



Navigating life together

Voluntary Benefits Enrollment

EV4 Voluntary Benefit Enrollment

Updated: December 2020

Common Benefits

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Access: Enrollee

- Entering Employer Sponsored Life & Accidental Death & Dismemberment Beneficiaries in EV4/Core
- Enrolling in Voluntary Benefits
- Completing a Statement Of Health

Entering a Beneficiary

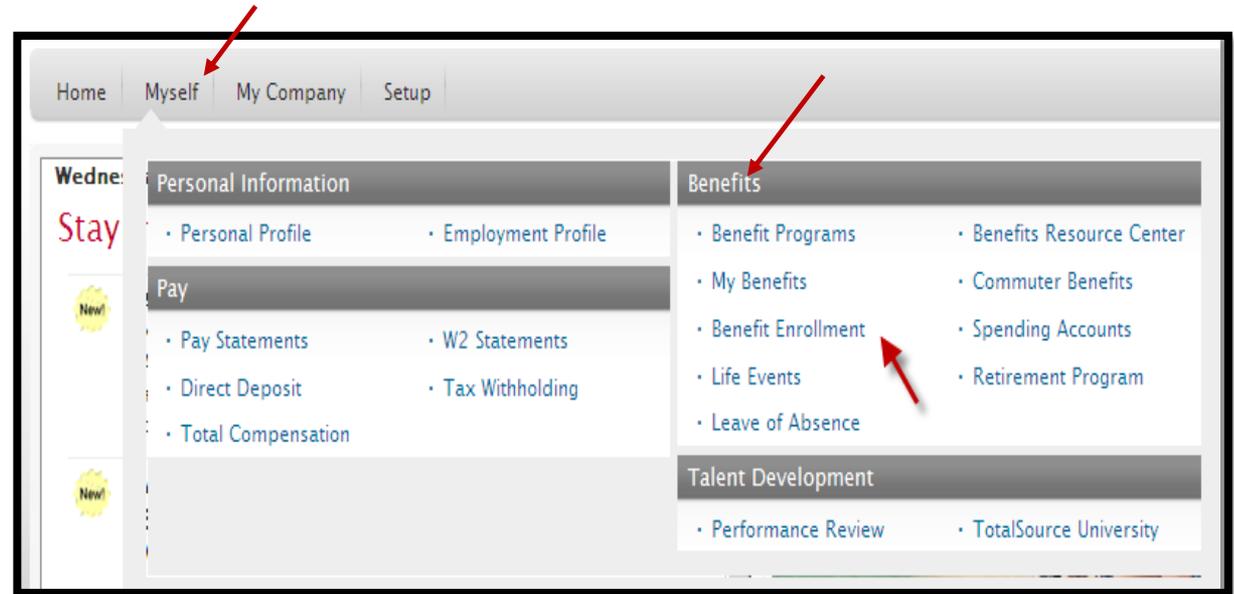
The beneficiaries for Employer sponsored **Life & Accidental Death & Dismemberment (ADD)** are entered and stored in [MyTotalSource](#). Enrollees are instructed to enter beneficiaries for this coverage prior to leaving MyTotalSource and should complete it before proceeding to Voluntary Benefits Enrollments.

Sign into ADP MyTotalSource

www.mytotalsource.com

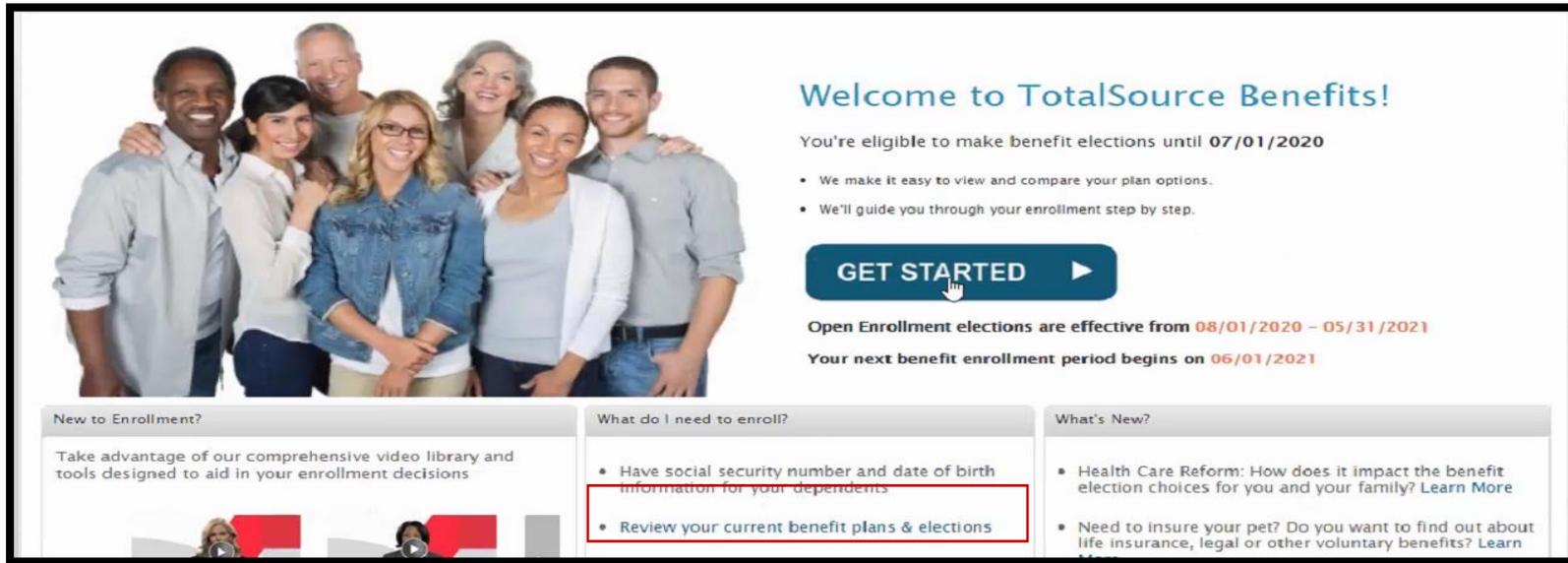
Just a few clicks...

- Myself
- Benefits
- Benefit Enrollment



Navigate to TotalSource Benefits Home Page

First time enrollees can “**Get Started.**” Existing members can click “**Review your current benefit plans & elections**”.



Welcome to TotalSource Benefits!

You're eligible to make benefit elections until **07/01/2020**

- We make it easy to view and compare your plan options.
- We'll guide you through your enrollment step by step.

GET STARTED ▶

Open Enrollment elections are effective from **08/01/2020 – 05/31/2021**

Your next benefit enrollment period begins on **06/01/2021**

New to Enrollment?
Take advantage of our comprehensive video library and tools designed to aid in your enrollment decisions

What do I need to enroll?

- Have social security number and date of birth information for your dependents
- Review your current benefit plans & elections

What's New?

- Health Care Reform: How does it impact the benefit election choices for you and your family? [Learn More](#)
- Need to insure your pet? Do you want to find out about life insurance, legal or other voluntary benefits? [Learn More](#)

Add Family Members

This step adds the family member to the enrollment platform only. Assigning dependents and beneficiary(ies) to each coverage is a subsequent step.

Welcome, Irene Test

Support X Log out

Home Myself My Company Setup

Benefit Enrollment

Review Family Information Elect Benefits Review and Submit Elections Confirmation Employee Info

Review Family Information

All family members (dependents) that you plan to enroll in benefits must be listed below.

[Add Family Member](#)

First Name	Last Name	Birth Date	SSN	Relationship	Gender	Marital Status	Disabled	Tax Dep
Irene	Test	9/4/1977	show	Employee	Female			
John	Smith			Spouse				

Employee Info:

- Name: Irene Test
- File Number: 000097
- Benefit Plan Year: 02/01/2014-05/31/2014
- Waiting Period: 30 Days
- Class Cd: A

Save Cancel

Finish Later Go to Medical

Site Feedback Legal Privacy Requirements

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Easy to use
Benefits
Enrollment
Wizard
Add, delete,
modify
dependents.

Attach Beneficiary to MetLife Coverages

Basic Life and Accidental Death & Dismemberment

and/or disability plans your employer offers. The elections have been added to your cart.

Please review your life and disability benefits

Metropolitan Lif... \$0.00	Metropolitan Lif... \$0.00
Base: \$25,000	LTD: 80% \$2,500mo-90
View summary of benefits and coverage	
Coverage	\$25,000
Monthly Benefit	80%
Max Monthly Benefit	\$2,500
Elimination Period	90 days

Life Beneficiaries

[Add Beneficiary](#)

First Name	Last Name	SSN	Relationship	Beneficiary Type	%	
Wendall	Hathaway	show	Spouse	None	0	

[Back to Vision](#) [Finish Later](#)

[Go to Review and Submit Elections](#)

User will click, **Add a Beneficiary**, then chose the Beneficiary Type and allocate a percentage

Return to the MyTotalSource Benefits Home Page to Enroll in Voluntary Benefits

Voluntary Benefits Enrollment Opportunities

New Hire

A new hire has 60 days from their hire date to enroll for Voluntary Benefits

Annual Enrollment

Annual enrollment windows are chosen by ADP TotalSource and typically fall outside of the enrollment windows for Employer sponsored benefits

Qualifying Life Event

An employee experiencing a *Qualified Life Event has 60 day to enroll or decline a voluntary benefit

Qualifying Life Events: Marriage, Divorce, Birth/Adoption of a child, death of a dependent, a change in a dependent's employment status.

**All coverages are available for Employees
and their Families**

Enrolling in Voluntary Benefits

Enrollment in Voluntary Benefits occurs on the **Common Benefit Enrollment Site**. Enrollees are directed to the enrollment site via [Single Sign On \(SSO\)](#).

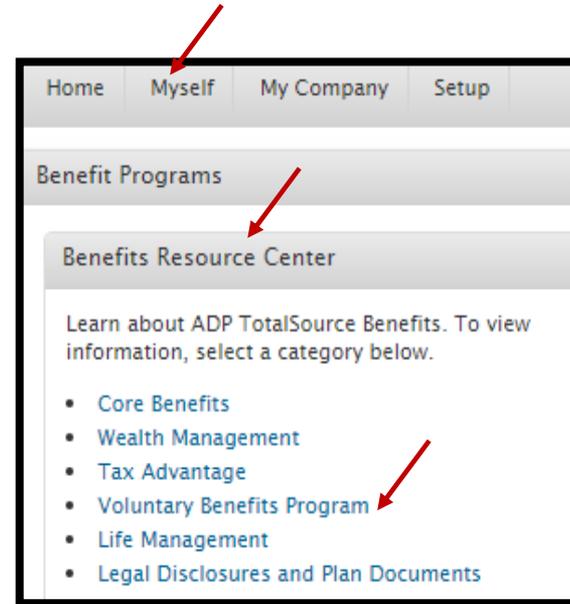
Enrollees should complete enrollment in all employer-sponsored benefits before entering the Common Benefits site.

Enrollment Path

Accessing Common Benefits

Just a few clicks...

- Myself
- Benefit Resource Center
- Voluntary Benefits Program



Enrollment Path

Accessing Common Benefits - Continued

➤ Voluntary Benefits Program

Benefits Resource Center

- Core Benefits
- Wealth Management
- Tax Advantage
- **Voluntary Benefits Program**
- Life Management
- Legal Disclosures and Plan Documents

Voluntary Benefits Program

Peace of mind when you can't work.

ADP TotalSource is pleased to offer voluntary benefits designed exclusively for ADP TotalSource by MetLife, a leader in employee benefits and life insurance. Utilizing MetLife's portal, this value based program provides you access to a wide variety of insurance products and services that offer the advantage of group rates and the convenience of payroll deductions.

Programs and services offered:

Short-Term Disability Coverage
Short-term disability (STD) coverage can help supplement a portion of your base earnings if injury or illness prevents you from working for more than a few days.

Hospital Indemnity Insurance
Out-of-pocket costs for a hospital stay can add up. Hospital Indemnity Insurance provides payment directly to you to help cover expenses if you or a member of your family is hospitalized.

Critical Illness Insurance
If you're diagnosed with a covered illness, such as heart attack, cancer or stroke, critical illness insurance pays a lump sum directly to you to help you cover out-of-pocket medical expenses.

Accident Insurance
Accident insurance allows you and your spouse and/or children to have coverage in the event of an unexpected accidental injury.

Group Legal Services Plan
Need legal help? Enrolling in the Group Legal Services plan gives you access to a variety of legal services at no or low cost within a network of top-quality legal professionals.

Term Life Insurance
Term Life Insurance provides a death benefit as well as additional support, planning, and protection services.

Accidental Death and Dismemberment Insurance
Accidental death and dismemberment insurance provides you and your family with financial protection in case of death or injury from an accident.

[Learn more about these products and your eligibility to enroll](#)

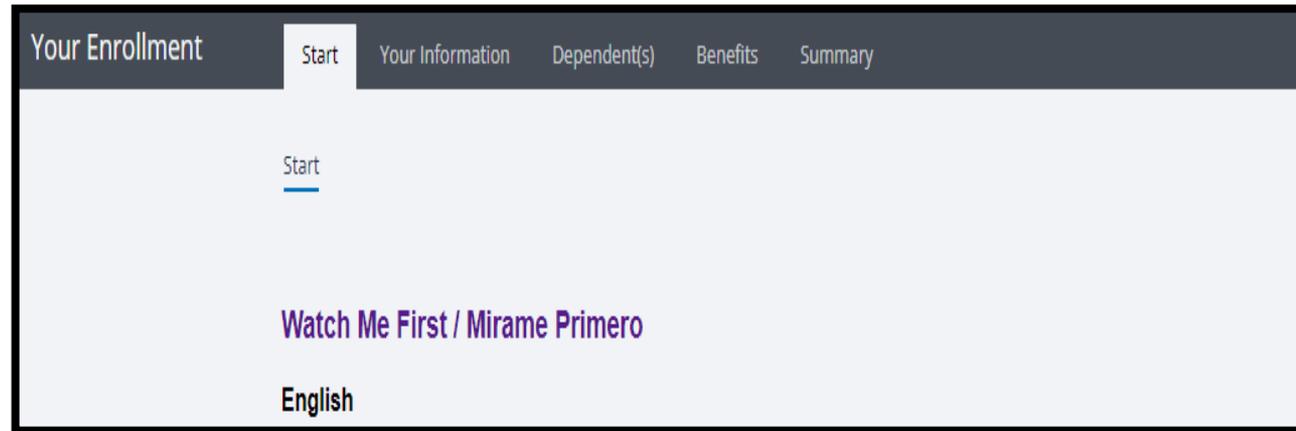
At the bottom of the page, click on *Learn more about these products and your eligibility to enroll*.

Note: This is the final page on the ADPTS MyTotalsource site.

Entering the Common Benefits Enrollment website

From the **Home Page**, enrollees can view a video tutorial of the enrollment platform as well as informational videos about each benefit.

Enrollees must first enter dependent information to allow enrollment for coverage of their dependents.



Note: The videos do not lead to enrollment and is for informational purposes only.

Adding a Dependent

Adding dependents must occur before enrolling for dependent type coverage(s).

From the Home Page, Click Dependent(s), then Add Dependent. In new screen enrollee can then enter dependent.

Dependent Name	Edit	Delete
Spouse AAAATest	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
Chil02 AAAATest	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
AAAAAA AAAATest	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
Matthew AAAATest	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
Linda AAAATest	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>

Personal Information

First Name

Middle Initial

Last Name

Date of Birth

Birth State

SSN

Gender Male Female

Home Phone

Mobile Phone

E-Mail

Relationship

Full-Time Student

Disabled

Choose a Voluntary Benefit

From the Home Page, Click Benefits

To enroll, click on the Plan Name, or click Review.

The screenshot displays the 'Your Enrollment' interface with the 'Benefits' tab selected. A list of available benefits is shown, each with a 'Review' button. Red arrows point to the 'Benefits' tab, the 'Available (6)' header, the 'MetLife Voluntary AD&D' plan name, and the 'Review' button for that plan.

Your Enrollment				
Start	Your Information	Dependent(s)	Benefits	Summary
Available (6)				
MetLife Voluntary AD&D				Review
Hyatt Legal				Review
MetLife Critical Illness				Review
MetLife Group Accident				Review
MetLife Hospital Indemnity				Review
MetLife Voluntary STD				Review

Reviewing Details of Voluntary Benefit

MetLife Voluntary Term Life

MetLife

View Presentation

Return to List of Benefits

MetLife

Voluntary Term Life Insurance

Get A Quote I am Not Interested

- Voluntary Term Life FAQ 2020 Spanish
- Voluntary Term Life Plan Summary 2020
- Voluntary Term Life FAQ 2020

Helpful Tools:

- The Plan Summary and FAQ document is easily located within each coverage module
- There is no need to decline a coverage, simply Return to the List of Benefits if not interested in enrolling in this benefit.
- The “Return to List of Benefits” will navigate back to the Home page.

Enrolling in a Voluntary Benefit

Benefits that do not require a Statement of Health (SOH) include:
Critical Illness, Group Accident, Accidental Death & Dismemberment, and
MetLife Legal Plans.

To enroll in the plan
you elected, click on
“Get a Quote”.

MetLife Group Accident

Return to List of Benefits

Not Enrolled

MetLife

Group Accident Insurance

Get A Quote I am Not Interested

View Presentation

- Group Accident FAQ 2020 Spanish
- Group Accident Outline of Coverage
- Group Accident Plan Summary 2020
- Group Accident FAQ 2020

Note: Both Critical Illness and Accident Coverages have a death benefit. A beneficiary is required and must be entered in MetLife’s MyBenefits system.

Enrolling in a Voluntary Benefit

Choose the Benefit Level: High or Low, Single or Family

MetLife Group Accident





View
Presentation

Progress

Eligibility
Questions

Quote

Applicant's
Statements

Accident Quote

Please select who you would like to cover with Accident insurance and plan option, if applicable.

	GROUP ACCIDENT - HIGH PLAN	GROUP ACCIDENT - LOW PLAN
Employee Only	<input type="radio"/> \$3.65 (Weekly)	<input type="radio"/> \$1.94 (Weekly)
Employee plus Spouse	<input type="radio"/> \$5.48 (Weekly)	<input type="radio"/> \$2.91 (Weekly)
Employee plus Child(ren)	<input type="radio"/> \$6.98 (Weekly)	<input type="radio"/> \$3.71 (Weekly)
Employee plus Spouse/Child(ren)	<input type="radio"/> \$8.91 (Weekly)	<input checked="" type="radio"/> \$4.73 (Weekly)

Premium Amount
\$20.50

Premium Frequency
Monthly

Qualifying Event
Birth

Effective Date
12/01/2020

Submitting Voluntary Benefit Election

Once enrollee clicks [“Accept”](#) then [“Submit”](#) they are taken back to the Landing Page to continue enrolling in other benefits.

Applicant's Statements and Agreements

I declare that I am actively at work on the date I am enrolling. I understand that if I am not actively at work on the date insurance will not take effect until I return to active work.

I understand that, on the date dependent insurance for a person is scheduled to take effect, the dependent must not be receiving care, receiving or applying for disability benefits from any source, or Hospitalized. If the dependent does not meet these criteria, dependent coverage will not take effect on the date the dependent is no longer confined, receiving or applying for disability benefits from any source, or Hospitalized. If the dependent is admitted to a hospital, hospice facility, intermediate care facility, or long-term care facility, or receives the following treatment wherever performed: chemotherapy, radiation therapy, or dialysis.

Insurance Fraud Warning

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

[Accept](#)

[← Back](#) [Submit →](#)

Enrollment in other voluntary benefits take similar paths.

Because some benefits require an assessment of your current health status, a Statement of Health (SOH) with medical questions may be required.

The Statement of Health link is external to Common Benefits, so enrollees are encouraged to complete enrollment in other benefits before enrolling in Voluntary Term Life and Voluntary Short-Term Disability as these may require an SOH.

Note: Users need to complete a separate SOH for each of the benefits that require it.

Voluntary Term Life & Short-Term Disability

These benefits require a Statement of Health when:

- New hire: Amount of coverage over Guaranteed Issue
- Employee enrolls in coverage for any amount outside of New Hire window

Enrolling in more than one Voluntary Benefit

Enrollee will need to go back to the Landing Page & click Benefits.

To enroll, click on the Plan Name, or click Review.

The screenshot displays the 'Your Enrollment' page with a navigation bar at the top containing 'Start', 'Your Information', 'Dependent(s)', 'Benefits', and 'Summary'. The 'Benefits' tab is active. Below the navigation bar, there is a section titled 'Available (6)' with a chevron icon. A list of six voluntary benefits is shown, each with a 'Review' button to its right. Red arrows point to the 'Benefits' tab, the 'MetLife Voluntary STD' plan name, and the 'Review' button for that plan.

Benefit Name	Action
MetLife Voluntary AD&D	Review
Hyatt Legal	Review
MetLife Critical Illness	Review
MetLife Group Accident	Review
MetLife Hospital Indemnity	Review
MetLife Voluntary STD	Review

Voluntary Term Life

Coverage Selection

MetLife Voluntary Term Life





View Presentation

- Progress
- Prerequisites
- Coverage Selection**
- Beneficiaries
- Summary
- Applicant's Statements

- [Voluntary Term Life FAQ 2020 Spanish](#)
- [Voluntary Term Life Plan Summary 2020](#)
- [Voluntary Term Life FAQ 2020](#)

	SELECT COVERAGE	COVERAGE	EMPLOYEE PREMIUM(S)
MetTest AAAATest (Self)	\$150,000	\$150,000 Simplified Issue	\$309.00
Spouse AAAATest (Spouse)	\$70,000	\$70,000 Simplified Issue	\$2.10
Child(ren)	<input type="radio"/> No Coverage <input type="radio"/> \$5,000 Benefit Amount <input checked="" type="radio"/> \$10,000 Benefit Amount	\$10,000 Guaranteed Issue	\$0.20
AAAAAA AAAATest			
Linda AAAATest			
Chil02 AAAATest			
Matthew AAAATest			

Total Premium Amount
\$311.30

Premium Frequency
Monthly

Qualifying Event
Marriage

Effective Date
11/01/2020

← Back
Continue →
Cancel

Choose coverage for you and your dependent(s).

Guaranteed Coverage Amounts applies to new hires only as follows:

- Employee Coverage: \$100,000

- Spouse Coverage: \$20,000

Voluntary Term Life

Add a Beneficiary(ies)

MetLife Voluntary Term Life



Beneficiary(ies)

▼ MetTest AAAATest (Self)

Progress

- Prerequisites
- Coverage Selection
- Eligibility Question
- Beneficiaries**
- Required Information
- Summary
- Applicant's Statements

Primary Beneficiaries

Name	Relationship	Percentage
Spouse AAAATest	Spouse	100.00%

[Edit Beneficiaries](#)

Contingent Beneficiaries

- No assigned beneficiaries. -

[Edit Beneficiaries](#)

[← Back](#)
[Continue →](#)
[Cancel](#)

[Voluntary Term Life FAQ 2020 Spanish](#)
[Voluntary Term Life Plan Summary 2020](#)
[Voluntary Term Life FAQ 2020](#)

Click on Edit Beneficiary

- Multiple Primary and Contingent Beneficiaries can be added
- Total Percentage must equal 100%

Voluntary Term Life

Enrollment Summary

Review coverage & Click Continue

Enrollment Summary

Enrolled

Total Premium Amount	\$206.80 (+\$104.50 pending)
Premium Frequency	Monthly
Effective Date	11/01/2020

NAME	RELATION	SELECTED COVERAGE	COVERAGE	EMPLOYEE PREMIUM(S)	
MetTest AAAATest	Self	\$150,000	\$100,000 (+\$50,000 pending)	\$206.00 (+\$103.00 pending)	View Beneficiaries
Spouse AAAATest	Spouse	\$70,000	\$20,000 (+\$50,000 pending)	\$0.60 (+\$1.50 pending)	
Child(ren)		\$10,000	\$10,000	\$0.20	
Linda AAAATest					
Matthew AAAATest					
AAAAAA AAAATest					
Chil02 AAAATest					

← Back
Continue →
Waive Coverage

Cancel

Voluntary Life

Sign and Submit

acknowledges his or her understanding that:

- All or part of the information, records and data that MetLife receives pursuant to this authorization from an independent contractor who performs a business service for MetLife on the insurance application are disclosed as permitted by applicable laws.
- Medical information, records and data that may have been subject to federal and state laws of disclosure of such information by health care providers and health plans and records and data by MetLife, may no longer be covered by those laws or regulations.
- Information relating to HIV test results will only be disclosed as permitted by applicable law.
- Information obtained pursuant to this authorization about a proposed insured may be used, for purposes of underwriting, to determine the amount of the Guarantee Issue Amount.
- A photocopy of this form is as valid as the original form. Each proposed insured (or his/her authorized representative) must sign and date this form.
- I authorize MetLife, or its reinsurers, to make a brief report of my personal health information to the insurance company.

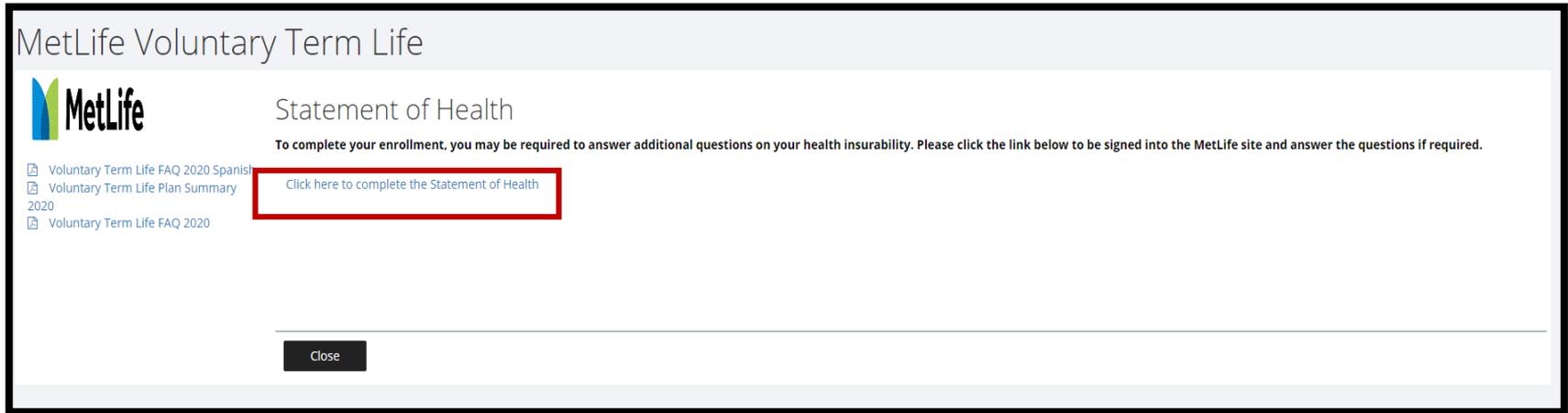
Any person who knowingly and with intent to injure, defraud or deceive any insurance company in any degree.

Click **Accept** & then **Submit**

Note:
When enrolling for an amount above the Guarantee Issue Amount or as a late entrant, there are a few additional steps.

Voluntary Term Life

Complete the Statement of Health Application



MetLife Voluntary Term Life

 Statement of Health

To complete your enrollment, you may be required to answer additional questions on your health insurability. Please click the link below to be signed into the MetLife site and answer the questions if required.

-  [Voluntary Term Life FAQ 2020 Spanish](#)
-  [Voluntary Term Life Plan Summary 2020](#)
-  [Voluntary Term Life FAQ 2020](#)

[Click here to complete the Statement of Health](#)

Close

Note: Once the enrollee clicks this link, they are leaving the Common Benefits website and arriving at the MetLife Statement of Health website. The Common Benefits enrollment site, will be updated once the SOH application is reviewed.

Completing the Statement of Health (SOH)

The Statement of Health application is directly with MetLife. Enrollees are directed to and automatically logged-in to MetLife Statement of Health site via [Single Sign On \(SSO\)](#)

Users will only have access to the Statement of Health application and not any other MetLife benefit by using this link.

Statement of Health (SOH)

Statement of Health

Congratulations!

You're one step closer to setting up your insurance policy through MetLife—and ensuring your loved ones are protected.

Now let's complete your Statement of Health.
You're being asked to fill out this form out for one (or more) of the following reasons:

- You've applied for additional coverage.
- You've applied for coverage outside of the enrollment period.
- Your employer or group plan requires it.

It's easy. Here's what you need to know:
▼ Read more ▼

You need to complete your Statement of Health application.

MetTest AAAATest

Optional Life [Complete Online Now](#)

Coverage that requires proof of good health: ⓘ \$50,000.00

Your dependent needs to complete a Statement of Health application. Please pre-register them today!

Spouse AAAATest

Dependent Life

Coverage that requires proof of good health: ⓘ \$30,000.00

Please provide your dependent's email address so we can email your dependent a link to the online Statement of Health.

[Provide Email Address](#)

Prefer to print the Statement of Health and have your

All benefits requiring SOH will appear on the Landing Page.

- After Clicking **“Complete Online Now”**, enrollees can complete the SOH application.
- Enrollees will be asked to provide an email address for dependents over the age of 18.
- MetLife will then email the dependent directly with steps for completing the SOH application.

Statement of Health (SOH)

MetLife

Welcome John | Profile | Logout

My Accounts | Claims Center | Documents & Forms

Statement of Health

Your Information | Primary Care Physician | Health Questions | Review and Submit

Please review and confirm the information below. All fields are required unless noted.

JOHN SMITH

Gender: MALE

Date of Birth: 07/01/1934

Country of Residence: United States

Address lookup

Enter the address

Street Address: 123 First Street

City: Springfield

State: IL

Zip Code: 60001

Phone: 555-555-5555

Phone Numbers

You may enter up to three phone numbers.

This is a non-415 phone number.

Number: 555-555-5555 (Open Drop)

Add another phone number (415-555-5555)

Delivery Preference

How would you like to receive communications related to your Statement of Health?

Electronic US Mail

5050STATE@C.COM | EMail

Note: If you select to receive documents electronically, we'll send them to the email address above. Not all documents are available electronically; we'll send those to you by US mail, regardless of your delivery preference, as email address is required.

Cancel | **Save**

Demographics and Coverage information is pulled in from the Common Benefits enrollment site.

Enrollees will be asked to add any information that isn't prefilled.

Statement of Health (SOH)

Enrollee will need to complete all required information

Statement of Health

Your Information Primary Care Physician Health Questions Review and Submit

We need some information about your Primary Care Physician. Please complete the form below.

Primary Care Physician
John Smith

Address
United States
123 First Street
Sample,
TW
55555

Phone Numbers
(333)333-3333 Work

Most recent visit
05/14/2020

Reason for most recent visit
Checkup

Back Finish Later

Primary Care Physician

You will be required to enter your Primary Care Physician's address, phone, most recent visit and reason for most recent visit.

Health Questions

If "YES" is selected for any of the medical questions, the section may expand requesting additional information related to a specific condition or the user may be asked to answer additional questions.

Once all information required is complete, the user will click "Save". After all the questions are answered, the user is taken to the review page and/or the eSign page for submission.

Review Page

Applicants review all information entered on prior pages to confirm accuracy.

2

Statement of Health (SOH)

Submit Electronically or Print, Sign and Mail

Statement of Health

Your Information Primary Care Physician Health Questions **Review and Submit**

Please Provide An Electronic Signature. All fields are required unless noted.

Legal Statements
You must review and acknowledge all of the legal statements and disclosures below before continuing.

FRAUD WARNINGS
If you reside in or are applying for insurance under a policy issued in one of the following states, please read the applicable warning.
[Read Fraud Warnings](#)

DECLARATIONS AND SIGNATURES
I have read this Statement of Health and declare that all information given above is true and correct.

To continue, please check the box(es) to indicate that you have read and understood the following and that you are providing your consent and authorization.

Fraud Warning, Declarations and Signatures, Privacy Notice, Consent Statement, and if applicable, Consent to Transfer Personal Data to the US

Authorization Statement

Country of Birth
United States

State of Birth
select

Electronic Signature (Signature)
I have completed the Statement of Health. I acknowledge that I have read and understood the Statement of Health and all the notices, declarations, and other documents provided. I agree to print and retain a copy of the Statement of Health form for my records. I understand that by entering my password and clicking the "Submit" button below I am providing my electronic signature and submitting the Statement of Health for consideration by MetLife.

Your MetLife Login Password
Please enter the password you use to log in to MetLife

*Note: Passwords are case sensitive.

Information: You will be provided an opportunity to print and/or download a copy of your completed Statement of Health for your records upon successful electronic submission.

[Back](#) [Finish Later](#) **Submit**

Print, Sign, Mail

If the user chooses to print, sign, and mail their SOH, they must click the link at the bottom of the eSign page.

Users will be able to print a copy of their Statement of Health form to be signed and mailed to the address displayed on the form.

Once the enrollee clicks **Submit**, a status of the SOH is provided. If a paramedical exam is required, an option appears to schedule the exam.

Statement of Health (SOH)

Scheduling a Paramedical Exam

Schedule a Paramedical Exam

Thank you for submitting your Statement of Health.

To get a better understanding of your health, we need you to have a paramedical exam.

The paramedical exam is simple and can take place in your own home. It takes about 15-30 minutes and is conducted by a licensed health professional. You won't need to disclose.

Schedule your paramedical exam now with a vendor MetLife has identified, at no cost to you. For your convenience, select a date and time on the calendar and a representative will call you within one to two business days to confirm the time and location.

If you choose to use your own physician for this exam, you may skip this step and we will mail you instructions and an exam form. When a representative calls you within one to two business days, simply advise that you will be using your own physician. Please note, any expenses incurred by using your own physician will be your responsibility.

Schedule your exam now (optional)

Select a date:

Press the page up key to go to an earlier month.
Press the page down key to go to a later month.

May						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

Select a time: (optional)

Select a time

[Skip this step](#) Schedule Exam

A representative will call you within the next 1 to 2 business days to schedule the exam.

The paramedical exam can be conducted by an approved MetLife vendor, or by the employee's personal physician

Enrolling Due to Qualified Life Event

If enrollee is experiencing a Qualifying Life Event*, they are prompted to enter the Event type as well as the Event Date. Enrollees have 60 days to enroll for coverage due to qualifying life event. Events cannot be future-dated.

MetLife Voluntary Term Life



- [Voluntary Term Life FAQ](#)
- [2020 Spanish](#)
- [Voluntary Term Life Plan Summary 2020](#)
- [Voluntary Term Life FAQ 2020](#)

Qualifying Event

Making changes to this benefit outside of scheduled enrollment periods is allowed only in special circumstances. By entering a qualifying event and proceeding, you certify that you have experienced one of the following life events on the date entered below:

- Marriage**
- Birth, adoption, or placement for adoption of a dependent child**
- Divorce, legal separation, or annulment**
- Death of a dependent**
- A change in Your or Your dependent's employment status such as beginning or ending employment, strike, lockout, taking or ending a leave of absence, changes in worksite or work schedule, if it causes You or Your dependent to gain or lose eligibility for group coverage.**

Qualifying Event

Event Date

[Continue →](#)
[Cancel](#)

*Qualifying Life Events are Marriage, Divorce, Birth/Adoption of a child, death of a dependent, a change in a dependent's employment status.