

## ENROLLMENT • CHANGE FORM

GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper)				
Name of Group Customer/Employer <b>St. Clairsville Schools</b>	Group Customer #	Division	Class	Dept Code
Date of Hire (MM/DD/YYYY)	Coverage Effective Date (MM/DD/YYYY) 07/01/2013			

YOUR ENROLLMENT INFORMATION (To be Completed by the Employee in blue or black ink)				
Name (First, Middle, Last)		Social Security # - -	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married
Address (Street, City, State, Zip Code)			Date of Birth (MM/DD/YYYY)	
<input type="checkbox"/> Employee <input type="checkbox"/> Retiree	Job Title:	Basic Annual Earnings: \$	<input type="checkbox"/> Salaried <input type="checkbox"/> Hourly	Hours Worked Per Week:
<input checked="" type="checkbox"/> New Enrollment <input type="checkbox"/> Change in Enrollment    If due to a Qualifying Event, enter date (MM/DD/YYYY)				

**I have read my enrollment materials and I request coverage for the benefits for which I am or may become eligible. I understand the amounts of insurance I request must comply with and are limited by the plan design described in my enrollment materials.**

► If you are enrolling during the initial enrollment period, you must complete this Hospitalization question for Supplemental/Optional Life, Supplemental/Optional Dependent Spouse/Domestic Partner Life and Supplemental/Optional Dependent Child Life. If you answered "yes" to the Hospitalization question, a Statement of Health form must also be completed for the person to whom the "yes" applies.

Have you been **Hospitalized** as defined below (not including well-baby delivery) in the past 90 days?

Employee  
☐ Yes ☐ No

Spouse/Domestic Partner  
☐ Yes ☐ No

Child(ren)  
☐ Yes ☐ No

**Hospitalized** means admission for inpatient care in a hospital; receipt of care in a hospice facility, intermediate care facility, or long term care facility; or receipt of the following treatment wherever performed: chemotherapy, radiation therapy, or dialysis.

► If you are enrolling after the initial enrollment period, you must complete a Statement of Health form for all amounts you are requesting.

### Term Life Insurance

- ☐ Supplemental/Optional Life <sup>1</sup> (Buy up)  
Enter amount requested \$ \_\_\_\_\_
- ☐ Supplemental/Optional Dependent Spouse/Domestic Partner Life <sup>1,2</sup> (Buy up)  
Enter amount requested \$ \_\_\_\_\_
- ☐ Supplemental/Optional Dependent Child Life <sup>2</sup> (Buy up)  
Enter amount requested \$ \_\_\_\_\_

<sup>1</sup> Life Insurance may include an Accelerated Benefits Option under which a terminally ill insured can accelerate a portion of his or her life insurance amount. An interest and expense charge may be deducted from the accelerated payment. Receipt of accelerated benefits may affect eligibility for public assistance.

<sup>2</sup> Amounts will be subject to state limits, if applicable.

### SUBMISSION INSTRUCTIONS

After completion, make a copy for your records and return the original to  
MetLife Administration, P.O. Box 14593, Lexington, KY 40512-4593  
Fax MetLife at 1-888-505-7446

**Dependent Information**

**If you are applying for coverage for your Spouse/Domestic Partner and/or Child(ren), please provide the information requested below:**

Name of your Spouse/Domestic Partner (First, Middle, Last)

Date of Birth (MM/DD/YYYY)

☐ Male ☐ Female

Name(s) of your Child(ren) (First, Middle, Last)

Date of Birth (MM/DD/YYYY)

☐ Male ☐ Female

☐ Male ☐ Female

☐ Male ☐ Female

☐ Male ☐ Female

☐ Check here if you need more lines. Provide the additional information on a separate piece of paper and return it with your enrollment form.

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**FRAUD WARNINGS**

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

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

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

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

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

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

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

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

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

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

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

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

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

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## BENEFICIARY DESIGNATION FOR EMPLOYEE INSURANCE

**Note:** Dependent insurance is payable to the Employee.

If you have previously designated a beneficiary under this Group Customer's plan, such beneficiary designation will remain in effect. Any MetLife payment upon your death will be paid in accordance with the records of the recordkeeper for such insurance unless you designate a beneficiary below.

I designate the following person(s) as primary beneficiary(ies) for any MetLife payment upon my death.

I understand I have the right to change this designation at any time.

Primary Beneficiary Full Name (Last, First, Middle Initial)	Relationship	Date of Birth (MM/DD/YYYY)	Address (Street, City, State, Zip Code)	Share %

Unless otherwise indicated, payment will be made in equal shares to your surviving Primary Beneficiary(ies).

TOTAL:

100%

If all of the Primary Beneficiary(ies) die before me, I designate as Contingent Beneficiary(ies):

Contingent Beneficiary Full Name (Last, First, Middle Initial)	Relationship	Date of Birth (MM/DD/YYYY)	Address (Street, City, State, Zip Code)	Share %

Unless otherwise indicated, payment will be made in equal shares to your surviving Contingent Beneficiary(ies).

TOTAL:

100%

## DECLARATIONS AND SIGNATURE

By signing below, I acknowledge:

1. I have read this enrollment form and declare that all information I have given is true and complete to the best of my knowledge and belief.
2. I declare that I am actively at work on the date I am enrolling and, if I am enrolling for any contributory life insurance, that I was actively at work for at least 20 hours during the 7 calendar days preceding my date of enrollment. I understand that if I am not actively at work on the scheduled effective date of insurance, such insurance will not take effect until I return to active work. If you were Hospitalized during the 90-day period preceding your date of enrollment, such insurance will not take effect until MetLife receives evidence of insurability satisfactory to MetLife.
3. I understand that, on the date dependent insurance for a person is scheduled to take effect, the dependent must not be confined at home under a physician's care, receiving or applying for disability benefits from any source, or Hospitalized. If the dependent does not meet this requirement on such date, the insurance will take effect on the date the dependent is no longer confined, receiving or applying for disability benefits from any source, or Hospitalized.
4. I understand that if I do not enroll for life coverage during the initial enrollment period, or if I do not enroll for the maximum amount of coverage for which I am eligible, evidence of insurability satisfactory to MetLife may be required to enroll for or increase such coverage after the initial enrollment period has expired. Coverage will not take effect, or it will be limited, until notice is received that MetLife has approved the coverage or increase.
5. I authorize my employer to deduct the required contributions from my earnings for my coverage. This authorization applies to such coverage until I rescind it in writing.
6. I affirmatively decline coverage for any benefits for which I am eligible which I do not request on this enrollment form.
7. I have read the Beneficiary Designation section provided in this enrollment form and I have made a designation if I so choose.
8. I have read the applicable Fraud Warning(s) provided in this enrollment form.

Sign  
Here

Signature of Employee

Print Name

Date Signed (MM/DD/YYYY)

# Supplemental Term Life



## MetLife

### St. Clairsville Schools Plan Benefits

**Original Plan Effective Date:** July 1, 2013

**All Active Full - Time Employees Working** 30 hours

**Build Your Benefit.** With MetLife's Supplemental Term Life insurance, your employer gives you the opportunity to buy valuable life insurance coverage for yourself, your spouse and your dependent children – all at affordable group rates.

	Employee	Spouse and Child	
	Employee	Spouse <sup>1</sup>	Child <sup>2</sup>
<b>Life Coverage: provides a benefit in the event of death. Schedules:</b>	Increments of \$10,000	Increments of \$5,000	Flat Amount: \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000
<b>Non Medical Maximum</b>	\$100,000	\$25,000	\$10,000
<b>Overall Benefit Maximum</b>	The Lesser of 5X BAE* or \$500,000	\$100,000	\$10,000
<b>AD&amp;D Coverage: provides a benefit in the event of death or dismemberment resulting from a covered accident. Schedules:</b>	Increments of \$10,000	[Flat Amount (multiples of \$5,000 up to \$100,000)]	[\$1,000, \$2,000, \$2,500, \$4,000, \$5,000 or \$10,000]
<b>AD&amp;D Maximum:</b>	Same as Optional Life	Same as Optional Life	Same as Optional Life
<b>Employee Contribution</b>	100%	100%	100%

Any purchase or increase in benefits, which does not take place within 31 days of employee's or dependent's eligibility effective date is subject to evidence of insurability. Coverage is subject to approval by MetLife.

## St. Clairsville Schools Plan Benefits

### To request coverage:

1. Choose the amount of employee coverage that you want to buy.
2. Look up the premium costs for your age group for the coverage amount you are selecting on the chart below.
3. Choose the amount of coverage you want to buy for your spouse. Again, find the premium costs on the chart below. Note: Premiums are based on your age, not your spouse's.
4. Choose the amount of coverage you want to buy for your dependent children. The premium costs for each coverage option are shown below.
5. Fill in the enrollment form with the amounts of coverage you are selecting. (To request coverage over the non-medical maximum please see your Human Resources representative for a medical questionnaire that you will need to complete.) Remember, you must purchase coverage for yourself in order to purchase coverage for your spouse or children.

Employee & Spouse Coverage	Employee Age Biweekly Premium For:										
	< 30 -	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 +
\$5,000	\$0.18	\$0.22	\$0.25	\$0.29	\$0.43	\$0.67	\$1.09	\$1.62	\$3.00	\$5.35	\$5.35
\$10,000	\$0.36	\$0.45	\$0.49	\$0.59	\$0.86	\$1.34	\$2.17	\$3.24	\$6.01	\$10.71	\$10.71
\$15,000	\$0.53	\$0.67	\$0.74	\$0.88	\$1.29	\$2.01	\$3.26	\$4.85	\$9.01	\$16.06	\$16.06
\$20,000	\$0.71	\$0.90	\$0.99	\$1.17	\$1.72	\$2.68	\$4.35	\$6.47	\$12.02	\$21.42	\$21.42
\$25,000	\$0.89	\$1.12	\$1.23	\$1.47	\$2.15	\$3.35	\$5.43	\$8.09	\$15.02	\$26.77	\$26.77
\$30,000	\$1.07	\$1.34	\$1.48	\$1.76	\$2.58	\$4.02	\$6.52	\$9.71	\$18.03	\$32.12	\$32.12
\$40,000	\$1.42	\$1.79	\$1.98	\$2.34	\$3.43	\$5.35	\$8.70	\$12.94	\$24.04	\$42.83	\$42.83
\$50,000	\$1.78	\$2.24	\$2.47	\$2.93	\$4.29	\$6.69	\$10.87	\$16.18	\$30.05	\$53.54	\$53.54
\$60,000	\$2.13	\$2.69	\$2.96	\$3.52	\$5.15	\$8.03	\$13.04	\$19.41	\$36.06	\$64.25	\$64.25
\$70,000	\$2.49	\$3.13	\$3.46	\$4.10	\$6.01	\$9.37	\$15.22	\$22.65	\$42.06	\$74.95	\$74.95
\$75,000	\$2.67	\$3.36	\$3.70	\$4.40	\$6.44	\$10.04	\$16.30	\$24.27	\$45.07	\$80.31	\$80.31
\$100,000	\$3.55	\$4.48	\$4.94	\$5.86	\$8.58	\$13.38	\$21.74	\$32.35	\$60.09	\$107.08	\$107.08
\$150,000	\$5.33	\$6.72	\$7.41	\$8.79	\$12.88	\$20.08	\$32.61	\$48.53	\$90.14	\$160.62	\$160.62
\$200,000	\$7.11	\$8.95	\$9.88	\$11.72	\$17.17	\$26.77	\$43.48	\$64.71	\$120.18	\$214.15	\$214.15
\$250,000	\$8.88	\$11.19	\$12.35	\$14.65	\$21.46	\$33.46	\$54.35	\$80.88	\$150.23	\$267.69	\$267.69
\$300,000	\$10.66	\$13.43	\$14.82	\$17.58	\$25.75	\$40.15	\$65.22	\$97.06	\$180.28	\$321.23	\$321.23
\$350,000	\$12.44	\$15.67	\$17.28	\$20.52	\$30.05	\$46.85	\$76.08	\$113.24	\$210.32	\$374.77	\$374.77
\$400,000	\$14.22	\$17.91	\$19.75	\$23.45	\$34.34	\$53.54	\$86.95	\$129.42	\$240.37	\$428.31	\$428.31
\$450,000	\$15.99	\$20.15	\$22.22	\$26.38	\$38.63	\$60.23	\$97.82	\$145.59	\$270.42	\$481.85	\$481.85
\$500,000	\$17.77	\$22.38	\$24.69	\$29.31	\$42.92	\$66.92	\$108.69	\$161.77	\$300.46	\$535.38	\$535.38

Dependent Child Coverage <sup>3</sup> - Biweekly Premium For:				
\$1,000	\$2,000	\$4,000	\$5,000	\$10,000
\$0.13	\$0.27	\$0.54	\$0.67	\$1.34

Due to rounding, your actual payroll deduction amount may vary slightly

## St. Clairsville Schools Plan Benefits

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### Features available with Supplemental Life

MetLife Estate Resolution Services (ERS)<sup>1</sup>: is a valuable service offered under the group policy. A Hyatt Legal Plan attorney will consult with your beneficiaries by telephone or in person regarding the probate process for your estate. The attorney will also handle the probate of your estate for your executor or administrator. This can help alleviate the financial and administrative burden upon your loved ones in their time of need.

Will Preparation Service<sup>4</sup>: Like life insurance, a carefully prepared Will is important. With a Will, you can define your most important decisions such as who will care for your children or inherit your property. By enrolling for Supplemental Term Life coverage, you will have in person access to Hyatt Legal Plans' network of 11,500 participating attorneys for preparing or updating a will, living will and power of attorney. When you enroll in this plan, you may take advantage of this benefit at no additional cost to you if you use a participating plan attorney. To obtain the legal plan's toll-free number and your company's group access number, contact your employer or your plan administrator for this information.

Portability<sup>5</sup>: If your present employment ends, you can choose to continue your current life benefits.

### What Is Not Covered?

Like most insurance plans, this plan has exclusions. Supplemental and Dependent Life Insurance does not provide payment of benefits for death caused by suicide within the first two years (one year in North Dakota) of the effective date of the certificate, or payment of increased benefits for death caused by suicide within two years (one year in North Dakota or Colorado) of an increase in coverage. Please note that a reduction schedule may apply. Please see your benefits administrator or certificate for specific details.

Accidental Death & Dismemberment insurance does not include payment for any loss which is caused by or contributed to by: physical or mental illness, diagnosis of or treatment of the illness; an infection, unless caused by an external wound accidentally sustained; suicide or attempted suicide; injuring oneself on purpose; the voluntary intake or use by any means of any drug, medication or sedative, unless taken as prescribed by a doctor or an over-the-counter drug taken as directed; voluntary intake of alcohol in combination with any drug, medication or sedative; war, whether declared or undeclared, or act of war, insurrection, rebellion or riot; committing or trying to commit a felony; any poison, fumes or gas, voluntarily taken, administered or absorbed; service in the armed forces of any country or international authority, except the United States National Guard; operating, learning to operate, or serving as a member of a crew of an aircraft; while in any aircraft for the purpose of descent from such aircraft while in flight (except for self preservation); or operating a vehicle or device while intoxicated as defined by the laws of the jurisdiction in which the accident occurs.

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP99 or G2130-S) issued to your employer by MetLife. Life and AD&D coverages under your employer's plan terminates when your employment ceases, when your Life and AD&D contributions cease, or upon termination of the group insurance policy. Dependent Life coverage will terminate when a dependent no longer qualifies as a dependent. Should your life insurance coverage terminate, for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and your employer and are subject to each state's laws and availability. Specific details regarding these provisions can be found in the certificate.

If you have additional questions regarding the Life Insurance program underwritten by MetLife, please contact your benefits administrator or MetLife. Like most group life insurance policies, MetLife group policies contain exclusions, limitations, terms and conditions for keeping them in force. Please see your certificate for complete details.

<sup>1</sup> Spouse amount cannot exceed 50% of the employee's Supplemental Life benefit.

<sup>2</sup> Cannot exceed spouse amount.

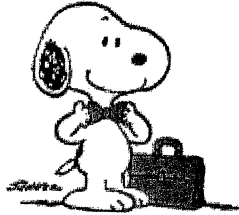
<sup>3</sup> Child benefits for children under 6 months old are limited.

<sup>4</sup> Will Preparation and MetLife Estate Resolution Services are offered by Hyatt Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. Will Preparation and Estate Resolution Services are subject to regulatory approval and currently available in all states. For New York situated cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation.

<sup>5</sup> Subject to state availability. To take advantage of this benefit, coverage of at least \$20,000 must be elected.

# METLIFE

## VOLUNTARY LIFE RULES & KEY POINTS



### **VOL LIFE RULES:**

- Guaranteed Issue Amount For Employees - \$100,000
- Guaranteed Issue Amount For Spouse - \$25,000
- Guaranteed Issue Amount For Children - \$10,000
- Anything over those amounts a Statement of Health is required!
- Late Entrants will be required to fill out SOH, so please sign up now!
- Spouse's Rates are based on Employee's Age.
- Spouse can only elect up to 50% of what employee elects on themselves.  
(EX: Employee takes \$100,000, Spouse can take only \$50,000)
- The Child Rate covers all children. One rate for all covered dependent children!
- Employees Must elect coverage on themselves to get coverage for Spouse or Children.

### **VOL LIFE KEY TALKING POINTS:**

- **NO AGE REDUCTIONS** – Employees benefits will not decrease just because they are getting older. Other carriers decrease benefits by 35% when employees turn age 65. They also decrease them again by 50% at 70. MetLife does not do that! HUGE!
- **FREE FACE TO FACE WILL PREPARATION** – This is included for free when employees sign up for Vol Life. They will get access to Hyatt Legal which is a company owned by MetLife. They will get to sit face to face with a Hyatt Legal Attorney free of charge and have a will prepared for them. Average cost for a will is \$700 and the employees at the group get this for free!
- **TRUE PORTABILITY INCLUDED!** – Should an employee leave for any reason, they can take the full 100% amounts with them!



# Will Preparation Service



## MetLife

Life Insurance coverage and Will Preparation Service you may need.

You now have the opportunity to enroll in the MetLife Supplemental Life<sup>1</sup> insurance that can financially help protect your loved ones should something happen to you. And when you enroll in Supplemental Life insurance, you have access to another service to protect the ones you love—Will Preparation.<sup>2</sup>

**Having an up-to-date will is one of the most important things you can do for your family.**

Like life insurance, a carefully prepared will is important. With a will, you can define your most important decisions such as who will care for your children or inherit your property. The Will Preparation Service also includes the preparation of living wills and power of attorney. By enrolling for Supplemental Life coverage, you will have access to Hyatt Legal Plans' network of more than 12,000 participating attorneys for preparing or updating these documents at no additional cost to you if you use a Hyatt Legal Plan's participating attorney.

**It's easy to use the Will Preparation Service.**

Once your Supplemental Life coverage becomes effective, you will receive information that will allow you to access the Will Preparation Service.

**Step 1:** Call Hyatt Legal Plans' toll-free number 1-800-821-6400, and a Client Service Representative will assist you in locating a participating plan attorney in your area and provide you with a case number.

**Step 2:** Call and make an appointment with a participating attorney—many plan attorneys even have evening and weekend appointments for your convenience.

**Step 3:** That's it! When you use a plan attorney, you do not need to submit any claim forms. You also have the flexibility of using a non-network attorney and being reimbursed for covered services according to a set fee schedule.<sup>3</sup> Supplemental Life Insurance and Will Preparation Service are two important ways to protect yourself—and the ones you love.

<sup>1</sup> Supplemental Life includes the Buy-Up portion of Core Buy-Up for Small Business.

<sup>2</sup> Will Preparation Services are offered by Hyatt Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and affiliates, Warwick, Rhode Island. For New York-situated cases, the Will Preparation Service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation.

<sup>3</sup> If you chose a non-network attorney, you will be responsible for any attorneys' fees that exceed the reimbursed amount.

**Metropolitan Life Insurance Company**  
200 Park Avenue, New York, NY 10166, [www.metlife.com](http://www.metlife.com)

