

Life and AD&D Insurance

Product Overview

Why life insurance makes sense

What does term life insurance protect?

Let's start with your peace of mind.

- Life insurance can cover your family's needs if you're not there, including food, bills and debt.
- It can help pay for your children's education.
- It can help ensure your family stays in their home.
- And help take care of those who depend on you.
- In short, life insurance can help replace your paycheck if you aren't there to earn it.

When life changes, so should your life insurance.

- New family members, a new job, a move or even a raise all mean that your life insurance needs have changed.
- Review your protection every year during your benefits enrollment.
- There's even a possibility your financial needs may decrease over time.

Life insurance costs less than you may think.

- With term life insurance, you can protect your family for a small fraction of your annual salary — about 1%, according to MetLife estimates.¹
- Compare that to the fact you're insuring years of income!

Life insurance is a smart financial move.

- Life insurance is a predictable financial option.
- Beneficiaries usually receive the proceeds of your policy income tax free.

Get an idea of how much life insurance might be right for you.

- A rule of thumb is 60% of your annual income times years to retirement. This incorporates an estimate of your salary, assuming some normal raises over time, and adds the value of your employee benefits, like healthcare. Then it subtracts the effect of taxes, and what it costs your family to have you around. Try our coverage estimator tool at MetLife.com/MyBenefits.

Get more insurance on your life by adding Accidental Death & Dismemberment (AD&D) insurance.

This extra protection can help provide financial security should a sudden accident take your life or cause you serious loss or harm. This coverage complements your life insurance coverage and helps protect you 24 hours a day, 365 days a year (please see your Plan Summary for details). This protection covers you for:

- Paralysis
- Fatal accident
- Brain Damage or coma
- Loss of limb, speech, hearing or sight

Some additional benefits that may be included in your AD&D insurance coverage include:

- Air bag benefit
- Child care center benefit
- Seat belt benefit
- Hospitalization benefit

Make sure you learn more and enroll today! Now that you know how **Life and AD&D Insurance** can help you protect those who depend on you, take a moment and get the coverage you need!

Source: MetLife premium data. Your actual cost can vary based upon the amount of coverage and the rate. Rates for term insurance vary depending upon such things as gender, age, class, health and other underwriting factors.

Like most Group Life insurance policies, MetLife Group Life insurance policies have certain exclusions, limitations, reductions of benefits and terms for keeping them in force. A MetLife representative can provide you with costs and complete details.

Metropolitan Life Insurance Company

200 Park Avenue, New York, NY 10166

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Crete- Monee School District #201U- All Full- Time Employees Plan Benefits

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

Supplemental Term Life Insurance Coverage Options

For You	Multiples of \$10,000 up to a maximum of the lesser of 5 times Your Basic Annual Earnings or \$500,000.
For Your Spouse/Domestic Partner	Multiples of \$5,000 up to a maximum of the lesser of 50% of your Supplemental Life Benefits or \$150,000.
For Your Dependent Children*	15 days to 6 months: \$1,000 6 months and older: Multiples of \$5,000 up to a maximum of \$10,000.

*Child(ren)'s Eligibility: Dependent children ages from 15 days to 19 years old, or 25 years old if a child is a full-time student, are eligible for coverage. In TX, regardless of student status, child(ren) are covered until age 25.

Monthly Costs* for Supplemental Term Life Insurance

You have the option to purchase Supplemental Term Life Insurance. Listed below are your monthly rates (based on your age as of your last birthday) as well as those for your spouse/domestic partner (based on your spouse/domestic partner's age as of his/her last birthday. Rates to cover your child(ren) are also shown.

Age	Monthly Cost Per \$1,000 of Employee Coverage	Monthly Cost Per \$1,000 of Spouse/Domestic Partner Coverage
Under 29	\$0.060	\$0.060
30 – 34	\$0.080	\$0.080
35 – 39	\$0.090	\$0.090
40 – 44	\$0.128	\$0.128
45 – 49	\$0.199	\$0.199
50 – 54	\$0.306	\$0.306
55 – 59	\$0.526	\$0.526
60 – 64	\$0.735	\$0.735
65 – 69	\$1.321	\$1.321
70 +	\$2.139	\$2.139
Cost for your Child(ren)[†]	\$0.187	

[†] Covers all eligible children

*Note: rates are subject to the policy's right to change premium rates, and the employer's right to change employee contributions.

Use the table below to calculate your premium based on the amount of life insurance you will need.
Example: \$100,000 Supplemental Life Coverage

1. Enter the rate from the table (example age 36)	\$0.090	\$ _____
2. Enter the amount of insurance in thousands of dollars (Example: for \$100,000 of coverage enter \$100)	100	_____
3. Monthly premium (1) x (2)	\$9.00	\$ _____

Repeat the three easy steps above to determine the cost for each coverage selected.

Once Enrolled, You have Access to MetLife AdvantagesSM – For Support, Planning, and Protection when you need it most.

Comfort and guidance for challenging times

Delivering The Promise^{®2}

For support when beneficiaries need it most

This program is designed to help beneficiaries sort through the details and serious questions about claims and financial needs during a difficult time. MetLife has arranged for Massachusetts Mutual Life Insurance Company (MassMutual) financial professionals to be available for assistance in-person or by telephone to help with filing life insurance claims, government benefits and help with financial questions.

Total Control Account^{®4}

For immediate access to death proceeds

The Total Control Account[®] (TCA) settlement option provides your loved ones with a safe and convenient way to manage the proceeds of a life or accidental death and dismemberment claim payments of \$5,000 or more, backed by the financial strength and claims paying ability of Metropolitan Life Insurance Company. TCA death claim payments relieve beneficiaries of the need to make immediate decisions about what to do with a lump-sum check and enable them to have the flexibility to access funds as needed while earning a guaranteed minimum interest rate on the proceeds as they assess their financial situations. Call 1-800-638-7283 for more information about options available to you.

Travel Assistance⁵

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

Travel assistance services, offered on your AD&D coverage, offers you and your family access to emergency services while you travel, plus the advantage of concierge assistance for personal and work-related travel and entertainment requests. This service provides you and your dependents with medical, legal, transportation and financial assistance 24 hours a day, 365 days a year when you are more than 100 miles away from home. You also have access to Mobile Assist Service to provide you information to help avoid expensive mobile telephone charges and help effectively use overseas options. Mobile Assist Service also offers a detailed guide that includes essential applications and resources and connects employees to their concierge services. Identity Theft Solutions is also available to help educate you on identity theft prevention and provide assistance in the event you are a victim of identity theft. Please visit the AXA website for more information.

<http://webcorp.axa-assistance.com>

Login: axa

Password: travelassist

Professional and in-person resources when it matters

Face-to-Face Will Preparation Service⁶

To help ensure your decisions are carried out

When you enroll for supplemental term life coverage, you will automatically receive access to Will Preparation Services at no extra cost to you. Both you and your spouse/domestic partner will have unlimited in-person or telephone access to one of Hyatt Legal Plans's nationwide network of 13,500 participating attorneys for preparation of or updating a will, living will or power of attorney.* When you use a participating plan attorney, there will be no charge for the services.* Like life insurance, a carefully prepared will (simple or complex), living will and power of attorney are important.

- A will lets you define your most important decisions, such as who will care for your children or inherit your property.
- A living will ensures your wishes are carried out and protects your loved ones from having to make very difficult and personal medical decisions by themselves. Also called an "advanced directive," it is a document authorized by statutes in all states that allows you to provide written instructions regarding use of extraordinary life-support measures and to appoint someone as your proxy or representative to make decisions on maintaining extraordinary life-support if you should become incapacitated and unable to communicate your wishes.
- Powers of attorney allow you to plan ahead by designating someone you know and trust to act on your behalf in the event of unexpected occurrences or if you become incapacitated

Call 1-800-821-6400 and a Client Service Representative will assist you.

* You also have the flexibility of using an attorney who is not participating in the Hyatt Legal Plans network and being reimbursed for covered services according to a set fee schedule. In that case you will be responsible for any attorney's fees that exceed the reimbursed amount.

Face-to-Face Estate Resolution Services^{SM6} (ERS)

Personal service and compassion assistance to help probate your and your spouse's/domestic partner's estates.

MetLife Estate Resolution ServicesSM provides probate services in person or over the phone to the representative (executor or administrator) of the deceased employee's estate and the estate of the employee's spouse/domestic partner. Estate Resolution Services include preparation of documents and representation at court proceedings needed to transfer the probate assets from the estate to the heirs and completion of correspondence necessary to transfer non-probate assets. ERS covers participating plan attorneys' fees for telephone and face-to-face consultations or for the administrator or executor to discuss general questions about the probate process.

WillsCenter.com⁷

Self-service online legal document preparation

Employees and spouses/domestic partners have access to WillsCenter.com, an online document service to prepare and update a will, living will, power of attorney or HIPAA authorization form in a secure 24/7 environment at no additional cost. This service is available with all life coverages. Log on to www.willscenter.com to register as a new user.

Funeral Planning Services^{1,8}

Provides beneficiaries a resource that outlines your final wishes

Funeral Planning Services include valuable benefits that span the entire loss spectrum, from planning for a loss to support following a loss and help finding closure. These services are designed to simplify the process for your family & beneficiaries and make it easier to organize an event that will honor a loved one's life.

Funeral Planning Services include assistance:

- locating funeral homes in your area
- obtaining funeral cost estimates from providers in your area and comparing cost information, services offered and funeral planning options
- identifying other service providers such as florists, caterers and hotels
- locating back-up care for children or elderly
- locating cemetery options, including information on monument types (marker, stone, etc.)
- identifying monument and headstone vendors where marker or stone gets created
- locating Social Security and Veterans Affairs offices

Start planning by downloading a copy of the online Funeral Planning Guide at www.metlife.com/funeralguide

MetLife Infinity^{®9}

MetLife Infinity is a resource that can help you create a digital legacy for your beneficiaries, estate administrators and others who play important roles in your major life events. It is available to anyone regardless of your affiliation with MetLife. MetLife Infinity offers a unique way to capture and securely store your important documents, audio files, photos, and videos. Items you can store using Infinity include deeds, wills and executor instructions and financial and life stage planning documents. Once you've captured your digital legacy, Infinity allows you to designate individuals to receive your collection electronically in the event of your death or at another time you indicate. To access Infinity, visit <https://metlifeinfinity.com> to register and learn more.

Range of solutions for continuing workplace coverage

Portability

So you can keep your coverage even if you leave your current employer

Should you leave Crete-Monee School District #201U for any reason, and your Supplemental and Dependent Term Life and Supplemental and Dependent Accidental Death and Dismemberment insurance under this plan terminates, you will have an opportunity to continue group term coverage ("portability") under a different policy, subject to plan design and state availability. Rates will be based on the experience of the ported group and MetLife will bill you directly. Rates may be higher than your current rates. To take advantage of this feature, you must have coverage of at least \$10,000 up to a maximum of \$2,000,000

Portability is also available on coverage you've selected for your spouse/domestic partner and dependent child(ren). The maximum amount of coverage for spouse/domestic partners is \$250,000; the maximum amount of dependent child coverage is \$25,000. Increases, decreases and maximums are subject to state availability.

Generally, there is no minimum time for you to be covered by the plan before you can take advantage of the portability feature. Please see your employer or certificate for specific details.

Please note that if you experience an event that makes you eligible for portable coverage, please call a MetLife representative at 1-888-252-3607 or contact your employer for more information.

Additional Features

This insurance offering from your employer and MetLife comes with additional features that can provide assistance to you and your family.

Accelerated Benefits Option¹⁰

For access to funds during a difficult time

If you become terminally ill and are diagnosed with 24 months or less to live, you have the option to receive up to 80% of your life insurance proceeds. This can go a long way towards helping your family meet medical and other expenses at a difficult time. Amounts not accelerated will continue under your employer's plan for as long as you remain eligible per the certificate requirements and the group policy remains in effect.

The accelerated life insurance benefits offered under your certificate are intended to qualify for favorable tax treatment under Section 101(g) of the Internal Revenue Code (26 U.S.C. Sec 101(g)).¹⁰

Accelerated Benefits Option is not the same as long term care insurance (LTC). LTC provides nursing home care, home-health care, personal or adult day care for individuals above age 65 or with chronic or disabling conditions that require constant supervision.

The Accelerated Benefits Option is also available to spouses/domestic partners insured under Dependent Life insurance plans. This option is not available for dependent child coverage.

Conversion

For protection after your coverage terminates

You can generally convert your group term life insurance benefits to an individual whole life insurance policy if your coverage terminates in whole or in part due to your retirement, termination of employment, or change in employee class. Conversion is available on all group life insurance coverages. Please note that conversion is **not** available on AD&D coverage. If you experience an event that makes you eligible to convert your coverage, please call 1-877-275-6387 to begin the conversion process. Please contact your employer for more information.

Waiver of Premiums for Total Disability (Continued Protection)

Offering continued coverage when you need it most

If you become Totally Disabled, you may qualify to continue certain insurance. You may also be eligible for waiver of your supplemental term life insurance premium until you reach age 70, die, or recover from your disability, whichever is sooner.

Total Disability or Totally Disabled means you are unable to do your job and any other job for which you are fit by education, training or experience due to injury or sickness. The Total Disability must begin before age 60, and your waiver will begin after you have satisfied a 9-month waiting period of continuous disability. The waiver of premium will end when you turn age 70, die, or recover. Please note that this benefit is only available after you have participated in the supplemental term life plan for one year and it is not available on dependent coverage. This one-year requirement applies to new participants in the plan.

If you return to work after completing part or all of the 9-month waiting period and later cease active work due to the same or a related Total Disability while your coverage is being continued, you will be given credit for the prior partial or total completion of the waiting period and it will be considered a continuation of the original Total Disability. This means that if you completed the waiting period of continuous disability in the original period of disability, you will not need to complete another one.

- You must notify MetLife of the later period of cessation of active work within 12 months of when that period began.
- The amount of insurance being continued will be the same as during the original period of disability, subject to any reductions in coverage amount due to age.

What's Not Covered?

Like most insurance plans, this plan has exclusions. Supplemental and Dependent Life Insurance does not provide payment of benefits for death caused by suicide within the first two years (one year for group policies issued in Missouri, North Dakota and Colorado) of the effective date of the certificate or an increase in coverage. This exclusionary period is one year for residents of Missouri and North Dakota. If the group policy was issued in Massachusetts, the suicide exclusion does not apply to dependent life coverage. The suicide exclusion does not apply to residents of Washington, or to individuals covered under a group policy issued in Washington.

Accidental Death & Dismemberment (AD&D) coverage complements your Supplemental Life insurance coverage and helps protect you 24 hours a day, 365 days a year.

Accidental Death & Dismemberment Coverage Options

This valuable coverage benefits beyond your disability or life insurance for losses due to covered accidents — including while commuting, traveling by public or private transportation and during business trips.

MetLife's AD&D insurance pays you benefits if you suffer a covered accident that results in paralysis or the loss of a limb, speech, hearing or sight, or brain damage or coma. If you suffer a covered fatal accident, benefits will be paid to your beneficiary.

Supplemental AD&D Coverage Amounts for You

Your Supplemental AD&D amount is equal to your Supplemental Term Life amount.

Supplemental AD&D Coverage Amounts for Spouse/Domestic Partner and Child(ren)

You can choose to cover your dependent spouse/domestic partner and child(ren) with AD&D coverage. Your dependents will be eligible for coverage amounts equal to their amounts of Dependent Term Life coverage.

*Child(ren)'s Eligibility: Dependent children ages from birth to 19 years old, or 25 years old if a child is a full-time student, are eligible for coverage. In TX, regardless of student status, child(ren) are covered until age 25.

Monthly Cost for Accidental Death & Dismemberment (AD&D) Insurance

Supplemental Coverage	Monthly Cost Per \$1,000 of Coverage
Employee	\$0.020
Dependent Spouse/Domestic Partner	\$0.018
Dependent Child	\$0.051

Covered Losses

This AD&D insurance pays benefits for covered losses that are the result of an accidental injury or loss of life. The full amount of AD&D coverage you select is called the "Full Amount" and is equal to the benefit payable for the loss of life. Benefits for other losses are payable as a predetermined percentage of the Full Amount, and will be listed in your coverage in a table of Covered Losses. Such losses include loss of limbs, sight, speech and hearing, various forms of paralysis, brain damage and coma. The maximum amount payable for all Covered Losses sustained in any one accident is capped at 100% of the Full Amount.

Standard Additional Benefits Include

Some of the standard additional benefits included in your coverage that may increase the amounts payable to you and/or defray additional expenses that result from accidental injury or loss of life are:

- Air Bag
- Seat Belt
- Common Carrier

What Is Not Covered?

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

in flight (except for self-preservation); or operating a vehicle or device while intoxicated as defined by the laws of the jurisdiction in which the accident occurs.

Additional Coverage Information

How To Apply*

Complete your enrollment form and return it to your Human Resources Manager today! Be sure to indicate your Beneficiary.

Act Now During the Enrollment Period.

Note: If you do not wish to make a change to your coverage, you do not need to do anything.

*All applications are subject to review and approval by Metropolitan Life Insurance Company. Based on the plan design and the amount of coverage requested, a Statement of Health may need to be submitted to complete your application.

For Employee Coverage

Enrollment in this Supplemental Term Life insurance plan is available without providing medical information as long as:

For Annual Enrollment

- The enrollment takes place prior to the enrollment deadline.
- You are continuing the coverage you had in the last year.

For New Hires

- The enrollment takes place within 31 days from the date you become eligible for benefits.
- You are enrolling for coverage equal to/less than 3 times your basic annual earnings or \$150,000.

If you do not meet all of the conditions stated above, you will need to provide additional medical information by completing a Statement of Health form.

For Dependent Coverage[†]

You must be covered in order to obtain coverage for your spouse/domestic partner and child(ren).

Your spouse/domestic partner and dependent children do not need to provide medical information as long as:

[†]A domestic partner declaration may be required for those partners not registered with a government agency where such registration is available.

For Annual Enrollment

- The enrollment takes place prior to the enrollment deadline.
- You are continuing the coverage you had for your spouse/domestic partner and child(ren) in the last year.

For New Hires

- The enrollment takes place within 31 days from the date you become eligible for benefits.
- You are enrolling for spouse/domestic partner coverage equal to/less than \$25,000

If you do not meet all of the conditions stated above, you will need to provide additional medical information by completing a Statement of Health form.

About Your Coverage Effective Date

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

If Actively at Work requirements are met, coverage will become effective on the first of the month following the receipt of your completed application for all requests that do not require additional medical information. A request for your amount that requires additional medical information and is not approved by the date listed above will not be effective until the later of the date that notice is received that MetLife has approved the coverage or increase if you meet Actively at Work requirements on that date, or the date that Actively at Work requirements are met after MetLife has approved the coverage or increase. The coverage for your spouse/domestic partner and eligible child(ren) will take effect on the date they are no longer confined, receiving or applying for disability benefits from any source or hospitalized.

Who Can Be A Designated Beneficiary?

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

2 Delivering the Promise, retirewise and Transition Solutions are part of PlanSmart®, a financial well-being program. The MassMutual financial professionals involved in the PlanSmart program were affiliated with MetLife until July 2016, when MMLIC acquired MSI Financial Services, Inc. MetLife continues to administer the PlanSmart program, but has arranged with MassMutual to have these specially-trained financial professionals offer financial education and provide personal guidance to employees and former employees of firms providing PlanSmart through MetLife.

4 The TCA is not insured by the Federal Deposit Insurance Corporation or any government agency. The assets backing TCAs are maintained in MetLife's general account and are subject to claims of MetLife's creditors. MetLife bears the investment risk of the assets backing TCAs, and expects to receive a profit. Regardless of the investment experience of such assets, the interest credited to TCAs will never fall below the guaranteed minimum rate. Guarantees are subject to the financial strength and claims paying ability of MetLife.

5 Travel Assistance and Identity Theft Solutions services are administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Certain Underwriters at Lloyd's London (not incorporated) through Lloyd's Illinois, Inc. Neither AXA Assistance USA Inc. nor the Lloyd's entities are affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.

6 Will Preparation and MetLife Estate Resolution Services are offered by Hyatt Legal Plans, Inc., Cleveland, Ohio, a MetLife company. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and affiliates, Warwick, Rhode Island. For New York situated cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation. Tax Planning and preparation of Living Trusts are not covered by the Will Preparation Service. Certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary or heir and the estate; any disputes with the group policyholder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.

7 WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. is not affiliated with MetLife and the WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters.

8. Funeral Planning Service. MetLife neither captures nor stores any of the preferences or personal information you enter in the Funeral Planning Services. MetLife is not responsible for retention or communication to any third party of the contents of your Funeral Planning Services. MetLife suggests printing the completed service information and saving it in a secure place with your other important personal information and documentation. This Planning service is provided to you for informational purposes only and does not intend to cover all aspects of your specific circumstances. MetLife nor any of its affiliates, employees or representatives provide specific tax or legal advice. Please consult an attorney regarding your own personal situation..

9 MetLife Infinity is offered by MetLife Corporate Services, Inc., an affiliate of Metropolitan Life Insurance Company.

10 The Accelerated Benefits Option is subject to state availability and regulation. The accelerated life insurance benefits offered under your certificate are intended to qualify for favorable federal tax treatment. If the accelerated benefits qualify for favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation.

This information was written as a supplement to the marketing of life insurance products. Tax laws relating to accelerated benefits are complex and limitations may apply. You are advised to consult with and rely on an independent tax advisor about your own particular circumstances.

Receipt of accelerated benefits may affect your eligibility, or that of your spouse or your family, for public assistance programs such as medical assistance (Medicaid), Temporary Assistance to Needy Families (TANF), Supplementary Social Security Income (SSI) and drug assistance programs. You are advised to consult with social service agencies concerning the effect that receipt of accelerated benefits will have on public assistance eligibility for you, your spouse or your family.

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and Crete-Monee School District #201U and are subject to each state's laws and availability. Specific details regarding these provisions can be found in the booklet certificate.

Life and AD&D coverages are provided under a group insurance Policy Form GPNP99 issued to your employer by MetLife. Life and AD&D coverages under your employer's plan terminates when your employment ceases when your Life and AD&D contributions cease, or upon termination of the group contract. Dependent Life coverage will terminate when a dependent no longer qualifies as a dependent. Should your life insurance coverage terminate for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.

L0816474325[exp1017][All States][DC,GU,MP,PR,VI] Metropolitan Life Insurance Company, New York, NY

Required Regulatory Information

Like most insurance policies, insurance policies offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force. Please contact MetLife or your plan administrator for complete details.

Certain of the benefits mentioned in this communication may be sponsored by your employer as part of an employee benefit plan subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Those policies/products which are not part of an employer-sponsored plan are offered by MetLife or an affiliate and are not subject to ERISA. With respect to employer-sponsored benefits, you should obtain additional information regarding terms and eligibility from your employer. The MetLife Auto & Home® Group Insurance Program is not part of your employer-sponsored plan and is not subject to ERISA.

The companies listed in this communication operate independently and are not responsible for each other's financial obligations.



Our Privacy Notice

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

Plan Sponsors and Group Insurance Contract Holders

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

Protecting Your Information

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

Collecting Your Information

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

How We Get Your Information

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

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

- Ask for a medical exam
- Ask for blood and urine tests
- Ask health care providers to give us health data, including information about alcohol or drug abuse
- We may also ask a consumer reporting agency for a "consumer report" about you (or anyone else to be insured).
- Consumer reports may tell us about a lot of things, including information about:

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

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

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

Using Your Information

We collect your personal information to help us decide if you're eligible for our products or services. We may also need it to verify identities to help deter fraud, money laundering, or other crimes. How we use this information depends on what products and services you have or want from us. It also depends on what laws apply to those products and services. For example, we may also use your information to:

- administer your products and services
- perform business research
- market new products to you
- comply with applicable laws

- process claims and other transactions
- confirm or correct your information
- help us run our business

Sharing Your Information With Others

We may share your personal information with others with your consent, by agreement, or as permitted or required by law. We may share your personal information without your consent if permitted or required by law. For example, we may share your information with businesses hired to carry out services for us. We may also share it with our affiliated or unaffiliated business partners through joint marketing agreements. In those situations, we share your information to jointly offer you products and services or have others offer you products and services we endorse or sponsor. Before sharing your information with any affiliate or joint marketing partner for their own marketing purposes, however, we will first notify you and give you an opportunity to opt out.

Other reasons we may share your information include:

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

HIPAA

We will not share your health information with any other company – even one of our affiliates – for their own marketing purposes. The Health Insurance Portability and Accountability Act ("HIPAA") protects your information if you request or purchase dental, vision, long-term care and/or medical insurance from us. HIPAA limits our ability to use and disclose the information that we obtain as a result of your request or purchase of insurance. Information about your rights under HIPAA will be provided to you with any dental, vision, long-term care or medical coverage issued to you.

You may obtain a copy of our HIPAA Privacy Notice by visiting our website at www.MetLife.com. For additional information about your rights under HIPAA; or to have a HIPAA Privacy Notice mailed to you, contact us at HIPAAprivacyAmericasUS@metlife.com, or call us at telephone number (212) 578-0299.

Accessing and Correcting Your Information

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

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

Questions

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

Send privacy questions to:

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

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

Metropolitan Life Insurance Company
MetLife Insurance Company USA
SafeGuard Health Plans, Inc.

MetLife Health Plans, Inc.
General American Life Insurance Company
SafeHealth Life Insurance Company

Notes





Metropolitan Life Insurance Company, New York, NY

REQUIRED DISCLOSURE STATEMENT FOR ACCELERATED BENEFITS

Limitations Of The Accelerated Benefit Option:

The Accelerated Benefit Option is available to insureds under the group life insurance policy. The Accelerated Benefit Option may provide benefits to pay for long-term care services but it is NOT part of a long-term care or nursing home insurance policy and the amount this benefit pays may not be enough to cover medical, nursing home or other bills. You may use the money received from the Accelerated Benefit Option for any purpose. Unlike conventional life insurance proceeds, accelerated benefits payable under this policy **COULD BE TAXABLE IN SOME CIRCUMSTANCES**. We recommend contacting a tax advisor when making tax-related decisions about electing to receive and use benefits under the Accelerated Benefit Option.

Consequences Of This Benefit:

Receipt of accelerated benefits **MAY AFFECT MEDICAID and SUPPLEMENTAL SECURITY INCOME (SSI) ELIGIBILITY**. The mere fact that you are insured under a group policy with an accelerated benefits feature may affect your eligibility for these government programs. In addition, exercising the Accelerated Benefit Option and receiving those benefits before you apply for these programs, or while you are receiving government benefits, may affect your initial or continued eligibility. Contact the Medicaid Unit of your local Division of Medical Assistance and the Social Security Administration for more information.

Medical Condition Enabling Acceleration Of Life Benefits:

Terminal Illness is the only medical condition which qualifies for accelerated benefits under the group policy. "Terminal illness" is a condition that a physician certifies will reasonably be expected to result in a statistically limited life span as specified in the group policy.

Payment Options:

The accelerated benefit is payable as a LUMP SUM. You or your legal representative may select another payment mode, such as 3 monthly installment payments.

Premium For Accelerated Benefit:

The cost of the Accelerated Benefit Option is included in your regular monthly premium.

Administrative Expense Charge:

Additional administrative expense charges apply.

ENROLLMENT • CHANGE FORM

GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper)

Name of Group Customer/Employer Crete-Monee School District 201U	Group Customer #	Division	Class	Dept Code
Date of Hire (MM/DD/YYYY)	Coverage Effective Date (MM/DD/YYYY)			

YOUR ENROLLMENT INFORMATION (To be Completed by the Employee in blue or black ink)

Name (First, Middle, Last)		Social Security #	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married
Address (Street, City, State, Zip Code)			Date of Birth (MM/DD/YYYY)	
<input type="checkbox"/> Employee <input type="checkbox"/> Retiree	Job Title:	Basic Annual Earnings: \$	<input type="checkbox"/> Salaried <input type="checkbox"/> Hourly	Hours Worked Per Week:
<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change in Enrollment If due to a Qualifying Event, enter date (MM/DD/YYYY)				

I have read my enrollment materials and I request coverage for the benefits for which I am or may become eligible. I understand the amounts of insurance I request must comply with and are limited by the plan design described in my enrollment materials.

► If you are enrolling during the initial enrollment period, you must complete this Hospitalization question for Supplemental/Optional Life, Supplemental/Optional Dependent Spouse/Domestic Partner Life and Supplemental/Optional Dependent Child Life.

Have you been **Hospitalized** as defined below (not including well-baby delivery) in the past 90 days?

Employee	Spouse/Domestic Partner	Child(ren)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If a Proposed Insured has been Hospitalized within the last 90 days a Statement of Health must be completed for the person to whom the "yes" applies. **Hospitalized** means admission for inpatient care in a hospital; receipt of care in a hospice facility, intermediate care facility, or long term care facility; or receipt of the following treatment wherever performed: chemotherapy, radiation therapy, or dialysis.

► If you are enrolling after the initial enrollment period, you must complete a Statement of Health form for all amounts you are requesting.

Term Life and Accidental Death & Dismemberment (AD&D) Insurance

<input type="checkbox"/> Supplemental/Optional Life ¹ and AD&D (Buy up)
Enter amount requested \$ _____
<input type="checkbox"/> Supplemental/Optional Dependent Spouse/Domestic Partner ² Life ^{1,3} and AD&D (Buy up)
Enter amount requested \$ _____
<input type="checkbox"/> Supplemental/Optional Dependent Child Life ³ and AD&D (Buy up)
Enter amount requested \$ _____

¹ Life Insurance may include an Accelerated Benefits Option under which a terminally ill insured can accelerate a portion of his or her life insurance amount. An interest and expense charge may be deducted from the accelerated payment. Receipt of accelerated benefits may affect eligibility for public assistance.

² Domestic Partner includes your registered Domestic Partner if you and your Domestic Partner are registered as domestic partners, civil union partners or reciprocal beneficiaries with a government agency or office where such registration is available. It also includes your non-registered Domestic Partner in whom you have an insurable interest. By enrolling such Domestic Partner for coverage and signing this enrollment form, you are attesting to your insurable interest.

³ Amounts will be subject to state limits, if applicable.

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SUBMISSION INSTRUCTIONS

After completion, make a copy for your records and return the original to
MetLife Administration, P.O. Box 14593, Lexington, KY 40512-4593
Fax MetLife at 1-888-505-7446

Dependent Information

If you are applying for coverage for your Spouse/Domestic Partner and/or Child(ren), please provide the information requested below:

Name of your Spouse/Domestic Partner (First, Middle, Last)

Date of Birth (MM/DD/YYYY)

☐ Male ☐ Female

Name(s) of your Child(ren) (First, Middle, Last)

Date of Birth (MM/DD/YYYY)

☐ Male ☐ Female

☐ Male ☐ Female

☐ Male ☐ Female

☐ Male ☐ Female

☐ Check here if you need more lines. Provide the additional information on a separate piece of paper and return it with your enrollment form.

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ADM

FRAUD WARNINGS

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

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

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

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

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

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

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

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

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

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

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

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

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

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BENEFICIARY DESIGNATION FOR EMPLOYEE INSURANCE

I designate the following person(s) as primary beneficiary(ies) for any amount payable upon my death for the MetLife insurance coverage applied for in this enrollment form. With such designation any previous designation of a beneficiary for such coverage is hereby revoked.

I understand I have the right to change this designation at any time. I also understand that unless otherwise specified in the group insurance certificate, insurance due upon the death of a Dependent is payable to the Employee.

☐ Check if you need more space for additional beneficiaries and attach a separate page. Include all beneficiary information, and sign/date the page.

Full Name (First, Middle, Last)	Social Security #	Date of Birth (Mo./Day/Yr.)	Relationship	Share %
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Address (Street, City, State, Zip)	Phone #
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Full Name (First, Middle, Last)	Social Security #	Date of Birth (Mo./Day/Yr.)	Relationship	Share %
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Address (Street, City, State, Zip)	Phone #
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Full Name (First, Middle, Last)	Social Security #	Date of Birth (Mo./Day/Yr.)	Relationship	Share %
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Address (Street, City, State, Zip)	Phone #
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Payment will be made in equal shares or all to the survivor unless otherwise indicated.	TOTAL:	100%
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If all the primary beneficiary(ies) die before me, I designate as contingent beneficiary(ies):

Full Name (First, Middle, Last)	Social Security #	Date of Birth (Mo./Day/Yr.)	Relationship	Share %
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Address (Street, City, State, Zip)	Phone #
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Full Name (First, Middle, Last)	Social Security #	Date of Birth (Mo./Day/Yr.)	Relationship	Share %
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Address (Street, City, State, Zip)	Phone #
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Payment will be made in equal shares or all to the survivor unless otherwise indicated.	TOTAL:	100%
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DECLARATIONS AND SIGNATURE

By signing below, I acknowledge:

1. I have read this enrollment form and declare that all information I have given is true and complete to the best of my knowledge and belief.
2. I declare that I am actively at work on the date I am enrolling and, if I am enrolling for any contributory life insurance, that I was actively at work for at least 20 hours during the 7 calendar days preceding my date of enrollment. I understand that if I am not actively at work on the scheduled effective date of insurance, such insurance will not take effect until I return to active work.
3. I understand that, on the date dependent insurance for a person is scheduled to take effect, the dependent must not be confined at home under a physician's care, receiving or applying for disability benefits from any source, or Hospitalized. If the dependent does not meet this requirement on such date, the insurance will take effect on the date the dependent is no longer confined, receiving or applying for disability benefits from any source, or Hospitalized.
4. I understand that if I do not enroll for life coverage during the initial enrollment period, or if I do not enroll for the maximum amount of coverage for which I am eligible, evidence of insurability satisfactory to MetLife may be required to enroll for or increase such coverage after the initial enrollment period has expired. Coverage will not take effect, or it will be limited, until notice is received that MetLife has approved the coverage or increase.
5. I authorize my employer to deduct the required contributions from my earnings for my coverage. This authorization applies to such coverage until I rescind it in writing.
6. I affirmatively decline coverage for any benefits for which I am eligible which I do not request on this enrollment form.
7. I have read the Beneficiary Designation section provided in this enrollment form and I have made a designation if I so choose.
8. I have read the applicable Fraud Warning(s) provided in this enrollment form.



Signature of Employee

Print Name

Date Signed (MM/DD/YYYY)