



**METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK**

**Group Policy Form No: GPNP12-AX-AS
(Referred to as the "Group Policy")
Certificate Form No: GCERT12-AX-AS
(Referred to as the "Certificate")**

GROUP ACCIDENT INSURANCE

**THE CERTIFICATE PROVIDES LIMITED BENEFITS:
THE CERTIFICATE PROVIDES BENEFITS FOR ACCIDENTAL DEATH AND
ACCIDENTAL INJURIES, AND BENEFITS FOR TREATMENT OF AN ACCIDENTAL INJURY
IN A HOSPITAL. BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL
EXPENSES INCURRED. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE
WHEN YOU ENROLL FOR THIS INSURANCE.**

**THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE –
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO
HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.**

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY

This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and Certificate. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife with respect to the coverage. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

2) ACCIDENT INSURANCE

Accident insurance coverage is designed to provide, to persons insured, coverage for certain losses resulting from an Accident ONLY, subject to any limitations contained in the Certificate.

The Certificate does not provide for reimbursement of any medical expenses.

3) BENEFITS

The terms "You" and "Your" refer to the member who becomes insured for the group insurance coverage described in this outline. The term "Covered Person" refers to a person for whom insurance is in effect under the Certificate.

Please be aware that the Certificate contains specific conditions, maximums, limitations, exclusions and proof requirements for the benefits described below.

To receive benefits related to an Accident, the Accident must occur while Your insurance is in effect.

You have a choice of selecting coverage under the Standard Plan or the Premier Plan. A schedule of the benefit amounts for each plan is set forth below.

STANDARD PLAN

IF YOU SELECT THE STANDARD PLAN OPTION, THE FOLLOWING BENEFIT AMOUNTS WILL APPLY:

BASIC ACCIDENTAL DEATH BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$50,000	\$50,000	\$25,000
ACCIDENTAL DEATH – COMMON CARRIER BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$150,000	150,000	\$75,000

* The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
Basic Dismemberment/Functional Loss Benefit:	Benefit	Benefit	Benefit
Loss of one finger or one toe	\$3,000	\$3,000	\$690
Loss of one arm or one leg	\$22,500	\$22,500	\$7,031
Loss of one hand or one foot	\$22,500	\$22,500	\$7,031
Loss of two or more fingers or toes in any combination	\$3,000	\$3,000	\$690
Loss of sight in one eye	\$22,500	\$22,500	\$7,031
Loss of hearing in one ear	\$22,500	\$22,500	\$7,031
Catastrophic Dismemberment/Functional Loss Benefit:	Benefit	Benefit	Benefit
Loss of both arms or both legs or one arm and one leg	\$45,000	\$45,000	\$14,062
Loss of both hands or both feet or one hand and one foot	\$45,000	\$45,000	\$14,062
Loss of sight in both eyes	\$45,000	\$45,000	\$14,062
Loss of hearing in both ears	\$45,000	\$45,000	\$14,062
Loss of ability to speak	\$45,000	\$45,000	\$14,062
Paralysis Benefit:	Benefit	Benefit	Benefit
Two limbs (paraplegia or hemiplegia)	\$7,000	\$7,000	\$3,750
Four limbs (quadriplegia)	\$14,000	\$14,000	\$7,000

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:	Benefit for Closed Reduction	Benefit for Open Reduction
Face or Nose (except mandible or maxilla)	\$750	\$1,500
Skull fracture – depressed (except bones of face or nose)	\$2,100	\$3,750
Skull fracture – non-depressed (except bones of face or nose)	\$1,200	\$2,000
Lower Jaw, Mandible (except alveolar process)	\$750	\$1,500
Upper Jaw, Maxilla (except alveolar process)	\$750	\$1,500
Upper Arm between Elbow and Shoulder (humerus)	\$750	\$1,500
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$750	\$1,500
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$750	\$1,500
Rib	\$300	\$1,375
Finger, Toe	\$140	\$700
Vertebrae, Body of (excluding vertebral processes)	\$1,500	\$3,000
Vertebral Processes	\$450	\$3,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$1,500	\$3,000
Hip, Thigh (femur)	\$3,000	\$6,000
Coccyx	\$300	\$600
Leg (tibia and/or fibula)	\$1,500	\$3,000
Kneecap (patella)	\$750	\$1,500
Ankle	\$750	\$1,500
Foot (except toes)	\$750	\$1,500

***Chip Fracture Benefit** for any of the above: Benefit is 25% of the applicable benefit for the bone involved.

Dislocation Benefit: Full Dislocation Benefit*:	Benefit for Closed Reduction	Benefit for Open Reduction
Lower Jaw	\$750	\$1,350
Collarbone (sternoclavicular)	\$450	\$1,350
Collarbone (acromioclavicular and separation)	\$450	\$1,350
Shoulder (glenohumeral)	\$450	\$1,350
Rib	\$600	\$600
Elbow	\$600	\$600
Wrist	\$600	\$600
Bone or Bones of the Hand (other than fingers)	\$600	\$600
Hip	\$1,350	\$5,100
Knee (except patella)	\$450	\$1,350
Ankle - Bone or Bones of the Foot (other than toes)	\$450	\$1,350
One Toe or Finger	\$75	\$140

***Partial Dislocation Benefit** for any of the above: Benefit is 25% of the applicable benefit for joint involved.

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2nd Degree Burn	Benefit for 3rd Degree Burn
Less than 10%	\$550	\$1,375
At least 10% but less than 25%	\$825	\$4,000
At least 25% but less than 35%	\$1,100	\$9,000
35% or more	\$1,375	\$13,000

Skin Graft Benefit: Skin Graft for 2 nd or 3 rd degree burn	Benefit 50% of the applicable Burn Benefit
---	--

Concussion Benefit	Benefit
	\$55
Coma Benefit	\$12,750
Ruptured Disc with Surgical Repair Benefit	\$700
Torn Cartilage in Knee Benefit:	
With surgical repair	\$700
Exploratory Surgery without repair	\$330
Laceration Benefit:	
Repaired without stitches	\$40
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$150
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$275
Total of all lacerations is over six inches (over 15.24 cm) long	\$550
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:	
Surgical repair: one tendon/ligament/rotator cuff	\$700
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$700
Exploratory Surgery without repair	\$700
Broken Tooth Benefit:	
Crown	\$440
Extraction	\$180
Filling	\$25
Eye Injury Benefit	\$330

ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS

	Benefit
Air Ambulance Benefit	\$1,600
Ground Ambulance Benefit	\$225
Emergency Care Benefit:	
Emergency Room	\$150
Physician's Office	\$150
Urgent Care	\$150
Non-Emergency Initial Care Benefit	\$150
Medical Testing Benefit	\$225
Physician Follow-Up Visit Benefit	\$45
Transportation Benefit	\$650
Therapy Services Benefit:	Benefit
Cognitive behavioral therapy	\$40
Occupational therapy	\$40
Physical therapy	\$40
Respiratory therapy	\$40
Speech therapy	\$40
Vocational therapy	\$40
Pain Management Benefit (for Epidural Anesthesia)	\$110
Prosthetic Device Benefit:	
One device only	\$825
More than one device	\$825

Medical Appliance Benefit:	Benefit
Brace	\$140
Cane	\$140
Crutches	\$140
Walker – expected use less than 1 year	\$140
Walker – expected use 1 year or longer	\$140
Walking boot	\$140
Wheel chair or motorized scooter – expected use less than 1 year	\$140
Wheel chair or motorized scooter – expected use 1 year or longer	\$140
Other medical device used for mobility	\$140

Medical Appliance Benefit Limit:

Limit for all Medical Appliances combined,
per Covered Person, per Accident \$500

Modification Benefit \$500

Blood/Plasma/Platelets Benefit \$220

Inpatient Surgery Benefit:

Cranial Surgery \$1,375
 Exploratory Surgery \$575
 Hernia repair \$575
 Thoracic cavity or abdominal pelvic cavity Surgery \$1,375

Outpatient Ambulatory Surgery Benefit \$330

ACCIDENT - HOSPITAL BENEFITS

Benefit

Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission \$1,100
 Intensive Care Unit Admission \$2,100

Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement \$275 per day, up to 365 days
per Covered Person per
Accident

Intensive Care Unit Confinement \$700 per day, up to 31 days per
Covered Person per Accident

Inpatient Rehabilitation Benefit

\$160 per day, up to 30 days per Covered
Person per Accident but not to exceed
30 days per calendar year.

OTHER BENEFITS

Lodging Benefit

\$150 per day, up to 31 days
per calendar year

PREMIER PLAN

IF YOU SELECT THE PREMIER PLAN OPTION, THE FOLLOWING BENEFIT AMOUNTS WILL APPLY:

BASIC ACCIDENTAL DEATH BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$75,000	\$75,000	\$37,500
ACCIDENTAL DEATH – COMMON CARRIER BENEFIT: *	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
	\$200,000	\$200,000	\$100,000

*The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.

ACCIDENTAL DISMEMBERMENT / FUNCTIONAL LOSS / PARALYSIS BENEFITS:

	For You	For Your Spouse or Domestic Partner	For Your Dependent Child
Basic Dismemberment/Functional Loss Benefit:	Benefit	Benefit	Benefit
Loss of one finger or one toe	\$4,000	\$4,000	\$1,250
Loss of one arm or one leg	\$30,000	\$30,000	\$9,375
Loss of one hand or one foot	\$30,000	\$30,000	\$9,375
Loss of two or more fingers or toes in any combination	\$4,000	\$4,000	\$1,250
Loss of sight in one eye	\$30,000	\$30,000	\$9,375
Loss of hearing in one ear	\$30,000	\$30,000	\$9,375
Catastrophic Dismemberment/Functional Loss Benefit:	Benefit	Benefit	Benefit
Loss of both arms or both legs or one arm and one leg	\$60,000	\$60,000	\$18,750
Loss of both hands or both feet or one hand and one foot	\$60,000	\$60,000	\$18,750
Loss of sight in both eyes	\$60,000	\$60,000	\$18,750
Loss of hearing in both ears	\$60,000	\$60,000	\$18,750
Loss of ability to speak	\$60,000	\$60,000	\$18,750
Paralysis Benefit:	Benefit	Benefit	Benefit
Two limbs (paraplegia or hemiplegia)	\$9,300	\$9,300	\$4,650
Four limbs (quadriplegia)	\$19,000	\$19,000	\$9,500

ACCIDENTAL INJURY BENEFITS:

Fracture Benefit*:	Benefit for Closed Reduction	Benefit for Open Reduction
Face or Nose (except mandible or maxilla)	\$1,000	\$2,000
Skull fracture – depressed (except bones of face or nose)	\$2,800	\$5,000
Skull fracture – non-depressed (except bones of face or nose)	\$1,600	\$2,600
Lower Jaw, Mandible (except alveolar process)	\$1,000	\$2,000
Upper Jaw, Maxilla (except alveolar process)	\$1,000	\$2,000
Upper Arm between Elbow and Shoulder (humerus)	\$1,000	\$1,500
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$1,000	\$2,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$1,000	\$2,000
Rib	\$400	\$1,800
Finger, Toe	\$185	\$950
Vertebrae, Body of (excluding vertebral processes)	\$2,000	\$4,000
Vertebral Processes	\$600	\$4,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$2,000	\$4,000
Hip, Thigh (femur)	\$4,000	\$8,000
Coccyx	\$400	\$800
Leg (tibia and/or fibula)	\$2,000	\$4,000
Kneecap (patella)	\$1,000	\$2,000
Ankle	\$1,000	\$2,000
Foot (except toes)	\$1,000	\$2,000

***Chip Fracture Benefit** for any of the above: Benefit is 25% of the applicable benefit for the bone involved.

Dislocation Benefit: Full Dislocation Benefit*:	Benefit for Closed Reduction	Benefit for Open Reduction
Lower Jaw	\$1,000	\$1,800
Collarbone (sternoclavicular)	\$600	\$1,800
Collarbone (acromioclavicular and separation)	\$600	\$1,800
Shoulder (glenohumeral)	\$600	\$1,800
Rib	\$800	\$800
Elbow	\$800	\$800
Wrist	\$800	\$800
Bone or Bones of the Hand (other than fingers)	\$800	\$800
Hip	\$1,800	\$6,800
Knee (except patella)	\$600	\$1,800
Ankle - Bone or Bones of the Foot (other than toes)	\$600	\$1,800
One Toe or Finger	\$100	\$185

***Partial Dislocation Benefit** for any of the above: Benefit is 25% of the applicable benefit for joint involved.

Burn Benefit: Percentage of total surface skin area that is burnt	Benefit for 2nd Degree Burn	Benefit for 3rd Degree Burn
Less than 10%	\$740	\$1,800
At least 10% but less than 25%	\$1,100	\$5,200
At least 25% but less than 35%	\$1,450	\$12,000
35% or more	\$1,800	\$17,000

Skin Graft Benefit:	Benefit
Skin Graft for 2 nd or 3 rd degree burn	50% of the applicable Burn Benefit

Concussion Benefit	Benefit
	\$75
Coma Benefit	\$15,000
Ruptured Disc with Surgical Repair Benefit	\$950
Torn Cartilage in Knee Benefit:	
With surgical repair	\$950
Exploratory Surgery without repair	\$400
Laceration Benefit:	
Repaired without stitches	\$50
Repaired with stitches:	
Total of all lacerations is less than two inches (5.08 cm) long	\$200
Total of all lacerations is two to six inches (5.08 to 15.24 cm) long	\$370
Total of all lacerations is over six inches (over 15.24 cm) long	\$740
Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit:	
Surgical repair: one tendon/ligament/rotator cuff	\$950
Surgical repair: two or more tendons/ligaments/rotator cuffs	\$950
Exploratory Surgery without repair	\$950
Broken Tooth Benefit:	
Crown	\$580
Extraction	\$240
Filling	\$50
Eye Injury Benefit	\$440

ACCIDENT - MEDICAL TREATMENT AND SERVICES BENEFITS

	Benefit
Air Ambulance Benefit	\$2,000
Ground Ambulance Benefit	\$300
Emergency Care Benefit:	
Emergency Room	\$200
Physician's Office	\$200
Urgent Care	\$200
Non-Emergency Initial Care Benefit	\$200
Medical Testing Benefit	\$300
Physician Follow-Up Visit Benefit	\$60
Transportation Benefit	\$800
Therapy Services Benefit:	Benefit
Cognitive behavioral therapy	\$50
Occupational therapy	\$50
Physical therapy	\$50
Respiratory therapy	\$50
Speech therapy	\$50
Vocational therapy	\$50
Pain Management Benefit (for Epidural Anesthesia)	\$150
Prosthetic Device Benefit:	
One device only	\$1,100
More than one device	\$1,100

Medical Appliance Benefit:	Benefit
Brace	\$185
Cane	\$185
Crutches	\$185
Walker – expected use less than 1 year	\$185
Walker – expected use 1 year or longer	\$185
Walking boot	\$185
Wheel chair or motorized scooter – expected use less than 1 year	\$185
Wheel chair or motorized scooter – expected use 1 year or longer	\$185
Other medical device used for mobility	\$185

Medical Appliance Benefit Limit:

Limit for all Medical Appliances combined,
per Covered Person, per Accident \$1,000

Modification Benefit \$1,000

Blood/Plasma/Platelets Benefit \$300

Inpatient Surgery Benefit:

Cranial Surgery \$1,800
 Exploratory Surgery \$1,000
 Hernia repair \$1,000
 Thoracic cavity or abdominal pelvic cavity Surgery \$1,800

Outpatient Ambulatory Surgery Benefit \$440

ACCIDENT - HOSPITAL BENEFITS

Benefit

Accident - Hospital Admission Benefit:

Non-ICU Hospital Admission \$1,500
 Intensive Care Unit Admission \$2,700

Accident - Hospital Confinement Benefit:

Non-ICU Hospital Confinement \$370 per day, up to 365 days
per Covered Person per
Accident

Intensive Care Unit Confinement \$950 per day, up to 31 days per
Covered Person per Accident

Inpatient Rehabilitation Benefit

\$200 per day, up to 30 days per Covered
Person per Accident but not to exceed
30 days per calendar year

OTHER BENEFITS

Lodging Benefit

\$200 per day, up to 31 days per
calendar year

4) DEFINITIONS

Accident means an act or event which:

- is unforeseen, unexpected and unanticipated; and
- is definite as to time and place.

The term Accident includes unavoidable exposure to the elements if such exposure was a proximate result of an Accident.

Injury means any bodily harm.

Sickness means:

- a physical illness, physical infirmity or physical disease;
- pregnancy; or
- infection, but not an infection received through an accidental cut or wound.

5) EXCLUSIONS

We will not pay benefits for any loss for a Covered Person caused by the Covered Person's Sickness, or the diagnosis or treatment of such Sickness, except for the Covered Person's use of:

- any drug, medication or sedative that is taken or used as prescribed by a physician; or
- an "over the counter" drug, medication or sedative taken as directed.

We will not pay benefits for any loss for a Covered Person caused or contributed to by:

- the Covered Person's voluntary use, by any means, of poison, gas or fumes;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's intentionally self-inflicted Injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's infection, other than infection occurring in an external wound resulting from an Injury that results proximately from an Accident;
- food poisoning;
- the Covered Person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
 - treat an Injury that results proximately from an Accident;
 - correct a disorder of normal bodily function or structure that was caused by an Injury that results proximately from an Accident for which coverage is not otherwise excluded under the Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an Injury that results proximately from an Accident for which coverage is not otherwise excluded under the Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, we will not pay benefits for:

- a Covered Person while incarcerated in any type of penal or detention facility; or
- any of the following outside of the United States, Canada or Mexico:
 - medical treatment;
 - hospital admission or confinement; or
 - inpatient stay in a rehabilitation facility.

INTOXICANTS AND CONTROLLED SUBSTANCES

We shall not be liable for any loss sustained or contracted in consequence of the Covered Person's being intoxicated or under the influence of any controlled substance unless administered on the advice of a Physician.

ILLEGAL OCCUPATION OR COMMISSION OF A FELONY

We shall not be liable for any loss to which a contributing cause was the commission of or attempt to commit a felony by the Covered Person whose Injury or Sickness is the basis of claim, or to which a contributing cause was such Covered Person's being engaged in an illegal occupation.

6) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- Your 65th birthday;
- the date You die;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class for any reason other than Your retirement; or
- the date You cease to be a Member.

Termination of a Covered Person's insurance will be without prejudice to an existing claim.

7) ADMINISTRATION OF INSURANCE

Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8) PREMIUM

Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.



Delaware American Life Insurance Company
Hyatt Legal Plans, Inc.
Hyatt Legal Plans of Florida, Inc.
MetLife Health Plans, Inc.

Metropolitan Life Insurance Company
Metropolitan Tower Life Insurance Company
SafeGuard Health Plans, Inc.
SafeHealth Life Insurance Company

Our Privacy Notice

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

SECTION 1: Plan Sponsors and Group Insurance Contract Holders

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

SECTION 2: Protecting Your Information

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

SECTION 3: Collecting Your Information

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

SECTION 4: How We Get Your Information

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

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

- Ask for a medical exam
- Ask for blood and urine tests
- Ask health care providers to give us health data, including information about alcohol or drug abuse

We may also ask a consumer reporting agency for a "consumer report" about you (or anyone else to be insured). Consumer reports may tell us about a lot of things, including information about:

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

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

Another source of information is MIB, Inc. ("MIB"). It is a not-for-profit membership organization of insurance companies which operates an information exchange on behalf of its Members. We, or our reinsurers, may make a brief report to MIB. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted, MIB, upon request, will supply such company with the information in its file. Upon receipt of a request from you MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. You may do so by writing to MIB, Inc., 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734 or go to MIB website at www.mib.com.

SECTION 5: Using Your Information

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

- administer your products and services
- perform business research
- market new products to you
- comply with applicable laws
- process claims and other transactions
- confirm or correct your information
- help us run our business

SECTION 6: Sharing Your Information With Others

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

Other reasons we may share your information include:

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

SECTION 7: HIPAA

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

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

SECTION 8: Accessing and Correcting Your Information

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

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

SECTION 9: Questions

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

Send privacy questions to:

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

We may revise this privacy notice. If we make any material changes, we will notify you as required by law. We provide this privacy notice to you on behalf of the MetLife companies listed at the top of the first page.