

The Life Underwriting Guide



MetLife[®]

February 12, 2009

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.

life underwriting *at*
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QUESTIONS?

- 1. For questions about the QA Call-Out Survey** including mailed written survey programs, Personal History (PHI) and TeleUnderwriting (TU) interviews or foreign language capability, contact Kate Sewalk, 814-269-8364.
- 2. To schedule a PHI or TU 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 Samuel Davis, 813-983-6015, or Johanna Douglas, 813-983-5378.
- 4. For Independent Distribution cases underwritten in Bloomfield, CT**
If you have general life underwriting questions or need a medical quote for ID (including MetLife Insurance Company of Connecticut) and MetLife Resources, contact:
 - Carlo Fusco, Assistant Vice President, Chief Underwriter, 860-768-0333
 - Richard Fedak, Director of Operations, 860-768-0630
 - Gene Zimmerlink, Assistant Vice President, LNB Operations/Underwriting, 860-768-0332
 - Anthony Cocolla, Assistant Vice President, Operation, 860-768-0328

For questions about 1035 Exchanges, contact your Case Manager.

- 5. For Affiliated Distribution cases underwritten in Boston, MA; Somerset, NJ, or Tampa, FL**
If you have general life underwriting questions or need a medical quote:

Elite and Concierge producers, contact your underwriter or direct questions to:

Boston: Mike O'Donnell, 617-578-2038; Chris Demeo, 617-578-2398

Somerset: Bill Figura, 732-893-3620; Maggie Griffin, 732-893-3665

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

Boston: Michelle Haddad, 617-578-2992; Sylvia Brassard, 617-578-4096

Tampa: Julienne Godwin, 813-983-6104; Linda Ganey, 813-983-6059, Susan Alcala, 813-983-6249

Tampa 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

Life insurance products are issued by MetLife Investors USA Insurance Company, Metropolitan Life Insurance Company, and in New York only by First MetLife Investors Insurance Company. 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 (MetLife Investors), Irvine, CA.

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The **MetLife Life Underwriting Manual** ensures underwriting decisions that are in step with:

- > Advances in clinical medicine
- > The complexities of non-medical risk factors
- > Advanced market concepts
- > The “best practices” of the life insurance industry

Underwriting credit and consideration are available for some common impairments that could improve offers for Preferred, Standard and substandard cases.

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**.

Table of Contents

	<u>Pages</u>
Medical Underwriting Requirements	3 - 6
Non-Medical Underwriting Requirements Consumer Reports, Telephone Surveys and Motor Vehicle Records	6
Underwriting Guidelines	
Financial Underwriting and Dependency Guidelines	7
Investor Owned Life Insurance, Retention and Reinsurance	8
Applications Completed by Mail, Policy State & Application Forms	9
Foreign Risks	10 - 14
Foreign Travel Program	15 - 17
Military Personnel; Tobacco Use Guidelines	17
<u>Criteria Guidelines:</u> Elite Plus, Preferred Plus, Elite Nonsmoker, Standard Plus and Preferred Classes (Nonsmoker and Smoker)	18
Standard Class Criteria	19
Height & Weight Limit Table (through Table C)	20
Underwriting Programs	
MetEdge	21
Cross Franchise Term Conversions; Solutions for Life (External Term Conversions)	22
Simplified Underwriting Program for Multi-Life Cases (Pre-approval required)	23
Parallel Underwriting Track (PUT) Program	24
Group Conversion Checklist	25
Managing Your Cases: Tips to avoid pending your case and improve ‘In Good Order’ (IGO) 1035 Checklist	26 - 27 28
Replacement Forms by State	29 - 30
Customer Identification Program – Know Your Customer Documentation Requirements	31 - 32

MEDICAL UNDERWRITING REQUIREMENTS

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

NOTES TO TABLE:

- Ages 0 through 14 are non-medical.
- All urine specimens obtained without a full blood specimen will be tested for HIV. 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 in the following jurisdictions: DE, FL, GA, MD, NJ, NY, PR, and SC.
- 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).

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

TYPES OF MEDICAL EXAMS (All examinations include a urine specimen.)

- Simple Paramed (SPM)** - A *limited exam* to collect physical measurements (height, weight, blood pressure, pulse) and blood/urine specimens.
- Full Paramed (PM)** – A *full exam* collecting full health histories, blood/urine specimens, physical measurements (height, weight, blood pressure, pulse) and EKG, if needed.
- MD Exam (MD)** – A *full exam* performed by a medical doctor who will collect full health histories, blood/urine specimens, physical measurements (height, weight, blood pressure, pulse), and perform EKG or Exercise Test (**TMT**) if needed. All physician exams must be scheduled through one of the nationally approved paramedical vendors shown on the next page.

MEDICAL UNDERWRITING REQUIREMENTS (cont.)

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 be collecting 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 **Paramed 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 **Paramed 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 **Paramed Vendor** knows to send blood and urine samples to:

<u>United States Mail Address</u>	<u>Fedex Address</u>
ExamOne, Inc. P.O. Box 2035 Shawnee Mission, KS 66201	ExamOne, Inc. 10101 Renner Blvd. Lenexa, Kansas 66219

PARAMEDICAL VENDORS

Four paramedical vendors are approved for all types of medical services: MD Exams 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
Examination Management Services (EMSI)	865-692-3320	www.emsinet.com
ExamOne	1-800-768-2071	www.examone.com
Hooper Holmes/Portamedic	1-866-384-6614	www.portamedic.com or www.hooperhomes.com

MLFS 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 EMSI telephone number to be used is 1-800-456-0030 extension 1187 and the APPS, ExamOne and Hooper Holmes/Portamedic telephone numbers remain the same 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, now has the capability to automatically place orders for Medical Requirements and APSs with the vendors. The e-OrderEntry screens have been enhanced with 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 (cont.)

SURVIVORSHIP POLICIES

Generally, we will medically underwrite each proposed insured for the greater of one-half the total policy amount requested or \$250,000 (e.g., 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 nonmedical limits, type of examination, special tests and APS requirements; however, blood and urine specimens are always required for both proposed insureds.

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

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 signed a special informed consent for HIV testing for each proposed insured at the time the application is completed. All states/jurisdictions' 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/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 should be ordered based on this age & amount limit. 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	
51-60	\$500,001	
61 and older	\$100,000	\$100,000

ORDERING AN APS

ON-LINE

EMSI and Parameds.com provide APS collection services for all brands in all states.

EZ Copy provides APS collection services for all brands in the state of California only. For EZ Copy, contact Troy Peterson at 1-800-671-0892 ext. 203 or tpeterson@ezcopyonline.com. The website address is www.ezcopyonline.com.

See your Office Administrator to determine which vendor may be used in your area and to obtain the proper forms. The E-New Business system will identify the correct vendor for APS collection when the APS requirement is generated.

IDG/MLI: Sales offices may request physician statements directly or request the IDG team in Bloomfield CT to order.

VENDOR	TELEPHONE NUMBER	WEBSITE/EMAIL
Examination Management Services (EMSI)	865-692-3320	www.emsinet.com
Parameds.com	1-888-766-3999	www.parameds.com or Metlife@parameds.com

Producer Notes:

1. APS collection can take several weeks; order the APS as early as possible to avoid delays in the underwriting process.
2. When your client's medical provider appears non-responsive, consider asking your client to request their physician's help in expediting the APS.
3. Protect your client's confidentiality. Make sure that the APS goes directly to the New Business Center, not to the Sales Office.
4. If your client's medical provider uses an outside record keeping service, delays in collection should be expected.
5. 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 (cont.)

LAB TESTS

ExamOne automatically sends non-sensitive lab results to the proposed insured (to the address that the client identifies on the lab ID chain of custody form), as an added benefit – a little extra customer service! Our cover letter explains that the client's lab results are enclosed and includes a brief explanation for each test. However, your client should not infer anything from the report. If your client believes that information on the report indicates that he or she has health problems, your client should discuss the results with his or her physician. If you have any questions relative to this process, please contact Sam Davis, Vendor Relations at 813-983-6015.

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. The full blood profile, urinalysis, examination* (all types), telephone interview/personal health interview, investigative consumer report and MVRs (for < age 36 and > age 65) are generally acceptable for six months. A resting ECG/EKG, exercise test/treadmill test (TMT), and MVRs (ages 36-65) are generally acceptable for twelve months. However your underwriters have the option of refreshing requirements (medical and non-medical) earlier than the suggested shelf life expiration when circumstances warrant.

* Updating insurability of examinations/evaluations older than 120 days.

NON-MEDICAL UNDERWRITING REQUIREMENTS

CONSUMER REPORTS - TELEPHONE SURVEYS

1. **Underwriting (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. A PHI will also be completed at ages 16 and above for amounts of \$100,000 or more based on an adverse mortality model which identifies applications demonstrating a potential underwriting risk to confirm the accuracy of application information. Generally, 2% of all applications are identified as requiring this PHI.

Where the insured is the owner, the PHI (*There will be only one contact with your customer.*) 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.

2. **Investigative Consumer Report** - At all ages for amounts over \$5,000,000, an in-person interview will be conducted to collect certain underwriting information.
3. **Quality Assurance (QA) Customer Contact Program** – A compliance customer contact program intended to verify certain information on the application and ensure the client fully understands the product purchased. Such contacts are conducted by a brief telephone survey during the underwriting process, QA Call-Out Program, or as a brief written survey mailed after a policy is issued. (Compliance Interviews are not done for National Accounts since MetLife does not have supervisory responsibility for sales practice issues, the broker-dealer does.)

A risk-based approach is deployed for all cases at amounts up to and including \$5,000,000 that are scored with a potential compliance risk; contact will be made via a brief telephone interview 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.

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.

<u>Proposed Insured</u>	<u>Amounts</u>
Age 18 - 35	\$100,000 and over
Age 36 and older	\$250,000 and over

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UNDERWRITING GUIDELINES

FINANCIAL UNDERWRITING GUIDELINES

The application form, Personal Financial Information (EFIN-05) should be completed for risk amounts of \$1,000,000 and over. The application form, Business Entities information (EBUS-05) should be completed for all business insurance applications.

Income Replacement Sales	
Current income multiplication factors for determining the maximum amounts of insurance in force and applied for in all companies for proposed insured.	
AGE	TIMES INCOME
Up to 30	30
31-40	25
41-50	20
51-55	15
56 -65	10
66-70	7
Over 70	5

Estate Conservation Sales	
The future value of the proposed insured's estate should generally be projected at a rate of 7% for the maximum number of years as shown below.	
AGE	YEARS
Up to 40	15
41-60	12
61-75	7
Over 75	Individual Consideration

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.

Disability Waiver Retention Limits (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			
Age Last Birthday			
ADB Rating	Under 20	20-24	25 +
1	* Individual Consideration	\$300,000	\$500,000
1.5		\$200,000	\$300,000
2.5		\$100,000	\$200,000
4	Not Available	\$50,000	\$100,000

* Individually considered for amounts over \$50,000 but not to exceed the limits set for ages 20-24.

Dependent Spouse*	
Amount of Insurance Inforce and Applied for	Coverage Needed on Non-dependent Spouse
0 - \$125,000	No Requirement
\$125,001 and over	Equal Amount

* Spouse means a legal marital, domestic, civil union or common-law partner.

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

Dependent Parent	
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: State of New York		
Age of Child	Amount of Insurance Inforce and Applied for	Coverage Needed on Parent/Family Head
0-4 ^{1/2}	Over \$50,000	4 Times the Amount
4 ^{1/2} - 14 ^{1/2}	Over \$50,000	2 Times the Amount
> 14 ^{1/2}	\$50,001 to \$1 million	Equal Amount
All ages	\$50,000 or less	Equal Amount
All ages	\$1,000,001 and over	Individual Consideration

Exceptions to Dependent Child Guidelines (All States)	
High School Seniors	Eligible for \$50,000
College Students	Eligible for \$100,000
College Seniors and Graduate Students	Eligible for \$250,000
Note: Family head would need qualifying coverage for amounts in excess of those stated in this chart.	

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.

For all dependency guidelines: In all cases, amounts must meet the tests of suitability and affordability.

UNDERWRITING GUIDELINES

INVESTOR OWNED LIFE INSURANCE

It is the policy of MetLife **not to support** any form of Investor Owned Life Insurance, 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

MetLife Retention*	\$20 million (Permanent including Survivorship) \$15 million (Term)
Automatic Binding Limit*: The amount the company can automatically bind the reinsurer for without their prior approval.	\$60 million \$25 million (Aviation Risks) \$15 million (Foreign Residents: "A"List countries only – not all qualify) \$10 million (Professional Athletes)
Jumbo Limit*: 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.

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. If personal identification is not reviewed at the time of application, delays in processing, additional requirements and/or inability to issue a policy may result.

Where it may not be possible to complete an application in person, exception procedures exist for the application to be completed by mail acceptable 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 servicing.
- 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 in the section of the application "To be completed by Agency Management" as indication of his/her approval. Additionally, the application 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 their address below their 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 million) 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

In order to consider an application on a relative (by blood or marriage) on a nonmedical basis, the Managing Director/Managing 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/daughter (natural or legally adopted), grandchild, brother, sister, uncle, aunt, nephew, niece, first cousin, brother or sister-in-law, mother or father-in-law.]

The key item is that we need the signature of a member of sales management as witness to the signature of the proposed insured and owner on the application. 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 the same set of 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.

For new business and all conversions:	The application is based on owner's current residence state.
For changes to existing in force policy:	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 Policy State, the state in which the application is signed and the Risk-resident state, if different. The following **23 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	Colorado	Iowa	Maryland	New Mexico	South Dakota
Alaska	Florida	Kansas	Michigan	North Carolina	West Virginia
Arizona	Georgia	Louisiana	Mississippi	Puerto Rico	USVI
California	Idaho	Maine	New Hampshire	South Carolina	

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UNDERWRITING GUIDELINES

FOREIGN RISKS (General Information)

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 below and 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.

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 have had their permanent visa petition approved but are awaiting a visa number. 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. Others may be considered on an individual case basis.

Proposed insureds residing in the United States 1 year or more with the intent and ability to lawfully remain in the United States for at least 5 years may be considered for all plans and riders subject to our normal underwriting guidelines. 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.

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.]

UNDERWRITING GUIDELINES

Immigrants and Non-Immigrants Residing in the United States *(continued)*

We Will Consider	We Cannot Consider
<ul style="list-style-type: none"> • Permanent Residents as evidenced by “green card” identification. • Individuals who have had their permanent visa petition approved and the only outstanding item is the actual visa number. <i>To verify the application status we will need the 13-digit visa application number. The number may include letters or symbols, but should not have dashes or spaces.</i> • Individuals who have been granted Asylum. • Temporary Residents who intend to remain in the United States and have Visas that are more easily changed to a long term or permanent status. <ul style="list-style-type: none"> F-1, F-2 Academic Students and family members K-1 Fiancé or fiancée of a United States citizen M-1, M-2 Vocational student and family N-8, N-9 Parent or child of Special Immigrant V-1, V-2 Spouse or child of Permanent Resident H-1B Subject to assurances of long-term employment. 	<ul style="list-style-type: none"> • Illegal Aliens: may have entered the country illegally without a visa, or after entering legally, the visa expired or was otherwise voided due to a change in the individual’s circumstance. For example, a non-US citizen may legally enter on a student visa. When the education program is completed the non-United States citizen must apply for a different visa status in order to legally remain in the United States. • Visas that do not allow for renewal or change of status, or the purpose of travel to the United States is temporary or presents a unique underwriting risk. These include: <ul style="list-style-type: none"> B-1, B-2 Visitor for business or pleasure C-1, C-4 Travelers in immediate and continuous transit through the United States D-1, D-2 Crewmen from vessel or aircraft. H-1C Nurses going to work for up to three years in health professional shortage areas. (no renewals permitted.) H-2, H-3 Temporary worker: skilled and unskilled or here for specialized training needed in country of origin. H-4 Dependent of an H-1 visa holder. We will consider if H-1 visa holder is applying for coverage at the same time and is found to be an acceptable risk. J-1, J-2 Exchange visitors and family members. O-1, O-2, O-4 Individuals of extraordinary ability in science, arts, education (stay may not be extended) P-1, P-2, P-3 Individual athlete, entertainer & support staff Q Participant in cultural exchange program S-5, S-6 Informant of criminal or terrorist organization information • Work Authorization information alone does not confirm the client’s legal status within the country.

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?

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.

UNDERWRITING GUIDELINES

IMMIGRANTS AND NON-IMMIGRANTS RESIDING IN THE UNITED STATES *(continued)*

Individuals residing in the United States less than 6 months 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
- Generally, coverage will be limited to permanent plans of life insurance. No riders/benefits will be available

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 6 months to 1 year, 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, the Enricher (MetLife), and the Equity Enricher (MetLife)
- The amount of life insurance is based on regular financial underwriting consideration and retention limits

Individuals residing in the United States for at least 1 year or more, with the intent of remaining for at least 5 years:

- All plans and riders in each Brand portfolio are available
- 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

Examinations:

Residing in the United States 1 year or less: simple paramed, full blood with urine at \$50,000 or more. (If age & amount or medical history warrants a more extensive medical evaluation, it should be ordered.)

Residing in the United States 1 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 2 years or more) normal guidelines apply.

FOREIGN RESIDENTS (RESIDING OUTSIDE THE UNITED STATES FOR MORE THAN 6 MONTHS)

Both United States and non-United States citizens residing outside of the United States for more than 6 months present unique challenges when considering their insurability. For example, obtaining information from health care facilities not located in the United States may be difficult. We are also careful to comply with United States and the resident country's laws and insurance regulations in order to protect you and 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 exist to be fully compliant with Mexican and United States law and rules of suitability. Residents of Canada will be considered based on the general guidelines for all foreign residents, however they are not subject to the face amount and retention limits noted.

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

CONSIDERED	NOT CONSIDERED
Residents of the following countries: Antigua, Australia, Austria, Bahamas, Barbados, Barbuda, Belgium, Belize, Bermuda, Bolivia, Brazil, Canada, Chile, China, Colombia, Costa Rica, Czech Republic, Denmark, Dominican Republic, Dubai, Ecuador, Germany, Granada, Guatemala, Honduras, Hong Kong, Indonesia, Jamaica, Latvia, Luxembourg, Marshall Islands, Mexico, Morocco, Netherlands, Netherlands Antilles, Nicaragua, Norway, Pakistan, Peru, Philippines, Poland, Portugal, Russia, Singapore, South Korea, Spain (non-citizen residents only), St. Kitts & Nevis, St. Lucia, Surinam, Taiwan, Trinidad, Tobago, Turks & Caicos, United Arab Emirates, United Kingdom and Venezuela.	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. Refer to the OFAC website http://www.treas.gov/offices/enforcement/ofac/programs/ for current information.
Must have a United States bank account to pay insurance premiums. Residents of Mexico: the United States bank account should be in place for purpose other than paying premiums on the life insurance policy.	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.

UNDERWRITING GUIDELINES

FOREIGN RESIDENTS (RESIDING OUTSIDE THE UNITED STATES FOR MORE THAN 6 MONTHS) - *continued*

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, Tele-Underwriting, quikMet, TeleApplications 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 15 & 16 for individual country risk classes*):

Product Availability

Minimum Face Amount: Permanent Plans: \$250,000. No more than half the coverage applied for may be represented by 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.

Maximum Amounts: Auto-bind and retention limits are based on the country's travel risk classification.

<i>Country Risk Class</i>	<i>Maximum limits</i>
A	Auto bind up to \$15 million. MetLife retention up to \$5 million.
B, C	Individual consideration subject to facultative reinsurance. MetLife retention up to \$5 million: ➤ up to \$2 million with no flat extra premium ➤ \$2 million to \$5 million with \$2.00 FEP to cover the residency risk
D	Generally not available

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

Risk Class: The best class available is Preferred or Standard Plus.

Riders and Benefits: Only Term Riders on the primary insured and the Paid up Additional Insurance Rider (PAIR) 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 may Know Your Customer almost as well as you do and 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 a least one reference in the country of residence who can be contacted to verify the financial statements made in the application.

UNDERWRITING GUIDELINES

FOREIGN RESIDENTS (RESIDING OUTSIDE THE UNITED STATES FOR MORE THAN 6 MONTHS) – *continued*

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.

- In your cover letter, the following must be included:
 - 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
 - Detailed description of the basis of the United States ties involved. The description 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
 - Where the tie to the United States is not a property/business ownership or employment in the United States, include a detailed description of the tie to the United States. Include the name, address, telephone number of at least one business reference in the United States (e.g., accountant, banker, attorney, business owner, etc.) who can confirm and verify the tie
 - Include the name, address and telephone number of a 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 is 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 anticipated 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 enacted regulations which impact an insurer's ability to underwrite for foreign travel. MetLife actively monitors all pending and final regulations and insurance department directives, modifying underwriting guidelines as necessary to remain in compliance.

In most states, the regulations 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 these principals and the following guidelines are in compliance with the regulations.

Certain states have enacted more stringent regulations. For residents of Florida, except for travel to Afghanistan or Iraq, and for any foreign travel for residents of Georgia, no adverse underwriting action is taken based on the resident proposed insured's past or future lawful foreign travel. 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.

Considerations Based On Country(ies) 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 chart that follows provides underwriting, reinsurance considerations and countries associated with each category.

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

Country Code	US & Canadian Residents	Countries
A	<p>Up to 6 months of travel in a 12 month period may be considered.</p> <ul style="list-style-type: none"> • All classes and plans available, disability waiver & accidental death considered on individual basis. • No extra charge for travel risk. <p>Travel more than 6 months, consider as foreign resident.</p> <p><u>Reinsurance & Retention Information:</u></p> <p>Up to 12 weeks of travel:</p> <ul style="list-style-type: none"> • Auto-bind up to \$50 million. • MetLife retention up to \$20 million • Jumbo limit to \$65 million <p>For travel beyond 12 weeks to 6 months.</p> <ul style="list-style-type: none"> • Jumbo limit \$40 million • Autobind reinsurance up to \$10 million. • MetLife retention limited to \$5 million <p>Permanent Residents (<i>if acceptable based on foreign resident guidelines</i>):</p> <ul style="list-style-type: none"> • Autobind reinsurance up to \$10 million. • MetLife retention limited to \$2 million 	<p>American Samoa, Andorra, Anguilla, Antigua and Barbuda, Argentina, Aruba, Australia, Austria, Bahamas, Bahrain, Barbados, Belgium, Bermuda, Canary Islands, Cayman Islands, Chile, Croatia, Cyprus, Czech Republic, Denmark, Dominica, Estonia, Falklands Islands, Finland, France, French Guiana, French Polynesia, Germany, Greece, Greenland, 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, Saint Kitts and Nevis, Saint 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>

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UNDERWRITING GUIDELINES

FOREIGN TRAVEL (CONTINUED)

Country Code	US & Canadian Residents	Countries/Territories
B	<p>Up to 12 weeks of travel in a 12 month period may be considered.</p> <ul style="list-style-type: none"> All classes and plans available, disability waiver & accidental death considered on individual basis. No extra charge for travel risk. <p><u>Reinsurance & Retention Information:</u> Up to 12 weeks</p> <ul style="list-style-type: none"> Jumbo limit \$40 million Autobind reinsurance up to \$30 million. MetLife retention limited to \$12.5 million. <p>Over 12 weeks of travel:</p> <ul style="list-style-type: none"> Individually considered subject to obtaining facultative reinsurance. MetLife Retention limited to \$5 million. <p>Permanent Residents: MetLife retention \$2 million (no FEP) \$2 to \$5 million (with FEP)</p>	<p>Armenia, Azerbaijan, Belarus, Belize, Bosnia & Herzegovina, Brazil, Brunei, Bulgaria, Cape Verde, China, Cook Islands, Costa Rica, Ecuador, Grenada, Israel, Jamaica, Jordan, Kazakhstan, Kuwait, Libya, Macedonia, Malaysia, Marshall Islands, Mexico, Moldova, Mongolia, Montenegro, New Caledonia, Oman, Panama, Paraguay, Peru, Qatar, Romania, Russia, Saint Vincent and the Grenadines, Samoa, Serbia and Montenegro, Seychelles, Syria, Trinidad and Tobago, Tunisia, Turkey, Ukraine.</p>
C	<p>Up to 12 weeks of travel in a 12 month period may be considered.</p> <ul style="list-style-type: none"> All classes and plans available, disability waiver & accidental death considered on individual basis. No extra charge for travel risk. <p><u>Reinsurance & Retention Information:</u> Up to 12 weeks of travel</p> <ul style="list-style-type: none"> Jumbo Limit \$40 million Autobind reinsurance up to \$10 million. MetLife retention limited to \$5 million <p>Over 12 weeks of travel:</p> <ul style="list-style-type: none"> Individually considered subject to obtaining facultative reinsurance. MetLife retention limited to \$2 million. <p>Permanent Residents: MetLife retention \$2 million (no FEP) \$2 to \$5 million (with FEP)</p>	<p>Albania, Algeria, Bhutan, Bolivia, Botswana, Dominican Republic, Egypt, El Salvador, Federated States of Micronesia, Fiji, Georgia, Guatemala, Guyana, Honduras, India Indonesia, Kiribati, Kosovo, Kyrgyzstan, Laos, Lebanon, Maldives, Mauritius, Morocco, Nauru, Nepal, Nicaragua, Niue, Pakistan, Palau, Philippines, Saudi Arabia, Solomon Islands, Sri Lanka, Suriname, Tajikistan, Thailand, Tonga, Turkmenistan, Tuvalu, Uzbekistan, Vanuatu, Venezuela, Vietnam, West Bank</p>
D	<p>Travel to these countries are considered on an individual case basis and generally declined</p> <p><u>Reinsurance & Retention Information:</u> Individually considered subject to obtaining facultative reinsurance.</p> <p>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"> ◆ 5 star resorts ◆ Guided Tours ◆ Cruises 	<p>Any country not included in categories above.</p>

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

UNDERWRITING GUIDELINES

FOREIGN TRAVEL (continued)

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 their 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 (excluding MICC) 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

MILITARY PERSONNEL

Our long-standing policy is to support our men and women in the military and 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 and/or military reserve services, including those in National Guard Units and those who have received orders to trouble spots or areas of combat. Proposed insureds whose military duties include extra risks or involvement with some special force units may be insurable only at higher premium rates or may be uninsurable. The application and all underwriting requirements must be completed in the United States in accordance with normal age and amount guidelines. Our life insurance policies do not include any war restrictions or exclusion clauses.

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 or tobacco use, testing positive for nicotine qualifies for the appropriate smoker class.*

When considering in force 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, qualifies for Preferred Plus and Elite, **not** Elite Plus.

Standard Plus Nonsmoker, Preferred Nonsmoker or MICC Select 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 **24 months** of application, or a urinalysis positive for nicotine.

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.

* 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.

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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.

[For MICC products, the minimum continues to be \$50,000 for Best and Preferred Classes.]

CRITERIA	ELITE PLUS	PREFERRED PLUS ELITE NONSMOKER	STANDARD PLUS PREFERRED NONSMOKER	PREFERRED SMOKER
Height + Weight	Use Height and Weight Limit Table on Page 20			
Blood Pressure Age 54 & under Age 55 & over	130/80 or less 135/85 or less No blood pressure medication within the last 12 months	140/85 or less 140/90 or less	145/90 or less Ages 55 - 69: 150/90 or less Ages 70 and older: 155/90 or less Current medication acceptable for all ages	
Blood and Urine Profile	Within Normal	Some Variances Qualify	Some Variances Qualify	
Cholesterol Age 54 & under Age 55 & over	200 or less 210 or less Ratio 4.5 or less (all ages) Current medication okay if acceptable level Maintained for at least 12 months. (All ages)	220 or less and Ratio 5.0 or less 240 or less and Ratio 5.0 or less OR 260 or less and Ratio 4.5 or less	260 or less and Ratio 6.0 or less Ages 55-69: 280 or less and Ratio 6.5 or less Age 70 and older: 150 - 300 and Ratio 7.0 or less Current medication acceptable (all ages).	
Personal History (Subject to documentation of good health)	No history or treatment for Diabetes, Cardiovascular Disease or Cancer (except some non-melanoma skin cancers.) No FEPs.		No history or treatment for Diabetes, Cardiovascular Disease or Cancer (except some non-melanoma skin cancers). No FEPs.	
Aviation Avocation Occupation Foreign Travel Residence or FEPs	No Aviation except for non-ratable commercial pilots. No ratable Avocations, Occupations or Foreign Travel. Exclusion Riders acceptable where available. No Foreign Residence, except Canada. No medical FEPs.		Aviation, Avocation, Occupation FEPs or Exclusion Rider acceptable. No ratable Foreign Travel or Foreign Residence FEPs. No medical FEPs.	
Driving History	No DWI convictions within past 5 years. Maximum of 2 moving violations within past: 5 years		No DWI convictions within past 5 years. Maximum of 2 moving violations within past: 3 years	
Substance Abuse (Alcohol/Drugs)	No History or treatment		No History or treatment in past 10 years.	
Family History (Not Applicable to proposed insureds age 66 and older)	No death from Cardiovascular Disease or Cancer (some cancers may qualify) in parent prior to age 60 or in sibling prior to age 65. A "wellness" consideration may be allowed for Elite Plus and Preferred Plus/Elite and Standard Plus/Preferred (Smoker-Nonsmoker) to offset <u>one</u> early family history death due to Cardiovascular Disease <u>or</u> Cancer. For Elite Plus: Applicable for proposed insureds ages 50-65 For Preferred Plus/Elite and Standard Plus/Preferred: Applicable for proposed insureds ages 40-65		No death from Cardiovascular Disease or Cancer (some cancers may qualify) in immediate family member (parent or sibling) prior to age 60.	
Tobacco (Tobacco use guidelines available on page 17)	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. <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 24 months or positive nicotine test.

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.

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UNDERWRITING GUIDELINES

Standard (Nonsmoker, Smoker and Juvenile Standard) Criteria Guidelines

CRITERIA	STANDARD
Height + Weight	Use Height and Weight Limit Table on Page 20
Blood Pressure Ages 15 - 39 Ages 40 - 49 Ages 50 & over	160/90 or less 165/90 or less 170/90 or less Current medication acceptable for all ages
Blood/Urine	Some Variances Qualify
Cholesterol Ages 0-65 Ages 66 & older	350 or less <u>and</u> Ratio 8.0 or less 350 or less <u>and</u> Ratio 9.6 or less Current medication acceptable for all ages
Personal Health History	Average risk with or without an FEP, Not Substandard
Flat Extra Premiums (FEPs)	FEPs acceptable. Exclusion Riders acceptable where available
Driving History	Average risk with or without an FEP, Not Substandard
Substance Abuse: Alcohol/Drugs	Average risk with or without an FEP, Not Substandard
Tobacco Use	See Tobacco Use Guidelines on Page 17

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.

HEIGHT AND WEIGHT LIMIT TABLE

Use the following table to provide clients with indications as to **Elite Plus** Nonsmoker, **Preferred Plus** Nonsmoker, **Elite** Nonsmoker, **Standard Plus** Nonsmoker, **Preferred** (Nonsmoker NS and Smoker S) and **Standard NS** and **S**. The weights shown represent the maximum allowable weight. 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.

UNDERWRITING PROGRAMS

(Contact your NB Underwriting Unit for any 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

Does MetEdge program use reinsurers?	Yes
Which products are eligible?	All individual permanent and term life products <u>including</u> Survivorship.
What medical impairments are eligible?	Abnormal Albumin, Globulin A/C Ratio Abnormal Blood Pressure Abnormal Blood Sugar Abnormal Blood Urea Nitrogen (BUN) Abnormal Cholesterol/HDL Abnormal Creatinine Abnormal EKG Abnormal Liver Function Test Results Abnormal PSA Test Results Abnormal Triglyceride Body Mass Index (BMI) Diabetes Type II Height and Weight Proteinuria
What non-medical impairments are eligible?	Foreign travel/foreign nationals Motor vehicle violations Scuba Diving
What is the maximum total coverage MetLife will issue to one insured with multiple policies using MetEdge?	\$10 million

UNDERWRITING PROGRAMS

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

American General Life Insurance	Minnesota Life Insurance
• Old Line Life Insurance	New York Life Insurance³
AXA Equitable Life Insurance	North American Co for Life and Health
MONY Life Insurance	Northwestern Mutual Life Insurance
Banner Life Insurance¹	Ohio National Life Insurance
Genworth (Financial) Life Insurance	Pacific Life Insurance
First Colony Life Insurance	Penn Mutual Life Insurance³
GE Capital Life Insurance	Phoenix Life Insurance
Guardian Life Insurance	Principal Life Insurance
Berkshire Life Insurance	Protective Life Insurance
Hartford Life and Annuity Insurance Company	• Chase Insurance Life & Annuity
Liberty Life Insurance	• Empire General Life Insurance
Lincoln Benefit Life Insurance²	• Federal Kemper Life Assurance
Lincoln National Life Insurance	• Zurich Kemper Life Insurance
• First Penn Pacific Life Insurance	Provident Mutual Life Insurance
• Jefferson Pilot Life Insurance	State Farm Life Insurance
Manulife Insurance	Transamerica Occidental Life Insurance
• John Hancock Life Insurance	Union Central Life Insurance
Massachusetts Mutual Life Insurance³	Western Reserve Life Assurance Company
Midland National Life Insurance Company⁴	

1. Only term policies issued January 2006 and later are eligible.
2. Only term policies issued October 2004 and later are eligible.
3. Only policies issued preferred rating classification or better are eligible.
4. 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.

Eligibility requirements and program guidelines: (*Term policy guidelines italicized*; Permanent policy guidelines regular)

<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 <u>issue</u> 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.

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UNDERWRITING PROGRAMS (cont'd)

SIMPLIFIED UNDERWRITING for MULTI-LIFE CASES

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

Boston: Mike O'Donnell

Somerset: Judy Hecht

Hartford: Carlo Fusco

Tampa: Julienne Godwin

Simplified Underwriting is available as an option for you to handle separate and distinct business markets (non-VPL and non-COLI) where guaranteed participation levels enable us to accommodate a group in a favorable fashion. There are two programs, Full Participation and Optional Participation, and each has the following qualifications.

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.

INITIAL UNDERWRITING REQUIREMENTS FOR FULL AND OPTIONAL PARTICIPATION PROGRAMS

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

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.

Special 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, Washington D.C. and the United States Virgin Islands.
- 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.
- All permanent plans available other than COLI business. Term plans **excluded**. Term riders limited to 1/2 face amount.
- Additional underwriting requirements may be ordered for cause.

UNDERWRITING PROGRAMS (cont'd)

Parallel Underwriting Track (PUT) Program (Affiliated Distribution only)

The PUT Program is an underwriting process partnership between Life New Business Underwriting and the EGA, available to Elite, Chairman's, Concierge and Leaders producers. Life New Business Underwriting will *automatically* engage the PUT Program on the producer's cases. The PUT Program criterion is outlined below:

	Enterprise Permanent Products	Enterprise Term Products	Case Criteria	Producer Access
Elite/Chairman's	\$250,000 Minimum Face Amount	\$1,000,000 Minimum Face Amount	None	Opt in/Opt Out or Case-by-Case basis
Concierge			None	Opt in/Opt Out or Case-by-Case basis
Leaders			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 their situation
- demonstrating the competitiveness of MetLife underwriting
- giving the producer (and your office) a competitive advantage over the competition.

A QUICK GROUP CONVERSION CHECKLIST!

Product Availability *(Issued by Metropolitan Life Insurance Company)*

Life Paid Up at Age 100 (Whole Life 08) – all states

Alternately, when 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	Signed sales illustration
The Electronic Payment form (when applicable)	E-lead from MetLife Advice (provide the date of the client's initial call to convert the policy)
Conversion letter from employer	

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 32nd day (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

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 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 examination is required due to age/amount rules and you leave the application medical section incomplete, be aware that if there are any medical conditions admitted on the examination that require a 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 1 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 Standard Time business hours up to 6:00 P.M.

Continued on next page

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MANAGING YOUR CASES *(continued)*

- You keep communications open with your respective 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 be dated 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 (if partnership is not legally recognized in the policy state, we may need to ask a few questions to document the relationship), grandparents, and grandchildren.
- 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 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 month's premium) at the time of application if the proposed insured has never been declined for insurance. This will invoke the terms of the Temporary Insurance Agreement described in the application.

1035 'GOOD ORDER' CHECKLIST

Keep your 1035 exchanges in Good Order with these helpful tips:

- The 1035 form is two-sided; both sides need to be signed and completed by the existing policy owner. If entity, include the authorized title 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) with the original 1035 paperwork.*
- Always provide the Social Security Number or Taxpayer Identification Number.
- Policies that are assigned (e.g., bank or company) require **2** 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 to submit with the 1035 paperwork.
- Verify that the owner of the new contract is the same as the other insurance policy on 1035's (i.e. if a name change has occurred, please provide a copy of the supporting documentation such 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.

ADG 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; it is not required to photocopy and mail them.

Only include 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.

IDG 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

MetLife
1300 Hall Blvd
Bloomfield, CT 06002

Regular Mail Address

MetLife
PO Box 990018
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			EREPLDIS-AR
California	Required			EREPLDIS-CA-A 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 EREPLDIS-KS-B 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	

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 **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
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-A EREPLDIS-NY-B EREPLDIS-NY-C EREPLDIS-NY-D EREPLDIS-NY-DEF
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			EREPLDIS-SC
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			EREPLDIS-WI
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>United States Persons: 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. (See entity-owned on next page.)</p>	<p>Required Information: 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>Required Documentation: State-issued <i>unexpired</i> driver’s license, passport or any other <i>unexpired</i> government-issued identification evidencing nationality or residence and bearing a photograph. (Note that School IDs, Social Security cards, credit cards and work IDs are not acceptable.)</p>
<p>Non-United States Persons: An individual who is not a United States Citizen; or an entity established or organized under the laws of a Foreign Jurisdiction. (See entity-owned on next page.)</p>	<p>Required Information: 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>Required Documentation: Copy of one of the following to be submitted with the application and maintained in the customer’s file – 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>Please note that Anti-Money Laundering (AML) Compliance Unit of Corporate Ethics and Compliance must approve all accounts for non-United States persons.</p>
<p>Jointly Owned: Same required documents as shown above for <u>all</u> owners.</p>	
<p>Custodial or Guardianship Accounts</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>Note that 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.</p>

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	
Domestic Trust	<p>Required Information: 1) Name, 2) Address, and 3) TIN.</p> <p>Required Documentation: Completed Trustee Certification Form containing the TIN for the trust and the names of the trustee(s) is preferred. Underwriters reserve the right to request a copy of the trust instrument if deemed necessary.</p>
Offshore Trust	<p>Required Information: 1) Name, 2) Address, and 3) TIN.</p> <p>Required Documentation: 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><i>Note that Trustee Certification Form will not be accepted.</i></p>
Privately-Held Corporation or S-Corporation	<p>Required Information: 1) Name, 2) Principal Place of Business, Local Office or other Physical Location, and 3) TIN.</p> <p>Required Documentation: 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><i>Please note that a corporate resolution is not sufficient for identity verification and cannot take the place of one of the required documents listed above.</i></p>
General Partnership, Limited Partnership and Limited Liability Partnership	<p>Required Information: 1) Name, 2) Principal Place of Business, Local Office or other Physical Location, and 3) TIN.</p> <p>Required Documentation: Copy of the fully executed partnership agreement.</p> <p>If the customer is an offshore partnership, the partnership document must be submitted to the Anti-Money Laundering Unit of CEC for approval.</p>
Limited Liability Company	<p>Required Information: 1) Name, 2) Principal Place of Business, Local Office or other Physical Location, and 3) TIN.</p> <p>Required Documentation: Copy of LLC Operating Agreement and/or a certificate evidencing filing with state government.</p> <p><i>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 that are established in a foreign jurisdiction requires approval by the Anti-Money Laundering Unit of CEC.</i></p>
Sole Proprietorship	See individually owned accounts.
Schools, Religious Organizations and Charities	<p>Required Information: 1) Name, 2) Principal Place of Business, Local Office or other Physical Location, and 3) TIN.</p> <p>Required Documentation: 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>
Other Foreign Business	<p>Required Information: 1) Name, 2) Principal Place of Business, Local Office or other Physical Location, and 3) TIN. 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>Required Documentation: Copy of the government-issued documentation that certifies the existence of the business.</p> <p><i>Please note that accounts for foreign businesses may not be opened with the prior approval of the Anti-Money Laundering Unit of CEC who may required identifying information for individuals within the foreign business with authority or control over the account.</i></p>