document the relationship.)
- **Business partners, employers** — If the insured person is a director, officer or high level employee.
- **Charitable organizations** — If the proposed insured has a history of giving to the named charity and already has sufficient personal needs insurance in force.

If the insured is the owner, generally he or she is considered to have an unlimited insurable interest in his or her own life. Beneficiary designations are questioned only if in direct conflict with stated purpose of coverage. If a beneficiary is other than those listed above is named, we may seek answers to the following questions:

- *Why was the beneficiary named? What was the purpose for the coverage?*
- *Will the beneficiary suffer a financial loss in the event of death of the proposed insured?*

It is generally appropriate to collect an advance premium (at least one-twelfth of an annual premium) **at the time of application** if the proposed insured has never been declined for insurance. The Temporary Insurance Agreement will need to be completed.

## 1035 'GOOD ORDER' CHECKLIST

### YOU CAN KEEP YOUR 1035 EXCHANGES IN GOOD ORDER BY FOLLOWING THESE HELPFUL TIPS:

- The 1035 form is two-sided. **Both sides need to be signed and completed by the policy owner.** If the policyowner is an entity, include the authorized title of the person signing on behalf of the owner.
- For policies owned by a trust, the signature requirements are the same. However, the signature must include the “Trustee” designation (i.e if the appointed trustee is *John Smith*, the 1035 paperwork should be signed “*John Smith Trustee*”).  
*Be sure to provide a copy of the Trust Certification form with your New Business Application.*  
*If you are not submitting the 1035 Exchange as part of the New Business Application, we recommend providing a copy of the Trust Certification form (or the signature pages of the Trust Agreement) with the original 1035 paperwork.*
- Always provide the Social Security Number or Taxpayer Identification Number of the owner.
- Policies that are assigned (e.g., bank or company) require two bank or company officer signatures with titles in the designated signature area. An assignment to an individual or multiple individuals requires the signatures of the assignees.
- Include the full name of the other insurance company as well as the policy number. To ensure fastest processing, a copy of the premium statement or the policy is required.  
*If a copy of the policy is not available, have the client sign a statement that the policy is lost and submit it with the 1035 paperwork.*
- Verify that the owner of the new contract is the same as the owner of the other insurance policy on 1035's (i.e. if a name change has occurred, please provide a copy of the supporting documentation such as a marriage certificate or divorce decree).
- The agent is required to sign as the witness to the policy owner's signature.
- Check the appropriate loan option that is applicable to the surrendered policy. If there is an existing loan with a taxable gain that will not be carried over to the new policy, a separate client statement will be required to proceed.
- Identify any 1035 Exchange information to expedite processing.

## MET/NEF 1035 PROCESSING

### External 1035 Exchanges

Original 1035 exchange forms should be imaged, photocopied and mailed. Retain the photocopy in your pending files.

MetLife  
18210 Crane Nest Drive  
Tampa, FL 33647  
Attn: 1035 Exchange Dept.

### Internal 1035 Exchanges

Original 1035 exchange forms should be imaged. You are not required to photocopy and mail them.

Include only paperwork intended for the 1035 Exchange department. Paperwork intended for other departments should be forwarded directly to that area. This will reduce lost and misdirected mail.

## THIRD PARTY DISTRIBUTION 1035 PROCESSING

### Internal and External 1035 Exchanges

Submit 1035 exchange form with application package to the following address for data collection and imaging.

| Overnight Mail Address                            | Regular Mail Address                                |
|---|---|
| MetLife<br>1300 Hall Blvd<br>Bloomfield, CT 06002 | MetLife<br>PO Box 990018<br>Hartford, CT 06199-0018 |

## REPLACEMENT FORMS *(Alabama to Montana)*

The E-Replacement Questionnaire (EREPL) is required in all states except New York.

The NAIC E-Replacement Disclosure Notice (EREPLDIS-NAIC) is required in the **NAIC** states only (shown in **Navy Blue**).

The E-Replacement Sales Material Disclosure Form (EREPLSMDIS) is required in the **NAIC** states.

The E-Replacement Disclosure Notice (EREPLDIS-XX, state-specific or generic) is required in all non-NAIC states, and the few states (shown in **Brown**) where no state form is required.

| STATE         | EREPL    | EREPLDIS-NAIC | EREPLSMDIS | EREPLDIS-XX                                     |
|---------------|----------|---------------|------------|---|
| Alabama       | Required | Required      | Required   |   |
| Alaska        | Required | Required      | Required   |   |
| Arizona       | Required | Required      | Required   |   |
| Arkansas      | Required | Required      | Required   | NAIC-AR   |
| California    | Required |               |            | EREPLDIS-CA-A<br>EREPLDIS-CA-B                  |
| Colorado      | Required | Required      | Required   |   |
| Connecticut   | Required |               |            | EREPLDIS  |
| D.C.          | Required |               |            | EREPLDIS  |
| Delaware      | Required |               |            | EREPLDIS-DE                                     |
| Florida       | Required |               |            | EREPLDIS-FL-A                                   |
| Georgia       | Required |               |            | EREPLDIS-GA                                     |
| Hawaii        | Required | Required      | Required   |   |
| Idaho         | Required |               |            | EREPLDIS-ID                                     |
| Illinois      | Required |               |            | EREPLDIS-IL                                     |
| Indiana       | Required |               |            | EREPLDIS-IN                                     |
| Iowa          | Required | Required      | Required   |   |
| Kansas        | Required |               |            | EREPLDIS-KS-A<br>EREPLDIS-KS-B<br>EREPLDIS-KS-C |
| Kentucky      | Required | Required      | Required   |   |
| Louisiana     | Required | Required      | Required   |   |
| Maine         | Required | Required      | Required   |   |
| Maryland      | Required | Required      | Required   |   |
| Massachusetts | Required |               |            | EREPLDIS-MA                                     |
| Michigan      | Required |               |            | EREPLDIS-MI                                     |
| Minnesota     | Required |               |            | EREPLDIS-MN                                     |
| Mississippi   | Required | Required      | Required   |   |
| Missouri      | Required |               |            | EREPLDIS-MO                                     |
| Montana       | Required | Required      | Required   | EREPLDIS-MO                                     |

## REPLACEMENT FORMS *(Nebraska to Wyoming)*

The E-Replacement Questionnaire (**EREPL**) is required in all states except New York.

The NAIC E-Replacement Disclosure Notice (**EREPLDIS-NAIC**) is required in the **NAIC** states only (shown in **Blue**).

The E-Replacement Sales Material Disclosure Form (**EREPLSMDIS**) is required in the **NAIC** states.

The E-Replacement Disclosure Notice (**EREPLDIS-XX**, state-specific or generic) is required in all non-NAIC states, and the few states (shown in **Brown**) where no state form is required.

| STATE          | EREPL    | EREPLDIS-NAIC | EREPLSMDIS | EREPLDIS-XX  |
|----------------|----------|---------------|------------|--|
| Nebraska       | Required | Required      | Required   |  |
| Nevada         | Required |               |            | EREPLDIS-NV  |
| New Hampshire  | Required | Required      | Required   |  |
| New Jersey     | Required | Required      | Required   |  |
| New Mexico     | Required | Required      | Required   |  |
| New York       |          |               |            | EREPLDIS-NY-DEF<br>EREPLDIS-NY-A<br>EREPLDIS-NY-B<br>EREPLDIS-NY-C*<br>EREPLDIS-NY-D<br>EREPLDIS-NY-E<br><br>* Use NY-C instead of NY-B for term-to-term replacements only |
| North Carolina | Required | Required      | Required   |  |
| North Dakota   | Required |               |            | EREPLDIS   |
| Ohio           | Required | Required      | Required   |  |
| Oklahoma       | Required |               |            | EREPLDIS-OK  |
| Oregon         | Required | Required      | Required   |  |
| Pennsylvania   | Required |               |            | EREPLDIS-PA  |
| Puerto Rico    | Required |               |            | EREPLDIS-PR  |
| Rhode Island   | Required | Required      | Required   |  |
| South Carolina | Required | Required      | Required   |  |
| South Dakota   | Required |               |            | EREPLDIS-SD  |
| Tennessee      | Required |               |            | EREPLDIS-TN  |
| Texas          | Required | Required      | Required   |  |
| Utah           | Required | Required      | Required   |  |
| Vermont        | Required | Required      | Required   |  |
| Virginia       | Required | Required      | Required   |  |
| Washington     | Required |               |            | EREPLDIS-WA  |
| West Virginia  | Required | Required      | Required   |  |
| Wisconsin      | Required | Required      | Required   |  |
| Wyoming        | Required |               |            | EREPLDIS-WY  |

# KNOW YOUR CUSTOMER

## NECESSARY CUSTOMER VERIFICATION DOCUMENTATION OF OWNERS

**Required Information** relates to the information furnished in the application.

**Required Documentation** refers to the customer identification documents.

| INDIVIDUALLY OWNED  |   |
|---|---|
| <p><b>United States Persons:</b><br/>United States citizens, including entities established or organized under the laws of a State of the United States. Also included in this definition are permanent residents and temporary residents with legal United States residency status.<br/>(See entity-owned on next page.)</p> | <p><b>Required Information:</b> 1) Name, 2) Date of Birth, 3) Residential or business address {PO Box not acceptable}, and 4) Identification Number which includes a Social Security Number, Employer ID number or a Tax ID number.</p> <p><b>Required Documentation:</b> State-issued <i>unexpired</i> driver's license, passport or any other unexpired government-issued identification evidencing nationality or residence and bearing a photograph.<br/>(Note that School IDs, Social Security cards, credit cards and work IDs are not acceptable.)</p>   |
| <p><b>Non-United States Persons:</b><br/>An individual who is not a United States citizen; or an entity established or organized under the laws of a Foreign Jurisdiction.<br/>(See entity-owned on next page.)</p>   | <p><b>Required Information:</b> 1) Name, 2) Date of Birth, 3) Residential or business address (PO Box not acceptable) and 4) Employer ID Number or Tax ID Number (TIN).</p> <p><b>Required Documentation:</b> Copy of one of the following to be submitted with the application and maintained in the customer's file:<br/>1) Unexpired foreign passport, 2) Employment Authorization Card or 3) any other foreign government issued ID evidencing nationality or residence and bearing a photograph.</p> <p><b>NOTE:</b> Anti-Money Laundering (AML) Compliance Unit of Corporate Ethics and Compliance must approve all accounts for non-United States persons.</p> |
| JOINTLY OWNED: Same required documents as shown above for <i>all</i> owners.  |   |
| <p><b>Custodial or Guardianship Accounts</b></p>  | <p>If customer is a minor or incompetent, and product purchased or account opened under a custodial or guardianship account, the ID of the custodian/guardian must be documented and verified. Follow instruction for United States persons or Non-United States persons as appropriate for the custodian/guardian.</p> <p><b>NOTE:</b> An individual who has power of attorney for a competent person is not considered the owner of an account or product and therefore would not be subject to these procedures. Instead, the representative must obtain the information listed above for the account owner, not the person with the power of attorney.</p>        |

## KNOW YOUR CUSTOMER

### NECESSARY CUSTOMER VERIFICATION DOCUMENTATION OF OWNERS

**Required Information** relates to the information furnished in the application.

**Required Documentation** refers to the customer identification documents

| ENTITY OWNED  |  |
|---|--|
| <b>Domestic Trust</b>   | <p><b>Required Information:</b> 1) Name 2) address and 3) TIN.</p> <p><b>Required Documentation:</b> Completed Trustee Certification Form containing the TIN for the trust and the names of the trustees is preferred. Underwriters reserve the right to request a copy of the trust instrument if deemed necessary.</p>   |
| <b>Offshore Trust</b>   | <p><b>Required Information:</b> 1) Name, 2) address and 3) TIN.</p> <p><b>Required Documentation:</b> A complete copy of the trust document must be submitted with the application; and forwarded by Underwriting to the Anti-Money Laundering Unit of CEC for approval.</p> <p><b>NOTE: The Trustee Certification Form will not be accepted.</b></p>  |
| <b>Privately-Held Corporation or S-Corporation</b>                                | <p><b>Required Information:</b> 1) Name, 2) principal place of business, local office or other physical location and 3) TIN.</p> <p><b>Required Documentation:</b> Copy of any 1 of the following: Articles of Incorporation, Certification of Incorporation, State-issued Business License, or Receipt of State Filing (documents must bear the state stamp but raised seal is not required).</p> <p><b>NOTE:</b> A corporate resolution is not sufficient for identity verification and cannot take the place of one of the required documents listed above.</p>   |
| <b>General Partnership, Limited Partnership and Limited Liability Partnership</b> | <p><b>Required Information:</b> 1) Name, 2) principal place of business, local office or other physical location and 3) TIN.</p> <p><b>Required Documentation:</b> Copy of the fully executed partnership agreement. If the customer is an <b>offshore partnership</b>, the partnership document must be submitted to the Anti-Money Laundering Unit of CEC for approval.</p>  |
| <b>Limited Liability Company</b>  | <p><b>Required Information:</b> 1) Name, 2) principal place of business, local office or other physical location and 3) TIN.</p> <p><b>Required Documentation:</b> Copy of LLC Operating Agreement and/or a certificate evidencing filing with state government.</p> <p><b>NOTE:</b> Foreign LLCs will require a copy of the LLC Operating Agreement. If the LLC is a personal holding company, identification information will be required for each of the beneficial owners. Accounts for LLCs established in a foreign jurisdiction require approval by the Anti-Money Laundering Unit of CEC.</p>  |
| <b>Sole Proprietorship</b>  | See individually owned accounts.   |
| <b>Schools, Religious Organizations and Charities</b>                             | <p><b>Required Information:</b> 1) Name, 2) principal place of business, local office or other physical location and 3) TIN.</p> <p><b>Required Documentation:</b> 1) A letter from the IRS evidencing the tax exempt status of the school, religious organization or charity, 2) a copy of the 501(c) determination letter and 3) a copy of the organizational documents required for that particular entity.</p>   |
| <b>Other Foreign Business</b>   | <p><b>Required Information:</b> 1) Name, 2) principal place of business, local office or other physical location and 3) TIN.</p> <p>If the business does not have an identification number, we must request alternative documentation issued by the country that certifies the existence of the business.</p> <p><b>Required Documentation:</b> Copy of the government-issued documentation that certifies the existence of the business.</p> <p><b>NOTE:</b> Accounts for foreign businesses may not be opened without the prior approval of the Anti-Money Laundering Unit of CEC, which may require identifying information for individuals within the foreign business with authority or control over the account.</p> |

# questions?

1. For questions about the QA Call-Out Survey including mailed written survey programs, Personal History (PHI) and tele-application (TeleApp) interviews or foreign language capability, contact Kate Sewalk, 814-269-8364.
2. To schedule a PHI or TeleApp interview for your client, call 877-295-2114. The toll-free number for clients to call to complete the PHI is 800-828-3815.
3. For questions about Paramedical Vendors, contact Mark Gobble, 813-983-4782  
Donna Lombard, 813-983-4048
4. For Third Party Distribution (TPD) cases underwritten in Bloomfield, CT:  
If you have general life underwriting questions or need a medical quote for TPD:
  - Carlo Fusco, Assistant Vice President  
Chief Underwriter, 860-768-0333
  - Richard Fedak, Director of Operations  
860-768-0630
  - John Rugel, Assistant Vice President  
Life New Business Underwriting  
860-768-0338

For questions about 1035 Exchanges, contact your Case Manager.

5. For Individual Distribution cases:  
If you have general life underwriting questions or need a medical quote:  
Elite and Concierge producers, contact your underwriter or direct questions to:

- NEF: Mike O'Donnell, 617-578-2038  
Chris Demeo, 617-578-2398  
Chris Weber, 617-578-4269
- MetLife: Linda Ganey, 813-983-6059  
Susan Alcala, 813-983-6249

Business Class producers, contact any Business Class underwriter or direct questions to:

- NEF: Michelle Haddad, 617-578-2992  
Joanna Robitaille, 617-578-4230
- MetLife: Julienne Warr, 813-983-6104  
Linda Ganey, 813-983-6059  
Susan Alcala, 813-983-6249
- MetLife: toll-free number is 800-866-4760  
(Prompts shown below)

1=1035

2=LNB case status

3=General underwriting questions

4=Policy Change\*

5=Medical quotes

6=Replacement

7= Remittance

8=Imaging

9=Post Issue

\*You may also send Policy Change inquiries to [Askchange@metlife.com](mailto:Askchange@metlife.com)

Life insurance products are issued by MetLife Investors USA Insurance Company, Irvine, CA, Metropolitan Life Insurance Company, New York, NY, and in New York only, by First MetLife Investors Insurance Company, New York, NY. All guarantees are based on the claims-paying ability and financial strength of the issuing insurance company. Variable products are distributed by MetLife Investors Distribution Company, Irvine, CA. All are MetLife companies. May 2011

**Life Insurance Products:**

- Not A Deposit • Not FDIC-Insured • Not Insured By Any Federal Government Agency
- Not Guaranteed By Any Bank Or Credit Union • May Go Down In Value

# MetLife

**Metropolitan Life Insurance Company**

200 Park Avenue  
New York, NY 10166  
metlife.com

BDUW21547 L0411175587[0512]

© 2011 METLIFE, INC. PEANUTS © 2011 Peanuts Worldwide