



# Employee Benefits Proposal

## Long Term Disability

Broward County Board of Commissioners

C&B Issue Date: November 4, 2019

Proposed Plan Effective Date: July 1, 2020

Cost and Benefit Summary

## Rates

### Option A: Current Plan with True Open Enrollment

LTD	Covered Volume	Proposed Rate/Fee	Rate Basis	Annual Premium/Fees	Volume Type
Under 40	\$2,073,852	\$0.152	/ \$100	\$37,827	CMP
40-49	\$3,334,576	\$0.277	/ \$100	\$110,841	CMP
50-59	\$4,976,116	\$0.553	/ \$100	\$330,215	CMP
60-64	\$1,916,976	\$0.771	/ \$100	\$177,359	CMP
65+	\$542,774	\$0.929	/ \$100	\$60,508	CMP

### Option B: Current Plan with Auto-Enrollment

LTD	Covered Volume	Proposed Rate/Fee	Rate Basis	Annual Premium/Fees	Volume Type
Under 40	\$2,073,852	\$0.128	/ \$100	\$31,854	CMP
40-49	\$3,334,576	\$0.233	/ \$100	\$93,235	CMP
50-59	\$4,976,116	\$0.467	/ \$100	\$278,862	CMP
60-64	\$1,916,976	\$0.651	/ \$100	\$149,754	CMP
65+	\$542,774	\$0.784	/ \$100	\$51,064	CMP

## Rate Guarantee

Quoted rates are guaranteed from 7/1/2020 through 6/30/2023.

## Plan Design

It is not our intention to exactly duplicate all provisions of the current contract. Our intention is to match the current benefits. MetLife has designed and filed a contract that we believe will provide the best managed plan available. To achieve the maximum benefit of this contract, we are unable to duplicate your current carrier's contract language.

IMPORTANT NOTE: Implementation will not commence until the customer and MetLife have reached agreement on the specific source document being used as the basis for implementation. MetLife reserves the right to revise rates if any desired policy provisions are not compatible with MetLife's claim system.

## Assumptions and Caveats

Rates assume there will be no significant plan design or administrative changes during the 3-year duration of the contract other than the changes specified in the Request for Proposal.

The quoted rates are based on the plan design, census data, and experience as provided in the RFP and addenda. Any material change in this information will require a review of the rates.

Quote is based on a fully insured, non-participating financial agreement.

Quote Assumes MetLife will be the only carrier/administrator of all plans offered.

Rates assume any claims incurred prior to the effective date are the liability of the incumbent administrator/carrier.

Commissions - Net

Option A: Quoted rates include a one-time open enrollment.

Option B: Quoted rates include an auto-enrollment. The initial auto-enroll will enroll all current employees without EOI. If they choose to opt-out, and then want to re-enter the plan, they will need to submit SOH. The mechanics would be an auto-enroll the first year and thereafter we would only look for new hires to be auto-enrolled. For anyone that declines the coverage through the auto-enroll we would require them to go through SOH.

# Broward County Board of County Commissioners

## Disability Underwriting Assumptions

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## Pricing Worksheet

### Group Long Term Disability Insurance (GEN2118079P2)

Employee Age on last January 1st	# Enrolled <small>(Estimated for pricing exercise; will not match actual census)</small>	Estimated In Force Volume <small>(Estimated for pricing exercise; will not match actual census)</small>	MONTHLY Rate per \$100	MONTHLY Premium <small>(Estimated In Force Volume x MONTHLY Rate/\$100)</small>
Under 40	519	\$2,154,600.00	\$0.152	\$3,274.99
40-49	666	\$3,248,200.00	\$0.277	\$8,997.51
50-59	994	\$5,028,000.00	\$0.553	\$27,804.84
60-64	363	\$1,925,500.00	\$0.771	\$14,845.61
65+	121	\$597,000.00	\$0.929	\$5,546.13
<b>TOTAL LONG TERM DISABILITY INSURANCE 2 YEAR COST</b>				<b>\$1,451,257.94</b>

Metropolitan Life Insurance Company

## Acknowledgment of Addenda

In compliance with Broward County Board of County Commissioners' Group Long Term Disability Insurance RFP #GEN2118079P2, MetLife acknowledges receipt of the following addenda:

### **Addendum 1: Received on October 31, 2019**

Addendum 1 consisted of the following:

- Description/Bid Comments: (Information was added);
- Removed Documents: Special Instructions to Vendors, GEN2118079P2.pdf;
- New Documents: Addendum No. 1, Special Instructions to Vendors, GEN2118079P2.pdf.

### **Addendum 2: Received on October 31, 2019**

Addendum 2 consisted of the following:

- New Documents: Addendum No. 2, INFO\_ LTD Claims List 09.2015\_09.2019.xlsx;
- New Documents: Addendum No. 2, INFO\_ LTD Experience Report09.2015\_09.2019.pdf.

### **Addendum 3: Received on November 8, 2019**

Addendum 3 consisted of the following:

- Previous Bid End Date: Nov 08, 2019 2:00:00 PM EST, New Bid End Date: Nov 15, 2019 2:00:00 PM EST.



**Florida  
Department  
of Insurance**

# **METROPOLITAN LIFE INSURANCE COMPANY**

**Is hereby authorized to transact  
insurance in the State of Florida.**

**This certificate signifies that the company  
has satisfied all requirements of the  
Florida Insurance Code for the issuance  
of a license and remains subject to  
all applicable laws of Florida.**

**Date of Issuance: September 12, 1915  
No. 91-13-5581829**

A handwritten signature in cursive script that reads "Tom Gallagher".

---

**Tom Gallagher  
Treasurer and Insurance Commissioner**



**OFFICE OF THE TREASURER  
DEPARTMENT OF INSURANCE**

The Capitol, Tallahassee, Florida 32399-0300

**TOM GALLAGHER**

TREASURER  
INSURANCE COMMISSIONER  
FIRE MARSHAL

November 22, 1991

Metropolitan Life Insurance Company  
One Madison Avenue  
New York , NY 10010-0000

Dear Insurer:

Enclosed is your new permanent Certificate of Authority (C.O.A.).  
You are authorized to write the following lines of business:

400 Life  
405 Variable Annuities  
410 Group Life And Annuities  
420 Variable Life  
440 Credit Life/Health  
441 Credit Disability  
450 Accident And Health

The permanent C.O.A. will remain in force subject to payment of the  
annual renewal fee and compliance with state rules and regulations.

Each year, our renewal license fee invoice will include a listing  
of the lines of business that your company is authorized to write

Certificates of Authority will only be issued upon licensure of new  
companies in the future. Licensed companies will only receive a  
letter outlining the authorized lines of business annually.

Sincerely,

Keith E. Ouellette, Chief  
Bureau of Data Control  
(904) 922-3149 ext. 2613

# *State of Florida*

## *Department of State*

I certify from the records of this office that METROPOLITAN LIFE INSURANCE COMPANY is a New York corporation authorized to transact business in the State of Florida, qualified on November 30, 1954.

The document number of this corporation is 810085.

I further certify that said corporation has paid all fees due this office through December 31, 2019, that its most recent annual report/uniform business report was filed on April 19, 2019, and that its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Twenty-sixth day of June,  
2019*



*Randy Be*  

---

*Secretary of State*

Tracking Number: 2210724046CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



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1200 Abernathy Road NE  
Building 600, Suite 1450  
Atlanta, GA 30328

November 8, 2019

Santrecia Harden  
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Danea Cohen-Ebanks  
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Office (770) 407-2414  
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mlprince@metlife.com

## Group LTD Executive Summary- Broward County Board of County Commissioners

MetLife is pleased to submit our Group LTD proposal for Broward County Board of County Commissioners. Throughout our proposal, we believe we have demonstrated how MetLife is uniquely positioned to be The County's Group LTD Benefits carrier. We believe that our years of experience serving the benefit needs of employers, our commitment to educating the consumer and the team of professionals we have assembled are unmatched in the industry.

MetLife believes in the importance of collaborating closely with our public entity clients to create benefit and service experiences that meet the changing needs of the marketplace. We recognize that The County has diverse benefits needs, which requires an exceptional level of focus, customization and dedication. We take a specialized approach whereby we tailor and align resources to meet the needs of the Customer.

Our goal in responding to this RFP is to offer a robust Group LTD Benefits Solution that both The County and its employees value. MetLife's desire is that our name is something that you and your employees can come to know and trust for your Group LTD Benefits.

## RFP ITEMS TO NOTE

For your review and consideration, please note that MetLife is providing pricing for both:

- Option A: The County's requested LTD Plan Design within this RFP;
- Option B: An Alternative (which includes everything in Option A with the addition of an "Auto-Enroll" component).

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For both Options A & B, MetLife's Financial/Underwriting Offer provides for **substantial** savings for The County's employees on the Group Long Term Disability Program.

Please note the following:

**For both Options A & B:**

- MetLife is offering a 3-year rate guarantee as well as one additional two (2) year term and one additional one (1) year term.

**For Option A:**

- MetLife is offering a Rate Reduction of 30.8 % on the LTD, with recognized savings of \$321,318 Annually or \$963,955 over the course of the 3-year rate guarantee period.

**For Option B:**

- MetLife is offering a Rate Reduction of 41.5 % on the LTD, with recognized savings of \$433,300 Annually or \$1,299,900 over the course of the 3-year rate guarantee period.

**Additional Details Regarding Option B- Auto-enroll**

Disability Auto-Enrollment provides a solution for clients who acknowledge the value of Disability coverage for their Employees and are looking for ways to increase voluntary Disability participation

- Provides your employees unrestricted access to their Disability program;
- Protects more employees while providing cost benefits;
- Increased Employee engagement levels;
- A disability communication to employees is critical to bring attention to the benefit and employees' automatic enrollment.

Employees will be provided with instructions on how to 'opt out' if they do not wish to be enrolled in the plan.

For full details regarding our Disability Value Proposition, please reference the pages following. MetLife appreciates the opportunity to participate in this important procurement process and we look forward to hearing soon about next steps.

All the Best,



Michael Prince  
Senior Account Executive  
MetLife National Accounts

## Public Sector Expertise and Group LTD Benefits Solution Overview

### Our Public Sector Expertise

Our experience within the public sector includes a broad range of clients such as educational institutions, employee trust funds, governments and government agencies. We have a team designated to working with cities, counties, states, unions and other public entities of all sizes, made up of industry experts experienced in understanding the unique requirements of employers in the public sector.

To help illustrate our experience in providing complex benefit programs and administrative support to public entities, we've provided the following examples of public sector customers that have chosen us to be their world class benefits provider, all of whom have thousands of enrolled members:

#### State Governments

We provide Group Benefit programs to over one-third of the State governments across the U.S. Our focus and commitment to state employee benefit plans remains unparalleled in the insurance industry.

#### FEGLI Program

The Federal Employees' Group Life Insurance (FEGLI) program is the largest group life insurance program in the world. It was established by Congress in 1954 and provides basic and optional life insurance coverage for Federal employees, retirees and their families. Most Federal employees are eligible to enroll in the FEGLI program and it's a very popular program among Federal employees. The FEGLI program covers 2.5 million active employees and 1.6 million retirees.

#### FEDVIP Program

The Federal Government established the Federal Employees Dental and Vision Insurance Program (FEDVIP) in 2006 and we were awarded the voluntary insured Dental business. We were one of seven competing insured Dental carriers, currently manages 43% of the enrolled dental population servicing more than 448,000 dental participants, making it our largest insured Dental customer.

Both the FEDVIP and FEGLI benefit programs are managed by the US Office of Personnel Management (OPM), the Human Resources agency of the Federal Government.

# Group Disability Value Proposition

## The MetLife Difference

With a workplace landscape that is rapidly changing and a distinctive workforce whose needs are unique, having an experienced partner who understands the needs and complexity of your industry is more important than ever. MetLife is committed to being that partner. We provide holistic solutions that are easy to implement and manage to help you and your workforce navigate the world of absence today and tomorrow with confidence. By providing the support you need, we help to develop more engaged employees and more successful employers.

## A Team of Professionals Committed to Your Needs

We provide a team of professionals who are dedicated to providing outstanding service and to assist you in making the best business decisions – today and tomorrow.

This includes:

- Trained subject matter professionals with a deep level of industry knowledge so that they can better understand the specific challenges and needs of your workforce;
- Significant ongoing commitment and investment to training and collaboration with our customers and brokers to meet their evolving needs.

## Simplified Service That Takes the Pain out of Administration

Our simplified service approach assists you with plan administration so you and your employees can focus on delivering the best for your clients.

We have:

- An integrated and centralized service model that provides a streamlined end-to end experience and administrative efficiencies;
- Experience in leading large and complex customer implementations, including technology and systems integrations, as well as understanding the unique return to work needs of your industry;

## The Broadest Portfolio of Products – Easy to Tailor to Your Workforce Needs

We provide the broadest portfolio of products that resonate with employees, so your benefit program can be a tool to attract and retain the best talent and to increase productivity. A comprehensive benefits portfolio can be a valuable tool for attracting, engaging, and retaining top talent.

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Metropolitan Life Insurance Company, New York, NY 10166. Auto and home insurance is offered by Metropolitan Property and Casualty Ins. Co. and affiliates, Warwick, RI 02886. Variable products distributed by MetLife Investors Distribution Company ("MLIDC") (member FINRA). All are MetLife companies.

## Engaging and Educational Enrollment Experiences

An engaging and educational enrollment experience is provided so that your employees will understand, utilize and value their benefits.

This includes:

- Customized messaging designed to educate and engage, with a variety of innovative and flexible communications options to reach all employees;
- Exceptional customer service via a dedicated toll-free number answered by highly-trained representatives that are easy to talk to.

## Claim Model

As we continue to evolve our disability programs, we have increased our investments to further improve our technology and digital experience that enhance the programs for both employers and employees alike. We blend together data and technology in a way that drives deeper and more empathetic interactions with our customers and their employees.

We focus on clear, timely information that keeps everyone in the loop so benefits managers and employees can take immediate, effective action. We offer comprehensive data access and regular status notifications and alerts, so benefits managers and employees always know what's happening, including development and launch of:

- Omni-channel communication options;
- Online correspondence;
- Enhanced digital platforms and functionality;
- Fast, accurate processes that make things easier so there's more time for our people to focus on your people.

# Evaluation Criteria Response Form

## **Evaluation Criteria Response Form:**

The responding vendor must complete the Evaluation Criteria Response Form (pdf fillable file) with responses corresponding to each numbered item in text format only. Each Evaluation Criteria response should be succinct and include only relevant information which best answers the item. Do not include graphs, charts, resumes, tables, pictures, etc., in the Evaluation Criteria Response Form. Each Evaluation Criteria response allows for a maximum of 2100 characters of text only.

**Instructions for uploading:** Download document, save as the pdf fillable document (do not save as any other type of document), complete form and upload form as the fillable pdf file. **DO NOT APPLY ANY TYPE OF SECURITY, ALTER OR OTHERWISE MANIPULATE THE DOCUMENT. DO NOT PRINT TO PDF OR SCAN DOCUMENT BEFORE UPLOADING TO BIDSYNC.**

## **Evaluation Criteria Response Form (Supplemental Information):**

If the Vendor's evaluation criteria response needs to reference additional Information to supplement their response to an item such as graphs, resumes, tables, org charts, etc., include only the supplemental information as an attachment appropriately labeled as follows: Supplemental Information - Title - Evaluation Criteria Item Number (**ex. Supplemental Information - Resume John Doe – Evaluation Criteria 1b.**) The Supplemental Information should be uploaded to BidSync as separate pdf files (attachments) and not combined with the vendor's completed Evaluation Criteria Response Form.

[Check here to indicate that Vendor agrees it has read and will comply with the submission instructions above.](#)

# Evaluation Criteria Response Form

<b>RFP/RLI/RFQ Number and Title</b>	<b>GEN2118079P2 - Group Long Term Disability Insurance</b>
<b>Vendor Name</b>	
<b>Vendor Address</b>	
<b>Evaluation Criteria</b>	<b>Vendor Response</b>
<p><b>LOCATION: (MAXIMUM POINTS 5)</b></p> <p>Refer to Question 1</p>	
<p>Refer to <b>Vendor's Business Location Attestation Form</b> and submit as instructed.</p> <p>A Vendor with a principal place of business location (also known as the nerve center) within Broward County for the last six months, prior to the solicitation submittal, will receive five points; a Vendor not meeting all of the local business requirements will receive zero points. The following applies for a Vendor responding as a Joint Venture (JV): if a member of the JV has 51% or more of the equity and meets all of the local business requirements, the JV will receive three points; if a member of the JV has 30 to 50% of the equity and meets all of the local business requirements, the JV will receive two points; and if a member of the JV has 10% to 29% of the equity and meets all of the local business requirements, the JV will receive one point.</p> <p><i>Submit your firm's State of Florida Department of Corporations website listing as evidence of your firm's primary business location.</i></p> <p><b>Points Value: 5</b></p>	
<p><b>COMPANY PROFILE, CHARACTERISTICS OF FIRM AND STAFFING: (MAXIMUM POINTS 12)</b></p> <p>Refer to Questions 2a – 2d</p>	

<p>2a. Provide basic information for the proposing company:</p> <ul style="list-style-type: none"> <li>i. Number of years offering Group Long Term Disability Insurance product;</li> <li>ii. Total number of current employees;</li> <li>iii. Average seniority of current employees;</li> <li>iv. Briefly describe the company's organization, philosophy, management</li> </ul> <p><b><u>Points Value: 3</u></b></p>	
<p>2b. List Key Members of proposed Account Team who will provide professional, customer service, and/or technical support services on this contract. Include:</p> <ul style="list-style-type: none"> <li>i. Name and contact information;</li> <li>ii. Job title and number of years of service with current organization and brief resume covering, at minimum, the last five years;</li> <li>iii. Location of the office the proposed Account Team will be working from.</li> </ul> <p><b><u>Points Value: 3</u></b></p>	
<p>2c. How does the proposing company rank nationally?</p> <ul style="list-style-type: none"> <li>i. By case/premium and products offered?</li> <li>ii. Provide proposing company's industry rating by AM Best, Fitch, Moody's, and/or Standard &amp; Poor's.</li> </ul> <p><b><u>Points Value: 3</u></b></p>	
<p>2d. Provide a list of the governmental and/or public entities, similar or greater in size (number of insured) to Broward County, that the Company has provided long term disability insurance coverage and related services for over the last five years.</p> <p>Vendor should provide references for similar work performed to show evidence of qualifications and previous experience. Refer to <b>Vendor Reference Verification Form</b> and submit as instructed. Only provide references for non-Broward County Board of County Commissioners contracts. For Broward County contracts, the County will review performance evaluations in its database for vendors with previous or current contracts with the County. The County considers references and performance evaluations in the evaluation of Vendor's past performance.</p> <ul style="list-style-type: none"> <li>i. Provide name, address, and verified current contact information, including telephone number and email address.</li> </ul> <p><b><u>Points Value: 3</u></b></p>	

**QUALITY OF SERVICE AND CUSTOMER SERVICE:  
(MAXIMUM POINTS 13)**

Refer to Questions 3a – 3c

- 3a. Describe the proposing company's overall member service strategy.
- i. Include location, hours of operation, and duties of any call centers
  - ii. Does the proposing company offer a toll-free and local telephone number to members?
  - iii. Describe any web-based services available to members.
  - iv. Describe call-center & customer service metrics monitored.

**Points Value: 5**

- 3b. Describe the proposing company's overall client service strategy.
- i. Will the client be provided an administrative manual?
  - ii. Describe any web-based tools available to the client (e.g. report generation, death claim reporting, etc.).

**Points Value: 5**

- 3c. What materials/services do you provide to support non-English speaking employees and hearing impaired callers?

**Points Value: 3**

**ENROLLMENT AND IMPLEMENTATION:  
(MAXIMUM POINTS 10)**

Refer to Questions 4a – 4b

- 4a. Explain how you will work with the County to ensure a smooth implementation and open enrollment experience.
- i. Describe the role of the Implementation Manager.
  - ii. Describe the interaction between the Implementation Manager and the County's Benefits staff.
  - iii. Describe, in detail, your company's timeline for implementation.

**Points Value: 5**

- 4b. Are production and mailing costs for enrollment/member materials and mailings included in the proposed rates?

**Points Value: 5**

**ANALYSIS OF PROJECT SPECIFIC VENDOR QUESTIONNAIRE AND PERFORMANCE GUARANTEES:  
(MAXIMUM POINTS 20)**

Refer to Questions 5a – 5b

5a. Project Specific Vendor Questionnaire

**Points Value: 10**

5b. Performance Guarantees

**Points Value: 10**

**ANALYSIS OF PLAN DESIGN QUESTIONNAIRE AND PRODUCT DETAILS:  
(MAXIMUM POINTS 20)**

Refer to Questions 6a – 6d

6a. LTD Plan Design

**Points Value: 7**

6b. Maximum Benefit

**Points Value: 5**

6c. Return to Work Provision

**Points Value: 4**

<p>6d. Guaranteed Open Enrollment at Inception of Agreement</p> <p><b>Points Value: 4</b></p>	
<p><b>PRICE: (MAXIMUM POINTS 20)</b></p> <p>Refer to Questions 7</p>	
<p>7. Submit your pricing in the Item Response Form in BidSync.*</p> <p><i>* Total points awarded for price will be determined by applying the following formula: (Lowest Proposed Price/Proposer's Price) x 20 = Price Score</i></p> <p><b>Points Value: 20</b></p>	<p>Please submit price information into BidSync.</p>
<p><b>TOTAL NUMBER OF POINTS: (MAXIMUM POINTS 100)</b></p>	

# Vendor Questionnaire Form

The completed Vendor Questionnaire Form and supporting information (if applicable) should be returned with Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Failure to timely submit may affect Vendor's evaluation.

**If a response requires additional supporting information, the Vendor should provide a written detailed response as indicated on the form.** The completed questionnaire and responses will become part of the procurement record. It is imperative that the person completing the Vendor Questionnaire Form be knowledgeable about the proposing Vendor's business profile and operations.

<b>Solicitation Number :</b>		<b>GEN2118079P2</b>
<b>Title :</b>		<b>Group Long Term Disability Insurance</b>
1. Legal business name:		
2. Doing Business As/ Fictitious Name (if applicable):		
3. Federal Employer I.D. no. (FEIN):		
4. Dun and Bradstreet No.:		
5. Website address (if applicable):		
6. Principal place of business address:	Address Line 1	
	Address Line 2	
	City	
	State	
	Zip Code	
	Country	
7. Office location responsible for this project:		
8. Telephone no.:		
9. Fax no.:		
10. Type of business:	Type of Business (Select from the dropdown list)	
	If Corporation, Specify the State of Incorporation	

	If General Partnership, Specify the State and County filed in	
	If Other, Specify the detail	
11. List Florida Department of State, Division of Corporations document number (or registration number if fictitious name):		
12. List name and title of each principal, owner, officer, and major shareholder:	a)	
	b)	
	c)	
	d)	
13. AUTHORIZED CONTACT(S) FOR YOUR FIRM:	Contact Name 1	
	Title	
	E-Mail	
	Telephone No.	
	Fax No.	
	Contact Name 2	
	Title	
	E-Mail	
	Telephone No.	
	Fax No.	
14. Has your firm, its principals, officers or predecessor organization(s) been debarred or suspended by any government entity within the last three years? If yes, specify details in an attached written response.	Click response	Yes No
	If Yes, provide detailed response	

15. Has your firm, its principals, officers or predecessor organization(s) ever been debarred or suspended by any government entity? If yes, specify details in an attached written response, including the reinstatement date, if granted.	Click response	Yes No
	If Yes, provide detailed response	
16. Has your firm ever failed to complete any services and/or delivery of products during the last three (3) years? If yes, specify details in an attached written response.	Click response	Yes No
	If Yes, provide detailed response	
17. Is your firm or any of its principals or officers currently principals or officers of another organization? If yes, specify details in an attached written response.	Click response	Yes No
	If Yes, provide detailed response	
18. Have any voluntary or involuntary bankruptcy petitions been filed by or against your firm, its parent or subsidiaries or predecessor organizations during the last three years? If yes, specify details in an attached written response.	Click response	Yes No
	If Yes, provide detailed response	
19. Has your firm's surety ever intervened to assist in the completion of a contract or have Performance and/or Payment Bond claims been made to your firm or its predecessor's sureties during the last three years? If yes, specify details in an attached written response, including contact information for owner and surety.	Click response	Yes No
	If Yes, provide detailed response	

20. Has your firm ever failed to complete any work awarded to you, services and/or delivery of products during the last three (3) years? If yes, specify details in an attached written response.	Click response	Yes No
	If Yes, provide detailed response	
21. Has your firm ever been terminated from a contract within the last three years? If yes, specify details in an attached written response.	Click response	Yes No
	If Yes, provide detailed response	
22. Living Wage solicitations only: In determining what, if any, fiscal impacts(s) are a result of the Ordinance for this solicitation, provide the following for informational purposes only. Response is not considered in determining the award of this contract. Living Wage had an effect on the pricing. If yes, Living Wage increased the pricing by ____% or decreased the pricing by ____%.	Click response	Yes No N/A
	If Yes, provide detailed response	

## INSURANCE REQUIREMENTS

Project: Group Long Term Disability Insurance  
 Agency: Human Resources Division

TYPE OF INSURANCE	ADDL INSD	SUBR WVD	MINIMUM LIABILITY LIMITS		
				Each Occurrence	Aggregate
<b>GENERAL LIABILITY - Broad form</b> <input type="radio"/> Commercial General Liability <input type="radio"/> Premises-Operations <input type="radio"/> XCU Explosion/Collapse/Underground <input type="radio"/> Products/Completed Operations Hazard <input type="radio"/> Contractual Insurance <input type="radio"/> Broad Form Property Damage <input type="radio"/> Independent Contractors <input type="radio"/> Personal Injury <b>Per Occurrence or Claims-Made:</b> <input type="radio"/> Per Occurrence <input type="checkbox"/> Claims-Made <b>Gen'l Aggregate Limit Applies per:</b> <input type="checkbox"/> Project <input type="checkbox"/> Policy <input type="checkbox"/> Loc. <input type="checkbox"/> Other _	○	○	Bodily Injury		
			Property Damage		
			Combined Bodily Injury and Property Damage	<b>\$1,000,000</b>	<b>\$2,000,000</b>
			Personal Injury		
			Products & Completed Operations		
<b>AUTO LIABILITY</b> <input type="radio"/> Comprehensive Form <input type="radio"/> Owned <input type="radio"/> Hired <input type="radio"/> Non-owned <input type="radio"/> Any Auto, If applicable <i>Note: May be waived if no driving will be done in performance of services/project.</i>	○	○	Bodily Injury (each person)		
			Bodily Injury (each accident)		
			Property Damage		
			Combined Bodily Injury and Property Damage	<b>\$500,000</b>	
<b>D EXCESS LIABILITY / UMBRELLA</b> <b>Per Occurrence or Claims-Made:</b> <input type="radio"/> Per Occurrence <input type="checkbox"/> Claims-Made <i>Note: May be used to supplement minimum liability coverage requirements.</i>	○	○			
<input type="radio"/> <b>WORKER'S COMPENSATION</b> <i>Note: U.S. Longshoremen &amp; Harbor Workers' Act &amp; Jones Act is required for any activities on or about navigable water.</i>	N/A	○	Each Accident	<b>STATUTORY LIMITS</b>	
<input type="radio"/> <b>EMPLOYER'S LIABILITY</b>			Each Accident	<b>\$100,000</b>	
<input type="radio"/> <b>CYBER LIABILITY</b>	N/A	○	If claims-made form:	<b>\$1,000,000</b>	
			Extended Reporting Period of:	3 years	
			*Maximum Deductible:	\$100,000	
<input type="radio"/> <b>PROFESSIONAL LIABILITY (ERRORS &amp; OMISSIONS)</b>	N/A	○	If claims-made form:	<b>\$3,000,000</b>	
			Extended Reporting Period of:	3 years	
			*Maximum Deductible:	\$100,000	
Description of Operations: XXXX shall be listed as Certificate Holder and endorsed as an additional insured for liability, except as to Professional Liability. XXXX shall be provided 30 days written notice of cancellation, <del>10 days' notice of cancellation for non-payment</del> . Contractors insurance shall provide primary coverage and shall not require contribution from the XXXX, self-insurance or otherwise. Any self-insured retention (SIR) higher than the amount permitted in this Agreement must be declared to and approved by XXXX and may require proof of financial ability to meet losses. Contractor is responsible for all coverage deductibles unless otherwise specified in the agreement.					
<b>CERTIFICATE HOLDER:</b>  XXXX XXXX XXXX					





**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Marsh USA, Inc.		<b>NAMED INSURED</b> MetLife, Inc. and its Subsidiaries 200 Park Avenue, 6th Floor New York, NY 10166	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY - CONTINUATION

Policy Number: WC 046912861 (AZ,IL,KY,NC,NH, NJ,PA,UT,VA,VT)  
 Carrier: New Hampshire Insurance Company  
 Effective Dates: 01/01/2019 - 01/01/2020  
 Limit: See Page One

Policy Number: XWC 5565585 (MA)  
 Carrier: National Union Fire Insurance Company of Pittsburgh PA  
 Effective Dates: 01/01/2019 - 01/01/2020  
 Limit: See Page One

Policy Number: XWC 5565584 (RI)  
 Carrier: National Union Fire Insurance Company of Pittsburgh PA  
 Effective Dates: 01/01/2019 - 01/01/2020  
 Limit: See Page One



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
12/17/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Aon Risk Services Northeast, Inc. Morristown NJ Office 44 Whippany Road, Suite 220 Morristown NJ 07960 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): (800) 363-0105	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> MetLife, Inc. including its Subsidiaries 200 Park Avenue New York NY 10166 USA	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Illinois National Insurance Co <b>NAIC #</b> 23817	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

Holder Identifier :

**COVERAGES**      **CERTIFICATE NUMBER:** 570074188186      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.      **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	<b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY ( Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input type="checkbox"/> N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT
A	Cyber Liability			040008585 Claims Made SIR applies per policy terms & conditions	12/15/2018	12/15/2019	Limit      \$15,000,000

Certificate No : 570074188186

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Evidence of Insurance

<b>CERTIFICATE HOLDER</b>  MetLife, Inc. and Subsidiaries 200 Park Avenue New York NY 10166 USA	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  <i>Aon Risk Services Northeast, Inc.</i>





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/09/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036 Attn: NewYork.certs@Marsh.com	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
CN102965714-2--19-20	<b>INSURER A:</b> Old Republic Insurance Company	<b>NAIC #</b> 24147
<b>INSURED</b> MetLife, Inc. and its subsidiaries 200 Park Avenue, 6th Floor New York, NY 10166	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** NYC-010412716-01                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			MWZY 312002-19	01/01/2019	01/01/2020	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			MWTB 312001-19	01/01/2019	01/01/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: _____ RETENTION \$: _____						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
EVIDENCE OF INSURANCE

### CERTIFICATE HOLDER

### CANCELLATION

MetLife, Inc. and its Subsidiaries 200 Park Avenue, 6th FL New York, NY 10166	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> of Marsh USA Inc. Ann-Marie Fleming <i>Ann-Marie Fleming</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/04/2019

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036 Attn: NewYork.certs@marsh.com 512-342-4418	<b>CONTACT NAME:</b> _____	
	<b>PHONE (A/C No. Ext):</b> _____	<b>FAX (A/C No.):</b> _____
<b>E-MAIL ADDRESS:</b> _____		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A : Old Republic Insurance Company</b>		24147
<b>INSURER B : Zurich American Insurance Company</b>		16535
<b>INSURER C : National Union Fire Ins. Co. of Pittsburgh, PA</b>		19445
<b>INSURER D : Illinois National Insurance Company</b>		23817
<b>INSURER E : New Hampshire Insurance Co.</b>		23841
<b>INSURER F : American Home Assurance Company</b>		19380

**COVERAGES**                      **CERTIFICATE NUMBER:** NYC-010409211-01                      **REVISION NUMBER:**

**THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.**

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____		MWZY 312002-19	01/01/2019	01/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 3,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY		MWTB 312001-19	01/01/2019	01/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DED    RETENTIONS		AUC 3750732-17	01/01/2019	01/01/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
E	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WC 046912860 (AOS) WC 046912858 (CA) WC 046912856 (OR)	01/01/2019	01/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	WC & EL CONTD		WC 046912859 (WI, Stop Gap)	01/01/2019	01/01/2020	SEE ABOVE
D			WC 046912857 (FL)	01/01/2019	01/01/2020	

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
Evidence of Insurance Only

### CERTIFICATE HOLDER

### CANCELLATION

MelLife, Inc. and its Subsidiaries 200 Park Avenue, 6th FL New York, NY 10166	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> of Marsh USA Inc. Ann-Marie Fleming <i>Ann-Marie Fleming</i>
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**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Marsh USA, Inc.		<b>NAMED INSURED</b> MetLife, Inc. and its Subsidiaries 200 Park Avenue, 6th Floor New York, NY 10166	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance**

**WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY - CONTINUATION**

Policy Number: WC 046912861 (AZ,IL,KY,NC,NH, NJ,PA,UT,VA,VT)  
 Carrier: New Hampshire Insurance Company  
 Effective Dates: 01/01/2019 - 01/01/2020  
 Limit: See Page One

Policy Number: XWC 5565585 (MA)  
 Carrier: National Union Fire Insurance Company of Pittsburgh PA  
 Effective Dates: 01/01/2019 - 01/01/2020  
 Limit: See Page One

Policy Number: XWC 5565584 (RI)  
 Carrier: National Union Fire Insurance Company of Pittsburgh PA  
 Effective Dates: 01/01/2019 - 01/01/2020  
 Limit: See Page One



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/03/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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<b>PRODUCER</b> Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036 Attn: NewYork.certs@Marsh.com  CN102965714-7--19-20                      No	<b>CONTACT NAME:</b> <b>PHONE (A/C, No. Ext):</b> <b>FAX (A/C, No):</b>	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A :</b> Old Republic Insurance Company		24147
<b>INSURER B :</b>		
<b>INSURER C :</b>		
<b>INSURER D :</b>		
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:** NYC-009926560-29                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>CONTRACTUAL LIABILITY</b>  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MWZY 312002-19	01/01/2019	01/01/2020	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 15,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  MetLife, Inc. and its subsidiaries 200 Park Avenue, Mezzanine Level, 6th Floor New York, NY 10166	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE of Marsh USA Inc.  Ann-Marie Fleming <i>Ann-Marie Fleming</i>
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## 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](http://www.metlife.com/business-and-brokers/broker-resources/broker-compensation). Questions regarding Intermediary compensation can be directed to [ask4met@metlifeservice.com](mailto: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 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.



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

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

## Our Privacy Notice

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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.

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### 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.

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### 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.

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### 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.

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### 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](http://www.mib.com).

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## 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

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## 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

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## 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](http://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](mailto:HIPAAprivacyAmericasUS@metlife.com), or call us at telephone number (212) 578-0299.

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## SECTION 8: Accessing and Correcting Your Information

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

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

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## 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](mailto: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.

## Performance Measures

### Group Long Term Disability Insurance

<b>Proposer's Name:</b>	<b>Metropolitan Life Insurance Company (MLIC)</b>
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Any payment due to the County in accordance with the performance measure deductions must be made in the form of a check within twenty (20) days following the date of the County's invoice based in the Vendor's internal audit reports. Vendors shall have the ability to self-report within forty-five (45) days following the close of the reporting period. Reports may be subject to an independent third party audit at the County's discretion. If the County finds it necessary to conduct such an audit, performance measure deductions will apply to the results of said audit.

*Proposers shall be required to indicate either "Yes" or "No" along with an explanation (if necessary), to the Negotiable Items #1-11 of the Performance Measures. However, notwithstanding the foregoing, if the Proposer indicates "No" or fails to respond to any one of the Negotiable Items #1-11 of the Performance Measures at the time of proposal submittal, this will not render the Proposer Non-Responsive. County may seek clarification from the Proposers in response to missing and/or incomplete information provided regarding Negotiable Items #1-11.*

#### NEGOTIABLE PERFORMANCE MEASURES:

	Performance Measure	Agree to Measure: Yes/No	If No, Propose Acceptable Performance for Measure:	Proposed Deduction	Agree to Deduction: Yes/No	If No, Propose Deduction for Measure
<b>1</b>	You have agreed to provide a Certificate of Insurance and Group Policy document within 60 days after approval from County in the Project Specific Vendor Questionnaire, do you agree with the Proposed Deduction?			0.25% of cumulative total sum of premiums paid during the applicable Contract Year.	Yes	We will place an aggregate 2% of premiums at risk.

**Performance Measures**  
Group Long Term Disability Insurance

	<b>Performance Measure</b>	<b>Agree to Measure: Yes/No</b>	<b>If No, Propose Acceptable Performance for Measure:</b>	<b>Proposed Deduction</b>	<b>Agree to Deduction: Yes/No</b>	<b>If No, Propose Deduction for Measure</b>
<b>2</b>	<p><b>Implementation Commitment:</b> Implementation meetings will be held with the County to discuss program details and implementation strategy. Implementation will be managed in accordance with a customized implementation plan, that will include:</p> <ul style="list-style-type: none"> <li>• Time parameters</li> <li>• Pertinent steps</li> <li>• Agreed upon timeframes for each step</li> <li>• Plan adjustments made from time to time as mutually agreed upon by Policyholder and Vendor</li> </ul> <p>At least 95% of action items assigned to Vendor will be completed or delivered by the due date indicated in the implementation plan</p>	Yes	<p>We will develop an implementation plan for The County LTD program that includes all client and carrier tasks needed to implement the plan. We will complete a list of tasks on or before specified timeframes barring any unforeseen circumstances beyond MetLife’s control. Task and timeframes will be mutually agreed upon by MetLife and The County. 95% of action items assigned to vendor will be completed or delivered by due date in the implementation plan barring any unforeseen circumstances.</p>	0.25% of cumulative total sum of premiums paid during the applicable Contract Year.	Yes	We will place an aggregate 2% of premiums at risk.

**Performance Measures**  
Group Long Term Disability Insurance

	<b>Performance Measure</b>	<b>Agree to Measure: Yes/No</b>	<b>If No, Propose Acceptable Performance for Measure:</b>	<b>Proposed Deduction</b>	<b>Agree to Deduction: Yes/No</b>	<b>If No, Propose Deduction for Measure</b>
<b>3</b>	<b>Speed to Answer calls:</b> 90% of incoming calls will be answered by customer service within 35 seconds. (Measured and reported quarterly)	No	We believe we are offering a superior PG to what is requested. 80% of incoming calls will be answered by Customer Service Representatives within 20 seconds. Based on an annual average, with data tracked monthly.	0.25% of cumulative total sum of premiums paid during the applicable Contract Year, per quarter.	Yes	We will place an aggregate 2% of premiums at risk.
<b>4</b>	<b>Abandonment Rate:</b> 95% of all telephone calls in queue will connect to a customer service representative. (Measured and reported quarterly)	Yes	No greater than 3% abandonment rate for intake calls.  Based on an annual average, with data tracked monthly.	0.25% of cumulative total sum of premiums paid during the applicable Contract Year, per quarter.	Yes	We will place an aggregate 2% of premiums at risk.

**Performance Measures**  
Group Long Term Disability Insurance

	<b>Performance Measure</b>	<b>Agree to Measure: Yes/No</b>	<b>If No, Propose Acceptable Performance for Measure:</b>	<b>Proposed Deduction</b>	<b>Agree to Deduction: Yes/No</b>	<b>If No, Propose Deduction for Measure</b>
<b>5</b>	<b>Open Enrollment Meetings:</b> COUNTY will schedule open enrollment benefit information sessions at various locations and times. COUNTY will provide Vendor with a list of locations and time at least two (2) weeks prior to the commencement of the first enrollment briefing. COUNTY requires that at a minimum one (1) representative, at their own expense, to participate in <u>every</u> information session requested by COUNTY to explain benefits and plan information. Representative must have excellent knowledge of the COUNTY's long term disability insurance benefits and plan information. (Measured and reported annually)	Yes		0.25% of cumulative total sum of premiums paid during the applicable Contract Year.	Yes	We will place an aggregate 2% of premiums at risk.
<b>6</b>	<b>Reporting:</b> Provide 100% of quarterly and annual reports within forty-five (45) days after the close of the reporting period. (Measured and reported quarterly)	Yes		0.50% of cumulative total sum of premiums paid during the applicable Contract Year, per quarter.	Yes	We will place an aggregate 2% of premiums at risk.
<b>7</b>	<b>Service Meetings:</b> Semiannual meetings will be prescheduled to review plan performance and service delivery. (Measured and reported semiannually.)	Yes		0.25% of cumulative total sum of premiums paid during the applicable Contract Year, semiannually.	Yes	We will place an aggregate 2% of premiums at risk.

**Performance Measures**  
Group Long Term Disability Insurance

	<b>Performance Measure</b>	<b>Agree to Measure: Yes/No</b>	<b>If No, Propose Acceptable Performance for Measure:</b>	<b>Proposed Deduction</b>	<b>Agree to Deduction: Yes/No</b>	<b>If No, Propose Deduction for Measure</b>
<b>8</b>	<b>Renewal Notification:</b> Renewal notice will be provided to Policyholder 270 days before rate guarantee expiration date. Plan analysis and current experience reports will accompany renewal, providing explanation of proposed rate action. (Measured and reported annually beginning applicable year of contract)	Yes		0.25% of cumulative total sum of premiums paid during the applicable Contract Year.	Yes	We will place an aggregate 2% of premiums at risk.
<b>9</b>	<b>Claims Processing Standards:</b> 95% of error-free claims (in-network and out-of-network) will be processed within 30 days of receipt. (Measured and reported quarterly)	Yes	Initial Disability Decision within an average of five business days from the time MetLife received all information necessary to make a decision.	0.25% of cumulative total sum of premiums paid during the applicable Contract Year, per quarter.	Yes	We will place an aggregate 2% of premiums at risk.
<b>10</b>	<b>Claim Financial Accuracy:</b> Financial accuracy standard will be 95% of COUNTY specific claims. (Measured and reported annually)	No	99%	0.25% of cumulative total sum of premiums paid during the applicable Contract Year.	Yes	We will place an aggregate 2% of premiums at risk.

## Performance Measures Group Long Term Disability Insurance

	Performance Measure	Agree to Measure: Yes/No	If No, Propose Acceptable Performance for Measure:	Proposed Deduction	Agree to Deduction: Yes/No	If No, Propose Deduction for Measure
11	<b>Client Annual Satisfaction:</b> Benefits staff will be satisfied that the service delivered by the Account Management Team qualifies as a “solid performance that generally meets requirements” (3.0) or higher as defined in the survey defined below. (Measured and reported annually) <b>SEE SAMPLE BELOW</b>	Yes	MetLife can accommodate the client annual satisfaction survey requested by the County.	0.50% of cumulative total sum of premiums paid during the applicable Contract Year.	Yes	We will place an aggregate 2% of premiums at risk.

	<b>Agree: Yes/No</b>
<b>Have you answered all questions in the Performance Measures Questionnaire?</b>	Yes

### SAMPLE - Annual Satisfaction Assessment Tool

Account Management	Score	Comments
1. Exhibits knowledge of, and acts to meet County’s needs. Is viewed as a valuable resource.		
2. Proactively offers useful information and ideas to help manage benefit plans.		
3. Responds to questions and requests in a timely manner.		
4. Provides accurate and timely information.		
5. Communicates clearly and professionally.		
6. Is well prepared for meetings.		
7. Delivers on commitments and proactively provides updates on issues.		
8. Effective and timely escalated issue resolution.		

9. Provides the right resources to effectively manage County’s account.		
Additional comments:		

### Rating Scale

- 5.0 Exceptional performance with extraordinary results that exceed requirements.
- 4.0 – 4.9 Outstanding performance that generally exceeds requirements.
- 3.0 – 3.9 Solid performance that generally meets requirements.
- 2.0 – 2.9 Marginal performance that generally does not meet requirements
- 1.0 – 1.9 Unsatisfactory performance that consistently does not meet requirements.

**Plan Design Questionnaire**  
**Group Long Term Disability Insurance**

	<b>Long Term Disability Insurance Benefits</b>	<b>Response:</b>
1.	Long Term Disability Benefit: <b>XX</b> % of the first \$ <b>XX</b> of Predisability Earnings, reduced by income.	%: 60 \$: 10,000
2.	Long Term Disability Benefit Maximum before reduction by Deductible Income:	\$: 6,000
3.	Long Term Disability Benefit Minimum:	\$: 100
4.	Benefit Waiting Period:	90 days
5.	Maximum Benefit Period:	61 or younger.....To age 65, or 3 years 6 months, if longer. 62..... 3 years 6 months 63..... 3 years 64..... 2 years 6 months 65..... 2 years 66..... 1 year 9 months 67..... 1 year 6 months 68..... 1 year 3 months 69 or older..... 1 year
6.	Briefly describe Proposer's Evidence of Insurability process.	<p>Medical questionnaires are required in the following situations:</p> <ul style="list-style-type: none"> <li>• If an active employee does not apply for coverage within 31 days of his or her eligibility date;</li> <li>• If an active employee does not apply for coverage during the first enrollment period in which he or she was eligible to apply for coverage;</li> <li>• If an active employee was eligible for coverage under the plan but did not elect to be covered under the plan.</li> </ul> <p>Information obtained from the medical evidence questionnaire is loaded into our Statement of Health (SOH) system. If certain criteria are not met, the SOH is referred to an underwriter for further review.</p> <p>The underwriter will either approve or decline the application, request additional information from the applicant's physician or request that the applicant have a paramedical examination.</p>
7.	Does Proposer offer waiver of premium benefits?	Yes.

**Plan Design Questionnaire**  
**Group Long Term Disability Insurance**

		<p>LTD premium is required during the elimination period. Once an employee is receiving LTD benefits, premiums for LTD are no longer required.</p> <p>We can provide a report halfway through the elimination period of any employee on disability to assist with Life waiver of premium administration. The report also includes LTD claims continuing Disability under the plan. We would also consider sharing the gathered medical information in the Disability claim with the Life vendor to assist with their decision making, provided the proper releases were in place.</p>
<p><b>8.</b></p>	<p>Briefly describe Proposer's definition of Disability.</p>	<p>Our intent is to match the current carrier's definition of disability. We will match the own occupation periods by class.</p> <p>Our standard contract definition of disability is based on an inability to earn as well as an inability to perform material duties.</p> <p>Disabled or disability means that, due to sickness or as a direct result of accidental injury, your employee is receiving appropriate care and treatment and complying with the requirements of such treatment; and:</p> <ul style="list-style-type: none"> <li>• During the elimination period and the next 60 months of sickness or accidental injury, is unable to earn more than 80% of his or her predisability earnings at his or her own occupation for any employer in the national economy and unable to perform each of the material duties of his or her own occupation;</li> <li>• After such period, is unable to earn more than 60% of his or her predisability earnings from any employer in the national economy at any gainful occupation for which he or she is reasonably qualified taking into account the employee's training, education and experience and unable to perform the duties of any gainful occupation for which he or she is reasonably qualified.</li> </ul> <p>To determine if a disability is the direct result of an accidental injury, the disability must have occurred within 90 days of the accidental injury and resulted from the injury independent of other causes.</p>

**Plan Design Questionnaire**  
**Group Long Term Disability Insurance**

		<p>If your employee's occupation requires a license, the loss of the license for any reason does not necessarily constitute disability.</p> <p>Your employees can satisfy the elimination period with days of partial and/or total disability, commonly referred to as zero-day residual.</p> <p>The earnings test in the definition of disability addresses partial disability scenarios in conjunction with the work incentive and other income benefits provisions of the plan.</p> <p>In addition to material duties, we standardly include the phrase “unable to earn” in lieu of “partial disability”. “Unable to earn” means that due to disability, your disabled employee does not have the ability to earn more than the stated percentage of predisability earnings on and after the date of disability. Income such as commissions, bonuses and incentive compensation earned prior to the date of disability, but paid after the date of disability, does not affect your employee’s ability to satisfy the definition of disability. Additionally, he or she can receive income such as bonus, salary continuance, sick pay and/or vacation pay and still satisfy the definition of disability.</p> <p>Definitions of appropriate care and treatment, national economy, own occupation and physician are explained in the sample contract included in <b>Exhibit E</b>.</p>
<p><b>9.</b></p>	<p>Does Proposer offer a Return to Work Incentive? If so, briefly describe.</p>	<p>Yes.</p> <p>We recognize that returning an individual to work, even in a limited capacity, increases the motivation and potential that the individual will return to full-time employment. Our contract includes financial incentives intended to encourage your employees to RTW either part or full time. Our work incentive allows an employee to participate in rehabilitative employment without losing benefit eligibility. The employee may earn up to 100% income replacement. The LTD rehabilitation incentives include one or more of the following benefits:</p> <ul style="list-style-type: none"> <li>• <b>Work Incentive:</b> This allows an employee to earn up to 100% income replacement during the first 12 months. After 12 months of benefits, the benefit will be reduced by 50% of any earned</li> </ul>

**Plan Design Questionnaire**  
**Group Long Term Disability Insurance**

		<p>compensation. Under this program, the below listed benefits may also be paid in conjunction with the monthly benefit and part-time earnings.</p> <ul style="list-style-type: none"> <li>• <b>Rehabilitation Program Incentive:</b> A 10% increase in the monthly benefit is provided to an employee participating in a MetLife-approved rehabilitation program.</li> <li>• <b>Family Care Incentive:</b> During the first 12 months, up to \$400 per month for each eligible family member is available for expenses incurred while the disabled employee attempts to RTW.</li> <li>• <b>Moving Expense Incentive:</b> Reimbursement is provided for expenses associated with moving to a new residence if moving is recommended as part of the MetLife-approved Rehabilitation Program.</li> </ul> <p>Under our Vocational Rehabilitation Program, a Rehabilitation Consultant authorizes payment of the Rehabilitation Incentive and Family Care Incentive for a period of time clearly stated in the rehabilitation plan. The employee's progress is closely monitored during the period to ensure that the goal continues to be the eventual return to full-time work. Benefits are payable provided the employee actively participates in an approved rehabilitation program under the direction of the consultant. If we determine that the employee is capable of participating in a rehabilitative program and refuses, the rehabilitation incentives as well as the monthly LTD benefits will cease.</p> <p>A standard part of MetLife's rehabilitation plan includes worksite accommodations. We review each claim on a case-by-case basis to determine the need for accommodations.</p> <p>Please note, state variations may apply.</p>
<p><b>10.</b></p>	<p>Does Proposer offer a Rehabilitation Plan Provision? If so, please state the increased benefit proposed.</p>	<p>Yes.</p> <p>A 10% increase in the monthly benefit is provided to an employee participating in a MetLife-approved rehabilitation program.</p>
<p><b>11.</b></p>	<p>Briefly describe how Predisability Earnings are calculated.</p>	<p>Our intent is to match the current predisability earnings outlined in the current plan design.</p>

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<p><b>12.</b></p>	<p>Does Proposer offer a Survivors Death Benefit? If so, please describe.</p>	<p>Yes.</p> <p>This is a deviation to your current plan.</p> <p>Lump Sum Payment in the Event of Your Death benefit is an optional additional plan feature, which provides an additional single sum amount in the event of the claimant's death.</p> <p>Our benefit pays three times the gross monthly benefit prior to reduction for offsets.</p>
<p><b>13.</b></p>	<p>List any disabilities excluded from coverage.</p>	<p>We will not pay for any disability caused or contributed by:</p> <ul style="list-style-type: none"> <li>• War declared or undeclared, or act of war, insurrection, rebellion or terrorist act;</li> <li>• Employee's active participation in a riot;</li> <li>• Intentionally self-inflicted injury;</li> <li>• Attempted suicide;</li> <li>• Commission of or attempt to commit a felony.</li> </ul> <p>Please note, state variations may apply.</p>
<p><b>14.</b></p>	<p>Does Proposer's plan design list any disabilities subject to limited pay periods? If so, please explain.</p>	<p>Yes.</p> <p>Our standard LTD contract includes limitations for the following:</p> <ul style="list-style-type: none"> <li>• Alcohol, drug or substance abuse or addiction;</li> <li>• Mental or nervous disorders or diseases;</li> <li>• Neuromuscular, musculoskeletal or soft tissue disorders, chronic fatigue syndrome and related conditions and fibromyalgia.</li> </ul> <p>Our standard LTD contract limits the total disability to a combined lifetime limit of 24 months for the conditions listed above. Employers have the option to separate the provisions within the 24 month limitation period, if desired. Additional charges would apply. Other variations may apply.</p> <p>Additionally, our plan allows for an extension of benefits at the end of the 24 month period for confinement. If you are confined in a hospital or mental health facility at the end of the period shown above for which benefits are to be paid, we will continue monthly benefits until</p>

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		<p>the end of your hospital or mental health facility confinement.</p> <p>Please note, state variations may apply.</p>
<p><b>15.</b></p>	<p>Does Proposer offer an electronic claim filing system?</p>	<p>Yes.</p> <p><b>MyBenefits</b>  Our employee website, MyBenefits, allows employees to submit claims online in real time. You must provide an electronic eligibility feed for employee Web submission.</p> <p>Additional features of Web submission include:</p> <ul style="list-style-type: none"> <li>• <b>Pre-populated Claim Forms</b> – Employees receive the appropriate online claim form pre-filled with information based on their coverage eligibility;</li> <li>• <b>Real-time Submission Confirmation</b> – Claims are received in real time, and employees receive an immediate confirmation that includes their claim number(s). They will have instant claim inquiry access;</li> <li>• <b>Links to Other Online Resources</b> – After submission, employees are given a link to the online forms library. A medical authorization is automatically mailed. It can also be downloaded from the website.</li> </ul> <p><b>MetLink</b>  Via our employer website, MetLink, you can access our “File a Claim” feature, which allows you to file your employees’ Disability claims in real time. You can also subscribe to e-alerts, and receive notification when a new claim is submitted or if there is a status change.</p> <p><b>Mobile App</b>  We make it easy for your employees to keep track of a disability claim from the time the claim is approved to the time he or she is ready to go back to work. Accessing a claim is now easier than ever with the MetLife US App.</p> <p>Users can:</p> <ul style="list-style-type: none"> <li>• View and update claim and leave information;</li> <li>• Send messages and attachments to MetLife;</li> <li>• Upload photos of claim documents;</li> <li>• Set up direct deposit of benefit payments, if applicable;</li> <li>• Obtain contact information;</li> <li>• Provide updates such as an RTW date and other important details;</li> </ul>

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		<ul style="list-style-type: none"> <li>• Register for group products;</li> <li>• Add other MetLife group products to their existing credentials.</li> </ul> <p>The app is available by searching for “MetLife” in the Apple App Store or Google Play and downloading the app to a mobile device. Users must register at <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a> from a computer prior to using his or her MyBenefits log in information to access these features.</p>
<p><b>16.</b></p>	<p>Briefly describe the timeline for receiving notice of a decision on a claim.</p>	<p>Our goal is to make the initial LTD decision within five business days from the receipt of all required information. As of year-end 2018, our average turnaround time was 1.91 business days for LTD.</p> <p>All claim decisions are communicated to the employee via phone. We also send a detailed letter explaining the decision and informing your employee of the appeal procedure in the case of a denial or termination. We generate a letter to your employee within one business day of the decision. We also attempt to notify him or her by phone prior to sending the decision letter. By utilizing MyBenefits, your employee can access claim status and other important claim details online. Employees may subscribe via MyBenefits to receive eAlerts whenever a claim is submitted on their behalf or if their claim is updated.</p>
<p><b>17.</b></p>	<p>Briefly describe, if claim is approved, how/when payments will be received by the member.</p>	<p>For claims approved prior to the end of the LTD elimination period, the first check is issued approximately eight business days prior to the date the first benefit is due.</p> <p>If a claim is not approved until after the first benefit check would have been due, the payment is issued immediately and mailed the following day.</p>
<p><b>18.</b></p>	<p>Briefly describe the review procedure for denied claims.</p>	<p>In accordance with our standard process, all denials are reviewed by a Unit Leader and/or Clinician. The Unit Leader reviews each claim prior to finalization of the denial decision; no letters or calls are made to your employees until the leader has reviewed and signed off on it.</p> <p>We have a Disability Appeals Unit in place to address and resolve claim appeals. This unit functions</p>

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		<p>independently from the unit making the original claim determination. This ensures that a full and fair review is conducted on received appeals. Our Appeals Unit uses an appeals database to track appeals and their outcome.</p> <p><b>Initial Denial or Withdrawal</b> When the results of a claim investigation indicate that Disability benefits should be denied or withdrawn, the Claim Specialist summarizes the rationale in the electronic claim file and contacts the claimant with the claim denial decision and sends a denial letter. If the County has requested to receive copies, a generic (medical information redacted) copy of the notice of denial is sent to you at the same time. The denial letter details the decision rationale. The letter also advises the claimant he or she may provide a written request for a review of the claim within 180 days from the date the denial is received (the minimum allowable timeframe under the revised regulations of the Employee Retirement Income Security Act (ERISA) of 1974).</p> <p><b>Appeal Acknowledgment</b> If medical information was received with the appeal, the Claim Specialist reviews the information to determine if the claim should be re-opened based on the additional information received. If the information does not change the original decision on the claim, the Claim Specialist forwards the appeal to the Appeals Specialist. The Appeals Specialist sends an acknowledgment letter notifying the claimant that the claim is under review and a decision will be made within 45 days from the date we received the appeal request. The letter also explains that the time period may be extended an additional 45 days if required.</p> <p><b>Reevaluation of Decision</b> After referral to an Appeals Specialist, he or she reviews the entire file (including all additional information submitted and plan documents) to determine if the claim merits approval or reinstatement of benefits.</p> <p>Once a decision is made, the Appeals Specialist documents the electronic file, and sends notification of the decision to the Claim Specialist. The specialist calls and sends a letter to the claimant advising him or her that the original decision has been reversed or upheld.</p>
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## Plan Design Questionnaire

### Group Long Term Disability Insurance

<p><b>19.</b></p>	<p><b>Informational Only:</b>  <i>This information should not be factored into proposed price and will not be evaluated toward total point allocation.</i></p> <p>Describe any additional products/services Proposer offers.</p>	<p><b>ADA Workforce Solutions</b></p> <p>For an additional cost, our ADA Workforce Solutions assist you in meeting your responsibilities under the Americans with Disabilities Act (ADA). Our ADA services can be administered seamlessly with our other absence and Disability programs to ensure consistency and compliance while providing a high-quality experience. ADA Workforce Solutions is not outsourced, we administer fully in-house. There is a flat PEPM rate for ADA Workforce Solutions.</p> <p>Our services include the following:</p> <ul style="list-style-type: none"> <li>• Educational and Training Materials: Helping managers/supervisors recognize when to trigger the ADA interactive process with MetLife ADA Workforce Solutions;</li> <li>• Integrated Intake: Employer or Employee initiated intake;</li> <li>• Gathering Information: Identifying an employee's current limitations impacting essential job functions;</li> <li>• Evaluation: Identifying if the requested accommodation is supported medically;</li> <li>• Providing Solutions: Identifying appropriate alternative accommodations;</li> <li>• Providing Claim Analysis: Identifying claim information required to make an accommodation decision to support leaves, modifications, job restructuring, and other accommodations;</li> <li>• Interactive Process Liaison: Supporting all parties throughout the interactive process;</li> <li>• Ongoing Monitoring: Reviewing claims continuously to validate the effectiveness of the accommodation;</li> <li>• Documentation Management: Maintaining detailed records of the interactive process activities as a whole;</li> <li>• Equipment Identification and Support: Researching equipment options and costs;</li> <li>• Pre-Defined Thresholds: Providing flexible options allowing you to pre-define approval criteria to expedite and improve your employee's experience when possible;</li> <li>• Secure Online Access: Providing secure access to our online portals to view ADA claim details and detailed claim notes and documentation. This</li> </ul>
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## Plan Design Questionnaire

### Group Long Term Disability Insurance

		<p>secure access will also enable you to add comments or documents to a claim;</p> <ul style="list-style-type: none"><li>• Reports: Providing access to ADA reports to monitor details and accommodation trends.</li></ul> <p><b>Value-added Services</b></p> <p>We offer the following value-added services for Disability:</p> <ul style="list-style-type: none"><li>• Our mobile app handles comprehensive claim inquiries and claim update capabilities. You can also add comments, attachments and update direct deposits;</li><li>• Text message updates for employees;</li><li>• Electronic funds transfer;</li><li>• Employee benefit deductions;</li><li>• Customer program metrics;</li><li>• Reporting, analytics and consulting;</li><li>• Access for employers and employees to real-time online claim information;</li><li>• Online employer reporting capabilities;</li><li>• A platform-neutral payroll, time and attendance and HRIS file feed;</li><li>• Assigned Disability Customer Advocate to resolve claim administration matters;</li><li>• An Assigned Disability Consultant, who analyzes your organization's claim trends and works in partnership with the Client Service Team to recommend plan changes and implement Return to Work action plans. This expert uses data from your current Disability plan to:<ul style="list-style-type: none"><li>- Identify disability trends through customized reporting;</li><li>- Recommend Disability management strategies to improve your productivity;</li><li>- Suggest streamlined or refined policies and procedures that can reduce costs;</li></ul></li><li>• Annual reporting package and dashboard reporting (available to customers with at least 500 lives or a minimum of 50 claims per plan year) to provide:<ul style="list-style-type: none"><li>- In-depth statistical reporting and analysis;</li><li>- Comprehensive annual or semi-annual program review;</li><li>- A proactive approach to identifying, understanding and addressing trends;</li><li>- Recommendations and strategies to improve processes and protocols;</li></ul></li></ul>
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## Plan Design Questionnaire

### Group Long Term Disability Insurance

		<ul style="list-style-type: none"><li>- Plan design analysis based on the overall program performance;</li><li>- Periodic snapshots of employees' claim experience, demographic information and key claim metrics.</li></ul> <p><b>MetLife's Disability Health and Wellness Connection</b> We can work closely with your existing disease management, EAP or medical carrier programs to help promote healthier behaviors by:</p> <ul style="list-style-type: none"><li>• Explaining how to access the programs available to your employees, as needed;</li><li>• Diagnosis-specific identification and referral for disease management programs;</li><li>• Warm telephonic transfers to disease management programs;</li><li>• Employee Assistance Program referral;</li><li>• Tracking referrals to other vendors;</li><li>• Data sharing;</li><li>• Reporting back to you with trends and analysis from the disability program to identify additional opportunities for your wellness/disease management programs.</li></ul> <p><b>Contract Features</b></p> <ul style="list-style-type: none"><li>• <b>Work Incentive Benefit</b> – Allows employees to receive up to 100% of their pre-disability earnings, including the disability benefit, rehabilitative work earnings, rehabilitation incentives and other income sources;</li><li>• <b>Rehabilitation Benefit</b> – Increases monthly benefits by up to 10% when your disabled employee participates in a MetLife-approved rehabilitation program;</li><li>• <b>Family Care Expense Reimbursement</b> – Provides reimbursement for the care of family members, including child care or care for a parent if your employee works or participates in a MetLife-approved rehabilitation program while disabled;</li><li>• <b>Moving Expense Benefit</b> – Provides reimbursement for a move made as part of an approved rehabilitation program.</li></ul> <p><b>PlanSmart</b> We offer our financial education series, PlanSmart®, to our group customers and their employees at no cost. It</p>
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Group Long Term Disability Insurance

		<p>includes onsite workshops to complement your existing benefits and personal consultations with a financial professional.</p> <p>The combination of a solid educational foundation and the ability to address individual goals will empower your employees to take action to improve their financial state. PlanSmart offers plenty of relevant, objective financial information through the following programs:</p> <p><b>Retirewise®</b> – It’s a four-part, award-winning workshop series that can play a fundamental role in your employees’ basic financial and retirement planning. Retirewise provides objective information that covers a broad spectrum of financial topics suited to all employees, ranging from budgeting and investment principles to tax strategies and estate planning.</p> <p><b>Topical Workshops</b> – We provide a range of educational workshops that address the different needs of your employees. Our one-hour workshops cover topics of interest among employees of varying ages and career stages across your workforce. The workshops fall into four main categories – Early Career, Mid-Career, Pre-Retirement and Specialty.</p>
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## Project Specific Vendor Questionnaire

### Group Long Term Disability Insurance

<b>Proposer's Name:</b>	<b>Metropolitan Life Insurance Company (MLIC)</b>
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*All Proposers shall be required to 1) sign and return the Project Specific Vendor Questionnaire for Non-Negotiable Items #1-19 and 2) indicate "Yes" to each one of the Non-Negotiable Items #1-19 at the time of proposal submittal in order to be considered Responsive to this RFP. Any Proposer who fails to do so shall be deemed non-responsive to this RFP. Additionally, if the Proposer indicates "Yes" to any of the Non-Negotiable Items #1-19 but the Proposer's submitted materials patently demonstrate otherwise, the Proposer shall be deemed non-Responsive for this RFP.*

#### NON-NEGOTIABLE ITEMS:

		<b>Comply/Agree: Yes/No</b>	<b>If No, BRIEFLY explain why.</b>
	<b>Scope, General Information, &amp; Specifications</b>		
<b>1</b>	Proposer agrees to provide all services and meet all specifications as outlined in the Scope of Services.	Yes.	
<b>2</b>	Proposer agrees to cover all covered groups as identified in the Scope of Services. For this solicitation, the covered group is active employees.	Yes.	
<b>3</b>	Proposer agrees to extend the same terms and conditions of this contract to the Supervisor of Elections that is currently insured under the expiring contract (Piggyback agreement).	Yes.	
<b>4</b>	Proposer agrees to accept Employee eligibility as defined in the Scope of Services, General Information, & Specifications.	Yes.	
<b>5</b>	<p>Proposer agrees to accept Member definition, as follows:</p> <ol style="list-style-type: none"> <li>1. All active employees employed in a position which is included in the Broward County Personnel Cap;</li> <li>2. Actively At Work at least 20 hours each week (for purposes of the Member definition, Actively At Work will include regularly scheduled days off, holidays, or vacation days, so long as the person is capable of Active Work on those days); and</li> <li>3. A citizen or resident of the United States or Canada.</li> </ol> <p>Member does not include a temporary or seasonal employee, a full-time member of the armed forces of any country, a leased employee, or an independent contractor.</p>	Yes.	

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**Group Long Term Disability Insurance**

		<b>Comply/Agree: Yes/No</b>	<b>If No, BRIEFLY explain why.</b>
<b>6</b>	<p>Proposer agrees to accept Class Definitions, as follows:</p> <ul style="list-style-type: none"> <li>• Class 1: Elected officials, administrators, executive managers or professional employees whose job is classified as exempt under the Fair Labor Standards Act.</li> <li>• Class 2: All other Members</li> </ul>	Yes.	
<b>7</b>	<p>Proposer agrees to accept Occupation Period, as follows:</p> <ul style="list-style-type: none"> <li>• Own Occupation Period: <ul style="list-style-type: none"> <li>○ Class 1: The first 60 months for which LTD Benefits are paid.</li> <li>○ Class 2: The first 24 months for which LTD Benefits are paid.</li> </ul> </li> <li>• Any Occupation Period: From the end of the Own Occupation Period to the end of the Maximum Benefit Period.</li> </ul>	Yes.	
<b>8</b>	Proposer agrees that the County will not guarantee a minimum number of participants.	Yes.	
<b>9</b>	Proposer agrees to accept all insureds enrolled in the current Program with no actively at work, pre-existing exclusions, or waiting period.	Yes.	
<b>10</b>	Proposer agrees to provide a Certificate of Insurance and a Group Policy document within 60 calendar days after approval from County.	Yes.	
<b>Administrative and Related Services</b>			
<b>11</b>	Proposer agrees to submit, with proposal response, a Certificate of Authority from the Florida Office of Insurance Regulation in accordance with Florida Statutes, §624.401.	Yes.	
<b>12</b>	<p>Proposer agrees to a premium rate guarantee for the initial two (2) years of the contract. Rate caps will not be accepted.</p> <p><i>(Rates must be entered into BidSync as a lump sum total for two years. Entered rates must match the supplied price worksheet, as calculated.)</i></p>	Yes.	
<b>13</b>	Proposer confirms that proposed rates are for stand-alone Group Long Term Disability Insurance only; and are not contingent on any additional lines of business or agreements with the County.	Yes.	

## Project Specific Vendor Questionnaire

### Group Long Term Disability Insurance

		Comply/Agree: Yes/No	If No, BRIEFLY explain why.
14	Proposer agrees that Broward County will award a contract under this RFP directly to the carriers or companies that provide the requested services and will require a signature from an authorized representative with the authority to commit the carrier or company to all requirements of the RFP. Awardee may contract with independent agents or brokers separately from its contract with Broward County. Nothing in this RFP will be construed to restrict compensation, contractual or employment arrangements that an Awardee may grant to a licensed insurance agent or to otherwise violate Section 624.1275 or Section 624.428, Florida Statutes.	Yes.	
15	Proposer agrees to provide renewal notice 270 days before rate guarantee expiration date. Plan analysis and current experience reports will accompany renewal, providing explanation of proposed rate action.	Yes.	
16	Proposer agrees to have County Benefits Manager or designee approve in advance, and in writing, all employee communications prior to disseminating by any method (print, electronic, web, etc.) to employees.	Yes.	
17	Proposer agrees to provide minimum of one person to attend all annual open enrollment vendor fairs/meetings (estimated to be approximately 12 on-site meetings over a two-week period) typically scheduled in October/November. Meeting schedule will be set by the County.	Yes.	
	<b>Billing</b>		
18	Proposer agrees to accept the County's self-billing process and remittance for active employees on a bi-weekly basis. The County will remit premium payments in aggregate based on premiums collected after each bi-weekly payroll is run via ACH. The County does not currently provide employee-level detail.	Yes.	
	<b>Plan Specific Details</b>		
19	Proposer has submitted a specimen policy that lists any limitations or exclusions of the proposed plan.	Yes.	

**Please confirm Proposer's agreement to comply with each one of the Non-Negotiable Items #1-19 by signing below:**

Proposer's Signature:  \_\_\_\_\_

Michael McDermott, Vice President

## Project Specific Vendor Questionnaire

### Group Long Term Disability Insurance

*Proposers shall be required to indicate either “Yes” or “No” along with an explanation (if necessary), to the Negotiable Items #20-42 of the Project Specific Vendor Questionnaire. However, notwithstanding the foregoing, if the Proposer indicates “No” or fails to respond to any one of the Negotiable Items #20-42 of the Project Specific Vendor Questionnaire at the time of proposal submittal, this will not render the Proposer Non-Responsive. County may seek clarification from the Proposers in response to missing and/or incomplete information provided regarding Negotiable Items #20-42.*

#### NEGOTIABLE ITEMS:

		Comply/Agree: Yes/No	If No, BRIEFLY explain why.
	<b>Administrative and Related Services</b>		
20	Proposer agrees to work with the County to implement the County’s Group Long Term Disability Insurance in a timely manner and to have County-approved member material ready for distribution at a special open enrollment, if required.	<p>Yes.</p> <p><b>Disability Evolution</b></p> <p>At MetLife, we view our Disability programs not as a product, but as a promise; a promise to be there when our customers need us the most. With a focus on what our customers, like The County need in the future, we are enhancing every aspect of our Disability Management services. The market landscape and needs have evolved and so have we. In the last few years, MetLife has focused on data analytics to guide our enhancements, including increased focus on automated clinical intervention protocols, technology to improve the speed we make claim decisions, and artificial intelligence to provide a more empathetic customer service experience. These areas of focus have had a material impact on elevating Net Promoter customer satisfaction results, increased claim accuracy and decisional timeliness, reduction in average call time and the number of claimant phone calls per claim journey.</p> <p>As we continue to evolve our Disability and programs, we have increased our hard dollar investments to further improve our technology and digital experience to enhance the programs for both employees and employers. Fundamentally, we leverage data to provide more meaningful insights and to drive action. We believe that by blending together weaving data and technology, it allows us to enable a more human experience and to drive deeper and more empathetic interactions with our customers’</p>	

**Project Specific Vendor Questionnaire**  
**Group Long Term Disability Insurance**

	<b>Comply/Agree: Yes/No</b>	<b>If No, BRIEFLY explain why.</b>
	<p>employees and the results we have seen thus far support this.</p> <p>Our comprehensive Disability services have been engineered to address three fundamental needs of companies and their employees:</p> <ol style="list-style-type: none"> <li>1. Enhance the guided experience that simplifies the world of Disability;</li> <li>2. Clear, timely information that gives customers control and helps to keep people working;</li> <li>3. Fast, accurate processes that make things easier so our people can focus on your employees.</li> </ol> <p>Enhance the guided experience that helps simplify processes so everything is smoother for The County and your employees:</p> <ul style="list-style-type: none"> <li>• Empathetic human guidance and intuitive digital experiences, informed by extensive data and carefully designed to be easy to use;</li> <li>• Services designed around the day-to-day needs of The County and your employees, with regular optimizations and enhancements;</li> <li>• Streamlined filing tools for many basic claims, to make the claims process as quick and easy as possible;</li> <li>• Employee advocates enabled with intelligence and tools for employee intervention and support;</li> <li>• Return-to-work programs tailored to The County’s workforce, industry and job requirements.</li> </ul> <p>Clear, timely information that keeps you in the loop so you and your employees can take immediate, effective action:</p> <ul style="list-style-type: none"> <li>• Comprehensive data access and regular status notifications and alerts, so you and your employees always know what’s happening, including development and launch of: <ul style="list-style-type: none"> <li>- Two-way texting</li> <li>- Omni-channel communication options</li> <li>- Online correspondence</li> <li>- Enhanced digital platforms and functionality;</li> </ul> </li> <li>• Health dashboards, to help you understand workplace health, absence and disability rates and access individual employee cases and claims;</li> </ul>	

**Project Specific Vendor Questionnaire**  
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		<b>Comply/Agree: Yes/No</b>	<b>If No, BRIEFLY explain why.</b>
		<ul style="list-style-type: none"> <li>• Return-to-health incentives directly communicated to employees to inform them of their coverages and options;</li> <li>• Fast, accurate processes that makes things easier so there's more time for expert human help when it's needed;</li> <li>• Smart software enhancements that process claims and solve problems in the background, giving you much less to worry about since we spend more time with your employees;</li> <li>• Automation of many simple decisions, eligibility approvals, and other policy details, via data analysis at an unprecedented scale for disability and leave services. This includes real-time decisions upon completion of claim intake for non-complex claim situations;</li> <li>• Real-time issue resolution, with less time on the phone and increased likelihood of success;</li> <li>• Artificial intelligence-powered calls, enabling better listening for more accurate data capture and greater understanding.</li> </ul> <p>Our robust network of people and technology keeps workplaces healthy by offering smart guidance and easy access to data. All backed by MetLife's more than half-century of experience and unmatched track record—to give you and your employees' confidence in your coverage.</p>	
21	<p>Proposer agrees to provide minimum of one person to attend annual County Financial Fairs (estimated to be approximately 15-20 on-site meetings over a two-week period) typically scheduled for the month of June. Meeting schedule will be set by the County.</p>	Yes.	

**Project Specific Vendor Questionnaire**  
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		<b>Comply/Agree: Yes/No</b>	<b>If No, BRIEFLY explain why.</b>
	<b>Eligibility Files / Billing</b>		
<b>22</b>	Proposer agrees to accept County enrollment processes including verification of dependent status.	Yes.	
<b>23</b>	Proposer agrees all data exchanges containing HIPAA-protected data (file transmission, email, media, etc.) between Proposer and County will be encrypted, and only decrypted by the specified recipient.	Yes.	
<b>24</b>	Proposer agrees to use a secure method to exchange files to and from third party vendors outside of Proposer's organization.	Yes.	
<b>25</b>	Proposer agrees to waive all medical evidence requirements for existing plan participants at existing benefit levels.	Yes.	
	<b>Account Management / Customer Service</b>		
<b>26</b>	Proposer agrees to provide documents for electronic	Yes.	

**Project Specific Vendor Questionnaire**  
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		Comply/Agree: Yes/No	If No, BRIEFLY explain why.
	distribution in an ADA-compliant format.		
27	Proposer agrees to provide the County with a dedicated account representative (point-of-contact) who will assist the County in the administration of the Program including all necessary and related services for employees, in resolving issues including claims problems, and member issues, and in any other way requested, related to the Services stated herein.	<p align="center">Yes.</p> <p align="center">Our account management staffing model utilizes a designated approach in which each Client Service Consultant/Account Manager is designated to his or her assigned accounts, but not only to one customer. The Client Service Consultant/Account Manager assigned to the County will not change throughout the life of the contract.</p> <p align="center">In addition, you are assigned a Disability Customer Advocate (DCA) to serve as the lead point of contact for in-depth claim inquiries. The DCA owns the claims relationship with The County and will be responsible for resolving your claim inquiries or concerns.</p>	
28	Proposer agrees to provide a toll-free customer service number, Monday through Friday from at least 8:00 a.m. to 5:00 p.m. ET.	<p align="center">Yes.</p>	
29	Proposer agrees to provide customized website which includes access to educational materials, Certificate of Coverage, and all available benefits, along with a link	<p align="center">Yes.</p>	

**Project Specific Vendor Questionnaire**  
**Group Long Term Disability Insurance**

		Comply/Agree: Yes/No	If No, BRIEFLY explain why.
	for posting on the County's benefits website. If using County logo on website, must be ADA-compliant. Vendor should be able to provide statistical reports on use of the website.		
30	Do you have a demonstration site and/or demo login credentials? If so, please indicate the web address and provide instructions to preview the website below.	<p align="center">Yes.</p> <p align="center">To take a tour of MetLink, visit <a href="http://metdemo.metlife.com/MetDemo/c4819de0-&lt;br/&gt;ea54-45c0-b945-8a21c209359e">http://metdemo.metlife.com/MetDemo/c4819de0- ea54-45c0-b945-8a21c209359e</a>.</p> <p align="center">To take a tour of MyBenefits, visit <a href="http://metdemo.metlife.com/MetDemo/d280ab93-&lt;br/&gt;cf20-4d6b-ade7-ba585098bfc2">http://metdemo.metlife.com/MetDemo/d280ab93- cf20-4d6b-ade7-ba585098bfc2</a>.</p> <p align="center">To access both demos, please use your email address as the username. The password is metlife1.</p>	
31	Proposer agrees to provide assistance, technically and creatively, in the ongoing development of employee communication materials (print and video).	<p align="center">Yes.</p> <p>Please see our sample communications plan in <b>Exhibit C</b> for a detailed communications plan designed to assist The County on the enrollment of the benefits outlined in the RFP. The presentation includes information on the importance of benefit communications in increasing employee engagement and participation. We also included a high-level overview of benefit enrollment communication strategies, group meetings, benefits handbook, benefits website and benefit fairs. We will be happy to partner with your team to customize any of the materials reflected throughout the presentation.</p>	
32	Proposer agrees to provide access to an Employer Portal to allow designated Benefits staff to view and update	<p align="center">Yes.</p>	

**Project Specific Vendor Questionnaire**  
**Group Long Term Disability Insurance**

		<b>Comply/Agree: Yes/No</b>	<b>If No, BRIEFLY explain why.</b>
	eligibility, access plan and marketing material, view status of claims, view Evidence of Insurability status, benefit payments, attach documents to a claim, run reports, download forms, access plan documents, and send secure through a Secure Message function.		
<b>33</b>	Proposer agrees to provide access to Employee Portal to allow members to file a claim and upload documents; view status of claims, submit Evidence of Insurability, view plan documents, and send secure through a Secure Message function.	Yes.	
<b>34</b>	Proposer agrees to submit financial reporting as detailed in Performance Guarantees.	Yes.	
	<b>Standard Reporting</b>		
<b>35</b>	Proposer agrees to provide quarterly, annual	Yes.  Sample LTD reports are provided in <b>Exhibit D.</b>	

**Project Specific Vendor Questionnaire**  
**Group Long Term Disability Insurance**

		<b>Comply/Agree: Yes/No</b>	<b>If No, BRIEFLY explain why.</b>
	and ad-hoc reports in an electronic format either by secure email or through a reporting portal on the Proposer's website.		
	a) Customer call log detailing type of call and resolution	Yes.  Your assigned Disability Customer Advocate (DCA) will serve as the lead point of contact for in-depth claim inquiries. The DCA owns the claims relationship with you and will resolve your claim inquiries/concerns. As part of this process, the DCA will maintain a claim issue/resolution log, which can be shared with you on a monthly, quarterly or annual basis.  We will also review specific calls upon request to determine if the call was handled properly, according to procedural guidelines. We share the results of our review with you.	
	b) Utilization	Yes.	
	c) Group plan activity	Yes.	
	d) Claims to Premium	Yes.	
	e) Claims experience	Yes.	
	f) Claims duration by closure reason	Yes.	
	<b>Plan Specific Details</b>		
<b>36</b>	Proposer agrees to administer a written appeals process for reconsideration of any denied benefits.	Yes.	

**Project Specific Vendor Questionnaire**  
**Group Long Term Disability Insurance**

		<b>Comply/Agree: Yes/No</b>	<b>If No, BRIEFLY explain why.</b>
<b>37</b>	Proposer agrees to resolve all appeals within 30 days of receipt of completed documentation.	Yes.	
<b>38</b>	Proposer agrees to fulfill, upon expiration or termination of any agreement as a result of this Solicitation, all responsibilities of the Plan year, including but not limited to, the transfer to the County or new provider, all data and records necessary to administer the Plan.	Yes.	
<b>39</b>	Proposer agrees to prepare language for amendments to the Certificate of Coverage and Policy due to legislative or other changes.	Yes.	
<b>40</b>	Proposer agrees to prepare a customized Policies and Procedures Manual for services requested herein, which will be utilized by the selected Proposer and County.	Yes.	
<b>41</b>	Proposer agrees to assist disabled	Yes.	

**Project Specific Vendor Questionnaire**  
**Group Long Term Disability Insurance**

		<b>Comply/Agree: Yes/No</b>	<b>If No, BRIEFLY explain why.</b>
	claimants with filing for Social Security benefits.		
<b>42</b>	Proposer agrees that work earnings will be defined as: earnings from Employer, any other employer, or self-employment, and any sick pay, vacation pay, annual or personal leave pay or other salary continuation earned or accrued while working.	Yes.	

**Please confirm Proposer's agreement to comply with each one of the Negotiable Items #20-42 by signing here: Proposer's Signature** \_\_\_\_\_

Michael McDermott, Vice President

	<b>Agree: Yes/No</b>
<b>Have you answered all questions in the Project Specific Vendor Questionnaire?</b>	Yes

**Broward County Board of County Commissioners  
Sample Disability (LTD) Implementation Schedule  
Effective Date July 1, 2020**

ID	Task Name	Duration	Start	Finish	Resource Group
0	<b>Broward County Board of County Commissioners Disability Implementation Schedule LTD Schedule</b>	<b>137 days</b>	<b>Wed 12/18/19</b>	<b>Wed 7/1/20</b>	
1	<b>Initiation Process Group</b>	<b>7.5 days</b>	<b>Wed 12/18/19</b>	<b>Mon 12/30/19</b>	
2	Complete Notice of Sale	2 days	Wed 12/18/19	Thu 12/19/19	MetLife
3	<b>Implementation Team Formation</b>	<b>5.5 days</b>	<b>Fri 12/20/19</b>	<b>Mon 12/30/19</b>	
4	Name Client Acquisition Consultant or Implementation Project Leader, based on tiered support model	2 days	Fri 12/20/19	Mon 12/23/19	MetLife
5	Send Notice of Sale via 2nd Distribution email	1 day	Tue 12/24/19	Tue 12/24/19	MetLife
6	Establish Implementation Teams	2 days	Thu 12/26/19	Fri 12/27/19	MetLife
7	Contact List - (Internal)	4 hrs	Mon 12/30/19	Mon 12/30/19	MetLife
8	<b>Planning Process Group</b>	<b>33 days</b>	<b>Fri 12/20/19</b>	<b>Fri 2/7/20</b>	
9	<b>Establish/Execute Meeting Schedule</b>	<b>6.63 days</b>	<b>Mon 12/30/19</b>	<b>Wed 1/8/20</b>	
10	Set Up Internal Kickoff Meeting	1 hr	Mon 12/30/19	Mon 12/30/19	MetLife
11	Set Up External Kickoff Meeting	1 hr	Mon 12/30/19	Mon 12/30/19	MetLife
12	Set Up Weekly Implementation Call - Internal	1 hr	Thu 1/2/20	Thu 1/2/20	MetLife
13	Set Up Weekly Implementation Calls - External	1 hr	Wed 1/8/20	Wed 1/8/20	MetLife
14	<b>Project Schedule</b>	<b>11.25 days</b>	<b>Tue 12/24/19</b>	<b>Fri 1/10/20</b>	
15	Draft implementation project schedule	2 days	Tue 12/24/19	Thu 12/26/19	MetLife
16	Update and obtain Core Team Sign off of Schedule	1 day	Thu 1/9/20	Fri 1/10/20	MetLife
17	<b>Implementation Guide</b>	<b>8 days</b>	<b>Fri 12/20/19</b>	<b>Thu 1/2/20</b>	
18	Obtain Evidence of Insurability (EOI) Rules from Underwriting and Incorporate into Implementation Guide to Present at External Kick Off	2 days	Fri 12/20/19	Mon 12/23/19	MetLife
19	Update and Finalize Implementation Guide Template for External Kick Off Meeting	3 days	Mon 12/30/19	Thu 1/2/20	MetLife
20	<b>Kick Off Meetings</b>	<b>5.13 days</b>	<b>Thu 1/2/20</b>	<b>Thu 1/9/20</b>	
21	Internal Implementation Kick Off Meeting	1 hr	Thu 1/2/20	Thu 1/2/20	MetLife
22	External Implementation Kick Off Meeting	2 hrs	Wed 1/8/20	Wed 1/8/20	MetLife
23	Present Evidence of Insurability (EOI) Rules to Customer/TPA at External Kick Off Meeting & Communicate Sign Off is Required in 48 Hours	8 hrs	Wed 1/8/20	Thu 1/9/20	MetLife
24	<b>Product Integration Call</b>	<b>13 days</b>	<b>Thu 1/2/20</b>	<b>Wed 1/22/20</b>	
25	Determine if call is necessary via Product Integration Workbook checklist.	1 day	Thu 1/2/20	Fri 1/3/20	MetLife
26	Forward the Notice of Sale to Joe Haran (joseph.haran@metlife.com)	1 day	Fri 1/3/20	Mon 1/6/20	MetLife
27	Complete Product Integration Workbook	3 days	Mon 1/6/20	Thu 1/9/20	MetLife
28	Schedule Product Integration Call with required invitees	2 days	Thu 1/9/20	Mon 1/13/20	MetLife
29	Hold Product Integration Call	1 day	Mon 1/13/20	Tue 1/14/20	MetLife
30	Send meeting minutes and open items to team with a link to the completed workbook housed on Livelink	2 days	Tue 1/14/20	Thu 1/16/20	MetLife
31	Schedule follow up discussions at internal implementation meetings or as needed	3 days	Thu 1/16/20	Wed 1/22/20	MetLife
32	<b>CDF Customer Number</b>	<b>1 day</b>	<b>Tue 12/24/19</b>	<b>Tue 12/24/19</b>	
33	Request CDF Customer Number	1 day	Tue 12/24/19	Tue 12/24/19	MetLife
34	<b>Livelink</b>	<b>4 days</b>	<b>Mon 12/30/19</b>	<b>Fri 1/3/20</b>	
35	Set-up Customer Folder & Sub-Folders (New Customers)	1 day	Mon 12/30/19	Mon 12/30/19	MetLife
36	Set-up Implementation Sub-Folder	1 day	Tue 12/31/19	Tue 12/31/19	MetLife
37	Grant team members permissions/access to folders, as appropriate	2 days	Thu 1/2/20	Fri 1/3/20	MetLife
38	<b>LTD Plan Design Evaluation</b>	<b>24 days</b>	<b>Mon 1/6/20</b>	<b>Fri 2/7/20</b>	
39	Obtain RFP plan documentation (prior carrier info, plan compare, SPD) and post to LiveLink Implementation Set Up sub-folder	4 days	Mon 1/6/20	Thu 1/9/20	MetLife
40	Obtain the final sold rate from Underwriting and an Email from the Account Executive signing off on the rates	4 days	Mon 1/6/20	Thu 1/9/20	MetLife
41	Draft LTD Plan, Rate, Services Summary (PRSS) and Account Structure	10 days	Fri 1/10/20	Fri 1/24/20	MetLife
42	CSC Schedules and conducts mandatory Internal PRSS Review with Implementation Leader, Contract Analyst and Plan Master, Disability Consultant (optional) (Draft PRSS must be sent 2 business prior to meeting)	6 days	Mon 1/27/20	Mon 2/3/20	MetLife
43	Update - LTD PRSS, if applicable	4 days	Tue 2/4/20	Fri 2/7/20	MetLife
44	<b>Executing Process Group</b>	<b>133 days</b>	<b>Tue 12/24/19</b>	<b>Wed 7/1/20</b>	
45	<b>Plan Design &amp; Structure Evaluation</b>	<b>53.5 days</b>	<b>Wed 1/8/20</b>	<b>Tue 3/24/20</b>	
46	<b>LTD - Plan Design &amp; Structure Review</b>	<b>26 days</b>	<b>Mon 2/10/20</b>	<b>Mon 3/16/20</b>	
47	<b>Plan Design &amp; Structure Confirmation</b>	<b>26 days</b>	<b>Mon 2/10/20</b>	<b>Mon 3/16/20</b>	
48	Deliver proposed Structure and PRSS to Customer for review	1 day	Mon 2/10/20	Mon 2/10/20	MetLife
49	Discussion with Customer regarding Plan Design variances and Review of Structure Draft	10 days	Tue 2/11/20	Mon 2/24/20	Broward County Board of County Commissioners ,MetLife
50	Contract Analyst, Plan Master & Core IL review of Customer requested updates to plan/PRSS, if applicable	2 days	Tue 2/25/20	Wed 2/26/20	MetLife
51	Identify if a single-case filing is required	1 day	Thu 2/27/20	Thu 2/27/20	MetLife
52	Revise PRSS document, including Structure if applicable	5 days	Fri 2/28/20	Thu 3/5/20	MetLife
53	Submit final Plan Design documentation and Structure to Customer for review/approval	1 day	Fri 3/6/20	Fri 3/6/20	MetLife
54	Final Review / Approval of Customer Plan Design and Structure	5 days	Mon 3/9/20	Fri 3/13/20	Broward County Board of County Commissioners

**Broward County Board of County Commissioners  
Sample Disability (LTD) Implementation Schedule  
Effective Date July 1, 2020**

ID	Task Name	Duration	Start	Finish	Resource Group
55	Send Final Structure and Plan Design to MetLife Contacts/Customer	1 day	Mon 3/16/20	Mon 3/16/20	MetLife
56	<b>Tax Remittance (AG235)</b>	<b>53.5 days</b>	<b>Wed 1/8/20</b>	<b>Tue 3/24/20</b>	
57	Determine if MetLife will be the agent of Record and if MetLife will be handling the W2's	1 day	Wed 1/8/20	Thu 1/9/20	MetLife
58	Prepare Agency Agreement Forms (if Metlife is remitting FICA)	3 days	Thu 1/9/20	Tue 1/14/20	MetLife
59	Provide Agency Agreement Forms to Customer	1 day	Tue 1/14/20	Wed 1/15/20	MetLife
60	Sign and Return Agency Agreement Forms to MetLife	5 days	Wed 1/15/20	Thu 1/23/20	Broward County Board of County Commissioners
61	If the plan has a Gross Up Arrangement, or the LTD has a tax choice, draft letter template with customer's information and send to customer to print on their company letterhead	1 day	Mon 3/16/20	Mon 3/16/20	MetLife
62	Customer signs and returns letter to MetLife	5 days	Tue 3/17/20	Mon 3/23/20	Broward County Board of County Commissioners
63	Save signed letters in MSTX folder in Livelink and notify Plan Master	1 day	Tue 3/24/20	Tue 3/24/20	MetLife
64	<b>MetLife System Set Up</b>	<b>43.13 days</b>	<b>Mon 3/16/20</b>	<b>Thu 5/14/20</b>	
65	<b>CDF &amp; I-Link Implementation</b>	<b>15.75 days</b>	<b>Mon 3/16/20</b>	<b>Mon 4/6/20</b>	
66	Complete LTD CDF Setup	2 days	Mon 3/16/20	Tue 3/17/20	MetLife
67	<b>CDF QA</b>	<b>4 days</b>	<b>Wed 3/18/20</b>	<b>Mon 3/23/20</b>	
68	Upon CDF completion, complete CDF Checklist and notify the Client Services Consultant/Financial Consultant to review CDF	4 hrs	Wed 3/18/20	Wed 3/18/20	MetLife
69	Ensure all CDF screens are complete; Compare CDF and the PRSS to verify data accuracy	1 day	Wed 3/18/20	Thu 3/19/20	MetLife
70	If no corrections are necessary, notify the assigned Core Implementation Leader via email that the review is complete and CDF is okay to approve; If corrections are necessary, list corrections in an email to the assigned Core Implementation Leader	4 hrs	Thu 3/19/20	Thu 3/19/20	MetLife
71	Make necessary corrections to CDF. If additional review is necessary, notify Client Services Consultant/Financial Consultant that CDF is ready for final review	1 day	Fri 3/20/20	Fri 3/20/20	MetLife
72	Review corrections and notify assigned Core Client Acquisition Consultant that CDF can be approved	1 day	Mon 3/23/20	Mon 3/23/20	MetLife
73	Complete LTD I-Link booklets	7 days	Mon 3/16/20	Tue 3/24/20	MetLife
74	<b>I-Link QA</b>	<b>3.75 days</b>	<b>Wed 3/25/20</b>	<b>Mon 3/30/20</b>	
75	Upon completion of I-Link, run the I-Link edit report(s)	2 hrs	Wed 3/25/20	Wed 3/25/20	MetLife
76	Make any necessary corrections based on the results of the I-link edit report	2 hrs	Wed 3/25/20	Wed 3/25/20	MetLife
77	Send e-mail to the QA Team	2 hrs	Wed 3/25/20	Wed 3/25/20	MetLife
78	Provide QA feedback via the QUAD database for CAC Review and Updates	3 days	Wed 3/25/20	Mon 3/30/20	MetLife
79	Update I-Link booklets, if applicable	5 days	Mon 3/30/20	Mon 4/6/20	MetLife
80	Approve CDF	1 day	Mon 3/30/20	Tue 3/31/20	MetLife
81	<b>Master Tax CDF</b>	<b>5 days</b>	<b>Tue 3/31/20</b>	<b>Tue 4/7/20</b>	
82	Complete LTD Master Tax in CDF	2 days	Tue 3/31/20	Thu 4/2/20	MetLife
83	Master Tax QA completed	2 days	Thu 4/2/20	Mon 4/6/20	MetLife
84	Master Tax approved in CDF	1 day	Mon 4/6/20	Tue 4/7/20	MetLife
85	Feed LTD I-Link to Plan Master	1 day	Tue 4/21/20	Wed 4/22/20	MetLife
86	<b>Plan Master LTD Implementation</b>	<b>17.13 days</b>	<b>Tue 4/21/20</b>	<b>Thu 5/14/20</b>	
87	Provide prior carrier documentation to Plan Master Analyst	1 day	Tue 4/21/20	Wed 4/22/20	MetLife
88	Provide final Plan, Rate, Services Summary document to Plan Master Analyst	1 day	Tue 4/21/20	Wed 4/22/20	MetLife
89	Provide MetLife draft certs/ASA to Plan Master Analyst	1 day	Tue 4/21/20	Tue 4/21/20	MetLife
90	Provide completed NY LTD Pension Contribution Plan Compliance Checklist, if applicable	1 day	Wed 4/22/20	Wed 4/22/20	MetLife
91	Plan Master to review all LTD documentation (duration is dependent on # of number of plans & complexity of the plan design)	5 days	Thu 4/23/20	Wed 4/29/20	MetLife
92	Discuss and resolve LTD discrepancies between I-link and plan documentation with Implementation Leader and CSC	5 days	Thu 4/30/20	Wed 5/6/20	MetLife
93	Correct LTD discrepancies in I-Link	3 days	Thu 5/7/20	Mon 5/11/20	MetLife
94	Correct LTD discrepancies in plan documentation (ASA/Certificates)	3 days	Thu 5/7/20	Mon 5/11/20	MetLife
95	Verify in Ilink system generated LTD EOB suppression	1 day	Thu 4/23/20	Thu 4/23/20	MetLife
96	Validate & Revise LTD Plans in Plan Master	1 day	Tue 5/12/20	Tue 5/12/20	MetLife
97	Activate LTD plans for use in production and advise CSC and Implementation Leader via email the date plans were activated.	1 day	Wed 5/13/20	Wed 5/13/20	MetLife
98	CSC files e-mail from Plan Master Analyst in Livelink folder	1 hr	Thu 5/14/20	Thu 5/14/20	MetLife
99	<b>Eligibility File Set Up</b>	<b>88.67 days</b>	<b>Wed 1/8/20</b>	<b>Wed 5/13/20</b>	
100	Review the standard eligibility file layout, mapping and transmission (PGP) requirements with the Customer/TPA.	1 day	Mon 1/13/20	Tue 1/14/20	MetLife
101	NY PFL ONLY - if this is a NY PFL customer and there is an eligibility file required, engage Sue Richner to provide the necessary data elements within the customer's file layout.	2 days	Wed 1/8/20	Fri 1/10/20	MetLife
102	<b>Eligibility data mapping</b>	<b>17.17 days</b>	<b>Wed 3/25/20</b>	<b>Fri 4/17/20</b>	
103	Send UIS Layout and Structure Document to Customer/TPA	1 day	Wed 3/25/20	Wed 3/25/20	MetLife
104	Conduct Eligibility File Layout/ Structure Mapping Call with Customer/TPA	1.33 hrs	Thu 3/26/20	Thu 3/26/20	MetLife, Broward County Board of County Commissioners
105	Revise UIS Layout with customer specific details, if necessary and provide final Eligibility Layout to Customer/TPA	2 days	Thu 3/26/20	Mon 3/30/20	MetLife

**Broward County Board of County Commissioners  
Sample Disability (LTD) Implementation Schedule  
Effective Date July 1, 2020**

ID	Task Name	Duration	Start	Finish	Resource Group
106	Customer/TPA reviews file and begins mapping	14 days	Mon 3/30/20	Fri 4/17/20	Broward County Board of County Commissioners
107	<b>FTP Transmissions - UIS set up with DET Team</b>	<b>37 days</b>	<b>Wed 1/8/20</b>	<b>Mon 3/2/20</b>	
108	Submit EDT SPRS to Transmissions Group	2 days	Wed 1/8/20	Fri 1/10/20	MetLife
109	Set up connectivity	30 days	Fri 1/10/20	Mon 2/24/20	MetLife
110	Perform connectivity test	5 days	Mon 2/24/20	Mon 3/2/20	Broward County Board of County Commissioners ,MetLife
111	<b>Eligibility File Testing</b>	<b>76.67 days</b>	<b>Wed 1/8/20</b>	<b>Mon 4/27/20</b>	
112	<b>Round 1, Level 1 (UIS)</b>	<b>6 days</b>	<b>Fri 4/17/20</b>	<b>Mon 4/27/20</b>	
113	Send populated test file to UIS	1 day	Fri 4/17/20	Mon 4/20/20	Broward County Board of County Commissioners
114	UIS Set Up and Testing of File and Provide Level 1 (UIS Testing) feedback to Customer/Vendor	5 days	Mon 4/20/20	Mon 4/27/20	MetLife
115	<b>If Applicable - Round 2, Level 1 (UIS)</b>	<b>7 days</b>	<b>Wed 1/8/20</b>	<b>Fri 1/17/20</b>	
116	Resolve issues / errors and send revised test file to UIS	5 days	Wed 1/8/20	Wed 1/15/20	Broward County Board of County Commissioners
117	Test revised file and provide Level 1 (UIS Testing) feedback to Customer/Vendor	2 days	Wed 1/15/20	Fri 1/17/20	MetLife
118	<b>Final, Clean File, Level 1 (UIS)</b>	<b>7 days</b>	<b>Fri 1/17/20</b>	<b>Wed 1/29/20</b>	
119	Resolve issues / errors and send revised test file to UIS (Clean File)	5 days	Mon 1/17/20	Mon 1/27/20	Broward County Board of County Commissioners
120	Test revised file and provide Level 1 (UIS Testing) feedback to Customer/Vendor	2 days	Mon 1/27/20	Wed 1/29/20	MetLife
121	Sign-off of Eligibility File Testing	1 day	Mon 4/27/20	Tue 4/28/20	Broward County Board of County Commissioners ,MetLife
122	<b>Production Eligibility File</b>	<b>4 days</b>	<b>Thu 5/7/20</b>	<b>Wed 5/13/20</b>	
123	Send First Production Eligibility File	1 day	Thu 5/7/20	Fri 5/8/20	Broward County Board of County Commissioners
124	Submit file for audit	2 days	Fri 5/8/20	Tue 5/12/20	MetLife
125	File Moved to Production	1 day	Tue 5/12/20	Wed 5/13/20	MetLife
126	<b>Coverage Agreements/Contracts</b>	<b>111.75 days</b>	<b>Wed 1/8/20</b>	<b>Tue 6/16/20</b>	
127	<b>Application &amp; Statement of Responsibility</b>	<b>28.25 days</b>	<b>Wed 1/8/20</b>	<b>Tue 2/18/20</b>	
128	Determine if the customer has special requirements around contractual documents (are they required by a specific date, must they all be delivered at once, are they required to be finalized prior to the effective date)	1 day	Wed 1/8/20	Thu 1/9/20	MetLife
129	Draft Application and Statement of Responsibility	5 days	Fri 1/10/20	Fri 1/17/20	MetLife
130	Send draft Application and Statement of Responsibility to CSC	1 day	Fri 1/17/20	Tue 1/21/20	MetLife
131	Submit Application and Statement of Responsibility to Customer for review	1 day	Tue 1/21/20	Wed 1/22/20	MetLife
132	Customer Reviews and signs Application/Statement of Responsibility	10 days	Wed 1/22/20	Wed 2/5/20	Broward County Board of County Commissioners
133	Update Application/Statement of Responsibility based on Customer feedback, if applicable	3 days	Wed 2/5/20	Mon 2/10/20	MetLife
134	Provide final Application/Statement of Responsibility to Customer for signature	1 day	Mon 2/10/20	Tue 2/11/20	MetLife
135	Receive Signed Customer Application/Statement of Responsibility	5 days	Tue 2/11/20	Tue 2/18/20	Broward County Board of County Commissioners
136	Application Signed by the Account Executive	2 hrs	Tue 2/18/20	Tue 2/18/20	MetLife
137	<b>Performance Guarantee Agreement (If applicable)</b>	<b>27 days</b>	<b>Fri 1/10/20</b>	<b>Tue 2/18/20</b>	
138	Confirm performance guarantees (quoted and documented in proposal)	1 day	Fri 1/10/20	Fri 1/10/20	MetLife
139	Obtain appropriate approvals for any Customer Specific/Nonstandard Performance Guarantees, if applicable	5 days	Mon 1/13/20	Fri 1/17/20	MetLife
140	If Custom or Customer Specific PG's apply, Develop Metrics and Reporting Method	5 days	Tue 1/21/20	Mon 1/27/20	MetLife
141	Submit Performance Guarantees to Customer (as part of PRSS) for review and approval	1 day	Tue 1/21/20	Tue 1/21/20	MetLife
142	Customer review of Performance Guarantees	10 days	Wed 1/22/20	Tue 2/4/20	Broward County Board of County Commissioners
143	Address any updates or additions from Customer on Performance Guarantees and revise in PRSS as applicable (customer specific /nonstandard requests must be approved by the applicable resources)	3 days	Wed 2/5/20	Fri 2/7/20	MetLife
144	Submit Performance Guarantees to Customer for approval	2 hrs	Mon 2/10/20	Mon 2/10/20	MetLife
145	Final Approval of Performance Guarantee Standards	5 days	Mon 2/10/20	Mon 2/17/20	Broward County Board of County Commissioners
146	Obtain email with final sign off on the Performance Guarantees from the Account Executive (serves as confirmation that Customer, internal partners and AE are in agreement of final PGs)	2 hrs	Mon 2/17/20	Mon 2/17/20	MetLife
147	Distribute performance guarantee confirmation to impacted areas (Product, Claims, Call Center, QA Team, etc.)	2 hrs	Mon 2/17/20	Mon 2/17/20	MetLife
148	Provide Performance Guarantees to Contract Analyst	2 hrs	Mon 2/17/20	Mon 2/17/20	MetLife
149	Enter Performance Guarantees into the Performance Guarantee Repository	1 day	Tue 2/18/20	Tue 2/18/20	MetLife
150	<b>Create Fully Insured Certificate and Policy</b>	<b>54.5 days</b>	<b>Mon 3/30/20</b>	<b>Tue 6/16/20</b>	
151	Draft Certificates/Policy/PG Agreement, if applicable	10 days	Mon 3/30/20	Mon 4/13/20	MetLife
152	Provide Draft Certificates to QA Team	2 hrs	Mon 4/13/20	Mon 4/13/20	MetLife
153	QA Team Reviews and Provides Comments to Contract Analyst on Contract Documents	3 days	Tue 4/14/20	Thu 4/16/20	MetLife
154	Contract Analyst Reviews and Updates Contract Documents per QA Team Review	2 days	Fri 4/17/20	Mon 4/20/20	MetLife
155	Provide Contract Documents to Plan Master	2 hrs	Tue 4/21/20	Tue 4/21/20	MetLife
156	Submit Certificates/Policy/PG Agreement to Client Services Consultant	2 hrs	Thu 5/14/20	Thu 5/14/20	MetLife
157	Submit Certificates/Policy/PG Agreement to Customer for review	1 day	Thu 5/14/20	Fri 5/15/20	MetLife
158	Customer review of draft Certificates/Policy/PG Agreement	10 days	Fri 5/15/20	Mon 6/1/20	Broward County Board of County Commissioners
159	Update Contract Documents, if applicable	5 days	Mon 6/1/20	Mon 6/8/20	MetLife
160	Provide final Certificates/Policy/PG Agreement to Customer for sign off	1 day	Mon 6/8/20	Tue 6/9/20	MetLife
161	Final review/approval of Certificates/Policy/PG Agreement/Other Agreements	5 days	Tue 6/9/20	Tue 6/16/20	Broward County Board of County Commissioners

**Broward County Board of County Commissioners  
Sample Disability (LTD) Implementation Schedule  
Effective Date July 1, 2020**

ID	Task Name	Duration	Start	Finish	Resource Group
162	<b>Review of Customer Summary Plan Description</b>	<b>41 days</b>	<b>Mon 4/13/20</b>	<b>Wed 6/10/20</b>	
163	Customer Draft SPD	20 days	Mon 4/13/20	Mon 5/11/20	Broward County Board of County Commissioners
164	MetLife Review of SPD draft updated by customer	5 days	Mon 5/11/20	Mon 5/18/20	MetLife
165	MetLife provide comments to Customer on SPD	5 days	Mon 5/18/20	Tue 5/26/20	MetLife
166	Customer Revise SPD and distribute to employees	10 days	Tue 5/26/20	Tue 6/9/20	Broward County Board of County Commissioners
167	Add final version to the Summary Plan Description (SPD) folder located within the Administration folder in LiveLink	1 day	Tue 6/9/20	Wed 6/10/20	MetLife
168	<b>Establish Monthly Premium / Fee Remittance Procedures</b>	<b>21 days</b>	<b>Tue 2/25/20</b>	<b>Tue 3/24/20</b>	
169	Discuss the Customer's current Billing and Remittance Procedures	10 days	Tue 2/25/20	Mon 3/9/20	MetLife,Broward County Board of County Commissioners
170	Determine the method that Bills and Payments will be Remitted	5 days	Tue 3/10/20	Mon 3/16/20	Broward County Board of County Commissioners ,MetLife
171	Determine the timing of when the Bills and Payments will be sent	5 days	Tue 3/10/20	Mon 3/16/20	MetLife,Broward County Board of County Commissioners
172	Finalize Billing and Remittance Process	5 days	Tue 3/17/20	Mon 3/23/20	MetLife,Broward County Board of County Commissioners
173	For New Customers, Complete the New Customers/Coverage's Notification form for the Remittance Service Center	1 day	Tue 3/24/20	Tue 3/24/20	MetLife
174	<b>Call Center (Customer Solutions Center (CSC))</b>	<b>100 days</b>	<b>Tue 12/24/19</b>	<b>Thu 5/14/20</b>	
175	Confirm whether a customer specific 800 # is required	3 days	Tue 12/24/19	Fri 12/27/19	MetLife
176	Notification to Customer Solutions Center of Customer additions (New Customer InfoMet Form).	1 day	Mon 3/16/20	Mon 3/16/20	MetLife
177	If existing customer adding new coverages, review current InfoMet form and make updates based on changes to customer setup, coverages and submit changes to InfoMet distribution indicated on the InfoMet form	1 day	Tue 3/17/20	Tue 3/17/20	MetLife
178	Save finalized InfoMet form in the Implementation Setup folder	1 day	Wed 3/18/20	Wed 3/18/20	MetLife
179	<b>Custom Toll Free Number &amp; Network Greeting Set Up</b>	<b>31 days</b>	<b>Mon 12/30/19</b>	<b>Wed 2/12/20</b>	
180	Email notification sent to vendor partners for 800# set up	1 day	Mon 12/30/19	Mon 12/30/19	MetLife
181	Obtain Dedicated number, if required	10 days	Tue 12/31/19	Tue 1/14/20	MetLife
182	Provide Generic Script or Develop Customized Network Script with Customer	10 days	Wed 1/15/20	Wed 1/29/20	MetLife
183	Submit Network Scripting via Change Management Process	10 days	Thu 1/30/20	Wed 2/12/20	MetLife
184	<b>Company Table Update</b>	<b>52 days</b>	<b>Wed 3/4/20</b>	<b>Thu 5/14/20</b>	
185	Network Planning Team Implements Approved Scripting Greeting and Prompts	8 wks	Wed 3/4/20	Tue 4/28/20	MetLife
186	Test Routing plan	5 days	Wed 4/29/20	Tue 5/5/20	MetLife
187	Complete Company Table Edits and Load Company Name and Business Aliases to Production Company Table	5 days	Tue 3/17/20	Mon 3/23/20	MetLife
188	Create Paper Claim Pop-Up Box (as necessary)	5 days	Tue 3/17/20	Mon 3/23/20	MetLife
189	Complete Company table edits in the appropriate test environments to add customer	1 day	Thu 5/14/20	Thu 5/14/20	MetLife
190	<b>Procedures / Workflow Analysis</b>	<b>30 days</b>	<b>Tue 3/17/20</b>	<b>Mon 4/27/20</b>	
191	Review Plan Design documents and InfoMet form	15 days	Tue 3/17/20	Mon 4/6/20	MetLife
192	Install in the Intake Application & Update Knowledge Assist, as applicable	15 days	Tue 4/7/20	Mon 4/27/20	MetLife
193	<b>Disability Claim Process</b>	<b>59 days</b>	<b>Wed 1/8/20</b>	<b>Wed 4/1/20</b>	
194	Establish methods for claim submission	1 day	Wed 1/8/20	Thu 1/9/20	MetLife
195	<b>LTD Claim Process Development</b>	<b>48 days</b>	<b>Fri 1/24/20</b>	<b>Wed 4/1/20</b>	
196	Pull and prepare standard claim process presentation, incorporating any necessary details specific to the customer's plan and setup (standard/pre approved options)	5 days	Fri 1/24/20	Fri 1/31/20	MetLife
197	Review claim process presentation to prepare for discussion with the customer	5 days	Fri 1/31/20	Fri 2/7/20	MetLife
198	Review MetLife standard claim / leave process. Customer confirms that they have a full understanding of the processes presented.	1 day	Fri 2/7/20	Mon 2/10/20	MetLife
199	Allow customer time to review the claim process and advise of any questions	5 days	Mon 2/10/20	Mon 2/17/20	MetLife
200	If non-standards are requested, submit a Disability Change Request outlining what is being requested	2 days	Mon 2/17/20	Wed 2/19/20	MetLife
201	Disability Change Management obtains and communicates a decision on the request	10 days	Wed 2/19/20	Wed 3/4/20	MetLife
202	Business Procedures Team creates applicable work instructions for the claim team	10 days	Wed 3/4/20	Wed 3/18/20	MetLife
203	Review Claim Team work instructions	5 days	Wed 3/18/20	Wed 3/25/20	MetLife
204	Make Updates, if applicable	2 days	Wed 3/25/20	Fri 3/27/20	MetLife
205	Distribute final claim team work instruction to Unit Leader(s)	1 day	Fri 3/27/20	Mon 3/30/20	MetLife
206	Post the work instructions in Livelink	2 days	Mon 3/30/20	Wed 4/1/20	MetLife
207	<b>Customer Specific Claims Team Training (For state plans, please see applicable State Plan section)</b>	<b>125.88 days</b>	<b>Thu 1/2/20</b>	<b>Mon 6/29/20</b>	
208	<b>Training EEs - LTD</b>	<b>8 days</b>	<b>Wed 4/1/20</b>	<b>Mon 4/13/20</b>	
209	Create and assemble customer specific training materials including any nonstandard process documentation approved through the Change Management process	5 days	Wed 4/1/20	Wed 4/8/20	MetLife
210	Unit Leader provide training to claims team to make sure they understand specific customer claims process and plan design.	3 days	Wed 4/8/20	Mon 4/13/20	MetLife
211	<b>LTD Claim System Testing</b>	<b>125.88 days</b>	<b>Thu 1/2/20</b>	<b>Mon 6/29/20</b>	
212	Discuss role/responsibilities with UM & OPS Mgr during internal kick off meeting	1 day	Thu 1/2/20	Fri 1/3/20	MetLife
213	Determine claim resources (if other than actual team assigned to account)	2 days	Thu 5/14/20	Fri 5/15/20	MetLife
214	Make sure claims team has access in test environment to build/process claims	3 days	Mon 5/18/20	Wed 5/20/20	MetLife

**Broward County Board of County Commissioners  
Sample Disability (LTD) Implementation Schedule  
Effective Date July 1, 2020**

ID	Task Name	Duration	Start	Finish	Resource Group
215	Email sent to IT requesting plans be copied into test environment	1 day	Thu 5/14/20	Thu 5/14/20	MetLife
216	Notification received from IT resource that plan(s) are in test environment	2 days	Fri 5/15/20	Mon 5/18/20	MetLife
217	Test scenarios developed	5 days	Thu 5/14/20	Wed 5/20/20	MetLife
218	Build claims in Test Environment	5 days	Thu 5/21/20	Thu 5/28/20	MetLife
219	Claim Team Test System with Sample Claims and documents results	10 days	Fri 5/29/20	Thu 6/11/20	MetLife
220	Meeting to discuss testing results	1 day	Fri 6/12/20	Fri 6/12/20	MetLife
221	If needed, request changes to plan master (via Grapevine)	5 days	Mon 6/15/20	Fri 6/19/20	MetLife
222	Retest corrections	5 days	Mon 6/22/20	Fri 6/26/20	MetLife
223	Sign off on Plan System	1 day	Mon 6/29/20	Mon 6/29/20	MetLife
224	<b>Disability Claimant Communications</b>	<b>54 days</b>	<b>Wed 1/8/20</b>	<b>Wed 3/25/20</b>	
225	<b>System Generated Communications</b>	<b>54 days</b>	<b>Wed 1/8/20</b>	<b>Wed 3/25/20</b>	
226	<b>Disability Claimant Communications (ADA, STD, LTD Ack Packet, FML Rights Package, STD, LTD, FML, Company Sponsored non-FML Letters)-State Plans where applicable</b>	<b>54 days</b>	<b>Wed 1/8/20</b>	<b>Wed 3/25/20</b>	
227	Provide applicable Acknowledgement Packet(s), Rights Package and Common Standard Letters to Customer	2 days	Wed 1/8/20	Fri 1/10/20	MetLife
228	Customer Reviews Letters	10 days	Fri 1/10/20	Mon 1/27/20	Broward County Board of County Commissioners
229	Address any questions/feedback on letters	5 days	Mon 1/27/20	Mon 2/3/20	MetLife
230	If customization requested, Letters submitted via disability change request	5 days	Mon 2/3/20	Mon 2/10/20	MetLife
231	Disability Change Management reviews change request	10 days	Mon 2/10/20	Mon 2/24/20	MetLife
232	If approved, Disability Change Management sends approval to Claimant Communications Team for programming	1 day	Mon 3/9/20	Tue 3/10/20	MetLife
233	Claimant Communications team provides release date(s)	10 days	Tue 3/10/20	Tue 3/24/20	MetLife
234	Final agreed upon letter samples are provided to the customer	1 day	Tue 3/24/20	Wed 3/25/20	MetLife
235	<b>E-Business and EReporting Set Up</b>	<b>69 days</b>	<b>Wed 3/25/20</b>	<b>Tue 6/30/20</b>	
236	Determine Customer needs of what MetLife will be providing to the customer in terms of reporting and analysis.	15 days	Wed 3/25/20	Tue 4/14/20	MetLife
237	<b>Set Up MetLink ® Access (Includes EReporting, Intake/Inquiry)</b>	<b>22 days</b>	<b>Wed 4/1/20</b>	<b>Fri 5/1/20</b>	
238	Determine Customer MetLife users and access privileges	5 days	Wed 4/1/20	Wed 4/8/20	MetLife
239	Complete and Submit Customer Authorization Form	1 day	Wed 4/8/20	Thu 4/9/20	MetLife
240	Request the Customer be added to the web tables for MetLink access	1 day	Thu 4/9/20	Fri 4/10/20	MetLife
241	Complete and submit MetLink® Features User Authorization Form	5 days	Fri 4/10/20	Fri 4/17/20	MetLife
242	Set up user access in the MetLink Admin Tool	5 days	Fri 4/17/20	Fri 4/24/20	MetLife
243	Distribute user temporary ids and passwords	5 days	Fri 4/24/20	Fri 5/1/20	MetLife
244	<b>My Benefit Setup</b>	<b>63.5 days</b>	<b>Wed 4/1/20</b>	<b>Tue 6/30/20</b>	
245	Confirm user authentication requirements	5 days	Wed 4/1/20	Wed 4/8/20	MetLife
246	Confirm eligibility file has been placed in production	5 days	Wed 5/13/20	Wed 5/20/20	MetLife
247	Complete and submit the MyBenefits Set Up form	1 day	Wed 5/20/20	Thu 5/21/20	MetLife
248	Set up user access in the MyBenefits Admin Tool	5 days	Thu 5/21/20	Fri 5/29/20	MetLife
249	Test the MyBenefits user experience	1 day	Fri 5/29/20	Mon 6/1/20	MetLife
250	Send confirmation email once set up is complete	1 day	Mon 6/1/20	Tue 6/2/20	MetLife
251	Demonstrate MyBenefits user experience	1 day	Tue 6/2/20	Wed 6/3/20	MetLife
252	Announce MyBenefits to employees - "Go Live"	1 day	Tue 6/30/20	Tue 6/30/20	MetLife
253	<b>Customer Training</b>	<b>84.17 days</b>	<b>Mon 2/10/20</b>	<b>Mon 6/8/20</b>	
254	<b>Contact List</b>	<b>10 days</b>	<b>Mon 2/10/20</b>	<b>Mon 2/24/20</b>	
255	Provide initial Customer Contact List	5 days	Mon 2/10/20	Mon 2/17/20	Broward County Board of County Commissioners
256	CSC adds customer contact list to Contacts folder in the Administration folder and advises UL of the location.	3 days	Mon 2/17/20	Thu 2/20/20	MetLife
257	Unit Leader creates link from Disability Claim Team customer folder to Customer Contact list in Contacts/Administration Folder	2 days	Thu 2/20/20	Mon 2/24/20	MetLife
258	<b>Training - Customer's HR Staff (Metlink/MyBenefits)</b>	<b>4.5 days</b>	<b>Tue 6/2/20</b>	<b>Mon 6/8/20</b>	
259	Determine Customer training needs	1 day	Tue 6/2/20	Wed 6/3/20	MetLife
260	Schedule Customer Training	3 days	Wed 6/3/20	Mon 6/8/20	MetLife
261	Deliver Customer Training	0.5 days	Mon 6/8/20	Mon 6/8/20	MetLife
262	<b>Open Enrollment / Employee Communication Materials</b>	<b>49 days</b>	<b>Wed 1/15/20</b>	<b>Wed 3/25/20</b>	
263	Determine if Customer will create their own employee communications to announce change in carrier to MetLife or if MetLife materials will be leveraged. This is necessary to avoid service or legal concerns.	5 days	Wed 1/15/20	Thu 1/23/20	Broward County Board of County Commissioners
264	Provide sample communication materials to Customer for review	1 day	Thu 1/23/20	Fri 1/24/20	MetLife
265	Develop employee communication materials	10 days	Fri 1/24/20	Fri 2/7/20	Broward County Board of County Commissioners ,MetLife
266	Review and provide feedback on draft communication materials	5 days	Fri 2/7/20	Fri 2/14/20	Broward County Board of County Commissioners ,MetLife
267	Submit communication materials to Legal for approval, if applicable	1 day	Fri 2/14/20	Mon 2/17/20	MetLife
268	Legal review / approval of communication materials	10 days	Mon 2/17/20	Mon 3/2/20	MetLife

**Broward County Board of County Commissioners  
Sample Disability (LTD) Implementation Schedule  
Effective Date July 1, 2020**

ID	Task Name	Duration	Start	Finish	Resource Group
269	Finalize employee communication materials	2 days	Mon 3/2/20	Wed 3/4/20	Broward County Board of County Commissioners ,MetLife
270	Deliver employee communication materials to Customer	15 days	Wed 3/4/20	Wed 3/25/20	Broward County Board of County Commissioners ,MetLife
271	<b>'GO LIVE' CLAIM PAYMENT EFFECTIVE DATE</b>	<b>0 days</b>	<b>Wed 7/1/20</b>	<b>Wed 7/1/20</b>	
272	<b>Active Management</b>	<b>0 days</b>	<b>Wed 7/1/20</b>	<b>Wed 7/1/20</b>	
273	MetLife begins processing LTD claims.	0 days	Wed 7/1/20	Wed 7/1/20	MetLife



Overall Health: **On Schedule**

#	Milestone	Product(s) Impacted	Significance	Target Completion Date	Status	Completion Date	Task Owner
1	Customer Kick Off Meeting	Disability	Introduce team, identify contacts and begin implementation tasks.	1/8/2020	On Schedule		Broward County Board of County Commissioners / MetLife
2	Establish and Execute Meeting Schedule	Disability	Review and update tasks and deliverables for all parties involved in the implementation. Address any questions or concerns.	1/8/2020	On Schedule		Broward County Board of County Commissioners / MetLife
3	Tax Remittance / Agent of Record	Disability	IRS has certain requirements around tax remittance. Determine whether MetLife will act as Agent of Record. If so, provide Agency Agreement Form(s) to the customer.	1/9/2020	On Schedule		Broward County Board of County Commissioners / MetLife
4	Eligibility File Setup	Disability	Review the standard eligibility file layout, mapping and transmission (PGP) requirements with the Customer/TPA.	1/14/2020	On Schedule		MetLife / TPA / Broward County Board of County Commissioners
5	Receive Second Test Eligibility File	Disability	TPA/Customer sends test file to MetLife. Necessary to confirm successful transmission of file, system acceptance of data elements and to confirm data element mapping is correct.	1/15/2020	On Schedule		MetLife
6	Submit Application / Statement of Responsibility to Customer for Review	Disability	Application and Statement of Responsibility drafted by Contract Analyst and sent to the customer for review.	1/22/2020	On Schedule		MetLife
7	Tax Remittance / Agent of Record	Disability	Customer signs and returns Agency Agreement Form(s) to MetLife.	1/23/2020	On Schedule		Broward County Board of County Commissioners
8	Determine Employee Communication Strategy	Disability	Determine if Customer will create their own employee communications to announce change in carrier to MetLife or if MetLife materials will be leveraged. This is necessary to avoid service or legal concerns.	1/23/2020	On Schedule		Broward County Board of County Commissioners / MetLife
9	Receive Final, Clean Test Eligibility File	Disability	TPA/Customer sends test file to MetLife. Necessary to confirm successful transmission of file, system acceptance of data elements and to confirm data element mapping is correct. For TAM, the final, clean test file is required in order for MetLife to begin intake and policy testing.	1/27/2020	On Schedule		MetLife
10	Review and Finalize Performance Guarantees	Disability	Review and finalize Performance Guarantees. Applicable to all coverages in which Performance Guarantees were sold.	2/18/2020	On Schedule		Broward County Board of County Commissioners / MetLife
11	Receive Signed Customer Application / Statement of Responsibility	Disability	Application and Statement of Responsibility signed by the customer and returned to MetLife.	2/18/2020	On Schedule		MetLife
12	Review and Finalize Plan Designs, Structure and Rates	Disability	Review, document and finalize the plan design, structure and rates via the Product, Rate, Services Summary (PRSS). This is needed to begin MetLife system setup. If there is an eligibility file, structure must be provided to the customer/TPA prior to the first test file being prepared and sent to MetLife.	3/24/2020	On Schedule		Broward County Board of County Commissioners / MetLife
13	Disability/FML Claim Process Review	Disability	Review MetLife standard claim / leave process. Customer confirms that they have a full understanding of the processes presented.	4/1/2020	On Schedule		Broward County Board of County Commissioners / MetLife
14	Reporting	Disability	Determine Customer needs of what MetLife will be providing to the customer in terms of reporting and analysis.	4/14/2020	On Schedule		Broward County Board of County Commissioners / MetLife
15	Receive First Eligibility Test File	Disability	TPA/Customer sends test file to MetLife. Necessary to confirm successful transmission of file, system acceptance of data elements and to confirm data element mapping is correct.	4/20/2020	On Schedule		MetLife
16	MetLink Set Up	Disability	Submit MetLife user request form. Set up users via MetLink admin tool, distribute temp ids/passwords. This allows customer access to claim and absence information and reporting information.	5/1/2020	On Schedule		MetLife
17	Receive First Production Eligibility File	Disability	TPA/Customer provides a production file. Necessary to have most accurate claims information for claims administration. The production eligibility file must be received and applied prior to loading any takeover claims/leaves or history.	5/8/2020	On Schedule		MetLife
18	MetLife System Setup	Disability	MetLife production systems are updated based upon Plan Design, Leave Policies, Structure and established intake and communication methods.	5/14/2020	On Schedule		MetLife
19	Submit Fully Insured Policy / Certificate(s) to Customer for Review	Disability	Fully Insured Policy drafted, Fully Insured certificates drafted, submitted to customer for review. Necessary for claims administration (appeals, litigations, etc.)	5/15/2020	On Schedule		MetLife
20	Customer Training	Disability	Determine customer training needs, including Claim Process and MetLink Training. MetLife facilitates training for the customer.	6/8/2020	On Schedule		MetLife
21	SPD / Leave Policy	Disability	Customer provides updated SPD's and/or applicable leave policy documentation to MetLife for claims processing.	6/9/2020	On Schedule		Broward County Board of County Commissioners
22	Final Review / Approval of Fully Insured Policy / Certificates	Disability	Customer provides final sign off on Fully Insured policy and certificate(s). This is required for claims administration (appeals, litigations, etc.)	6/16/2020	On Schedule		Broward County Board of County Commissioners
23	MetLife Claims Team Training	Disability	Unit Leader provides training to claims team to make sure they understand specific customer claims process and plan design.	6/29/2020	On Schedule		MetLife
24	MetLife Claims / Leave Testing	Disability	Ensures that the system is calculating Disability claims and TAM leaves correctly and ensures Operational understanding of the plans and policies.	6/29/2020	On Schedule		MetLife
25	MyBenefits Set Up	Disability	Submit MetLife user request form. Set up users via MyBenefits admin tool, announce MyBenefits "go live". This allows employee access to claim and absence information and reporting information.	6/30/2020	On Schedule		MetLife
26	Claim Payment / Leave Administration Effective Date	Disability	MetLife begins taking new LTD claims.	7/1/2020	On Schedule		MetLife

Legend
Green = On schedule
Yellow = Issues exist, Behind plan, Milestone not
Red = Major issues exist, Project end date at risk
Blue = Milestone completed

## Exhibit B - MetLife's List of Principals and Executive Officers – IAW Vendor Questionnaire Form

MetLife's principals and executive officers are of the same individuals.

### **Michel A. Khalaf**

President and Chief Executive Officer

### **Marlene Debel**

Executive Vice President and Chief Risk Officer

### **Stephen W. Gauster**

Executive Vice President and General Counsel

### **Steven J. Goulart**

Executive Vice President and Chief Investment Officer, MetLife, Inc., and President, MetLife Investment Management

### **Esther Lee**

Executive Vice President, Global Chief Marketing Officer

### **John D. McCallion**

Executive Vice President, Chief Financial Officer & Treasurer (interim)

### **Susan Podlogar**

Executive Vice President and Chief Human Resources Officer

### **Kishore Ponnaveolu**

President, Asia

### **Oscar Schmidt**

President, Latin America

### **Ramy Tadros**

President, U.S. Business

# Communications Strategy: Creating an Engaged and Empowered Workforce

# Your employees are facing challenges in engaging in benefits

Nearly  
**2/3**

employees report that they were **confused about some or all** of their benefits<sup>1</sup>

More than  
**83%**

of employees who report **satisfaction** with their benefits also express satisfaction with their jobs<sup>2</sup>



When presented with clear information in simple, accessible formats:<sup>3</sup>

**62%**

were confident they could **enroll in the right benefits** for themselves and their families

**51%**

were better able to **understand the overall value** of medical benefits

**50%**

felt their company would be **offering excellent benefits** compared to other companies

<sup>1</sup> MetLife, 15th Annual U.S. Employee Benefit Trends Study (2017)

<sup>2</sup> MetLife, 17th Annual U.S. Employee Benefit Trends Study (2019)

<sup>3</sup> MetLife, Open Enrollment Simulation Research (2017)

# MetLife conducted employee insights research to better understand how to meet these challenges

## U.S. Employee Survey

15 Industries | 11 Job Roles | All Company Sizes

Generational

Life Stage

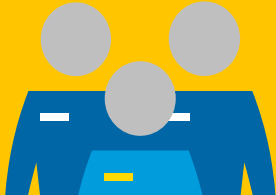
Demographics



Attitudes

Behaviors

Enrollment Preferences



# Happier Employees

# This research defined a new employee engagement journey

Relevance

Personalization

Authenticity

## Benefits Eco-system

Create Awareness

Engage

Educate

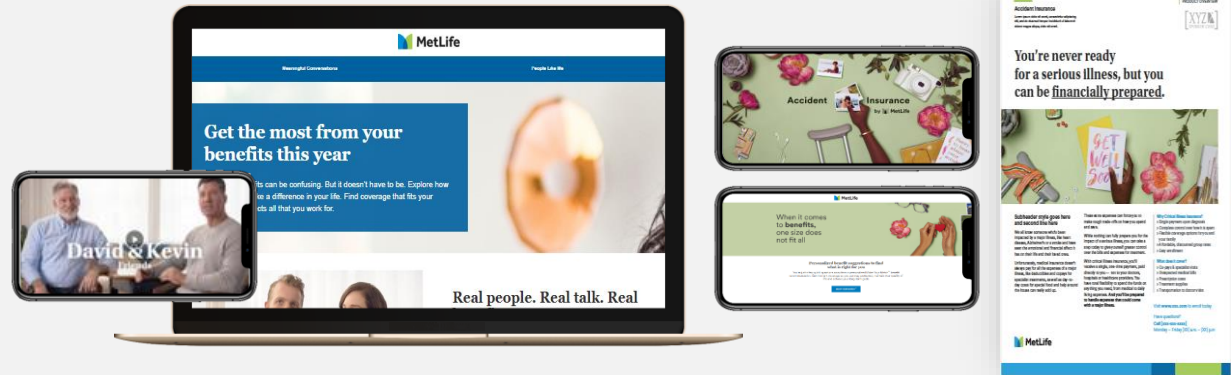
Enroll

- Conversation videos

- People like me

- Product videos
- Microsite
- BenefitTalk

- Letter
- Email



# Educational materials

## FAQ/Product Overview


## \*BenefitTalk

## 10 Simple Tips

**Long Term Disability Insurance**  
Coverage that can help protect your income when you are unable to work due to illness or injury.

FREQUENTLY ASKED QUESTIONS

### What is long term disability insurance?



**It is an affordable way to protect your income when you are unable to work due to illness or injury.** Accidents and illness can happen to anyone, and it can impact your ability to earn money. That's why financial experts recommend long term disability insurance as part of a sound financial plan.

**Q. Why is having long term disability insurance so important?**  
**A. Having long term disability protection can help you cover your essential living expenses and help safeguard your savings, since it replaces a portion of your income for an extended period of time.**

**Q. What are the essential living expenses that I should be most concerned about?**  
**A. Consider any expenses you may incur in the running of your household, including car payments, mortgage payments, groceries, child care, tuition and more, that would still need to be covered in the event of a disability.**

**Q. How do disability payments work?**  
**A. Payment will be made directly to you — not your employer, hospital, doctor or insurance company.** The amount of the payment will depend on the amount of coverage you choose.

**Q. How much does long term disability insurance cost?**  
**A. Disability insurance is more affordable than you may think.** For example, a healthy male age 35 may get a \$1,000 monthly benefit for an initial premium of about \$20 a month.\* Rates for your plan(s) can be found in the enrollment materials provided by your employer.

**Q. How do I pay for my long-term disability insurance?**  
**A. Premiums will be conveniently paid through payroll deduction, so you don't have to worry about writing a check or making a payment.**

**\*Adults with small illness can happen to anyone, and it can impact your ability to earn money.**

**MetLife**  
ADFF 01182.16

## Hi Jonathan!



### Which benefits would you like to explore in more detail?

We've checked the ones you previously selected

- Dental Insurance (1.4 minutes)
- Vision Insurance (45 seconds)
- Disability Insurance (2.3 minutes)
- Critical Illness Insurance (2.4 minutes)
- Auto & Home Insurance (57 seconds)
- Cancer Insurance (1.2 minutes)

**SKIP** **ENROLL** **LEARN MORE**

\*Can be integrated into microsite

## MetLife | Disability Insurance

### 10 simple tips: the essentials of disability insurance

No one knows what the future holds, so it's important for you to do your best to prepare for what life may bring. As one of the nation's leading providers of workplace disability benefits,\* we created these "10 Simple Tips" to provide guidance and answers to common questions about disability insurance. Everyone's circumstances are different, but these will help you get started and make the best decision based on your specific needs.

- 1** If you or others depend on your income, you need it. If you have people who depend on your income — or if you depend on your income for most — you need disability insurance. Many people are surprised to learn that Social Security benefits are not available if you are expected to be out of work for less than a year. One year without income could deplete your savings and have a significant impact on your finances.
- 2** Disability insurance replaces a portion of your income when you can't work. If you are unable to work due to illness or injury, disability insurance replaces a portion of your income to help pay your most essential expenses, including groceries, school savings, mortgage or rent and car payments.
- 3** You need it even if you're young and healthy. Just when it's not that a 20-year-old may become disabled before reaching age 67, the risk rises and has a greater impact on getting disability insurance when you're young and healthy.
- 4** The risk of a disability during your working years may be greater than you think. Over half of Americans with disabilities are between the ages of 18 and 64. Disability insurance helps you to maintain a steady stream of income when you can't work due to illness or injury.
- 5** Most long-term absences are due to illness, not accidents. While many people think that disabilities are equally caused by accidents and injuries, the majority of long-term absences are actually due to illnesses, such as cancer, heart disease and diabetes.<sup>1</sup>
- 6** A good rule of thumb is to protect 60–80% of your after-tax income. You want to be able to meet both short- and long-term financial responsibilities should you become disabled and unable to work. Visit the easy-to-use Disability Insurance Calculator at [www.disabilitymetlife.com](http://www.disabilitymetlife.com) to help determine the amount of disability insurance is more appropriate for your situation.
- 7** Some disability insurance is better than no disability insurance. Even when budgeting an equality right, it still makes sense to buy enough disability insurance to cover your rent or mortgage and help your family to meet home obligations if you become disabled. Disability insurance may be more affordable than you think, and you may be able to take advantage of a competitive group need if coverage is available through your company.
- 8** Make sure you know how much disability insurance you get all work. Get a disability coverage in a readily available system at work. You might want to look carefully at coverage, though, since your employer-provided coverage may not be enough. Find out if you can purchase additional coverage during your open enrollment period.
- 9** There is no substitute for good advice. Good advice on how much insurance is right for your needs can be found in a variety of places. Some prefer talking to a medical financial professional, while others prefer to do research online. Whichever approach works best for you, taking action to protect you and your family with disability insurance is an important part of a strong financial plan.
- 10** The financial strength and reputation of the company you buy from matters. When you purchase disability insurance, the company you buy from is making a long-term commitment to you. If you become disabled, there is a chance you will need benefits for an extended period of time. So, it makes sense to buy from a company with experience, financial strength and a solid reputation.

Many people recognize the need for disability insurance, but don't move forward because they don't feel they have a reliable place to start. Start here.

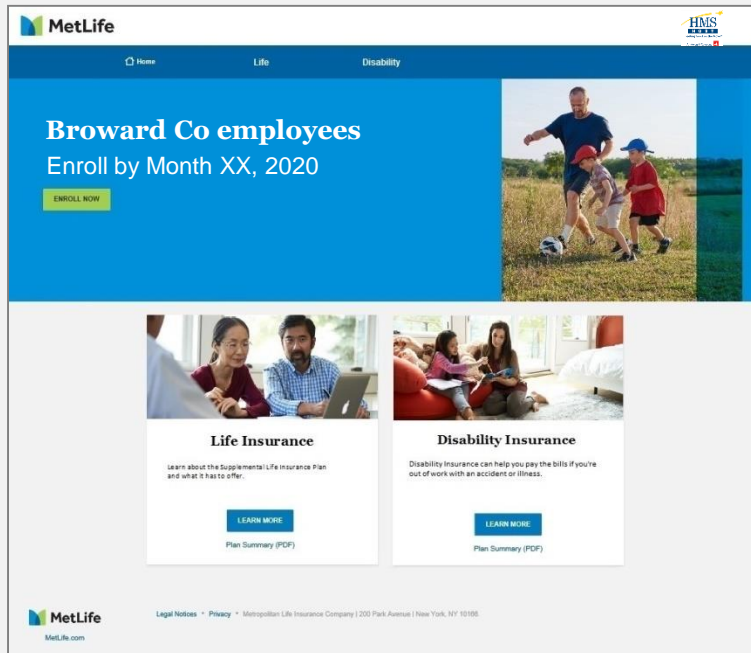
For more information, visit [www.metlife.com](http://www.metlife.com) or call 1-877-766-6797.

Navigating life together

ADFF 01182.17

# Educational benefits microsite

A custom microsite for your employees



## What is it?

An educational benefits microsite that can be used during annual enrollment and ongoing to help your employees understand the importance of insurance and available coverage options.

## The mobile-friendly site includes

- Short, engaging videos
- Disability insurance calculators
- Plan summaries and other downloadable content

We'll customize the site with your name, logo, plan design summaries, phone number, enrollment site link and enrollment dates.

## How is it used?

Link to the microsite URL from your benefits portal, and we can help communicate through emails and other communication vehicles during Open Enrollment.

# Disability communications

Supplemental Materials designed to educate and engage

Disability

## Facts & Stats

Just over 1 in 4 of today's 20 year olds will become disabled before reaching age 67! Whether it's a planned event, or an unexpected problem like an illness or car accident, a disability can deprive you of your ability to earn an income.

58% of employees surveyed reported being very concerned about the ability to pay bills during a sudden income loss!

If you lost your ability to earn income, how would you pay for the basic necessities of life?

Your list of options for obtaining money could otherwise be to:

- Borrow money from friends or family
- Use savings, credit cards or home equity
- Sell property or investment assets
- Move from your home to reduce expenses


Discounted monthly rates on salary protection  
The good news is you may be able to avoid the scenarios above, with the help of disability insurance. [ABC Company] recognizes the need for their employees to protect the ability to earn an income. As part of your benefits plan, MetLife is offering you the opportunity to enroll for Disability coverage during your open enrollment period.

All (full-time and/or part-time) employees actively working at least 20 hours per week are eligible for enrollment in the Disability plan(s).

What you need to know about Disability coverage:

- Replaces a portion of your income when you are unable to work due to sickness, pregnancy or accidental injury.
- Benefit payments are made directly to you and you decide how to spend the money.
- Helps you cover your essential living expenses, like household bills, groceries and your mortgage.
- Helps provide peace of mind for you and your family.

Enrollment period: [DATE-DATE]  
To learn more and enroll, visit [www.website.com] or call [1 800 GET-MET 8]

 MetLife

ADWP D1107.10

## Standard and customizable materials include

- Product overviews
- FAQ and Infographic flyers
- Microsites
- BenefitTalk
- Presentation decks
- Brainshark videos
- Emails, letters, and postcards
- Posters
- Online calculators
- Mobile app

We're here to help create a mix that works best for you and your employees





# Disability auto enroll

Disability Auto-Enrollment provides a solution for MetLife clients who acknowledge the value of Disability coverage and wish to increase engagement with the benefits they offer their employees



## HELP YOUR EMPLOYEES

- Provides your employees unrestricted access to their Disability program
- Protects more employees while providing cost benefits
- Increased Employee engagement levels



## COMMUNICATION

- A disability communication to employees is critical to bring attention to the benefit and employees' automatic enrollment.
- Employees will be provided with instructions on how to 'opt out' if they do not wish to be enrolled in the plan.



**All employees will be automatically enrolled in the selected plan with the option to opt-out using the method agreed by the you, prior to or after the effective date of coverage.**

# Disability auto enroll communications

## Email campaign

Subject: [Coming Soon — Disability Insurance Enrollment]  
From: Broward County Benefits Group/MetLife




**Long Term Disability Insurance**  
Coverage that can help protect your income when you are unable to work due to illness or injury.

**A disability can become a reality. Be prepared if it does with MetLife Disability Insurance.**

As a Broward County employee, you're eligible for an important benefit **long term disability** available at employee rates. Now is the time to consider long term disability insurance and how it can help protect your family's budget.

**How would you pay your bills if you couldn't work?**

**Savings?** 58% of surveyed employees reported being very concerned about having enough money to pay bills during a sudden income loss.<sup>1</sup>

**Social Security Disability?** Only if you couldn't work in any occupation — not just your own occupation — and your medical condition is expected to last for at least a year.<sup>2</sup>

**Workers' compensation?** Only if you were injured on the job.<sup>3</sup>

The risk of disability is greater than you think. Just over 1 in 4 of today's 20 year olds will become disabled before reaching age 67.<sup>4</sup> While disabilities may be unexpected, they don't have to be financially devastating.

- **Long term disability coverage from MetLife replaces [xx%] of your income for an extended disability** lasting at least [xx] [days, weeks, months]. You may continue to receive benefits when you return

## Direct mail campaign

**Short Term/Long Term Disability Insurance**  
Coverage that can help protect your income when you are unable to work due to illness or injury.

**Time-Sensitive Information for [XYZ Company] Employee:**

[First Name], [Last Name]  
[Address]  
[City], [ST] [Zip Code]

**Short term and long term disability insurance — automatic enrollment!**

[XYZ Company] is providing an opportunity to help protect your paycheck with short term and long term disability insurance from MetLife. We don't want you to lose your income if you suddenly have to stop working due to a disabling accident or illness. Short term disability (STD) and long term disability (LTD) insurance will ensure you still receive part of your salary, so you can continue paying your bills and providing for your family.

**[XYZ Company]'s STD and LTD Insurance plans**

Short term disability insurance provides a benefit amount of [XX%] of your weekly **disability** earnings, up to a monthly maximum benefit of [\$(XXXX)], for as long as you remain disabled as defined by the plan.


Long term disability insurance provides a benefit amount of [XX%] of your monthly **disability** earnings, up to a monthly maximum benefit of [\$(XXXX)], for as long as you remain disabled as defined by the plan.

**It is now easier than ever to get coverage**

- You will be **automatically** enrolled in [XYZ Company]'s short term and long term disability insurance plan, effective [Month/Day/Year].
- You will not have to provide any medical history to obtain coverage during this enrollment.
- Premium payments for coverage will be deducted from your paycheck beginning on the first payroll date in [Month].

\*If you do not wish to participate in the STD and LTD Insurance plans, please see the back of this letter for opt-out instructions.

You do not have to take further action to begin taking steps towards protecting your income!  
Questions? Call [1-XXX-XXX-XXXX], Monday-Friday, 8am-6pm ET.



4294-D171-12

**Short Term and Long Term Disability Insurance**

**of Coverage**

Insurance are designed to provide you with coverage in the event of an accident. Usually, Long Term Disability benefits will leave off:

Benefit	Minimum Benefit
per week	[\$xxx] per week

Benefit	Minimum Benefit
per month	[\$xxx] per month

LTD: Per \$100 of covered monthly earnings


[xx% Option]      [50.00%]

**Benefit**

5-49	50-54	55-59	60-64	69+

**Earnings**

5-49	50-54	55-59	60-64	69+



Navigating life together

# Sample Insured LTD Reporting Package



## CLAIM STATUS DETAIL – Excel Output

This report reflects the claim detail supporting the Claim Status Summary Report, but includes additional data elements beyond what the pdf version provides. This includes those claims that are in an Open, Suspended, and Pended status as of the end of the reporting period, and Closed or Denied during the reporting period.

1. **As of Date:** This represents the last day of the month or week that data was made available in our data mart for the associated 'To Date' in the reporting period.
2. **From Date:** This represents the reporting period start date requested by the user.
3. **To Date:** This represents the reporting period end date requested by the user.
4. **Customer Name:** The Customer Name
5. **Customer Number:** The highest level of the structure naming convention.
6. **Report Number:** The second highest level of the structure naming convention.
7. **Subcode:** The third highest level of the structure naming convention.
8. **Paypoint:** The fourth highest level of the structure naming convention.
9. **Plan Code:** This code identifies another level of structure that could represent a specific set of contractual and administrative provisions or benefit levels.
10. **Coverage Type:** Long Term Disability is represented in the report and grouped accordingly.
11. **Claim Number:** A unique number assigned to each individual claim.
12. **Last Name:** The claimant's last name.
13. **First Name:** The claimant's first name.
14. **Employee ID:** A unique alphanumeric code assigned by the policyholder, which is used to identify the claimant.
15. **Social Security Number:** The claimant's social security number.
16. **Years of Service:** The amount of time that a claimant has been continuously employed by an employer, at the time the disability commenced.
17. **State Worked:** The state where the employee works.
18. **Claim Status:** The status of the claim as of the end of the reporting period.
19. **Gender:** Male or Female claimant designation. (M or F)
20. **Claimant Age – Years:** The age of the claimant at the date of disability.

## CLAIM STATUS DETAIL – Excel Output

- 21. ACC/Sick:** This will indicate if the disability was a result of an accident or sickness.(A or S)
- 22. OCC/Non-OCC:** This will indicate if the disability is work related or not work related. (O or N)
- 23. WC Filed:** This will indicate if Workers Compensation has been filed. (Yes or No)
- 24. Last Day Worked:** The last date the claimant worked before disability.
- 25. Return To Work Date:** The date the claimant returned to work.
- 26. Disability Date:** The original date of disability.
- 27. Received Date:** The date the claim was received.
- 28. Approved Date:** The date the claim was approved.
- 29. Denied Date:** The date a claim was placed in a denied status. This date will not be erased once populated. The actual claim status should be reviewed to determine if the claim is remains in a denied status.
- 30. Inactive Reason Description:** Identifies the reason a claim was denied or put into an inactive status. All claims that display an active status during the reporting period requested will contain the default description of 'unknown'.
- 31. Benefit Start Date:** The date benefit payments begin.
- 32. Claim End date:** The date benefit payments end.
- 33. Claim End Code:** This code corresponds to the claim end description.
- 34. Claim End Description:** Identifies the reason a claim was declined or put into an inactive status.
- 35. Closed Date:** The date the claim was last placed into a closed status. This date will not be erased once populated. The actual claim status should be reviewed to determine if the claim is remains in a closed status.
- 36. Base Benefit:** The amount reflected as the Employee's salary times the benefit percentage, before all carveouts.
- 37. Cumulative Gross Benefit:** The total gross amount paid for the life of the claim as of the end of the reporting period. This reflects payments after carveouts but before taxes.

### CLAIM STATUS DETAIL – Excel Output

As of Date	From Date	To Date	Customer Name	Customer Number	Report Number	Subcode	Paypoint	Plan Code	Coverage Type	Claim Number	Last Name	First Name	Employee ID	Social Security Number	Years Of Service	State Worked	Claim Status	Gender	Claimant Age - Years
09/29/20xx	07/01/20xx	09/30/20xx	Demo Customer	9999999	9999999	1	1	3	Long Term Disability	999999999999	Smith	John		999999999	30	MS	Open	F	61
09/29/20xx	07/01/20xx	09/30/20xx	Demo Customer	9999999	9999999	1	1	4	Long Term Disability	999999999999	Smith	John		999999999	11	TN	Open	M	57
09/29/20xx	07/01/20xx	09/30/20xx	Demo Customer	9999999	9999999	1	1	4	Long Term Disability	999999999999	Smith	John		999999999	2	PA	Open	F	41
09/29/20xx	07/01/20xx	09/30/20xx	Demo Customer	9999999	9999999	1	1	4	Long Term Disability	999999999999	Smith	John	99999999	999999999	5	CT	Denied	F	34
09/29/20xx	07/01/20xx	09/30/20xx	Demo Customer	9999999	9999999	1	1	3	Long Term Disability	999999999999	Smith	John		999999999	1	NY	Open	F	29
09/29/20xx	07/01/20xx	09/30/20xx	Demo Customer	9999999	9999999	1	1	3	Long Term Disability	999999999999	Smith	John		999999999	14	TN	Open	M	43

SAMPLE

## CLAIM STATUS DETAIL – PDF Output

This report reflects the claim detail supporting the Claim Status Summary Report. This includes those claims that are in an Open, Suspended, and Pended status as of the end of the reporting period, and Closed or Denied during the reporting period.

1. **Claim Number:** A unique number assigned to each individual claim.
2. **Last Name:** The claimant's last name.
3. **Social Security Number:** The claimant's social security number.
4. **Claim Status:** The status of the claim as of the end of the reporting period.
5. **Gender:** Male or Female claimant designation. (M or F)
6. **Disability Date:** The original date of disability.
7. **Received Date:** The date the claim was received.
8. **Approved Date:** The date the claim was approved.
9. **Denied Date:** The date a claim was placed in a denied status. This date will not be erased once populated. The actual claim status should be reviewed to determine if the claim remains in a denied status.
10. **Benefit Start Date:** The date benefit payments begin.
11. **Claim End date:** The date benefit payments end.
12. **Closed Date:** The date the claim was last placed into a closed status. This date will not be erased once populated. The actual claim status should be reviewed to determine if the claim remains in a closed status.
13. **Base Benefit:** The amount reflected as the Employee's salary times the benefit percentage, before all carveouts.
14. **Cumulative Gross Benefit:** The total gross amount paid for the life of the claim as of the end of the reporting period. This reflects payments after carveouts but before taxes.

**YOUR COMPANY NAME HERE**  
Claim Status Detail

Data as of: 03/28/20xx  
Customer: 0000000

From: 01/01/20xx To: 03/31/20xx

**Report Parameters:**

Customer Number: 0000000

Group / Report: All

Subcode: All

Branch / Paypoint: All

Coverage Type: S

Organized By: Customer Number

\*\*\*If this is the only page you received please return to Edit this Report Package and review your parameter selections from the 'Re-run the Report Package Wizard' option.

# YOUR COMPANY NAME HERE

## Claim Status Detail

Data as of: 03/28/20xx  
Customer: 0000000

From: 01/01/20xx To: 03/31/20xx  
Long Term Disability

Claim Number	Last Name	Social Security #	Claim Status	Disability Date	Received Date	Approved Date	Denied Date	Benefit Start Date	Claim End Date	Closed Date	Base Benefit	Cumulative Gross Benefit
99999999999	DOE	000000001	Closed	12/11/20xx	01/04/20xx	01/09/20xx		12/18/20xx	01/04/20xx	01/09/20xx	\$170.00	\$476.00
99999999999	DOE	000000001	Closed	12/10/20xx	01/25/20xx	01/31/20xx		12/17/20xx	01/25/20xx	01/31/20xx	\$170.00	\$1,020.00
99999999999	DOE	000000001	Closed	12/03/20xx	02/14/20xx	02/20/20xx		12/10/2001	02/28/20xx	02/28/20xx	\$170.00	\$2,006.00
99999999999	DOE	000000001	Closed	12/21/20xx	02/14/20xx	03/06/20xx		12/28/20xx	01/23/20xx	03/06/20xx	\$170.00	\$646.00
99999999999	DOE	000000001	Open	02/05/20xx	03/01/20xx	03/07/20xx		02/12/20xx	05/01/20xx		\$170.00	\$1,156.00
99999999999	DOE	000000001	Closed	01/16/20xx	01/25/20xx	01/29/20xx		01/23/20xx	03/21/20xx	03/21/20xx	\$170.00	\$1,428.00
99999999999	DOE	000000001	Denied	02/11/2002	03/01/20xx	03/07/20xx		02/18/20xx	02/15/20xx		\$170.00	\$0.00
99999999999	DOE	000000001	Closed	01/28/20xx	03/01/20xx	03/08/20xx		02/04/20xx	03/07/20xx	03/08/20xx	\$170.00	\$816.00
99999999999	DOE	000000001	Closed	12/13/20xx	01/04/20xx	01/09/20xx		12/21/20xx	02/14/20xx	02/14/20xx	\$170.00	\$1,360.00
99999999999	DOE	000000001	Denied	12/18/20xx	01/25/20xx	02/05/20xx	02/15/20xx	12/25/20xx	01/04/20xx	02/05/20xx	\$170.00	\$306.00
99999999999	DOE	000000001	Open	03/05/20xx	03/04/20xx	03/07/20xx		03/12/20xx	03/29/20xx		\$170.00	\$476.00
99999999999	DOE	000000001	Suspend	02/05/20xx	03/01/20xx	03/08/20xx		02/12/20xx	03/05/20xx		\$170.00	\$544.00
99999999999	DOE	000000001	Closed	11/28/20xx	12/19/20xx	12/20/20xx		12/05/20xx	01/25/20xx	01/31/20xx	\$170.00	\$1,292.00
99999999999	DOE	000000001	Closed	01/10/20xx	01/25/20xx	02/07/20xx		01/17/20xx	02/22/20xx	02/21/20xx	\$170.00	\$918.00
99999999999	DOE	000000001	Closed	01/29/20xx	03/01/20xx	03/06/20xx		02/05/20xx	03/12/20xx	03/14/20xx	\$170.00	\$884.00
99999999999	DOE	000000001	Open	03/06/20xx	03/20/20xx	03/20/20xx		03/13/20xx	04/10/20xx		\$170.00	\$442.00
99999999999	DOE	000000001	Closed	10/23/20xx	11/09/20xx	11/15/20xx		10/30/20xx	01/16/20xx	01/17/20xx	\$170.00	\$1,938.00
99999999999	DOE	000000001	Closed	12/18/20xx	01/25/20xx	01/30/20xx		12/25/20xx	03/01/20xx	02/07/20xx	\$170.00	\$1,666.00
99999999999	DOE	000000001	Closed	12/18/20xx	01/25/20xx	02/05/20xx		12/25/20xx	01/07/20xx	02/05/20xx	\$170.00	\$340.00
99999999999	DOE	000000001	Closed	01/01/20xx	01/25/20xx	01/30/20xx		01/08/20xx	02/08/20xx	02/07/20xx	\$170.00	\$816.00
99999999999	DOE	000000001	Closed	01/07/20xx	02/14/20xx	02/19/20xx		01/14/20xx	03/04/20xx	03/07/20xx	\$170.00	\$1,224.00
99999999999	DOE	000000001	Closed	10/25/20xx	12/19/20xx	01/02/20xx		11/01/20xx	02/01/20xx	01/31/20xx	\$170.00	\$2,278.00
99999999999	DOE	000000001	Closed	11/27/20xx	01/04/20xx	01/08/20xx		12/04/20xx	12/25/20xx	01/08/20xx	\$170.00	\$544.00
99999999999	DOE	000000001	Closed	01/10/20xx	01/25/20xx	02/04/20xx		01/17/20xx	01/23/20xx	02/05/20xx	\$170.00	\$408.00
99999999999	DOE	000000001	Closed	12/13/20xx	01/29/20xx	02/21/20xx		12/20/20xx	02/14/20xx	02/21/20xx	\$170.00	\$1,394.00
99999999999	DOE	000000001	Open	01/08/20xx	02/14/20xx	02/15/20xx		01/15/20xx	04/10/20xx		\$170.00	\$1,836.00
99999999999	DOE	000000001	Closed	01/25/20xx	03/01/20xx	03/05/20xx		02/01/20xx	02/15/20xx	03/05/20xx	\$170.00	\$374.00
99999999999	DOE	000000001	Closed	10/10/20xx	01/04/20xx	01/11/20xx		10/17/20xx	12/14/20xx	01/11/20xx	\$170.00	\$1,462.00

# YOUR CUSTOMER NAME HERE

## Claim Status Detail

### Long Term Disability

Data as of: 03/28/20xx

From: 01/01/20xx To: 03/31/20xx

Customer: 0000000

Claim Number	Last Name	Social Security #	Claim Status	Disability Date	Received Date	Approved Date	Denied Date	Benefit Start Date	Claim End Date	Closed Date	Base Benefit	Cumulative Gross Benefit
99999999999	DOE	000000001	Closed	12/28/20xx	01/25/20xx	01/30/20xx		01/04/20xx	02/22/20xx	02/21/20xx	\$170.00	\$1,224.00
99999999999	DOE	000000001	Closed	12/25/20xx	02/14/20xx	02/19/20xx		01/01/20xx	02/15/20xx	03/26/20xx	\$170.00	\$1,156.00
99999999999	DOE	000000001	Closed	01/31/20xx	03/01/20xx	03/05/20xx		02/07/20xx	02/27/20xx	03/05/20xx	\$170.00	\$510.00
99999999999	DOE	000000001	Closed	09/11/20xx	10/18/20xx	10/22/20xx		09/18/20xx	03/18/20xx	03/21/20xx	\$170.00	\$4,420.00
99999999999	DOE	000000001	Closed	11/07/20xx	11/28/20xx	12/10/20xx		11/14/20xx	01/04/20xx	01/03/20xx	\$170.00	\$1,292.00
99999999999	DOE	000000001	Closed	01/14/20xx	01/14/20xx	01/15/20xx		01/21/20xx	03/06/20xx	02/14/20xx	\$170.00	\$1,122.00
99999999999	DOE	000000001	Suspend	12/18/20xx	01/25/20xx	01/30/20xx		12/25/20xx	03/15/20xx		\$170.00	\$2,006.00
99999999999	DOE	000000001	Closed	01/25/2002	02/14/20xx	02/18/20xx		02/01/20xx	02/01/20xx	03/04/20xx	\$170.00	\$34.00
99999999999	DOE	000000001	Closed	01/14/20xx	03/01/20xx	03/08/20xx		01/21/20xx	02/22/20xx	03/08/20xx	\$170.00	\$850.00
99999999999	DOE	000000001	Open	03/18/20xx	03/20/20xx	03/20/20xx		03/25/20xx	04/12/20xx		\$170.00	\$170.00
99999999999	DOE	000000001	Open	11/19/20xx	01/28/20xx	02/21/20xx		11/26/2001	04/01/20xx		\$170.00	\$3,060.00
99999999999	DOE	000000001	Closed	01/01/20xx	02/07/20xx	02/13/20xx		01/08/20xx	02/01/20xx	02/19/20xx	\$170.00	\$646.00
99999999999	DOE	000000001	Open	02/20/20xx	03/14/20xx	03/19/20xx		02/27/20xx	04/17/20xx		\$170.00	\$782.00
99999999999	DOE	000000001	Open	03/05/2002	03/14/20xx	03/21/20xx		03/12/20xx	03/29/20xx		\$170.00	\$476.00
99999999999	DOE	000000001	Open	02/15/20xx	03/20/20xx	03/20/20xx		02/22/20xx	04/17/20xx		\$170.00	\$884.00
99999999999	DOE	000000001	Open	03/12/20xx	03/14/20xx	03/19/20xx		03/19/20xx	04/22/20xx		\$170.00	\$306.00
99999999999	DOE	000000001	Open	03/04/20xx	03/14/20xx	03/18/20xx		03/11/20xx	04/05/20xx		\$170.00	\$510.00
99999999999	DOE	000000001	Open	02/26/20xx	03/14/20xx	03/21/20xx		03/05/20xx	04/05/20xx		\$170.00	\$646.00
99999999999	DOE	000000001	Closed	05/22/20xx	03/07/20xx	03/13/20xx		05/29/20xx	11/03/20xx	01/25/20xx	\$170.00	\$3,910.00
99999999999	DOE	000000001	Open	03/12/20xx	03/14/20xx	03/19/20xx		03/19/20xx	05/20/20xx		\$170.00	\$306.00
99999999999	DOE	000000001	Open	03/12/20xx	03/14/20xx	03/19/20xx		03/19/20xx	04/22/20xx		\$170.00	\$306.00
99999999999	DOE	000000001	Closed	12/03/20xx	12/19/20xx	12/20/20xx		12/10/20xx	03/15/20xx	03/14/20xx	\$170.00	\$2,380.00
99999999999	DOE	000000001	Denied	03/05/20xx	03/14/20xx			03/21/20xx	03/12/20xx	03/11/20xx	\$170.00	\$0.00

Total Claims for Customer 0000000: 51

Sum of Gross Benefit for Customer 0000000: \$55,046.00

## Claim Status Summary

**This report includes any claim that was Open, Suspended, Pended or Received at any time during the reporting period.**

**1. Claim Status as of Beginning of Reporting Period:** This column provides a count of claims that were either Open, Suspended, or Pending as of the beginning of the Reporting Period. Claims not included in this column are those claims that were Terminated or Denied as of the beginning of the reporting period. Open claims are in benefit payment status. Suspended claims are those claims that were in benefit payment status, but further payments have been suspended waiting for additional information (the claim is not terminated). Pended claims have been received by MetLife but no final determination has been made whether benefits will be paid for any part of the claim.

**2. Claim Activity During Period:** This column provides a count of claims that were either Received, Reactivated, Approved, Terminated, or Denied during the period. A single claim may be counted in multiple categories. For example, a claim Received in January, Approved in February then Terminated in March will be counted in all three categories.

A. *Received:* Claims that were Received by MetLife during the reporting period, either telephonically or written claim form.

B. *Reactivated:* Claims that were, as of the beginning of the reporting period, either in Terminated status and then reopened during the reporting period, or in Denied status and then Approved during the period. Note: Claims can only be counted as Reactivated once during the reporting period. These claims are not included in the Approved category.

C. *Approved:* Claims with an approval date during the reporting period for benefit payments.

D. *Terminated:* Claims that were Open at some time during the period and closed during the reporting period, and remained closed through the end of the reporting period.

E. *Denied:* Claims that were denied benefit payments altogether during the reporting period, and remained denied through the end of the reporting period.

**3. Claim Status as of End of Reporting Period:** This column provides a count of claims that were either Open, Suspended, or Pending as of the end of the Reporting Period. Claims not included in this column are those claims that were Terminated or Denied as of the end of the reporting period.

**4. Gender Comparison:** A count of claims and the corresponding percentage of total claims reflecting the number of female and male claimants.

**5. Comparison of Accident v Sickness:** A count of claims and the corresponding percentage of total claims reflecting the number of accident related and illness related claims.

**6. Comparison of Occ v Non-Occ:** A count of claims and the corresponding percentages of total claims reflecting the number of work related (Occ) and non work (non-Occ) related claims.

**7. Percent of Claimants Filed for Worker's Compensation:** A percentage of claims Open at any time during the reporting that have filed for Worker's Compensation benefits.

**8. Average Age at Disability:** This reflects the average age at which disability began for all claims included in the summary.

**9. Percentage of claims denied during the reporting period:** = (Denied claims/(Denied + Approved))

**10. Percentage of claims closed during the reporting period:** = (Closed claims/(Open claims @ BOP\* + Suspended @ BOP + Approved))

**11. Claims open during the reporting period:** = (Open claims @ BOP + Suspended @ BOP + Approved)

\* BOP = Beginning of Period

SAMPLE

**YOUR COMPANY NAME HERE**  
**Claim Status Summary**

Data as of: 12/28/20xx\* and: 03/28/20xx\*\*

From: 01/01/20xx To: 03/31/20xx

Customer: 0000000

**Report Parameters:**

Customer Number: 0000000

Group / Report: All

Subcode: All

Branch / Paypoint: All

Coverage Type: S

Organized By: Customer Number

**\*\*If this is the only page you received please return to Edit this Report Package,  
and review your selections from the 'Re-run the Report Package Wizard' option.**

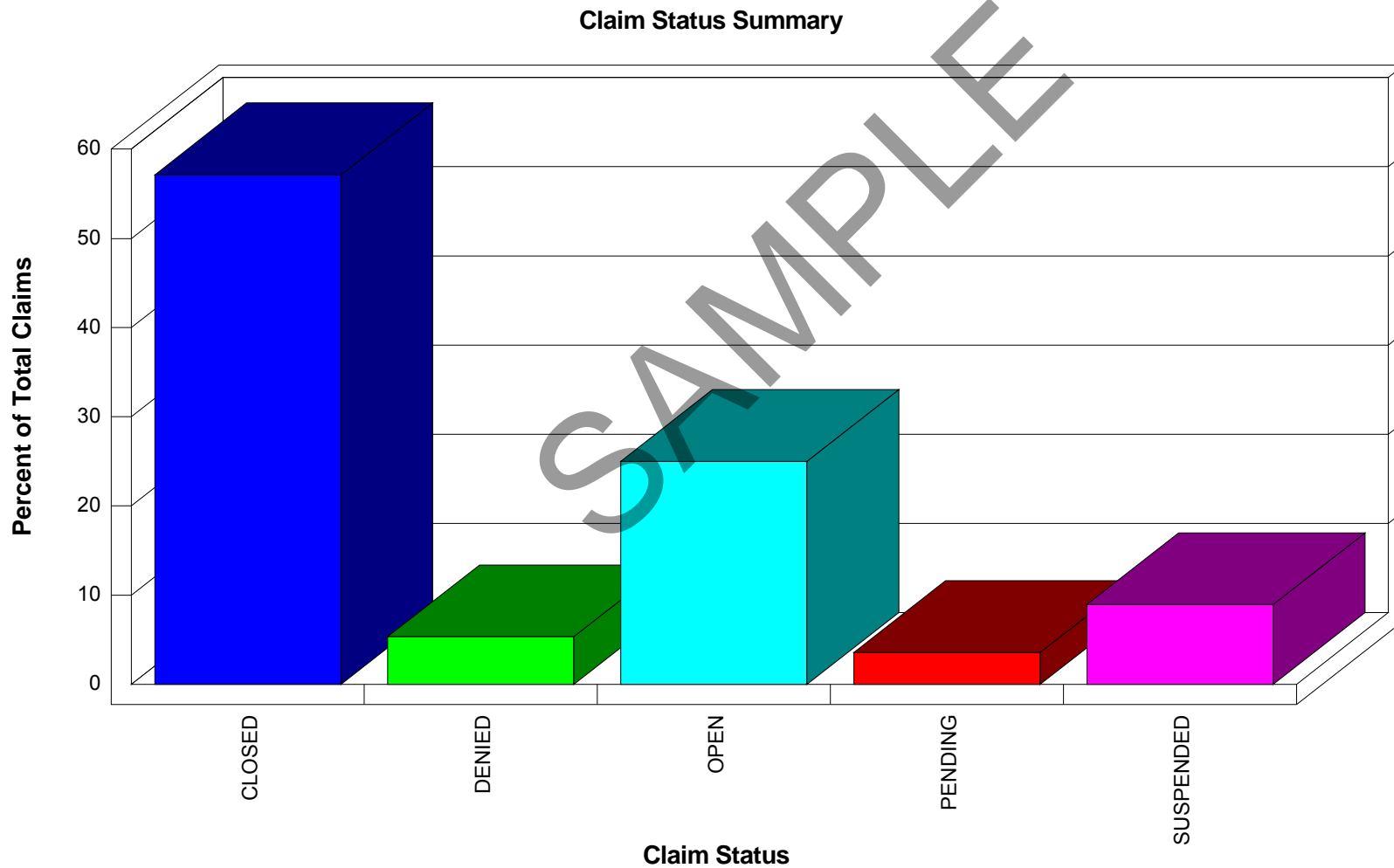
# YOUR COMPANY NAME HERE

## Claim Status Summary

Data as of: 12/28/20xx\* and: 03/28/20xx\*\*

From: 01/01/20xx To: 03/31/20xx

Customer: 0000000



# YOUR COMPANY NAME HERE

## Claim Status Summary

### Long Term Disability

Data as of: 12/28/20xx\* and: 03/28/20xx\*\*

From: 01/01/20xx To: 03/31/20xx

Customer: 0000000

#### Claim Status as of: 01/01/20xx\*

Open: 5  
Suspended: 3  
Pending: 3

#### Claim Activity During the Period

Received: 44  
Reactivated: 1  
Approved: 42  
Closed: 32  
Denied: 3  
Total Claims: 56

#### Claim Status as of: 03/31/20xx\*\*

Open: 14  
Suspended: 5  
Pending: 2

Gender Comparison in detail report: 8 Male  
48 Female

Accident vs Sickness Comparison in detail report: 2 Accident  
54 Sickness

Occ vs Non-Occ Comparison in detail report: 1 Occ  
55 Non-Occ

Percentage of Claimants filed for Worker's Compensation: 0.00%

Average age at disability: 32.98

Percentage of claims denied during reporting period: 6.67%

Percentage of claims closed during reporting period: 64.00%

Claims open during reporting period: 50

(Open at BOP + Suspended at BOP + Approved within Period)

# YOUR COMPANY NAME HERE

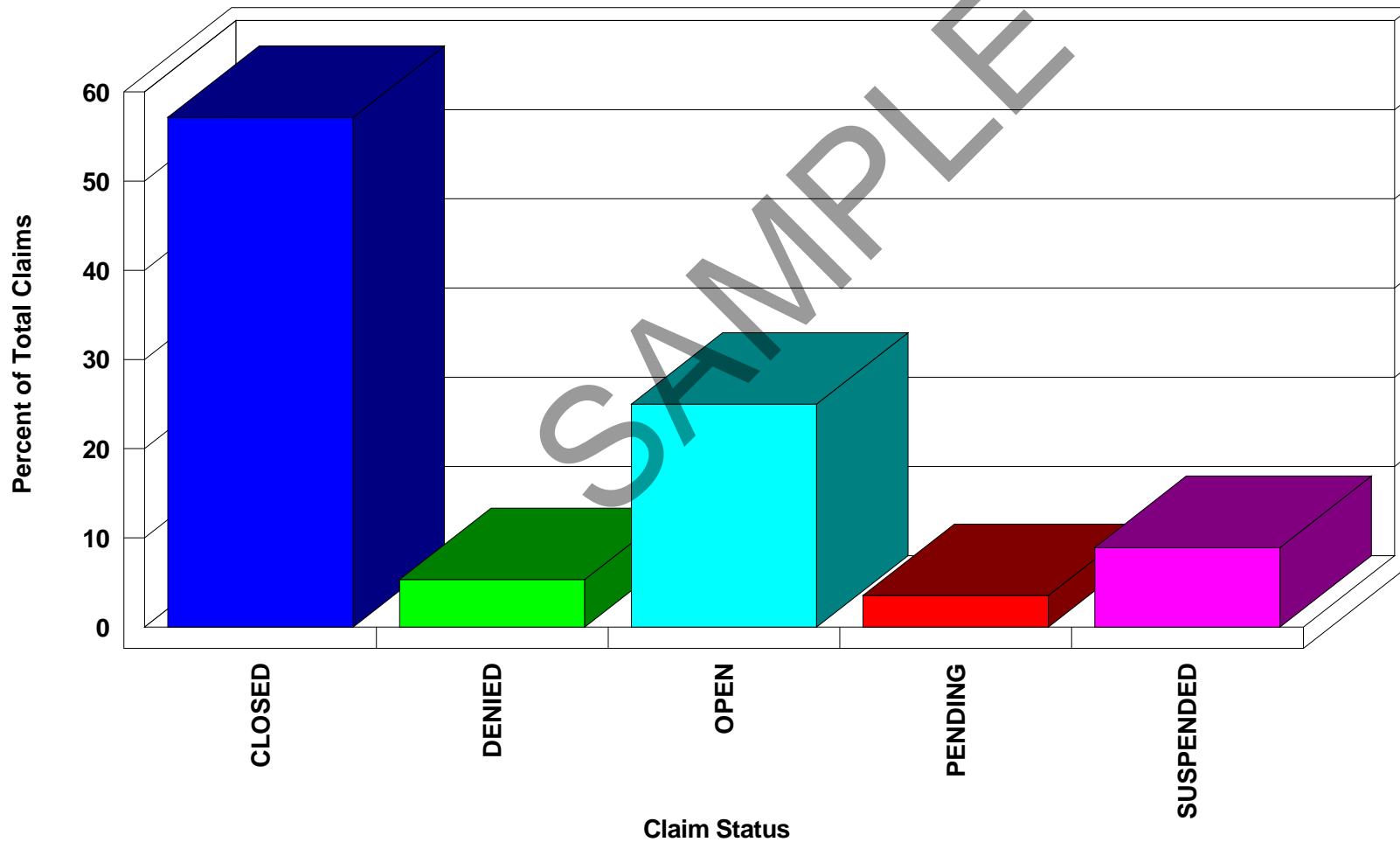
## Claim Status Summary

### Long Term Disability

Data as of: 12/28/20xx\* and: 03/28/20xx\*\*

From: 01/01/20xx To: 03/31/20xx

Customer: 0000000



## Long Term Disability Claim Distribution by Major Diagnostic Category

Claims included in this report reflect all claims approved during the reporting period regardless of the date of disability or the status at the end of the reporting period.

1. **Count of Claims:** The number of claims approved during the reporting period, by Major Diagnostic Category. Included at the bottom of the column is a total count for all claims included in the report.
2. **Percent of Total:** The percentage of claims in each Major Diagnostic Category as compared to total number of claims approved during the reporting period.
3. **Major Diagnostic Category:** A general group classification for related illnesses and injuries classified by ICD-9 codes. While we have classified all possible medical conditions, if no claims are in a particular category, the category will not appear on your report.

**Infectious Diseases:** ICD-9 Code Range 001 - 041.9, 045 - 139.8; Includes diseases generally recognized as communicable or transmissible as well as a few diseases of unknown but possibly infectious origin. Examples include food poisoning, typhoid fever, and tuberculosis.

**AIDS & AIDS Related Cases:** ICD-9 Code Range 042 - 044.9, 279 - 279.9; A subset of infectious diseases consisting of illness resulting from AIDS, or related AIDS cases including HIV.

**Neoplasms:** ICD-9 Code Range 140 - 239.9; Tumors, both cancerous and benign. Examples include thyroid cancer, leukemia, and lung cancer.

**Endocrine System:** ICD-9 Code Range 240 - 278.8; Diseases of the gland system. Examples include thyroid disorders, diabetes, and vitamin A deficiency.

**Blood & Blood Forming Organs:** ICD-9 Code Range 280 - 289.9; Diseases of the blood and spleen. Examples include anemia, sickle-cell anemia, and diseases of the spleen.

**Psychoses:** ICD-9 Code Range 290 - 299.9; Mental disorders through which one loses touch with reality. Examples include paranoid states, bipolar disorders, and schizophrenic disorders.

**Non-Psychotic Mental Disorders:** ICD-9 Code Range 300 - 316; Mental disorders with which one still remains in touch with reality. Examples include anxiety disorders, substance abuse, and passive-aggressive personalities.

**Mental Retardation:** ICD-9 Code Range 317 - 319; Subnormal mental functioning.

**Nervous System:** ICD-9 Code Range 320 - 359.9; Diseases and illnesses that affect the nervous system and sense organs. Examples include meningitis, multiple sclerosis, and epilepsy.

**Eye Disorders:** ICD-9 Code Range 360 - 379.99; Conditions that affect vision. Examples include glaucoma, blindness, and detached retinas.

**Ear Disorders:** ICD-9 Code Range 380 - 389.9; Conditions that affect hearing. Examples include deafness, tinnitus (ringing in the ears), and punctured eardrums.

**Circulatory System:** ICD-9 Code Range 390 - 459.9; Diseases of the heart and related conditions. Examples include high blood pressure, heart failure, and cerebral hemorrhaging.

**Respiratory System:** ICD-9 Code Range 460 - 519.9; Diseases of the lungs, sinuses, and related respiratory conditions. Examples include bronchitis, laryngitis, and pneumonia.

**Digestive System:** ICD-9 Code Range 520 - 579.9; Diseases of the mouth, stomach, intestines and other related digestive conditions. Examples include gingivitis, ulcers, and gall stones.

**Genitourinary System:** ICD-9 Code Range 580 - 629.9; Diseases of the genitals, the urinary system, and related disorders. Examples include kidney infections, menopausal disorders, and infertility.

**Complications of Pregnancy:** ICD-9 Code Range 630 - 648.9, 651 - 676.9; Pregnancies that developed complications due to birth defects and labor complications. Examples include premature labor, obstructed labor, and fetal abnormalities.

**Normal Pregnancy & Delivery:** ICD-9 Code Range 650; Pregnancies without complications that require little or no assistance.

**Skin Disorders:** ICD-9 Code Range 680 - 709.9; Diseases of the skin and related disorders. Examples include sweat gland disorders, and psoriasis.

**Musculoskeletal System:** ICD-9 Code Range 710 - 739.9; Diseases of the muscles, skeleton, and connective tissue and related disorders. Examples include arthritis, osteoporosis, and back problems.

**Congenital Anomalies:** ICD-9 Code Range 740 - 759.9; Diseases that are hereditary in nature. Examples include congenital heart defects, cleft lip, and cataracts.

**Perinatal Complications:** ICD-9 Code Range 760 - 779.9; Complications that occur at about the time of birth. Examples include slow fetal growth, injuries sustained by infant at birth, and excessively high birth weight.

**Ill Defined Conditions:** ICD-9 Code Range 780 - 799.9; Conditions that are not classified under any of the other Major Diagnostic Categories. Examples include dizziness and sleep disturbances.

**Injury & Poisoning:** ICD-9 Code Range 800 - 999.9; Conditions caused by physical injury or the effects of a toxic substance. Examples include broken bones, third degree burns, and exposure to chlorine gas.

SAMPLE

**YOUR COMPANY NAME HERE**  
Distribution by Diagnosis Summary

Data as of: 03/28/20xx

Claims Approved From: 01/01/20xx To: 03/31/20xx

Customer: 0000000

**Report Parameters:**

Customer Number: 0000000

Group / Report: All

Subcode: All

Branch / Paypoint: All

Coverage Type: L

Organized By: Customer Number

**\*\*If this is the only page you received please return to Edit this Report Package,  
and review your selections from the 'Re-run the Report Package Wizard' option.**

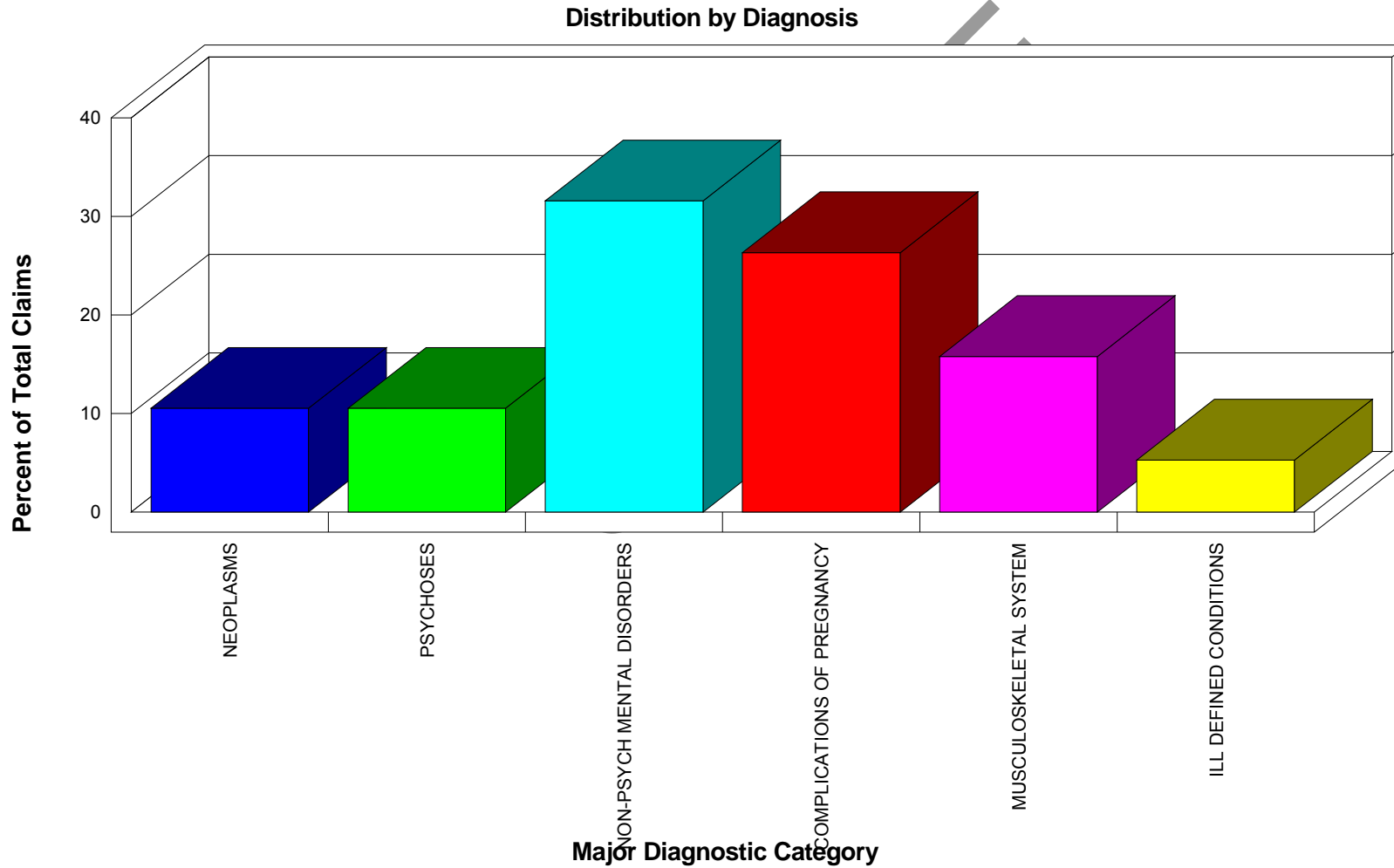
# YOUR COMPANY NAME HERE

## Distribution by Diagnosis Summary

Data as of: 03/28/20xx

Claims Approved From: 01/01/20xx To: 03/31/20xx

Customer: 0000000



# YOUR COMPANY NAME HERE

## Distribution by Diagnosis Summary

### Long Term Disability

Data as of: 03/28/20xx

Claims Approved From: 01/01/20xx To: 03/31/20xx

Customer: 0000000

Major Diagnostic Category	Total Claims	Percent of Total	Accumulated Percent
NEOPLASMS	2	10.53%	10.53%
PSYCHOSES	2	10.53%	21.05%
NON-PSYCH MENTAL DISORDERS	6	31.58%	52.63%
COMPLICATIONS OF PREGNANCY	5	26.32%	78.95%
MUSCULOSKELETAL SYSTEM	3	15.79%	94.74%
ILL DEFINED CONDITIONS	1	5.26%	100.00%

**Total Claims for Customer 0000000: 19**

# YOUR COMPANY NAME HERE

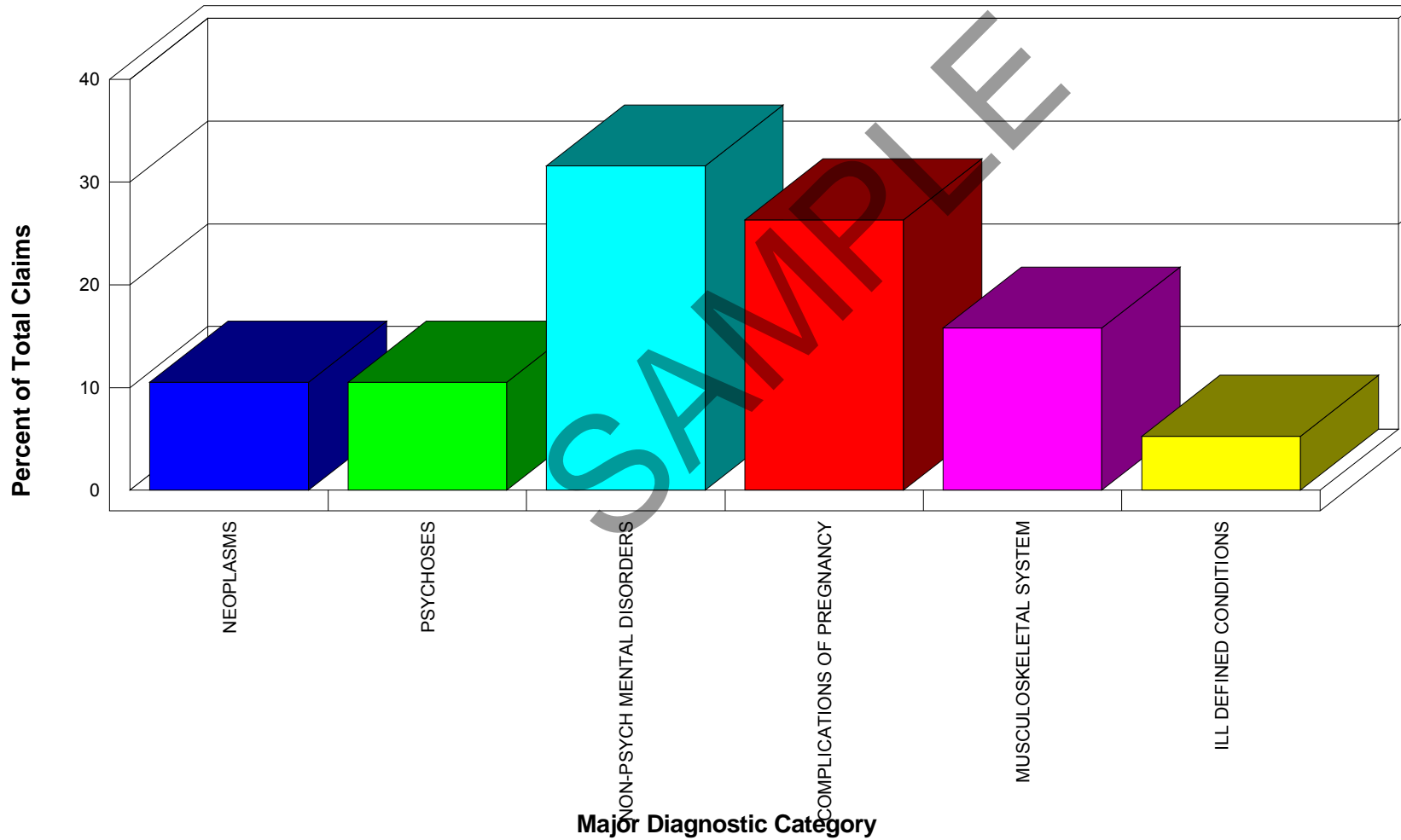
## Distribution by Diagnosis Summary

### Long Term Disability

Data as of: 03/28/20xx

Claims Approved From: 01/01/20xx To: 03/31/20xx

Customer: 0000000



## LTD Social Security Status Summary

Claims included in this report reflect all claims Open and Suspended at the end of the reporting period.

### Duration Since Disability (Years)

1. **Totals by Duration Grouping:** The total claims by duration that list the Social Security Award status, Estimated benefits status, or Other status. Each status is represented by a status total count and status detail sub-total counts.
  - A. *Awarded:* A count of claims by duration that have been awarded Social Security Disability benefits or Social Security Old Age benefits regardless of the level of award.
  - B. *Estimated:* A count of claims by duration that have an estimated Social Security Disability benefit amount or an estimated Social Security Old Age benefit amount reducing the monthly benefit check.
  - C. *Other:* A count of claims that have not had a decision by the Social Security Administration, have been denied by the Social Security administration, and have been denied more than once by the Social Security administration.
2. **Percentages by Year:** The percentage of total claims by duration for each Social Security Award status. Each status is represented by a status total percentage and status detail sub-total percentages.
3. **Duration (Since Disability):** A representation of the number of years that have elapsed from the disability date to the report date.

### Distribution by Award Level

1. **Award Level:** The hearing level at which the Social Security Administration made a decision to award Social Security Disability Insurance benefits.
2. **Claim Count:** The total number of claims in each Award Level category. Included at the bottom of the column is a total of claims included in the report.
3. **Percent of Total:** This is a representation of the number of claims by Award Level category divided by the number of claims in all Award Level categories in the reporting period.
4. **Accumulated Percent:** The accumulated percentage of total claims for each category of Social Security Award Level. When all the Award Level categories are included, the Accumulated Percent will always total 100%.

**YOUR COMPANY NAME HERE**  
**Social Security Status Summary**

Data as of: 03/28/20xx

Active Claims as of: 03/31/20xx

Customer: 0000000

**Report Parameters:**

Customer Number: 0000000

Group / Report: All

Subcode: All

Branch / Paypoint: All

Coverage Type: L

Organized By: Customer Number

**\*\*If this is the only page you received please return to Edit this Report Package,  
and review your selections from the 'Re-run the Report Package Wizard' option.**

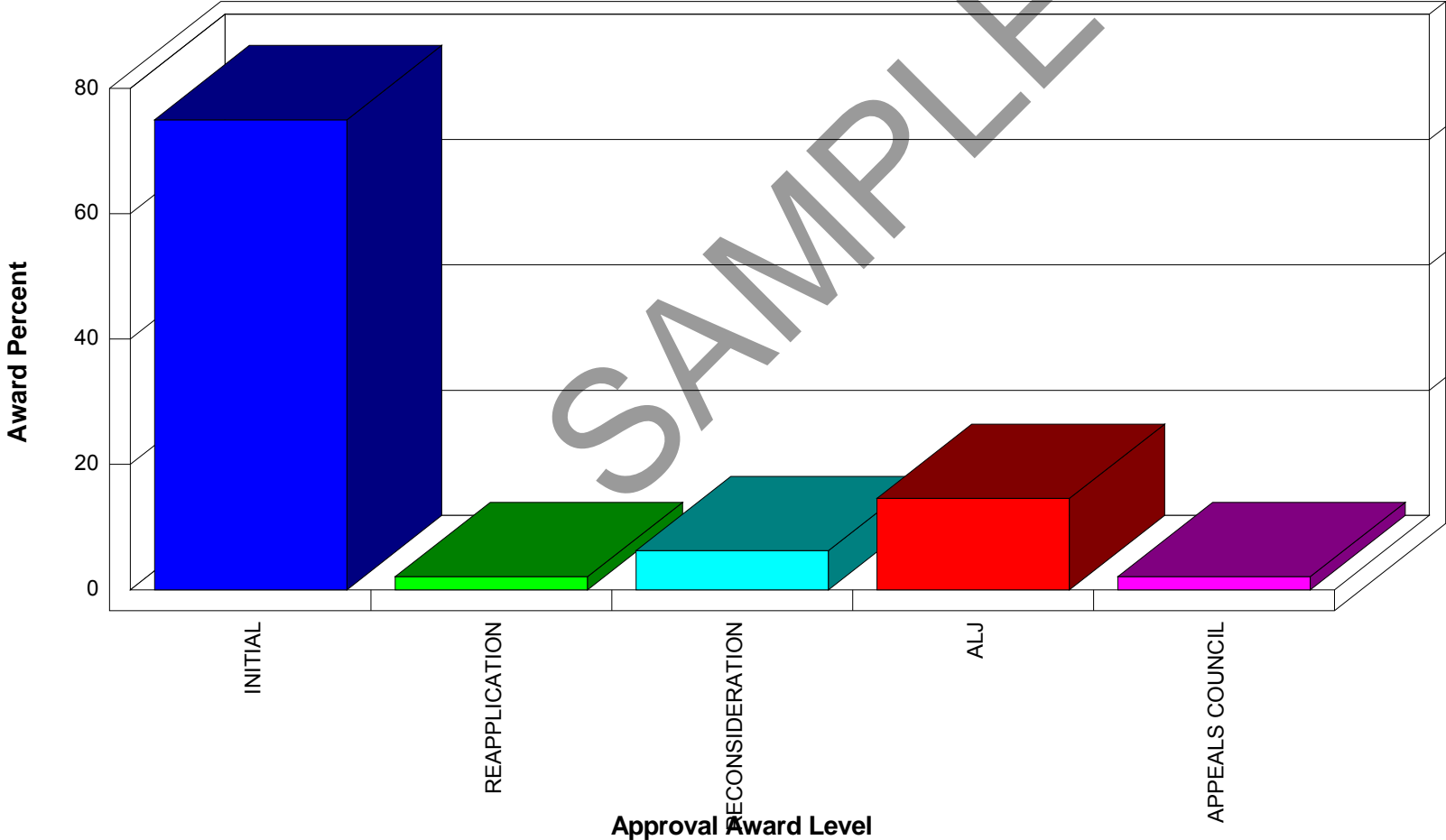
**YOUR COMPANY NAME HERE**  
**Social Security Status Summary**

Data as of: 03/28/20xx

Active Claims as of: 03/31/20xx

Customer: 0000000

**Claim Distribution by Social Security Award Level**



**YOUR COMPANY NAME HERE**  
**Social Security Status Summary**

**Long Term Disability**

Active Claims as of: 03/31/20xx

Data as of: 03/28/20xx

Customer: 0000000

Duration Since Disability	< 1		1 - 2		2 - 3		3 - 4		4 - 5		5 +		All Years	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
<b><u>Awarded</u></b>	3	17.65%	8	47.06%	11	73.33%	3	75.00%	7	100.00%	16	100.00%	48	63.16%
Disability	3	17.65%	8	47.06%	11	73.33%	3	75.00%	7	100.00%	16	100.00%	48	63.16%
<b><u>Estimated</u></b>	0	0.00%	0	0.00%	1	6.67%	0	0.00%	0	0.00%	0	0.00%	1	1.32%
Disability	0	0.00%	0	0.00%	1	6.67%	0	0.00%	0	0.00%	0	0.00%	1	1.32%
<b><u>Other</u></b>	14	82.35%	7	41.18%	3	20.00%	0	0.00%	0	0.00%	0	0.00%	24	31.58%
Not Yet Denied	13	76.47%	3	17.65%	1	6.67%	0	0.00%	0	0.00%	0	0.00%	17	22.37%
Denied Once	1	5.88%	1	5.88%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	2.63%
Denied More Than Once	0	0.00%	3	17.65%	2	13.33%	0	0.00%	0	0.00%	0	0.00%	5	6.58%
<b><u>No Adjustment</u></b>	0	0.00%	2	11.76%	0	0.00%	1	25.00%	0	0.00%	0	0.00%	3	3.95%
Not Eligible	0	0.00%	2	11.76%	0	0.00%	1	25.00%	0	0.00%	0	0.00%	3	3.95%
<b><u>Total</u></b>	17		17		15		4		7		16		76	

<b><u>Distribution by Award Level</u></b>	<b><u>Claim Count</u></b>	<b><u>Percent of Total</u></b>	<b><u>Accumulated Percent</u></b>
Initial Approval:	36	75.00%	75.00%
Reapplication Approval:	1	2.08%	77.08%
Reconsideration Approval:	3	6.25%	83.33%
Administrative Law Judge Approval:	7	14.58%	97.92%
Appeals Council Approval:	1	2.08%	100.00%
Federal Court Approval:	0	0.00%	100.00%
Total:	48		



# Long Term Disability

SAMPLE

# Long Term Disability – trends and drivers

	20XX	20XX	20XX
<b>Incidence</b>	4.6	5.0	6.7

### Key drivers

**Employee group:**

**Rate of disability per 1,000 employees** Reviewing 20XX-20XX long term disabilities, the Hills population (1,700 employees) experience higher annual rates of disability – 5.7 per each 1,000 employees – compared to the CP population (3,500 employees) averaging 4.9 disabilities per 1,000 employees. Disability among those 55+ years of age increased from 12 disabilities in 20XX-20XX to 23 disabilities in 20XX - 20XX.

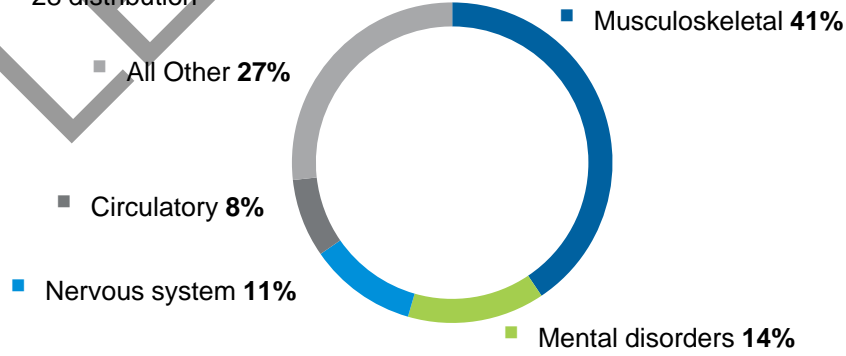
### Plan design:

**Incidence drivers** 12% of employees (600 individuals) enrolled in Buy-up 2 and account for 34% of LTD claims from 20XX - 20XX.

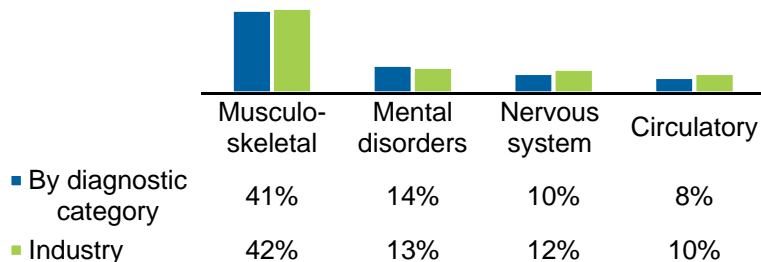
### Key metrics

#### Active LTD claims

LTD diagnostic distribution is similar to the industry with SIC 28 distribution

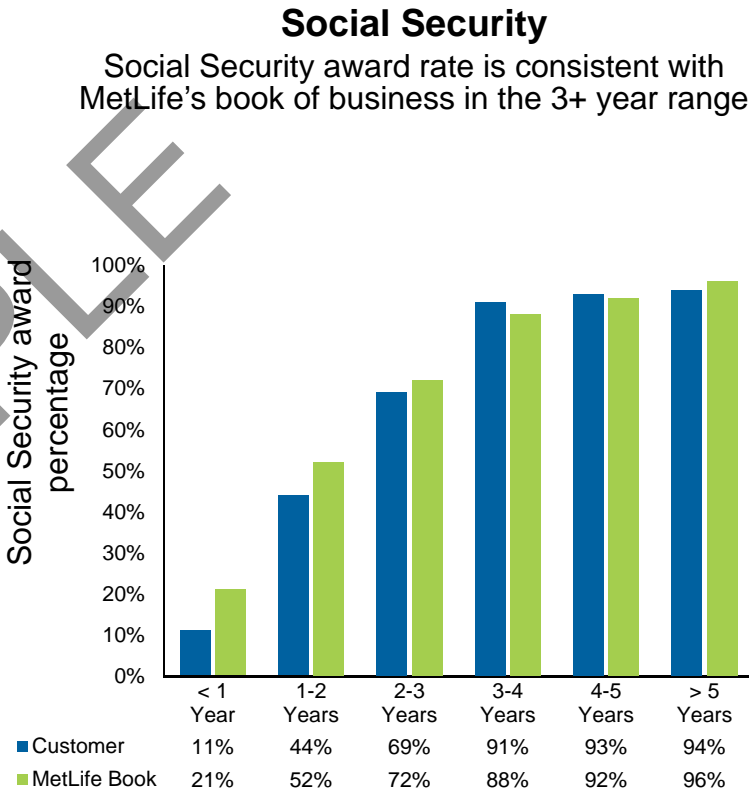


#### By diagnostic category



# Long Term Disability – trends and drivers

Key metrics		20XX	20XX	20XX
Claim end	Plan limit	16%	27%	52%
	Return to work	22%	33%	14%
	Death	25%	7%	14%
<b>Key observation:</b>				
Leading drivers	<b>Employee groups:</b>			
	<ul style="list-style-type: none"> <li>Return to work accounted for 15 LTD claims ending during 20XX-20XX, with Musculoskeletal accounting for 6 claims and Neoplasm accounting for 4 claims</li> <li>A higher percentage of Colgate LTD (22%) end due to return to work compared to the industry (12%)</li> </ul>			

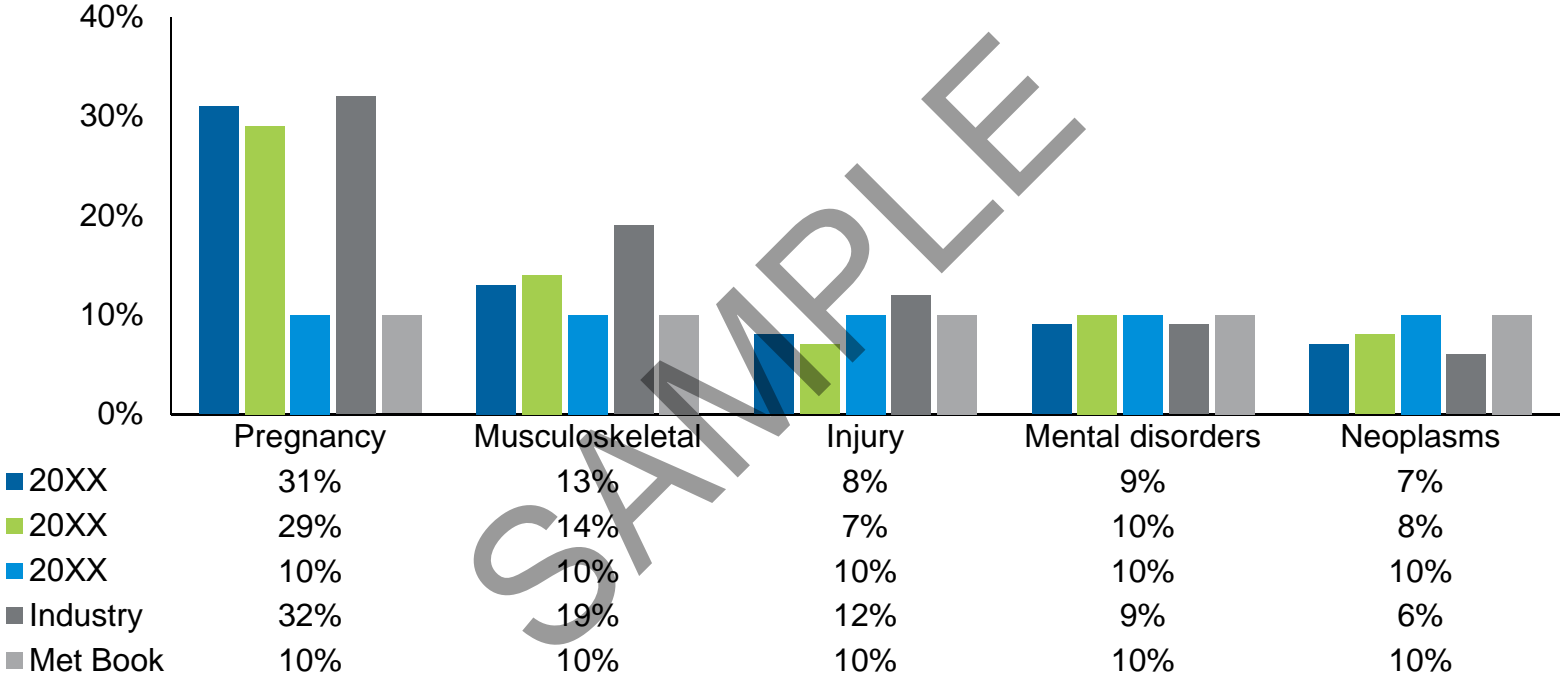


# Long Term Disability – claim decisions/frequency

Incidence	20XX	20XX	20XX	Change	Approved by top conditions 20XX	Claim count
Average covered lines	26,478	26,478	24,563	-7.2%	Malignant neoplasms (breast, colon)	11
Approved claims	92	92	98	6.5%	Back strain	10
Incident rate	3.5	3.5	3.9	11.4%	Disc disease	8
<b>Benchmark incidence 3-5/1000</b>					Arthritis/joint inflammation	6
<b>Claim activity</b>	<b>20XX</b>	<b>20XX</b>	<b>20XX</b>	<b>Change</b>	Bone disorders	5
Claim receipts	159	159	154	-3.1%	Other musculoskeletal system	5
Claim denials (non-procedure)	19	19	11	-42.1%	Other neurologic disease	5
Claim closures	90	90	84	-6.7%	Anxiety	4
Open claims (12/31)	332	322	345	7.1%	Depression	4
					Other joint disorders	4
					Soft tissue, muscle, tendon disorders	4
					Benign neoplasms	3
					Kidney disease	3
					Diabetes	2
					Multiple sclerosis	2

# Long Term Disability – claim frequency/category

Approved claim frequency by diagnostic category



# Long Term Disability summary – closed claims/severity

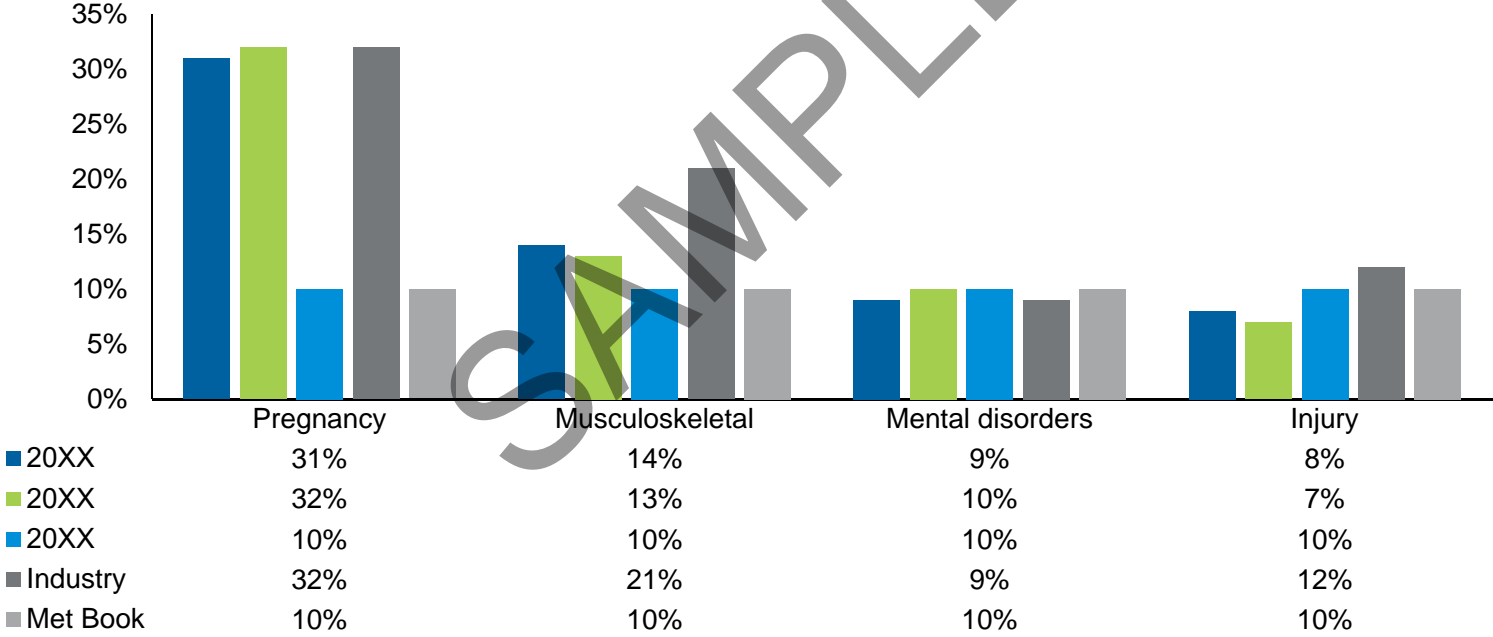
Claim activity				Disability severity			
	20XX	20XX	Change		20XX	20XX	Change
Claim closures	90	84	-6.7%	Average duration (months)	65	42	-35.4%
Open claims (12/31)	322	345	7.1%	SSDIB approval% +5 years	94%	94%	NC

# Long Term Disability summary – closed claims/severity

Closed MDC by reason 20XX	RTW	Death	Expiration of benefits	No additional benefit	Not TD-OWN OCC	Not TD-ANY OCC	Plan limit M&N	Other
Musculoskeletal	15	0	3	0	7	0	0	6
Neoplasms	4	7	0	0	1	0	0	0
Psychoses	2	0	1	0	3	1	1	0
Nervous	2	0	2	0	0	0	0	1
Injury	1	0	1	0	0	0	0	1
Non-psychotic mental	1	0	0	0	1	0	3	1
Ill-defined conditions	1	0	0	0	1	0	0	0
Digestive	0	1	0	0	0	0	0	0
Circulatory	0	0	2	0	0	0	0	0
Genitourinary	0	1	0	0	0	0	0	0
Complications of pregnancy	0	0	0	2	0	0	0	0
Eye disorders	0	0	1	0	0	0	0	0
Respiratory	0	0	0	0	0	0	0	1
Endocrine	0	0	0	0	1	0	0	0
Infectious diseases	0	0	0	0	0	0	0	1
AIDS & ARC	0	0	1	0	0	0	0	0
<b>Total</b>	<b>26</b>	<b>9</b>	<b>11</b>	<b>2</b>	<b>14</b>	<b>1</b>	<b>4</b>	<b>17</b>

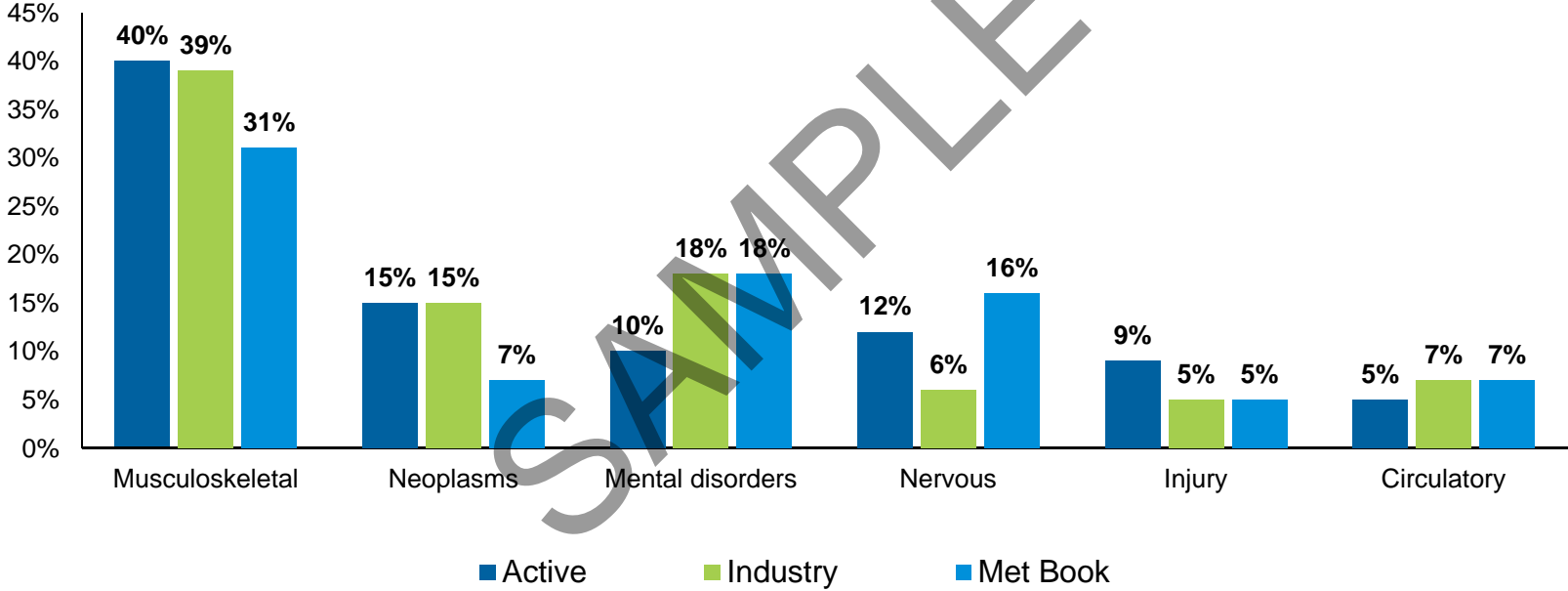
# Long Term Disability summary – closed claims/category

Closed claim frequency by diagnostic category



# Long Term Disability summary – open activity

Open as of 12/31/20XX

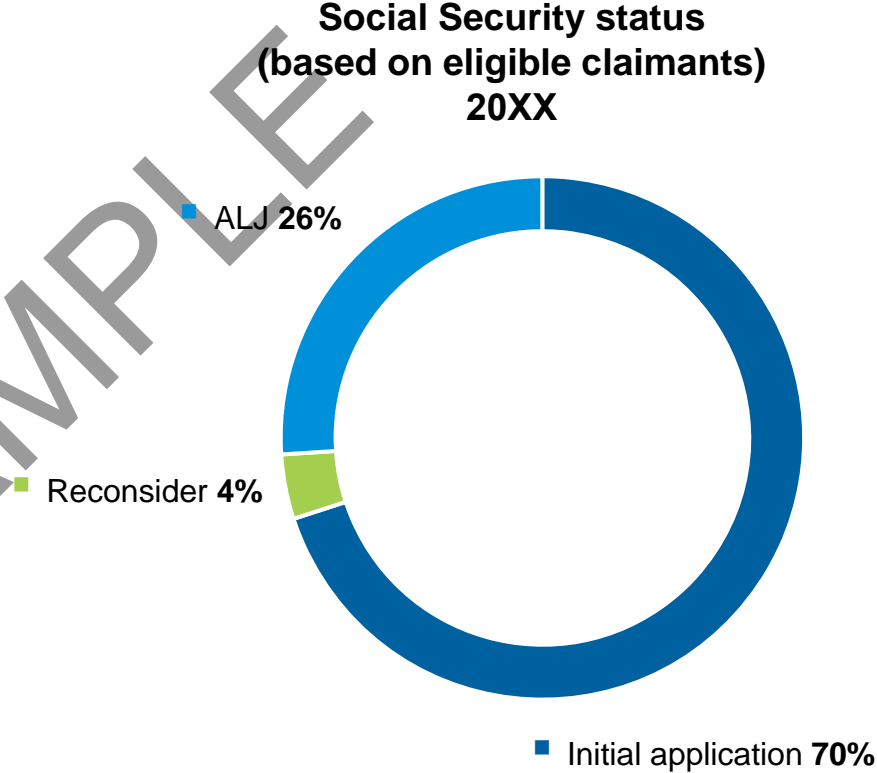


# Long Term Disability summary – open activity

### Claim activity highlights

**Social Security**  
355 eligible claimants/246 awarded

- 94% of active claims with greater than 5 years' duration have been awarded Social Security benefits
- 57 have not yet had a decision
- 4 denied once
- 31 denied more than once
  - The 31 denied more than once jumped 33% from 21 in 20XX – the largest year over year – 2013 to 20XX – from 20 to 21 denied more than once





# Appendix

SAMPLE

# Definitions – major diagnostic category

## Major diagnostic category:

A general group classification for related illnesses and injuries classified by ICD-9 and ICD-10

- **Infectious diseases:** (ICD-9 Code Range 001 – 041.9, 045 – 139.8, ICD-10 Code Range A00 – B99); Includes diseases generally recognized as communicable or transmissible as well as a few diseases of unknown but possibly infectious origin. Examples include food poisoning, typhoid fever, and tuberculosis
- **AIDS & AIDS-related cases:** (ICD-9 Code Range 042 – 044.9, 279 – 279.9, ICD 10 Code Range A00 – B99\*); A subset of infectious diseases consisting of illness resulting from AIDS, or related AIDS cases including HIV
- **Neoplasms:** (ICD-9 Code Range 140 – 239.9, ICD 10 Code Range C00 – D49); Tumors, both cancerous and benign. Examples include thyroid cancer, leukemia, and lung cancer
- **Endocrine system:** (ICD-9 Code Range 240 – 278.8, ICD 10 Code Range E00 – E89); Diseases of the gland system. Examples include thyroid disorders, diabetes, and vitamin A deficiency
- **Blood & blood-forming organs:** (ICD-9 Code Range 280 – 289.9, ICD-10 Code Range D50 – D89); Diseases of the blood and spleen. Examples include anemia, sickle-cell anemia, and diseases of the spleen
- **Mental conditions:** (ICD-9 Code Range 290 – 319, ICD-10 Code Range F01 – F99); Paranoid states, bipolar disorders, and schizophrenic disorders, anxiety disorders, substance abuse, passive-aggressive personalities and subnormal mental functioning
- **Nervous system:** (ICD-9 Code Range 320 – 359.9, ICD-10 Code Range G00 – G99); Diseases and illnesses that affect the nervous system and sense organs. Examples include meningitis, multiple sclerosis, and epilepsy
- **Eye disorders:** (ICD-9 Code Range 360 – 379.99, ICD-10 Code Range H00 – H59); Conditions that affect vision. Examples include glaucoma, blindness, and detached retinas

\*HIV is now grouped under Infectious Diseases with ICD-10 Coding

# Definitions – major diagnostic category

## Major diagnostic category:

A general group classification for related illnesses and injuries classified by ICD-9 and ICD-10

- **Ear disorders:** (ICD-9 Code Range 380 – 389.9, ICD-10 Code Range H60 – H95);  
Conditions that affect hearing. Examples include deafness, tinnitus (ringing in the ears), and punctured eardrums
- **Circulatory system:** (ICD-9 Code Range 390 – 459.9, ICD-10 Code Range I00 – I99);  
Diseases of the heart and related conditions. Examples include high blood pressure, heart failure, and cerebral hemorrhaging
- **Respiratory system:** (ICD-9 Code Range 460 – 519.9, ICD-10 Code Range J00 – J99);  
Diseases of the lungs, sinuses, and related respiratory conditions. Examples include bronchitis, laryngitis, and pneumonia
- **Digestive system:** (ICD-9 Code Range 520 – 579.9, ICD-10 Code Range K00 – K95);  
Diseases of the mouth, stomach, intestines and other related digestive conditions. Examples include gingivitis, ulcers, and gallstones
- **Genitourinary system:** (ICD-9 Code Range 580 – 629.9, ICD-10 Code Range N00 – N99);  
Diseases of the genitals, the urinary system, and related disorders. Examples include kidney infections, menopausal disorders, and infertility
- **Complications of pregnancy:** (ICD-9 Code Range 630 – 648.9, 651 – 676.9, ICD-10 Code Range O00 – O9A\*);  
Pregnancies that developed complications due to birth defects and labor complications. Examples include premature labor, obstructed labor, and fetal abnormalities
- **Normal pregnancy & delivery:** (ICD-9 Code Range 650, ICD -10 Code Range O00 – O9A);  
Pregnancies without complications that require little or no assistance
- **Skin disorders:** (ICD-9 Code Range 680 – 709.9, ICD-10 Code Range L00 – L99);  
Diseases of the skin and related disorders. Examples include sweat gland disorders, and psoriasis
- **Musculoskeletal system:** (ICD-9 Code Range 710 – 739.9, ICD-10 Code Range M00 – M99);  
Diseases of the muscles, skeleton, and connective tissue and related disorders. Examples include arthritis, osteoporosis, and back problems

\*Complications of Pregnancy and Normal Pregnancy and Delivery fall under the same code range in ICD-10.

# Definitions – major diagnostic category

## Major diagnostic category:

A general group classification for related illnesses and injuries classified by ICD-9 and ICD-10

- **Congenital anomalies:** (ICD-9 Code Range 740 – 759.9, ICD-10 Code Range Q00 – Q99);  
Diseases that are hereditary in nature. Examples include congenital heart defects, cleft lip, and cataracts
- **Perinatal complications:** (ICD-9 Code Range 760 – 779.9, ICD-10 Code Range P00 – P96);  
Complications that occur at about the time of birth. Examples include slow fetal growth, injuries sustained by infant at birth, and excessively high birth weight
- **Ill-defined conditions:** (ICD-9 Code Range 780 – 799.9, ICD-10 Code Range R00 – R99);  
Conditions that are not classified under any of the other Major Diagnostic Categories. Examples include dizziness and sleep disturbances
- **Injury & poisoning:** (ICD-9 Code Range 800 – 999.9, ICD-10 Code Range S00 – T88);  
Conditions caused by physical injury or the effects of a toxic substance. Examples include broken bones, third-degree burns, and exposure to chlorine gas

# Definitions – non-procedural versus procedural

**Non-procedural denials** would be what we would refer to the balance – those where the claim management process results in denial based on claimant not being deemed disabled, having a pre-existing condition, or not being eligible for coverage

- **Initial denial** – new claim was received; however, medical information was not included, or medical information did not support disability, or employee was not under appropriate care/treatment
- **Not eligible** – employee is not covered under the plan or employee is not eligible due to service tenure
- **Occupational/WC amount exceeds STD** – the condition is determined to be work related (workers' compensation)
- **Pre-existing condition** – the employee had a condition which existed previously to being covered by employer's plan
- **State amount exceeds STD** – includes those claims where the State benefit amount is higher than the STD benefit
- **Other** – most prevalent reason would be medical information not received or medical information does not support disability

**Procedural denials** include situations such as duplicate claims, waiting period not satisfied, abandoned claims, insurance not in force, etc.

- **Waiting period not satisfied** – employee has returned to work before the waiting period has been met
- **Claim abandoned** – claim is no longer being pursued by the employee
- **Closed duplicate** – a claim may have been reported twice and set up in error, or there was already an existing claim in the system
- **Insurance not in force** – insurance is not active
- **Miscellaneous** – a claim was reported; however, information was not received
- **Other** – most prevalent reason would be the plan cancelled or claim was received past 30 days/late submission of claim

# Definitions – other

A number of factors influence days paid, including but not limited to the following:

- **Plan maximum benefit**  
Average days paid increase as the maximum benefit period increases
- **Benefit waiting period**  
The longer the benefit period, the greater the average days paid
- **Benefit % or amount**  
The higher the salary replacement level, the greater the average days paid
- **Case-specific implications**
- **Customer's position on the disability management continuum,**  
particularly the return to work practices
- **Seasonal implications**
- **Payment mode**  
is based on either a work day (5 days) basis or calendar day (7 day) basis, which produces higher average
- **Covered lives demographics**
- **Economic variables –**  
both general and customer-specific

# Metrics – formulas/algorithms

Durations LTD	Approval rates
<p>LTD durations are measured based on disability months, which include the elimination (a.k.a. waiting period) on closed claims</p> <ul style="list-style-type: none"><li>• Average claim duration is based on the appropriate duration metric from above, divided by claim counts</li><li>• Lost work days per 100 covered lives equals (appropriate metric from above/covered lives)*100. This is normally expressed as an annualized number (See incidence rate)</li></ul>	<p>STD/LTD = <math>\frac{\text{claim approvals}}{\text{claim approvals} + \text{claim denials}}</math></p> <ul style="list-style-type: none"><li>• Claim denials can either be procedural or non-procedural (see Appendix for definitions)</li><li>• Approval rates can be calculated on an overall approval rate basis, or on a non-procedural approval rate basis. The latter is our preferred method when possible as it better tracks with marketplace expectations, relying on approvals/denials based on claim management decisions. For this method, the claim denials used in the formula are based on the non-procedural claim denials</li></ul>

# Sample Employee Certificate

Disability Income Insurance  
Long Term Benefits

This is a GCERT2000 contract certificate guide for a standard Disability plan. It is for marketing purposes only.

Certificate provisions may vary depending on provisions purchased, individual customer requests and specific state requirements. This certificate guide does not include any state variations or state requirements unless otherwise indicated. Contact Your MetLife Group Representative for more information.

An actual certificate contains required notices and fraudulent claim warnings.

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Metropolitan Life Insurance Company  
200 Park Avenue, New York, New York 10166

Metropolitan Life Insurance Company (“MetLife”), a stock company, certifies that You are insured for the benefits described in this certificate, subject to the provisions of this certificate. This certificate is issued to You under the Group Policy and it includes the terms and provisions of the Group Policy that describe Your insurance. **PLEASE READ THIS CERTIFICATE CAREFULLY.**

This certificate is part of the Group Policy. The Group Policy is a contract between MetLife and the “Employer” and may be changed or ended without Your consent or notice to You.

<b>Employer:</b>	ABC Company
<b>Group Policy Number:</b>	000000-1-G
<b>Type of Insurance:</b>	Disability Income Insurance Long Term Benefits
<b>MetLife Toll-Free Number(s) for Claim Information:</b>	Toll-free numbers based on assigned claim office

# Schedule of Benefits

This is a guide to MetLife's standard LTD plan design. Our LTD plan options offer significant flexibility and choice.

Bracketed areas represent variable items that may be chosen by a customer. Information shown in this example represents MetLife's standard plan design.

LTD benefit percentage options range from 20% to 80% (amounts less than 40% may be used to supplement an IDI plan).

Up to \$6,000 Maximum Monthly Benefit is standard; higher maximums may be available for some groups.

Elimination periods of 30 days, 90 days or other time frames are also available. Our definitions allow us to align our LTD Elimination Period with STD plan Maximum Benefit Periods for effective benefit integration.

Maximum Benefit Period using a combination of the Social Security Normal Retirement Age and a Reducing Benefit Duration is standard.

## Benefit — Amounts and Highlights

### Disability Income Insurance For You: Long Term Benefits

Monthly Benefit .....	[60%] of the first [\$10,000] of Your Predisability Earnings, subject to the INCOME WHICH WILL REDUCE YOUR DISABILITY BENEFIT section
Maximum Monthly Benefit .....	[\$6,000]
Minimum Monthly Benefit .....	[\$100], subject to the "Overpayments" and "Rehabilitation Incentive" subsections of this certificate
Elimination Period .....	[180] days
Maximum Benefit Period*	The later of: <ul style="list-style-type: none"> <li>• Your Normal Retirement Age;</li> <li>or</li> <li>• The period shown below.</li> </ul>

#### Age on Date

#### of Your Disability . . . . . Benefit Period

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

\* The Maximum Benefit Period is subject to the LIMITED DISABILITY BENEFITS and DATE BENEFIT PAYMENTS END sections.

Rehabilitation Incentives . . . . . Yes

These additional benefits are optional for those Employers wanting a more robust plan.

Based on the plan chosen by the employer, survivors may receive either a monthly payment or a lump sum payment.

Terminal Illness benefit provides 100% income replacement of covered Predisability Earnings if disabled and diagnosed as Terminally Ill.

**Additional Benefits**

Accidental Dismemberment and Loss of Sight . . . . .	Yes
Child Education . . . . .	Yes
Pension Contribution . . . . .	Yes
Cost of Living Adjustment . . . . .	Yes
Monthly Payment in the Event of Your Death . . . . .	Yes
Single Sum Payment in the Event of Your Death . . . . .	Yes
Benefit(s) in the Event of Your Terminal Illness. . . . .	Yes
Alternative Benefit Payment Offer, at Our Option . . . . .	Yes
Portability (for details on Portability, see page 12). . . . .	Yes

**CHANGES IN YOUR INSURANCE**

If a change results in a decrease of Your insurance, the decrease will take effect on the date of the change.

If a change results in an increase in Your insurance and You **are required** to give evidence of Your insurability satisfactory to Us for such increase as stated in the section entitled EVIDENCE OF INSURABILITY, You must give Us such evidence at Your expense. If We approve the increase, it will take effect on the date We state in Writing, if You are Actively at Work in an eligible class on such date. If You are not Actively at Work in an eligible class on such date, the increase will take effect on the date You resume such work.

If a change results in an increase of Your insurance and You **are not required** to give evidence of Your insurability satisfactory to Us for such increase, You must be Actively at Work in an eligible class on the date the increase is to take effect. If You are not Actively at Work in an eligible class on such date, the increase will take effect on the date You resume such work.

Changes in Your Disability Income Insurance will only apply to Disabilities commencing on or after the date of the change.

# Definitions

**Our definitions are clear, easy to understand and are located in the front of the certificate for handy reference.**

The “Appropriate Care and Treatment” provision supports our managed disability philosophy to maximize medical improvement and facilitate return to work, where appropriate.

Our standard definition of “Disabled” or “Disability” includes two components: “unable to earn” and “material duties”. Unable to earn means that due to disability the insured does not have the ability to earn more than the stated percentage of covered Predisability Earnings on and after the date of disability. Material duties refers to the inability to perform occupational responsibilities in the National Economy.

Income such as commissions, bonuses and incentive compensation earned prior to the date of disability but paid after the date of disability does not affect the insured’s ability to satisfy the definition of disability. Additionally, the insured can receive income such as PTO, salary continuance, sick pay and/or vacation pay and still satisfy the definition of disability.

Long Term Benefits are based on the inability to earn more than 80% of Predisability Earnings or indexed Predisability Earnings during the Own Occupation period, and 60% thereafter. Option: 80% during the Own Occupation period and 80% thereafter.

As used in this certificate, the terms listed below will have the meanings set forth below. When defined terms are used in this certificate, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

**Actively at Work or Active Work** means that You are performing all of the usual and customary duties of Your job on a Full-Time basis. This must be done at:

- The Employer’s place of business;
- An alternate place approved by the Employer; or
- A place to which the Employer’s business requires You to travel.

You will be deemed to be Actively at Work during weekends or Employer-approved vacations, holidays or business closures if You were Actively at Work on the last scheduled work day preceding such time off.

**Appropriate Care and Treatment** means medical care and treatment that is:

- Given by a Physician whose medical training and clinical specialty are appropriate for treating Your Disability;
- Consistent in type, frequency and duration of treatment with relevant guidelines of national medical research, health care coverage organizations and governmental agencies;
- Consistent with a Physician’s diagnosis of Your Disability; and
- Intended to maximize Your medical and functional improvement.

**Beneficiary** means the person(s) to whom We will pay insurance as determined in accordance with the General Provisions section.

**Consumer Price Index** means the CPI-W, the Consumer Price Index for Urban Wage Earners and Clerical Workers published by the U.S. Department of Labor. If the CPI-W is discontinued or replaced, We reserve the right to substitute any other comparable index.

**Contributory Insurance** means insurance for which the Employer requires You to pay any part of the premium.

**Disabled or Disability** means that, due to Sickness or as a direct result of accidental injury:

- You are receiving Appropriate Care and Treatment and complying with the requirements of such treatment; and
- You are, during the Elimination Period and the next 24 months of Sickness or accidental Injury:
  - unable to earn more than [80%] of Your Predisability Earnings at Your Own Occupation for any employer in the National Economy; **and**
  - unable to perform each of the material duties of Your Own Occupation for any employer in the National Economy; and
- You are, after such period:
  - unable to earn more than [60%] of Your Predisability Earnings at any gainful occupation for any employer in the National Economy; **and**
  - unable to perform the duties of any gainful occupation for any employer in the National Economy for which You are reasonably qualified taking into account Your training, education and experience.

For purposes of determining whether a Disability is the direct result of an accidental injury, the Disability must have occurred within 90 days of the accidental injury and resulted from such injury independent of other causes.

If You are Disabled and have received a Monthly Benefit for 12 months, We will adjust Your Predisability Earnings only for the purposes of determining whether You continue to be Disabled and for calculating the Work Incentive, if any. We will make the initial adjustment as follows:

We will add to Your Predisability Earnings an amount equal to the product of:

- Your Predisability Earnings times the lesser of:
  - 7%; or
  - The annual rate of increase in the Consumer Price Index for the prior calendar year.

Indexing is designed to keep the original Predisability Earnings up to date with inflation. Indexing is not the same as a Cost of Living Adjustment (COLA), which increases the amount of the benefit. See the ADDITIONAL LONG TERM BENEFIT: COST OF LIVING ADJUSTMENT section for the COLA definition.

Annually thereafter, We will add an amount to Your adjusted Predisability Earnings calculated by the method set forth above but substituting Your adjusted Predisability Earnings from the prior year for Your Predisability Earnings. **This adjustment is not a cost of living benefit.**

If Your occupation requires a license, the fact that You lose Your license for any reason will not, in itself, constitute Disability.

**Elimination Period** means the period of Your Disability during which We do not pay benefits. The Elimination Period begins on the day You become Disabled and continues for the period shown in the SCHEDULE OF BENEFITS.

Employees may satisfy the Elimination Period while disabled, working and unable to earn 80% or more of Predisability Earnings, commonly called “zero-day residual.”

**Full-Time** means Active Work on the Employer’s regular work schedule for the class of employees to which You belong. The work schedule must be at least 30 hours a week.

**National Economy** means the economy in the continental United States.

**Noncontributory Insurance** means insurance for which the Employer does not require You to pay any part of the premium.

By considering “National Economy” the employee’s specific occupational responsibilities are assessed versus the employee’s job with any employer in the Local Economy.

**Normal Retirement Age** means that as defined by the federal Social Security Administration on the date Your Disability starts.

**Own Occupation** means the essential functions You regularly perform that provide Your primary source of earned income.

**Physician** means:

- A person licensed to practice medicine in the jurisdiction where such services are performed; or
- Any other person whose services, according to applicable law, must be treated as Physician’s services for purposes of the Group Policy. Each such person must be licensed in the jurisdiction where the service is performed and must act within the scope of that license. Such person must also be certified and/or registered if required by such jurisdiction.

**The term does not include:**

- You;
- Your Spouse; or
- Any member of Your immediate family including Your and/or Your Spouse’s:
  - Parents;
  - Children (natural, step or adopted);
  - Siblings;
  - Grandparents; or
  - Grandchildren.

**Employer's Retirement Plan** means a plan which:

- Provides retirement benefits to employees; and
- Is funded in whole or in part by Employer contributions.

These plans are not considered other income and will not reduce the Disability benefit.

**The term does not include:**

- Profit-sharing plans;
- Thrift or savings plans;
- Non-qualified plans of deferred compensation;
- Plans under IRS Section 401(k) or 457;
- Individual retirement accounts (IRA);
- Tax-sheltered annuities (TSA) under IRC Section 403(b);
- Stock ownership plans; or
- Keogh (HR-10) plans.

Since Employers have various compensation methods, We offer several options for customized definitions of "Predisability Earnings," such as:

- Partnerships
- S-Corporations
- Hourly and/or salaried groups
- Employees with irregular hours

**Predisability Earnings** means gross salary or wages You were earning from the Employer as of Your last day of Active Work before Your Disability began. We calculate this amount on a monthly basis for Long Term Benefits.

**The term does not include:**

- Awards and bonuses;
- Commissions;
- Overtime pay;
- 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.

In most cases, employee pretax contributions to deferred compensation programs are included in Predisability Earnings. Predisability Earnings may also include commissions, awards and bonuses, if requested.

**Proof** means Written evidence satisfactory to Us that a person has satisfied the conditions and requirements for any benefit described in this certificate. When a claim is made for any benefit described in this certificate, Proof must establish:

- The nature and extent of the loss or condition;
- Our obligation to pay the claim; and
- The claimant's right to receive payment.

Proof must be provided at the claimant's expense.

MetLife's Rehabilitation Programs focus on helping Disabled employees become employable once again. Our claim and clinical specialists will collaborate with the Employer, the doctor and the employee to promote an appropriate return to work plan.

MetLife's specialized services vary depending on Our assessment of the employee's needs.

**Rehabilitation Program** means a program that has been approved by Us for the purpose of helping You return to work. It may include, but is not limited to, Your participation in one or more of the following activities:

- Return to work on a modified basis with a goal of resuming employment for which You are reasonably qualified by training, education, experience and past earnings;
- On-site job analysis;
- Job modification/accommodation;
- Training to improve job-seeking skills;
- Vocational assessment;
- Short-term skills enhancement;
- Vocational training; or
- Restorative therapies to improve functional capacity to return to work.

**Sickness** means illness, disease or pregnancy, including complications of pregnancy.

**Signed** means any symbol or method executed or adopted by a person with the present intention to authenticate a record, which is transmitted by paper or electronic media that is acceptable to Us and consistent with applicable law.

**Spouse** means Your lawful spouse. Wherever the term "Spouse" appears in the certificate it shall, unless otherwise specified, be read to include Your Domestic Partner.

**We, Us and Our** means MetLife.

**Written or Writing** means a record which is on or transmitted by paper or electronic media that is acceptable to Us and consistent with applicable law.

**You and Your** means an employee who is insured under the Group Policy for the insurance described in this certificate.

# Eligibility Provisions: Insurance for You

Eligibility options may vary as agreed upon by the Employer and MetLife.

## ELIGIBLE CLASSES

All Full-Time employees of the Employer, but not temporary or seasonal employees.

## DATE YOU ARE ELIGIBLE FOR INSURANCE

You may only become eligible for the insurance available for Your eligible class as shown in the SCHEDULE OF BENEFITS.

You will be eligible for insurance made available to the members of Your eligible class on the date such insurance takes effect under the Group Policy.

If You enter an eligible class after the date insurance is made available to the members of that class, You will be eligible for such insurance on the day after You complete the required Waiting Period.

Employers choose their eligibility Waiting Period.

**Waiting Period** means the period of continuous membership in an eligible class during which You must wait before You become eligible for insurance. This period begins on the date You enter an eligible class and ends on the date You complete the Waiting Period that applies to such insurance.

The Waiting Period in effect under the Group Policy for Long Term Benefits is [30] days.

MetLife offers various enrollment strategies including Automatic Enrollment with an Opt-Out Period, as well as Focused Enrollment Campaigns.

## ENROLLMENT PROCESS

If You are eligible for an insurance benefit, You may enroll for such benefit by completing an enrollment form. In addition, You must give evidence of Your insurability satisfactory to Us at Your expense if You are required to do so under the section entitled EVIDENCE OF INSURABILITY. If You enroll for Contributory Insurance, You must also give Written permission to deduct premiums from Your pay for such insurance.

## DATE YOUR INSURANCE TAKES EFFECT

Contributory, voluntary (employee-pay-all) and core/buy-up plans are also available.

### Rules for Contributory Insurance

If You complete the enrollment process for Contributory Insurance **before** the date You become eligible, such insurance will take effect as follows:

- If You are **not required** to give evidence of Your insurability, such insurance will take effect on the date You become eligible, if You are Actively at Work on that date; or
- If You are **required** to give evidence of Your insurability and We determine that You are insurable, such insurance will take effect on the date We state in Writing, if You are Actively at Work on that date.

If You complete the enrollment process for Contributory Insurance **within 31 days after** the date You become eligible, such insurance will take effect as follows:

- You are **not required** to give evidence of Your insurability, such insurance will take effect on the date You complete the enrollment process, if You are Actively at Work on that date; or
- If You are **required** to give evidence of Your insurability and We determine that You are insurable, such insurance will take effect on the date We state in Writing, if You are Actively at Work on that date.

If You complete the enrollment process for Contributory Insurance **more than 31 days after** the date You become eligible, You must give evidence of Your insurability satisfactory to Us. You must give such evidence at Your expense. If We determine that You are insurable, such insurance will take effect on the date We state in Writing, if You are Actively at Work on that date.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

### Rules for Noncontributory Insurance

Noncontributory Insurance will take effect in accordance with the eligibility rules as stated in the contract.

See the DEFINITIONS section of this certificate for a complete list of Noncontributory Insurance benefits.

## DATE YOUR INSURANCE ENDS

Your insurance will end on the earliest of:

1. The date the Group Policy ends;
2. The date insurance ends for Your class;
3. The end of the period for which the last premium has been paid for You;
4. The date You cease to be in an eligible class for Disability Income Insurance (You will cease to be in an eligible class on the date You cease Active Work in an eligible class, if You are not Disabled on such date);
5. The date Your employment ends; or
6. The date You retire in accordance with the date Your employment ends.

In certain cases insurance may be continued as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT.

## REINSTATEMENT OF DISABILITY INCOME INSURANCE

If Your insurance ends, You may become insured again as follows:

1. If Your insurance ends because:
  - You cease to be in an eligible class; or
  - Your employment ends; and
  - You become a member of an eligible class again within three months of the date Your insurance ended.

You will not have to complete a new Waiting Period or provide evidence of Your insurability.

2. If Your insurance ends because the required premium for Your insurance has ceased to be paid due to Your being on an approved Family and Medical Leave Act (FMLA) leave of absence, and You become a member of an eligible class within 31 days of the earlier of:
  - The end of the period of leave You and the Policyholder agreed upon; or
  - The end of the 12-week period following the date Your leave began.

You will not have to complete a new Waiting Period or provide evidence of Your insurability.

3. In all other cases where Your insurance ends because the required premium for Your insurance has ceased to be paid, You will be required to provide evidence of Your insurability.

If You become insured again as described in either Item 1 or 2 above, the limitation for Preexisting Conditions will be applied as if Your insurance had remained in effect with no interruption.

# Special Rules for Groups Previously Insured Under a Plan of Disability Income Insurance

Employees will not lose coverage solely due to a change in carriers.

The following rules will apply if this Disability Income Insurance:

- replaces a plan of group disability income coverage provided to You by the Policyholder, or;
- replaces a Prior Plan of group disability income coverage provided to You by a former employer, when the replacement results from the Policyholder's acquisition of, merger with, or other combination with that employer.

**Prior Plan** means the plan of group disability income coverage that was provided to You on the day before the Replacement Date, and is being replaced by this insurance.

**Replacement Date** means the effective date of this Disability Income Insurance under the Group Policy.

This is commonly referred to as "Continuity of Coverage" or "No Loss/No Gain."

## Rules for When Insurance Takes Effect if You were Covered under the Prior Plan on the Day Before the Replacement Date:

- **If You are Actively at Work on the day before the Replacement Date**, You will become insured for Disability Income Insurance under this certificate on the Replacement Date.
- **If You are not Actively at Work on such date because you are Disabled**, and the Prior Plan that You were covered under on the day before the Replacement Date was an insured plan, You will become insured for Disability Income Insurance under this certificate on the Replacement Date. However, if the Prior Plan that You were covered under on the day before the Replacement Date was a self-funded plan, You will become insured for Disability Income Insurance under this certificate on the date You return to Active Work.

We will credit any time You accumulated toward the Elimination Period under the Prior Plan to the satisfaction of the Elimination Period required to be met under this certificate.

Any benefits paid for such Disability will be equal to those that would have been payable to You under the Prior Plan less any amount for which the prior carrier is liable.

Benefit payments for such Disability will end on the earliest of:

- the date that payments end under the subsection DATE BENEFIT PAYMENTS END in this certificate; or
  - the date that payments would have ended under the provisions of the Prior Plan of Insurance.
- **If You are not Actively at Work on such date for any other reason**, You will become insured for Disability Income Insurance under this certificate on the date you return to Active Work, provided however, if You are on a Policyholder approved leave of absence on the Replacement Date, You will become insured for Disability Income Insurance on the Replacement Date. However, Your insurance under this certificate will end on the date Your approved leave of absence ends if You do not return to Active Work on such date.

## Rules for When Insurance Takes Effect if You were Not Covered Under the Prior Plan on the Day Before the Replacement Date:

For group disability insurance policies issued in New York, the Rules for Preexisting Conditions provision are not applicable.

- You will be eligible for Disability Income Insurance under this certificate when you meet the eligibility requirements for such insurance as described in ELIGIBILITY PROVISIONS: INSURANCE FOR YOU; and
- We will credit any time You accumulated under the Prior Plan toward the eligibility waiting period under the Prior Plan to the satisfaction of the eligibility waiting period required to be met under this certificate.

For group disability insurance policies issued in New York, the Rules for Preexisting Conditions provision are not applicable.

### Rules for Pre-existing Conditions

In determining whether a Disability is due to a Pre-existing Condition, We will credit You for any time You were covered under the Prior Plan. If Your Disability is due to a Pre-existing Condition as described in this certificate, but would not have been due to a pre-existing condition under the Prior Plan, We will pay a benefit equal to the lesser of:

- the benefit amount under this certificate; or
- the disability income benefit that would have been payable to You under the Prior Plan.

If Your Disability would have been due to a pre-existing condition under the Prior Plan, it will be treated as having been caused by a Pre-existing Condition under this certificate.

### Rules for Temporary Recovery from a Disability under the Prior Plan

We will waive the Elimination Period that would otherwise apply to a Disability under this certificate if You:

- received benefits for a disability that began under the Prior Plan (“Prior Plan’s disability”);
- returned to work as an active Full-Time employee prior to the Replacement Date;
- become Disabled, as defined in this certificate, after the Replacement Date and within 90 days of Your return to work due to a sickness or accidental injury that is the same as or related to the Prior Plan’s disability;
- are no longer entitled to benefit payments for the Prior Plan’s disability since You are no longer covered under such Plan; and
- would have been entitled to benefit payments with no further elimination period under the Prior Plan, had it remained in force.

## Continuation of Insurance with Premium Payment

### FOR FAMILY AND MEDICAL LEAVE

Coverage can continue during some approved leaves of absence, including those under the Family and Medical Leave Act (FMLA) of 1993.

Certain leaves of absence may qualify under the Family and Medical Leave Act of 1993 (FMLA) for continuation of insurance. Please contact the Policyholder for information regarding the FMLA.

### AT YOUR OPTION: PORTABILITY

For purposes of this subsection, the term “Portability Eligible Disability Income Insurance” refers to DISABILITY INCOME INSURANCE: LONG TERM BENEFITS.

You may request in Writing during the Request Period specified below to continue Your Portability Eligible Disability Income Insurance under another group policy issued by MetLife if such insurance ends because You cease to be in an eligible class or Your employment ends.

Portability allows an employee to purchase Disability Income Insurance under a separate group disability contract with different provisions and pricing, upon the employee’s termination from the Employer’s plan.

If You make a request under this subsection, evidence of Your insurability will not be required. We will issue a new certificate of insurance that will explain Your new insurance benefits. Your insurance benefits under the new certificate may not be the same as those that ended under the Group Policy.

A request under this subsection may be made, if, on the date of Your request, the following requirements are met:

- The Group Policy is in effect;
- We have not received notice from the Policyholder of its intent to end the Group Policy;

## Continuation of Insurance with Premium Payment, (Cont'd)

- You reside in a jurisdiction that permits portability;
- You have been insured for at least 12 months prior to the date that Your employment ends;
- Your employment did not end as a result of Your retirement;
- You are not Disabled; and
- You have not become insured under any other disability insurance plan within 31 days after the date Your Portability Eligible Disability Income Insurance ends under the Group Policy.

### Request Period

To continue Your Portability Eligible Disability Income Insurance under a different group policy, We must receive a completed request form from You within 31 days after the date such insurance ends under this certificate.

Your new certificate will take effect on the day after Your Portability Eligible Disability Income Insurance ends under this certificate.

### Premiums for the New Certificate

When You request to continue Portability Eligible Disability Income Insurance under this subsection, the first premium must be paid within 31 days after Your insurance ends under this certificate. All premiums must be paid directly to Us. When We issue the new certificate, We will also provide You with a schedule of premiums and payment instructions.

## AT THE POLICYHOLDER'S OPTION

### For Disability Income Insurance

The Policyholder has elected to continue Disability Income Insurance by paying premiums for its employees who are not Disabled and cease Active Work in an eligible class for any of the reasons specified below.

This election applies to employees as specified in the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOU.

The Employer can continue coverage for employees who are not Disabled and cease Active Work, such as an employee on a leave of absence.

For the purpose of this certificate, furlough means an employer-mandated leave of absence.

Disability Income Insurance will continue for the following periods:

1. For the period You cease Active Work in an eligible class due to injury or Sickness, up to 3 months;
2. For the period You cease Active Work in an eligible class due to a Policyholder approved leave of absence, up to 1 month. For purposes of this provision, leave of absence does not include a furlough.

At the end of any of the continuation periods listed above, Your insurance will be affected as follows:

- If You resume Active Work in an eligible class at this time, You will continue to be insured under the Group Policy;
- If You do not resume Active Work in an eligible class at this time, Your employment will be considered to end, and Your insurance will end in accordance with the "Date Your Insurance Ends" subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOU.

## Evidence of Insurability

We require evidence of insurability satisfactory to Us if You complete the enrollment process for Contributory Insurance more than 31 days after the date You become eligible.

If You become Disabled while insured, Proof of Disability must be sent to Us. When We receive such Proof, We will review the claim. If We approve the claim, We will pay the Monthly Benefit up to the Maximum Benefit Period shown in the SCHEDULE OF BENEFITS, subject to the DATE BENEFIT PAYMENTS END section.

To verify that You continue to be Disabled without interruption after Our initial approval, We may periodically request that You send Us Proof that You continue to be Disabled. Such Proof may include physical exams, exams by independent medical examiners, in-home interviews or functional capacity exams, as needed.

While You are Disabled, the Monthly Benefits described in this certificate will not be affected if:

- Your insurance ends; or
- The Group Policy is amended to change the plan of benefits for Your class.

## BENEFIT PAYMENT

The first benefit payment is made one month after the completion of the Elimination Period, provided the necessary documentation has been received and the claim has been approved.

If We approve Your claim, benefits will begin to accrue on the day after the day You complete Your Elimination Period. We will pay the first Monthly Benefit one month after the date benefits begin to accrue. We will make subsequent payments monthly thereafter so long as You remain Disabled. Payment will be based on the number of days You are Disabled during each month and will be pro-rated for any partial month of Disability.

We will pay Monthly Benefits to You. If You die, We will pay the amount of any due and unpaid benefits as described in the GENERAL PROVISIONS subsection entitled "Disability Income Benefit Payments: Whom We Will Pay."

Waiver of Premium: Premium payments for Disabled employees are waived while LTD benefits are payable.

While You are receiving Monthly Benefits, You will not be required to pay premiums for the cost of any Disability Income Insurance defined as Contributory Insurance.

Optional Plan Feature: Non-occupational only coverage is available as a cost-savings option.

\*Recovery from a Disability provision should align between LTD and STD so as not to create a benefit gap. Our LTD Recovery Periods are based on plan design as follows:

LTD Elimination Period (days)	Recovery Period (work days)
0-59	10
60-89	20
90-119	30
120-149	40
150-179	50
180 or more	60

## RECOVERY FROM A DISABILITY

If You return to Active Work, We will consider You to have recovered from Your Disability.

The provisions of this subsection will not apply if Your insurance has ended and You are eligible for coverage under another group long term disability plan.

### If You Return to Active Work Before Completing Your Elimination Period

If You return to Active Work before completing Your Elimination Period for a period of **[60 Days for a 180 Day EP]\*** days or less, and then become Disabled again due to the same or related Sickness or accidental injury, We will not require You to complete a new Elimination Period. We will count those days toward the completion of Your Elimination Period.

If You return to Active Work for a period of more than **[60 Days for a 180 Day EP]\*** days, and then become Disabled again, You will have to complete a new Elimination Period.

For purposes of this provision, the term Active Work only includes those days You actually work.

## If You Return to Active Work After Completing Your Elimination Period

If the employee returns to work full time for less than 180 calendar days and becomes Disabled again due to the same or related cause, a new Elimination Period is not required.

If You return to Active Work after completing Your Elimination Period for a period of **180 days** or less, and then become Disabled again due to the same or related Sickness or accidental injury, We will not require You to complete a new Elimination Period. For the purpose of determining Your benefits, We will consider such Disability to be a part of the original Disability and will use the same Predisability Earnings and apply the same terms, provisions and conditions that were used for the original Disability.

If You return to Active Work for a period of more than **180 days**, and then become Disabled again, You will have to complete a new Elimination Period.

Effective rehabilitation controls plan costs while helping employees return to productive employment. Participating in a Rehabilitation Program may mean returning to work full time or part time or participating in vocational training or physical therapy. Developing the Rehabilitation Program is a team effort and involves the employee, Employer, Physician(s) and MetLife return-to-work professionals.

For purposes of this provision, the term Active Work includes all of the continuous days which follow Your return to work for which You are not Disabled.

## REHABILITATION INCENTIVES

### Rehabilitation Program Incentive

If You participate in a Rehabilitation Program, We will increase Your Monthly Benefit by an amount equal to **10%** of the Monthly Benefit. We will do so before We reduce Your Monthly Benefit by any Other Income.

Rehabilitation Program Incentive: 10% increase in the Monthly Benefit if participating in an approved Rehabilitation Program. For example, an employee eligible for a Monthly Benefit of \$1,800 would be eligible for an additional \$180 or for a total of \$1,980.

### Work Incentive

While You are Disabled, We encourage You to work. If You work while You are Disabled and receiving Monthly Benefits, Your Monthly Benefit will be adjusted as follows:

- Your Monthly Benefit will be increased by Your Rehabilitation Program Incentive, if any; and
- Reduced by Other Income as defined in the DISABILITY INCOME INSURANCE: INCOME WHICH WILL REDUCE YOUR DISABILITY BENEFIT section.

Your Monthly Benefit as adjusted above will not be reduced by the amount You earn from working, except to the extent that such adjusted Monthly Benefit plus the amount You earn from working and the income You receive from Other Income exceeds 100% of Your Predisability Earnings as calculated in the definition of Disability.

In addition, the Minimum Monthly Benefit will not apply.

Work Incentive: While Disabled and receiving a Monthly Benefit, employees may receive up to 100% of Predisability Monthly Earnings, including Rehabilitation Incentive, return to work earnings and Other Income benefits.

### Limit on Work Incentive

After the first **12** months following Your return to work, We will reduce Your Monthly Benefit by 50% of the amount You earn from working while Disabled.

Alternate option for calculation of return to work earnings and benefits after 12 months: Proportionate Loss formula.

Family Care Incentive: During the first 12 months of benefit payments, reimbursement of up to \$400/month per family member is provided for eligible Family Care Expenses to help offset these expenses as an incentive to return to work.

### Family Care Incentive

If You work or participate in a Rehabilitation Program while You are Disabled, We will reimburse You for up to **\$400** for monthly You incur for each family member to provide:

- Care for Your or Your Spouse's child, legally adopted child or child for whom You or Your Spouse are legal guardian and who is:
  - Living with You as part of Your household;
  - Dependent on You for support; and
  - Under age 13.

The child care must be provided by a licensed child care provider who may not be a member of Your immediate family or living in Your residence.

- Care for Your family member who is:
  - Living with You as part of Your household;
  - Dependent on You for support; and
  - Incapable of independent living, regardless of age, due to mental or physical handicap as defined by applicable law.

Care to Your family member may not be provided by a member of Your immediate family.

We will make reimbursement payments to You on a monthly basis starting with the first Monthly Benefit payment until You have received **12** Monthly Benefit payments. Payments will not be made beyond the Maximum Benefit Period. We will not reimburse You for any expenses for which You are eligible for payment from any other source. You must send Proof that You have incurred such expenses.

Reimbursement is provided for expenses associated with moving to a new residence if approved by MetLife as part of the Rehabilitation Program.

### Moving Expense Incentive

You participate in a Rehabilitation Program while You are Disabled, We may reimburse You for expenses You incur in order to move to a new residence recommended as part of such Rehabilitation Program. Such expenses must be approved by Us in advance.

You must send Proof that You have incurred such expenses for moving.

We will not reimburse You for such expenses if they were incurred for services provided by a member of Your immediate family or someone who is living in Your residence.

# DI Insurance: Income Which Will Reduce Your Disability Benefit

**Reductions to the disability benefit only apply if the income is paid for the same disability and inability to work for which the employee is claiming benefits under this plan.**

Various integration methods are available, including "Direct Primary & Family," "Direct Primary Only," "All Sources" and "Back Door."

Early retirement benefits are an offset only if the employee has voluntarily elected to receive these before normal retirement age.  
Employee-paid portion of retirement benefits are not considered an offset.

May include Statutory Disability plans.

Income earned prior to a Disability but received after a Disability begins (known as Trailing Income) will not be taken as an offset.

We will reduce Your Disability benefit by the amount of all Other Income. Other Income includes the following:

1. Any disability or retirement benefits which You, Your Spouse or child(ren) receive or are eligible to receive because of Your disability or retirement under:
  - Federal Social Security Act
  - Railroad Retirement Act;
  - Any state, public or federal employee retirement or disability plan, including but not limited to State Teachers Retirement System (STRS), Public Employee Retirement System (PERS) or Federal Employee Retirement System (FERS). You must apply for such benefits through the highest appeal level that is applicable to such benefits and available under the plan; or
  - Any pension or disability plan of any other nation or political subdivision thereof;
2. Any income received for disability or retirement under the Employer's Retirement Plan, to the extent that it can be attributed to the Employer's contributions;
3. Any income received for disability under:
  - A group insurance policy to which the Employer has made a contribution, such as:
    - Benefits for loss of time from work due to disability; and
    - Installment payments for permanent total disability;
  - A no-fault auto law for loss of income, excluding supplemental disability benefits;
  - A government compulsory benefit plan or program which provides payment for loss of time from Your job due to Your Disability, whether such payment is made directly by the plan or program, or through a third party;
  - A self-funded plan, or other arrangement if the Employer contributes toward it or makes payroll deductions for it;
  - Any sick pay, vacation pay or other salary continuation that the Employer pays to You;
  - Workers' Compensation or a similar law which provides periodic benefits;
  - Occupational disease laws;
  - Laws providing for maritime maintenance and cure; and/or
  - Unemployment insurance law or program;
4. Recovery amounts that You receive for loss of income as a result of claims against a third party by judgment, settlement or otherwise, including future earnings; or
5. Any income that You receive from working while Disabled to the extent that such income reduces the amount of Your Monthly Benefit as described in "Rehabilitation Incentives." This includes but is not limited to salary, commissions, overtime pay, bonus or other extra pay arrangements from any source.

MetLife Social Security Specialists provide assistance in obtaining Social Security Disability benefits. Social Security Disability benefits reduce the cost of disability to Employers and provide employees with valuable income replacement. For group disability insurance policies issued in New York, the estimation of Social Security benefits is not permitted.

### **Reducing your disability benefit by the estimated amount of your federal Social Security benefit, government compulsory benefit plan or program, or STRS, PERS, or FERS or other public employee retirement or disability benefit plan or program.**

If there is a reasonable basis for You to apply for benefits under the Federal Social Security Act, a government compulsory benefit plan or program, or a federal, state or other public employee retirement or disability benefit plan or program, including a STRS, PERS or FERS Retirement System, We expect You to apply for such benefits.

1. **With respect to benefits under the Federal Social Security Act**, to apply means to pursue such benefits until You receive approval from the federal Social Security Administration, or a notice of denial of benefits from an administrative law judge. We will reduce the amount of Your Disability benefit by the amount of federal Social Security disability benefits We estimate that You, Your Spouse or child(ren) are eligible to receive because of Your Disability or retirement. We will start to do this after You have received **24** months of Disability benefit payments, unless We have received:
  - Approval of Your claim for federal Social Security disability benefits; or
  - A notice of denial of such benefits indicating that all levels of appeal have been exhausted.

You must, within six months following the date You became Disabled:

- Send Us Proof that You have applied for federal Social Security disability benefits; and
- Sign a reimbursement agreement in which You agree to repay Us for any overpayments We may make to You under this insurance.

If You do not satisfy the above requirements, We will reduce Your Disability benefits by such estimated federal Social Security disability benefits starting with the first Disability benefit payment coincident with the date You were eligible to receive federal Social Security disability benefits.

2. **With respect to government compulsory benefit plans or programs, 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. You must within one month following the date You became Disabled:
  - Send Us Proof that You have applied for benefits under such plans or programs; and
  - Sign a reimbursement agreement in which You agree to repay Us for any overpayments We may make to You under this insurance.

If You do not satisfy the above requirements, 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.

3. **With respect to benefits You have applied for under the Federal Social Security Act**, a government compulsory benefit plan or program, or a federal, state or other public employee retirement or disability plan or program, including a STRS, PERS or FERS Retirement System benefit plan or program, if You do receive approval or final denial of Your claim for such benefits, You must notify Us immediately. We will adjust the amount of Your Disability benefit. You must promptly repay Us for any overpayment.

## DI Insurance: Income Which Will Reduce Your Disability Benefit, (Cont'd)

### Single Sum Payment

If You receive Other Income in the form of a single sum payment, You must, within 10 days after receipt of such payment, give Written Proof satisfactory to Us of:

- The amount of the single sum payment;
- The amount to be attributed to income replacement; and
- The time period for which the payment applies.

Single sum payments will not offset the entire Monthly Benefit if We receive Proof of the breakdown of the amount attributable to lost income and the time period applicable.

When We receive such Proof, We will adjust the amount of Your Disability benefit.

If We do not receive the Written Proof described above, and We know the amount of the single sum payment, We may reduce Your Disability benefit by an amount equal to such benefit until the single sum has been exhausted.

If We adjust the amount of Your Disability benefit due to a single sum payment, the amount of the adjustment will not result in a benefit amount less than the minimum amount, except in the case of an overpayment.

If You receive Other Income in the form of a single sum payment and We do not receive the Written Proof described above within 10 days after You receive the single sum payment, We will adjust the amount of Your Disability Benefit by the amount of such payment

## DI Insurance: Income Which Will Not Reduce Your Disability Benefit

**Income earned prior to a Disability but received after a Disability begins may not reduce the benefit.**

Future benefit payments are not affected by cost-of-living adjustments sometimes referred to as the "Cost-of-Living Freeze" from Other Income sources, e.g., Social Security increases.

Reasonable attorney fees are carved out of any award or settlement.

Veterans' benefits and individual disability income insurance policies are not offset.

An accelerated death benefit that an employee may elect under a group life insurance policy is not considered an offset.

We will not reduce Your Disability benefit to less than the Minimum Benefit shown in the SCHEDULE OF BENEFITS, or by:

- Cost-of-living adjustments that are paid under any of the above sources of Other Income;
- Reasonable attorney fees included in any award or settlement. If the attorney fees are incurred because of Your successful pursuit of Social Security disability benefits, such fees are limited to those approved by the Social Security Administration;
- Group credit insurance;
- Mortgage disability insurance benefits;
- Early retirement benefits that have not been voluntarily taken by You;
- Veterans' benefits;
- Individual disability income Insurance policies;
- Benefits received from an accelerated death benefit payment; or
- Amounts rolled over to a tax-qualified plan unless subsequently received by You while You are receiving benefit payments.

## DI Insurance – Date Benefit Payments End

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Your Disability benefit payments will end on the earliest of:

- The end of the Maximum Benefit Period;
- The date benefits end as specified in the section entitled LIMITED DISABILITY BENEFITS;
- The date You are no longer Disabled;
- The date You die except for benefits paid under sections entitled ADDITIONAL LONG TERM BENEFIT: MONTHLY PAYMENT IN THE EVENT OF YOUR DEATH, ADDITIONAL LONG TERM BENEFIT: SINGLE SUM PAYMENT IN THE EVENT OF YOUR DEATH and ADDITIONAL LONG TERM BENEFIT: BENEFIT(S) IN THE EVENT OF YOUR TERMINAL ILLNESS;
- The date You cease or refuse to participate in a Rehabilitation Program that We require;
- The date You fail to have a medical exam requested by Us as described in the “Physical Exams” subsection of the GENERAL PROVISIONS section;
- The date You fail to provide required Proof of continuing Disability; or
- The date following 12 consecutive months of Disability for which You were entitled to receive Monthly Benefit payments while You are living outside of the United States or Canada.

If an employee is capable of participating in a Rehabilitation Program recommended by MetLife but refuses or fails to participate in that Program, benefits may end. If there is no Rehabilitation Program in the plan, then the work incentives may be impacted.

While You are Disabled, the benefits described in this certificate will not be affected if:

- Your insurance ends; or
- The Group Policy is amended to change the plan of benefits for Your class.

**Optional Plan Feature: Benefits for Disability due to accidental dismemberment and loss of sight are available (no Elimination Period required), even if the employee is not Disabled under the plan definition. Benefits paid for this provision are in addition to any disability benefits.**

If You sustain an accidental injury while insured, and the injury is the Direct and Sole Cause of a Covered Loss, Proof of the accidental injury and Covered Loss must be sent to Us. When We receive such Proof, We will review the claim. If We approve the claim, We will pay the Accidental Dismemberment and Loss of Sight benefit.

You will not have to complete an Elimination Period to receive this benefit.

We will pay this benefit in addition to any Disability benefit payments You may be receiving under this certificate.

**Covered Loss** means:

- For loss of a hand or foot, complete and permanent severance at or above the wrist or ankle joint;
- For loss of sight, the permanent and uncorrectable loss of sight in the eye. Visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees; or
- For loss of thumb and index finger of same hand, the thumb and index finger are permanently severed through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb.

**Direct and Sole Cause** means that the Covered Loss occurs within 100 days of the date of the accidental injury and was a direct result of the accidental injury, independent of other causes.

### BENEFIT AMOUNT

We will pay a benefit amount equal to the Monthly Benefit shown in the SCHEDULE OF BENEFITS.

### BENEFIT PAYMENT

We will pay this benefit monthly for the number of months shown below.

<b>Covered Loss</b>	<b>Number of Monthly Benefit Payments</b>
Sight in Both Eyes	46
Both Hands	46
Both Feet	46
One Hand and One Foot	46
One Hand and Sight of One Eye	46
One Foot and Sight of One Eye	46
One Hand or One Foot	23
Sight of One Eye	15
Thumb and Index Finger of Either Hand	12

We will limit the number of benefit payments for all Covered Losses suffered as a result of any one accidental injury to the Covered Loss that provides for the greatest number of benefit payments listed in the above table.

We will begin to make payments one month after We receive Proof of the accidental injury and Covered Loss.

We will pay this benefit to You if You are living. We will make any benefit payment due upon Your death as described in the GENERAL PROVISIONS subsection entitled "Benefit Payments for Disability Income Insurance."

## DI Insurance – Additional Long Term Benefit: Child Education

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If You are receiving a Monthly Benefit under this certificate, You may be eligible for the Child Education Benefit.

### BENEFIT AMOUNT

We will pay **\$100** each month for each child who qualifies for this benefit.

Optional Plan Feature: While benefits are payable, an additional \$100 per month per eligible student is paid to the employee.

### BENEFIT PAYMENT

In addition to any other Disability benefit You may be receiving under this certificate, We will pay this benefit to You on a monthly basis beginning on the first of the month following the date a child becomes an Eligible Student.

**Eligible Student** means Your dependent child who is:

- Unmarried;
- Under the age of 23; and
- Enrolled as a Full-time Student in an accredited college, university or vocational school above the 12th grade level.

**Full-time Student** means one who takes a full course load as defined by such school.

This benefit will end for each child on the earliest of:

- The date Your Monthly Benefit payments under this certificate end;
- The date the certificate ends; or
- The earlier of the date on which:
  - The child is no longer an Eligible Student; or
  - You have received 48 monthly payments under this Child Education Benefit for that child.

## DI Insurance – Additional Long Term Benefit: Pension Contribution

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Optional Plan Feature: Employers should consult with a tax advisor to verify this benefit will not impact the tax-qualified status of their 401(k), 403(b) or 457(b) pension plan.

If You are receiving a Monthly Benefit under this certificate, We will pay the Pension Contribution Benefit.

### BENEFIT AMOUNT

The amount We pay will be determined by using the same calculation used by the Employer to determine its contribution on Your behalf into the Employer's pension plan each month, except that We will use:

- Your Predisability Earnings for the earnings/compensation factor; and
- The period You have been Disabled and receiving a Monthly Benefit under this certificate for any years of service factor that may be used.

### BENEFIT PAYMENT

We will pay this benefit on Your behalf to Your account under the Employer's pension plan for each month that You receive a Monthly Benefit under this certificate.

We will not pay this benefit beyond the date on which You begin to receive benefits under the Employer's pension plan.

## DI Insurance – Additional Long Term Benefit: Cost of Living Adjustment

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Optional Plan Feature: Cost of Living Adjustment (COLA) increases the monthly benefit for 5 years, 10 years or to the end of the maximum benefit duration. To reduce the cost of this option, Employers may choose to delay the first increase for 5 years. Various options are available.

If You have been receiving Monthly Benefits under this certificate, We will adjust Your benefit amount on the date the **13th** Monthly Benefit is payable. As limited by the Maximum Benefit Period, further adjustments will take effect on each anniversary of the first adjustment. The total number of adjustments may not exceed **5**.

The adjustments do not apply to amounts We pay under this certificate for Rehabilitation Incentives or any Additional Benefits shown in the SCHEDULE OF BENEFITS.

### BENEFIT AMOUNT

To calculate Your cost of living adjustment, We will multiply the amount of Your Monthly Benefit for the month prior to the date the cost of living adjustment is to take effect by 3%. We will add this amount to each subsequent Monthly Benefit payment.

If You die while You are Disabled and You were entitled to receive Monthly Benefits under this certificate, Proof of Your death must be sent to Us. When We receive such Proof, We will pay the additional monthly benefit described in this section.

### **BENEFIT AMOUNT**

The additional monthly benefit will be equal to **66⅔%** of the lesser of:

- The Monthly Benefit You receive for the calendar month immediately preceding Your death;
- The Monthly Benefit You receive for the calendar month immediately preceding Your Terminal Illness if Your Monthly Benefit amount was increased due to Your Terminal Illness; or
- The Monthly Benefit You were entitled to receive for the month You die, if You die during the first month that Monthly Benefits are payable.

We will reduce the benefit amount by any overpayment We are entitled to recover.

### **BENEFIT PAYMENT**

We will pay this additional benefit monthly for a period of **24** months. Payments will begin one month after the date of the last Monthly Benefit payment before Your death.

Benefit payments will be made as described in the GENERAL PROVISIONS subsection entitled “Benefit Payments for Disability Income Insurance.”

This benefit will not be paid if You elect to receive monthly payments under the Monthly Payment in the “Event of Your Terminal Illness” subsection of the section entitled ADDITIONAL LONG TERM DISABILITY BENEFIT: BENEFIT(S) IN THE EVENT OF YOUR TERMINAL ILLNESS.

**Optional Plan Feature:**  
Additional benefits paid over a period of time to an employee’s eligible survivors if the employee dies while eligible to receive Disability benefits.

If You die while You are Disabled and You were entitled to receive Monthly Benefits under this certificate, Proof of Your death must be sent to Us. When We receive such Proof, We will pay the benefit described in this section.

### BENEFIT AMOUNT

Optional Plan Feature: A single sum payment equal to 3 or 6 times the employee's last Monthly Benefit is made.

The benefit amount will be equal to **3** times the lesser of:

- The Monthly Benefit You receive for the calendar month immediately preceding Your death;
- The Monthly Benefit You receive for the calendar month immediately preceding Your Terminal Illness if Your Monthly Benefit amount was increased due to Your Terminal Illness; or
- The Monthly Benefit You were entitled to receive for the month You die, if You die during the first month that Monthly Benefits are payable.

We will reduce the benefit amount by any overpayment We are entitled to recover.

### BENEFIT PAYMENT

Benefit payments will be made as described in the GENERAL PROVISIONS subsection entitled "Benefit Payments for Disability Income Insurance."

This benefit will not be paid if You elect to receive a single sum payment under the "Single Sum Payment in the Event of Your Terminal Illness" subsection of the section entitled ADDITIONAL LONG TERM DISABILITY BENEFIT: BENEFIT(S) IN THE EVENT OF YOUR TERMINAL ILLNESS.

If You become Terminally Ill while You are Disabled and You are entitled to receive Monthly Benefits under this certificate, You or Your legal representative must send Proof of Your Terminal Illness to Us. When We receive such Proof, We will pay the benefit(s) described in this section.

**Terminally Ill or Terminal Illness** means, for purposes of this and the section(s) entitled ADDITIONAL LONG TERM BENEFIT: SINGLE SUM PAYMENT IN THE EVENT OF YOUR DEATH and ADDITIONAL LONG TERM BENEFIT: MONTHLY PAYMENT IN THE EVENT OF YOUR DEATH, that You are expected to die within **12** months.

### Proof of Your Terminal Illness

You or Your legal representative must send Us a signed Physician's certification that You are Terminally Ill. We may also request an exam by a Physician of Our choice, at Our expense.

## INCREASE YOUR MONTHLY BENEFIT

We will increase Your Monthly Benefit amount beginning with the next payment due following receipt of Proof of Your Terminal Illness.

Optional Plan Feature: Allows for 100% income replacement (based on the employee's covered Predisability Earnings) for 12 months if Disabled and diagnosed as Terminally Ill.

### BENEFIT AMOUNT

We will increase Your Monthly Benefit percentage on any future payments made during Your lifetime to 100% of the first \$16,667 of Your Predisability Earnings for a maximum period of 12 consecutive monthly payments. In the event You remain Terminally Ill at the end of this period, and You remain Disabled, Your benefit under this subsection will cease and Your Monthly Benefit will be paid in accordance with the DISABILITY INCOME INSURANCE: LONG TERM BENEFITS subsection.

The increased Monthly Benefit amount payable for Your Terminal Illness is subject to the subsection INCOME WHICH WILL REDUCE YOUR DISABILITY BENEFIT. We will also reduce the benefit by any overpayment We are entitled to recover.

Optional Plan Feature: The employee has the option to accelerate this benefit.

### MONTHLY PAYMENT IN THE EVENT OF YOUR TERMINAL ILLNESS

You may elect to receive the additional benefit described in this subsection. We will pay such benefit in addition to any other benefit We pay under the certificate.

We will pay this additional benefit monthly for a period of **12** month(s). Payments will begin one month after the month We receive Proof of Your Terminal Illness.

In the event of Your death prior to the payment of all such Monthly Benefits, We will pay the remaining Monthly Benefits as stated in the "Disability Income Benefit Payments: Whom We Will Pay" subsection of the GENERAL PROVISIONS section.

### BENEFIT AMOUNT

The additional Monthly Benefit will be equal to **66%** of the Monthly Benefit You receive for the calendar month immediately preceding the month in which You are diagnosed as Terminally Ill.

We will reduce the benefit amount by any overpayment We are entitled to recover.

If You elect to receive the additional benefit described here, no benefit will be paid under the ADDITIONAL LONG TERM BENEFIT: MONTHLY PAYMENT IN THE EVENT OF YOUR DEATH section.

### SINGLE SUM PAYMENT IN THE EVENT OF YOUR TERMINAL ILLNESS

You may elect to receive the additional benefit described in this subsection. This benefit will be paid in a single sum. We will pay such benefit in addition to any other benefits We pay under this certificate.

#### BENEFIT AMOUNT

The additional benefit will be equal to **3** times the Monthly Benefit You receive for the calendar month immediately preceding the month You are diagnosed as Terminally Ill.

We will reduce the benefit amount by any overpayment We are entitled to recover.

If You elect to receive the additional benefit described here, no benefit will be paid under the ADDITIONAL LONG TERM BENEFIT: SINGLE SUM PAYMENT IN THE EVENT OF YOUR DEATH section.

## DI Insurance: Alternative Benefit Payment Offer, at Our Option

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This payment is an upfront lump sum of cash paid to a claimant, if the claimant is a good candidate. This payment is optional and the claimant is not obligated to take it.

If We approve Your claim for benefits under this certificate in accordance with the Long Term Benefit provisions of this certificate, We may offer to pay You a Disability benefit in the form of a lump sum benefit payment as an alternative to the Monthly Benefit payments described in the DISABILITY INCOME INSURANCE: LONG TERM BENEFITS provision of this certificate. If We determine on the basis of objective criteria applied to the particular facts and circumstances of Your claim that a lump sum payment is an appropriate option for Us to offer to You, We will make an offer of a lump sum payment to You. If You accept Our offer in Writing, Signed by You, and We make such lump sum benefit payment to You, no further Disability benefit payments will be made to You under this certificate. If You do not accept Our offer of a lump sum benefit payment, We will continue to administer Your claim in accordance with the terms and conditions of this certificate.

## DI Insurance: Preexisting Conditions

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3/12 Preexisting Condition exclusion is standard for most LTD groups.

Preexisting Condition means a Sickness or accidental injury for which You:

- Received medical treatment, consultation, care or services; or
- Took prescription medication or had medications prescribed

in the 3 months before Your insurance or any increase in the amount of insurance under this certificate takes effect.

We will not pay benefits, or any increase in benefit amount due to an elected increase in the amount of Your insurance, or an amendment to the plan for a Disability that results from a Preexisting Condition, if You have been Actively at Work for less than 12 consecutive months after the date Your Disability insurance or the elected increase in the amount of such insurance, as shown in the SCHEDULE OF BENEFITS, takes effect under this certificate.

## DI Insurance: Limited Disability Benefits

Limited Disability benefits apply to LTD. Various options and combinations may be available.

For Disabilities due to Alcohol, Drug or Substance Abuse or Addiction; Mental and Nervous Disorders or Diseases; Neuromuscular, Musculoskeletal or Soft Tissue Disorders; Fibromyalgia and/or Chronic Fatigue Syndrome Conditions, benefits are limited to 24 months for any and all conditions and claims combined.

If an employee is confined at the end of their 24 month benefit period, benefits will continue until the confinement ends.

Cost-Savings Feature: Duration of benefits is limited for Disabilities caused by Neuromuscular, Musculoskeletal or Soft Tissue Disorders, and Fibromyalgia.

As an option, "self-reported conditions" may be added as a limited condition for additional cost savings. Limitation does not apply if satisfactory objective medical information is received for the conditions identified.

### **For Disability Due To Alcohol, Drug or Substance Abuse or Addiction; Mental and Nervous Disorders or Diseases; Alcohol, Drug or Substance Abuse or Addiction, Neuromuscular, Musculoskeletal or Soft Tissue Disorders; Chronic Fatigue Syndrome and Related Disorders or Fibromyalgia**

If You are Disabled due to one or more of the following medical conditions described below, We will limit Your Disability benefits to a lifetime maximum equal to the lesser of:

- 24 months of Disability during Your lifetime for any one or more, or all of the above conditions; or
- the Maximum Benefit Period.

Subject to the Administration of Limited Disability Benefits for Disability Due to Mental and Nervous Disorders or Diseases, Alcohol, Drug or Substance Abuse or Addiction, Neuromuscular, Musculoskeletal or Soft Tissue Disorders, Chronic Fatigue Syndrome and Related Disorders or Fibromyalgia as set forth below:

Your Disability benefits will be limited as stated above for:

1. Disability due to alcohol, drug or substance abuse or addiction, We require You to participate in an alcohol, drug or substance addiction recovery program recommended by a Physician. We will end Disability benefit payments at the earliest of the period described above or the date You cease, refuse to participate, or complete such recovery program.
2. Mental or Nervous Disorder or Disease that results from any cause, except for:
  - Neurocognitive Disorders;
  - Schizophrenia.

If You are confined in a Hospital or Mental Health or Alcohol and Drug Facility at the end of the period shown above for which benefits are to be paid, We will continue Your Monthly Benefits until the end of Your Hospital or Mental Health or Alcohol and Drug Facility confinement.

For purposes of this provision, Mental Health Facility means a facility licensed in the jurisdiction in which it is located to provide care and treatment for a Mental or Nervous Disorder or Disease. Such facility must provide care on a 24 hour a day basis under the supervision of a staff of Physicians, and must provide a broad range of nursing care on a 24 hour a day basis by or under the direction of a registered professional nurse.
3. Neuromuscular, Musculoskeletal or Soft Tissue disorders including, but not limited to, any disease or disorder of or injury to the spine or extremities and their surrounding soft tissue; sprains or strains of joints or their adjacent muscles, Carpel Tunnel Syndrome or other Repetitive Motion Disorders, unless the Disability has objective evidence of:
  - Myelopathies;
  - Myopathies;
  - Connective Tissue Disorder or Disease;
  - Tumors of the spine, bone or soft tissue;
  - Spinal Vascular Malformations; or
  - Spinal Cord Damage.
4. Chronic Fatigue Syndrome and Related Disorders;
5. Fibromyalgia.

### **Administration of Limited Disability Benefits for Disability Due to Mental and Nervous Disorders or Diseases.**

If no exception above applies, and You are Disabled as a result of more than one injury or Sickness for which Disability benefits are payable under this certificate, each of which are subject to the provisions of the DI INSURANCE: LIMITED DISABILITY BENEFITS section, the benefit limitation periods will run concurrently for all such conditions.

### **DEFINED TERMS USED IN LIMITED DISABILITY BENEFITS**

**Carpel Tunnel Syndrome** means an entrapment median neuropathy, which causes pain, numbness, and other symptoms in the distribution of the median nerve due to its compression at the wrist.

**Chronic Fatigue Syndrome** means the clinically evaluated, unexplained persistent or relapsing chronic fatigue that is not substantially alleviated by rest. The diagnosis must be established following the Centers for Disease Control current clinical criteria as of the date of Your Disability.

**Connective Tissue Disorder or Disease** means any of a group of diseases affecting the connective tissues of the body. These conditions include, but are not limited to, rheumatoid arthritis, Marfan syndrome, systemic lupus erythematosus, scleroderma, Ehlers-Danlos syndrome or polymyositis.

The diagnosis must be established using American College of Rheumatology current clinical criteria as of the date of Your Disability.

**Fibromyalgia** means a medical condition evidenced by widespread soft tissue pain. The diagnosis must be established following the American College of Rheumatology current clinical criteria as of the date of Your Disability.

**Mental or Nervous Disorder or Disease** means a medical condition which meets the diagnostic criteria set forth in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders ("DSM") as of the date of Your Disability.

**Musculoskeletal** means the bones, joints, joint capsules, cartilage, or adjacent tendons, ligaments or muscles.

**Myelopathies** means disease of the spinal cord supported by objective clinical findings of spinal cord pathology.

**Myopathies** means diseases of muscle fibers, supported by pathological findings on biopsy or electromyography (EMG).

**Neurocognitive Disorder** means a condition that meets the diagnostic criteria for Neurocognitive Disorders set forth in the most recent edition of the DSM as of the date of Your Disability, and the cognitive deficits that relate to the Disability are not attributable to another Mental or Nervous Disorder or Disease. Neurocognitive Disorders include, but are not limited to, conditions such as Alzheimer's disease and other forms of dementia, and Traumatic Brain Injury.

**Neuromuscular** means the peripheral motor nerves and the muscles that such nerves supply.

**Related Disorders** means conditions that are similar to Chronic Fatigue Syndrome in that the symptoms associated with the condition are comparable. These conditions include, but are not limited to, the following:

- Chronic Fatigue Immunodeficiency Syndrome;
- Post Viral Syndrome; and
- Epstein-Barr virus infection.

The diagnosis must be established following the Centers for Disease Control current clinical criteria as of the date of Your Disability.

## DI Insurance: Limited Disability Benefits, (Cont'd)

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**Repetitive Motion Disorders** means muscular conditions that result from repeated motions performed in the course of normal work or daily activities and affecting upper or lower extremities.

**Schizophrenia** means a chronic psychiatric disorder diagnosed in accordance with the diagnostic criteria for Schizophrenia set forth in the most recent edition of the DSM as of the date of Your Disability.

**Seropositive Arthritis** means an inflammatory disease of the joints supported by clinical findings of arthritis plus positive serological tests for connective tissue disease.

**Soft Tissue** means the muscle, fat, fibrous tissues, and blood vessels, which connect, support, or surround the bony structures and organs of the body.

**Spinal** means components of the bony spine or spinal cord.

**Spinal Cord Damage** means injury or disease of the spinal cord with resultant paralysis.

**Spinal Vascular Malformations** means abnormal development of blood vessels within the spinal cord.

**Tumor(s)** means abnormal growths which may be malignant or benign.

## DI Insurance: Exclusions

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Plan exclusions are clearly stated.

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

1. War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
2. Your active participation in a riot;
3. Intentionally self-inflicted injury;
4. Attempted suicide; or
5. Commission of or attempt to commit a felony.

## Filing A Disability Income Insurance Claim

**We are focused and committed to making fair and appropriate claim decisions—doing what’s right for Our claimants and customers and delivering timely, responsive service.**

Notification of a claim should occur as soon as possible. Early notification maximizes the advantages of managed disability. In order to initiate claims quickly and easily and to implement Our early intervention techniques, claim notice via toll-free number, web or fax is preferred.

The Employer should have a supply of claim forms. Obtain a claim form from the Employer and fill it out carefully. Return the completed claim form with the required Proof to the Employer.

If You are unable to report for Active Work due to a Sickness or accidental injury, and You think that You may be Disabled, You should contact MetLife or Your benefits representative to initiate a claim. We recommend that You do so no later than 14 days after the first day You are unable to report for Active Work so that Your claim can be processed in a timely manner.

When you file an initial claim for Disability Income Insurance benefits described in this certificate, both the notice of claim and the required Proof should be sent to Us within 90 days after the end of the Elimination Period.

Notice of claim and Proof for Disability Income Insurance may also be given to Us by following the steps set forth below:

### Step 1

You may give Us notice by calling Us at the toll-free number shown in the Certificate Face Page within 20 days of the date of a loss.

### Step 2

We will send a claim form to you and explain how to complete it. You should receive the claim form within 15 days of giving Us notice of claim.

### Step 3

When you receive the claim form you should fill it out as instructed and return it with the required Proof described in the claim form. If you do not receive a claim form within 15 days after giving Us notice of claim, Proof may be sent using any form sufficient to provide Us with the required Proof.

### Step 4

You must give Us Proof not later than 90 days after the end of the Elimination Period.

If notice of claim or Proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice and Proof are given within 90 days after the end of the Elimination Period or, if it is not reasonably possible to give notice of claim or Proof within such period, they are given as soon as is reasonably possible thereafter.

Insufficient information may result in a claim denial.

### Items to be Submitted for a Disability Income Insurance Claim

When submitting Proof on an initial or continuing claim for Disability Income Insurance, the following items may be required:

- Documentation which must include, but is not limited to, the following information:
  - The date Your Disability started;
  - The cause of Your Disability;
  - The prognosis of Your Disability;
  - The continuity of Your Disability; and
- Your application for:
  - Other Benefit Sources;
  - Federal Social Security disability benefits; and
  - Workers' Compensation benefits or benefits under a similar law;
- Written authorization for Us to obtain and release medical, employment and financial information and any other items We may reasonably require to document Your Disability or to determine Your receipt of or eligibility for Other Benefit Sources;
- Any and all medical information, including but not limited to:
  - X-ray films; and
  - Photocopies of medical records, including:
    - Histories;
    - Physical, mental or diagnostic examinations; and
    - Treatment notes; and
- The names and addresses of all:
  - Physicians and medical practitioners who have provided You with diagnosis, treatment or consultation;
  - Hospitals or other medical facilities which have provided You with diagnosis, treatment or consultation;
  - Pharmacies which have filled Your prescriptions within the past three years; and
- Additional Proof elements as required and described within the additional plan provisions for which You are filing a claim for benefits.

**Time Limit on Legal Actions.** A legal action on a claim may only be brought against Us during a certain period. This period begins 60 days after the date Proof is filed and ends three years after the date such Proof is required.

### Assignment

The rights and benefits under the Group Policy are not assignable prior to a claim for benefits, except as required by law. We are not responsible for the validity of an assignment.

### Disability Income Benefit Payments: Whom We Will Pay

We will make any benefit payments during Your lifetime to You or Your legal representative as Beneficiary. Any payment made in good faith will discharge Us from liability to the extent of such payment.

Upon Your death, We will pay any amount that is or becomes due to Your designated Beneficiary. If there is no Beneficiary designated or no surviving designated Beneficiary at Your death, We may determine the Beneficiary for any amount that is or becomes due according to the following order:

1. Your Spouse if alive;
2. Your child(ren) if there is no surviving Spouse;
3. Your parent(s) if there is no surviving child(ren);
4. Your sibling(s) if there is no surviving parent(s);
5. Your estate if there is no such surviving sibling(s).

If more than one person is eligible to receive payment, We will divide the benefit amount in equal shares.

Payment to a minor or incompetent will be made to such person's guardian. The term "children" or "child" includes natural and adopted children.

Any periodic payments owed to Your estate may be paid in a single sum. Any payment made in good faith will discharge Us from liability to the extent of such payment.

### Entire Contract

Your insurance is provided under a contract of group insurance with the Employer. The entire contract with the Employer is made up of the following:

1. The Group Policy and its Exhibits, which include the certificate(s);
2. The Employer's application; and
3. Any amendments and/or endorsements to the Group Policy.

### Incontestability: Statements Made by You

Any statement made by You will be considered a representation and not a warranty. We will not use such statement to avoid insurance, reduce benefits or defend a claim unless the following requirements are met:

1. The statement is in a Written application or enrollment form;
2. You have Signed the application or enrollment form; and
3. A copy of the application or enrollment form has been given to You or Your Beneficiary.

We will not use Your statements which relate to insurability to contest Disability Insurance after it has been in force for two years during Your life. In addition, We will not use such statements to contest an increase or benefit addition to such insurance after the increase or benefit has been in force for two years during Your life, unless the statement is fraudulent.

**Electronic Funds Transfer (EFT) of LTD benefit payments is available unless the Employee declines this option.**

### Misstatement of Age

If Your or Your Dependent's age is misstated, the correct age will be used to determine if insurance is in effect and, as appropriate, We will adjust the benefits and/or premiums.

### Conformity with Law

If the terms and provisions of this certificate do not conform to any applicable law, this certificate shall be interpreted to so conform.

### Physical Exams

If a claim is submitted for insurance benefits other than life insurance benefits, We have the right to ask the insured to be examined by a Physician(s) of Our choice as often as is reasonably necessary to process the claim. We will pay the cost of such exam.

### Autopsy

We have the right to make a reasonable request for an autopsy where permitted by law. Any such request will set forth the reasons We are requesting the autopsy.

## OVERPAYMENTS

### Recovery of Overpayments

We have the right to recover any amount that We determine to be an overpayment. An overpayment occurs if We determine that:

- The total amount paid by Us on Your claim is more than the total of the benefits due to You under this certificate; or
- Payment We made should have been made by another group plan.

If such overpayment occurs, You have an obligation to reimburse Us. Our rights and Your obligations in this regard are described in the reimbursement agreement that You are required to sign when You submit a claim for benefits under this certificate. This agreement:

- Confirms that You will reimburse Us for all overpayments; and
- Authorizes Us to obtain any information relating to sources of Other Income.

### How We Recover Overpayments

We may recover the overpayment from You by:

- Stopping or reducing any future Disability benefits, including the Minimum Benefit, payable to You or any other payee under the Disability sections of this certificate;
- Demanding an immediate refund of the overpayment from You; and
- Taking legal action.

If the overpayment results from Our having made a payment to You that should have been made under another group plan, We may recover such overpayment from one or more of the following:

- Any other insurance company;
- Any other organization; or
- Any person to or for whom payment was made.

To avoid misuse of plan benefits, Independent Medical Exams (IME) may be required in order for benefits to be paid or continued. MetLife pays for IMEs.

## LIEN AND REPAYMENT

If You become Disabled, and You receive disability benefits under this certificate, and You receive payment from a third party for loss of income with respect to the same loss of income for which You received benefits under this certificate (for example, a judgment, settlement, payment from Social Security or payment pursuant to Workers' Compensation laws), You shall reimburse Us from the proceeds of such payment up to an amount equal to the benefits paid to You under this certificate for such Disability. Our right to receive reimbursement from any such proceeds shall be a claim or lien against such proceeds, and Our right shall provide Us with a first priority claim or lien over any such proceeds up to the full amount of the benefits paid to You under this certificate for such Disability. You agree to take all action necessary to enable Us to exercise Our rights under this provision, including, without limitation:

- Notifying Us as soon as possible of any payment You receive or are entitled to receive from a third party for loss of income with respect to the same loss of income for which You received benefits under this certificate;
- Furnishing of documents and other information as requested by Us or any person working on Our behalf; and
- Holding in escrow, or causing Your legal representative to hold in escrow, any proceeds paid to You or any party by a third party for loss of income with respect to the same loss of income for which You received benefits under this certificate, up to an amount equal to the benefits paid to You under this certificate for such Disability, to be paid immediately to Us upon Your receipt of said proceeds.

You shall cooperate, and You shall cause Your legal representative to cooperate with Us in any recovery efforts, and You shall not interfere with Our rights under this provision. Our rights under this provision apply whether or not You have been or will be fully compensated by a third party for any Disability for which You received or are entitled to receive benefits under this certificate.

**End of Sample Certificate of Insurance**

All covered employees have access to special services. Special services are described in detail to help employees understand what to expect throughout the duration of their Disability.

MetLife's return to work services are described in the certificate to help employees understand how we assist them and to make them aware of the financial incentives for returning to work. Return to work services are customized to meet the needs of individual employees.

The objective of the return to work program is to help Disabled employees become employable once again. Our approach helps ensure that cost-effective, timely and appropriate rehabilitation services are used to facilitate optimal rehabilitation outcomes, which may include accommodations.

Job Modifications assist the Employer with the cost of making job modifications and have no stated dollar maximum or number of occurrences limit.

## RETURN TO WORK PROGRAM

### Goal of Rehabilitation

The goal of MetLife is to focus on employees' abilities, instead of disabilities. This "abilities" philosophy is the foundation of Our return to work program. By focusing on what employees can do versus what they can't, we can assist you in returning to work sooner than expected.

### Incentives for Returning to Work

Your Disability plan is designed to provide clear advantages and financial incentives for returning to work either full time or part time, while still receiving a Disability benefit. In addition to financial incentives, there may be personal benefits resulting from returning to work. Many employees experience higher self-esteem and the personal satisfaction of being self-sufficient and productive once again. If it is determined that you are capable, but you do not participate in the Return to Work program, your Disability benefits may cease.

### Return to Work Services

As a covered employee you are automatically eligible to participate in our return to work program. The program aims to identify the necessary training and therapy that can help you return to work. In many cases, this means helping you return to your former occupation, although rehabilitation can also lead to a new occupation which is better suited to your condition and makes the most of your abilities.

There is no additional cost to you for the services we provide, and they are tailored to meet your individual needs. These services include, but are not limited to, the following:

- 1. Vocational Analyses**  
Assessment and counseling to help determine how your skills and abilities can be applied to a new or a modified job with your Employer.
- 2. Labor Market Surveys**  
Studies to find jobs available in your locale that would utilize your abilities and skills. Also to identify one's earning potential for a specific occupation.
- 3. Retraining Programs**  
Programs to facilitate return to your previous job, or to train you for a new job.
- 4. Job Modifications**  
Analyses of job demands and functions to determine what modifications may be made to maximize your employment opportunities. This also includes changes in your job or modifications to help you perform the previous job or a similar vocation.
- 5. Job-Seeking Skills and Job Placement Assistance**  
Special training to identify abilities, set goals, develop résumés, polish interviewing techniques and provide other career search assistance.

### Return to Work Program Staff

The Case Manager handling your claim will coordinate return to work services. You may be referred to a clinical specialist, such as a Nurse Consultant, Psychiatric Clinical Specialist or Vocational Rehabilitation Consultant, who has advanced training and education to help people with disabilities return to work. One of our clinical specialists will work with you directly, as well as with local support services and resources. They have returned hundreds of individuals to meaningful, gainful employment.

### Rehabilitation Vendor Specialists

In many situations, the services of independent vocational rehabilitation specialists may be used. Services are obtained at no additional cost to you; MetLife pays for all vendor services. Selecting a rehabilitation vendor is based on:

1. Attending Physician's evaluation and recommendations;
2. Your individual vocational needs; and
3. Vendor's credentials, specialty, reputation and experience.

When working with vendors, we continue to collaborate with you and your doctor to develop an appropriate return to work plan.

## SOCIAL SECURITY ASSISTANCE PROGRAM

### Social Security Assistance Program

If you become Disabled, MetLife provides you with assistance in applying for Social Security Disability benefits. Before outlining the details of this assistance, you should understand why applying for Social Security Disability benefits is important.

### Why You Should Apply for Social Security Disability Benefits

Both you and your Employer contribute payroll taxes to Social Security. A portion of those tax dollars are used to finance Social Security's program of disability protection. Since your tax dollars help fund this program, it is in your best interest to apply for any benefits to which you may be entitled. Your Spouse and children may also be eligible to receive Social Security Disability benefits due to your Disability.

There are several reasons why it may be to your financial advantage to receive Social Security Disability benefits. Some of them are:

#### 1. **Avoids Reduced Retirement Benefits**

Should you become Disabled and approved for Social Security Disability benefits, Social Security will freeze your earnings record as of the date Social Security determines that your Disability has begun. This means that the months/years that you are unable to work because of your Disability will not be counted against you in figuring your average earnings for retirement and survivor's benefits.

#### 2. **Medicare Protection**

Once you have received 24 months of Social Security Disability benefits, you will have Medicare protection for hospital expenses. You will also be eligible to apply for the medical insurance portion of Medicare.

#### 3. **Trial Work Period**

Social Security provides a trial work period for the rehabilitation efforts of Disabled workers who return to work while still disabled. Full benefit checks can continue for up to nine months during the trial work period.

#### 4. **Cost of Living Increases Awarded by Social Security Will Not Reduce Your Disability Benefits**

MetLife will not decrease your Disability benefit by the periodic cost of living increases awarded by Social Security. This is also true for any cost of living increases awarded by Social Security to your Spouse and children.

MetLife offers a Social Security Assistance Program for all LTD customers. The program is designed to help Employers keep disability costs to a minimum and assist employees in obtaining the Social Security disability benefits to which they are entitled.

Social Security Disability Income (SSDI) awards have exceptional value. They offer:

- Cost of living adjustments
- Preservation of retirement benefits
- Medicare protection for hospital expenses
- Return to work incentives
- Benefits that may be tax free

This is called a Social Security “freeze.” It means that only the Social Security benefit awarded to you and your dependents will be used by MetLife to reduce your Disability benefit; with the following exceptions:

- a. An error by Social Security in computing the initial amount;
- b. A change in dependent status; or
- c. Your Employer submitting updated earnings records to Social Security for earnings received prior to your Disability.

Over a period of years, the net effect of these cost of living increases can be substantial.

A dedicated team of Social Security Specialists, many of whom have worked for the Social Security Administration, provide expert assistance at the initial and appeals levels. The average approval rate for active insured claims five years or longer in duration is 97%. (Source: Based on MetLife data year end 2015.)

### How MetLife Assists You in the Social Security Approval Process

As soon as you are approved for Disability benefits, MetLife begins assisting you with the Social Security approval process.

#### 1. Assistance Throughout the Application Process

MetLife has a dedicated team of Social Security Specialists. These Specialists, many of whom have worked for the Social Security Administration, are also located within our Claim Department. They provide expert assistance up front, offer support while you are completing the Social Security forms and help guide you through the application process.

#### 2. Guidance Through Appeal Process by Social Security Specialists

Social Security Disability benefits may be initially denied, but are often approved following an appeal. If your benefits are denied, our dedicated team of Social Security Specialists provides expert assistance on an appeal if your situation warrants continuing the appeal process. They guide you through each stage of the appeal process. These stages may include:

- a. Reconsideration by the Social Security Administration;
- b. Hearing before an administrative law judge;
- c. Review by an Appeals Council established within the Social Security Administration in Washington, D.C.; or
- d. A civil suit in federal court.

#### 3. Social Security Attorneys

Depending on your individual needs, MetLife may provide a referral to an attorney who specializes in Social Security law. The Social Security approved attorney’s fee is credited to the Long Term Disability overpayment, which results upon your receipt of the retroactive Social Security benefits. The attorney’s fee, which is capped by Social Security law, will be deducted from the lump-sum Social Security Disability benefits award and will not be used to further reduce your Long Term Disability benefit.

## PREMIUM DEDUCTION SERVICE

As a service to You while you are disabled, MetLife will assist you by reducing the administrative burden of deducting premium payments for insurance coverage(s) other than your Disability Income Insurance with MetLife (Other Coverage) that are part of your Employer's insurance program for you.

We will do this by deducting from your monthly benefit Payment the required premium amounts for Other Coverage for which you were enrolled under your Employer's insurance plan immediately prior to the start of your disability. Your Employer will notify MetLife of the amount of your required premium payments that MetLife is to deduct for such Other Coverage. MetLife will then pay this amount to your Employer to be applied toward the premium payments required for such Other Coverage when due, subject to the following terms and conditions.

The amount of premium we deduct from your disability income benefit and then pay to your Employer may be:

- Increased, if there are increases in the amount of premium due for Other Coverage(s) that you are enrolled in, and your Employer notifies us of such increases;
- Reduced or terminated upon a request from you or your Employer; or
- Terminated by MetLife upon the earliest of:
  - 30 days advance notice to you;
  - Your return to work;
  - Notification to us of the termination of your employment; or
  - Your disability income benefits end date.

In no event will any payment be made to your Employer under the above described service if the amount of monthly benefit payable to you under the MetLife Disability Income Insurance plan is less than the amount of the applicable premium payroll deductions.

Your Employer will be solely responsible for remitting the amount of premium payments for Other Coverage(s) received from MetLife to the appropriate party or parties.

If while you are Disabled, you do not want MetLife to deduct the premium for Other Coverage as described above, you must notify MetLife of your intention. When we receive your notice, we will stop making premium deductions for Other Coverage(s).

The Early Intervention Program is a standard feature of all fully insured plans—offered at no additional cost. In situations where MetLife is not the Short Term Disability carrier or the administrator of the Salary Continuance Program, the Employer notifies MetLife of a Disability before LTD begins. The objective of the program is to identify, as soon as possible, employees who are appropriate candidates for early intervention and return to work services.

### EARLY INTERVENTION PROGRAM

#### Early Intervention Program

The MetLife Early Intervention Program is offered to all covered employees, and your participation is voluntary.\* The program helps identify early those employees who might benefit from vocational analyses and rehabilitation services before they are eligible for Long Term Disability benefits. Early rehabilitation efforts are more likely to reduce the length of your Long Term Disability and help you return to work sooner than expected.

If you cannot work, or can only work part time due to a Disability, your Employer will notify MetLife. Our Clinical Specialists may be able to assist you by:

1. Reviewing and evaluating your disabling condition, even before a claim for Long Term Disability benefits is submitted (with your consent);
2. Designing individualized return to work plans that focus on your abilities, with the goal of return to work;
3. Identifying local community resources;
4. Coordinating services with other benefit providers, including medical carrier, short term disability carrier,\* Workers' Compensation carrier and state disability plans;
5. Monitoring return to work plans in progress and modifying them as recommended by the attending Physician (with your consent);
6. Providing analyses of job demands and functions to determine what modifications may be made to maximize your employment opportunities. It also includes an on-site ergonomic evaluation of work conditions to assist you in returning to work. If MetLife agrees that job modifications are likely to help you remain at work or return to work we may also agree (with your consent) to reimburse your employer for the cost of such modifications up to an amount agreed to between MetLife and your employer.

\* If You also have MetLife Short Term Disability coverage or Salary Continuance Plan Management, these services are available if appropriate. Notification by your employer is not necessary.

Our assistance is offered at no cost to either you or your employer.



**Get expert guidance for confident decisions — for your organization, and your employees.  
Contact your MetLife representative today.**



## Additional List of Subcontractors

Due to the limited space provided in the Subcontractors/Subconsultants/Suppliers Requirement Form, we have listed other subcontractors we use for MetLife's Disability programs.

1.
 

<b>Subcontracted Firm's Name:</b>	SALT Associates, LLC
<b>Subcontracted Firm's Address:</b>	106 Lafayette Street Suite 3G Yarmouth, ME 04096
<b>Subcontracted Firm's Telephone Number:</b>	813-673-3538
<b>Contact Person's Name and Position:</b>	Edward Lee, Client Services Consultant
<b>Contact Person's E-Mail Address:</b>	elee11@metlife.com
<b>Estimated Subcontract/Supplies Contract Amount:</b>	This is proprietary information. The subcontractor has not been contracted specifically for Broward County Board of County Commissioners. Their services are integrated into our day-to-day operations.
<b>Type of Work/Supplies Provided:</b>	Provides special Handling Unit claim review.
  
2.
 

<b>Subcontracted Firm's Name:</b>	Professional Disability Associates, LLC
<b>Subcontracted Firm's Address:</b>	One Monument Square Suite 201 Portland, ME 04101
<b>Subcontracted Firm's Telephone Number:</b>	813-673-3538



**Contact Person's Name and Position:**

Edward Lee, Client Services Consultant

**Contact Person's E-Mail Address:**

elee11@metlife.com

**Estimated Subcontract/Supplies Contract Amount:**

This is proprietary information. The subcontractor has not been contracted specifically for Broward County Board of County Commissioners. Their services are integrated into our day-to-day operations.

**Type of Work/Supplies Provided:**

Provides rehabilitation services.

3.

**Subcontracted Firm's Name:**

ISO/Verisk Location

**Subcontracted Firm's Address:**

545 Washington Boulevard  
Jersey City, NJ 07310

**Subcontracted Firm's Telephone Number:**

813-673-3538

**Contact Person's Name and Position:**

Edward Lee, Client Services Consultant

**Contact Person's E-Mail Address:**

elee11@metlife.com

**Estimated Subcontract/Supplies Contract Amount:**

This is proprietary information. The subcontractor has not been contracted specifically for Broward County Board of County Commissioners. Their services are integrated into our day-to-day operations.

**Type of Work/Supplies Provided:**

Provides Workers Compensation reports and data.

4.

<b>Subcontracted Firm's Name:</b>	G4S
<b>Subcontracted Firm's Address:</b>	11414 W Center Rd #100 Omaha, NE 68144
<b>Subcontracted Firm's Telephone Number:</b>	813-673-3538
<b>Contact Person's Name and Position:</b>	Edward Lee, Client Services Consultant
<b>Contact Person's E-Mail Address:</b>	elee11@metlife.com
<b>Estimated Subcontract/Supplies Contract Amount:</b>	This is proprietary information. The subcontractor has not been contracted specifically for Broward County Board of County Commissioners. Their services are integrated into our day-to-day operations.
<b>Type of Work/Supplies Provided:</b>	Provides LTD field visits.

5.

<b>Subcontracted Firm's Name:</b>	Kamine Industries (Fast Track)
<b>Subcontracted Firm's Address:</b>	1545 Us Highway 206 100 Bedminster, NJ 07921
<b>Subcontracted Firm's Telephone Number:</b>	813-673-3538
<b>Contact Person's Name and Position:</b>	Edward Lee, Client Services Consultant
<b>Contact Person's E-Mail Address:</b>	elee11@metlife.com
<b>Estimated Subcontract/Supplies</b>	This is proprietary information. The



<b>Contract Amount:</b>	subcontractor has not been contracted specifically for Broward County Board of County Commissioners. Their services are integrated into our day-to-day operations.
<b>Type of Work/Supplies Provided:</b>	Provides return to work assessments.

6. <b>Subcontracted Firm's Name:</b>	MetLife Services and Solutions, LLC
<b>Subcontracted Firm's Address:</b>	200 Park Ave 6th New York, NY 10166
<b>Subcontracted Firm's Telephone Number:</b>	813-673-3538
<b>Contact Person's Name and Position:</b>	Edward Lee, Client Services Consultant
<b>Contact Person's E-Mail Address:</b>	elee11@metlife.com
<b>Estimated Subcontract/Supplies Contract Amount:</b>	This is proprietary information. The subcontractor has not been contracted specifically for Broward County Board of County Commissioners. Their services are integrated into our day-to-day operations.
<b>Type of Work/Supplies Provided:</b>	Supports administration processes.

7. <b>Subcontracted Firm's Name:</b>	Eriksen Translations, Inc.
<b>Subcontracted Firm's Address:</b>	50 Court Street Suite 700 Brooklyn, New York 11201



<b>Subcontracted Firm's Telephone Number:</b>	813-673-3538
<b>Contact Person's Name and Position:</b>	Edward Lee, Client Services Consultant
<b>Contact Person's E-Mail Address:</b>	elee11@metlife.com
<b>Estimated Subcontract/Supplies Contract Amount:</b>	This is proprietary information. The subcontractor has not been contracted specifically for Broward County Board of County Commissioners. Their services are integrated into our day-to-day operations.
<b>Type of Work/Supplies Provided:</b>	Provides over-the-phone interpretation, document translation.

8.

<b>Subcontracted Firm's Name:</b>	LanguageLine Solutions, Inc.
<b>Subcontracted Firm's Address:</b>	1 Lower Ragsdale Drive, Building 2 Monterey CA, 93940
<b>Subcontracted Firm's Telephone Number:</b>	813-673-3538
<b>Contact Person's Name and Position:</b>	Edward Lee, Client Services Consultant
<b>Contact Person's E-Mail Address:</b>	elee11@metlife.com
<b>Estimated Subcontract/Supplies Contract Amount:</b>	This is proprietary information. The subcontractor has not been contracted specifically for Broward County Board of County Commissioners. Their services are integrated into our day-to-day operations.
<b>Type of Work/Supplies Provided:</b>	Provides over-the-phone interpretation, document translation.

9.

<b>Subcontracted Firm's Name:</b>	ExlService Holdings, Inc.
<b>Subcontracted Firm's Address:</b>	320 Park Avenue 29th Floor New York, NY 10022
<b>Subcontracted Firm's Telephone Number:</b>	813-673-3538
<b>Contact Person's Name and Position:</b>	Edward Lee, Client Services Consultant
<b>Contact Person's E-Mail Address:</b>	elee11@metlife.com
<b>Estimated Subcontract/Supplies Contract Amount:</b>	This is proprietary information. The subcontractor has not been contracted specifically for Broward County Board of County Commissioners. Their services are integrated into our day-to-day operations.
<b>Type of Work/Supplies Provided:</b>	Provides rehabilitation services.

10.

<b>Subcontracted Firm's Name:</b>	Global Operations Support Center
<b>Subcontracted Firm's Address:</b>	Paharpur Business Center Maple, 21 Nehru Place Delhi, 110019 India
<b>Subcontracted Firm's Telephone Number:</b>	813-673-3538
<b>Contact Person's Name and Position:</b>	Edward Lee, Client Services Consultant
<b>Contact Person's E-Mail Address:</b>	elee11@metlife.com
<b>Estimated Subcontract/Supplies Contract Amount:</b>	This is proprietary information. The subcontractor has not been contracted specifically for Broward County Board of



**Type of Work/Supplies Provided:**

County Commissioners. Their services are integrated into our day-to-day operations.
Provides claims and transactional support.

# MetLife Legal Comments

Metropolitan Life Insurance Company (“MetLife”) lists below the deviations it is submitting with respect to its response to the Request for Proposal by Broward County Board of County Commissioners (“Customer”) Group Long Term Disability Insurance (Rebid) # GEN2118079P2.

## I. General Comment

As required by state law, insurance policies (the “Group Contract”) will be issued by one or more MetLife Companies. With respect to the Introduction on page 1 of the Scope of Services, General Information & Specifications and Section 12.17 of Article 12 on page 15 of the Draft Agreement, the Group Contract governs the terms and conditions of the coverage being provided. In the event of any conflict between the Group Contract and any other documents, the Group Contract will govern.

## II. Subcontractors

**With respect to Item B.1.e of the Standard Instructions to Vendors and the Subcontractors/Subconsultants/Suppliers Requirement Form, MetLife responds as follows:**

MetLife can provide a list of its subcontractors utilized at the time the contract is entered into.

**With respect to Article 9 on pages 7-8 of the Draft Agreement, Section 11.1 of Article 11 on page 10 of the RFP, Section 12.2 of Article 12 on page 10 of the Draft Agreement, Section 12.4 of Article 12 on pages 12-13 of the Draft Agreement, Section 12.11 of Article 12 on page 14 of the Draft Agreement, and Section 12.21 of Article 12 on page 16 of the Draft Agreement, MetLife responds as follows:**

MetLife can agree with respect to subcontracts entered into exclusively to perform services related to Broward County Board of County Commissioners’ LTD coverage.

**With respect to Section 12.10 of Article 12 on page 14 of the Draft Agreement, MetLife responds as follows:**

We use subcontractors for various workflow activities across our entire LTD book of business. MetLife cannot agree to seek the written consent of its customers with respect to the use of its subcontractors. However, MetLife can provide a list of its subcontractors utilized at the time the contract is entered into and agree to provide reasonable notice of any additional subcontractors utilized.

### III. Premium Rates

**With respect to Section 5.2 of Article 5 on page 3 of the Draft Agreement, MetLife responds as follows:**

The Group Contract addresses the right to change premium rates.

### IV. Termination

**With respect to Section 5.2 of Article 5 on page 3 of the Draft Agreement, Section 7.10 of Article 7 on page 6 of the Draft Agreement, Article 10 on pages 8-10 of the Draft Agreement, Section 11.2 of Article 11 on page 10 of the RFP, and Section 12.10 of Article 12 on page 14 of the Draft Agreement, MetLife responds as follows:**

Please see General Comment above. Please note, there are termination provisions in the Group Contract. We note that the Customer has the right to terminate coverage without cause.

### V. Indemnification

**With respect to Article 8 on pages 6-7 of the Draft Agreement, MetLife can agree subject to the following modifications:**

Insurer shall indemnify, hold harmless, and defend County and all of County's ~~past, present and future~~ officers, agents, servants, and employees (collectively, "Indemnified Party") from and against any and all causes of action, demands, claims, losses, liabilities, and expenditures of any kind, including attorneys' fees, court costs, and expenses, including through the conclusion of any appellate proceedings, raised or asserted by any person or entity not a party to this Agreement, and caused ~~or alleged to be caused, in whole or in part,~~ by any intentional, reckless, or ~~grossly~~ negligent act or omission of Insurer, its officers, employees, agents, or servants, arising from, relating to, or in connection with this Agreement (collectively, a "Claim"). ~~In the event any Claim is brought against an Indemnified Party, Insurer shall, upon written notice from County, defend each Indemnified Party against each such Claim by counsel satisfactory to County or, at County's option, pay for an attorney selected by the County Attorney to defend the Indemnified Party.~~ The obligations of this section shall survive the expiration or earlier termination of this Agreement. ~~To the extent considered necessary by the Contract Administrator and the County Attorney, any sums due Insurer under this Agreement may be retained by County until all Claims subject to this indemnification obligation have been settled or otherwise resolved. Any amount withheld shall not be subject to payment of interest by County.~~ This provision does not apply to any action taken by the County or at its direction.

## VI. Conflicts

**With respect to Section 12.11 of Article 12 on pages 14-15 of the Draft Agreement, MetLife can agree subject to the following modifications:**

During the term of this Agreement, none of Insurer's officers or employees shall serve as an expert witness against County in any legal or administrative proceeding **where the County is not asserting claims against the Provider** in which he, she, or Insurer is not a party, unless compelled by court process. Further, such persons shall not give sworn testimony or issue a report or writing, as an expression of his or her expert opinion, which is adverse or prejudicial to the interests of County in connection with any such pending or threatened legal or administrative proceeding **where the County is not asserting claims against the Provider** unless compelled by court process.

## VII. PIGGYBACK

**With respect to Section 12.30 of Article 12 on page 18 of the Draft Agreement, MetLife responds as follows:**

We will evaluate additional entities on a case-by-case basis.

## VIII. Insurance

**With respect to Article 9 - Sections 9.4 and 9.7 of the Draft Agreement, pages 7 and 8, MetLife responds as follows:**

Please note, much of Article 9 refers back to Exhibit D, which only states that the content of Exhibit D is "To be determined, subject to negotiation". Based on this, we are unable to complete a full review. However, we have provided the following modifications below.

9.4. Insurer shall ensure that all insurance coverages required by this article shall remain in full force and effect for the duration of this Agreement and until all performance required by Insurer has been completed, as determined by Contract Administrator. Insurer or its insurer shall provide notice to County of any cancellation **or modification** of any required policy at least thirty (30) days prior to the effective date of cancellation **or modification, and at least ten (10) days prior to the effective date of any cancellation due to nonpayment,** and shall concurrently provide County with a copy of its updated Certificates of Insurance evidencing continuation of the required coverage(s). Insurer shall ensure that there is no lapse of coverage at any time during the time period for which coverage is required by this article.

~~9.7. Insurer shall declare in writing any self-insured retentions or deductibles over the limit(s) prescribed in Exhibit D and submit to County for approval at least fifteen (15) days prior to the Effective Date or commencement of Services.~~ Insurer shall be solely responsible for and shall pay any deductible or self-insured retention applicable to any claim against County. County may, at any time, require Insurer to purchase coverage

with a lower retention or provide proof of ability to pay losses and related investigations, claim administration, and defense expenses within the retention. Insurer agrees that any deductible or self-insured retention may be satisfied by either the named insured or County, if so elected by County, and Insurer agrees to obtain same in endorsements to the required policies.

**AFFILIATED ENTITIES OF THE PRINCIPAL(S) CERTIFICATION FORM**

The completed form should be submitted with the solicitation response but must be submitted within three business days of County's request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes.

- a. All Vendors are required to disclose the names and addresses of "affiliated entities" of the Vendor's principal(s) over the last five (5) years (from the solicitation opening deadline) that have acted as a prime Vendor with the County.
- b. The County will review all affiliated entities of the Vendor's principal(s) for contract performance evaluations and the compliance history with the County's Small Business Program, including CBE, DBE and SBE goal attainment requirements. "Affiliated entities" of the principal(s) are those entities related to the Vendor by the sharing of stock or other means of control, including but not limited to a subsidiary, parent or sibling entity.
- c. The County will consider the contract performance evaluations and the compliance history of the affiliated entities of the Vendor's principals in its review and determination of responsibility.

The Vendor hereby certifies that: (select one)

No principal of the proposing Vendor has prior affiliations that meet the criteria defined as "Affiliated entities"

Principal(s) listed below have prior affiliations that meet the criteria defined as "Affiliated entities"

Principal's Name:

Names of Affiliated Entities:  5  
6

Principal's Name:

Names of Affiliated Entities:  5  
6

Principal's Name:

Names of Affiliated Entities:  5  
6

Authorized Signature Name: 

Title:

Vendor Name:

Date:

# Supplier Response Form

## AGREEMENT EXCEPTION FORM

The completed form(s) should be returned with the Vendor's submittal. If not provided with submittal, it shall be deemed an affirmation by the Vendor that it accepts the terms and conditions of the County's Agreement as disclosed in the solicitation.

The Vendor must either provide specific proposed alternative language on the form below. Additionally, a brief justification specifically addressing each provision to which an exception is taken should be provided.

- There are no exceptions to the terms and conditions of the County Agreement as referenced in the solicitation; or
- The following exceptions are disclosed below: (use additional forms as needed; separate each Article/ Section number)

Term or Condition Article / Section	Insert version of exception or specific proposed alternative language	Provide brief justification for change
Item B.1 of the Stand	Like most large financial institutio	State insurance regul
Section 12.2 of Article	MetLife can agree to the extent th	In the event of termir
Section 12.21 of Artic	MetLife is in full compliance with a	We note that the req
Section 12.10 of Artic	We use subcontractors for various	owever, MetLife can p
Section 12.4 of Article	MetLife proposes that any claim a	If conducted by a thir

**Vendor Name:** Metropolitan Life Insurance Company (MLIC)

**Please enter your password below and click Save to update your response.**

Please be aware that typing in your password acts as your electronic signature, which is just as legal and binding as an original signature. (See [Electronic Signatures in Global and National Commerce Act](#) for more information.)

**To take exception:**

- 1) Click Take Exception.
- 2) Create a Word document detailing your exceptions.
- 3) Upload exceptions as an attachment to your offer on BidSync's system.

By completing this form, your bid has not yet been submitted. Please click on the place offer button to finish filling out your bid.

Username **cadler@metlife.com**

Password  \*

\* Required fields

### DOMESTIC PARTNERSHIP ACT CERTIFICATION FORM (REQUIREMENT AND TIEBREAKER)

Refer to Special Instructions to identify if Domestic Partnership Act is a requirement of the solicitation or acts only as a tiebreaker. If Domestic Partnership is a requirement of the solicitation, the completed and signed form should be returned with the Vendor's submittal. If the form is not provided with submittal, the Vendor must submit within three business days of County's request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes. To qualify for the Domestic Partnership tiebreaker criterion, the Vendor must currently offer the Domestic Partnership benefit and the completed and signed form must be returned at time of solicitation submittal.

The Domestic Partnership Act, Section 16 ½ -157, Broward County Code of Ordinances, requires all Vendors contracting with the County, in an amount over \$100,000 provide benefits to Domestic Partners of its employees, on the same basis as it provides benefits to employees' spouses, with certain exceptions as provided by the Ordinance.

For all submittals over \$100,000.00, the Vendor, by virtue of the signature below, certifies that it is aware of the requirements of Broward County's Domestic Partnership Act, Section 16-½ -157, Broward County Code of Ordinances; and certifies the following: (check only one below).

- 1. The Vendor currently complies with the requirements of the County's Domestic Partnership Act and provides benefits to Domestic Partners of its employees on the same basis as it provides benefits to employees' spouses
- 2. The Vendor will comply with the requirements of the County's Domestic Partnership Act at time of contract award and provide benefits to Domestic Partners of its employees on the same basis as it provides benefits to employees' spouses.
- 3. The Vendor will not comply with the requirements of the County's Domestic Partnership Act at time of award.
- 4. The Vendor does not need to comply with the requirements of the County's Domestic Partnership Act at time of award because the following exception(s) applies: **(check only one below)**.
  - The Vendor is a governmental entity, not-for-profit corporation, or charitable organization.
  - The Vendor is a religious organization, association, society, or non-profit charitable or educational institution.
  - The Vendor provides an employee the cash equivalent of benefits. (Attach an affidavit in compliance with the Act stating the efforts taken to provide such benefits and the amount of the cash equivalent).
  - The Vendor cannot comply with the provisions of the Domestic Partnership Act because it would violate the laws, rules or regulations of federal or state law or would violate or be inconsistent with the terms or conditions of a grant or contract with the United States or State of Florida. Indicate the law, statute or regulation (State the law, statute or regulation and attach explanation of its applicability).



**Authorized  
Signature/Name**

Michael McDermott

Vice President

**Title**

Metropolitan Life  
Insurance Company

**Vendor Name**

November 8, 2019

**Date**

### DRUG-FREE WORKPLACE REQUIREMENT CERTIFICATION FORM

The completed and signed form should be returned with the Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes.

Section 21.31.a. of the Broward County Procurement Code requires awards of all competitive solicitations requiring Board Award be made only to firms certifying the establishment of a drug free workplace.

The undersigned vendor hereby certifies that it will provide a drug-free workplace program by:

- (1) Publishing a statement notifying its employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the offeror's workplace, and specifying the actions that will be taken against employees for violations of such prohibition;
- (2) Establishing a continuing drug-free awareness program to inform its employees about:
  - i. The dangers of drug abuse in the workplace;
  - ii. The offeror's policy of maintaining a drug-free workplace;
  - iii. Any available drug counseling, rehabilitation, and employee assistance programs; and
  - iv. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (3) Giving all employees engaged in performance of the contract a copy of the statement required by subparagraph (1);
- (4) Notifying all employees, in writing, of the statement required by subparagraph (1), that as a condition of employment on a covered contract, the employee shall:
  - i. Abide by the terms of the statement; and
  - ii. Notify the employer in writing of the employee's conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or of any state, for a violation occurring in the workplace NO later than five days after such conviction.
- (5) Notifying Broward County government in writing within 10 calendar days after receiving notice under subdivision (4) (ii) above, from an employee or otherwise receiving actual notice of such conviction. The notice shall include the position title of the employee;
- (6) Within 30 calendar days after receiving notice under subparagraph (4) of a conviction, taking one of the following actions with respect to an employee who is convicted of a drug abuse violation occurring in the workplace:
  - i. Taking appropriate personnel action against such employee, up to and including termination; or
  - ii. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency; and
- (7) Making a good faith effort to maintain a drug-free workplace program through implementation of subparagraphs (1) through (6).

 Michael McDermott	Vice President	November 8, 2019
<b>AUTHORIZED SIGNATURE/ NAME</b>	<b>TITLE</b>	<b>DATE</b>

# Supplier Response Form

## LITIGATION HISTORY FORM

The completed form(s) should be returned with the Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes.

- There are no material cases for this Vendor; or
- Material Case(s) are disclosed below:

Is this for a: (check type) <input type="checkbox"/> Parent, <input type="checkbox"/> Subsidiary, or <input type="checkbox"/> Predecessor Firm?	If Yes, name of Parent/Subsidiary/Predecessor: <input type="text" value="There are no material cases for this Vendor under The County's de"/>
	Or No <input type="checkbox"/>
Party	
Case Number, Name, and Date Filed	<input type="text"/>
Name of Court or other tribunal	<input type="text"/>
Type of Case	Bankruptcy <input type="checkbox"/> Civil <input type="checkbox"/> Criminal <input type="checkbox"/> Administrative/Regulatory <input type="checkbox"/>
Claim or Cause of Action and Brief description of each Count	<input type="text"/>
Brief description of the Subject Matter and Project Involved	<input type="text"/>
Disposition of Case  (Attach copy of any applicable Judgment, Settlement Agreement and Satisfaction of Judgment.)	Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed <input type="checkbox"/> Judgment Vendor's Favor <input type="checkbox"/> Judgment Against Vendor <input type="checkbox"/> If Judgment Against, is Judgment Satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Opposing Counsel	Name: <input type="text"/> Email: <input type="text"/> Telephone Number: <input type="text"/>

Vendor Name:

**Please enter your password below and click Save to update your response.**

Please be aware that typing in your password acts as your electronic signature, which is just as legal and binding as an original signature. (See [Electronic Signatures in Global and National Commerce Act](#) for more information.)

**To take exception:**

- 1) Click Take Exception.
- 2) Create a Word document detailing your exceptions.
- 3) Upload exceptions as an attachment to your offer on BidSync's system.

By completing this form, your bid has not yet been submitted. Please click on the place offer button to finish filling out your bid.

Username **cadler@metlife.com**

Password  \*

\* Required fields

### LOBBYIST REGISTRATION REQUIREMENT CERTIFICATION FORM

The completed form should be submitted with the solicitation response but must be submitted within three business days of County's request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes.

The Vendor certifies that it understands if it has retained a lobbyist(s) to lobby in connection with a competitive solicitation, it shall be deemed non-responsive unless the firm, in responding to the competitive solicitation, certifies that each lobbyist retained has timely filed the registration or amended registration required under Broward County Lobbyist Registration Act, Section 1-262, Broward County Code of Ordinances; and it understands that if, after awarding a contract in connection with the solicitation, the County learns that the certification was erroneous, and upon investigation determines that the error was willful or intentional on the part of the Vendor, the County may, on that basis, exercise any contractual right to terminate the contract for convenience.

The Vendor hereby certifies that: (select one)

- It has not retained a lobbyist(s) to lobby in connection with this competitive solicitation; however, if retained after the solicitation, the County will be notified.
- It has retained a lobbyist(s) to lobby in connection with this competitive solicitation and certified that each lobbyist retained has timely filed the registration or amended registration required under Broward County Lobbyist Registration Act, Section 1-262, Broward County Code of Ordinances.

It is a requirement of this solicitation that the names of any and all lobbyists retained to lobby in connection with this solicitation be listed below:

Name of Lobbyist:

Lobbyist's Firm:

Phone:

E-mail:

Name of Lobbyist:

Lobbyist's Firm:

Phone:

E-mail:

Authorized Signature/Name:    Michael McDermott Date:

November 8, 2019

Title:  Vice President

Vendor Name:  Metropolitan Life Insurance Company

### RFP-RLI-RFQ LOCAL PREFERENCE AND TIE BREAKER CERTIFICATION FORM

The completed and signed form should be returned with the Vendor's submittal to determine Local Preference eligibility, however it must be returned at time of solicitation submittal to qualify for the Tie Break criteria. If not provided with submittal, the Vendor must submit within three business days of County's request for evaluation of Local Preference. Proof of a local business tax should be submitted with this form. Failure to timely submit this form or local business tax receipt may render the business ineligible for application of the Local Preference or Tie Break Criteria.

In accordance with Section 21.31.d. of the Broward County Procurement Code, to qualify for the Tie Break Criteria, the undersigned Vendor hereby certifies that (check box if applicable):

- The Vendor is a local Vendor in Broward County and:
  - a. has a valid Broward County local business tax receipt;
  - b. has been in existence for at least six-months prior to the solicitation opening;
  - c. at a business address physically located within Broward County;
  - d. in an area zoned for such business;
  - e. provides services from this location on a day-to-day basis, and
  - f. services provided from this location are a substantial component of the services offered in the Vendor's proposal.

In accordance with Local Preference, Section 1-74, et. seq., Broward County Code of Ordinances, a local business meeting the below requirements is eligible for Local Preference. To qualify for the Local Preference, the undersigned Vendor hereby certifies that (check box if applicable):

- The Vendor is a local Vendor in Broward and:
  - a. has a valid Broward County local business tax receipt issued at least one year prior to solicitation opening;
  - b. has been in existence for at least one-year prior to the solicitation opening;
  - c. provides services on a day-to-day basis, at a business address physically located within the Broward County limits in an area zoned for such business; and
  - d. the services provided from this location are a substantial component of the services offered in the Vendor's proposal.

Not applicable. MetLife certifies it is not a local Vendor in Broward County.

Local Business Address:

Vendor does not qualify for Tie Break Criteria or Local Preference, in accordance with the above requirements. The undersigned Vendor hereby certifies that (check box if applicable): The Vendor is not a local Vendor in Broward County.

	Vice President	Metropolitan Life Insurance Company	November 8, 2019
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AUTHORIZED SIGNATURE/NAME	TITLE	COMPANY	DATE
Michael McDermott			

## RFP-RFQ-RLI LOCATION ATTESTATION FORM (EVALUATION CRITERIA)

The completed and signed form and supporting information (if applicable, for Joint Ventures) should be returned with the Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Failure to timely submit this form and supporting information may affect the Vendor's evaluation. Provided information is subject to verification by the County.

A Vendor's principal place of business location (also known as the nerve center) within Broward County is considered in accordance with Evaluation Criteria. The County's definition of a principal place of business is:

1. As defined by the Broward County Local Preference Ordinance, "Principal place of business means the nerve center or center of overall direction, control and coordination of the activities of the bidder [Vendor]. If the bidder has only one (1) business location, such business location shall be considered its principal place of business."
2. A principal place of business refers to the place where a corporation's officers direct, control, and coordinate the corporation's day-to-day activities. It is the corporation's 'nerve center' and in practice it should normally be the place where the corporation maintains its headquarters; provided that the headquarters is the actual center of direction, control, and coordination, i.e., the 'nerve center', and not simply an office where the corporation holds its board meetings (for example, attended by directors and officers who have traveled there for the occasion).

The Vendor's principal place of business in Broward County shall be the Vendor's "Principal Address" indicated with the Florida Department of State Division of Corporations, for at least six months prior to the solicitation's due date.

Check one of the following:

- The Vendor certifies that it has a principal place of business location (also known as the nerve center) within Broward County, as documented in Florida Department of State Division of Corporations (Sunbiz), and attests to the following statements:
1. Vendor's address listed in its submittal is its principal place of business as defined by Broward County;
  2. Vendor's "Principal Address" listed with the Florida Department of State Division of Corporations is the same as the address listed in its submittal and the address was listed for at least six months prior to the solicitation's opening date. A copy of Florida Department of State Division of Corporations (Sunbiz) is attached as verification.
  3. Vendor must be located at the listed "nerve center" address ("Principal Address") for at least six (6) months prior to the solicitation's opening date;
  4. Vendor has not merged with another firm within the last six months that is not headquartered in Broward County and is not a wholly owned subsidiary or a holding company of another firm that is not headquartered in Broward County;
  5. If awarded a contract, it is the intent of the Vendor to remain at the referenced address for the duration of the contract term, including any renewals, extensions or any approved interim contracts for the services provided under this contract; and
  6. The Vendor understands that if after contract award, the County learns that the attestation was erroneous, and upon investigation determines that the error was willful or intentional on

the part of the Vendor, the County may, on that basis exercise any contractual right to terminate the contract. Further any misleading, inaccurate, false information or documentation submitted by any party affiliated with this procurement may lead to suspension and/or debarment from doing business with Broward County as outlined in the Procurement Code, Section 21.119.

If the Vendor is submitting a response as a Joint Venture, the following information is required to be submitted:

- a. Name of the Joint Venture Partnership
- b. Percentage of Equity for all Joint Venture Partners
- c. A copy of the executed Agreement(s) between the Joint Venture Partners

Vendor does not have a principal place of business location (also known as the nerve center) within Broward County.


**Vendor Information:**

Vendor Name:

Vendor's address listed in its submittal is:

200 Park Avenue New York, NY 10166	5
	6

The signature below must be by an individual authorized to bind the Vendor. The signature below is an attestation that all information listed above and provided to Broward County is true and accurate.

	<input type="text" value="Vice President"/>	<input type="text" value="Metropolitan Life Insurance Company"/>	<input type="text" value="November 8, 2019"/>
Authorized Signature/Name Michael McDermott	Title	Vendor Name	Date

## Procurement Preferences for Broward County Small Business Enterprises and County Business Enterprises

This form should be returned with the Vendor's submittal and will be used for informational purposes.

In accordance with Broward County Ordinance, Section 1.81, non-reserved solicitations (for SBE's or CBE's) and solicitations without any assigned CBE goals, a responding Broward County certified SBE or CBE may be eligible for a procurement preference, in accordance with below:

### For Invitations to Bid and Quotation Requests:

If a responsive, responsible bid is received from a certified CBE or SBE that is within ten percent (10%) of the lowest responsive, responsible bid received from a non-certified (SBE or CBE) firm, the SBE or CBE (as applicable) shall be offered the opportunity to match the lowest responsive, responsible bid. If the SBE or CBE firm (as applicable) is responsive and responsible, and matches the lowest responsive, responsible bid, the CBE or SBE firm shall be recommended for award.

### For Request for Proposals:

If upon the completion of final rankings by the Evaluation Committee, a non-certified proposer is the highest-ranked proposer, and a responsive, responsible SBE or CBE proposer receives a score that is within five percent (5%) of the score obtained by the non-certified proposer, the highest-ranked responsive, responsible SBE or CBE proposer shall be considered the highest-ranked proposer and shall have the opportunity to proceed to negotiations with the County for award of the contract.

Vendor should indicate below if the firm is a currently certified Broward County SBE and/or CBE firm. If the firm does not indicate it is an SBE or CBE, preference may not be applied based on information received but certification will be verified in the Broward County OESBD [Certified Firm Directory](#). Vendor must be certified at time of solicitation opening (due date).

This form does not substitute for certification or application for certification.

- Firm is a Broward County certified Small Business Enterprise (SBE)
- Firm is a Broward County certified County Business Enterprise (CBE)
- Firm is not a Broward County certified Small Business Enterprise (SBE) or County Business Enterprise (CBE).

Metropolitan Life Insurance Company

Vendor Name

For questions regarding the Broward County SBE and CBE certifications, please contact Office of Economic and Small Business Development at 954-357-6400.

## STANDARD CERTIFICATIONS

### Request for Proposals, Request for Qualifications, or Request for Letters of Interest

Vendor should complete and acknowledge the standard certifications and submit with the solicitation response. If not submitted with solicitation response, it must be submitted within three business days of County's request. Failure to timely submit may affect Vendor's evaluation. It is imperative that the person completing the standard certifications be knowledgeable about the proposing Vendor's business and operations.

#### **Cone of Silence Requirement Certification:**

The Cone of Silence Ordinance, Section 1-266, Broward County Code of Ordinances prohibits certain communications among Vendors, Commissioners, County staff, and Selection or Evaluation Committee members. Identify on a separate sheet any violations of this Ordinance by any members of the responding firm or its joint ventures. After the application of the Cone of Silence, inquiries regarding this solicitation should be directed to the Director of Purchasing or designee. The Cone of Silence terminates when the County Commission or other awarding authority takes action which ends the solicitation.

The Vendor hereby certifies that: (check each box)

- The Vendor has read Cone of Silence Ordinance, Section 1-266, Broward County Code of Ordinances; and
- The Vendor understands that the Cone of Silence for this competitive solicitation shall be in effect beginning upon the appointment of the Selection or Evaluation Committee, for communication regarding this solicitation with the County Administrator, Deputy County Administrator, Assistant County Administrators, and Assistants to the County Administrator and their respective support staff or any person, including Evaluation or Selection Committee members, appointed to evaluate or recommend selection in this RFP/RLI process. For Communication with County Commissioners and Commission staff, the Cone of Silence allows communication until the initial Evaluation or Selection Committee Meeting.
- The Vendor agrees to comply with the requirements of the Cone of Silence Ordinance.

#### **Drug-Free Workplace Requirements Certification:**

Section 21.31.a. of the Broward County Procurement Code requires awards of all competitive solicitations requiring Board award be made only to firms certifying the establishment of a drug free workplace program. The program must consist of:

1. Publishing a statement notifying its employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the offeror's workplace, and specifying the actions that will be taken against employees for violations of such prohibition;
2. Establishing a continuing drug-free awareness program to inform its employees about:
  - a. The dangers of drug abuse in the workplace;
  - b. The offeror's policy of maintaining a drug-free workplace;
  - c. Any available drug counseling, rehabilitation, and employee assistance programs; and
  - d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
3. Giving all employees engaged in performance of the contract a copy of the statement required by subparagraph 1;

4. Notifying all employees, in writing, of the statement required by subparagraph 1, that as a condition of employment on a covered contract, the employee shall:
  - a. Abide by the terms of the statement; and
  - b. Notify the employer in writing of the employee's conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or of any state, for a violation occurring in the workplace NO later than five days after such conviction.
5. Notifying Broward County government in writing within 10 calendar days after receiving notice under subdivision 4.b above, from an employee or otherwise receiving actual notice of such conviction. The notice shall include the position title of the employee;
6. Within 30 calendar days after receiving notice under subparagraph 4 of a conviction, taking one of the following actions with respect to an employee who is convicted of a drug abuse violation occurring in the workplace:
  - a. Taking appropriate personnel action against such employee, up to and including termination; or
  - b. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency; and
7. Making a good faith effort to maintain a drug-free workplace program through implementation of subparagraphs 1 through 6.

The Vendor hereby certifies that: (check box)

- The Vendor certifies that it has established a drug free workplace program in accordance with the above requirements.

**Non-Collusion Certification:**

Vendor shall disclose, to their best knowledge, any Broward County officer or employee, or any relative of any such officer or employee as defined in Section 112.3135 (1) (c), Florida Statutes, who is an officer or director of, or has a material interest in, the Vendor's business, who is in a position to influence this procurement. Any Broward County officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement. Failure of a Vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the Broward County Procurement Code.

The Vendor hereby certifies that: (select one)

- The Vendor certifies that this offer is made independently and free from collusion; or
- The Vendor is disclosing names of officers or employees who have a material interest in this procurement and is in a position to influence this procurement. Vendor must include a list of name(s), and relationship(s) with its submittal.

**Public Entities Crimes Certification:**

In accordance with Public Entity Crimes, Section 287.133, Florida Statutes, a person or affiliate placed on the convicted vendor list following a conviction for a public entity crime may not submit on a contract: to provide any goods or services; for construction or repair of a public building or public work; for leases of real property to a public entity; and may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017 for Category Two for a period of 36 months following the date of being placed on the convicted vendor list.

The Vendor hereby certifies that: (check box)

- The Vendor certifies that no person or affiliates of the Vendor are currently on the convicted vendor list and/or has not been found to commit a public entity crime, as described in the statutes.


**Scrutinized Companies List Certification:**

Any company, principals, or owners on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List is prohibited from submitting a response to a solicitation for goods or services in an amount equal to or greater than \$1 million.

The Vendor hereby certifies that: (check each box)

- The Vendor, owners, or principals are aware of the requirements of Sections 287.135, 215.473, and 215.4275, Florida Statutes, regarding Companies on the Scrutinized Companies with Activities in Sudan List the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List; and
- The Vendor, owners, or principals, are eligible to participate in this solicitation and are not listed on either the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List; and
- If awarded the Contract, the Vendor, owners, or principals will immediately notify the County in writing if any of its principals are placed on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List.

I hereby certify the information provided in the Vendor Questionnaire and Standard Certifications:

	Vice President	November 8, 2019
*AUTHORIZED SIGNATURE/NAME Michael McDermott	TITLE	DATE

Vendor Name: Metropolitan Life Insurance Company

\* I certify that I am authorized to sign this solicitation response on behalf of the Vendor as indicated in Certificate as to Corporate Principal, designation letter by Director/Corporate Officer, or other business authorization to bind on behalf of the Vendor. As the Vendor's authorized representative, I attest that any and all statements, oral, written or otherwise, made in support of the Vendor's response, are accurate, true and correct. I also acknowledge that inaccurate, untruthful, or incorrect statements made in support of the Vendor's response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County Procurement Code. I certify that the Vendor's response is made without prior understanding, agreement, or connection with any corporation, firm or person submitting a response for the same items/services, and is in all respects fair and without collusion or fraud. I also certify that the Vendor agrees to abide by all terms and conditions of this solicitation, acknowledge and accept all of the solicitation pages as well as any special instructions sheet(s).

## Supplier Response Form

### SUBCONTRACTORS/SUBCONSULTANTS/SUPPLIERS REQUIREMENT FORM Request for Proposals, Request for Qualifications, or Request for Letters of Interest

The following forms and supporting information (if applicable) should be returned with Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Failure to timely submit may affect Vendor's evaluation.

- A. The Vendor shall submit a listing of all subcontractors, subconsultants and major material suppliers (firms), if any, and the portion of the contract they will perform. A major material supplier is considered any firm that provides construction material for construction contracts, or commodities for service contracts in excess of \$50,000, to the Vendor.
- B. If participation goals apply to the contract, only non-certified firms shall be identified on the form. A non-certified firm is a firm that is not listed as a firm for attainment of participation goals (ex. County Business Enterprise or Disadvantaged Business Enterprise), if applicable to the solicitation.
- C. This list shall be kept up-to-date for the duration of the contract. If subcontractors, subconsultants or suppliers are stated, this does not relieve the Vendor from the prime responsibility of full and complete satisfactory performance under any awarded contract.
- D. After completion of the contract/final payment, the Vendor shall certify the final list of non-certified subcontractors, subconsultants, and suppliers that performed or provided services to the County for the referenced contract.
- E. The Vendor has confirmed that none of the recommended subcontractors, subconsultants, or suppliers' principal(s), officer(s), affiliate(s) or any other related companies have been debarred from doing business with Broward County or any other governmental agency.

If none, state "none" on this form. Use additional sheets as needed. Vendor should scan and upload any additional form(s) in BidSync.

 bold line separating sections

1. Subcontracted Firm's Name:

Subcontracted Firm's Address:

Subcontracted Firm's Telephone Number:

Contact Person's Name and Position:

Contact Person's E-Mail Address:

Estimated Subcontract/Supplies Contract Amount:

Type of Work/Supplies Provided:

 bold line separating sections

2. Subcontracted Firm's Name:

Subcontracted Firm's Address:

Subcontracted Firm's Telephone Number:

Contact Person's Name and Position:

Contact Person's E-Mail Address:

Estimated Subcontract/Supplies Contract Amount:

Type of Work/Supplies Provided:

3. Subcontracted Firm's Name:

Subcontracted Firm's Address:

Subcontracted Firm's Telephone Number:

Contact Person's Name and Position:

Contact Person's E-Mail Address:

Estimated Subcontract/Supplies Contract Amount:

Type of Work/Supplies Provided:

**bold**  
**line**  
**seperatin**  
**sections**

4. Subcontracted Firm's Name:

Subcontracted Firm's Address:

Subcontracted Firm's Telephone Number:

Contact Person's Name and Position:

Contact Person's E-Mail Address:

Estimated Subcontract/Supplies Contract Amount:

Type of Work/Supplies Provided:

**I certify that the information submitted in this report is in fact true and correct to the best of my knowledge.**

**Authorized Signature/Name**

**Title**

**Vendor Name**

**Date**

**Please enter your password below and click Save to update your response.**

Please be aware that typing in your password acts as your electronic signature, which is just as legal and binding as an original signature. (See [Electronic Signatures in Global and National Commerce Act](#) for more information.)

**To take exception:**

- 1) Click Take Exception.
- 2) Create a Word document detailing your exceptions.
- 3) Upload exceptions as an attachment to your offer on BidSync's system.

By completing this form, your bid has not yet been submitted. Please click on the place offer button to finish filling out your bid.

Username **cadler@metlife.com**

Password  \*

\* Required fields

**Supplier Response Form**

**VOLUME OF PREVIOUS WORK ATTESTATION FORM**

The completed and signed form should be returned with the Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Failure to provide timely may affect the Vendor's evaluation.

**This completed form MUST be included with the Vendor's submittal at the time of the opening deadline to be considered for a Tie Breaker criterion (if applicable).**

Points assigned for Volume of Previous Work will be based on the amount paid-to-date by the County to a prime Vendor **MINUS** the Vendor's confirmed payments paid-to-date to approved certified County Business Enterprise (CBE) firms performing services as Vendor's subcontractor/subconsultant to obtain the CBE goal commitment as confirmed by County's Office of Economic and Small Business Development. Reporting must be within five (5) years of the current solicitation's opening date.

Vendor must list all received payments paid-to-date by contract as a prime vendor from Broward County Board of County Commissioners. Reporting must be within five (5) years of the current solicitation's opening date.

Vendor must also list all total confirmed payments paid-to-date by contract, to approved certified CBE firms utilized to obtain the contract's CBE goal commitment. Reporting must be within five (5) years of the current solicitation's opening date.

In accordance with Section 21.31.d. of the Broward County Procurement Code, the Vendor with the lowest dollar volume of work previously paid by the County over a five-year period from the date of the submittal opening will receive the Tie Breaker.

**The Vendor attests to the following:**

Item No.	Project Title	Contract No.	Department/ Division	Date Awarded	Prime: Paid to Date	CBE: Paid to Date
1.	None //	//	//			
2.	//	//	//			
3.	//	//	//			
4.	//	//	//			
5.	//	//	//			
6.	//	//	//			
7.	//	//	//			

Grand Total

Has the Vendor been a member/partner of a Joint Venture firm that was awarded a contract by the County?

Yes  No

If Yes, Vendor must submit a **Joint Vendor Volume of Work Attestation Form**.

**Vendor Name:**

**Authorized Signature/Name**

**Title**

**Date**

**VOLUME OF PREVIOUS WORK ATTESTATION JOINT VENTURE FORM**

If applicable, this form and additional required documentation should be submitted with the Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Failure to timely submit this form and supporting documentation may affect the Vendor's evaluation.

If a Joint Venture, the payments paid-to-date by contract provided must encompass the Joint Venture and each of the entities forming the Joint Venture. Points assigned for Volume of Previous Work will be based on the amount paid-to-date by contract to the Joint Venture firm **MINUS** all of the current solicitation's opening date. Amount will then be multiplied by the member firm's equity percentage.

In accordance with Section 21.31.d. of the Broward County Procurement Code, the Vendor with the lowest dollar volume of work previously paid by the County over a five-year period from the date of the submittal opening will receive the Tie Breaker.

**The Vendor attests to the following:**

Item No.	Project Title	Contract No.	Department/ Division	Date Awarded	JV Equity Percent	Prime: Paid to Date	CBE: Paid to Date
1.	Not applicable //	//	//	//			
2.	//	//	//	//			
3.	//	//	//	//			
4.	//	//	//	//			
5.	//	//	//	//			
6.	//	//	//	//			
7.	//	//	//	//			
8.	//	//	//	//			

Grand Total

Vendor is required to submit an executed Joint Venture agreement(s) and any amendments for each project listed above. Each agreement must be executed prior to the opening date of this solicitation.

Vendor Name:

Authorized Signature/Name

Title

Date



**Please enter your password below and click Save to update your response.**

Please be aware that typing in your password acts as your electronic signature, which is just as legal and binding as an original signature. (See [Electronic Signatures in Global and National Commerce Act](#) for more information.)

**To take exception:**

- 1) Click Take Exception.
- 2) Create a Word document detailing your exceptions.
- 3) Upload exceptions as an attachment to your offer on BidSync's system.

By completing this form, your bid has not yet been submitted. Please click on the place offer button to finish filling out your bid.

Username **cadler@metlife.com**

Password  \*



confirmed payments paid-to-date to approved certified CBE firms utilized to obtain the CBE goal commitment. Reporting must be within five (5) years

### **Vendor Reference Verification Form**

Vendor is required to submit completed Reference Verification Forms for previous projects referenced in its submittal. Vendor should provide the **Vendor Reference Verification Form** to its reference organization/firm to complete and return to the Vendor's attention. Vendor should submit the completed Vendor Reference Form with its response by the solicitation's deadline. The County will verify references provided as part of the review process. Provide a minimum of three (3) non-Broward County Board of County Commissioners' references.



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Reference for:

Organization/Firm Name providing reference:

Contact Name:

Title:

Reference date:

Contact Email:

Contact Phone:

Name of Referenced Project:

Contract No.

Date Services Provided:

Project Amount:

to

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:

Needs Improvement

Satisfactory

Excellent

Not Applicable

- 1. Vendor's Quality of Service
a. Responsive
b. Accuracy
c. Deliverables
2. Vendor's Organization:
a. Staff expertise
b. Professionalism
c. Turnover
3. Timeliness of:
a. Project
b. Deliverables
4. Project completed within budget
5. Cooperation with:
a. Your Firm
b. Subcontractor(s)/Subconsultant(s)
c. Regulatory Agency(ies)

Additional Comments: (provide on additional sheet if needed)

\*\*\*THIS SECTION FOR COUNTY USE ONLY\*\*\*

Verified via: EMAIL VERBAL Verified by: Division: Date:

### **Vendor Reference Verification Form**

Vendor is required to submit completed Reference Verification Forms for previous projects referenced in its submittal. Vendor should provide the **Vendor Reference Verification Form** to its reference organization/firm to complete and return to the Vendor's attention. Vendor should submit the completed Vendor Reference Form with its response by the solicitation's deadline. The County will verify references provided as part of the review process. Provide a minimum of three (3) non-Broward County Board of County Commissioners' references.



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Reference for:

Organization/Firm Name providing reference:

Contact Name:

Title:

Reference date:

Contact Email:

Contact Phone:

Name of Referenced Project:

Contract No.

Date Services Provided:

Project Amount:

to

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:

Needs Improvement

Satisfactory

Excellent

Not Applicable

- 1. Vendor's Quality of Service
a. Responsive
b. Accuracy
c. Deliverables
2. Vendor's Organization:
a. Staff expertise
b. Professionalism
c. Turnover
3. Timeliness of:
a. Project
b. Deliverables
4. Project completed within budget
5. Cooperation with:
a. Your Firm
b. Subcontractor(s)/Subconsultant(s)
c. Regulatory Agency(ies)

Additional Comments: (provide on additional sheet if needed)

\*\*\*THIS SECTION FOR COUNTY USE ONLY\*\*\*

Verified via: EMAIL VERBAL Verified by: Division: Date:

### **Vendor Reference Verification Form**

Vendor is required to submit completed Reference Verification Forms for previous projects referenced in its submittal. Vendor should provide the **Vendor Reference Verification Form** to its reference organization/firm to complete and return to the Vendor's attention. Vendor should submit the completed Vendor Reference Form with its response by the solicitation's deadline. The County will verify references provided as part of the review process. Provide a minimum of three (3) non-Broward County Board of County Commissioners' references.



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Reference for:

Organization/Firm Name providing reference:

Contact Name:

Title:

Reference date:

Contact Email:

Contact Phone:

Name of Referenced Project:

Contract No.

Date Services Provided:

Project Amount:

to

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:

Needs Improvement

Satisfactory

Excellent

Not Applicable

- 1. Vendor's Quality of Service
a. Responsive
b. Accuracy
c. Deliverables
2. Vendor's Organization:
a. Staff expertise
b. Professionalism
c. Turnover
3. Timeliness of:
a. Project
b. Deliverables
4. Project completed within budget
5. Cooperation with:
a. Your Firm
b. Subcontractor(s)/Subconsultant(s)
c. Regulatory Agency(ies)

Additional Comments: (provide on additional sheet if needed)

\*\*\*THIS SECTION FOR COUNTY USE ONLY\*\*\*

Verified via: EMAIL VERBAL Verified by: Division: Date:



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title:

**GEN2118079P2, Group Long Term Disability Insurance**

Reference for: The School District of Palm Beach County

Organization/Firm Name providing reference:  
MARILYN Boursiquot BENEFITS MANAGER      11/7/2019

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ Reference date: \_\_\_\_\_

Contact Email: marilyn.boursiquot@palmbeachschools.org      Contact Phone: (561) 434 8350

Name of Referenced Project: \_\_\_\_\_

Contract No. 6106456/158210      Date Services Provided: 11/1/2015 to Present      Project Amount: \_\_\_\_\_

Vendor's role in Project:  Prime Vendor     Subconsultant/Subcontractor

Would you use this vendor again?  Yes     No    If No, please specify in Additional Comments (below).

**Description of services provided by Vendor:**

*Methlife provides fully insured benefits for our group (20,000+) for life, AD&D, Short & Long Term Disability.*

**Please rate your experience with the referenced Vendor:**

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

\*\*\*THIS SECTION FOR COUNTY USE ONLY\*\*\*

Verified via:  EMAIL     VERBAL    Verified by: \_\_\_\_\_ Division: \_\_\_\_\_ Date: \_\_\_\_\_

All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County Procurement Code.