



Baldwin County Alabama

**Basic Life, Basic AD&D, Supplemental Term Life, Supplemental Dependent Life,
Vision, Short Term Disability, Long Term Disability**

Proposal produced on September 19, 2019
This quote is valid for 90 days from date of proposal

Baldwin County Alabama Rate Summary

Coverage	Participating Lives	Covered Volume	Rates	Annual Premium
Life Option 1 5388391				
Basic Life (per \$1,000 of Covered Volume)	937	\$27,426,000	\$0.124	\$40,810
Rates are guaranteed from January 1, 2020 - December 31, 2022				
Basic AD&D (per \$1,000 of Covered Volume)	937	\$27,426,000	\$0.033	\$10,861
Rates are guaranteed from January 1, 2020 - December 31, 2022				
Supplemental Life (per \$1,000 of Covered Volume)	505	\$50,707,000		
All Active Full Time Employees				
Less than 30	48	\$4,970,000	\$0.060	
30-34	64	\$8,220,000	\$0.060	
35-39	58	\$7,000,000	\$0.090	
40-44	64	\$7,130,000	\$0.123	
45-49	74	\$7,150,000	\$0.187	
50-54	78	\$7,450,000	\$0.297	
55-59	62	\$4,765,000	\$0.552	
60-64	41	\$3,100,000	\$0.660	
65-69	11	\$670,000	\$1.270	
70+	5	\$252,000	\$2.108	
Rates are guaranteed from January 1, 2020 - December 31, 2022				
Important Information concerning Supplemental Life enrollments: For take-over supplemental life plans: This quote does not include an open enrollment and late enrollees will be required to provide Evidence of Insurability (EOI). However, for in-force \$10,000 increment plans, current participating employees may increase their in-force supplemental coverage an additional increment for the employee coverage only, up to the non-medical maximum stated in the policy. All increases are subject to the terms of the policy.				

Supplemental Dependent Life (per \$1,000 of Covered Volume)				
All Active Full Time Employees				
Spouse*:				
Less than 30			\$0.060	
30-34			\$0.060	
35-39			\$0.090	
40-44			\$0.123	
45-49			\$0.187	
50-54			\$0.297	
55-59			\$0.552	
60-64			\$0.660	
65-69			\$1.270	
70+			\$2.108	
Child			\$0.240	
Rates are guaranteed from January 1, 2020 - December 31, 2022				
* Spouse rates are based on the employee's age.				
Vision 5419631				
Vision (Per Employee Per Month)	476			\$83,621
▪ Employee Only	197		\$9.19	
▪ Employee + 1 Dependent	143		\$13.33	
▪ Employee + Family	136		\$23.91	
Rates are guaranteed from January 1, 2020 - December 31, 2022				
VSTD Option 1 RQ1 5426991				
Short Term Disability (per \$10 Covered Weekly Benefit)	354	\$150,923		\$34,776
Less than 30		\$17,876	\$0.307	
30-34		\$16,330	\$0.292	
35-39		\$19,143	\$0.277	
40-44		\$20,535	\$0.285	
45-49		\$16,430	\$0.322	
50-54		\$21,385	\$0.367	
55-59		\$19,894	\$0.457	
60-64		\$13,635	\$0.555	
65+		\$5,696	\$0.630	
Rates are guaranteed from January 1, 2020 - December 31, 2022				
LTD Option 1 5441135				
Long Term Disability (per \$100 Covered Monthly Payroll) – multi-product pricing with Life and Vision	937	\$3,416,609	\$0.203	\$83,229
Rates are guaranteed from January 1, 2020 - December 31, 2022				

Summary of Benefits Life / AD&D Insurance

Basic Life	
All Active Full Time Employees (30 Hours)	<ul style="list-style-type: none"> Flat \$30,000 Medical Evidence Level: \$30,000 Reduces by 35% at Age 65, 60% at Age 70, 80% at Age 75 Waiver of Premium (disabled prior to 60, waiting period 6 months, coverage continues to 70) Conversion is included in this quote Accelerated Benefit Option: 12 months or less to live, up to 80.0% of coverage, to a maximum of \$500,000
<p>Age Reduction*: The Employer is responsible for making sure that the offer of insurance to its Employees under the program described complies, if applicable, with the Age Discrimination in Employment Act of 1967, as amended, ("ADEA"), and the regulations thereunder. The Employer should seek the advice of counsel as to whether ADEA applies to the program and, if so, whether it is in compliance with ADEA and other applicable laws. MetLife is required to comply with insurance age discrimination laws where applicable.</p> <p>*All reductions are applied to the original benefit amount</p>	

Basic AD&D	
All Active Full Time Employees (30 Hours)	<ul style="list-style-type: none"> 100% of the Basic Life benefit. Waiver of Premium (disabled prior to 60, waiting period 6 months, coverage continues to 70)
<p>Age Reduction*: The Employer is responsible for making sure that the offer of insurance to its Employees under the program described complies, if applicable, with the Age Discrimination in Employment Act of 1967, as amended, ("ADEA"), and the regulations thereunder. The Employer should seek the advice of counsel as to whether ADEA applies to the program and, if so, whether it is in compliance with ADEA and other applicable laws. MetLife is required to comply with insurance age discrimination laws where applicable.</p> <p>*All reductions are applied to the original benefit amount</p>	

	Rate per \$1,000 of Covered Volume	Est Volume	Est Monthly Premium	Est Annual Premium
Basic Life	\$0.124	\$27,426,000	\$3,401	\$40,810
Rates are guaranteed from January 1, 2020 - December 31, 2022 (36 months)				
Basic AD&D¹	\$0.033	\$27,426,000	\$905	\$10,861
Rates are guaranteed from January 1, 2020 - December 31, 2022 (36 months)				
Please note that the MetLife AD&D insurance premium includes a fee for the Travel Assistance [and Identity Theft Solutions] services, provided by AXA Assistance USA, Inc.				
¹ Travel Assistance and Identity Theft Solutions services are administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Certain Underwriters at Lloyd's of London (not incorporated) through Lloyd's Illinois, Inc. Neither AXA Assistance USA Inc. nor the Lloyd's entities are affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.				

Supplemental Term Life

All Active Full Time Employees
(30 Hours)

- \$10,000 increments to a maximum of the lesser of 7.00 times pay or \$500,000
- A minimum benefit of \$10,000
- Medical Evidence Level: \$250,000
- No Age Reduction
- Waiver of Premium (disabled prior to 60, waiting period 9 months, coverage continues to 70)
- Conversion and Portability are included in this quote
- Accelerated Benefit Option: 12 months or less to live, up to 80.0% of coverage, to a maximum of \$500,000

Supplemental Life	Rate per \$1,000 of Covered Volume	Est Volume	Est Monthly Premium	Est Annual Premium
Less than 30	\$0.060	\$4,970,000	\$11,906	\$142,878
30-34	\$0.060	\$8,220,000		
35-39	\$0.090	\$7,000,000		
40-44	\$0.123	\$7,130,000		
45-49	\$0.187	\$7,150,000		
50-54	\$0.297	\$7,450,000		
55-59	\$0.552	\$4,765,000		
60-64	\$0.660	\$3,100,000		
65-69	\$1.270	\$670,000		
70+	\$2.108	\$252,000		
Rates are guaranteed from January 1, 2020 - December 31, 2022 (36 months)				

Supplemental Dependent Life	
All Active Full Time Employees (30 Hours)	<p>Spouse Benefit:</p> <ul style="list-style-type: none"> \$5,000 increments to a maximum of \$250,000, not to exceed 50% of employee's Optional Life Benefit A minimum benefit of \$5,000 Spouse Medical Evidence Level: \$50,000 Spouse Accelerated Benefit Option: 12 months or less to live, up to 80.0% of coverage, to a maximum of \$500,000 <p>Child Benefit:</p> <ul style="list-style-type: none"> Child 15 days to 6 months old: \$1,000 Child more than 6 months old: Options of \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000. Child limiting age: 26, 26 if a full-time student Child Medical Evidence Level: \$10,000 <ul style="list-style-type: none"> No Age Reduction Waiver of Premium (disabled prior to 60, waiting period 9 months, coverage continues to 70) Conversion and Portability are included in this quote

Supplemental Dependent Life	Rate per \$1,000 of Covered Volume	Est Volume	Est Monthly Premium	Est Annual Premium
Spouse*:				
Less than 30	\$0.060			
30-34	\$0.060			
35-39	\$0.090			
40-44	\$0.123			
45-49	\$0.187			
50-54	\$0.297			
55-59	\$0.552			
60-64	\$0.660			
65-69	\$1.270			
70+	\$2.108			
Child**:	\$0.240			
Rates are guaranteed from January 1, 2020 - December 31, 2022 (36 months)				
* Spouse rates are based on the employee's age.				
** Child(ren) rates are per \$1,000 of coverage, per child unit. A child unit may consist of more than one child.				

Plan Features and Limitations

Portability: Option to continue term insurance under a different policy when coverage terminates. Minimums, maximums, and other conditions apply. Portability is not available for residents of Alaska.

Grief Counseling: Automatically included with Basic Life at no additional cost to the employer or employee. Available in all situs states on Basic Life except ND. Automatically included with Supplemental Life at no additional cost to the employee. Available in all situs states on Supplemental Life except for FL and ND.

Grief counseling is offered by LifeWorks US Inc.¹. Grief counseling provides eligible beneficiaries a form of counseling that aims to help people cope with grief and mourning following the death of a loved one.

¹ Grief Counseling services are provided through an agreement with LifeWorks US Inc. LifeWorks US Inc. is not an affiliate of MetLife and the services LifeWorks US Inc. provides are separate and apart from the insurance provided by MetLife.

Will Preparation: Automatically included with Supplemental Life. Face to Face meeting with a Hyatt attorney.

Will Preparation is offered by Hyatt Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. For New York sitused cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation.

MetLife Estate Resolution ServicesSM: Automatically included with Supplemental Life. Face to Face meeting with a Hyatt attorney

Estate Resolution Services is offered by Hyatt Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island.

Funeral Discounts and Planning Services[#]:

As a MetLife group life policyholder, you and your family may have access to funeral discounts, planning and support to help honor a loved one's life - at no additional cost to you. Dignity Memorial provides you and your loved ones access to discounts of up to 10% off of funeral, cremation and cemetery services through the largest network of funeral homes and cemeteries in the United States.

When using a Dignity Memorial Network you have access to convenient planning services - either online at www.finalwishesplanning.com, by phone (1-866-853-0954), or by paper - to help make final wishes easier to manage. You also have access to assistance from compassionate funeral planning experts to help guide you and your family in making confident decisions when planning ahead as well as bereavement travel services - available 24 hours, 7 days a week, 365 days a year - to assist with time-sensitive travel arrangements to be with loved ones.

[#] Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. Not available in some states. Planning services, expert assistance, and bereavement travel services are available to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers are pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For TN, the discount is available for "At Need" services only. Not approved in AK, FL, KY, MT, ND, NY and WA.

Total Control Account (TCA):

- ☐ Death claim proceeds paid via the TCA Settlement Option - an interest-bearing account with draft-writing privileges

- ☐ Relieves beneficiaries of the need to make immediate decisions about what to do with a lump-sum check, while giving them the flexibility to access funds as needed and earn interest on the proceeds as they assess their financial situation
- ☐ Provides full and immediate access to the death proceeds
- ☐ Principal and interest earned are guaranteed by the financial strength and claims paying ability of the Metropolitan Life Insurance Company
- ☐ Beneficiary receives a draftbook, along with a Customer Agreement and other materials describing the Account
- ☐ Unlimited draft writing privileges
- ☐ No charges for processing TCA drafts, no monthly maintenance fees, and no charge for ordering additional TCA drafts
- ☐ Accountholders receive periodic statements itemizing account activity and a free Life **Advice** newsletter
- ☐ Information about the TCA is available electronically through MetLife's easy to use eSERVICE web site
- ☐ Customer Service Representatives specially trained to provide service to beneficiaries are available through a special toll-free number
- ☐ At their convenience, Accountholders are able to touch or speak their requests into the phone such as, "hear account balance", "get recent transactions", and "order drafts."

Subject to state law, and/or group policyholder direction, the TCA is provided for all Life and AD&D benefits of \$5,000 or more. The TCA is not insured by the Federal Deposit Insurance Corporation or any government agency. The assets backing the TCA are maintained in the Metropolitan Life Insurance Company (MetLife) general account and are subject to MetLife's creditors. MetLife bears the investment risk of the assets backing the TCA, and expects to receive a profit. Regardless of the investment experience of such assets, the interest credited to Total Control Accounts will never fall below the guaranteed minimum rate. Guarantees are subject to the financial strength and claims paying ability of MetLife.

Accelerated Benefits Option: If included, the minimum that can be accelerated is \$20,000.

The definition of earnings used to define benefits will be **Basic Monthly Earnings**.

Waiver of Premium: Group life coverage is continued for an employee meeting the contractual definition of total disability. No further premium payment for that employee is required. The onset of the disability must occur prior to the age as defined in the Summary of Benefits. The disability must last continuously through the defined waiting period, and the employee must submit a request for the extension within 12 months of the onset of the total disability.

Enrolling in the Plan:

- A statement of health will need to be submitted by employees who:
 - Request coverage amounts during their initial 31-day enrollment that exceed the stated MEOI level.
 - Apply for coverage after the period which begins on the first day on which they are eligible for the coverage (or the first day following a qualifying event, if applicable) and ends at the earlier of the next following annual enrollment period or the day before the next following Policy Anniversary. In no event will this period be more than a year, or less than 31 days.
 - Have indicated a medical condition on their enrollment form.
- Employees who are Actively-at-Work but who are not currently enrolled in the plan and experience a Qualifying Event must submit a statement of health in order to enroll for any amount of coverage.

Benefit Increases:

- Supplemental Term Life: Employees, Actively at Work, who are participating in the plan may increase their coverage up two benefit level without submitting a statement of health, provided the increased benefit does not exceed the Medical Evidence Level, as defined in the Summary of Benefits.

<ul style="list-style-type: none"> Basic Life, Dependent Supplemental Term Life: Employees, Actively at Work, who are participating in the plan and want to increase their coverage by any amount will have to submit a statement of health.
The coverage will be subject to a contestability clause in accordance with the law.
<p>Except in Washington: Supplemental and Dependent Life Insurance will not be paid to the Beneficiary if an insured commits suicide within 2 years (1 year in Missouri if the insured intended to commit suicide when enrolling for such insurance, 1 year in North Dakota and Colorado) of the effective date of this certificate. Instead, we will pay the Beneficiary an amount equal to any contributions paid, without interest.</p> <p>Except in Washington: if an insured commits suicide within 2 years (1 year in Missouri if the insured intended to commit suicide when enrolling for an increase in insurance, 1 year in North Dakota and Colorado) from the effective date of any increase in the amount of Supplemental and Dependent Life Insurance, such increased amount will not be paid to the Beneficiary. Instead we will pay the Beneficiary: an amount equal to all contributions paid for the increased amount, without interest; plus, the amount of Supplemental Life Benefits that was in effect on the day before the effective date of such increased amount.</p>
The employee must be covered for benefits in order for dependents to be covered.
Dependent benefits terminate at the earlier of: the employee's retirement or when the employee's coverage terminates.
Dependent Eligibility Deferment – Dependent is not confined to hospital, confined to home or receiving disability income from any source.
No eligible individual may be covered more than once under this plan. If a person is covered as an employee, he/she cannot be covered as a spouse or dependent. If an employee and spouse are employed by the same employer, their eligible dependents may be insured as dependents of only one employee.
Dependent benefit cannot exceed the lesser of the amount for which the employee is insured or any applicable state law limit.

Table of Covered Losses for AD&D	
Covered Loss	Basic AD&D
Life	100%
Hand	50%
Foot	50%
Arm	75%
Leg	75%
Sight of One Eye	50%
Combination of a Hand, Foot, and/or Eye	100%
Thumb & Index Finger on the Same Hand	25%
Speech and Hearing	100%
Speech	50%
Hearing	50%
Paralysis of Both Arms and Both Legs	100%
Paralysis of Both Legs	50%
Paralysis of the Arm & Leg on Either Side of the Body	50%
Paralysis of One Arm or Leg	25%
Brain Damage	100%
Coma	1% monthly up to 60 months
* Maximum Amount payable for all Covered Losses sustained in one accident is capped at 100% of the Full Amount	
Additional Benefits	
Benefit	Basic AD&D
Air Bag Use	5% up to \$10,000
Seat Belt Use	10% up to \$25,000
Common Carrier	100% of Full Amount
Child Care Center	\$5,000 per year for 4 Yrs up to 12% of Full Amount

Limitations and Exclusions	
Limitations	<ul style="list-style-type: none"> The Accidental Death & Dismemberment loss must occur within 365 days after the date of the accident and be a direct result of bodily injury sustained from that accident, independent of other causes.
Exclusions	<p>Accidental Death & Dismemberment insurance does not include payment for any loss which in any way results from or is caused by or contributed to by:</p> <ul style="list-style-type: none"> physical or mental illness or infirmity, or the diagnosis or treatment of such illness or infirmity; infection, other than infection occurring in an external accidental wound; suicide or attempted suicide; intentionally self-inflicted injury; service in the armed forces of any country or international authority. However, service in reserve forces does not constitute service in the armed forces, unless in connection with such reserve service an individual is on active military duty as determined by the applicable military authority other than weekend or summer training. For purposes of this provision reserve forces are defined as reserve forces of any branch of the military of the United States or of any other country or international authority, including but not limited to the National Guard of the United States or the national guard of any other country; any incident related to: 1) travel in an aircraft as a pilot, crew member, flight student or while acting in any capacity other than as a passenger; 2) travel in an aircraft for the purpose of parachuting or otherwise exiting from such aircraft while it is in flight; 3) parachuting or otherwise exiting from an aircraft while such aircraft is in flight except for self-preservation; 4) travel in an aircraft or device used for testing or experimental purposes; by or for any military authority; or for travel or designed for travel beyond the earth's atmosphere; committing or attempting to commit a felony; the voluntary intake or use by any means of: 1) any drug, medication or sedative, unless it is: taken or used as prescribed by a Physician, or an "over the counter" drug, medication or sedative, taken as directed; 2) alcohol in combination with any drug, medication, or sedative; or 3) poison, gas, or fumes; war, whether declared or undeclared; or act of war, insurrection, rebellion, riot; driving a vehicle or operating another device while intoxicated as defined by the laws of the jurisdiction in which the vehicle or other device was being operated.

Highlights
Broker Commissions included in the rate: Flat 15.00%
Expected Participation Basic Life: 100% Basic AD&D: 100% Supplemental Term Life: 54% and at least 10 covered lives. Supplemental Dependent Life: 54%
Employee Contributions Basic Life: 0% Basic AD&D: 0% Supplemental Term Life: 100% Supplemental Dependent Life: 100%
Situs is ALABAMA
Financial Arrangement: Non-retrospectively Experience Rated
Final rates will be based on actual enrollment and contribution levels.
Submit complete enrollment materials by the 15 th of the month preceding the effective date to ensure prompt Underwriting review.
Benefits terminate at retirement for: Basic Life Basic AD&D Supplemental Term Life Supplemental Dependent Life
AD&D Benefits terminate when the corresponding Life Benefits terminate.
Actively at Work On the Group Policy Effective Date, MetLife will cover those not Actively at Work in accordance with the following guidelines: <ul style="list-style-type: none"> • All Employees will be covered under the transition rules for the MetLife Group Policy, regardless of their Actively At Work status, provided: <ul style="list-style-type: none"> ○ Their coverage was in force under the prior plan on the day before the MetLife Group Policy effective date, and ○ A Waiver of Premium disability claim was not previously approved by the prior carrier. Individuals who have previously been approved for Waiver of Premium will retain life insurance protection under the prior carrier's policy. • The Group Life insurance provided under the transition rules for the MetLife Group Policy is equal to the <u>lesser</u> of: <ul style="list-style-type: none"> ○ The coverage amount under the prior plan, and ○ The coverage amount under the MetLife plan for the applicable employee class and coverage type • For each participant <u>not</u> Actively At Work on the MetLife Group Policy effective date, transition coverage would continue under these rules until the <u>earliest</u> of the following to occur: <ul style="list-style-type: none"> ○ The date the employee returns to work as an active Full-Time Employee, at which time active employee coverage will supersede the transition coverage ○ The last day of the 12 month period following the MetLife coverage effective date ○ The last day the employee would have been covered under the prior policy had it not terminated (in other words, the date an individual's coverage under the prior policy would have ceased for some reason <u>unrelated</u> to the policy ending)

- The date coverage would end pursuant to the termination provisions of the MetLife certificate
- The date extension protection is provided under the Waiver of Premium provision of the prior carrier's policy (i.e. approval of a premium waiver claim on account of a disability that occurred while the employee's coverage under the prior policy was in force)

If not already provided, please provide a listing of Non-Actively at Work employees that includes age, gender, amount of insurance, date of, and reason for disability of all such disabled individuals, for risk evaluation.

Summary of Benefits VISION

Vision		
Class Description	All Active Full Time Employees (30 Hours)	
Plan Name	M150A-10/10-M	
Reimbursement	In-Network Coverage (Using a Network Provider)	Out-of-Network Reimbursement (Using a Non-Network Provider)
Eye Examination		
Comprehensive exam of visual functions and prescription of corrective eyewear.	\$10 copay	\$45 allowance
Retinal Imaging This screening is used to take pictures of the inside of the eye particularly the retina to look for possible changes.	Up to \$39 copay	Applied to the exam allowance
Materials / Eyewear (Either Glasses or Contacts)		
Standard Corrective Lenses		
• Single vision	\$10 copay	\$30 allowance
• Lined bifocal	\$10 copay	\$50 allowance
• Lined trifocal	\$10 copay	\$65 allowance
• Lenticular	\$10 copay	\$100 allowance

Standard Lens Enhancement		
• Ultraviolet coating	Covered in Full	Applied to the allowance for the applicable corrective lens
• Polycarbonate (child up to age 18)	Covered in Full	Applied to the allowance for the applicable corrective lens
Additional Lens Enhancements¹		
• Progressive Standard	Up to \$55 copay	\$50 allowance
• Progressive Premium/Custom	Premium: Up to \$95-\$105 copay Custom: Up to \$150-\$175 copay	\$50 allowance
• Polycarbonate (adult)	Single Vision: Up to \$31 copay Multifocal: Up to \$35 copay	Applied to the allowance for the applicable corrective lens
• Scratch-resistant coating (variable by type)	Up to \$17 - \$33 copay	Applied to the allowance for the applicable corrective lens
• Tints (variable by type)	Single Vision: Up to \$17 - \$34 copay Multifocal: Up to \$17 - \$44 copay	Applied to the allowance for the applicable corrective lens
• Anti-reflective coating (variable by type)	Up to \$41 - \$85 copay	Applied to the allowance for the applicable corrective lens
• Photochromic (variable by type)	Up to \$47 - \$82 copay	Applied to the allowance for the applicable corrective lens
Frame Allowance (You will receive an additional 20% off any amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club.)		
• Costco, Walmart* and Sam's Club*	\$150 allowance	\$70 allowance
• *Network available nationwide effective 8/1/2019 except for Arkansas which will be available 1/1/2020.	\$85 allowance	
Contact Lenses		
• Elective	\$150 allowance	\$105 allowance
• Necessary	Covered in full after eyewear copay	\$210 allowance
• Contact Fitting and Evaluation	Standard or Premium fit: Covered in full with a maximum copay of \$60	Applied to the contact lens allowance
Value Added Features		
Additional Savings on Glasses and Sunglasses¹		
Get 20% off the cost for additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.		

Laser Vision correction²	Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. Offer is only available at MetLife participating locations.
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¹Member costs for listed lens enhancements will be limited to copays that MetLife has negotiated with participating providers. These copays can be viewed by members after enrollment at www.metlife.com/mybenefits. All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco, Walmart and Sam's Club to confirm the availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

² Custom LASIK coverage only available using wave front technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Laser vision care discounts are only available from participating locations.

Supplemental Rider Benefit Information	
In-Network	Out-of-Network
Low Vision Once every 24 months <ul style="list-style-type: none"> Provides additional benefits to members who are not legally blind, but whose eyesight cannot be corrected to 20/70 with the use of optical lenses. Not available at retail chains including Costco, Walmart and Sam's Club. Supplemental evaluation: Covered in full up to a benefit maximum. Maximum of two tests within a two-year period. Supplemental aids: 75% of allowable amount up to benefit maximum. Benefit maximum: \$1,000 every two years. 	Low vision: -Supplemental evaluation and aids: Same as in-network benefits.

Vision	Rate per Employee	Lives	Est Monthly Premium	Est Annual Premium
▪ Employee Only	\$9.19	197	\$6,968	\$83,621
▪ Employee + 1 Dependent	\$13.33	143		
▪ Employee + Family	\$23.91	136		
▪ Total		476		
Rates are guaranteed from January 1, 2020 - December 31, 2022 (36 months)				

Frequency / Exclusions

Class Description: All Active Full Time Employees	
	Frequencies
▪ Examinations	▪ 1 per 12 Months
▪ Standard Corrective Lenses	▪ 1 per 12 Months
▪ Frames	▪ 1 per 12 Months
▪ Contact Lenses	▪ 1 per 12 Months
Either glasses or contacts allowed per frequency	

Exclusions
<ul style="list-style-type: none"> Services and/or materials not specifically included in the Summary of Benefits as covered Plan Benefits. Any portion of a charge in excess of the Maximum Benefit Allowance or reimbursement indicated in the Summary of Benefits. Plano lenses (lenses with refractive correction of less than $\pm .50$ diopter) Two pairs of glasses instead of bifocals. Replacement of lenses, frames and/or contact lenses furnished under this Plan which are lost, stolen or damaged, except at the normal intervals when Plan Benefits are otherwise available. Orthoptics or vision training and any associated supplemental testing. Medical or surgical treatment of the eyes. Prescription and non-prescription medications. Contact lens insurance policies or service agreements. Refitting of contact lenses after the initial (90-day) fitting period. Contact lens modification, polishing or cleaning. Local, state and/or federal taxes, except where MetLife is required by law to pay. Any eye examination or any corrective eyewear required as a condition of employment. Services and supplies received by You or Your Dependent before the Vision Insurance starts for that person. Missed appointments. Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits. Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital. Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony. Services and materials obtained while outside the United States, except for emergency vision care. Services, procedures, or materials for which a charge would not have been made in the absence of insurance.
Highlights
Broker Commissions included in the rate: Flat 10.00%
Expected Participation: 51%
Employee Contributions: 100%
Financial Arrangement: Non-retrospectively Experience Rated
Situs is ALABAMA
SIC Code: 9111
Dependent Child Definition: A Child is covered up to age 26; A student is covered up to age 26.
This quote assumes the plan is a Section 125 plan.
An Open Enrollment period occurring annually is included

Summary of Benefits Short Term Disability

Short Term Disability	
Class Description	All Active Full Time Employees (30 Hours)
Weekly Benefit Amount	60%
Maximum Weekly Benefit	\$500
Minimum Weekly Benefit*	\$20
Elimination Period	Accident – 30 days
	Sickness – 30 days
Benefit Duration	22 weeks
Rehabilitation Incentives included in quote (details in limitations and definitions)	Work Incentive Rehabilitation Program Incentive Family Care Incentive Moving Expense Incentive
* The minimum weekly benefit is subject to overpayment situations and any applicable rehabilitation incentives.	

Short Term Disability	Rate per \$10 Of Covered Weekly Benefit	Covered Weekly Benefit	Est Monthly Premium	Est Annual Premium
STD				
Less than 30	\$0.307	\$17875.75	\$5,480	\$65,757
30-34	\$0.292	\$16329.79		
35-39	\$0.277	\$19142.66		
40-44	\$0.285	\$20534.91		
45-49	\$0.322	\$16429.92		
50-54	\$0.367	\$21384.57		
55-59	\$0.457	\$19894.17		
60-64	\$0.555	\$13635.12		
65+	\$0.630	\$5695.68		
Rates are guaranteed from January 1, 2020 - December 31, 2022 (36 months)				

All Active Full Time Employees	
Limitations and Definitions	
Definition of Disability	<p>Due to a Sickness, or as a direct result of accidental injury:</p> <ul style="list-style-type: none"> the employee is receiving Appropriate Care and Treatment and complying with the requirements of such treatment, and is unable to earn more than 80% of their predisability earnings at their Own Occupation for any employer.
Pre-Existing Condition	3/12
Pre-Existing Condition Limitation	<p>Pre-existing Condition means a Sickness or accidental injury for which the employee:</p> <ul style="list-style-type: none"> Received medical treatment, consultation, care, or services; or Took prescription medication or had medications prescribed <p>in the 3 months before insurance or any increase in the amount of insurance under the certificate takes effect.</p> <p>We will not pay benefits, or any increase in benefit amount due to an elected increase in the amount of insurance for a Disability that results from a Pre-existing Condition, if the employee has been Actively at Work for less than 12 consecutive months after the date their Disability insurance or the elected increase in the amount of such insurance takes effect under the certificate.</p>
Reduction of Benefits:	<p>Benefits will be reduced by income and recoveries from certain other sources including but not limited to: Social Security disability or retirement benefits received or eligible to receive because of Disability; any state, public or federal employee retirement or disability plan benefits received or eligible to receive because of Disability, including State Teachers Retirement System (STRS), Public Employee Retirement System (PERS) or Federal Employee Retirement System (FERS); group insurance policies; certain early retirement plans; no-fault auto laws; governmental compulsory benefit plan or program; other disability programs or plans, sick pay, or other salary continuation; Workers' Compensation benefits; occupational disease laws; maritime maintenance and cure; third party recoveries; and unemployment insurance laws or programs.</p> <p>If there is a reasonable basis for You to apply for benefits under the Federal Social Security Act, a government compulsory plan or program, or STRS, PERS or FERS Benefit Plans or Programs, We expect You to apply for them. To apply for Social Security benefits means to pursue such benefits until You receive approval from the Social Security Administration, or a notice of denial of benefits from an administrative law judge. With respect to benefits under a government compulsory plan or program, or STRS, PERS or FERS Benefit Plans or Programs, to apply means to pursue such benefits through all applicable levels of appeal provided for under such benefit plans or programs.</p> <p>We will reduce the amount of Your Disability benefit by the amount of Social Security benefits, we estimate that You, Your Spouse or child(ren) are eligible to receive because of Your Disability or retirement. We will reduce Your Disability benefits by such estimated Social Security benefits starting with the first Disability benefit payment coincident with the date You were eligible to receive Social Security benefits</p>

	We will reduce Your Disability benefit by the amount of such government compulsory benefit plan or program benefit, or STRS, PERS or FERS benefit that We estimate You are eligible to receive, provided that We have the reasonable means to make such an estimate. We will start to do this with the first Disability benefit payment under this certificate coincident with the date You were eligible to receive such government compulsory benefit plan or program benefit, or STRS, PERS or FERS benefits under any such plans or programs.
Occupational Benefits:	Non-Occupational Coverage
Definition of Pre-disability Earnings	<p>The amount of the employee's gross salary or wages from his/her employer as of the day before his/her disability began. Pre-disability earnings includes: W2 Reportable Income.</p> <p>The term does not include:</p> <ul style="list-style-type: none"> • The grant, award, sale, conversion, and/or exercise of shares of stock or stock options; • The Employer's contributions on Your behalf to any deferred compensation arrangement or pension plan; or • Any other compensation from the Employer.
Work Incentive	While disabled and receiving a Weekly Benefit, employees may receive up to 100% of Pre-disability Weekly Earnings, including family care expense reimbursement, Rehabilitation incentive, return-to-work earnings, and other income benefits.
Rehabilitation Incentive	10% increase in the Weekly Benefit if participating in an approved Rehabilitation Program.
Family Care Incentive	If the employee works or participates in a Rehabilitation Program while they are Disabled, starting with the 4th Weekly Benefit payment, reimbursement may be provided for up to \$100 per week for eligible Family Care expenses incurred by an employee for each eligible family member during the benefit period.
Moving Expense Incentive	If the employee participates in a Rehabilitation Program while they are Disabled, reimbursement may be provided for expenses incurred in order to move to a new residence if recommended as part of the Rehabilitation Program.
Temporary Recovery	If the employee returns to Active Work before completing the Elimination Period and then becomes Disabled, they will have to complete a new elimination period. If the employee returns to Active Work, after they begin to receive Weekly Benefits, for a period of 50 days or less than becomes Disabled again due to the same or related condition, they will not have to complete a new Elimination Period.
Continuity of Coverage	Provided for groups where this plan will replace an inforce insured plan in force on the day immediately preceding the effective date of this plan.
Organ Donor Benefit	10% increase in the Weekly Benefit if Disability is a result of an Organ Transplant Procedure.

Exclusions

We will not pay for any Disability caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion, or terrorist act;
- Your active participation in a riot;
- Intentionally self-inflicted injury;
- Any injury for which You are entitled to benefits under Workers' Compensation or a similar law
- Attempted suicide; or
- Commission of or attempt to commit a felony.

We will not pay Short Term Benefits for any Disability caused or contributed to by elective treatment or procedures, such as:

- Cosmetic surgery or treatment primarily to change appearance;
- Reversal of sterilization;
- Liposuction;
- Visual correction surgery; and
- In vitro fertilization, embryo transfer procedure, or artificial insemination.

However, pregnancies and complications from any of these procedures will be treated as a Sickness.

Short Term Disability Coverage Highlights	
Broker Commissions included in the rate: Flat 15.00%	
Expected Participation: 38%	
Employee Contributions: 100%	
Financial Arrangement: Non-retrospectively Experience Rated	
Situs is ALABAMA	
States with Mandated Employees:	
This quote specifically addresses short-term disability coverage that is supplemental to any state mandated benefits and does not replace the employer's responsibility to provide state mandated benefits coverage for non-occupational disabilities to their employees in these states:	
STD	
All Active Full Time Employees:	
Actively at Work provision applies	
Taxability: Post-Tax Payroll Deduction	
Employer FICA Match: MetLife is not the agent for purposes of remitting the Employer share of FICA. MetLife is not the agent for tax remitting, therefore the Employer is responsible for issuing W-2s, remitting and reporting the Employer share of FICA, reporting wages and taxes on their Form 941 and state or federal unemployment tax remitting and reporting. If requested, MetLife will automatically withhold and remit federal and state taxes and the employee share of FICA from taxable benefit payments. MetLife will issue the W-2s for taxable benefits using the Employer's name and EIN at no charge if requested by the Employer, but we are not the agent, therefore the Employer still retains all the responsibilities noted above minus the W-2 responsibility. If the Employer uses the services of a payroll vendor, they should discuss this with the vendor to determine if it will cause any reporting issues.	
Rehabilitation Program Participation: Disability benefit payments will end on the date the employee ceases or refuses to participate in a Rehabilitation Program that MetLife requires.	
MetLife has made every effort to quote a plan that matches the substance of the requested plan design to the best of our ability, based on the plan documentation made available at the time of quote. The actual language used in the contracts will reflect what is filed in the applicable jurisdictions. Our rates are based on the plan design illustrated in this Cost & Benefit Summary.	

Summary of Benefits Long Term Disability

Long Term Disability																									
Class Description	All Active Full Time Employees (30 Hours)																								
Monthly Benefit	50% of Pre-disability Earnings																								
Maximum Monthly Benefit	\$5,000.00																								
Minimum Monthly Benefit*	\$100.00																								
Elimination Period	180 Days or until the end of the STD Maximum Benefit Period.																								
Own Occupation Period	24 months																								
Social Security Integration	Family Social Security																								
Benefit Duration	RBD w/ SSNRA																								
	<p>The later of Your Normal Retirement Age as defined by Social Security or the period shown below:</p> <table> <tr> <th><u>Age on Date of Your Disability</u></th><th><u>Benefit Duration</u></th></tr> <tr> <td>less than 60</td><td>to age 65</td></tr> <tr> <td>60</td><td>60 months</td></tr> <tr> <td>61</td><td>48 months</td></tr> <tr> <td>62</td><td>42 months</td></tr> <tr> <td>63</td><td>36 months</td></tr> <tr> <td>64</td><td>30 months</td></tr> <tr> <td>65</td><td>24 months</td></tr> <tr> <td>66</td><td>21 months</td></tr> <tr> <td>67</td><td>18 months</td></tr> <tr> <td>68</td><td>15 months</td></tr> <tr> <td>69 and over</td><td>12 months</td></tr> </table>	<u>Age on Date of Your Disability</u>	<u>Benefit Duration</u>	less than 60	to age 65	60	60 months	61	48 months	62	42 months	63	36 months	64	30 months	65	24 months	66	21 months	67	18 months	68	15 months	69 and over	12 months
<u>Age on Date of Your Disability</u>	<u>Benefit Duration</u>																								
less than 60	to age 65																								
60	60 months																								
61	48 months																								
62	42 months																								
63	36 months																								
64	30 months																								
65	24 months																								
66	21 months																								
67	18 months																								
68	15 months																								
69 and over	12 months																								
Rehabilitation Incentives included in quote (details in limitations and definitions)	Work Incentive Rehabilitation Program Incentive Family Care Incentive Moving Expense Incentive																								
Employee Assistance Program	Employee Assistance Program is not included.																								
Survivor Benefit	Included in this quote																								
Cost of Living Adjustment	Cost of Living Adjustment does not apply.																								
*The minimum monthly benefit is subject to overpayment situations and any applicable rehabilitation incentives.																									

Long Term Disability	Rate per \$100 Of Covered Monthly Payroll	Covered Monthly Payroll	Est Monthly Premium	Est Annual Premium
Package with Life and Vision	\$0.203	\$3,416,609	\$6,936	\$83,229
Rates are guaranteed from January 1, 2020 - December 31, 2022 (36 months)				

Limitations and Definitions	
Definition of Disability	<p>Due to a Sickness, or as a direct result of accidental injury:</p> <ul style="list-style-type: none"> The employee is receiving Appropriate Care and Treatment and complying with the requirements of such treatment, and During the elimination period and the next 24 months is unable to earn more than 80% of pre-disability earnings at their Own Occupation for any employer in their National economy, and After such period, is unable to earn more than 60% of their pre-disability earnings from any employer in their National economy at any gainful occupation for which they are reasonably qualified taking into account their training, prior education and experience.
Definition of Predisability Earnings	<p>The amount of the employee's gross salary or wages from his/her employer as of the day before his/her disability began. Pre-disability earnings includes: W2 Reportable Income.</p> <p>The term does not include:</p> <ul style="list-style-type: none"> The grant, award, sale, conversion, and/or exercise of shares of stock or stock options; The Employer's contributions on Your behalf to any deferred compensation arrangement or pension plan; or Any other compensation from the Employer.
Pre-Existing Condition	3/12
Pre-Existing Condition Limitation	<p>Pre-existing Condition means a Sickness or accidental injury for which the employee:</p> <ul style="list-style-type: none"> Received medical treatment, consultation, care, or services; or Took prescription medication or had medications prescribed in the 3 months before insurance or any increase in the amount of insurance under the certificate takes effect. <p>We will not pay benefits, or any increase in benefit amount due to an elected increase in the amount of insurance for a Disability that results for a Pre-existing Condition, if the employee has been Actively at Work for less than 12 consecutive months after the date their Disability insurance or the elected increase in the amount of such insurance takes effect under the certificate.</p>
Work Incentive	<p>While disabled and receiving a Monthly Benefit, employees may receive up to 100% of Predisability Monthly Earnings, including family care expense reimbursement, Rehabilitation incentive, return-to-work earnings, and other income benefits. After the first 24 months following the employees return to work, MetLife will reduce the employees Monthly Benefit by 50% of the amount the employee earns from working while Disabled.</p>
Rehabilitation Incentive	<p>10% increase in the Monthly Benefit if participating in an approved Rehabilitation Program.</p>

Family Care Incentive	If the employee works or participates in a Rehabilitation Program while they are Disabled, reimbursement may be provided for up to \$400 per month for eligible Family Care expenses incurred by an employee for each eligible family member during the first 24 months of benefit payments.
Moving Expense Incentive	Moving Expense Incentive: If the employee participates in a Rehabilitation Program while they are Disabled, reimbursement may be provided for expenses incurred in order to move to a new residence if recommended as part of the Rehabilitation Program.
Temporary Recovery	<p>If the employee returns to Active Work before completing the Elimination Period and then becomes Disabled again due to the same or related condition, a new Elimination Period is not required provided the return to full time work is within a period of 60 work days or less. MetLife will count the days worked while Disabled toward the satisfaction of the Elimination Period. If the return to Active Work is greater than 60 work days, a new Elimination Period is required.</p> <p>If the employee returns to Active Work, after they begin to receive Monthly Benefits, for a period of 180 continuous days or less and becomes Disabled again due to the same or related condition, they will not have to complete a new Elimination Period.</p>
Zero Day Residual	If the employee continues to meet the Definition of Disability, the elimination period may be satisfied during part-time employment.
Survivor Benefit	If the employee dies while they are Disabled, a single sum payment equal to 3 times the employee's last net Monthly Benefit is made to the employee's survivor.
Continuity of Coverage	Provided for groups where this plan will replace an inforce insured plan in force on the day immediately preceding the effective date of this plan.
Cost of Living Freeze	Cost of Living Freeze is included in this quote.
Waiver of Premium	Premium payments for Disabled employees are waived while benefits are payable.
Indexing	For the purposes of determining whether an employee continues to be Disabled and for calculating the Work Incentive, we will add to the employee's Pre-disability Earnings an amount equal to the lesser CPI or 7%
Specific Disabilities	

Mental or Nervous Disorders or Diseases unless due to Neurocognitive Disorders	<p>If the employee is Disabled, Disability benefits are limited to a lifetime maximum of 24 months. BiPolar I Disorder will also be limited. Schizophrenia will also be limited.</p> <p>Combined monthly maximum limitation from date benefits begin with other limited conditions: Yes</p>
Chronic Fatigue Syndrome and Related Disorders	<p>If the employee is Disabled, Disability benefits are limited to a lifetime maximum of 24 months.</p> <p>Combined monthly maximum limitation from date benefits begin with other limited conditions: Yes</p>
Neuromuscular, Musculoskeletal or Soft Tissue Disorder	<p>If the employee is Disabled, Disability benefits are limited to a lifetime maximum of 24 months.</p> <p>Combined monthly maximum limitation from date benefits begin with other limited conditions: Yes</p>
Alcohol, Drug or Substance Abuse or Addiction	<p>If the employee is Disabled, Disability benefits are limited to a lifetime maximum of 24 months.</p> <p>Combined monthly maximum limitation from date benefits begin with other limited conditions: Yes</p>
Fibromyalgia	<p>If the employee is Disabled, Disability benefits are limited to a lifetime maximum of 24 months.</p> <p>Combined monthly maximum limitation from date benefits begin with other limited conditions: Yes</p>

Exclusions
<p>We will not pay for any Disability caused or contributed to by:</p> <ul style="list-style-type: none"> • War, whether declared or undeclared, or act of war, insurrection, rebellion, or terrorist act; • Your active participation in a riot; • Intentionally self-inflicted injury; • Attempted suicide; or • Commission of or attempt to commit a felony.

Long Term Disability Coverage Highlights	
Broker Commissions included in the rate: Flat 15.00%	
Expected Participation: 100%	
Employee Contributions: 0%	
Financial Arrangement(s): Non-retrospectively Experience Rated	
Situs is ALABAMA	
Foreign National(s): Does Not Apply	
Actively at Work provision applies	
Employer FICA Match: MetLife will remit the Employer share of FICA to the Department of Treasury Internal Revenue Service as agent on behalf of the Employer. The Employer must complete and return the executed Agency Agreement to MetLife prior to this agreement taking effect. If requested, MetLife will automatically withhold and remit federal and state taxes and the employee share of FICA from taxable benefit payments. MetLife will automatically produce W-2s with MetLife's name and Tax ID and report on our Form 941. MetLife does not remit state or federal unemployment taxes, locality taxes or Virgin Island and Puerto Rico "state" taxes.	
This service is only available when the premium contributions are 100% Employer paid. No portion of premium will be permitted to be gathered or paid from employee contributions.	
Rehabilitation Program Participation: Disability benefit payments will end on the date the employee ceases or refuses to participate in a Rehabilitation Program that MetLife requires.	

Reductions: Benefits will be reduced by income and recoveries from certain other sources including but not limited to: Social Security disability or retirement benefits received or eligible to receive because of Disability; any state, public or federal employee retirement or disability plan benefits received or eligible to receive because of Disability, including State Teachers Retirement System (STRS), Public Employee Retirement System (PERS) or Federal Employee Retirement System (FERS); group insurance policies; certain early retirement plans; no-fault auto laws; governmental compulsory benefit plan or program; other disability programs or plans, sick pay, vacation pay, or other salary continuation; Workers' Compensation benefits; occupational disease laws; maritime maintenance and cure; third party recoveries; and unemployment insurance laws or programs.

If there is a reasonable basis for You to apply for benefits under the Federal Social Security Act, a government compulsory plan or program, or STRS, PERS or FERS Benefit Plans or Programs, We expect You to apply for them. To apply for Social Security benefits means to pursue such benefits until You receive approval from the Social Security Administration, or a notice of denial of benefits from an administrative law judge. With respect to benefits under a government compulsory plan or program or STRS, PERS or FERS Benefit Plans or Programs, to apply means to pursue such benefits through all applicable levels of appeal provided for under such benefit plans or programs.

We will reduce the amount of Your Disability benefit by the amount of Social Security benefits, We estimate that You, Your Spouse or child(ren) are eligible to receive because of Your Disability or retirement. We will reduce Your Disability benefits by such estimated Social Security benefits starting with the first Disability benefit payment coincident with the date You were eligible to receive Social Security benefits

We will reduce Your Disability benefit by the amount of such government compulsory benefit plan or program benefit, or STRS, PERS or FERS benefit that We estimate You are eligible to receive, provided that We have the reasonable means to make such an estimate. We will start to do this with the first Disability benefit payment under this certificate coincident with the date You were eligible to receive such government compulsory benefit plan or program benefit, or STRS, PERS or FERS benefits under any such plans or programs.

MetLife has made every effort to quote a plan that matches the substance of the requested plan design to the best of our ability, based on the plan documentation made available at the time of quote. The actual language used in the contracts will reflect what is filed in the applicable jurisdictions. Our rates are based on the plan design illustrated in this Cost & Benefit Summary.

Underwriting Assumptions

PlanSmart* - PlanSmart is a multifaceted program, offered at no additional cost, which enables you to provide your employees with access to a range of financial and retirement education resources through on-site workshops, with optional personal consultations and decision-support assistance.

Retirewise - Retirewise is an in-depth program consisting of a four-part series of workshops that deliver objective information covering a broad spectrum of retirement issues from Estate Planning to Tax Planning. Each workshop is delivered by a locally based financial professional.

Available to those enrolled in Life Insurance coverages:

Delivering the Promise® (DTP) - DTP provides valuable support and assistance at the time of a claim. Specialists help beneficiaries and their families identify eligible benefits, file insurance and annuity claims, and identify local resources, including grief counseling services and government agencies.

Available to those enrolled in the Basic Life coverage:

Transition Solutions - Transition Solutions is an educational program that provides the support your employees need to make informed decisions when faced with a loss or reduction in coverage, for any reason. In addition to the outreach from a qualified professional, MetLife offers a limited record-keeping process for sending standardized letters to your employees, notifying them of their coverage continuation and conversion options.

*Certain conditions apply. Please discuss with your MetLife representative to determine if this program is right for your company.

WillsCenter.com: Online will prep service offered through SmartLegalForms, Inc., available to all customers at no charge.

If insurance coverage is provided, it will be governed by the terms and conditions of the insurance policy and applicable law. If administrative services are provided, they are governed by the terms and condition of the administrative services agreement and by applicable law.

If MetLife is requested to duplicate contractual provisions from the prior carrier, such provisions must be compatible with all MetLife's standards.

The quoted rates and or fees are based upon the request received. If new or additional information in connection with this request is provided, MetLife reserves the right to change its quote at any time before the effective date. After the effective date, rate and or fees are subject to the terms and conditions of the policy and or administrative services agreement.

Only those eligible persons residing in the United States may be covered. Any others must be approved by MetLife.

NOTICE REGARDING NON-US COVERAGE

When providing you with information concerning a group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a Metropolitan Life Insurance Company (MLIC) affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MLIC or any other insurer that is not a member of MAXIS GBN. Please note that while MLIC is a member of MAXIS GBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.

Some services in connection with the coverage may be performed by our affiliate, MetLife Services and Solutions, LLC. These service arrangements in no way alter Metropolitan Life Insurance Company's obligations. Coverage will continue to be administered in accordance with Metropolitan Life Insurance Company's policies and procedures.

SIC Code: 9111

U.S. Business Intermediary and Producer Compensation Notice

Metropolitan Life Insurance Company, herein called MetLife, enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related products (“Products”) with brokers, agents, consultants, third party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such products (each an “Intermediary”). MetLife may pay your Intermediary compensation, which may include, among other things, base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business (*number of products sold or dollar value of premium*) with MetLife. In addition, supplemental compensation may be payable to your Intermediary. Under MetLife’s current supplemental compensation plan (SCP), the amount payable as supplemental compensation may range from 0% to 8% of premium. The supplemental compensation percentage may be based on one or more of: (1) the number of products sold through your Intermediary during a one-year period; (2) the amount of premium or fees with respect to products sold through your Intermediary during a one-year period; (3) the persistency percentage of products inforce through your Intermediary during a one-year period; (4) the block growth of the products inforce through your Intermediary during a one-year period; (5) premium growth during a one-year period; or (6) a fixed percentage or sliding scale of the premium for products as set by MetLife. The supplemental compensation percentage will be set by MetLife based on the achievement of the outlined qualification criteria and it may not be changed until the following SCP plan year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 8% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium from you in relation to your products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (e.g., *insurance and employee benefits exchanges, enrollment firms and platforms, sales contests, consulting agreements, participation in an insurer panel, or reinsurance arrangements*).

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife’s base compensation and supplemental compensation plans can be found on MetLife’s Website at www.metlife.com/business-and-brokers/broker-resources/broker-compensation. Questions regarding Intermediary compensation can be directed to ask4met@metlifeservice.com, or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your representative. Compensation paid to your representative is for participating in the sale, servicing, and/or renewal of products, and the compensation paid may vary based on a number of factors including the type of product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your representative or calling (866) 796-1800.

Non-U.S. Coverage

When providing you with information concerning a group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a MetLife affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MetLife or any other insurer that is not a member of MAXIS GBN. Please note that while MetLife is a member of MAXISGBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.

L0419513732[exp0520][All States]
L0818507932[exp0820][All Territories]

BUSINESS TRAVEL ACCIDENT (BTA) QUOTE AND PLAN DESIGN CONFIRMATION

Quote as of 09/12/2019

CUSTOMER NAME	Baldwin County Sheriff's Office
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ELIGIBILITY	
Covered Class(es)	Class Description(s)
Class 1	All Active Full-Time U.S. Employees of the Policyholder, classified as Sheriff, Chief Deputy, Colonel, Major, Captain, Lieutenant, Sergeant, Corporal, Deputy/Officer.

PREMIUM AND FEE INFORMATION	
Annual BTA premium	\$1,300 per year
Rate guarantee period	Three years

PLAN DESIGN	
Benefit for Class 1	Benefit Amount
Full Amount	\$30,000

GENERAL INFORMATION AND UNDERWRITING ASSUMPTIONS	
Situs state for policy	Alabama
Total # of BTA-eligible employees	320
SOLD effective date	January 01, 2020
Policy anniversary date	January 01
Commissions	0%

COVERED ACCIDENT(S) FOR CLASS 1	COVERED ACCIDENT DESCRIPTION
Line of Duty	Benefits will be paid for a Covered Loss sustained while acting in the line of duty.

BUSINESS TRAVEL ACCIDENT (BTA) QUOTE AND PLAN DESIGN CONFIRMATION

Quote as of 09/12/2019

COVERED LOSSES FOR CLASS 1	PERCENTAGE OF FULL AMOUNT PAYABLE
Life	100%
Hand	100%
Foot	100%
Arm	75%
Leg	75%
One Eye	100%
Sight of One Eye	50%
Thumb & Index Finger of Same Hand	25%
Speech & Hearing	100%
Speech or Hearing	50%
Paralysis of both arms & both legs	100%
Paralysis of both legs	75%
Paralysis of the arm & leg on either side of the body	50%
Paralysis of one arm or leg	25%
Brain Damage	100%
Coma	1% monthly up to 60 months

FEATURES	
Exposure to the Elements	MetLife will deem a loss to be the direct result of an accidental injury if it results from unavoidable exposure to the elements and such exposure was a direct result of the accident. .
Presumption of Death	A person will be presumed to have died as a result of an accidental injury if the aircraft or other vehicle in which the person is traveling disappears, sinks or is wrecked and the person's body is not found within one year of the date the aircraft or vehicle was scheduled to have arrived at its destination or, if not a common carrier, the date the person was reported missing to the authorities.

BUSINESS TRAVEL ACCIDENT (BTA) QUOTE AND PLAN DESIGN CONFIRMATION

Quote as of 09/12/2019

Total Control Account (TCA)

- Death claim proceeds paid via the TCA Settlement Option - an interest-bearing account with draft-writing privileges
- Relieves beneficiaries of the need to make immediate decisions about what to do with a lump-sum check, while giving them the flexibility to access funds as needed and earn interest on the proceeds as they assess their financial situation
- Provides full and immediate access to the death proceeds
- Principal and interest earned are guaranteed by the financial strength and claims paying ability of the Metropolitan Life Insurance Company
- Beneficiary receives a draftbook, along with a Customer Agreement and other materials describing the Account
- Unlimited draft writing privileges
- No charges for processing TCA drafts, no monthly maintenance fees, and no charge for ordering additional TCA drafts
- Accountholders receive periodic statements itemizing account activity and a free **Life Advice** newsletter
- Information about the TCA is available electronically through MetLife's easy to use e *SERVICE* web site
- Customer Service Representatives specially trained to provide service to beneficiaries are available through a special toll-free number
- At their convenience, Accountholders are able to touch or speak their requests into the phone such as, "hear account balance", "get recent transactions", and "order drafts."

Subject to state law, and/or group policyholder direction, the TCA is provided for all Life and AD&D benefits of \$5,000 or more. The TCA is not insured by the Federal Deposit Insurance Corporation or any government agency. The assets backing the TCA are maintained in the Metropolitan Life Insurance Company (MetLife) general account and are subject to MetLife's creditors. MetLife bears the investment risk of the assets backing the TCA, and expects to receive a profit. Regardless of the investment experience of such assets, the interest credited to Total Control Accounts will never fall below the guaranteed minimum rate. Guarantees are subject to the financial strength and claims paying ability of MetLife.

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DEFINITIONS	
Brain Damage	Means permanent and irreversible physical damage to the brain causing the complete inability to perform all the substantial and material functions and activities normal to everyday life. Such damage must manifest itself within 30 days of the accidental injury, require a hospitalization of at least 5 days and persist for 12 consecutive months after the date of the accidental injury.
Coma	Means a state of deep and total unconsciousness from which the comatose person cannot be aroused. Such state must begin within 30 days of the accidental injury and continue for 7 consecutive days.

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GENERAL EXCLUSIONS	
NOTE: These exclusions may vary according to state requirements. For certain Covered Accidents, all or parts of one or more exclusions are waived.	
We will not pay benefits for any loss caused or contributed to by:	
1	physical or mental illness or infirmity, or the diagnosis or treatment of such illness or infirmity;
2	suicide or attempted suicide;
3	intentionally self-inflicted injury;
4	infection, other than infection occurring in an external accidental wound or from accidental food poisoning;
5	participation in Hazardous Activities such as: scuba diving; bungee jumping; skydiving; hang gliding; ballooning; drag racing; driving a car fitted for competitive racing; aerial hunting; aerial skiing; or travel in an aircraft for the purpose of parachuting or otherwise exiting an aircraft while the aircraft is in flight except for the purpose of self-preservation;
6	service in the armed forces of any country or international authority, except the United States National Guard;
7	any nuclear reaction or release of nuclear energy. This includes the radioactive, toxic, explosive or other hazardous or contaminating properties of radioactive matter;
8	the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical or biological agent;
9	any incident related to travel in an aircraft: <ul style="list-style-type: none"> a) as a pilot, crew member, flight student or while acting in any capacity other than as a passenger; b) and parachuting or otherwise exiting from such aircraft while the aircraft is in flight except for the purpose of self-preservation; c) that does not have a valid Certificate of Airworthiness; d) that is not flown by a pilot with a valid license to operate that aircraft; e) which is Owned, Leased, Controlled or Chartered by the Policyholder; f) or device used: <ul style="list-style-type: none"> • for testing or experimental purposes; • by or for any military authority for military purposes; • for travel or designed for travel beyond the earth's atmosphere; • for crop dusting, spraying, or seeding; • for fire fighting; • for sky diving; • for hang gliding; • for pipeline or power line inspection; • for sky writing;

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	<ul style="list-style-type: none"> • for aerial photography or exploration; • for racing, endurance tests, stunt or acrobatic flying; or • for any use which requires a special permit from the Federal Aviation Administration.
10	war, whether declared or undeclared; or act of war, insurrection, rebellion or riot.
Exclusion for Intoxication We will not pay benefits for any loss if the injured party is intoxicated at the time of the incident and is the operator of a vehicle or other device involved in the incident. Intoxicated means that the injured person's blood alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident occurred.	
Exclusion for Commission of a Felony We will not pay benefits on behalf of a Covered Person for any loss caused or contributed to by the injured party committing or attempting to commit a felony.	
Exclusion for Drugs; Alcohol; Poison; Gas; or Fumes We will not pay benefits on behalf of a Covered Person for any loss caused by or contributed to by that person's voluntary intake or use by any means of: <ul style="list-style-type: none"> • any drug, medication or sedative, unless it is: <ul style="list-style-type: none"> a) taken or used as prescribed by a Physician, or b) an "over the counter" drug, medication or sedative taken as directed; • alcohol in combination with any drug, medication, or sedative; or • poison, gas, or fumes. 	

CAVEATS TO BTA QUOTE:

1. MetLife's BTA benefits cannot be assigned.
2. MetLife's BTA quote does not include an age reduction schedule.
3. This quote only covers U.S. Employees
4. MetLife's BTA benefits cannot be on a standalone basis