choosing the right coverage

For Use In California Only
Selecting the right insurance company is as important as choosing the right coverage.

At MetLife, we’ve earned a reputation for policyholder service and financial integrity. Since we opened our doors in 1868, MetLife has grown to be one of the strongest and most respected financial institutions in the world.

For more than 85 years, MetLife has been in the business of protecting the livelihoods of our policyholders with disability income insurance. This commitment to the marketplace has made us a leading provider of disability income insurance.
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Disability Income Insurance Policy — Salary Saver

- **Noncancelable and Guaranteed Renewable to Age 65. No Change in Premium Rates.** This means that, as long as you pay the premium on time, we cannot change your policy or its premium rate until the first premium due date on or after your 65th birthday.

- **Renewal Privilege After Age 65. Premium Rates are Subject to Change.** If you are actively and regularly employed full time as of the first premium due date on or after your 65th birthday, you may continue coverage under this policy, exclusive of any riders providing additional benefits, for as long as you remain so employed. This privilege is explained on page 11.

- **The Schedule of Benefits provided by this policy is shown on page 3.**
- **There is an exclusion for Preexisting Conditions on page 11.**

- **This policy is eligible for dividends.**

We have issued this policy to you in consideration of the payment of the premium and the statements made in your application. Your application is part of your policy.

Insured: John Doe

Date of Issue: June 1, 2009

Policy Number: Specimen

**10-Day Right to Examine Policy.** Please read this policy. It is a legal contract between you and us. You may return the policy to us or to the account representative through whom you bought it within 10 days from the date you receive it. If you return it within the 10-day period, the policy will be considered never to have been issued. We will refund any premium paid.

See Table of Contents and Company address on back cover.
Metropolitan Life Insurance Company

Policy Schedule

Effective Date: June 1, 2009
Policy Number: 7000000 AH

Insured: John Doe
Issue Age and Sex: 35 Male

Monthly Benefit for Total Disability: Up to $XXXX
Elimination Period: 180 days
Maximum Benefit Period: To Age 65
(See Table A in This Schedule)

<table>
<thead>
<tr>
<th>Benefit Provisions</th>
<th>Annual Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Benefit for Total Disability</td>
<td>$ XXX.XX</td>
</tr>
<tr>
<td>Partial Disability IDIPR06-1-CA</td>
<td>$X,XXX.XX</td>
</tr>
<tr>
<td>Cost-of-Living Adjustment 1CL-96</td>
<td>$XX.XX</td>
</tr>
<tr>
<td>Maximum Optional Increase Amount</td>
<td>$X,XXX</td>
</tr>
<tr>
<td>Endorsement IDIPE06-7</td>
<td>$0.00</td>
</tr>
<tr>
<td>Endorsement IDIPE08-1</td>
<td>$0.00</td>
</tr>
<tr>
<td>Policy Fee</td>
<td>$XX.XX</td>
</tr>
<tr>
<td>Total Annual Premium</td>
<td>$XXX.XX</td>
</tr>
<tr>
<td>Total Premium for Initial Term</td>
<td>$XX.XX</td>
</tr>
<tr>
<td>1 Month Term</td>
<td></td>
</tr>
</tbody>
</table>

Endorsements and Riders to Your Policy may change terms (including definitions, conditions, exclusions and limitations of coverage). You should always check each Endorsement and Rider to confirm what coverage You have.

Table A Maximum Benefit Period Varies by Age When Disability Begins

<table>
<thead>
<tr>
<th>Age When Disability Begins</th>
<th>Maximum Benefit Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before age 61</td>
<td>To Age 65</td>
</tr>
<tr>
<td>At age 61, before age 62</td>
<td>48 Months</td>
</tr>
<tr>
<td>At age 62, before age 63</td>
<td>42 Months</td>
</tr>
<tr>
<td>At age 63, before age 64</td>
<td>36 Months</td>
</tr>
<tr>
<td>At age 64, before age 65</td>
<td>30 Months</td>
</tr>
<tr>
<td>At age 65, before age 75</td>
<td>24 Months</td>
</tr>
<tr>
<td>At or after age 75</td>
<td>12 Months</td>
</tr>
</tbody>
</table>

See Renewal Provision for Ages 65 and Greater

See Policy Wording for Benefits Payable Under Any Riders

AH7-96-CA Nonsmoker CA 6A Salary Saver
**Understanding This Policy**

“You” and “your” mean the insured named on page 3.

“We”, “us” and “our” mean Metropolitan Life Insurance Company.

To make this policy clear and easy to read, we have left out many cross-references and conditional statements. Therefore, the provisions of the policy must be read as a whole. For example, the General Exclusions on page 11 apply to all benefit provisions of this policy.

A policy term and a policy anniversary are measured from the date of issue of the policy. For example, if the date of issue is May 5, 1996, the first policy anniversary is May 5, 1997. If the policy term is 6 months, the first term ends November 4, 1996.

Read this policy to find out how to exercise your rights. If you want to submit a claim, change an address, or request any other action by us, you should do so on the forms prepared for each purpose. You can get these forms from your account representative or one of our local offices.

**Definitions**

**Disability or disabled** means total disability that starts while your policy is in force.

**Total disability or totally disabled** means that due to an impairment caused by injury or sickness, you are: (a) prevented from performing the material and substantial duties of your regular occupation; (b) not gainfully employed; and (c) receiving care by a physician which is appropriate for the condition causing the disability.

We may waive the requirement of care by a physician if:

1. Your physician provides certification acceptable to us that continued care would be of no benefit to you; and
2. You are otherwise totally disabled as defined in this policy.

**Impairment** means a change in your health status that can be evaluated by medical means.

**Regular occupation** means your usual occupation (or occupations, if more than one) in which you are regularly engaged for gain or profit at the time you become disabled.

**Gainfully employed** means engaged in an occupation for gain or profit.

**Presumptive total disability** means that you are presumed totally and permanently disabled if an injury or sickness causes your total and permanent loss of:

1. The use of both hands, both feet or one hand and one foot;
2. The sight in both eyes;
3. Speech; or
4. Hearing in both ears.

**Injury** means an accidental bodily injury. However, this policy only covers a disability arising from an injury that occurs after the date of issue of the policy and while your policy is in force.

**Sickness** means sickness or disease, including pregnancy. However, this policy only covers a disability arising from a sickness that first manifests itself after the date of issue of the policy and while your policy is in force.

**Effective date** means the date of issue of the policy, or the date of a rider, as applicable.

**Date of issue** means the date that the policy takes effect. This date is shown on page 3.

**Premium due date** means the first day of each term.

**Elimination period** means the number of days of disability from the start of a continuous period of disability to the date benefits become payable for that disability. Elimination periods are shown on page 3.

**Continuous period of disability** means an unbroken period of disability; or successive periods of disability due to the same or a related cause that are separated by less than 12 months (6 months if the maximum benefit period for the monthly benefit for total disability is expressed as a number of months).
Definitions (Continued)

**Maximum benefit period** means the longest period of time for which we will pay benefits for any one period of disability. Maximum benefit periods are shown on page 3.

Benefits will end on the earlier of:

1. The date your disability ends; or
2. The end of the maximum benefit period.

**Mental disorder and/or substance use disorder** means any and all disorders set forth in the diagnostic categories of the most recently published edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders. Examples include, but are not limited to: psychotic, emotional or behavioral disorders; disorders related to stress; substance abuse or dependency; anorexia nervosa or bulimia; depression; and obsessive compulsive disorders.

**Preexisting condition** means a sickness or injury for which, in the 5 years prior to the date of issue: (a) symptoms existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment; or (b) medical advice or treatment was recommended by or received from a physician.

**Physician** means a person, other than you or a member of your immediate family, who is legally licensed to practice medicine. Where required by law, this includes a duly licensed practitioner operating within the scope of his or her license.

**Hospital** means a licensed institution which:

1. Is operated, under the supervision of physicians on the premises, for the care and treatment of injuries and sickness;
2. Has medical, surgical and diagnostic facilities;
3. Provides 24-hour nursing services on the premises by registered graduate nurses (RN);
4. Routinely makes a charge for its services; and
5. Is not primarily: a nursing, convalescent or rest home; a place for custodial or educational care; or a place for the care and treatment of the aged.

**Social Security Insurance Benefits** means the disability benefit portion of the Old Age, Survivors, and Disability Insurance, also known as Social Security, as enacted or later amended by the Federal Social Security Act.

**Benefits**

**Monthly Benefit for Total Disability**

We will pay the monthly benefit for total disability shown on page 3 while you are totally disabled. This benefit will start after the elimination period. We will pay the benefit while you remain totally disabled, but not beyond the maximum benefit period. For periods of less than a month, benefits will be prorated based on a 30-day month.

If you die after benefits were paid for 12 months or more during a continuous period of disability, an additional benefit, equal to the amount of the benefit payable for the last month of disability, will be paid to your beneficiary for each of the first 3 months after your death.
Benefits (Continued)

<table>
<thead>
<tr>
<th>Benefits for Presumptive Total Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you are totally disabled according to the definition of presumptive total disability, we will: (a) consider you to be totally disabled even if you are able to work and even if you are not receiving medical care by a physician; and (b) waive the elimination period.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Waiver of Premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td>After you have been disabled for a continuous period of 90 days, we will waive any premium that becomes due while you remain disabled. Your policy and its benefits will continue as if the premium had been paid.</td>
</tr>
<tr>
<td>We will also refund any premium that became due during the first 90 days of disability, and the pro rata portion of any previously paid premium applicable to that period of disability.</td>
</tr>
<tr>
<td>The premium waived will be based on the frequency of payment in effect on the date your disability starts.</td>
</tr>
<tr>
<td>All premiums due after you are no longer disabled will be payable. If you do not pay the first premium due by the end of its grace period, your policy will end.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Disability Because of Transplant Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you are totally disabled because you have had surgery, at least 6 months after the date of issue, to transplant part of your body to someone else, we will consider you totally disabled due to sickness.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rehabilitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>While you are receiving the total disability benefit, we will consider participating in an occupational rehabilitation program aimed at helping you to return to gainful employment in your regular occupation. The program may be at your request or we may suggest it. However, you are not required to participate in a rehabilitation program. We will continue to pay benefits to you based on terms that we agree on with you.</td>
</tr>
<tr>
<td>In no case will we continue benefits beyond the maximum benefit period.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Attorney Fee Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you incur attorney fees during a Social Security Insurance Benefits appeals process, we will pay an additional benefit equal to one monthly benefit under this policy, provided that you had:</td>
</tr>
<tr>
<td>1. A hearing before an Administrative Law Judge;</td>
</tr>
<tr>
<td>2. A review of the hearing by the Appeals Council (or similar body); or</td>
</tr>
<tr>
<td>3. Brought a civil action in the United States District Court.</td>
</tr>
<tr>
<td>We will not pay the attorney fee benefit for services provided before:</td>
</tr>
<tr>
<td>1. Your initial filing for Social Security Insurance Benefits is denied; and</td>
</tr>
<tr>
<td>2. You have requested and received a reconsideration of the denial.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental Disorders and/or Substance Use Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>The lifetime maximum benefit period is limited to 24 months for all periods of disability combined if:</td>
</tr>
<tr>
<td>1. Such disability is due to mental disorder and/or substance use disorder;</td>
</tr>
<tr>
<td>2. You otherwise qualify for benefits; and</td>
</tr>
<tr>
<td>3. You are not confined in a hospital.</td>
</tr>
<tr>
<td>If you are disabled due to a mental disorder and/or substance use disorder and are confined in a hospital, this limit does not apply. Any time during which you are confined in a hospital will not count toward this 24-month limit.</td>
</tr>
</tbody>
</table>

After you have been disabled for a continuous period of 90 days, we will waive any premium for as long as you remain disabled. Premiums that became due or were paid for the first 90 days of disability will be refunded.

After 6 months, your policy covers total disability which may result if you donated a part of your body to another person.

Mutually agreed to occupational rehabilitation is available.

We will pay an additional benefit if you incur attorney fees during a Social Security Insurance Benefits appeals process, subject to certain conditions.

There are some limitations on benefits.
### Benefit Adjustment Provision

#### Definitions

**Earnings** means compensation, according to generally accepted accounting standards, for services you perform. It includes salary, fees, commissions, bonuses and other payments for services that you render—less your share of normal and customary business expenses which are deductible for Federal Income Tax purposes.

Earnings do not include:
1. Income from dividends, interest, rent, royalties, annuities, investments or other forms of unearned income not derived from job activities; or
2. Income from deferred compensation plans, formal sick pay plans, disability income policies or retirement plans.

**Earnings at the time of disability** means the greater of:
1. Your earnings for the month immediately prior to the start of your disability; or
2. Your average monthly earnings for the 2-year period immediately prior to the start of your disability.

If the primary source of your earnings (at least 50%) is a business you own, item 2 will apply.

**Earned income** means the amount of earnings used by us to determine your insurable income. Increases and decreases to earned income for the purpose of benefit reduction or optional benefit increases do not include normal fluctuations nor seasonal trends.

**Valid disability coverage** means all disability coverage or benefits payable for a disability and provided by:
1. Governmental agencies (e.g., Social Security Insurance Benefits);
2. Individual, association, or group disability income coverage, including this policy;
3. Formal employer provided sick pay, salary continuation and other disability income benefits; or
4. Union welfare plans.

**Other valid disability coverage** means valid disability coverage other than this policy.

#### Premium Refund for Benefit Reduction

You may, by sending us written notice and any proof that we may require, request a reduction in the monthly benefit for total disability under this policy due to:
1. A reduction in your earned income; or
2. An increase in the amount of your other valid disability coverage.
Benefit Adjustment Provision (Continued)

We will refund premiums paid for that portion of the monthly benefit for total disability that exceeds your current earned income less your other valid disability coverage. Such a reduction may be made as of each policy anniversary. We will refund premiums paid applicable to such reduction for up to one year after the date of the event causing the reduction. The date of the event causing the reduction will be the date on which your earned income or your other valid disability coverage changed to the level on which the reduction is based. However, the monthly benefit for total disability may not be reduced to less than $300.

You may apply for an increase in the monthly benefit for total disability. Please notify us and we will send you an application. Notice must be given to us within 90 days after:
1. An increase in your earned income; or
2. A decrease in the amount of other valid disability coverage you have in force.

The application must be returned to us within 30 days after:

1. You are under age 60;
2. You have been actively and regularly employed full time for at least 90 days immediately prior to the date of application;
3. Your earned income is sufficient for an increase based on our underwriting rules at that time; and
4. Your total valid disability coverage does not exceed your current monthly earned income.

There is a premium charge for each increase in the monthly benefit for total disability. The increase will be effective, and the premium for each increase will be payable, as of the premium due date following our approval of such increase. The premium for the increase will be at the rate for your attained age and sex on the date of the increase and for your underwriting class on the date of issue. The total amount that this policy can be increased (i.e., all increases combined) may not exceed the Maximum Optional Increase Amount shown on page 3, plus any amounts by which this policy had been previously reduced due to benefit reductions.

For each continuous period of disability, after disability benefits under this policy are at payable for 90 days of continuous disability, we will reduce further benefits if the total monthly benefit for the same loss under all valid disability coverage exceeds your earnings at the time of disability.

Optional Benefit Increase

You may apply for an increase in the monthly benefit for total disability. Please notify us and we will send you an application. Notice must be given to us within 90 days after:
1. An increase in your earned income; or
2. A decrease in the amount of other valid disability coverage you have in force.

The application must be returned to us within 30 days after:

1. You are under age 60;
2. You have been actively and regularly employed full time for at least 90 days immediately prior to the date of application;
3. Your earned income is sufficient for an increase based on our underwriting rules at that time; and
4. Your total valid disability coverage does not exceed your current monthly earned income.

There is a premium charge for each increase in the monthly benefit for total disability. The increase will be effective, and the premium for each increase will be payable, as of the premium due date following our approval of such increase. The premium for the increase will be at the rate for your attained age and sex on the date of the increase and for your underwriting class on the date of issue. The total amount that this policy can be increased (i.e., all increases combined) may not exceed the Maximum Optional Increase Amount shown on page 3, plus any amounts by which this policy had been previously reduced due to benefit reductions.

The Benefit Reduction at Time of Claim Based on Relation of Earnings to Insurance section has been removed by endorsement for fully underwritten policies. See page 19 for details.
Benefit Adjustment Provision (Continued)

If we reduce benefits under this policy, we will refund the portion of the premium that applies to the reduction, back to the date when all valid disability coverage last began to exceed your earned income; however, we will not refund premiums paid for a period more than 2 years before the start of your disability.

The reduced monthly benefit for total disability under this provision is equal to:

\[ \text{Monthly Benefit for Total Disability} \times \frac{A}{B} \]

“A” is your earnings at the time of disability.

“B” is the total amount payable under all valid disability coverage.

All benefits and earnings shall be treated on a consistent monthly basis. All references to the monthly benefit for total disability will mean the monthly benefit for total disability obtained by applying this provision. Any calculation of disability benefits provided under riders to this policy will be made after this provision is applied.

The monthly benefit for total disability will not be reduced under this provision:

1. To less than $200 or 25% of the monthly benefit for total disability shown on page 3, whichever is greater; nor
2. Due to any cost-of-living adjustments in other valid disability coverage made after the other coverage first becomes payable.

If benefits are approved under valid disability coverage provided by a governmental agency, and you receive a lump sum payment, you must immediately notify us. The lump sum will be pro-rated on a monthly basis over the time period for which the sum was intended. You will not have to return any payments we have already made under this policy, but such pro-rated payments will be added to your other valid disability coverage to the extent that they apply to a period for which we have not yet made benefit payments under this policy. If no time period for the lump sum payment is stated, we will determine a reasonable one.

The Effect of Income Taxes section has been removed by endorsement for fully underwritten policies. See page 19 for details.

A disability arising from the same or a related cause within 12 months (6 months for a 24 month or 60 month benefit period) is a continuation of a prior disability.

Recurrent and Concurrent Disability

<table>
<thead>
<tr>
<th>Recurrent Disability</th>
<th>Concurrent Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>If, after the end of a period of disability, you become disabled from the same or a related cause within 12 months (6 months if the maximum benefit period for the monthly benefit for total disability is expressed as a number of months) of the end of the prior period of disability, we will deem it a continuous period of disability. Otherwise, we will deem your disability a separate period of disability.</td>
<td></td>
</tr>
<tr>
<td>If a disability is caused by more than one injury and/or sickness, whether related or unrelated, which overlap for any time during a continuous period of disability, we will pay benefits as if the disability were caused by one injury or sickness.</td>
<td></td>
</tr>
</tbody>
</table>
You can keep your policy, exclusive of any riders, in force with a limited benefit period after age 65, as long as you continue to work full time.

These are the guidelines under which we will renew your policy.

There are some exclusions. The preexisting condition exclusion has been replaced by endorsement with the exclusion on page 18.

### Renewal Privilege if Employed After Age 65—Total Disability Benefit With Limited Benefit Period

| Renewal Privilege | Following the premium due date on or after your 65th birthday, you may continue the coverage under this policy, exclusive of any riders providing additional benefits, as long as:
|                  | 1. You remain actively and regularly employed full time; and
|                  | 2. The premium is paid on time.
|                  | You may exercise this privilege only while your policy is in force and you are not disabled. |

We may require proof from time to time that you have continued to be actively and regularly employed full time.

**Actively and regularly employed full time** means actively working an average of at least 30 hours per week for gain or profit, during the previous 13 weeks.

**Total Disability Benefit With Limited Benefit Period**

If you continue coverage under this privilege, benefits will be paid subject to the same provisions, limitations and exceptions in the policy. The maximum benefit period will be 24 months for total disability starting before your 75th birthday. If total disability starts after your 75th birthday, the maximum benefit period will be 12 months.

**Premiums**

The premium will be at the rate then in effect for your class and attained age, and may change, according to the table of premium rates, as of each policy anniversary. We may change the table of premium rates for your policy, but only if we change it for all policies in this class.

We will refund any premium paid after the premium due date on or next following your 65th birthday for a period during which you are no longer actively and regularly employed full time, since your policy would end at that time.

### Exclusions

**General Exclusions**

We will not pay benefits for a disability:

1. Due to an act of war, whether declared or undeclared;
2. Due to mental disorder and/or substance use disorder, except as provided for under the Mental Disorders and/or Substance Use Disorders provision on page 7;
3. Due to any loss we have excluded by name or specific description;
4. Due to your committing, or attempting to commit, a felony; or
5. Caused by an intentionally self-inflicted injury.

**Preexisting Conditions Exclusion**

We will not pay benefits for a disability due to an injury that occurs or a sickness that manifests itself during the first 2 years after the date of issue if it was due to a preexisting condition. This exclusion does not apply to any condition which was disclosed, and which was not misrepresented, in the application for this policy and was not excluded by name or specific description.
Premium and Reinstatement

**Premium Payment**

The payment of the premium shown on page 3, on or before the date of issue, will keep the policy in force for the term which starts on the date of issue. At the end of any term while the policy has been in force, it may be renewed for a further term (called a renewal term). To renew, you must pay the premium shown on page 3 by the premium due date.

The last renewal term of the policy will end on the day before the first premium due date on or after your 65th birthday. See Renewal Privilege if Employed on page 11 for renewal past this date.

All premium terms will begin at 12:01 A.M. and end at midnight Standard Time, where you live.

You may change the frequency of payment with our approval.

**Grace Period**

This policy has a 31-day grace period. This means that each premium after the first may be paid up to 31 days after its due date. During the grace period, the policy will stay in force. If you become disabled during the grace period while the premium remains unpaid, we may deduct any unpaid premium(s) from the benefits due you.

**Reinstatement**

If the premium is not paid to us before the end of the grace period, the policy will lapse. After the policy has lapsed, you may apply for reinstatement by completing an application and paying any unpaid premium(s) through the date of such application. However, we will waive the payment of premiums for the period from the end of the grace period through the date of reinstatement, and not require evidence of insurability, if:

1. Your employer was remitting your premiums for you; and
2. By the end of the grace period, your policy had been in force for at least one year from the date of issue; and
3. Your application for reinstatement is received by us within 90 days of the end of the grace period, along with:
   a. Proof satisfactory to us that the premiums were not paid due to a transition to a new employer; and
   b. The required premium.

If we have not sent to you a written disapproval of the application within 45 days, the policy will be reinstated as of the date we received the premium. If we do not send you a written disapproval of your proof of transition within 45 days, that proof will be considered satisfactory to us. However, if we send you a written disapproval of your proof of transition, and the application was not disapproved, the policy will be reinstated as of the date we received the premium, contingent upon receipt of any additional premium due, within 75 days of the date of application. If further premiums become due during the reinstatement process, those premiums must be paid on time to keep the policy in force.

Any premiums we, or any of our account representatives, accept for a reinstatement will be applied to a period for which premiums have not been paid. Overpayment of premium will be applied to future periods.

The reinstated policy will cover only a loss that results from an injury which occurs or a sickness that first manifests itself after the date of reinstatement. In all other respects all rights under this policy will remain the same, subject to any provisions noted on or attached to the reinstated policy.
# Premium and Reinstatement (Continued)

## Suspension During Military Service

If you enter full-time active duty in the military (land, sea or air) service of any nation or international authority, you may suspend this policy. But, you may not suspend the policy during active duty for training lasting 3 months or less. The policy will not be in force while it is suspended, and you will not be required to pay premiums. Your policy will be suspended as of the date we receive your written request to suspend the policy. No privileges or options of this policy or any attached riders may be exercised during suspension. We will refund the pro rata portion of any premium paid for a period beyond the date we receive your request. Premiums must be paid to the date of suspension.

If your full-time active duty in military service ends before the first premium due date on or after your 65th birthday, you may request that we place this policy back in force without evidence of insurability. Your coverage will start again when:

1. We receive your written request to place the policy back in force; and
2. You pay the required pro rata premium for coverage until the next premium due date.

Your request and premium payment must be received by us within 90 days after the date your active duty in the military ends. Premiums will be at the same rate that they would have been had your policy remained in force. The policy will not cover any loss due to an injury which occurs or a sickness which first manifests itself while the policy is suspended. In all other respects you and we will have the same rights under the policy as at the time before it was suspended.

## Suspension During Unemployment

If you become unemployed and receive 2 months of governmental unemployment benefits, you may suspend this policy. The policy will not be in force while it is suspended, and you will not be required to pay premiums. The suspension will begin upon our receipt of your written request for suspension and certification that you are unemployed and 2 months of governmental unemployment benefits have been received. When we receive the proper notification for suspension, we will refund the pro rata portion of any premium paid for a period beyond the date we receive your request. Premiums must be paid to the date of suspension, and this policy must have been in force for at least 1 year from the date of issue.

No privileges or options of this policy or any attached riders may be exercised during suspension. This policy may be suspended under this provision only once. The suspension will end at the earliest of:

1. 6 months after the date of suspension. At that time you will be notified that the policy has been placed back in force and premiums are now due; or
2. The first premium due date on or after your 65th birthday; or
3. The date this policy is placed back in force. Your coverage will start again when:
   a. We receive your written request to place the policy back in force, along with satisfactory evidence of current or impending employment; and
   b. You pay the required pro rata premium for coverage until the next premium due date.

Premiums will be at the same rate that they would have been had your policy remained in force. The policy will not cover any loss due to an injury which occurs or a sickness which first manifests itself while the policy is suspended. In all other respects you and we will have the same rights under the policy as at the time before it was suspended.
Dividends

Every year we determine an amount to be paid to our policyholders as dividends. We will determine the share, if any, for this policy and credit it as a dividend at the end of the policy year. We do not expect that any dividend on this policy will be paid for at least 5 years from its date of issue.

Claims

Time of Loss
All losses must occur while your policy is in force.

Notice of Claim
Written notice of claim must be given to us at our designated office within 30 days after a covered loss starts, or as soon as reasonably possible.

Claim Forms
After we receive the written notice of claim we will send you our proof of loss forms within 15 days. If we do not, you will meet the written proof of loss requirements if you send us, within the time set forth below, a written statement of the nature and extent of your loss.

Proof of Loss
Written proof of loss satisfactory to us must be sent to us within 90 days after the end of each monthly period for which you claim benefits. If that is not reasonably possible, your delay will not affect your claim. However, except in the case of legal incapacity, written proof must be given to us within one year. At our request, proof of loss may include financial proof and related information.

Supplemental Statements of Claim
We may require, as often as we feel is necessary, that you, and any physician treating you, execute a supplemental statement of claim.

Authorizations
We may require, as often as we feel is necessary, that you provide authorizations for us to obtain medical information, financial information, and any other information pertinent to your loss under a claim.

Examinations
From time to time and at our expense, as often as we feel is necessary, we may require an independent examination by a physician, other medical practitioner, or therapist, of our choice.

From time to time and at our expense, as often as we feel is necessary, we may require an independent audit of all your financial records, by a financial examiner of our choice. This may include examination of financial records for any business in which you have an ownership interest, if such records are pertinent to your loss under a claim.

From time to time, as often as we feel is necessary, we may have our representatives conduct personal interviews with you regarding your loss under a claim.

Time of Payment
After we receive written proof of loss, we will pay the benefits due under the policy—subject to continuing proof of loss.

Payment of Claims
All benefits will be paid to you. But, if you are not legally competent to give a valid release, or if any benefit is payable to your estate, we may pay up to $1,000 to anyone who we believe is entitled to it. If we make such a payment in good faith, we will not be liable to anyone for the amount we pay.

Beneficiary
The beneficiary is the person or persons to whom any benefits unpaid at your death are payable. You may name a contingent beneficiary to become the beneficiary if all the beneficiaries die while you are alive. If no beneficiary or contingent beneficiary is named, or none is alive when you die, your estate will be the beneficiary. While you are alive, you may change any beneficiary or contingent beneficiary.
## General Provisions

### Claims (Continued)

If more than one beneficiary is alive when you die, we will pay them in equal shares, unless you have chosen otherwise.

### How to Change the Beneficiary

You may change the beneficiary or contingent beneficiary of this policy by written notice or assignment of the policy. No change is binding on us until it is recorded at our designated office. Once recorded, the change binds us as of the date you signed it. This change will be without prejudice to us as to any payment we make or action we take before we record the change. We may require that you send us the policy to make the change.

### Assignment

You may assign your policy or any claim under it by written assignment. No assignment is binding on us until it is recorded at our designated office. Once recorded, the assignment binds us as of the date you signed it. The assignment will be without prejudice to us as to any payment we make or action we take before we record the assignment. We will not be responsible for the validity of any assignment. We may require that you send us the policy to record the assignment.

### General Provisions

#### The Contract

This policy with riders, if any, and the written application attached make up the entire contract. All statements in the application will be representations and not warranties. No statement will be used to contest the policy unless it appears in the application.

#### Limitation on Account Representative’s or Other Person’s Authority

No account representative or other person except our President, our Secretary or a Vice-President may:

(a) make or change any contract of insurance; or (b) change or waive any of the terms of this policy. Any change or waiver must be in writing and signed by our President, Secretary, or Vice-President.

#### Time Limit on Certain Defenses

After 2 years from the effective date of this policy, or of any policy change, not including any period during which this policy was suspended during military service or unemployment, no misstatements, except for fraudulent misstatements, made by you on the application for this policy, or in the application for any policy change, can be used to void this policy or such policy change, or to deny a claim under this policy for a loss incurred or a disability that begins after the end of such 2-year period.

No claim for loss incurred or disability starting after 2 years from the effective date of this policy, or of any policy change, will be reduced or denied on the grounds that a sickness or physical condition had existed before the effective date of this policy, or of such policy change, unless, on the date of loss, that sickness or physical condition was excluded from coverage by name or specific description.

#### Misstatement of Age and Sex

If your age or sex is not stated correctly on our records, the benefits under the policy will be those that the premium you paid would have bought at your correct age and sex.

#### Legal Actions

No legal action may be brought until 60 days after written proof of loss has been given. No such action may be brought after 3 years from the time written proof of loss is required to be given.

#### Conformity with State Statutes

Any provision in this policy which, on the date of issue, conflicts with the laws of the state in which you reside on that date is amended to meet the minimum requirements of such laws.

#### Waiver of Policy Provisions

Our failure to invoke or enforce a right we have reserved under the terms of this contract may not be deemed a permanent waiver of that right.

Copy of application is attached.
Notice

When you write to us, please give us your name, address and policy number. Please notify us promptly of any changes. We will write to you at your last known address.

Checks, drafts or money orders may be drawn on a U.S. bank to the order of Metropolitan Life (or “MetLife”). They are received subject to the condition that they may be handled for collection in accordance with the practice of the collecting bank or banks. If we do not receive the full amount of any check, draft or money order, it will not constitute payment. All payments are to be made in U.S. currency.

Voting for Directors

Our Board of Directors is elected by the policyholders. For details on how to vote, write to our Secretary.

Metropolitan Life Insurance Company
One Madison Avenue
New York, New York 10010-3690

Countersigned and Delivered on ________________________________ By ________________________________

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Riders providing additional benefits, special endorsements or exclusion riders, if any, follow page 15.

Disability Income Insurance Policy — Salary Saver

- Noncancelable and Guaranteed Renewable to Age 65. No Change in Premium Rates. This means that, as long as you pay the premium on time, we cannot change your policy or its premium rate until the first premium due date on or after your 65th birthday.
- Renewal Privilege After Age 65. Premium Rates are Subject to Change. If you are actively and regularly employed full time as of the first premium due date on or after your 65th birthday, you may continue coverage under this policy, exclusive of any riders providing additional benefits, for as long as you remain so employed. This privilege is explained on page 11.
- The Schedule of Benefits provided by this policy is shown on page 3.
- There is an exclusion for Preexisting Conditions on page 11.
- This policy is eligible for dividends.
Metropolitan Life Insurance Company

ENDORSEMENT

This endorsement is part of the policy to which it is attached. It amends the policy as follows:

1. "A Mutual Company Incorporated in New York State" under the Company title on the first page is changed to "A Stock Company Incorporated in New York State".
2. The Voting for Directors provision on the last page and all references to voting rights are deleted.
3. The Dividend provision and references to participation and dividends wherever they appear in the policy are deleted.

Christine M. DeBiase
Secretary
This endorsement changes, adds and deletes policy provisions, as noted throughout this specimen policy.

Metropolitan Life Insurance Company

Endorsement

This endorsement is part of this policy to which it is attached. This policy is amended as follows:

A. The definition of total disability on page 5 of this policy is deleted and replaced with the following:

"Total disability or totally disabled" means that as a result of injury or sickness, you are unable to perform with reasonable continuity the substantial and material acts necessary to pursue your usual occupation in the usual or customary way.

B. The definition of regular occupation on page 5 of this policy is deleted and replaced with the following:

"Usual occupation means any employment, business, trade or profession and the substantial and material acts of the occupation you were regularly performing when the disability began. Usual occupation is not necessarily limited to the specific job you performed."

All references to "regular occupation" in this policy, wherever they occur, are replaced with "usual occupation".

C. The definition of preexisting condition on page 6 of this policy is deleted and replaced with the following:

"Preexisting condition means:

1. You:
   a. received medical treatment, care or services for a diagnosed condition or took prescribed medication for a diagnosed condition in the 24 months immediately prior to the effective date of coverage under this policy; or
   b. suffered from a physical or mental condition, whether diagnosed or undiagnosed, which was misrepresented or not disclosed in the application (i) for which you received a physician's advice or treatment within 24 months immediately prior to the effective date of coverage under this policy; or (ii) which caused symptoms within 12 months immediately prior to the effective date of coverage under this policy for which a prudent person would usually seek medical advice or treatment; and

2. the disability caused or substantially contributed to by the condition begins in the first 24 months after the effective date of coverage under this policy."

D. The following is added to the Definitions section of this policy:

"Substantial and material acts means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified.

In determining what substantial and material acts are necessary to pursue your usual occupation, we will first look at the specific duties required by your job. If you are unable to perform one or more of these duties with reasonable continuity, we will then determine whether those duties are customarily required of other individuals engaged in your usual occupation. If any specific, material duties required of you by your job differ from the material duties customarily required of other individuals engaged in your usual occupation, then we will not consider those duties in determining what substantial and material acts are necessary to pursue your usual occupation."

E. The definitions of impairment and gainfully employed on page 5 of this policy are deleted.
Endorsement (continued)

F. The Preexisting Conditions Exclusion on page 11 of this policy is deleted and replaced with the following:

   “Preexisting Conditions Exclusion. You are not covered for a disability caused or substantially contributed to by a
   preexisting condition or medical or surgical treatment of a preexisting condition. This exclusion does not apply to any
   condition that was disclosed and was not misrepresented in the application for this policy and was not excluded by name
   or specific description.”

G. In the Benefit Adjustment Provision section on page 8 of this policy, the definition of valid disability coverage is deleted
   and replaced with the following:

   “Valid disability coverage means all disability coverage or benefits payable for a disability and provided by:
   1. Governmental agencies (e.g., Social Security Insurance Benefits, etc.); or
   2. Formal employer provided sick pay, salary continuance and other disability income benefits.”

H. The following provision is added to the Claims section of this policy:

   “Regular Care of a Physician
   You must be under the Regular Care of a Physician unless Regular Care:
   1. Will not improve the condition(s) causing Your Disability; or
   2. Will not prevent a worsening of the condition(s) causing Your Disability.
   Regular care means:
   1. You personally visit a Physician(s) as frequently as is medically required to effectively manage and treat the
      condition(s) causing Your Disability; and
   2. You are receiving appropriate treatment and care which conforms with generally accepted medical standards for
      the condition(s) causing Your Disability.
   Prior to the initial payment of benefits, provided You are receiving appropriate treatment and care which conforms with
   generally accepted medical standards for the condition(s) causing Your Disability, if the time period between Your visits
   to a Physician(s) is reasonable, You will be deemed to have satisfied the Regular Care of a Physician requirement, even if
   this results in a visit to a Physician(s) occurring after the end of the Elimination Period.”

Christine M. DeBiase
Secretary
This endorsement changes and deletes policy provisions, as noted throughout this specimen, for fully underwritten policies. See the endorsement on page 20 for Guaranteed Standard Issue policies.

**Endorsement**

This endorsement is part of this policy to which it is attached. This policy is amended as follows:

A. The definition of "Earnings at the time of disability" on page 8 of this policy is deleted.

B. In the Benefit Adjustment Provision, the Premium Refund for Benefit Reduction section on page 8 and 9 of this policy is deleted.

C. In the Benefit Adjustment Provision, in the Optional Benefit Increase section on page 9, item 1 under “You will qualify for an increase if, at the time you apply:” is revised to read as follows:

   “1. You are under age 50;”

D. In the Benefit Adjustment Provision, the Benefit Reduction at Time of Claim Based on Relation of Earnings to Insurance section on page 9 and 10 is deleted.

E. In the Benefit Adjustment Provision, the Effect of Income Taxes section on page 10 is deleted.

F. In the Claims Provision, in the Proof of Loss section on page 14, the second paragraph is deleted.

Christine M. DeBiase
Secretary

Metropolitan Life Insurance Company
This endorsement changes and deletes policy provisions, as noted throughout this specimen, for Guaranteed Standard Issue policies. See the endorsement on page 19 for fully underwritten policies.

**Endorsement**

This endorsement is part of this policy to which it is attached. This policy is amended as follows:

A. **The Benefit Adjustment Provision**, on pages 8, 9 and 10, of this policy is deleted.

B. In the **Claims Provision**, in the **Proof of Loss** section on page 14, the second paragraph is deleted.

[Signature]

Christine M. DeBiase
Secretary
Your adjusted monthly benefit amount is payable for total disability and used to determine your partial disability payments (if included in your policy). The cost of living adjustment is equal to 4% of the monthly benefit for total disability.

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<td>Definitions</td>
<td><strong>Review date</strong> means each anniversary date of the start of a continuous period of disability.</td>
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<td><strong>Monthly benefit for total disability</strong> means the monthly benefit for total disability shown on page 3, plus any supplemental social insurance benefit payable under your policy.</td>
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<tr>
<td>Benefits</td>
<td><strong>Adjusted monthly benefit for total disability</strong> means the monthly benefit for total disability plus the cost-of-living adjustment under this rider.</td>
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<td>The cost-of-living adjustment will be equal to 4% of the monthly benefit for total disability. This amount, rounded upwards to the nearest multiple of $10, will be added to the monthly (or adjusted monthly) benefit for total disability on each review date, provided your continuous period of disability lasts at least until the first review date.</td>
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<td>If your continuous period of disability lasts for at least one year, we will adjust any further monthly benefit for total disability and (if included in your policy) residual disability payable for that disability by using the adjusted monthly benefit for total disability instead of the monthly benefit for total disability. The adjusted monthly benefit for total disability will not be paid if you are gainfully employed, except if benefits are payable under a residual disability rider.</td>
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<td>No further cost-of-living adjustments will be made after the earliest of:</td>
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<td>1. The date a period of disability ends;</td>
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<td>2. The date the maximum benefit period ends; or</td>
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<td>3. The first premium due date on or after your 65th birthday.</td>
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<td>If the adjustments end because of 1 or 2 above, you may, within 90 days, add the amount of the cost-of-living adjustment(s) to the monthly benefit for total disability by paying a premium for this increased coverage. This premium will be determined from the rates in effect for a person of your age at the time the adjustments end because of 1 or 2 above, and your class on the date of this rider. Otherwise, benefits payable for a new period of disability will not include the cost-of-living adjustment(s) from the prior period. In any case, a new review date will apply to a later period of disability.</td>
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<td>If the adjustments would have ended because of 3 above, and if your disability starts after the first premium due date on which you are 63, but before this rider ends, adjustments will be made on the first and second review dates.</td>
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Rider: Cost-of-Living Adjustment for Disability Benefits (Continued)

**Time Limit on Certain Defenses**

After 2 years from the effective date of this rider, not including any period during which your policy was suspended during military service or unemployment, no misstatements, except for fraudulent misstatements, made by you on the application for this rider can be used to void this rider or deny a claim under this rider for a loss incurred or disability that begins more than 2 years from the date of this rider.

No claim for loss incurred or disability starting after 2 years from the effective date of this rider will be reduced or denied on the grounds that a sickness or physical condition had existed before the effective date of this rider unless, on the date of loss, that sickness or physical condition was excluded from coverage by name or specific description.

**Premium**

The premium for this rider is shown on page 3.

**Termination**

This rider will end on the earliest of:

1. The date the policy ends;
2. The first premium due date on or after your 65th birthday; or
3. The date you request in writing to end this benefit, in which case you must return the policy to us.
   - We will change the policy and return it to you.

Christine M. DeBiase
Secretary
We will pay some disability benefits even if you are working, but, as a result of injury or sickness, you have a loss of earnings of at least 20% of your prior earnings.

To help offset the effect of inflation, we will automatically index your prior earnings once each year after the first year of disability.

How the partial disability benefit amount is determined. If monthly earnings are 25% or less of prior earnings, the full monthly benefit for total disability will be payable.
We will provide a minimum partial disability benefit of 50% of the monthly benefit for total disability for the first 6 months of benefit payments (after the elimination period has been met).

Following termination of a continuous period of disability for which benefits were paid for at least 12 months, a payment equal to three times the benefit payable for the last month of your disability will be made.

Benefits (Continued)
For example, if your Monthly Benefit for Total Disability is $1,000, your prior earnings are $2,000, and your monthly earnings are reduced to $800 during your disability, your partial disability benefit would be computed as follows:

\[
\frac{2,000 - 800}{2,000} \times 1,000 = 600
\]

For periods of less than a month, benefits will be prorated based on a 30-day month.

Subject to the parameters given in their definitions above, “A” and “B” will be based on a consistent accounting method (i.e., cash or accrual).

However, during the first 6 months of partial disability, the minimum benefit will be 50 percent of the monthly benefit for total disability.

The partial disability benefit will be payable starting on the day after the elimination period ends; however, we will not pay a partial disability benefit while we are paying you the total disability benefit.

We will continue to pay this benefit until the earliest of:
1. The date you are no longer partially disabled;
2. The date the maximum benefit period is reached for a continuous period of disability; or
3. The first premium due date on or after your 65th birthday.

We may require proof from you as to your:
1. Prior earnings; and
2. Earnings for each month for which disability is claimed.

This may include your income tax returns, income statements, accountant’s statements or other proof acceptable to us. We have the right to have an audit performed at our expense as often as we feel is reasonably necessary.

Recovery Benefit—Following a continuous period of disability for which at least 12 months of benefits have been payable, we will pay you a recovery benefit equal to 3 times the benefit payable for the last month of your disability. This recovery benefit will be payable only once for a continuous period of disability, including recurrent disabilities.

Time Limit on Certain Defenses
After 2 years from the effective date of this rider, not including any period during which your policy was suspended during military service or unemployment, no misstatements, except for fraudulent misstatements, made by you on the application for this rider can be used to void this rider or deny a claim under this rider for a loss incurred or disability that begins more than 2 years from the date of this rider.

No claim for loss incurred or disability starting after 2 years from the effective date of this rider will be reduced or denied on the grounds that a sickness or physical condition had existed before the effective date of this rider unless, on the date of loss, that sickness or physical condition was excluded from coverage by name or specific description.

Premium
The premium for this rider is shown on page 3.
Rider: Monthly Benefit For Partial Disability (Continued)

Termination

This rider will end on the earliest of:
1. The date the policy ends;
2. The first premium due date on or after your 65th birthday; or
3. The date you request in writing to end this benefit, in which case you must return the policy to us.
   We will change the policy and return it to you.

Christine M. DeBiase
Secretary
THIS IS NEITHER A CONTRACT NOR AN OFFER TO CONTRACT NOR AN APPLICATION FOR DISABILITY INSURANCE.

The margin notes in this brochure are for reference only. The actual policy language controls our obligations. If a disability income policy is issued, our obligations will be determined solely by the provisions of the policy issued.

LIMIT OF AUTHORITY: Financial Services Representatives are not authorized to make, alter or discharge any contract in the name of Metropolitan Life Insurance Company (MetLife) nor to incur any liability on behalf of MetLife by any promise or statement. Financial Services Representatives have no authority to make statements, either verbal or written, which might be construed as binding MetLife, unless they are actually stated in the printed contracts.