

Financial support that helps when you or a loved one becomes seriously ill.

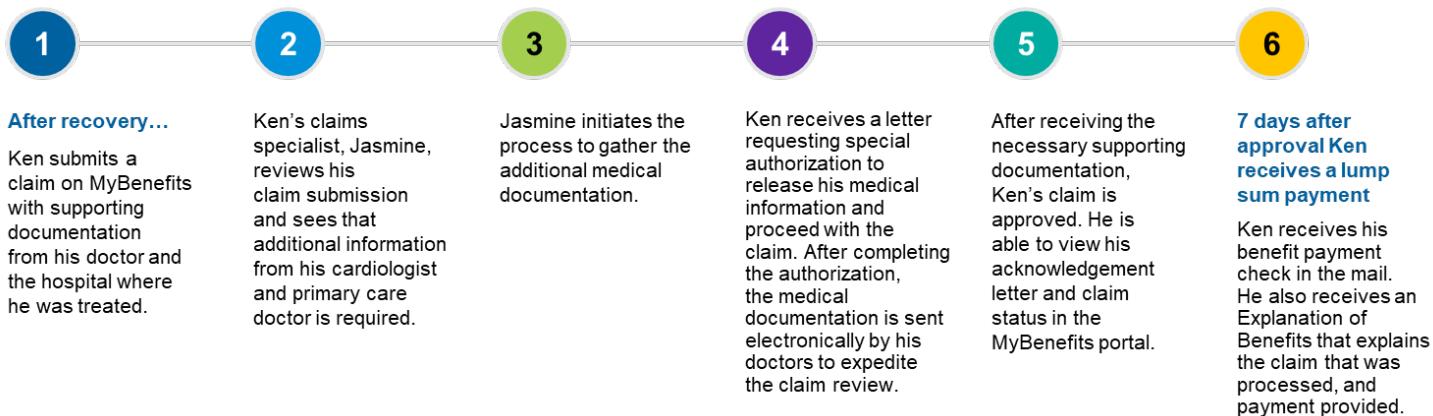


Medical insurance may only cover a portion of the expenses associated with treating a serious illness. That's why you can take advantage of your MetLife Critical Illness insurance benefits, should you need it.

If you meet the group policy and certificate requirements, critical illness insurance provides you with a lump-sum payment, paid directly to you, upon a verified diagnosis of these conditions:

- Cancer¹
- Heart Attack²
- Stroke³
- Major Organ Transplant⁴
- Coronary Artery Bypass Graft⁵
- Kidney Failure
- Sudden Cardiac Arrest
- Childhood Diseases
- And more. To see all covered conditions, review your Plan Summary.

Example: Ken is admitted to the hospital¹ for treatment after suffering a heart attack². He was discharged under supervision of his cardiologist.*



With his benefit payment, Ken was able to pay some out-of-pocket medical expenses and mortgage payments while he was recovering.

*This is a hypothetical example and does not represent a specific individual's experience. Your actual experience and results may differ.



Expenses that may not be covered by medical plans, such as co-pays, deductibles, childcare costs, mortgage payments, groceries and experimental treatments, could cut into your savings.

Critical Illness claim

Below, you'll find the information you need to make the process go smoothly, so that you can receive payments quickly and focus on your recovery.

Submit using MyBenefits: Quick and easy claim submission!



Step 1

Visit mybenefits.metlife.com or download the **MetLife Mobile App** to view your certificate of insurance and to initiate your claim*.

*A Physician Statement, which is available on MyBenefits, needs to be completed by your physician.



Step 2

Answer some questions about your claim and upload your medical documentation to support your claim. The whole process takes just minutes!



Step 3

Visit **MyBenefits** or your **MetLife Mobile App** frequently to check claim status, letters and benefit payments.

Submit using a Critical Illness Insurance claim form

1. Call MetLife at 1-866-626-3705 (Monday – Friday, 8 am – 8 pm EST) to request a claim form to be sent via mail.
2. Complete all necessary sections outlined in the form, which includes completing Section 7 on the Physician's Attachment.
3. Your physician must complete the remainder of the Physician's Attachment (all of Section 8) and return the signed and completed form. For additional information on what is needed to process a claim, please review the list of documents on the Claim Form and the details within your Certificate.
4. MetLife may also request additional information to process your claim. We will request this information from your providers directly. In many instances, your physician may require a special authorization before releasing your medical information. If applicable, please send this document as quickly as possible so we can make a claim determination.
5. Please include supporting documents from the provider related to the Critical Illness for which a claim is being made. The supporting documents must include: 1) verified diagnosis; 2) pathology reports, surgical notes, lab results, or clinical records that support the diagnosis of the covered condition and 3) the date(s) of verified diagnosis.
6. Once claim forms have been completed and accompanying documentation (physician statement, medical information, etc.) have been obtained, you may submit as follows:
 - Submit electronically through MyBenefits (mybenefits.metlife.com) or the MetLife Mobile App
 - Email to ahmetlifeclaims@metlife.com
 - Fax or mail directly (information can be found on the claim form)



Depending upon your condition, supporting documents may include:

<ul style="list-style-type: none">• Verified diagnosis• The date(s) of verified diagnosis• Surgical notes• EKGs, Cardiac Enzymes• MRI or CT or other imaging results	<ul style="list-style-type: none">• Lab results, or clinical records that support the diagnosis of the covered condition or need for surgery• Pathology reports• Death certificate showing cardiac arrest was caused by an underlying heart condition or was the sole cause of death.
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Note: This list is not all inclusive, for additional information on what is needed to process a claim, please review the list of documents on the Claim Form and/or the details within your Certificate.⁶

What happens after my claim is submitted?



- A MetLife Claims Specialist will review your information and request any additional medical information (if necessary).
- An acknowledgement letter is sent from MetLife when the claim is successfully submitted.

Visit MyBenefits or the MetLife Mobile App frequently to check claim status, letters and benefit payments.



Approval process and payment process

- There are two available payment methods, which are a physical check or direct deposit.
- Upon claim approval, an Explanation of Benefits (EOB) explains the claim that was processed, and payment provided. The EOB is attached to the check or available to be viewed on MyBenefits if payment is made via direct deposit.
- Payments to the claimant will be received within 7 – 10 business days after the claim is approved.⁶

1. Please review the certificate for specific information about cancer benefits. In most states, not all types of cancer are covered.
2. The Heart Attack Covered Condition pays a benefit for the occurrence of a myocardial infarction, subject to the terms of the certificate. A myocardial infarction does not include sudden cardiac arrest.
3. In certain states, the Covered Condition is Severe Stroke.
4. In most states, we will not pay a Major Organ Transplant benefit if a covered person is placed on the organ transplant list prior to coverage taking effect and subsequently undergoes a transplant procedure for the same organ while coverage is in effect. Covered organs may vary by state; refer to the Certificate for details. In some states, the condition is Major Organ Failure.
5. In certain states, the Covered Condition is Coronary Artery Disease.
6. Applies only to "clean" claims. A clean claim is a claim submitted with all the required information necessary to process the claim — no missing information requiring additional follow-up with the subscriber. It generally takes 10 business days to process "clean" claims.

METLIFE CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. There may be a preexisting condition exclusion. There may be a Benefit Reduction Due to Age provision. There may be a Benefit Suspension Period between recurrences of the same Covered Condition or occurrences of different Covered Conditions. MetLife offers CII on both an Attained Age basis, where rates will increase when a Covered Person reaches a new age band, and an Issue Age basis, where rates will not increase due to age. Rates are subject to change. MetLife reserves the right to raise premium rates for Issue Age CII on a class-wide basis. A more detailed description of the benefits, limitations, and exclusions applicable to MetLife's CII product can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP07-CI, GPNP09-CI, GPNP10-CI, GPNP14-CI, GPNP19-CI or contact MetLife for more information. Please contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.

MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.