Metropolitan Life Insurance Company, New York, NY, 10166

How You Can Continue Your Group Term Life Insurance – (Portability)

What is Portability?

Portability or porting is an optional feature chosen by your former employer. It allows employees and dependents to continue their Group Term Life and Accidental Death and Dismemberment (AD&D) insurance under a separate group policy.

Once enrolled MetLife will mail you a portable certificate and your initial bill including instructions on how to set up the monthly Electronic Funds Transfer (EFT). The instructions to set up EFT can be found on the back of your bill.

- Your first bill will also include any retroactive premium due from the effective date of your portable coverage and an administrative fee. The current administrative fee is $1.00 per statement.

Why is Portable Coverage Important?

Portable coverage provides security and helps eliminate gaps in coverage that you may experience during a time of transition, even if your employment ends.

How Much Time Do I Have To Elect Portability?

- If the **Date of This Notice** (see Part A on page 1 of the attached Election of Portable Coverage Form) is within 15 days after your coverage ends, you will have 60 days after your coverage ended to enroll.

Example:

if coverage ended	Date of This Notice	to enroll for portable coverage, you will have until	your portable coverage will be effective
July 31	August 7	September 29	September 1
July 31	August 15	September 29	September 1

- If the **Date of This Notice** (see Part A on page 1 of the attached Election of Portable Coverage Form) is given more than 15 days after your coverage ended, you will have 45 days from the Date of This Notice to enroll.

Example:

if coverage ended	Date of This Notice	to enroll for portable coverage, you will have until	your portable coverage will be effective
July 31	August 16	September 30	September 1
July 31	August 22	October 6	September 1

- Under **no** circumstances will the option to port be extended past 91 days after the date coverage ended under your former employer's plan.

How Do I Enroll For Portable Life And AD&D Insurance Coverage For Myself And My Dependents?

1. Complete Part B beginning on page 1 of the attached Election of Portable Coverage Form and be sure to answer all sections.

2. Complete, sign and date the Designation of Beneficiary for Your Life Benefits (Part C of the attached Election of Portable Coverage Form).

What Needs To Be Mailed To Complete My Enrollment?

You must return:

a) Your Election of Portable Coverage Form, including information for yourself and if applicable your Spouse/Domestic partner and Child(ren) (Part A and Part B); and

b) Designation of Beneficiary for Your Life Benefits (Part C)

Mail all correspondence to:

Metropolitan Life Insurance Company
P.O. Box 14401
Lexington, KY 40512-4401

Or Fax to: 1-866-545-7517

Please Note: Certain benefits and provisions that were available under the employer's group policy will no longer be applicable or may be different under your portable coverage.

MN Residents - Please contact our MetLife Customer Service Center at the toll free number below to receive a copy of your state specific schedule of rates.

For questions or assistance, contact the MetLife Customer Service Center toll-free at 1-888-252-3607, Monday – Friday between the hours of 8:00 a.m. and 11:00 p.m. (EST).

Metropolitan Life Insurance Company, New York, NY, 10166

ELECTION OF PORTABLE COVERAGE FORM

Instructions to the Recordkeeper: (The Recordkeeper is the party designated to maintain records of coverage in effect prior to the Employee becoming eligible to Port. The Recordkeeper may be the Employer, a Third Party Administrator (TPA) or MetLife.)

1. Immediately upon the Employee's eligibility for Portability, complete Part A below and Column 1 of the table on page 2 and then make a copy of this form.
2. If the Reason for the Portability Eligibility is Death of the Employee or Divorce, complete all of the fields in Part A below with the Spouse/Domestic Partner's information, not the Employee's information. In the column for Amount of Insurance Terminated, leave the Employee amounts blank and enter the Dependent Spouse/Domestic Partner/Domestic Partner and Dependent Child(ren) amounts as applicable.
3. Provide the Employee (or Spouse/Domestic Partner in the event of Death of the Employee or Divorce) with the original or mail it to their last known address.
4. Maintain a copy for your records.

Part A – TO BE COMPLETED BY THE RECORDKEEPER	Date of This Notice (ex. MM/DD/YYYY):
Employer's Name: AMERICAN AIRLINES	**Group Customer No.:** 29900
Employee Name: (First, Middle,	**Date Coverage**
Employee's Mailing Address: (Street, City, State Zip)	
Has coverage been assigned? [ ] Yes [X] No If yes, please specify coverage assigned and attach a copy of assignment form. If coverage has been assigned this form must be mailed to the owner.	
Employee's Basic Annual Earnings: $	**Reason for Insured's Portability Eligibility:**
Recordkeeper's Name: MetLife Transition Solutions	
Print name of person at Recordkeeper completing Part A: MetLife Transition Solutions	**Telephone Number:** 1-888-252-3607

Part B – TO BE COMPLETED BY THE EMPLOYEE		
Employee's Email Address:	Employee's Home Telephone No.:	
Social Security Number:	Date of Birth: (ex. MM/DD/YYYY)	Sex (M/F):

Please retain a copy of the fully-completed form for your records and return the original to MetLife Customer Service Center.
If you have any questions, please call 1-888-252-3607 Monday – Friday between the hours of 8:00 a.m. and 11:00 p.m. (EST).

(Continued on Following Page)

Part B (continued) – ELECTION OF PORTABLE COVERAGE FORM

To be Completed by the Recordkeeper (Shaded areas to be completed by the Recordkeeper).		**To be Completed by the Employee** (For each Type of Coverage, please indicate whether you want to continue, discontinue, increase, or decrease the amount of insurance in the shaded column. Select just one option for each Type of Coverage).		
		Continue coverage	**Discontinue coverage**	**Decrease coverage**
Type of Coverage	**Amount of Insurance Terminated** Insert the actual $$ amount of coverage (i.e. $50,000)	**I want to continue the same amount of Insurance in the shaded column.**	**I want to discontinue the insurance in the shaded column.**	**I want to decrease my insurance in the shaded column by the following amount.** (Ex. $30,000 means you want to decrease your insurance amount in column 1 by $30,000).

Employee[1,2]				
Basic Life	$________	☐	☐	– $________
Basic Life and AD&D [3]	Life: $________ AD&D: $________	☐	☐	– Life: $________ – AD&D: $________
Supplemental/Optional Life	________	☐	☐	– $________
Supplemental/Optional Life and AD&D [3]	Life: $________ AD&D: $________	☐	☐	– Life: $________ – AD&D: $________
Voluntary AD&D	$________	☐	☐	– $________
☐ Employee Only ☐ Employee + Dependents				

Dependent Spouse/Domestic Partner [1,2,4]				
Dependent Life	$________	☐	☐	– $________
Dependent Life and AD&D [3]	Life: $________ AD&D: $________	☐	☐	– Life: $________ – AD&D: $________
Voluntary AD&D [3,5]	$________	☐	☐	– $________

Dependent Child(ren)[2,4]				
Dependent Life	$________	☐	☐	– $________
Dependent Life and AD&D [3]	Life: $________ AD&D: $________	☐	☐	– Life: $________ – AD&D: $________
Voluntary AD&D [3,5]	$________	☐	☐	– $________

[1] The maximum amount the employee can continue on a portable basis is $1,000,000. The maximum amount the Spouse/Domestic Partner can continue on a portable basis is $250,000.
[2] In order to port coverage for yourself or your dependents, you must have had that coverage under your former plan at the time of your coverage termination.
[3] AD&D coverage is not available without Life Insurance coverage. AD&D amount selected will be equal to the Life Insurance amount and must be in effect at time of termination. However, your VAD&D amount can be more than your Life insurance amount.
[4] Subject to state limits, the Dependent Spouse/Domestic Partner amount can be greater than the Employee Amount. For Employee and Spouse/Domestic Partner coverage: Spouse/Domestic Partner minimum is $2,500. The Child minimum is $1,000.
[5] Use these fields only when Voluntary AD&D is being requested for the Spouse/Domestic Partner and/or Child because of the death of the Employee or divorce.

NOTE: All coverage amounts are subject to applicable state laws.

Please retain a copy of the fully-completed form for your records and return the original to MetLife Customer Service Center.
If you have any questions, please call 1-888-252-3607 Monday – Friday between the hours of 8:00 a.m. and 11:00 p.m. (EST).

(Continued on Following Page)

Part B (continued) – ELECTION OF PORTABLE COVERAGE FORM – TO BE COMPLETED BY EMPLOYEE				
Name(s) of eligible dependent(s) for whom coverage is requested (If additional space is needed, attach a separate sheet of paper, sign and date)				
Dependent	Name (First, Middle, Last)	SSN	Sex (M/F)	Date of Birth (MM/DD/YYYY)
Spouse/Domestic Partner				
Child				
Child				
Child				

FRAUD WARNINGS

Before signing this Statement of Health form, please read the warning for the state where you reside and for the state where the insurance policy under which you are applying for coverage was issued.

Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, New Mexico, Ohio, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies to the extent required by applicable law.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kansas and Oregon: Any person who knowingly presents a materially false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who files an application containing any false or misleading information is subject to criminal and civil penalties.

New York (only applies to Accident and Health Insurance): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars ($5,000), not to exceed ten thousand dollars ($10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

Pennsylvania and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Please retain a copy of the fully-completed form for your records and return the original to MetLife Customer Service Center.
If you have any questions, please call 1-888-252-3607 Monday – Friday between the hours of 8:00 a.m. and 11:00 p.m. (EST).

(Continued on Following Page)

Part C – TO BE COMPLETED BY THE EMPLOYEE

DESIGNATION OF BENEFICIARY FOR YOUR LIFE INSURANCE (Dependent Life Insurance is payable as specified in the Certificate)

Only check one of the following boxes.

☐ I designate the following person(s) as my primary beneficiary(ies) for my portable term coverage(s). With such designation any previous designation of a beneficiary for such coverage is hereby revoked.

☐ My designation of beneficiary is on a separate form which is signed, dated and attached.

The amount of insurance that is paid to you or your beneficiary will be decreased by any amount of contribution owed to MetLife.

☐ Check if you need more space for additional beneficiaries and attach a separate page. Include all beneficiary information, and sign/date the page.

Full Name (First, Middle, Last)	Social Security #	Date of Birth (MM/DD/YYYY)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #:	
Full Name (First, Middle, Last)	Social Security #	Date of Birth (MM/DD/YYYY)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #:	
Full Name (First, Middle, Last)	Social Security #	Date of Birth (MM/DD/YYYY)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #:	
Payment will be made in equal shares or all to the survivor unless otherwise indicated.			**TOTAL:**	100%

If all the primary beneficiary(ies) die before me, I designate as contingent beneficiary(ies):

Full Name (First, Middle, Last)	Social Security #	Date of Birth (MM/DD/YYYY)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #:	
Full Name (First, Middle, Last)	Social Security #	Date of Birth (MM/DD/YYYY)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #:	
Payment will be made in equal shares or all to the survivor unless otherwise indicated.			**TOTAL:**	100%

DECLARATION AND SIGNATURE

The person signing below acknowledges that they have read and understand the statements and declarations made in this election form. Before signing this election form, please read the warning below:

New York (only applies to Accident and Health Insurance): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

______________________________ ____________________

Signature of Insured/Owner | Date Signed (MM/DD/YYYY)

Please Note: MetLife needs to receive the original. The signature and date above may not be altered.

Please retain a copy of the fully-completed form for your records and return the original to MetLife Customer Service Center.
If you have any questions, please call 1-888-252-3607 Monday – Friday between the hours of 8:00 a.m. and 11:00 p.m. (EST).

(Continued on Following Page)

TABLE A
LIFE INSURANCE ONLY MONTHLY TERM RATES

RATE SHEET
Schedule of Monthly Portable Group Life Insurance Term Rates For Insured and Dependents

Rates (cost per $1,000 of coverage per month) are based on the Insured's age and Dependent Spouse/Domestic Partner's age as of the first of the month following the insured's birthday. Rates are subject to change. An administrative fee may also apply.

Sample monthly premium calculation for an insured age 45, electing $50,000 of portable coverage

$50,000	÷	$1,000	=	50	x	$0.334	=	$16.70	+	$1.00	=	$17.70
Amount of coverage selected	÷	$1,000	=	# of units	x	Rate based on age 45	=	Monthly insurance premium	+	Admin fee	=	Monthly total due

AGE	INSURED RATE	DEPENDENT SPOUSE/ DOMESTIC PARTNER RATE
15	$0.106	$0.106
16	$0.120	$0.120
17	$0.129	$0.129
18	$0.137	$0.137
19	$0.141	$0.141
20	$0.142	$0.142
21	$0.153	$0.153
22	$0.146	$0.146
23	$0.131	$0.131
24	$0.122	$0.122
25	$0.115	$0.115
26	$0.115	$0.115
27	$0.107	$0.107
28	$0.107	$0.107
29	$0.107	$0.107
30	$0.107	$0.107
31	$0.107	$0.107
32	$0.115	$0.115
33	$0.115	$0.115
34	$0.122	$0.122
35	$0.131	$0.131
36	$0.138	$0.138

AGE	INSURED RATE	DEPENDENT SPOUSE/ DOMESTIC PARTNER RATE
37	$0.153	$0.153
38	$0.168	$0.168
39	$0.184	$0.184
40	$0.202	$0.202
41	$0.224	$0.224
42	$0.248	$0.248
43	$0.275	$0.275
44	$0.302	$0.302
45	$0.334	$0.334
46	$0.370	$0.370
47	$0.410	$0.410
48	$0.454	$0.454
49	$0.500	$0.500
50	$0.552	$0.552
51	$0.610	$0.610
52	$0.673	$0.673
53	$0.743	$0.743
54	$0.811	$0.811
55	$0.896	$0.896
56	$0.987	$0.987
57	$1.091	$1.091
58	$1.204	$1.204

AGE	INSURED RATE	DEPENDENT SPOUSE/ DOMESTIC PARTNER RATE
59	$1.328	$1.328
60	$1.470	$1.470
61	$1.624	$1.624
62	$1.796	$1.796
63	$1.987	$1.987
64	$2.202	$2.202
65	$2.436	$2.436
66	$2.682	$2.682
67	$2.904	$2.904
68	$3.139	$3.139
69	$3.399	$3.399
70	$3.691	N/A
71	$4.022	N/A
72	$4.400	N/A
73	$4.828	N/A
74	$5.292	N/A
75	$5.785	N/A
76	$6.359	N/A
77	$6.958	N/A
78	$7.585	N/A
79	$8.262	N/A

TABLE B
LIFE INSURANCE ONLY MONTHLY TERM RATES

AGE	DEPENDENT CHILD(REN) RATE
N/A	$0.162

TABLE C
VAD&D LIFE INSURANCE ONLY MONTHLY TERM RATES

VAD&D EMPLOYEE ONLY RATE	VAD&D FAMILY RATE
$0.035	$0.05

Please Note: The Dependent Child(ren) Rate is based on a flat monthly rate. Each child is covered for the same amount regardless of the number of children covered under the policy

TABLE A
LIFE INSURANCE ONLY MONTHLY TERM RATES

RATE SHEET
Schedule of Monthly Portable Group Life and AD&D Insurance Term Rates
For Insured and Dependents

Rates (cost per $1,000 of coverage per month) are based on the Insured's age and Dependent Spouse/Domestic Partner's age as of December 31st , of the current calendar year. Rates are subject to change. An administrative fee may also apply.

Sample monthly premium calculation for an insured age 45, electing $50,000 of portable coverage

$50,000	÷	$1,000	=	50	x	$0.369	=	$18.45	+	$1.00	=	$19.45
Amount of coverage selected	÷	$1,000	=	# of units	x	Rate based on age 45	=	Monthly insurance premium	+	Admin fee	=	Monthly total due

AGE	INSURED RATE	DEPENDENT SPOUSE/ DOMESTIC PARTNER RATE
15	$0.141	$0.131
16	$0.155	$0.145
17	$0.164	$0.154
18	$0.172	$0.162
19	$0.176	$0.166
20	$0.177	$0.167
21	$0.188	$0.178
22	$0.181	$0.171
23	$0.166	$0.156
24	$0.157	$0.147
25	$0.150	$0.140
26	$0.150	$0.140
27	$0.142	$0.132
28	$0.142	$0.132
29	$0.142	$0.132
30	$0.142	$0.132
31	$0.142	$0.132
32	$0.150	$0.140
33	$0.150	$0.140
34	$0.157	$0.147
35	$0.166	$0.156
36	$0.173	$0.163

AGE	INSURED RATE	DEPENDENT SPOUSE/ DOMESTIC PARTNER RATE
37	$0.188	$0.178
38	$0.203	$0.193
39	$0.219	$0.209
40	$0.237	$0.227
41	$0.259	$0.249
42	$0.283	$0.273
43	$0.310	$0.300
44	$0.337	$0.327
45	$0.369	$0.359
46	$0.405	$0.395
47	$0.445	$0.435
48	$0.489	$0.479
49	$0.535	$0.525
50	$0.587	$0.577
51	$0.645	$0.635
52	$0.708	$0.698
53	$0.778	$0.768
54	$0.846	$0.836
55	$0.931	$0.921
56	$1.022	$1.012
57	$1.126	$1.116
58	$1.239	$1.229

AGE	INSURED RATE	DEPENDENT SPOUSE/ DOMESTIC PARTNER RATE
59	$1.363	$1.353
60	$1.505	$1.495
61	$1.659	$1.649
62	$1.831	$1.821
63	$2.022	$2.012
64	$2.237	$2.227
65	$2.471	$2.461
66	$2.717	$2.707
67	$2.939	$2.929
68	$3.174	$3.164
69	$3.434	$3.424
70	$3.726	N/A
71	$4.057	N/A
72	$4.435	N/A
73	$4.863	N/A
74	$5.327	N/A
75	$5.820	N/A
76	$6.394	N/A
77	$6.993	N/A
78	$7.620	N/A
79	$8.297	N/A

TABLE B
LIFE INSURANCE ONLY
MONTHLY TERM RATES

AGE	DEPENDENT CHILD(REN) RATE
N/A	$0.209

TABLE C
VAD&D LIFE INSURANCE ONLY
MONTHLY TERM RATES

VAD&D EMPLOYEE ONLY RATE	VAD&D FAMILY RATE
$0.035	$0.05

Please Note: The Dependent Child(ren) Rate is based on a flat monthly rate. Each child is covered for the same amount regardless of the number of children covered under the policy

Delaware American Life Insurance Company
MetLife Legal Plans, Inc.
MetLife 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. Generally, 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.