

Appointment Form Only

Steps to obtain an Appointment:

Complete the Personal Information Sheet Entirely

- The Personal Information Sheet is used to obtain information necessary to establish an appointment with Metropolitan Life Insurance Company (“MLIC”) and/or its affiliate SafeGuard DHMO. The application on pages 2 and 3 must be completed in its entirety as applicable. If you are requesting an appointment for only the producer, then only the producer fields need to be completed. If the request for appointment includes the agency, all fields need to be completed.
- Page 4 must be executed by appropriate parties.
- Page 5, the Disclosure/Authorization form, must be executed by the appointment applicant.
- Pages 6 and 7, the HIPAA Business Associate Agreement, must be executed by appointment applicant who will be involved in the sale of Dental or Long-Term Care products.
- The applicant must be licensed in the state for which the appointment is being requested.

When do you request an appointment?

For the states listed below (pre-appointment), a producer must be licensed and appointed with MLIC and/or SafeGuard Health Plans, Inc. prior to the customer application being executed.

Pre-Appointment States:

Florida	Montana
Indiana	Oregon
Kansas	Pennsylvania
Louisiana	Puerto Rico
Missouri	Utah

For all other states, the appointment request must be made *no later* than MLIC’s receipt of the customer application.

Mail: Service Delivery Center
Attn: Corporate Licensing & Registration
500 Schoolhouse Road
Johnstown, PA 15904

Fax: 908-552-2444

Email: CLR_Institutional@metlife.com

This form cannot act as an authorization to assign commissions.

Appointment Form Only

You are requesting an appointment with Metropolitan Life Insurance Company (“MLIC”) and/or its affiliate. Please check the appropriate coverage(s) for which you are requesting an appointment:

- MLIC Group Life/Health/Disability/MetLife Dental
 P&C*(contracting required before app).....VgzcuNkg.....

 MLIC Group Long-Term Care
 Safeguard DHMO (available only in CA, FL and TX).....

Please check which is applicable: Producer Agency Both

Please Type or Print Clearly

Section I – Producer

_____ Producer’s Name (last name first)	<input type="text"/> Birth Date	_____ Social Security Number
_____ Producer’s E-Mail Address	<input type="text"/> Business Phone	<input type="text"/> Business Fax
_____ Business Street Address – Required	_____ City, State	<input type="text"/> Zip Code
_____ Resident Street Address	_____ Resident City, State	<input type="text"/> Zip Code

Section II – Agency

_____ Principal Officer’s Name	_____ Social Security Number	_____ State	_____ License Number
_____ Agency Name	_____ Agency Tax I.D. Number	<input type="text"/> Business Phone	<input type="text"/> Business Fax
_____ Business Street Address – Required	_____ City, State	<input type="text"/> Zip Code	
_____ Business P.O. Box if applicable	_____ P.O. Box City, State	<input type="text"/> Zip Code	

Section III – Licensing**

_____ Producer Resident State License Number	_____ Agency Resident State License Number
_____ Producer Non-Resident State License Number(s)	
_____ Agency Non-Resident State License Number(s)	

* For P&C appointments, please contact MAH Contracting (800) 638-3012 / MAHSalesSupport@metlife.com.
 ** There is no licensing requirement for the sale of DHMO products in California.

Appointment Form**Section IV – Background Information (Attach a written explanation, including date of event and discharge, for yes answers.)**

	Yes	No
1. Do you have any prior affiliation with MLIC, MetLife Investors, New England Financial, Walnut Street Securities, General American, or any of their affiliates? If yes, please indicate which company _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you covered under your company's Errors and Omissions (E&O) policy? If not, attach the declaration page of your E&O policy.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been convicted of any felony? If said felony conviction was related to dishonesty or breach of trust, have you received, subsequent to such conviction, written consent from an authorized insurance regulator that you may be employed in the insurance industry? If yes, attach a copy of such consent.	<input type="checkbox"/>	<input type="checkbox"/>
4. Has FINRA or any Federal or state regulatory agency ever:		
(a) found you to have made a false statement or omission or been dishonest, unfair, or unethical?	<input type="checkbox"/>	<input type="checkbox"/>
(b) found you to have been involved in a violation of investment- OR insurance-related statutes or regulations ?	<input type="checkbox"/>	<input type="checkbox"/>
(c) found you to have been a cause of an investment- OR insurance-related business having its authorization to do business denied, suspended, revoked, or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
(d) entered an order against you in connection with investment- OR insurance-related activity?	<input type="checkbox"/>	<input type="checkbox"/>
(e) denied, suspended, or revoked your registration or license or otherwise prevented you from associating with an investment- OR insurance-related business, or disciplined you by restricting your activities?	<input type="checkbox"/>	<input type="checkbox"/>
(f) revoked or suspended your license as an attorney, accountant, or federal contractor?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been or are you currently the subject of an investment-related, insurance-related, or consumer-initiated complaint?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been discharged or permitted to resign because you were accused of:		
(a) violating investment- OR insurance-related statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/>	<input type="checkbox"/>
(b) fraud or the wrongful taking of property?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have any contracts that you held with any insurance companies been cancelled for cause (not including productivity)?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has any policy or application for errors and omissions insurance on your behalf ever been declined, canceled, or renewal refused?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had any of the following: sought protection from creditors, declared bankruptcy, been subject to an assignment for the benefit of creditors, had a lien or judgment, had a creditor charge off an account/payables as bad debt or uncollectible, or had any other problems in your credit history?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you under any legal order/judgment to make monetary payments to another person or business entity or have you ever had your wages garnished?	<input type="checkbox"/>	<input type="checkbox"/>

Disclosure

By this document, Metropolitan Life Insurance Company on behalf of itself and its affiliates (collectively “MetLife”) discloses to you that a consumer report or an investigative consumer report containing information as to your character, general reputation, personal characteristics and mode of living, is part of the process of our consideration of your application to become licensed or appointed to sell insurance and/or other products or to become registered with the Financial Industry Regulatory Authority. A consumer report or an investigative consumer report may be secured as part of a pre-appointment background investigation and at any time during your appointment with MetLife. Should an investigative consumer report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

Acknowledgment and Authorization

I acknowledge receipt of the above disclosure by MetLife, that a consumer report or an investigative consumer report may be obtained by it as part of the process of its consideration of my application to become licensed or appointed to sell insurance and/or other products or to become registered with the Financial Industry Regulatory Authority. A consumer report or an investigative consumer report may be secured as part of its pre-appointment background investigation, and at any time during my appointment with MetLife. I authorize the procurement of such consumer reports by MetLife for the purposes disclosed to me. If I am appointed to sell MetLife products, this authorization will remain on file and will serve as an on-going authorization for MetLife to procure such consumer reports at any time during my appointment.

I hereby authorize MetLife to query my record, if any, on file with the Financial Industry Regulatory Authority.

Signature of Applicant: _____
Printed Name of Applicant: _____
SSN of Applicant: _____ Date: _____
Witness Signature: _____
Printed Name of Witness: _____

HIPAA Business Associate Agreement

This Agreement is made between METROPOLITAN LIFE INSURANCE COMPANY (“MetLife”) and the party identified below as the producer (“Producer”).

WHEREAS, MetLife and Producer have one or more agreements in place (collectively, the “Contract”) whereby Producer agreed to provide certain services for MetLife which may involve the use and/or disclosure of Customer Information and Protected Health Information (“PHI”) as defined below, and whereby Producer may have access to certain information about individuals who have applied for or are covered by an insurance product underwritten by MetLife; and

WHEREAS, MetLife and Producer desire to protect the confidentiality of any Customer Information or PHI disclosed to Producer pursuant to the Contract and to satisfy requirements of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and as amended by the Health Information Technology for Economic and Clinical Health Act (“HITECH Act”),

NOW, THEREFORE, MetLife and Producer hereby agree as follows:

1. Capitalized terms not defined herein that are defined in the Contract shall have the meanings ascribed to them in the Contract.
2. Producer agrees to treat all information about individuals who enroll, apply for or purchase MetLife’s products or services that Producer may have or may obtain in connection with its obligations under the Contract (“Customer Information”) as confidential. Customer Information may include, but is not limited to, an individual’s name, address, social security number, and any financial or health information relating to the individual. Producer may use Customer Information only for the purpose of fulfilling its obligations under the Contract and Producer may not disclose Customer Information to anyone other than the individual to whom the information relates, except as required for Producer to fulfill its obligations under the Contract or as otherwise directed by MetLife, or except as expressly required by law. Producer must also ensure that Customer Information is kept in a secure manner.
3. PHI is defined as individually identifiable information that is transmitted or maintained in any medium and relates to: the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or past, present, or future payment for the provision of health care to the individual. MetLife and Producer understand that this definition of PHI includes demographic information about the individual, including names; geographic subdivisions smaller than a state (including but not limited to street addresses and ZIP codes); all elements of dates (except year) for dates directly related to an individual, including but not limited to birth date; telephone numbers; fax numbers; electronic mail (E-mail) addresses; Social Security numbers; Medical record numbers; health plan beneficiary numbers; account numbers; certificate/license numbers; vehicle identifiers and serial numbers, including license plate numbers; device identifiers and serial numbers; Web Universal Resource Locators (URLs); Internet Protocol (IP) address numbers; biometric identifiers, including finger and voice prints; full face photographic images and any comparable images; and any other unique identifying number, characteristic, or code.
4. In order to further protect the confidentiality of any PHI disclosed to or used by Producer pursuant to the Contract and to satisfy requirements of HIPAA, MetLife and Producer agree to the following with respect to any PHI received or created by Producer in providing services pursuant to the Contract, including PHI received or created prior to the effective date of the Contract (“MetLife PHI”): (a) the obligations regarding MetLife PHI contained in this Agreement shall be in addition to any other obligations contained in the Contract that apply to MetLife PHI; (b) Producer may not use or disclose MetLife PHI except to provide services pursuant to the Contract; (c) Producer shall use appropriate safeguards to prevent use or disclosure of MetLife PHI; (d) MetLife and Producer represent and warrant that their security procedures are adequate to protect and maintain the confidentiality of MetLife PHI; (e) Producer shall promptly report to MetLife any use or disclosure of MetLife PHI not permitted by this Agreement of which it becomes aware; (f) Producer shall ensure that any Agents, including any sub-contractors or Producer affiliates, that Producer may use in accordance with the Contract and to whom Producer provides MetLife PHI or who uses MetLife PHI has been approved by MetLife in writing and agrees to the same restrictions and conditions that apply to Producer

with respect to MetLife PHI pursuant to this Agreement; (g) within thirty (30) days of MetLife’s request, Producer shall provide to MetLife any MetLife PHI or information relating to MetLife PHI as deemed necessary by MetLife to comply with its obligations under HIPAA to provide individuals with access to, amendment of, and an accounting of disclosures of their MetLife PHI, and Producer agrees to incorporate any amendments of the MetLife PHI as requested by MetLife; (h) Producer agrees to make its internal practices, books, and records relating to its use or disclosure of MetLife PHI available to the Secretary of the United States Department of Health and Human Services at his/her request to determine MetLife’s compliance; (i) Producer agrees that upon termination of the Contract it will, if feasible, return or destroy all MetLife PHI it maintains in any form and retain no copies, and if such return or destruction is not feasible, Producer agrees to extend the protections of this Agreement to the MetLife PHI beyond the termination of the Contract and for as long as Producer has MetLife PHI, and further agrees that any further use or disclosure of the MetLife PHI will be solely for the purposes that make return or destruction infeasible; (j) Producer agrees that it will not disclose MetLife PHI, other than enrollment information, to an employer or plan sponsor, unless the employer or plan sponsor has taken the steps required by HIPAA to permit disclosure to the employer or plan sponsor; (k) Producer may use or disclose MetLife PHI to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law, and only to the extent that such use or disclosure complies with any applicable HIPAA requirements relating to uses and disclosures required by law; and (l) Producer shall (1) implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of any electronic MetLife PHI that Producer creates, receives, maintains, or transmits on behalf of MetLife; (2) ensure that any agent of Producer, including any subcontractor or Producer affiliate to whom Producer provides electronic MetLife PHI, agrees to implement reasonable and appropriate safeguards to protect electronic MetLife PHI; and (3) report to MetLife any security incident related to electronic MetLife PHI of which Producer becomes aware.

5. Producer agrees and acknowledges that it is directly subject to HIPAA as amended by the HITECH Act, including its provisions relating to security and privacy of PHI as well as its enforcement and penalty provisions. Producer agrees that it will: (a) comply with all applicable security and privacy provisions of HIPAA as amended by the HITECH Act and as it may be amended from time to time; (b) not act in any way to interfere with or hinder MetLife's ability to comply with HIPAA as amended by the HITECH Act and as it may be amended from time to time; and (c) notify MetLife within five (5) business days of discovering a “breach” as that term is defined in Section 13400 of the HITECH Act at the following e-mail address: securitybreach@metlife.com

6. In the event Producer learns of a pattern of activity or practice of MetLife that constitutes a material breach or violation of its obligations relating to PHI under the Agreement, Producer will take reasonable steps to cure the breach or end the violation. If such steps are unsuccessful, Producer will terminate the Agreement, if feasible, or, if termination is not feasible, report the problem to the Secretary of the Department of Health and Human Services (“HHS”).

7. If Producer conducts in whole or part electronic transactions on behalf of MetLife for which HHS has established standards, Producer will comply, and will require any subcontractor, vendor, or agent it involves with the conduct of electronic transactions to comply, with each applicable requirement of the Electronic Transactions Rule at 45 C.F.R. Part 162.

Metropolitan Life Insurance Company

Producer / Agency

By: 

Printed Name: Meghan S. Doscher

Title: VP Sales Compensation Administration

Date: May 20, 2014

Printed Name: _____

Signature: _____

SSN / TIN: _____

Date: _____

Standard Commission Agreement

This Agreement is made by and between Metropolitan Life Insurance Company ("MetLife") and the Producer whose signature appears below. MetLife and Producer hereby agree as follows:

1. Commissions / Compensation Disclosure. Producer will receive commissions from MetLife for each coverage sold in the month after premium is received by MetLife. Monthly payments will be determined by applying the attached schedule to the actual premium received per line of sold coverage within the policy year, and subtracting the commissions already paid during the policy year. Commissions are calculated based on premium received by line of coverage and will be paid so long as (a) Producer is licensed by the applicable State Insurance Department and appointed by MetLife to sell the insurance provided by the policy; (b) Producer services the business; (c) MetLife recognizes Producer as the agent/broker of record; (d) any commission advances or overpayments have been properly recovered by MetLife; (e) the policy remains in force; and (f) this Agreement is in effect. Producer shall provide to customers or prospective customers a copy of MetLife's compensation notice provided in any MetLife bid proposal for such customer or prospective customer. MetLife reserves the right to disclose to its customers or potential customers the details regarding compensation it may pay to Producer.

2. Risk Acceptance. It is understood and agreed that MetLife retains the exclusive right to (a) bind or commit MetLife on any risk in any matters; (b) decline any application for insurance submitted by the Producer; (c) discontinue any form of policy in any or all jurisdictions in which MetLife does business; and (d) resume the use of any policy at any time.

3. Overpayments. It is agreed that any overpayment of commissions which may occur due to clerical error; cancellation of coverage; refund of premium; payment of any advance if applicable; change of agent/broker of record by the policyholder or MetLife; or any other reason, will be returned to MetLife by the Producer. It is further agreed that MetLife is authorized to recover any overpayments from the current or future commission owed the Producer by MetLife or its affiliates. Producer agrees to reimburse MetLife for expenses, including costs and attorneys' fees, associated with the collection of outstanding debts due MetLife from Producer.

4. Independent Contractor. Producer acknowledges and agrees that it is an independent contractor and not an employee of MetLife. (Note: Not applicable to MetLife Financial Services Representatives.)

5. Notices. If Producer receives notice of the commencement of any legal, regulatory or administrative proceedings involving MetLife or Producer, or if it receives any communication from any Insurance Department or other administrative agency or any other person identifying a complaint registered against MetLife or Producer, Producer shall, following receipt of such notice, immediately notify MetLife of the proceeding or complaint, and promptly forward any correspondence or necessary files.

6. Customer Information. Producer agrees to treat all information about individuals who enroll, apply for or purchase MetLife's products or services that Producer may have or may obtain in connection with its obligations under the Contract ("Customer Information") as confidential. Customer Information may include, but is not limited to, an individual's name, address, social security number, and any financial or health information relating to the individual. Producer may use Customer Information only for the purpose of fulfilling its obligations under the Contract and Producer may not disclose Customer Information to anyone other than the individual to whom the information relates, except as required for Producer to fulfill its obligations under the Contract or as otherwise directed by MetLife, or except as expressly required by law. Producer must also ensure that Customer Information is kept in a secured manner.

Protected Health Information. 7.1. In order to further protect the confidentiality of any PHI disclosed to or used by Producer pursuant to the Contract and to satisfy requirements of HIPAA, MetLife and Producer agree to the following with respect to any PHI received or created by Producer in providing services pursuant to the Contract, including PHI received or created prior to the effective date of the Contract ("MetLife PHI"): (a) the obligations regarding MetLife PHI contained in this Agreement shall be in addition to any other obligations contained in the Contract that apply to MetLife PHI; (b) Producer may not use or disclose MetLife PHI except to provide services pursuant to the Contract; (c) Producer shall use appropriate safeguards to prevent use or disclosure of MetLife PHI; (d) MetLife and Producer represent and warrant that their security procedures are adequate to protect and maintain the confidentiality of MetLife PHI; (e) Producer shall promptly report to MetLife any use or disclosure of MetLife PHI not permitted by this Agreement of which it becomes aware; (f) Producer shall ensure that any Agents, including any sub-contractors or Producer affiliates, that Producer may use in accordance with the Contract and to whom Producer provides MetLife PHI or who uses MetLife PHI has been approved by MetLife in writing and agrees to the same restrictions and conditions that apply to Producer with respect to MetLife PHI pursuant to this Agreement; (g) within thirty (30) days of MetLife's request, Producer shall provide to MetLife any MetLife PHI or information relating to MetLife PHI as deemed necessary by MetLife to comply with its obligations under HIPAA to provide individuals with access to, amendment of, and an accounting of disclosures of their MetLife PHI, and Producer agrees to incorporate any amendments of the MetLife PHI as requested by MetLife; (h) Producer agrees to make its internal practices, books, and records relating to its use or disclosure of MetLife PHI available to the Secretary of the United States Department of Health and Human Services at his/her request to determine MetLife's compliance; (i) Producer agrees that upon termination of the Contract it will, if feasible, return or destroy all MetLife PHI it maintains in any form and retain no copies, and if such return or destruction is not feasible, Producer agrees to extend the protections of this Agreement to the MetLife PHI beyond the termination of the Contract and for as long as Producer has MetLife PHI, and further agrees that any further use or disclosure of the MetLife PHI will be solely for the purposes that make return or destruction infeasible; (j) Producer agrees that it will not disclose MetLife PHI, other than enrollment information, to an employer or plan sponsor, unless the employer or plan sponsor has taken the steps required by HIPAA to permit disclosure to the employer or plan sponsor; (k) Producer may use or disclose MetLife PHI to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law, and only to the extent that such use or disclosure complies with any applicable HIPAA requirements relating to uses and disclosures required by law; and (l) Producer shall (1) implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of any electronic MetLife PHI that Producer creates, receives, maintains, or transmits on behalf of MetLife; (2) ensure that any agent of Producer, including any subcontractor or Producer affiliate to whom Producer provides electronic MetLife PHI, agrees to implement reasonable and appropriate safeguards to protect electronic MetLife PHI; and (3) report to MetLife any security incident related to electronic MetLife PHI of which Producer becomes aware.

7.2. Producer agrees and acknowledges that it is directly subject to HIPAA, as amended by the HITECH Act, including its provisions relating to security and privacy of PHI as well as its enforcement and penalty provisions. Producer agrees that it will: (a) comply with all applicable security and privacy provisions of HIPAA as amended by the HITECH Act and as it may be amended from time to time; (b) not act in any way to interfere with or hinder MetLife's ability to comply with HIPAA as amended by the HITECH Act and as it may be amended from time to time; and (c) notify MetLife within five (5) business days after discovering a "breach" as that term is defined in Section 13400 of the HITECH Act at the following e-mail address: securitybreach@metlife.com.

7.3. In the event Producer learns of a pattern of activity or practice of subcontractor that constitutes a material breach or violation of its obligations relating to PHI under Producer and subcontractor's agreement, Producer will take reasonable steps to cure the breach or end the violation. If such steps are unsuccessful, Producer will terminate the agreement with its subcontractor, if feasible, or, if termination is not feasible, report the problem to the Secretary of Department of Health and Human Services ("HHS"). **7.4.** PHI is defined as individually identifiable information that is transmitted or maintained in any medium and relates to: the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or past, present, or future payment for the provision of health care to the individual. MetLife and Producer understand that this definition of PHI includes demographic information about the individual, including names; geographic subdivisions smaller than a state (including but not limited to street addresses and ZIP codes); all elements of dates (except year) for dates directly related to an individual, including but not limited to birth date; telephone numbers; fax numbers; electronic mail (E-mail) addresses; Social Security numbers; Medical record numbers; health plan beneficiary numbers; account numbers; certificate/license numbers; vehicle identifiers and serial numbers, including license plate numbers; device identifiers and serial numbers; Web Universal Resource Locators (URLs); Internet Protocol (IP) address numbers; biometric identifiers, including finger and voice prints; full face photographic images and any comparable images; and any other unique identifying number, characteristic, or code. **7.5.** Producer's breach of any of the provisions of Paragraph 7 shall constitute a material breach of this Agreement and provide grounds for immediate termination by MetLife, notwithstanding any other provision of the Agreement.

8. Amendments. MetLife reserves the right to amend this Agreement by providing Producer with thirty (30) days prior written notice of the change.

9. Advertising. For the sale or marketing of MetLife products, Producer shall use only sales material approved in writing by MetLife.

10. Termination. MetLife may terminate this Agreement at any time for any or no reason. Additionally, this Agreement shall terminate immediately if (a) Producer is no longer appointed by MetLife to sell its products; (b) Producer is not licensed by the applicable state insurance department; (c) Producer breaches any provision of this Agreement; (d) Producer commits or its agents commit fraud, embezzlement, gross negligence or other legal misconduct. The rights and obligations established under Sections 3, 5, 6, and 7, hereof, shall survive the termination of this Agreement.

Basic Life, Core Life, Dependent Life, AD&D, STD and State Mandated Disability		Dental* MMA STD		Long Term Disability	
Annual Premium	New/Renewal Commission	Annual Premium	New/Renewal Commission	Annual Premium	New/Renewal Commission
First \$5,000	15.00%	First \$5,000	10.00%	First \$15,000 Next \$10,000 Next \$25,000 Next \$200,000 \$250,000 & over	15.00%
Next \$5,000	10.00%	Next \$5,000	7.50%		10.00%
Next \$20,000	5.00%	Next \$20,000	5.00%		5.00%
Next \$10,000	3.50%	Next \$10,000	3.50%		2.00%
Next \$10,000	3.00%	Next \$10,000	3.00%		1.00%
Next \$10,000	2.00%	Next \$10,000	2.00%		
Next \$190,000	1.75%	Next \$190,000	1.75%	Buy-up Life, Enhanced Optional Life and Enhanced/Buy-Up Dependent Life and Vol. Short Term Disability/Long Term Disability DHMO TX	
Next \$250,000	1.00%	Next \$250,000	1.00%		
Next \$500,000	0.50%	Next \$500,000	0.50%	Flat 15% of Annualized Premium	
Next \$4,000,000	0.25%	Next \$4,000,000	0.25%	Vision, DHMO	
\$5,000,000 & over	0.10%	\$5,000,000 & over	0.10%	10% Annualized Premium	

*Michigan Manufacturers Association (MMA) STD Rate is paid using the MetLife Dental Rates

If you are a MetLife Financial Services Representative, Senior Partner or Unified Brokerage Associate, or New England Financial Agent or Broker, the commission amounts shown above will be treated as Gross Dealer Concessions ("GDC") and compensation will be based on your GDC Grid Rate applied to the commission.

DIRECT DEPOSIT Preferred Payment Method – for a form go to www.whymetlife.com/broker/forms/


Producer

Signature: _____ Date Signed: _____

Name – Printed: _____ SSN#: _____

Email Address: _____ Tax Payer Identification#: _____

MetLife



Meghan S. Doscher, VP Sales Compensation Administration