

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

Important Information About MetLife's Portability Option

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

Here are some highlights of your Portability option...

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

It's easy to elect Portable coverage:

1. Complete the attached Election Form **within 31 days** from the date your benefits are terminated or reduced, **or** 45 days from the date this notice is given, if notice is given more than 15 days but less than 90 days after the date benefits were terminated or reduced.
2. Select the portable coverage amount for you (see attached Election Form Part B).
3. Designate your beneficiary(ies) and provide the required signatures.
4. **Send your completed Election Form to: MetLife Recordkeeping Center, P. O. Box 6169, Utica, NY 13504-6169.**
5. Upon receipt of your completed Election Form, MetLife will send your initial monthly bill directly to your home address.

If you have any questions, require assistance in completing your Election Form, or wish to find out the cost of your portable coverage, you may phone our MetLife Recordkeeping Center toll-free at 1-866-492-6983, between the hours of 8:00 a.m. and 5:00 p.m. (EST).

ELECTION OF PORTABLE COVERAGE FORM

Instructions to Employer:

1. Immediately upon the Insured's termination of employment, complete Part A below and make two copies of this form.
2. Provide the Eligible Insured with the original or mail it to their last known address.
3. **Mail a copy of this form to MetLife Recordkeeping Center, P.O. Box 6169, Utica, NY 13504-6169.**
4. Maintain a copy for your records.

Part A – TO BE COMPLETED BY THE EMPLOYER

Employer Name:	Group Report No.:	Sub Division:	Branch:	Portable No.: 104207
Insured Coverage Termination Date:	Date of This Notice:			
Insured Name: (Last, First, Initial)	Social Security Number:	Date of Birth:	Sex: (M/F)	
Insured Mailing Address: (Street, City, State, Zip)			Insured Home Telephone No.:	
Annual Salary at Coverage Termination: \$	Reason for Termination:			
Has Coverage Been Assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify coverage assigned _____ and attach a copy of assignment form. Was the insured actively at work on the date of separation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer To Verify Insurance & Coverage Amounts In Effect At Termination Date:				
<u>METLIFE INSURED COVERAGE AMOUNT IN EFFECT:</u> Optional/Buy-Up Life \$ _____				

If you are a resident of Minnesota, Oregon, South Dakota or Vermont, Portable Term coverage is not available to you. If you are a resident of the state of Michigan, the maximum amount of coverage you are allowed to port is \$149,000.

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

Part B – TO BE COMPLETED BY THE INSURED

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

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

SBC-PORT

**Please Retain A Copy Of The Fully-Completed Form For Your
Records And Return The Original To MetLife Recordkeeping Center
If you have any questions, please call 1-866-492-6983
(Continued on Following Page)**

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

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

Fraud Warning:

If you are applying for insurance under a policy issued in one of the following states, or if you reside in one of the following states, note the following applicable warning:

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

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

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

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

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement may have violated state law.

If you are applying for insurance under a policy issued in any state other than those listed above, or if you reside in any state other than those states listed above, note the following warning:

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

Insured/Assignee Signature: _____	Date: _____
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Metropolitan Life Insurance Company ("MetLife") and each member of the MetLife family of companies (an "Affiliate") strongly believe in protecting the confidentiality and security of information we collect about you. This notice refers to MetLife by using the terms "us," "we," or "our." This notice describes our privacy policy and describes how we treat the information we receive ("Information") about you.

Why We Collect and How We Use Information: We collect and use Information for business purposes with respect to our insurance and other business relationships involving you. These business purposes include evaluating a request for our insurance or other products or services, evaluating benefit claims, administering our products or services, and processing transactions requested by you. We may also use Information to offer you other products or services we provide.

How We Collect Information: We get most Information directly from you. The Information that you give us when applying for our products or services generally provides the Information we need. If we need to verify Information or need additional Information, we may obtain Information from third parties such as adult family members, employers, other insurers, consumer reporting agencies, physicians, hospitals and other medical personnel. Information collected may relate to your finances, employment, health, avocations or other personal characteristics as well as transactions with us or with others, including our Affiliates.

How We Protect Information: We treat Information in a confidential manner. Our employees are required to protect the confidentiality of Information. Employees may access Information only when there is an appropriate reason to do so, such as to administer or offer our products or services. We also maintain physical, electronic and procedural safeguards to protect Information; these safeguards comply with all applicable laws. Employees are required to comply with our established policies.

Information Disclosure: We may disclose any Information when we believe it necessary for the conduct of our business, or where disclosure is required by law. For example, Information may be disclosed to others to enable them to provide business services for us, such as helping us to evaluate requests for insurance or benefits, performing general administrative activities for us, and assisting us in processing a transaction requested by you. Information may also be disclosed for audit or research purposes; or to law enforcement and regulatory agencies, for example, to help us prevent fraud. Information may be disclosed to Affiliates as well as to others that are outside of the MetLife family of companies, such as companies that process data for us, companies that provide general administrative services for us, other insurers, and consumer reporting agencies. Our Affiliates include financial services companies such as life and property and casualty insurers, securities firms, broker dealers and financial advisors and may also include companies that are not financial services companies. We may make other disclosures of Information as permitted by law.

Information may also be shared with our Affiliates so that they may offer you products or services from the MetLife family of companies. We may also provide Information: (i) to others outside of the MetLife family of companies, such as marketing companies, to assist us in offering our products and services to you, and (ii) to financial services companies outside of the MetLife family of companies with which we have a joint marketing agreement, for example, an agreement with another insurer to enable us to offer you certain of that insurer's products. We do not make any other disclosures of Information to other companies who may want to sell their products or services to you. For example, we will not sell your name to a catalogue company. We may disclose any Information, other than a consumer report or health information, for the purposes described in this paragraph.

Access to and Correction of Information: Generally, upon your written request, we will make available Information for your review. Information collected in connection with, or in anticipation of, any claim or legal proceeding will not be made available. If you notify us that the Information is incorrect, we will review it. If we agree, we will correct our records. If we do not agree, you may submit a short statement of dispute, which we will include in any future disclosure of Information.

Further Information: In addition to any other privacy notice we may provide, a recently enacted federal law established new privacy standards and requires us to provide this summary of our privacy policy once each year. You may have additional rights under other applicable laws. For additional information regarding our privacy policy, please contact us at our website, www.metlife.com or write to us at MetLife, P.O. Box 2006, Aurora, IL 60507-2006.

<p style="text-align: center;">RATE SHEET</p> <p style="text-align: center;">Schedule of Monthly Portable Group Life Insurance Term Rates</p> <p style="text-align: center;">For Insured</p>

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

TABLE A
LIFE INSURANCE
MONTHLY TERM RATES

AGE	INSURED RATE
15	\$0.106
16	\$0.120
17	\$0.129
18	\$0.137
19	\$0.141
20	\$0.142
21	\$0.153
22	\$0.146
23	\$0.131
24	\$0.122
25	\$0.115
26	\$0.115
27	\$0.107
28	\$0.107
29	\$0.107
30	\$0.107
31	\$0.107
32	\$0.115
33	\$0.115
34	\$0.122
35	\$0.131
36	\$0.138
37	\$0.153
38	\$0.168
39	\$0.184
40	\$0.202
41	\$0.224
42	\$0.248
43	\$0.275
44	\$0.302
45	\$0.334
46	\$0.370
47	\$0.410

AGE	INSURED RATE
48	\$0.454
49	\$0.500
50	\$0.552
51	\$0.610
52	\$0.673
53	\$0.743
54	\$0.811
55	\$0.896
56	\$0.987
57	\$1.091
58	\$1.204
59	\$1.328
60	\$1.470
61	\$1.624
62	\$1.796
63	\$1.987
64	\$2.202
65	\$2.436
66	\$2.682
67	\$2.904
68	\$3.139
69	\$3.399
70	\$3.691
71	\$4.022
72	\$4.400
73	\$4.828
74	\$5.292
75	\$5.785
76	\$6.359
77	\$6.958
78	\$7.585
79	\$8.262

Example Calculation of Premium For Insured:

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