

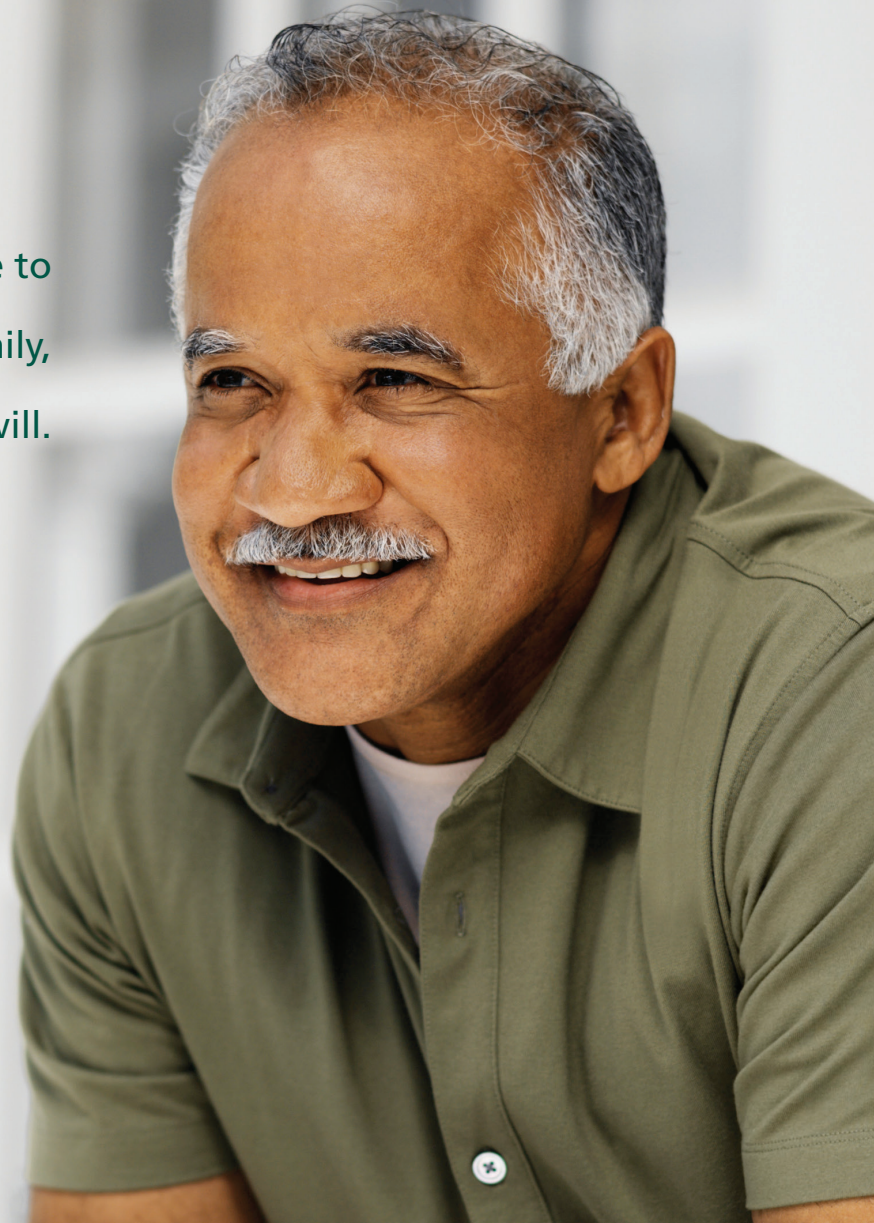
Group Life Insurance

For your family's financial future. And your peace of mind.



MetLife

If I am no longer here to
provide for my family,
I need benefits that will.





Life insurance is a key component to help protect your family's financial future. MetLife can help you find the right kind of life insurance, at the right price. These are just a few of the times in your life when you may need to take stock of the amount of coverage you have:

- If you are planning to get married.
- If you are planning to have a family.
- If you are planning to have a mortgage.
- If you are planning to retire.



Clackamas County VAD&D Plan Benefits

Explore the coverage that makes it easy to give yourself and your loved ones more security today...and in the future.

Voluntary Accidental Death and Dismemberment Insurance (VAD&D)

MetLife's Voluntary Accidental Death & Dismemberment (VAD&D) insurance helps protect you 24 hours a day, 365 days a year.

This valuable coverage is available to you even if you already have accident insurance. It provides benefits beyond your disability or life insurance for losses due to covered accidents — while commuting, traveling by public or private transportation and during business trips. MetLife's AD&D insurance pays you benefits if you suffer a covered accident that results in paralysis or the loss of a limb, speech, hearing or sight. If you suffer a covered fatal accident, benefits will be paid to your beneficiary.

You can add this valuable option to your benefits package by enrolling now. With VAD&D insurance, you and your family can enjoy even greater financial protection.

Coverage Amounts for You:

You can choose the Voluntary AD&D option that meets your needs:

- \$10,000 to \$500,000 coverage in increments of \$10,000

The maximum amount of coverage you can receive is the lesser of 10 times your basic annual earnings or \$500,000.

Coverage Amounts for Spouse/Domestic Partner and Child[ren]

You can choose to cover your dependent spouse/domestic partner and child(ren) with Voluntary AD&D coverage. Your dependents will be eligible for the following coverage:

- **Spouse/Domestic Partner** — 40% of your coverage amount
- **Child(ren)** — 10% of your coverage amount
- **Dependent Spouse/Domestic Partner only:**
50% of your coverage amount
- **Dependent Child(ren) only:**
15% of your coverage amount

Monthly Cost for Voluntary Accidental Death & Dismemberment (VAD&D) Insurance:

Coverage	Monthly Cost Per \$1,000 of Coverage
Employee	\$0.04
Employee & Family	\$0.06

Note: Costs for any coverages you select will be automatically payroll deducted.

Table of Covered Losses

This VAD&D insurance pays benefits for covered losses that are the result of a covered accidental injury or loss of life. The full amount of VAD&D coverage you select is called the “Full Amount” and is equal to the benefit payable to the loss of life. The maximum amount payable for all Covered Losses sustained in any one accident is capped at 100% of the Full Amount.

Covered Losses	Percent of Full Amount
Life	100% of Full Amount
Hand	50% of Full Amount
Foot	50% of Full Amount
Sight of one eye	50% of Full Amount
Thumb & index finger of same hand	25% of Full Amount
Speech & hearing	100% of Full Amount
Speech or hearing	50% of Full Amount
Paralysis of both arms and both legs	100% of Full Amount
Paralysis of both legs	50% of Full Amount
Paralysis of the arm & leg on either side of the body	50% of Full Amount

Standard Additional Benefits Include

The **Seat Belt Benefit** is payable if an insured person dies as a result of injuries sustained in a covered accident while driving or riding in a private passenger car and wearing a properly fastened seat belt (or a child restraint if the insured is a child). In such case, his or her benefit can be increased by 10% of the Full Amount — but not less than \$1,000 or more than \$25,000.

The **Child Care Center Benefit** provides funds for your eligible dependent children, 12 years old or younger, to attend a licensed child care facility for up to four consecutive years if you should suffer a covered fatal accident. The yearly benefit for each eligible child is equal to \$5,000 or the actual amount of child care costs incurred (whichever is less), and cannot exceed an overall total of 3% of the Full Amount. In order to be eligible, dependent children must be enrolled in a licensed child care center at the time of your accidental death.

The **Child Education Benefit** provides tuition funds for each of your eligible dependent children to attend a college or other accredited institution for up to four years if you should suffer a covered fatal accident. To qualify, your dependent children must be enrolled in the institution at the time of your accidental death or must enroll within one year of your accidental death. The yearly benefit for each eligible child is equal to \$5,000 or the actual amount of tuition costs incurred, whichever is less. The total benefit maximum is 2% of the Full Amount for each eligible child.

The **Spouse Education Benefit** provides tuition funds for your spouse/domestic partner if you should suffer a covered fatal accident. The benefit is payable for up to one year and is equal to the lesser of the actual cost of tuition, \$5,000. Your spouse/domestic partner must be enrolled in an accredited school at the time of your accidental death.

The **Hospitalization Benefit** helps defray hospitalization costs that result from a covered accident. It is provided as a monthly income to the insured and is equal to one percent of your Full Amount per month, subject to a four-day waiting period and a maximum of \$2,500 per month, with a maximum duration of 12 months.

Other Available Benefits Include

Total Control Account^{®1}

For immediate access to death proceeds

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

What Is Not Covered?

Voluntary Accidental Death & Dismemberment insurance does not include payment for any loss which is caused by or contributed to by: physical or mental illness, diagnosis of or treatment of the illness; an infection, unless caused by an external wound accidentally sustained; suicide or attempted suicide; injuring oneself on purpose; the voluntary intake or use by any means of any drug, medication or sedative, unless taken as prescribed by a doctor or an over-the-counter drug taken as directed; voluntary intake of alcohol in combination with any drug, medication or sedative; war, whether declared or undeclared, or act of war, insurrection, rebellion or riot; committing or trying to commit a felony; any poison, fumes or gas, voluntarily taken, administered or absorbed; service in the armed forces of any country or international authority, except the United States National Guard; operating, learning to operate, or serving as a member of a crew of an aircraft; while in any aircraft for the purpose of descent from such aircraft while in flight (except for self preservation); or operating a vehicle or device while intoxicated as defined by the laws of the jurisdiction in which the accident occurs.

VAD&D Coverage with Travel Assistance²

A Travel Assistance benefit is available when you enroll in MetLife's AD&D coverage.

Travel Assistance: Would you know who to call if you needed help while traveling? With Travel Assistance services, offered on your AD&D coverage, you'll have extra peace of mind whenever you travel. This service provides you and your dependents with medical, legal, transportation and financial assistance 24 hours a day, 365 days a year, when you are more than 100 miles away from home. Travel Assistance includes concierge assistance designed to fulfill various travel and entertainment requests as well as arrangements for business related services. Please visit the AXA website for more information: <http://webcorp.axa-assistance.com>.

Login: axa

Password: [travelassist](#)

- **Identity Theft Solutions:** While you're home or away, you can take advantage of this valuable benefit now packaged with Travel Assistance. You will be provided with educational tools and resources to help prevent an identity theft occurrence. If you become a victim, you will receive personal assistance 24 hours a day, 365 days a year, to help alleviate your stress and time burden.
- **Concierge Services:** Services designed to fulfill various travel and entertainment requests as well as arrangements for business-related services such as flight, hotel and dining reservations, general destination and transportation information, city guides and much more.

Additional Coverage Information

For Employee Coverage

Enrollment in this Voluntary Accidental Death and Dismemberment plan is available without providing a Statement of Health form.

Who Can Be A Designated Beneficiary?

You can select any beneficiary(ies) other than your employer, and you may change your beneficiary(ies) at any time. You can also designate more than one beneficiary.

About Your Coverage Effective Date

You must be Actively at Work on the date your coverage becomes effective. Your coverage must be in effect for your spouse/domestic partner's and eligible children's coverage to take effect. In addition, your spouse/domestic partner and eligible child(ren) must not be home or hospital confined or receiving or applying to receive disability benefits from any source when their coverage becomes effective.

If Actively at Work requirements are met, coverage will become effective on the first of the month after you complete 2 months of continuous service. The coverage for your spouse/domestic partner and eligible child(ren) will take effect on the date they are no longer confined, receiving or applying for disability benefits from any source or hospitalized.

¹ Subject to state law, and/or group policyholder direction, the Total Control Account is provided for all Life and AD&D benefits of \$5,000 or more. The TCA is not insured by the Federal Deposit Insurance Corporation or any government agency. The assets backing the TCA are maintained in MetLife's general account and are subject to MetLife's creditors. MetLife bears the investment risk of the assets backing the TCA, and expects to earn income sufficient to pay interest to TCA Accountholders and to provide a profit on the operation of the TCAs. Guarantees are subject to the financial strength and claims paying ability of MetLife.

² Travel Assistance and Identity Theft Solutions services are administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by the United States Fire Insurance Company, a member of the Crum & Forster group of insurers. AXA Assistance and the Crum & Forster group are not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.

Pursuant to IRS Circular 230, MetLife is providing you with the following notification: The information contained in this document is not intended to (and cannot) be used by anyone to avoid IRS penalties. This document supports the promotion and marketing of insurance products. You should seek advice based on your particular circumstances from an independent tax advisor.

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and Clackamas County and are subject to each state's laws and availability. Specific details regarding these provisions can be found in the booklet certificate.

Coverage is provided under a group insurance policy (Policy Form G.2130-S) issued to your employer by MetLife. VAD&D coverage terminates when your employment ceases, when your VAD&D contributions cease or upon termination of the group contract. In addition, coverage for dependents terminate when the employee's employment ceases (including upon the death of the employee) and when a dependent no longer qualifies. This plan provides ACCIDENT insurance only. This plan does not provide coverage for sickness. Certain exclusions and limitations may be subject to state specific requirements.



Our Privacy Notice

We know that you buy our products and services because you trust us. This notice explains how we protect your privacy and treat your personal information. It applies to current and former customers. "Personal information" as used here means anything we know about you personally.

Plan Sponsors and Group Insurance Contract Holders

This privacy notice is for individuals who apply for or obtain our products and services under an employee benefit plan, or group insurance or annuity contract. In this notice, "you" refers to these individuals.

Protecting Your Information

We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our outside service providers must also protect it, and use it only to meet our business needs. We also take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.

Collecting Your Information

We typically collect your name, address, age, and other relevant information. We may also collect information about any business you have with us, our affiliates, or other companies. Our affiliates include life, car, and home insurers. They also include a bank, a legal plans company, and securities broker-dealers. In the future, we may also have affiliates in other businesses.

How We Get Your Information

We get your personal information mostly from you. We may also use outside sources to help ensure our records are correct and complete. These sources may include consumer reporting agencies, employers, other financial institutions, adult relatives, and others. These sources may give us reports or share what they know with others. We don't control the accuracy of information outside sources give us. If you want to make any changes to information we receive from others about you, you must contact those sources.

We may ask for medical information. The Authorization that you sign when you request insurance permits these sources to tell us about you. We may also, at our expense:

- Ask for a medical exam
- Ask for blood and urine tests
- Ask health care providers to give us health data, including information about alcohol or drug abuse

We may also ask a consumer reporting agency for a "consumer report" about you (or anyone else to be insured). Consumer reports may tell us about a lot of things, including information about:

- Reputation
- Driving record
- Finances
- Work and work history
- Hobbies and dangerous activities

The information may be kept by the consumer reporting agency and later given to others as permitted by law. The agency will give you a copy of the report it provides to us, if you ask the agency and can provide adequate identification. If you write to us and we have asked for a consumer report about you, we will tell you so and give you the name, address and phone number of the consumer reporting agency.

Another source of information is MIB Group, Inc. ("MIB"). It is a non-profit association of life insurance companies. We and our reinsurers may give MIB health or other information about you. If you apply for life or health coverage from another member of MIB, or claim benefits from another member company, MIB will give that company any information that it has about you. If you contact MIB, it will tell you what it knows about you. You have the right to ask MIB to correct its information about you. You may do so by writing to MIB, Inc., 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734, by calling MIB at (866) 692-6901 (TTY (866) 346-3642 for the hearing impaired), or by contacting MIB at www.mib.com.

Using Your Information

We collect your personal information to help us decide if you're eligible for our products or services. We may also need it to verify identities to help deter fraud, money laundering, or other crimes. How we use this information depends on

what products and services you have or want from us. It also depends on what laws apply to those products and services. For example, we may also use your information to:

- administer your products and services
- perform business research
- market new products to you
- comply with applicable laws
- process claims and other transactions
- confirm or correct your information
- help us run our business

Sharing Your Information With Others

We may share your personal information with others with your consent, by agreement, or as permitted or required by law. For example, we may share your information with businesses hired to carry out services for us. We may also share it with our affiliated or unaffiliated business partners through joint marketing agreements. In those situations, we share your information to jointly offer you products and services or have others offer you products and services we endorse or sponsor. Before sharing your information with any affiliate or joint marketing partner for their own marketing purposes, however, we will first notify you and give you an opportunity to opt out.

Other reasons we may share your information include:

- doing what a court, law enforcement, or government agency requires us to do (for example, complying with search warrants or subpoenas)
- telling another company what we know about you if we are selling or merging any part of our business
- giving information to a governmental agency so it can decide if you are eligible for public benefits
- giving your information to someone with a legal interest in your assets (for example, a creditor with a lien on your account)
- giving your information to your health care provider
- having a peer review organization evaluate your information, if you have health coverage with us
- those listed in our “Using Your Information” section above

HIPAA

We will not share your health information with any other company – even one of our affiliates – for their own marketing purposes. If you have dental, long-term care, or medical insurance from us, the Health Insurance Portability and Accountability Act (“HIPAA”) may further limit how we may use and share your information.

Accessing and Correcting Your Information

You may ask us for a copy of the personal information we have about you. Generally, we will provide it as long as it is reasonably retrievable and within our control. You must make your request in writing listing the account or policy numbers with the information you want to access. For legal reasons, we may not show you anything we learned as part of a claim or lawsuit, unless required by law.

If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing, and we will include your statement whenever we give your disputed information to anyone outside MetLife.

Questions

We want you to understand how we protect your privacy. If you have any questions about this notice, please contact us. When you write, include your name, address, and policy or account number.

Send privacy questions to:

MetLife Privacy Office, P. O. Box 489, Warwick, RI 02887-9954
privacy@metlife.com

We may revise this privacy notice. If we make any material changes, we will notify you as required by law. We provide this privacy notice to you on behalf of these MetLife companies:

Metropolitan Life Insurance Company
General American Life Insurance Company
SafeHealth Life Insurance Company

MetLife Insurance Company of Connecticut
SafeGuard Health Plans, Inc.

Attached is your Travel Assistance and Identity Theft Solutions Reference Card. Detach it and carry with you at all times. One call to the number listed on the card puts you in touch with qualified staff who will ensure that your call is handled promptly and will even coordinate with your medical insurance carrier in the event of a medical emergency.

MetLife

Name: _____

Company: _____

This is not a medical insurance card. Valid until termination of policy.

Travel Assistance and Identity Theft Solutions

ATTENTION! THIS IS NOT A MEDICAL INSURANCE CARD

The participant is entitled to medical and travel services administered by AXA Assistance USA, Inc.

Within the United States: (800) 454-3679
Outside the United States Call Collect: (312) 935-3783

Or logon to: <http://webcorp.axa-assistance.com>
Login: axa Password: travelassist

ALL SERVICES MUST BE ADMINISTERED BY AXA ASSISTANCE USA, Inc.
NO CLAIMS FOR REIMBURSEMENT WILL BE ACCEPTED.

MetLife

Name: _____

Company: _____

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ALL SERVICES MUST BE ADMINISTERED BY AXA ASSISTANCE USA, Inc.
NO CLAIMS FOR REIMBURSEMENT WILL BE ACCEPTED.

ATTENTION
Call Travel Assistance If:

- You are planning a trip and need general travel information
- You require medical assistance while traveling
- You lose documents, credit cards or luggage while traveling
- You require medical evacuation
- You experience local language problems
- You want to request a theft resolution guide
- You are the victim of identity theft and need assistance

Be sure to fold this card and carry it in your wallet at all times.

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Call Travel Assistance If:

- You are planning a trip and need general travel information
- You require medical assistance while traveling
- You lose documents, credit cards or luggage while traveling
- You require medical evacuation
- You experience local language problems
- You want to request a theft resolution guide
- You are the victim of identity theft and need assistance

Be sure to fold this card and carry it in your wallet at all times.

**When you call the Travel Assistance
dedicated telephone numbers
listed on the reverse, please have
the following information available:**

1. Your name, telephone number and (if possible) fax number, and your relationship to the plan participant.
2. Plan participant's name, age, sex and company name.
3. A description of the plan participant's condition or service needed.
4. Name, location and telephone number of hospital, if applicable.
5. Name and telephone number of treating doctor, if applicable.

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dedicated telephone numbers
listed on the reverse, please have
the following information available:**

1. Your name, telephone number and (if possible) fax number, and your relationship to the plan participant.
2. Plan participant's name, age, sex and company name.
3. A description of the plan participant's condition or service needed.
4. Name, location and telephone number of hospital, if applicable.
5. Name and telephone number of treating doctor, if applicable.



When you choose MetLife, you choose a leader in employee benefits. For more than a century, we've provided insurance and other financial services to millions of individuals just like you. For more information on MetLife group life insurance coverage, contact your benefits administrator or MetLife.





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MetLife

Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166
www.metlife.com



Metropolitan Life Insurance Company, New York, NY

ENROLLMENT • CHANGE FORM

GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper)				
Name of Group Customer/Employer Clackamas County	Group Customer # 74413	Report # 75448	Sub Code	Branch
Date of Hire (MM/DD/YYYY)		Coverage Effective Date (MM/DD/YYYY)		

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

I have read my enrollment materials and I request coverage for the benefits for which I am or may become eligible. I understand that contributions are required for the benefits I select below.

Accidental Death & Dismemberment (AD&D) Insurance
<input type="checkbox"/> Voluntary AD&D
First select your option
<input type="checkbox"/> Employee only
<input type="checkbox"/> Employee + Dependents
Then select your level of coverage
Enter a multiple of \$10,000 up to a maximum of the lesser of 10x your Basic Annual Earnings and \$500,000. \$ _____

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

GEF02-1
ADM

SUBMISSION INSTRUCTIONS

After completion, make a copy for your records and return the original to your Employer.

FRAUD WARNINGS

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

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

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

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

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

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

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

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

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

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

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

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

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

BENEFICIARY DESIGNATION FOR EMPLOYEE INSURANCE

If you have previously designated a beneficiary under this Group Customer's plan, such beneficiary designation will remain in effect. Any MetLife payment upon your death will be paid in accordance with the records of the recordkeeper for such insurance unless you designate a beneficiary below. I designate the following person(s) as primary beneficiary(ies) for any MetLife payment upon my death. I understand I have the right to change this designation at any time.

Primary Beneficiary Full Name (Last, First, Middle Initial)	Relationship	Date of Birth (MM/DD/YYYY)	Address (Street, City, State, Zip Code)	Share %

Unless otherwise indicated, payment will be made in equal shares to your surviving Primary Beneficiary(ies). TOTAL: 100%

If all of the Primary Beneficiary(ies) die before me, I designate as Contingent Beneficiary(ies):

Contingent Beneficiary Full Name (Last, First, Middle Initial)	Relationship	Date of Birth (MM/DD/YYYY)	Address (Street, City, State, Zip Code)	Share %

Unless otherwise indicated, payment will be made in equal shares to your surviving Contingent Beneficiary(ies). TOTAL: 100%

DECLARATIONS AND SIGNATURE

By signing below, I acknowledge:

1. I have read this enrollment form and declare that all information I have given is true and complete to the best of my knowledge and belief.
2. I declare that I am actively at work on the date I am enrolling.
3. I authorize my employer to deduct the required contributions from my earnings for my coverage. This authorization applies to such coverage until I rescind it in writing.
4. I have read the Beneficiary Designation section provided in this enrollment form and I have made a designation if I so choose.
5. I have read the applicable Fraud Warning(s) provided in this enrollment form.

Sign
Here

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