Multi Product Benefits

Getting quality benefits through work can be less expensive and more convenient than getting them on my own.

City Colleges of Chicago
City Colleges of Chicago

Welcome!

It’s time to make some important benefit decisions for the coming year.

We’re pleased to offer you some valuable ways to help create a personal financial safety net that can help protect you against the unexpected. We’ve done our best to assemble high-quality, cost-effective benefits to help better prepare you for the coming year.

Please take the time to review all of your options and learn about the importance of your benefits. Get answers to your questions and make informed decisions. If you need help along the way, be sure to reach out to your plan administrator or other resources as noted in this booklet.

We trust that with all the resources provided, you’ll be able to make some very informed choices regarding benefits for the coming year. Thank you for your attention to this very important matter and for your participation.

Enroll/Apply for your benefits on or before the enrollment deadline.

How to Learn More

REVIEW the product information in this booklet

CALL 1-800-GET-MET8 (1-800-438-6388)
8 am – 11 pm, ET, M – F

VISIT MyBenefits.metlife.com
24 hours a day, 7 days a week
At-A-Glance: Your Benefits
Here’s an overview of the benefits in which you’re eligible to enroll or apply. Details about your company’s specific benefits are inside.

Disability Benefits
Helps offset the loss of your income and protect your lifestyle if you can’t work.

Critical Illness Insurance
Helps keep your family finances on track when a covered illness happens, so you can focus on your recovery.

Life Insurance
Helps make sure the people you care about are adequately provided for, with plans that could help your family cover everyday living expenses and long-term goals.

3 easy steps to take now

1. LEARN about your benefits
2. CHOOSE the benefits that meet your needs
3. ENROLL/APPLY before the deadline
Why is having Disability insurance important?

Financial experts have long recommended Disability insurance as part of a sound financial plan should you be unable to work due to illness or injury. Your ability to earn an income is indeed one of your most valuable assets! Take a look at some of the key reasons why it pays to have Disability insurance:

- Just over 1 in 4 of today’s 20 year olds will become disabled before reaching age 67.¹
- 1 in 8 workers will be disabled for 5 years or more during their working careers.²
- The average 20 year old is twice as likely to become disabled than to die before age 67.¹

If you are unable to work and earn an income due to a disability, you would want to be able to meet both your short and long term financial responsibilities.

If you have a spouse/domestic partner and/or children most likely they rely on you to help keep the household running. But with 51% of employees reporting that they are very concerned about financial security in the event of a disability, you need to make sure your family is financially prepared to handle essential living expenses immediately and for the longer term if you are unable to work. Expenses like:

- Mortgage or rent
- Car payments
- Food
- Child care/tuition

If you are single, you may need to use your savings, sell your property or other assets, or borrow money from friends or family to meet your ongoing financial obligations while you recover if you don’t prepare to cover these expenses.

**Short Term Disability** replaces a portion of your income during the initial weeks of a disability.

**Long Term Disability** replaces a portion of your income for disabilities that last for an extended period of time.
Why should I enroll now?

✓ Improve your financial security and peace of mind.
✓ Enroll now or you may have to wait another year to get Disability insurance.

Enroll today!

How can having MetLife Disability insurance benefit you?

Having this income protection will provide you with an important financial safety net should you become unable to work and earn your income due to a disability. You can help protect yourself, your family and your savings from the impact of your lost income by replacing a portion of it during the initial weeks of a disability and for an extended period of time.

Please be sure to review the Plan Summary for complete details about this Disability coverage from MetLife. You'll find information about your plan’s benefit amounts, estimated rates, terms and conditions.

As one of the nation’s leading providers of worksite disability benefits, you can count on MetLife to provide you with caring, compassionate and accurate claims service, if and when you experience a disability.

Your Disability coverage may also include some additional benefits designed to assist you in getting back to work (please see the Plan Summary for details):

- **Return-to-Work Incentives**
  Assistance in returning to the workforce and valuable transition support, when appropriate.

- **Rehabilitation Incentive**
  You can increase the amount of your Disability benefit by as much as 10% when you participate in a MetLife approved Rehabilitation Program.

- **Family Care Benefit**
  Get reimbursed for expenses, such as child care for eligible family members, if you participate in a MetLife approved Rehabilitation Program.

- **Work Benefit**
  You may receive up to 100% of your pre-disability earnings when combining the Disability benefit, return-to-work earnings, Rehabilitation incentives and other income benefits such as State Disability benefits and Social Security Disability benefits.

- **Moving Expense Benefit**
  You may be reimbursed for moving expenses to a new residence if the move is recommended as part of a MetLife approved Rehabilitation Program.

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Like most group disability insurance policies, MetLife policies contain certain exclusions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact [your MetLife representative] for details.
What is the difference between Short Term and Long Term Disability insurance?

**Short Term Disability (STD)** insurance can help you replace a portion of your income during the initial weeks of a Disability and pays a weekly benefit.

**Long Term Disability (LTD)** insurance helps replace a portion of your income for an extended period of time and pays a monthly benefit.

Eligibility Requirements

**Short Term Disability:**
All active full-time employees working at least 30 hours per week are eligible to participate.

**Long Term Disability:**
All active full-time employees working at least 30 hours per week are eligible to participate.

How is “Disability” defined under the Plan?

Generally, you are considered disabled and eligible for short term and long term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of treatment and for STD you are unable to earn more than 80% of your predisability earnings at your own occupation and for LTD you are unable to earn more than 80% of your predisability earnings at your own occupation for any employer in your local economy.

Following the Own Occupation period for LTD, you are considered disabled if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of treatment and you are unable to earn 60% of your predisability earnings at any gainful occupation for which you are reasonably qualified taking into account your training, education and experience. For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance provided by your Employer or contact your MetLife benefits administrator with any questions.

What is the benefit amount?

**Short Term Disability:**
The Short Term Disability benefit replaces a portion of your predisability earnings, less the income that was actually paid to you during the same Disability from other sources (e.g., state disability benefits, no-fault auto laws, sick pay, etc.).

The Benefit amount is 60% of your predisability weekly earnings subject to the plan's maximum weekly benefit of $1,000.

**Long Term Disability:**
The Long Term Disability benefit replaces a portion of your predisability monthly earnings, less other income you may receive from other sources during the same Disability (e.g., Social Security, Workers’ Compensation, vacation pay, etc.).

The Benefit amount is 65% of your predisability monthly earnings; subject to the plan's maximum monthly benefit.

What is the maximum monthly benefit?
The amount of the Long Term Disability benefit may not exceed the maximum monthly benefit established under the plan, regardless of your annual salary amount. The maximum under this core plan is $8,000. If your salary exceeds $12,308, your LTD benefit will be limited to this maximum.
When do benefits begin and how long do they continue?

**Short Term Disability:**
Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. The elimination periods are/is as follows:

*For Injury*: 7 days.
*For Sickness (includes pregnancy)*: 7 days.

Benefits continue for as long as you are disabled up to a maximum duration of 12 weeks of Disability.

**Long Term Disability:**
Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination period for Long Term Disability is the greater of the Short Term Disability Maximum Benefit Period or 90 days.

Your plan’s maximum benefit period and any specific limitations are described in the Certificate of Insurance/Summary Plan Description provided by your Employer.

**Additional Disability Plan Benefits:**

**Coverage with Your Best Interests in Mind...**
When you are ill or injured for a long time, MetLife believes you need more than a supplement to your income. That’s why we offer return-to-work services, and financial incentives and assistance in obtaining Social Security Disability Benefits to help you get the maximum benefits from your coverage. (Please note – this assistance is only offered if you are approved for LTD benefits).

**Services to Help You Get Back to Work Can Include:**

* **Nurse Consultant or Case Manager Services:**
Specialists who personally contact you, your physician and your employer to coordinate an early return-to-work plan when appropriate.

* **Vocational Analysis:**
Help with identifying job requirements and determining how your skills can be applied to a new or modified job with your employer.

* **Job Modifications/Accommodations:**
Adjustments (e.g., redesign of work station tools) that enable you to return to work.

* **Retraining:**
Development programs to help you return to your previous job or educate you for a new one.

* **Financial Incentives:**
Allow you to receive Disability benefits or partial benefits while attempting to return to work.

* **The Services of Social Security Experts:**
Once you are approved for Disability benefits, MetLife can help you obtain Social Security Disability benefits. Our experts can guide you through the initial application and appeals processes and may also help you access assistance from attorneys or vendors to pursue Social Security benefits.
Answers to Some Important Questions…

Q. Can I still receive benefits if I return to work part time?
A. Yes. As long as you are disabled and meet the terms of your Disability plan, you may qualify for adjusted Disability benefits.

Your plan offers financial and Rehabilitation incentives designed to help you to return to work when appropriate, even on a part-time basis when you participate in an approved Rehabilitation Program. While disabled, you may receive up to 100% of your predisability earnings when combining benefits, Rehabilitation Incentives, other income sources such as Social Security Disability Benefits and state disability benefits, and part-time earnings. (Please note – the Social Security Disability Benefit assistance is only offered if you are approved for LTD benefits).

Under Short Term Disability coverage and Long Term Disability coverage you can get a 10% increase in your weekly benefit with the Rehabilitation Incentive. If you work or participate in a rehabilitation program while disabled, following the 4th weekly benefit payment, the Family Care Incentive provides reimbursement up to $100 per week for eligible expenses, such as child care. You may be eligible for the Moving Expense Incentive if you incur expenses in order to move to a new residence recommended as part of the Rehabilitation Program. Expenses must be approved in advance.

Q. Are there any exclusions for pre-existing conditions?
A. Yes. Your plan may not cover a sickness or accidental injury that arose in the months prior to your participation in the plan. A complete description of the pre-existing condition exclusion is included in the Certificate of Insurance provided by your Employer or contact your MetLife benefits administrator with any questions.

Q. Are there any exclusions to my coverage?
A. Yes. Under Short Term Disability, your plan does not cover any Disability which results from or is caused or contributed to by:
   - Elective treatment or procedures, such as cosmetic surgery, sex-change surgery, reversal of sterilization, liposuction, visual correction surgery, in-vitro fertilization, embryo transfer procedure, artificial insemination or other specific procedures.
     However, pregnancies and complications from any of these procedures will be treated as a sickness.

Under Short Term and Long Term Disability coverage, your plan does not cover any Disability which results from or is caused or contributed to by:
   - War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
   - Active participation in a riot;
   - Intentionally self-inflicted injury or attempted suicide;
   - Commission of or attempt to commit a felony.

Additionally, no payment will be made for a Disability caused or contributed to by any injury or sickness for which you are entitled to benefits under Workers’ Compensation or a similar law.

Q. Are there any limitations to my coverage?
A. For Long Term Disability, limited benefits apply for specific conditions:

If you are disabled due to alcohol, drug or substance abuse or addiction or mental or nervous disorders or diseases, we will limit your Disability benefits to a combined lifetime maximum of Disability for these conditions, for any and all of the above equal to the lesser of:
   - 24 months; or
   - The Maximum Benefit Period.
If your Disability is due to alcohol, drug or substance addiction, we require you to participate in an alcohol, drug or substance addiction recovery program recommended by a physician. We will end Disability benefit payments at the earliest of the period described above or the date you cease, refuse to participate, or complete such recovery program.

Your Disability benefits will be limited as stated above for mental or nervous disorder or disease except for:
- schizophrenia;
- dementia; or
- organic brain disease.

Other limitations or exclusions to your coverage may apply. Please review your Certificate of Insurance provided by your Employer for specific details or contact your benefits administrator with any questions.

The “Plan Benefits” provides only a brief overview of the LTD and STD plans. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance/Summary Plan Description. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

Long Term Disability (“LTD”) and Short Term Disability (“STD”) coverages are provided under a group insurance policy (Form GPNP99) issued to your employer by MetLife. This LTD and STD coverages terminates when your employment ceases, when you cease to be an eligible employee, when your LTD and STD contributions cease (if applicable) or upon termination of the group contract by your employer. Like most group insurance policies, MetLife’s group policies contain certain exclusions, elimination periods, reductions, limitations and terms for keeping them in force. State variations may apply.

1 Under certain circumstances, MetLife may estimate the amount of income you may receive from other sources.
Life and AD&D Insurance
Product Overview

Why is having enough Life insurance protection important?

Because you’d want your loved ones to be able to meet financial obligations if something should happen to you prematurely.

If you have a spouse/domestic partner and/or children, they may rely on you to help keep the household running. Thirty percent of U.S. households have no life insurance at all. It is important to take steps to make sure your family would be financially prepared if you were no longer there to handle expenses like:

- Mortgage or rent payments
- Insurance premiums
- Transportation
- Utilities
- Food
- Child care/education fees
- College tuition
- Wedding expenses
- Child or aging parent care
- Retirement

Covering everyday living expenses and household bills is just one part of the life insurance equation. With life insurance ownership so low, many families would probably have trouble keeping up with longer term expenses like:

- College tuition
- Child or aging parent care
- Retirement

It’s also important to consider life events that could cause you to need more protection as your financial commitments and lifestyle change. Getting married, having children, buying a home — these are all events that could call for adding more life insurance protection to your portfolio.

How can having MetLife Group Life insurance benefit you?

For many people, purchasing additional life insurance, over and above their employer provided plan, can help lend greater financial security and peace of mind. You have the ability to purchase additional life insurance protection that would include the following features:

- A wide range of coverage options to fit your needs and budget
- Your beneficiary will generally receive death proceeds income tax free
- Underwriting requirements waived for certain amounts

Help ensure that if something unforeseen should happen, short and long term financial obligations could be met.
This plan may also include access to MetLife Advantages<sup>SM</sup> — a comprehensive suite of valuable services for support, planning and protection needs, such as:

- **Will Preparation Services<sup>2</sup>**
  Offers you and your spouse/domestic partner face-to-face meetings with an attorney to prepare your will, or to review and modify an existing will, and other estate documents.

- **MetLife Estate Resolution Services<sup>2</sup>**
  Estate representatives and beneficiaries may receive face-to-face legal assistance with probating your estate and your spouse’s/domestic partner’s estates. Beneficiaries can also consult a participating plan attorney for general questions about the probate process.

**Why should I enroll now?**

- Competitive employee rates
- Convenient payroll deduction

**Enroll today!**

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 group 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
- Seat belt benefit
- Child care center benefit
- Hospitalization benefit

It pays to think about how your family would cope financially if an accident took your life prematurely.

- There are more than 180,000 deaths from injury each year, 1 person every 3 minutes.<sup>3</sup>
- Injuries are the leading cause of death for people ages 1 to 44 in the U. S.<sup>3</sup>

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<sup>1</sup> “Facts About Life 2013,” LIMRA.

<sup>2</sup> Will Preparation Services and Estate Resolution Services are offered by Hyatt Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, Will Preparation Services and Estate Resolution Services are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and its affiliates, Warwick, RI. These services are provided at no additional cost to those who purchase Supplemental Life Insurance only. 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.


Like most group life insurance policies, MetLife 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.
Explore the coverage that makes it easy to give yourself and your loved ones more security today...and in the future.

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

Your employer provides you with Basic Term Life and Accidental Death and Dismemberment insurance coverage.

**Supplemental Term Life Insurance Coverage Options**

<table>
<thead>
<tr>
<th></th>
<th>For You</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Increments of $25,000 to a maximum of the lesser of 5 times your Base Annual Earnings or $750,000</td>
<td></td>
</tr>
<tr>
<td>For Your Spouse/Domestic Partner</td>
<td>$10,000 increments, to a maximum of $250,000, not to exceed 100% of your Life coverage amount</td>
<td></td>
</tr>
<tr>
<td>For Your Dependent Children*</td>
<td>14 days to 6 months - $500, 6 months to 1 year - $2,500, $10,000 or $25,000</td>
<td></td>
</tr>
</tbody>
</table>

*Child(ren)’s Eligibility: Dependent children ages from 14 days to 19 years old, or 23 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**

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 age as of your last birthday). Rates to cover your child(ren) are also shown.

<table>
<thead>
<tr>
<th>Age</th>
<th>Monthly Cost Per $1,000 of Employee Coverage</th>
<th>Monthly Cost Per $1,000 of Spouse/Domestic Partner Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30</td>
<td>$0.045</td>
<td>$0.045</td>
</tr>
<tr>
<td>30 – 34</td>
<td>$0.065</td>
<td>$0.065</td>
</tr>
<tr>
<td>35 – 39</td>
<td>$0.075</td>
<td>$0.075</td>
</tr>
<tr>
<td>40 – 44</td>
<td>$0.085</td>
<td>$0.085</td>
</tr>
<tr>
<td>45 – 49</td>
<td>$0.135</td>
<td>$0.135</td>
</tr>
<tr>
<td>50 – 54</td>
<td>$0.215</td>
<td>$0.215</td>
</tr>
<tr>
<td>55 – 59</td>
<td>$0.415</td>
<td>$0.415</td>
</tr>
<tr>
<td>60 – 64</td>
<td>$0.645</td>
<td>$0.645</td>
</tr>
<tr>
<td>65 – 69</td>
<td>$1.255</td>
<td>$1.255</td>
</tr>
<tr>
<td>70 +</td>
<td>$2.045</td>
<td>$2.045</td>
</tr>
<tr>
<td>Cost for your Child(ren)†</td>
<td>$0.100</td>
<td></td>
</tr>
</tbody>
</table>

† 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

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Example</th>
<th>Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Enter the rate from the table (example age 36)</td>
<td>$.075</td>
<td>$ ___________</td>
</tr>
<tr>
<td>2.</td>
<td>Enter the amount of insurance in thousands of dollars (Example: for $100,000 of coverage enter $100)</td>
<td>100</td>
<td>___________</td>
</tr>
<tr>
<td>3.</td>
<td>Monthly premium (1) x (2)</td>
<td>$7.50</td>
<td>$ ___________</td>
</tr>
</tbody>
</table>

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

**MetLife Advantages**

**MetLife Advantages**<sup>SM</sup> – For support, planning and protection when you need it most.

**SUPPORT: Comfort and guidance for challenging times**

**Grief Counseling**<sup>1</sup>

To help you, your dependents and beneficiaries cope with loss

Included with your non-contributory Term Life coverage at no additional cost, Grief Counseling, provided by Harris, Rothenberg International (HRI), Inc., provides you, your dependents and beneficiaries with resources to help cope with a loss of a loved one, or with major life changes that trigger feelings of grief such as divorce, the loss of a job, financial hardship, terminal illness or loss of a pet. You, your dependents and your beneficiaries can have up to five confidential counseling sessions per event, in-person or by phone. If further assistance is desired, the counselor will help you access services that are appropriate to your situation, preferences, finances and health insurance coverage. Call 1-855-609-9989 or log on to [https://griefcounseling.harrisrothenberg.net/default.aspx](https://griefcounseling.harrisrothenberg.net/default.aspx) (Username: MetLife; Password: grief).

**Delivering The Promise**<sup>®</sup>

For support when beneficiaries need it most

Delivering The Promise<sup>®</sup> is a service designed to provide beneficiaries with the support and assistance they need during an especially difficult time. Services include assistance filing life insurance claims and consultation to help with the financial details and questions that arise upon the loss of a loved one.

**Employee Assistance Program**<sup>2</sup>

For those times you may need help with life's challenges

To help with the everyday challenges of life that may affect your health, family life and desire to excel at work, you have access to MHN’s confidential Employee Assistance Program (EAP). You and members of your household are entitled to up to 5 telephonic counseling sessions per incident per individual per calendar year. Your sessions will be conducted telephonically with a licensed EAP counselor. Call 1-800-511-3920 to arrange for EAP services. Telephone Device for the Deaf (TDD) callers can call 1-800-327-0801.

Additionally, MHN has a web service to offer you a private, online solution to work, life and health challenges. Log on to [www.members.MHN.com](http://www.members.MHN.com) and enter the following access code: metlife1.
Total Control Account®

For immediate access to death proceeds

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

PLANNING: Professional and in-person resources when it matters

Face-to-Face Will Preparation Service

To help ensure your decisions are carried out

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 making these 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 appoint someone as your proxy or representative to make decisions on maintaining extraordinary life-support if you should become incapacitated and can’t 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. It is a written document that grants an individual the power to act on your behalf.

When you enroll for Supplemental Term Life coverage, you will automatically receive Will Preparation Service at no extra cost to you. Both you and your spouse/domestic partner will have access to one of Hyatt Legal Plans nationwide network of 13,000 participating attorneys for face-to-face preparation or updating of a will, living will or powers of attorney.* When you use a participating plan attorney, there will be no charge for the services*. 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℠—ERS

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

MetLife Estate Resolution Services is a valuable service included when you enroll for Supplemental Term Life coverage. When your estate representative uses a participating Hyatt Legal plan attorney there will be no charge for the services. A Hyatt Legal Plan attorney will consult face-to-face with your beneficiaries or by telephone regarding the probate process for your estate. The attorney will also handle the probate of your and your spouse’s/domestic partner’s estates for your executor or administrator. This can help alleviate the financial and administrative burden upon your loved ones in their time of need.
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.

Funeral Planning Guide
*Provides beneficiaries a resource that outlines your final wishes*

It highlights details of pertinent information including: how to plan for funeral costs, the death claim process, personal funeral preferences and more.

**retirewise®**

A four-part workshop series that offers you comprehensive retirement education. You also have the option to meet with a local financial professional to discuss your specific circumstances and individual goals.

**PROTECTION: Range of solutions for continuing workplace coverage**

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

Should you leave City Colleges of Chicago 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.

**Transition Solutions®**
*Assistance identifying solutions for your financial situations*

Transition Solutions is a service designed to help provide assistance in making financial decisions based on the major events in your life including changes in employment, retirement or your benefits status. Contact your employer or plan administrator 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 Option

For access to funds during a difficult time

You can receive up to 80% of your Basic and Supplemental Term Life insurance proceeds to a maximum of $644,000 in the event that you become terminally ill and are diagnosed with less than 24 months to live. This can go a long way toward helping your family meet medical and other related expenses at this difficult time. The Accelerated Benefit 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, a change in your 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, you can speak with a MetLife representative by calling: 1-877-275-6387. Please contact 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 Basic 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 70, and your waiver will begin after you have satisfied a 6-month waiting period of continuous disability. The Waiver of Premium will end when you turn age 70, die or recover.

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 Basic and 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 14 days to 19 years old, or 23 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

<table>
<thead>
<tr>
<th>Supplemental Coverage</th>
<th>Monthly Cost Per $1,000 of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$0.015</td>
</tr>
<tr>
<td>Dependent Spouse/Domestic Partner</td>
<td>$0.015</td>
</tr>
<tr>
<td>Dependent Child</td>
<td>$0.040</td>
</tr>
</tbody>
</table>

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
- Child Education
- Spouse Education

Other Available Additional Benefits Include

- Therapeutic Counseling
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, 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: Even if you wish to keep your existing level of coverage, you must complete an enrollment form.

*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, and
• 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, and
• You are enrolling for coverage equal to/less than 3 times your basic annual earnings or $250,000

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:

For Annual Enrollment
• The enrollment takes place prior to the enrollment deadline, and
• 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, and
• You are enrolling for spouse/domestic partner coverage equal to/less than $100,000 and enrolling for child(ren) coverage equal to/less than $10,000.

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 date 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 Basic and Supplemental coverages, 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.

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

1 Subject to state regulatory approval. Grief Counseling services are provided through an agreement with Harris, Rothenberg International (HRI), Inc. HRI is not an affiliate of MetLife, and the services HRI provides are separate and apart from the insurance provided by MetLife. HRI has a nationwide network of 46,700 counselors. Counselors have master's or doctoral degrees and are licensed professionals with extensive experience working with people who have suffered a loss.

2 EAP services are provided through an agreement with MHN, Inc. MHN, Inc. is not an affiliate of MetLife and the services MHN provides are separate and apart from the insurance provided by MetLife.

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

5 Will Preparation Services are offered by Hyatt Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, Will Preparation services are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. For New York sitused 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.
Estate Resolution Services are offered by Hyatt Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, Estate Resolution Services are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. The following are not covered by the Estate Resolution Service: Matters in which there is a conflict of interest between the executor, administrator, any beneficiary or heir and the estate; any disputes with the Policyholder, Employer, Plan Attorneys, 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.

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.

Transition Solutions Specialists are Financial Services Representatives of MetLife or New England Financial, a MetLife company. Certain conditions apply.

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 City Colleges of Chicago 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 (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.
Critical Illness Insurance  
Product Overview

Why is having Critical Illness insurance so important?

Your family’s expenses will continue if and when a critical illness occurs.

Studies show that the average family spends about $7,071 during a time of critical illness and recovery. And while financial experts recommend having 3 – 9 months of living expenses set aside to help in an emergency situation like undergoing a serious illness, with today’s economy, most families don’t have that kind of money in reserve.

Quality health and disability insurance plans aren’t always enough. There may still be coverage gaps. Disability income plans cover a portion of your income while health insurance may leave you with some expenses to pay including:

- Health plan deductibles
- Prescription copays
- Out-of-network treatments
- Alternative treatments

Critical illnesses can happen at any age and more often than you may think.

The odds of you or a family member suffering a critical illness are actually quite surprising. Studies have shown:

- The average age for onset of a critical illness is 43.3
- Every year about 715,000 Americans have a heart attack.4
- 1 out of every 2 men will be diagnosed with cancer at some point in their lives.5
- 1 out of every 3 women will be diagnosed with cancer at some point in their lives.5

Critical Illness insurance can help safeguard your finances by providing you with a lump-sum payment when your family needs it most. The payment you receive is yours to spend as you see fit and in addition to any other insurance you may have.
Why should I enroll now?

✓ Competitive employee rates
✓ Your acceptance is guaranteed providing you are actively at work
✓ Enrollment period ends soon
✓ Convenient payroll deduction
✓ Portable coverage enables you to take it with you if your employment status changes

Enroll today!

How can having MetLife’s Critical Illness insurance plan benefit you and your loved ones?

MetLife’s Critical Illness insurance provides a lump-sum payment if you or a covered family member is diagnosed with one of the following medical conditions and meets the policy and certificate requirements: Full Benefit Cancer, Partial Benefit Cancer, Heart Attack, Stroke, Coronary Artery Bypass Graft, Kidney Failure, Alzheimer’s Disease, Major Organ Transplant and the 22 Listed Conditions. Your plan pays a Recurrence Benefit equal to the Initial Benefit for the following Covered Conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer and Partial Benefit Cancer. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences.

Payments will be made directly to you, not to the doctors, hospitals or other health care providers. You will receive a check mailed directly to your home. The payment you receive is yours to spend as you see fit and may be used to cover ongoing household bills like:

- Groceries
- Mortgage and car payments
- Child care
- Transportation or lodging
- Or any other way you want; the choice is yours

5 American Cancer Society, Cancer Facts and Figures 2013.
6 Please review the Outline of Coverage/Disclosure Document for specific information about cancer benefits. Not all types of cancer are covered. Some cancers are covered at less than the Initial Benefit Amount. For NH-sitused cases and NH residents, there is an Initial Benefit of $100 for All Other Cancers.
7 In certain states, the Covered Condition is Severe Stroke.
8 In NJ sitused cases, the Covered Condition is Coronary Artery Disease.
9 Please review the Outline of Coverage/Disclosure Document for specific information about Alzheimer’s Disease.
10 MetLife Critical Illness Insurance will pay 25% of the Initial Benefit Amount for each of the 22 Listed Conditions until the Total Benefit Amount is reached. A Covered Person may only receive one payment for each Listed Condition in his/her lifetime. The Listed Conditions are: Addison’s disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig’s disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diaphragma; encephalitis; Huntington’s disease (Huntington’s chorea); Legionnaire’s disease; malarias; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.
11 We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period. We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the Covered Person has not had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit during the Benefit Suspension Period. In some states, we will not pay a Recurrence Benefit for a Covered Condition that Recurs less than 180 days after another Occurrence of a Covered Condition for which we paid an Initial Benefit. We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period. We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the Covered Person has not had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit during the Benefit Suspension Period. In some states, we will not pay a Recurrence Benefit for a Covered Condition that Recurs less than 180 days after another Occurrence of a Covered Condition for which we paid an Initial Benefit.
12 Coverage is guaranteed provided (1) the employee is actively at work and (2) any dependents to be covered are not under medical restriction as described in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas. For CA sitused cases, coverage is guaranteed provided (1) the employee is performing all of the usual and customary duties of your job at the employer's place of business or at an alternate place approved by your employer (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate.
13 See your Certificate for details.
### COVERAGE OPTIONS

<table>
<thead>
<tr>
<th>Critical Illness Insurance</th>
<th>Eligible Individual</th>
<th>Initial Benefit</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$15,000 or $30,000</td>
<td>Coverage is guaranteed provided you are actively at work.</td>
<td></td>
</tr>
<tr>
<td>Spouse/Domestic Partner¹</td>
<td>100% of the employee’s Initial Benefit</td>
<td>Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate.</td>
<td></td>
</tr>
<tr>
<td>Dependent Child(ren)²</td>
<td>100% of the employee’s Initial Benefit</td>
<td>Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate.</td>
<td></td>
</tr>
</tbody>
</table>

### BENEFIT PAYMENT

Your **Initial Benefit** provides a lump-sum payment upon the first diagnosis of a Covered Condition. Your plan pays a Recurrence Benefit⁴ equal to the Initial Benefit for the following Covered Conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer and Partial Benefit Cancer. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences.

The maximum amount that you can receive through your Critical Illness Insurance plan is called the **Total Benefit** and is 3 times the amount of your Initial Benefit. This means that you can receive multiple Initial Benefit and Recurrence Benefit payments until you reach the maximum of 300%.

Please refer to the table below for the percentage benefit amount for each Covered Condition.

<table>
<thead>
<tr>
<th>Covered Conditions</th>
<th>Initial Benefit</th>
<th>Recurrence Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Benefit Cancer⁵</td>
<td>100% of Initial Benefit</td>
<td>50% of Initial Benefit</td>
</tr>
<tr>
<td>Partial Benefit Cancer⁵</td>
<td>25% of Initial Benefit</td>
<td>12.5% of Initial Benefit</td>
</tr>
<tr>
<td>Heart Attack</td>
<td>100% of Initial Benefit</td>
<td>50% of Initial Benefit</td>
</tr>
<tr>
<td>Stroke⁶</td>
<td>100% of Initial Benefit</td>
<td>50% of Initial Benefit</td>
</tr>
<tr>
<td>Coronary Artery Bypass Graft</td>
<td>100% of Initial Benefit</td>
<td>50% of Initial Benefit</td>
</tr>
<tr>
<td>Kidney Failure</td>
<td>100% of Initial Benefit</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Alzheimer’s Disease²</td>
<td>100% of Initial Benefit</td>
<td>Not applicable</td>
</tr>
<tr>
<td>22 Listed Conditions</td>
<td>25% of Initial Benefit</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>
22 Listed Conditions
MetLife Critical Illness Insurance will pay 25% of the Initial Benefit Amount for each of the 22 Listed Conditions until the Total Benefit Amount is reached. A Covered Person may only receive one payment for each Listed Condition in his/her lifetime. The Covered Conditions are Addison’s disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig’s disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington’s disease (Huntington’s chorea); Legionnaire’s disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Major Organ Transplant Benefit
Payment is 100% of the Initial Benefit Amount. This payment is in addition to your Total Benefit Amount payable for the Covered Conditions listed above.

Example of Initial & Recurrence Benefit Payments
The example below illustrates an employee who elected an Initial Benefit of $15,000 and has a Total Benefit of 3 times the Initial Benefit Amount or $45,000.

<table>
<thead>
<tr>
<th>Illness – Covered Condition</th>
<th>Payment</th>
<th>Total Benefit Remaining</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Attack – first diagnosis</td>
<td>Initial Benefit payment of $15,000 or 100%</td>
<td>($30,000)</td>
</tr>
<tr>
<td>Heart Attack – second diagnosis, two years later</td>
<td>Recurrence Benefit payment of $7,500 or 50%</td>
<td>($22,500)</td>
</tr>
<tr>
<td>Kidney Failure – first diagnosis, three years later</td>
<td>Initial Benefit payment of $15,000 or 100%</td>
<td>($7,500)</td>
</tr>
</tbody>
</table>

SUPPLEMENTAL BENEFITS
MetLife provides coverage for the Supplemental Benefits listed below. This coverage would be in addition to the Total Benefit Amount payable for the previously mentioned Covered Conditions.

Health Screening Benefit
After your coverage has been in effect for thirty days, MetLife will provide an annual benefit* of $50 per calendar year for taking one of the eligible screening/prevention measures. MetLife will pay only one health screening benefit per covered person per calendar year. For a complete list of eligible screening/prevention measures, please refer to the Disclosure Statement/Outline of Coverage.

*The Health Screening Benefit amount depends upon the Initial Benefit Amount selected. Employees would receive a $50 benefit with the $15,000 initial benefit amount or a $100 benefit with the $30,000 Initial Benefit Amount.

QUESTIONS & ANSWERS

How do I enroll?
Enroll for coverage on the Employer website.

Who is eligible to enroll?
Regular active full-time employees who are actively at work along with their spouse/domestic partner and dependent children can enroll for MetLife Critical Illness Insurance coverage.

How do I pay for coverage?
Coverage is paid through convenient payroll deduction.

What is the coverage effective date?
The coverage effective date is 01/01/2016.

If I Leave the Company, Can I Keep My Coverage?
Under certain circumstances, you can take your coverage with you if you leave. You must make a request in writing within a specified period after you leave your employer. You must also continue to pay premiums to keep the coverage in force.

Who do I call for assistance?
[Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 11:00 p.m., EST. Individuals with a TTY may call 1-800-855-2880.][Please call MetLife directly at 1-855-JOIN-MET (1-855-564-6638), Monday through Friday from 8:00 a.m. to 11 p.m., EST and talk with a benefits consultant]
Footnotes:

1 Coverage for domestic partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.
2 Dependent Child coverage varies by state. Please contact MetLife for more information.
3 Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.
4 We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period. We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the Covered Person has not had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit during the Benefit Suspension Period.
5 Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for specific information about cancer benefits. Not all types of cancer are covered. Some cancers are covered at less than the Initial Benefit Amount. For NH-sitused cases and NH residents, there is an initial benefit of $100 for All Other Cancers.
6 In certain states, the covered condition is Severe Stroke.
7 Please review the Outline of Coverage for specific information about Alzheimer’s Disease.
8 In most states there is a 30 day waiting period for the Health Screening Benefit. There is no waiting period for MD sitused cases. The Health Screening Benefit is not available to NH sitused cases or NH residents. There is a separate mammogram benefit for MT residents and for cases sitused in CA and MT.
9 See your certificate for details.

METLIFE’S CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife’s CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. There is a Benefit Suspension Period between Recurrences. Attained Age rates are based on 5-year age bands and will increase when a Covered Person reaches a new age band. Rates are subject to change. A more detailed description of the benefits, limitations, and exclusions can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP07-CI or GPNP10-CI, or contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.

MetLife’s Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife’s Critical Illness Insurance does not provide reimbursement for such expenses.

L0515424492[exp0716][All States]
Metropolitan Life Insurance Company, New York, NY
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 employer 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
- Work and work history
- Driving record
- Hobbies and dangerous activities
- Finances
- Work and work history
- Hobbies and dangerous activities
- Finances

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

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

Using Your Information

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

- administer your products and services
- process claims and other transactions
Sharing Your Information With Others

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

Other reasons we may share your information include:

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

HIPAA

We will not share your health information with any other company – even one of our affiliates – for their own marketing purposes. 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 anything we learned as part of a claim or lawsuit, unless required by law.

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

Questions

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

Send privacy questions to:

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

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

Metropolitan Life Insurance Company
MetLife Insurance Company of Connecticut
SafeGuard Health Plans, Inc.

MetLife Health Plans, Inc.
General American Life Insurance Company
SafeHealth Life Insurance Company
Critical Illness Insurance Policy Exclusions and Limitations:

1. **First Occurs** means, with respect to Kidney Failure, Heart Attack, Stroke, Full Benefit Cancer, or Partial Benefit Cancer, the first time ever in a covered person’s lifetime that:
   1. the covered person experiences such Covered Condition; and
   2. the covered person is diagnosed with such Covered Condition.
      • With respect to Coronary Artery Bypass Graft, First Occurs means the first time ever in the covered person’s lifetime that the covered person undergoes a Coronary Artery Bypass Graft.
      • With respect to Major Organ Transplant, First Occurs means the first time ever in the covered person’s lifetime that the covered person undergoes a Major Organ Transplant.

2. **Exclusions Related to Covered Conditions:**
   We will not pay benefits for a Major Organ Transplant:
   • performed outside the United States;
   • involving organs received from non-human donors;
   • involving implantation of mechanical devices or mechanical organs;
   • involving stem cell generated transplants (other than bone marrow transplant); or
   • involving islet cell transplants.

   We will not pay benefits for a diagnosis of Stroke for:
   • cerebral symptoms due to migraine;
   • cerebral injury resulting from trauma or hypoxia; or
   • vascular disease affecting the eye or optic nerve or vestibular functions.

   We will not pay benefits for a Diagnosis of Full Benefit Cancer for:
   • any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
   • any papillary tumor of the bladder classified as Ta under TNM Staging;
   • any tumor of the prostate classified as T1N0M0 under TNM Staging;
   • any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
   • any non-melanoma skin cancer unless there is metastasis;
   • any malignant tumor classified as less than T1N0M0 under TNM Staging;
   • Chronic Lymphocytic Leukemia (CLL), less than Stage III, as defined by RAI classification; or
   • any condition that is Partial Benefit Cancer.

   We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:
   • any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
   • any papillary tumor of the bladder classified as Ta under TNM Staging;
   • any tumor of the prostate classified as T1aN0M0 under TNM Staging;
   • any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
   • any non-melanoma skin cancer; or
   • any melanoma in situ classified as TisN0M0 under TNM Staging.

   We will not pay benefits for a Coronary Artery Bypass Graft performed outside the United States.

3. **General Exclusions:**
   We will not pay benefits for Covered Conditions caused or contributed to by a covered person:
   • participating in a felony, riot or insurrection;
   • intentionally causing a self-inflicted injury;
   • committing or attempting to commit suicide while sane or insane;
   • voluntarily taking or using any drug, medication or sedative unless it is:
     • taken or used as prescribed by a physician;
     • an “over the counter” drug, medication or sedative taken according to package directions;
     • engaging in an illegal activity;
     • serving in the armed forces or any auxiliary unit of the armed forces of any country.

   We will not pay benefits for Covered Conditions arising from war or any act of war, even if war is not declared.

   We will not pay benefits for any Covered Condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States.

   We will not pay benefits under a Certificate for any Covered Condition that does not First Occur for a covered person while the covered person is insured under that Certificate.

4. **Exclusion for Intoxication**
   We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person’s involvement in an incident, where such covered person is Intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

   Intoxicated means that the covered person’s alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident occurred.

5. **Preexisting Condition Exclusion**
A preexisting condition is a sickness or injury for which, in the 12 months before a covered person becomes insured under a Certificate:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a Covered Condition that is caused by or results from a preexisting condition if the Covered Condition first occurs during the first 12 months that a covered person is insured under the Certificate. However, a Preexisting Condition does not include any sickness or injury for which there is no evidence that the sickness or injury actually existed before the Covered Person is insured under this Policy.

PLEASE NOTE: Each Certificate issued to an employee has its own Preexisting Condition Exclusion. If a person is covered under more than one Certificate, the Preexisting Condition Exclusion period applicable to one Certificate may or may not run simultaneously with the Preexisting Condition Exclusion period applicable to any other Certificate. The Preexisting Condition Exclusion period for each Certificate begins on the effective date of coverage under that Certificate.

6. Reduction of Benefits On Account of Prior Claims Paid
For each covered person, benefits payable under a Certificate for all Covered Conditions combined will not exceed the Total Benefit Amount under that Certificate that applies to that covered person. We will reduce what we pay for a claim so that the amount that we pay, when combined with amounts for all claims we have previously paid for the same covered person under the same Certificate, does not exceed the Total Benefit Amount that was in effect under that Certificate for the covered person on the date of the most recent covered condition.

7. Waiting Period
The Waiting Period applicable to each Certificate is:

- 90 days for Full Benefit Cancer and Partial Benefit Cancer;
- 30 days for all other Covered conditions.

All insurance under a Certificate with respect to a covered person will be void if the covered person:

- experiences a Covered Condition during the Waiting Period applicable to that Certificate; or
- exhibits symptoms, or any medical or physical conditions, during the Waiting Period applicable to that Certificate that would cause an ordinarily prudent person to seek diagnosis, care or treatment, and the covered person is Diagnosed with Partial Benefit Cancer or Full Benefit Cancer.

Contributions You have paid for insurance under a Certificate that is voided under this section will be returned to You without interest, except if Your Dependent Child is the covered person whose insurance is void under this section, in which case contributions paid for that insurance will be returned to You only if there is no insurance remaining in effect for any Dependent Child under the same certificate. If You are the covered person whose insurance is void under this provision, any insurance for Your Dependents under the same Certificate will also be void.

PLEASE NOTE: Each Certificate issued to an employee has its own Waiting Period. If a person is covered under more than one Certificate, the Waiting Period applicable to one Certificate may or may not run simultaneously with the Waiting Period applicable to any other Certificate. The Waiting period for each Certificate begins on the effective date of coverage under that Certificate.

8. DATE YOUR INSURANCE ENDS:
THE EARLIEST OF:
Your insurance under a Certificate will end on the earliest of:

- the date the Group Policy under which that Certificate was issued ends;
- the date You die;
- the date insurance ends for Your class;
- the date the Total Benefit Amount under that Certificate has been paid for You;
- the end of the period for which the last full premium for that Certificate has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

9. PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for You and Your Dependents are also subject to change at other times as stated in each of the Group Policies.

The Group Policies are LIMITED POLICIES.
IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS

Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice
- other approved items and services

This policy may pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

BEFORE YOU BUY THIS INSURANCE

✓ Check the coverage in all health insurance policies you already have.

✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.

✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.
How to Learn More

READ
this booklet and complete your application by the deadline

CALL
1-800-GET-MET8 (1-800-438-6388)
8 am – 11 pm, ET, M – F

VISIT
MyBenefits.metlife.com
24 hours a day, 7 days a week