

Risk Assessment Summary



Customer Name: _____

Approximate number of lives: _____

In order to provide the best possible transition for the above customer, we require the broker/customer to provide risk assessment information prior to MetLife's acceptance of a group. Please review this document thoroughly with the Benefit Administrator, designate appropriate responses, sign, and return with the group's application.

Short Term Disability or Long Term Disability Coverages:

Are any employees currently pregnant? Yes _____ No _____

Are you aware of any significant health risks within this customer which would likely result in a claim within the next 12 months? Yes _____ No _____

If "Yes", please provide details:

Please complete the "chart" below listing the disabled employees. (Please note: our contracts include an actively at work requirement.)

Employees Not Actively At Work

Name	DOB MM/YY	Date of Disability MM/YY	Nature of Claim	Est. Date of Return MM/YY	Benefit Amount

Producer Signature: _____ Date: _____

For Internal Use by MetLife

Sales Representative's Acceptance: _____ Date: _____

Issue Underwriter's Acceptance: _____ Date: _____