



MetLife

Broker Supplemental Compensation Plan 2016 Program

▶▶▶ Group Voluntary & Worksite Benefits

BROKERS WITH UP TO \$50 MILLION OF INFORCE PREMIUM

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▶ ▶ ▶ INTRODUCTION



With our unmatched expertise across a wide range of employee benefits, MetLife can help you tailor solutions to meet the diverse needs of your clients. We remain committed to delivering the products, tools and resources that solutions-oriented brokers need to build successful, long-term relationships. Our 2016 Supplemental Compensation Plan is designed to recognize new and long-standing business relationships, rooted in our successful collaborations to solve the benefits challenges of our mutual customers.

MetLife is pleased to present the 2016 Supplemental Compensation Plan¹, a plan that pays brokers that qualify a percentage of 2016 Received and Earned Premium. All appropriately licensed and appointed brokers are offered the Supplemental Compensation Plan.

This brochure provides details about how brokers can qualify and how Supplemental Compensation will be paid. It is available at www.metlife.com/brokercompensation.

The terms and conditions of the Supplemental Compensation Plan are described in this brochure. MetLife has the sole discretion to interpret the terms and conditions of the Supplemental Compensation Plan.

If you have any questions, please contact your Account Executive. There is also a dedicated Broker Service Center, which you can reach at (866) 796-1800. If your clients have questions regarding broker compensation, they may call (800) ASK-4MET. You can always find more information about our products and the sales office near you by visiting our Web site, www.metlife.com.

¹ The 2016 Supplemental Compensation Plan shall be referred to in this brochure as the "Supplemental Compensation Plan." Payments under the Supplemental Compensation Plan shall be referred to in this brochure as "Supplemental Compensation."

▶ ▶ ▶ BROKERS WITH UP TO \$10M INFORCE PREMIUM

Overview

Depending upon Inforce Premium², a broker may qualify for a Supplemental Compensation Scale based on the following criteria³ and detailed in the tables below:

- (1) New business (New Business Premium or New Business Coverage Groupings) with effective dates between October 1, 2014 and September 30, 2015 (the "Qualification Period")

AND

- (2) Year End Persistency

QUALIFICATION

New Business Premium		New Business Coverage Groupings	Supplemental Compensation Level
\$250,000 – \$749,999	AND	Minimum of 3	Bronze
\$750,000 – \$1,499,999	OR	15 – 24	Silver
≥ \$1,500,000	OR	≥ 25	Gold

PAYMENT

Supplemental Compensation Scale ⁴	Gold ⁵		Silver ⁵		Bronze ⁵	
	≥ 87.0%	75.0% - 86.9%	≥ 87.0%	75.0% - 86.9%	≥ 87.0%	75.0% - 86.9%
Year End Persistency						
First \$50,000	6.00%	4.00%	5.00%	3.00%	3.00%	2.00%
Next \$50,000	4.00%	3.25%	3.25%	2.50%	2.00%	1.00%
Next \$150,000	2.00%	1.50%	1.50%	1.00%	0.50%	0.50%
Next \$750,000	1.00%	0.75%	0.75%	0.50%	0.50%	0.50%
≥ \$1,000,000	0.50%	0.25%	0.25%	0.25%	0.25%	0.25%

The Supplemental Compensation level is a declining scale, and as a customer's Received and Earned Premium accumulates, the compensation MetLife pays moves down the scale. The Supplemental Compensation level will be applied to Received and Earned premium on bill dates for the calendar year following the Qualification Period. (See Payment Guidelines on page 9 for more details).

² Inforce Premium is determined at the beginning of the Qualification period, excluding new business during the qualification period. MetLife, may, however in its sole discretion determine Annualized Inforce Premium at the end of the qualification Period for certain brokers based on changes in Inforce Premium during the Qualification Period

³ In certain circumstances, MetLife may set the Supplemental Compensation percentage as a fixed percentage and the qualification criteria set forth in this brochure will not apply.

⁴ If a broker has no inforce premium as of the beginning of the Qualification Period with MetLife and qualifies for New Business, the broker is eligible for a Supplemental Compensation Scale at greater than 87% Persistency.

⁵ New Business Supplemental Compensation rates on Expatriate Medical and Dental coverages will be 0.50% for Bronze, 0.75% for Silver and 1.00% for Gold, and the broker is eligible to qualify for Persistency Supplemental Compensation based on the Persistency Qualification table on page 7.

►►► BROKERS WITH INFORCE PREMIUM BETWEEN \$10M AND \$50M

Overview

Depending upon Inforce Premium², a broker may qualify for a Supplemental Compensation Scale based on the following criteria³ and detailed in the tables below:

- (1) New business (New Business Premium or New Business Coverage Groupings) with effective dates between October 1, 2014 and September 30, 2015 (the "Qualification Period")

AND/OR

- (2) Year End Persistency

QUALIFICATION

Inforce Premium ²	New Business Premium		New Business Coverage Groupings	Supplemental Compensation Level ⁵
≥ \$10M – <\$25M	\$1,000,000 – \$1,999,999	OR	20 – 29	Silver
	≥ \$2,000,000		≥ 30	Gold
≥ \$25M – <\$50M	\$2,000,000 – \$2,999,999		40-59	Silver
	≥ \$3,000,000		≥ 60	Gold

PAYMENT

Year End Persistency ⁴	Supplemental Compensation Level	
	Gold	Silver
≥ 87.0%	2.00%	1.75%
80.0% – 86.9%	1.50%	1.00%
75.0% – 79.9%	1.00%	0.50%

The Supplemental Compensation Level is a flat rate and will be applied to Received and Earned Premium for bill dates for the calendar year following the Qualification Period. (See Payment Guidelines on page 9 for more details).

New Business Only Scenario

If a broker qualifies based on New Business, but Persistency is less than 75%, then the broker is eligible for a modified New Business Supplemental Compensation rate of either 0.50% for Silver and 1% for the Gold level of New Business production. The New Business Supplemental Compensation Rate applies solely to New Business Premium.

Persistency Only Scenario

If a broker qualifies based on Persistency, but New Business is less than the requirements stated above, then the broker is eligible for a modified Persistency Supplemental Compensation rate set at 50% of the Silver level. The Persistency Supplemental Compensation rate applies solely to Renewal Premium

▶ ▶ ▶ ELIGIBLE GROUP PRODUCTS AND SERVICES

Qualification and Payment

There are a number of different group products and services marketed by MetLife that a broker can sell to qualify for Supplemental Compensation. For qualification and payment purposes, coverages must have a minimum number of two eligible lives. The products fall into the following Coverage Groupings:

Coverage Grouping 1

- Basic Life, Core Life, Dependent Life, Accidental Death & Dismemberment (“AD&D”) both personal and dependent

Coverage Grouping 2

- Optional Group Term (Supplemental Life), Voluntary AD&D both personal and dependent, Optional Life/AD&D, Buy-Up Life, Buy-Up AD&D, Survivor Income Benefit

Coverage Grouping 3

- Group Universal Life – cost of insurance only
- Texas Life Whole Life⁶

Coverage Grouping 4

- Group Variable Universal Life – cost of insurance only[†]

Coverage Grouping 5

- Dental benefits products*

[†] Only a registered broker-dealer may receive qualification credit and Supplemental Compensation for the sale of Group Variable Universal Life.

* Administrative Services Only (“ASO”) business may be included only in Coverage Groupings 5, 6 and 7.

Coverage Grouping 6

- Short Term Disability (“STD”)*, Voluntary STD, Mandated State Disability Plans

Coverage Grouping 7

- Long Term Disability (“LTD”)* Voluntary LTD

Coverage Grouping 8

- Hospital Indemnity Insurance
- Accident Insurance
- Cancer Insurance
- Critical Illness
- MetLife Defender
- MetLaw

Coverage Grouping 9

- Vision

Coverages Eligible for Payment Only

The following coverages are included for Supplemental Compensation payment purposes, but excluded for qualification:

- Expatriate coverages⁷

See Timing on page 10 for more details.

Excluded Products

Any products or services not specifically included in the above section are excluded from the Supplemental Compensation Plan, and therefore will not be counted for qualification purposes, nor will a broker receive Supplemental Compensation on the premium or fees relating to those products

New and renewed Safeguard Vision cases are excluded from Supplemental Compensation for qualification and payment.

⁶ Texas Life Whole Life Insurance is available through your MetLife representative and is underwritten by Texas Life Insurance Company, 900 Washington, Waco, Texas. Texas Life is not affiliated with Metropolitan Life Insurance Company or its affiliates.

⁷ Expatriate coverages are for payment purposes only, except if the broker is qualifying under the Additional Opportunities to Earn Supplemental Compensation section entitled “Alternative Expatriate Coverages Only Qualification”.

▶▶▶ ADDITIONAL OPPORTUNITIES TO EARN SUPPLEMENTAL COMPENSATION

A broker may earn Supplemental Compensation for the following additional opportunities as follows:

Post Retirement Benefit & Reserve Buy-outs		
Additional Opportunities	Supplemental Compensation Percentages	Payment Cap
General Account Life Insurance Fund Account ("GA LIFA")	0.25%	\$ 25,000
Guaranteed Life Insurance Fund Account ("GLIFA")	0.25%	\$ 25,000
Long Term Disability Reserve Buy-out ("LTD RBO")	0.25%	\$ 100,000

Supplemental Compensation will be paid in an amount equal to 0.25% of new assets for a GA LIFA or GLIFA, provided the new assets are from a source other than MetLife or its affiliates. Supplemental Compensation will be paid only to one broker with regard to new GA LIFA or GLIFA assets. For example, should the Broker of Record change after Supplemental Compensation is paid on new GA LIFA or GLIFA assets, Supplemental Compensation will not be paid to the new Broker of Record unless additional new assets are deposited, in which case Supplemental Compensation will only be paid to the new Broker of Record on the additional new assets. Supplemental Compensation will not be paid on GA LIFA or GLIFA in excess of \$25,000 per customer. Separate caps apply to assets for each of GA LIFA and GLIFA.

For an LTD RBO, Supplemental Compensation will be paid in an amount equal to 0.25% of the reserve assets; Supplemental Compensation will not be paid on LTD RBO of more than \$100,000 per customer.

GA LIFA and GLIFA assets and LTD RBO reserve assets will not count towards New Business Supplemental Compensation or Persistency Supplemental Compensation for qualification purposes. In addition, the Supplemental Compensation percentages for the New Business and the Persistency qualification do not apply to assets for GA LIFA and GLIFA or reserve assets for LTD RBO.

Supplemental Compensation for these products will be paid in the month following receipt of the assets associated with those products.

Expatriate

ADDITIONAL QUALIFICATION OPPORTUNITIES BASED ON EXPATRIATE COVERAGES ONLY

A broker with an Annualized Inforce Premium of \geq \$2,000,000 on Expatriate Coverages that does not qualify under the above criteria is eligible to qualify as described below based on New Business Premium and Persistency for Expatriate Coverages.

New Business Qualification	
Expatriate Coverage New Business Premium	New Business Supplemental Compensation Rate Paid on Expatriate Coverage
\$250,000 – \$999,999	0.50%
\$1,000,000 – \$1,499,999	1.00%
\$1,500,000 – \$3,999,999	1.50%
\geq \$4,000,000	2.00%

Persistency Qualification		
Year End Expatriate Coverage Persistency	Persistency Supplemental Compensation Rate Paid on Expatriate Coverage	Modified Persistency Supplemental Compensation Rate Paid on Expatriate Coverage ⁸
80.00% – 89.49%	0.50%	0.250%
89.50% – 93.99%	0.75%	0.375%
94.00% – 96.99%	1.25%	0.625%
\geq 97.00%	1.75%	0.875%

⁸ A broker with at least \$2M of Inforce Premium that does not qualify for New Business Supplemental Compensation will be paid at the Modified Persistency Supplemental Compensation Rate.

General Program Guidelines

Amendments

The terms and conditions set forth in this brochure govern the Supplemental Compensation Plan. MetLife reserves the right to change the terms of the Supplemental Compensation Plan or to discontinue the sale of any product. There will be no changes to the Supplemental Compensation Plan unless set forth in a writing signed by an Executive Vice President. Changes to the Supplemental Compensation Plan will be posted on www.metlife.com/brokercompensation.

Contacting MetLife

Your representative is available to answer any questions. Brokers may also contact the dedicated Broker Service Center at the number below.

When contacting MetLife by fax or e-mail, please state the topic of your request in the subject line and include pertinent details in the body of the message. Information needed to respond to your request may include the broker's name, address, e-mail address, phone number, broker number, customer name and coverages.

Phone: (866) 796-1800

Fax: (800) 556-9430

E-mail: ins_compensation_inquiries@metlife.com

Mail to: MetLife
P.O. Box 30160
Tampa, FL 33630

Disclosure

MetLife reserves the right to notify its customers of a broker's eligibility to receive compensation under the Supplemental Compensation Plan and the amount of any payment made or to be made, and to obtain written customer authorization prior to making any payment. Certain customer and prospect communications will include a compensation notice explaining to customers and prospects how brokers are compensated. MetLife will send to all group insurance customers an annual statement indicating all compensation paid to the customer's Broker of Record in the prior year. Working with MetLife, you can be assured of its commitment to disclosure of information about its compensation plans to customers and potential customers.

Important Dates

Qualification Period

New business with effective dates between October 1, 2014 and September 30, 2015

Inforce Premium Persistency from October 1, 2014 to September 30, 2015

Customer Authorization Form

Completed and received by MetLife by November 30, 2015 – for qualification and payment purposes

Completed and received by MetLife after November 30, 2015 – will apply to payment only

Notification of Qualification

Estimate of Qualification – intended to be mailed in November 2015 to brokers qualifying for 2016 Supplemental Compensation

Broker book of business corrections – due to MetLife by November 30, 2015

Official Notification of qualification – mailed in January 2016 to brokers qualifying for 2016 Supplemental Compensation

Licensing and Appointment

Eligibility for qualification and payment under the Supplemental Compensation Plan requires the broker to be appropriately licensed and appointed and to comply with all applicable laws and regulations, including, without limitation, those that apply to disclosure of compensation.

Pricing

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.

Qualification Guidelines

ASO/PARTICIPATING (“PAR”)

For ASO and PAR customers/coverages, MetLife will apply the full ASO fee or the PAR premium amount towards qualification.

Broker of Record

The Broker of Record on the date the Qualification Period ends will receive qualification credit for New Business Premium and Coverage Grouping counts; there is no prorating of the qualification credit. Under all circumstances, the broker will not be entitled to Supplemental Compensation on and after a date the broker is deemed by MetLife or the customer to no longer be the Broker of Record.

Brokers Splitting/Deal %

If two or more brokers split base compensation, only the New Business Premium will be apportioned. This apportionment will be the same as the base compensation apportionment. Each of the recognized brokers splitting the compensation will receive full

credit for the number of the customer’s Coverage Grouping(s) sold during the qualification period.

Coverage Grouping Count

Coverage Grouping Counts are determined at the customer number level. For a given customer number, a broker will receive a single coverage grouping count for each new coverage grouping.

Enrolled Lives

If the number of enrolled lives for a coverage increases or decreases for a customer following the effective date of the new business coverage, there will be no impact to the New Business Premium qualification calculation or the new Coverage Grouping count qualification calculation.

Opting Out

All Premium is counted for qualification purposes. However, if a customer chooses to Opt-out of the Supplemental Compensation Plan, no Supplemental Compensation will be paid in relation to that customer’s premium

Payment Guidelines

Advances

No Supplemental Compensation payments shall be made in advance of when it is due under the Supplemental Compensation Plan.

ASO/PAR Customers

ASO fees and PAR premium are reduced to 25% of the actual ASO fees and PAR premium prior to applying the applicable Supplemental Compensation percentage.

Brokers Splitting/Deal %

Received and Earned Premium shall follow the apportionment designated on the brokers’ commission agreement.

Broker of Record

Supplemental Compensation shall be earned by the broker only so long as the premium is deemed to be Received and Earned Premium, and provided MetLife and the customer continue to recognize the broker as the Broker of Record.

Capping

For brokers with less than \$50M of Inforce Premium, MetLife will pay a maximum New Business Supplemental Compensation of \$200,000 and a Persistency Supplemental Compensation of \$200,000 (the “Caps”)

per customer; the Caps apply to the aggregate of all Supplemental Compensation payments per customer.

If a customer acquires another company that does not have eligible group products prior to the acquisition, MetLife will treat the existing customer and the acquired company as separate companies for purposes of applying the Cap or Caps under the 2016 Supplemental Compensation Plan. MetLife reserves the right to consider the customer and the acquired company to be one customer in relation to any future supplemental compensation plans.

Notwithstanding, any of the other provisions in this section, MetLife reserves the right to apply the Cap or Caps in instances where customers are deemed by MetLife in its sole discretion, to be affiliated or under common ownership.

The Supplemental Compensation payments will be generated as premiums are received for Company A. Once New Business Supplemental Compensation payments total \$200,000, MetLife will cap the payment generated from Company A’s New Business Premium and once the Persistency Supplemental Compensation payments total \$200,000, MetLife will cap the payment generated from Company A’s Renewal Business Premium.

Customer Authorization

MetLife reserves the right to obtain written customer authorization before making any Supplemental Compensation payment.

Overpayments

The broker shall immediately return any overpayment of Supplemental Compensation. Any Supplemental Compensation paid to a broker that is not earned by the broker shall be immediately returned and MetLife reserves the right to offset any funds payable by a broker against any funds payable to the broker. By cashing any check or otherwise accepting any payment, including any Supplemental Compensation payment, the broker thereby agrees that MetLife may offset any funds payable to the broker in order to recover an overpayment or any other funds payable by the broker.

Primary Payee

In instances where multiple payee codes exist for a single Tax ID, MetLife will require a duly authorized representative of the broker to designate in writing a primary payee. When a primary payee is designated, it will remain in effect until MetLife receives and approves a written change request.

Timing

MetLife intends to pay Supplemental Compensation on a monthly basis in the month after premium is received, except for Expatriate coverages. For Expatriate coverages, MetLife intends to pay Supplemental Compensation as part of a year-end reconciliation process. MetLife reserves the right to adjust the timing of all Supplemental Compensation payments

DEFINITIONS

In addition to the defined terms below, some terms may be defined where they first appear in this brochure.

1. **“Annualized Billed Premium”**– the billed premium amounts in effect at the end of the Qualification Period.
2. **“Broker of Record”** – the broker recognized to support and service the coverage by both the customer and MetLife for the customer’s eligible group insurance coverage.
3. **“Coverage Grouping”**– one or more coverages or group products or services marketed by MetLife that are eligible for qualification and payment under the Supplemental Compensation Plan.
4. **“Division Number” and “Experience Number”**– terms used internally. A Division Number or Experience Number may be used to identify sub-groups within a customer. For example, a customer may choose to have one sub-group of its employees covered for basic life insurance benefits under one Experience Number and another sub-group of its employees covered for basic life insurance benefits under a different Experience Number. MetLife reserves the right to determine in its sole discretion whether to permit multiple Division Numbers or Experience Numbers under one customer.
5. **“Expatriate coverages”**– are Accidental Death & Dismemberment, Accident, Dental, Disability Insurance, International Business Travel Medical, Life, Long Term Disability, Medical, Short Term Disability and Vision provided through the Delaware American Life Insurance Company providing coverage for United States citizens working outside the United States.
6. **“Inforce Premium”**– the Annualized Billed Premium for customers whose group coverages are in force as of the calculation date. Inforce Premium does not include premium for Zero Commission Coverages where a signed Customer Authorization Form wasn’t received by the deadline set forth in this brochure. If a Customer Authorization Form is received by the deadline set forth in this brochure for a Zero Commission Coverage, then the Zero Commission Coverage will be included in Inforce Premium.
7. **“New Business Premium”**– New Business Premium is Annualized Billed Premium for new coverages with an effective date during the Qualification Period. For payment purposes, New Business Premium is Received and Earned Premium credited to a billing cycle that occurs during the first twelve (12) months following the coverage effective date for the 2016 Supplemental Compensation Program Year.

8. **“Opt-out”**– the act of electing to exclude a broker’s Tax ID, customer, Division Number, Experience Number and/or Coverage Grouping from participating in the Supplemental Compensation Plan. This can be accomplished by contacting the Broker Service Center.
9. **“Year End Persistency”**– Persistency is calculated by dividing the Inforce Premium as of September 30, 2015 for customer coverages for which a broker is Broker of Record by the Inforce Premium as of October 1, 2014 for the same coverages. The coverage must be inforce on October 1, 2014 to be factored into the calculation. The Persistency calculation utilizes only the premiums associated with the inforce coverages in effect on October 1, 2014. Coverage(s) effective after October 1, 2014 will be excluded. Coverage(s) for which there was a Broker of Record change during the qualification period, where MetLife retained the customer, will be excluded from the calculation upon notification by the Broker of Record. For purposes of calculating a Broker’s persistency, MetLife includes all customers of the Broker, including customers with Zero Commission Coverage and Opt-Out customers. For qualification purposes, Long Term Care and, upon notification by the Broker of Record, a conversion from insured to ASO, may be excluded from the Persistency calculation. A premium case cap of \$250,000 for all coverages and \$500,000 for Dental will be utilized in the persistency calculation.
10. **“Received and Earned Premium”**– the premium paid by a customer and allocated by MetLife to loss experience, expense and profit for the customer’s case, and used to calculate base compensation.
11. **“Renewal Business Premium”**– Premium received by MetLife to credit a billing cycle that occurs after the first twelve (12) months following the coverage effective date. For payment purposes, Renewal Business Premium is Received and Earned Premium credited to a billing cycle that is not considered New Business Premium for the 2016 Supplemental Compensation Program Year.
12. **“Tax ID”**– an individual’s social security number or a firm’s taxpayer identification number.
13. **“Zero Commission Coverage”**– group coverage where the Broker of Record is not receiving base compensation, whether or not MetLife or the customer pays any amount to that broker. Both the broker and customer must sign the Customer Authorization Form to include a Zero Commission Coverage in the Supplemental Compensation Plan for purposes of determining eligibility and Supplemental Compensation payable. Once a Customer Authorization Form is completed and submitted for the 2016 Supplemental Compensation Plan, it will remain in effect for subsequent supplemental and bridging compensation plans unless a customer notifies MetLife in writing of its intention to terminate the authorization.

▶▶▶ CUSTOMER AUTHORIZATION FORM

MetLife requires customer consent by means of the Customer Authorization Form in order to include a Zero Commission Coverage for qualification and/or payment purposes. Supplemental Compensation will only be paid on Zero Commission Coverages with an effective date on or after January 1, 2010, provided a Customer Authorization Form is received by November 30, 2015, and the broker is recognized as the Broker of Record as of the effective date of the coverage. For coverages with an effective date before January 1, 2010, a Customer Authorization Form may be accepted by MetLife where the customer converted from ASO to non-participating dental insurance.

Both the broker and customer must sign the Customer Authorization Form. MetLife reserves the right to exclude from its supplemental compensation plans any business where a broker may have represented that broker compensation paid under their supplemental compensation plans with respect to a customer's coverage will reduce the price or premium rates with respect to the customer's coverage.

If a customer submits a Customer Authorization Form for the 2016 Supplemental Compensation Plan, it will remain in effect for subsequent supplemental compensation plans unless the customer notifies, in writing, of its intention to terminate the authorization. A Customer Authorization Form may apply to both the 2015 Supplemental Compensation Plan and the 2015 Bridging Compensation Plan, such that an additional Customer Authorization Form is not required if a Customer Authorization Form has been completed for the 2015 Bridging Compensation Plan. In addition, if a Customer Authorization Form has been received for the 2010 - 2015 Supplemental Compensation Plans, this authorization is effective under the terms and conditions of the 2016 Supplemental Compensation Plan unless the customer notifies MetLife, in writing, of its intention to terminate the authorization. Annual notices may be provided to customers who have submitted the Customer Authorization Form describing changes to its supplemental compensation plan from the prior year.

The customer may terminate the authorization at any time. Termination of the authorization will take effect within thirty (30) days after notification is received and no payments in relation to that customer's premium will be made thereafter under any supplemental compensation plan.

The Customer Authorization Form must be completed and submitted via U.S. Mail, overnight delivery service, fax, or e-mail to one of the following contact points below by November 30, 2015:

Fax: (800) 556-9430

E-mail: ins_compensation_inquiries@metlife.com

Mail to: MetLife

P.O. Box 30160

Tampa, FL 33630

Supplemental Compensation will apply to the first billing date in 2016, after the date of receipt of the Customer Authorization Form. The Customer Authorization Form will not be considered received until it is received at one of the contact points listed above. If the form is submitted to another area (for example, a sales office), The form will not be considered received until it is received at one of the contact points listed above, and the business may not be counted for Supplemental Compensation purposes. Any Customer Authorization Forms received at one of the contact points listed above after November 30, 2015, will apply to payment only and will not affect the broker's qualification for the 2016 Supplemental Compensation Plan. In addition to using the Customer Authorization Form in this brochure, you can photocopy the form, or download a PDF version of the form at www.metlife.com/brokercompensation.

Important Information for MetLife Customers:

MetLife requires that this form be completed when a customer obtains MetLife group insurance products through a licensed and appointed insurance intermediary, such as a broker or consultant ("Broker"), where the customer wishes to permit MetLife to include each of the customer's MetLife coverages for determining the Broker's eligibility for payment of Supplemental Compensation with respect to MetLife's 2016 Supplemental Compensation Plan and future MetLife supplemental compensation plans, and where MetLife is not paying the Broker base compensation in connection with the customer's coverages. A customer's signature on this form will permit MetLife to include each of the customer's MetLife coverages for determining the Broker's eligibility for payment of Supplemental Compensation with respect to the 2016 Supplemental Compensation Plan offered by MetLife, as well as in any future supplemental compensation plan offered by MetLife unless a customer advises MetLife in writing that such authorization is terminated. MetLife may provide to each customer who submits this form an annual notice describing any changes to its supplemental compensation plan from a prior year. MetLife will only accept this form in relation to a coverage that has an effective date on or after January 1, 2010, and if MetLife recognizes the broker as Broker of Record as of the effective date of such coverage. For coverages with an effective date before January 1, 2010, a Customer Authorization Form may be accepted by MetLife where the customer converted from ASO to non-participating dental insurance.

Sections I and II of this form **MUST** be completed in their entirety and received by MetLife by **November 30, 2015**, at one of the contact points listed below. Any Customer Authorization Forms received by MetLife at one of the contact points listed below after **November 30, 2015**, will apply to payment only and will not affect the Broker's 2016 Supplemental Compensation Percentage

SECTION I must be completed and signed by the **Broker**. **SECTION II** must be completed and signed by the **customer**.

PERF RULE DOES NOT PRINT

Broker Information (To be completed by Broker)	SECTION I
	Printed Name and Tax I.D. of Broker: _____
	Address: _____
	Broker Code: _____
	Name and Tax I.D. of Individual writing agent: _____
	Effective date of coverage: _____ Contact Phone Number: _____
	E-mail address: _____
Signature of Broker or of a duly authorized representative of Broker, if Broker is a firm:	
_____ Date: _____	

Customer Information (To be completed by customer)	SECTION II (Initial where applicable)		
	On behalf of the MetLife customer identified below, I authorize MetLife to include each MetLife coverage identified below for the purposes of determining the Broker's eligibility for, and payment of, Supplemental Compensation with respect to MetLife's 2016 Supplemental Compensation Plan and future MetLife supplemental compensation plans. I have had the opportunity to review MetLife's Supplemental Compensation Plan brochure. I understand that my Broker may receive a payment under MetLife's 2016 Supplemental Compensation plan and future supplemental compensation plans for the insurance coverages listed below that are being placed with MetLife. I understand that this form also confirms my intention for MetLife to consider the above Broker to be my Broker of Record.		
	<div style="border: 1px solid black; background-color: #e6f2e6; padding: 5px; width: 100%;"> MetLife Coverages </div> _____ _____	<div style="border: 1px solid black; background-color: #e6f2e6; padding: 5px; width: 100%;"> MetLife Customer Name and Number </div> _____ _____	<div style="border: 1px solid black; background-color: #e6f2e6; padding: 5px; width: 100%;"> MetLife Division or Experience Number <input type="checkbox"/> Check if all is applicable </div> _____ _____

Authorization of MetLife Customer:

By signing below, I certify that I am duly authorized by the company identified below to execute this document and to authorize MetLife to include the MetLife insurance coverages identified above in the calculation of MetLife's 2016 Supplemental Compensation Plan as well as subsequent MetLife supplemental compensation plans. In addition, I represent that the broker identified above has not solicited my signature on this form by suggesting that Supplemental Compensation will reduce the pricing and/or premium payments for any MetLife coverage listed above. I understand that this form may also authorize payment of Bridging Compensation with respect to MetLife's 2015 Bridging Compensation Plan as well as subsequent MetLife bridging compensation plans.

Customer's Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Return by FAX: (800) 556-9430 or **Mail to:** MetLife, P.O. Box 30160, Tampa, FL 33630 or **E-mail to:** INS_Compensation_Inquiries@metlife.com.

You can download a PDF version of the 2016 Supplemental Compensation brochure and the Customer Authorization Form at www.metlife.com/brokercompensation.

