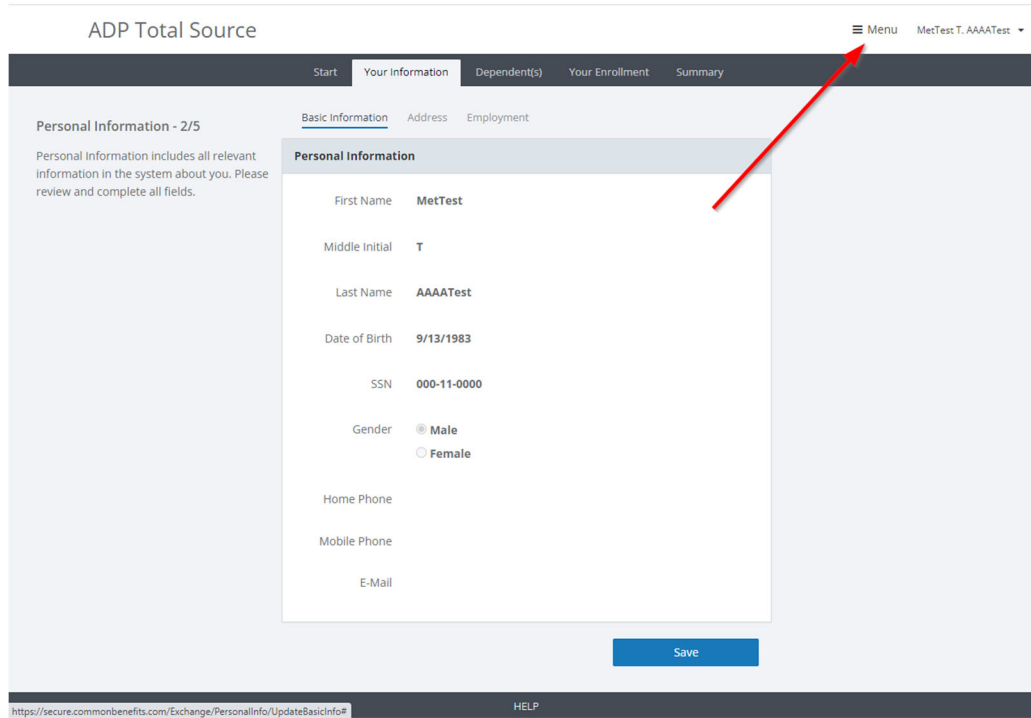


The Company Documents section of the self-service website is located through the "Menu" option at the top of the page:

Click "Menu":



ADP Total Source

Menu MetTest T. AAAATest

Start Your information Dependent(s) Your Enrollment Summary

Personal Information - 2/5

Personal Information includes all relevant information in the system about you. Please review and complete all fields.

Basic Information Address Employment

Personal Information

First Name MetTest

Middle Initial T

Last Name AAAATest

Date of Birth 9/13/1983

SSN 000-11-0000

Gender ☒ Male ☐ Female

Home Phone

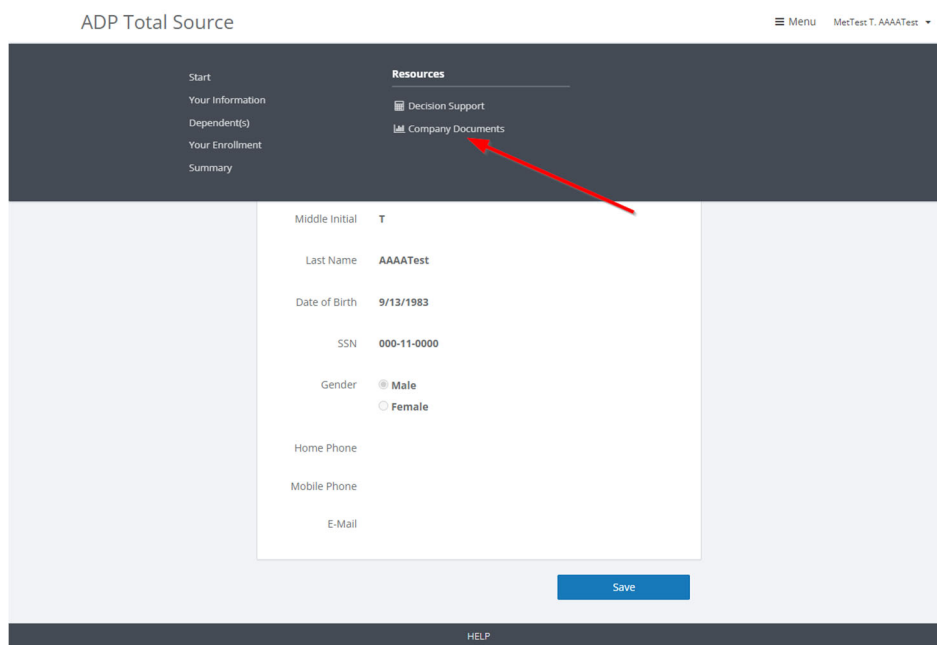
Mobile Phone

E-Mail

Save

<https://secure.commonbenefits.com/Exchange/PersonalInfo/UpdateBasicInfo> HELP

Click "Company Documents":



ADP Total Source

Menu MetTest T. AAAATest

Start Your information Dependent(s) Your Enrollment Summary

Resources

Decision Support

Company Documents

Middle Initial T

Last Name AAAATest

Date of Birth 9/13/1983

SSN 000-11-0000

Gender ☒ Male ☐ Female

Home Phone

Mobile Phone

E-Mail

Save

HELP

Available documents are clickable links here:

Resources			← Back To Your Enrollment	Decision Support	Company Documents
#	DOCUMENT NAME	DOCUMENT TYPE			
1	Enrollment Guide	.pdf			
2	Group Accident Plan Summary and FAQ	.pdf			
3	Hospital Indemnity Plan Summary and FAQ	.pdf			
4	Voluntary Short Term Disability Plan Summary and FAQ	.pdf			
5	Voluntary Term Life Plan Summary and FAQ	.pdf			
6	Voluntary AD&D Plan Summary and FAQ	.pdf			
7	Critical Illness Plan Summary and FAQ	.pdf			
8	MetLife Legal Plans Plan Summary and FAQ	.pdf			



Voluntary Benefits Enrollment

Common Benefits

Updated: February 2023



Entering a Beneficiary

The beneficiaries for Employer sponsored Life & Accidental Death & Dismemberment (AD&D) are entered and stored in MyTotalSource.

Enrollees are instructed to enter beneficiaries for this coverage prior to leaving MyTotalSource



Enrollees should complete beneficiaries before proceeding to Voluntary Benefits Enrollments

Sign into ADP MyTotalSource

www.mytotalsource.com

Just a few clicks...



“Myself”

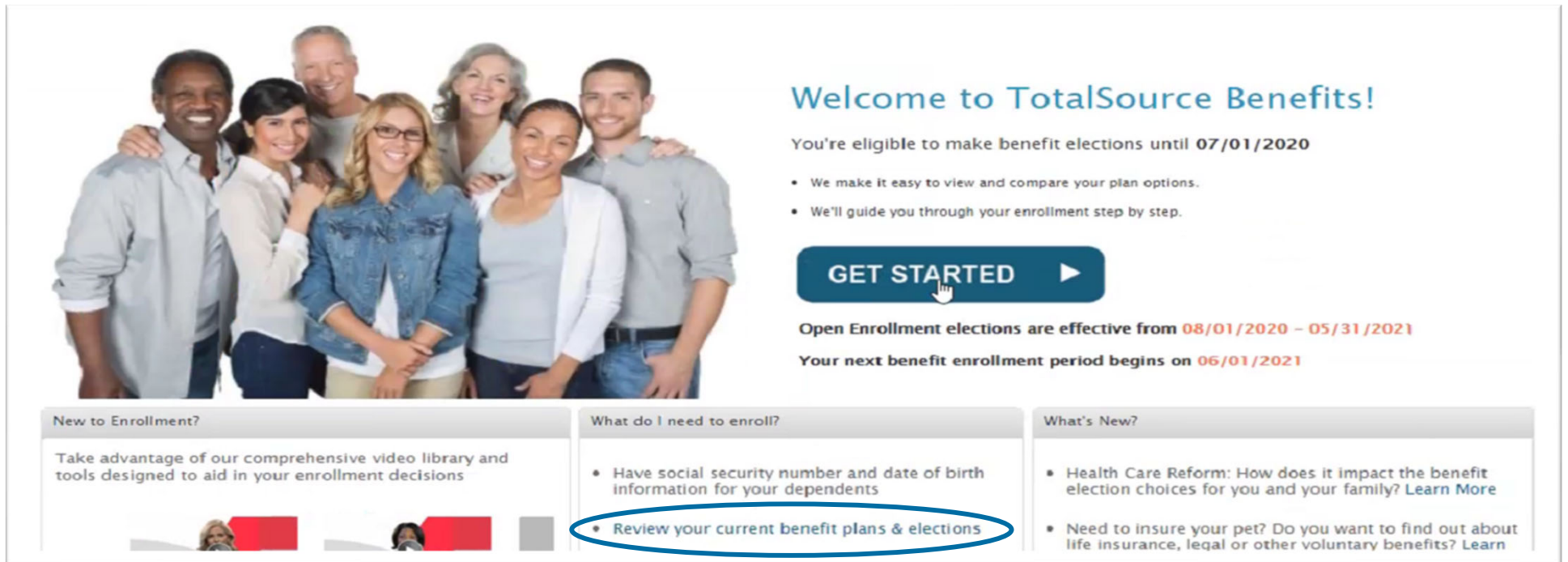
“Benefits”

“Benefit Enrollment”

Navigate to TotalSource Benefits Home Page

First time enrollees can click “Get Started”

Existing members can click “Review your current benefits plans & elections”



The screenshot displays the TotalSource Benefits Home Page. On the left, a diverse group of seven people (three men and four women) are smiling and posing together. To their right, the heading "Welcome to TotalSource Benefits!" is followed by the text "You're eligible to make benefit elections until 07/01/2020". Below this, two bullet points state: "We make it easy to view and compare your plan options." and "We'll guide you through your enrollment step by step." A prominent blue button with the text "GET STARTED" and a right-pointing arrow is shown, with a mouse cursor hovering over it. Below the button, two lines of text in red indicate: "Open Enrollment elections are effective from 08/01/2020 – 05/31/2021" and "Your next benefit enrollment period begins on 06/01/2021". At the bottom, there are three grey-bordered sections: "New to Enrollment?" with text about a video library, "What do I need to enroll?" with a list of requirements, and "What's New?" with links to learn more about Health Care Reform and pet insurance. The item "Review your current benefit plans & elections" in the second section is circled in blue.

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](#)

Adding Family Members

Adding dependents or beneficiaries is a two-step process.

This first step adds, deletes and modifies family members to the enrollment platform only.

ADP Welcome Support 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				

Finish Later

Save Cancel

Go to Medical

Site Feedback Legal Privacy Requirements

© Copyright 2014 Automatic Data Processing, Inc.

Employee Info

Name Test

File Number 000097

Benefit Plan Year 02/01/2014-05/31/2014

Waiting Period 30 Days

Class Cd A

Attaching Beneficiaries to Life and AD&D Coverages

In the next step, users will click “Add a Beneficiary”, then choose the Beneficiary Type and allocate a percentage.

To confirm that a beneficiary has been added to the product, click Summary on the Enrollments screen. Confirm that the beneficiary’s name appears.

The screenshot displays the 'Life & Disability' enrollment interface. At the top, it says 'Please review your life and disability benefits'. Below this, there are two summary cards for 'Metropolitan Life' policies, both showing a premium of \$0.00. The first card is for 'Basic \$25,000' and the second is for 'LTD1 60% \$2,500mo-90'. Each card has a link to 'View summary of benefits and coverage'. Below the cards, there is a section for 'Life Beneficiaries' with an 'Add Beneficiary' button highlighted by a blue arrow. Below this is a table with columns for First Name, Last Name, SSN, Relationship, Beneficiary Type, and %. The table contains one entry for 'Wendall Hathaway' with a 'Spouse' relationship and 'None' as the beneficiary type. At the bottom, there are buttons for 'Back to Vision', 'Finish Later', and 'Go to Review and Submit Elections'.

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

Users can return the MyTotalSource Benefits Home Page to elect Voluntary Benefits

Beneficiary Facility of Payment

If there is no beneficiary named, MetLife will pay the claim according to Facility of Payment.

If there is no beneficiary on record and there is a living spouse, MetLife will not need a claimant affidavit completed. The spouse will be paid the benefit.

Facility of Payment:
Spouse or Domestic Partner;
Child(ren) if there is no surviving spouse;
The employee's parent(s), if there is no surviving child;
The deceased employee's siblings;
Estate

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 defined by ADP TotalSource for benefits with a 6/1 effective date

Qualifying Life Event

An employee experiencing a Qualifying Life Event (QLE)* has 60 days to enroll or decline a Voluntary benefit

*Qualifying Life Events:

- 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.

Accessing Common Benefits

Just a few clicks...

Home **Myself** My Company Setup

Benefit Programs

Benefits Resource Center

Learn about ADP TotalSource Benefits. To view information, select a category below.

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

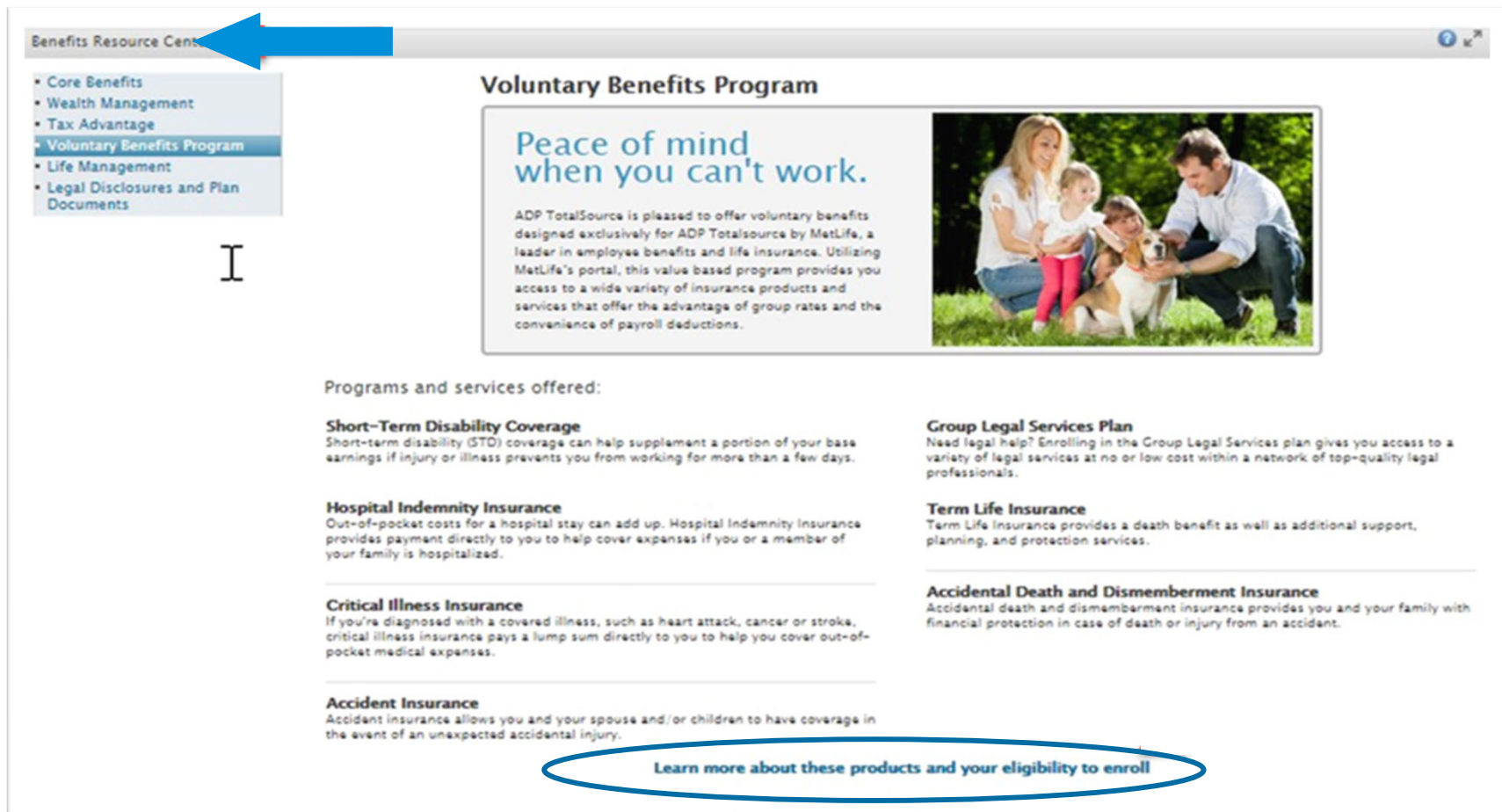
“Myself”

“Benefit Resource Center”

“Voluntary Benefits Program”

Voluntary Benefits Program

Once users click “Learn more about these products and your eligibility to enroll” they will be directed to Common Benefits enrollment site via Single Sign On (SOS) to complete enrollment in Voluntary Benefits.



The screenshot shows the 'Voluntary Benefits Program' page. A blue arrow points to the 'Voluntary Benefits Program' link in the left sidebar. A blue oval highlights the 'Learn more about these products and your eligibility to enroll' link at the bottom. A blue 'I' icon is positioned to the left of the main content area.


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.



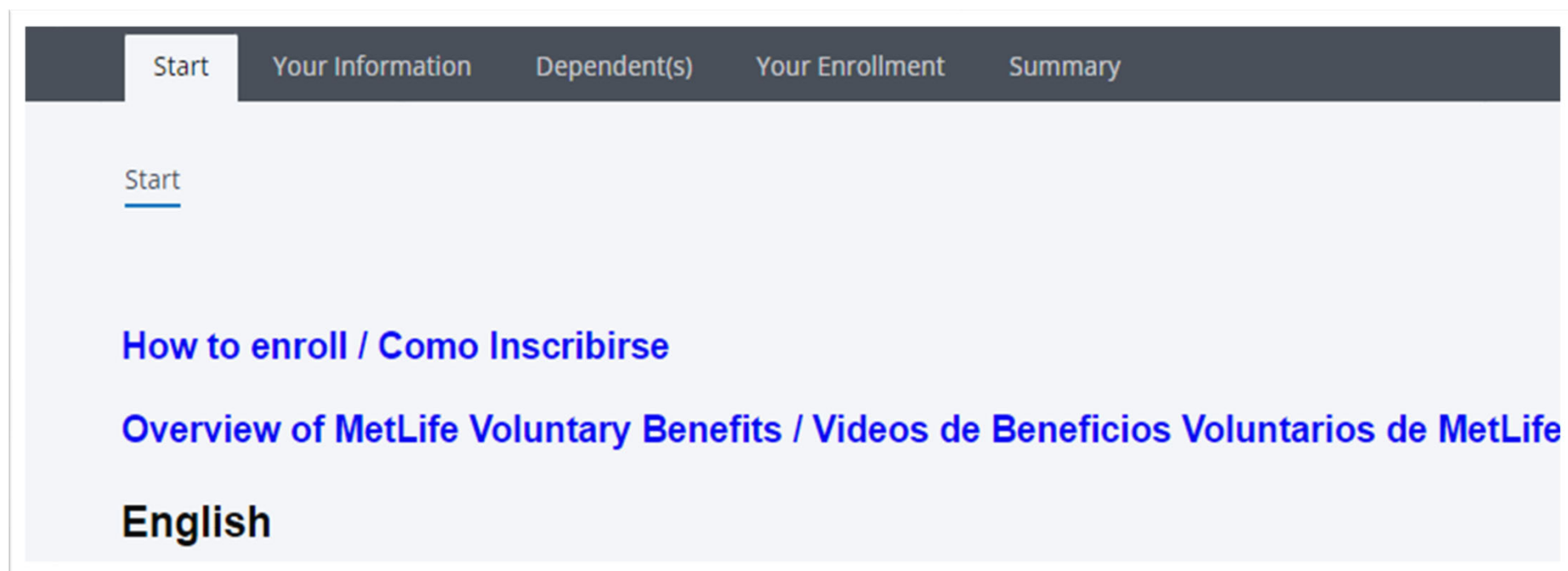
Programs and services offered:

- 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](#)

Common Benefits Enrollment Site

From the Home Page, users can view a video tutorial of the enrollment platform as well as informational videos about each benefit. The videos are for informational purposes only.



The screenshot above is presented within the new hire enrollment window and during Open Enrollment.

Enrolling due to Qualifying Life Event

Users will have 60 days to enroll for coverage due to a Qualifying Life Event.

If experiencing a Qualifying Life Event, users will be prompted to enter the Qualifying Event type and Event Date.

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: Please Select

Event Date: Please Select

Adoption/Placement for adoption of a dependent child

Birth

Death of Member With Dependents

Divorce, legal separation, or annulment

Loss of Coverage (Spouse/Child)

Status Change – Newly Eligible

Status Change – No Longer Benefit Eligible

[Continue >>](#) [Cancel](#)

The screenshot above is presented outside of the new hire enrollment window and Open Enrollment.

Adding a Dependent

Adding dependents must occur before enrolling for dependent type coverage(s). Dependents can only be enrolled if the Employee enrolled in Voluntary Term Life and Voluntary AD&D coverages.

From the Home Page, click “Dependent(s), then “Add Dependent”. Users will be prompted to enter dependent demographics.

Start	Your Information	Dependent(s)	Benefits	Summary
<div>Spouse AAAATest Edit Delete</div> <div>Chil02 AAAATest Edit Delete</div> <div>AAAAA AAAATest Edit Delete</div> <div>Matthew AAAATest Edit Delete</div> <div>Linda AAAATest Edit Delete</div> <div>Add Dependent</div>				

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 ☐

Financially Dependent ☐

Enrollment in other Voluntary Benefits

The Statement of Health link is external to Common Benefits.

Employees are encouraged to complete enrollment in other benefits before enrolling in Voluntary Term Life (VTL) and Voluntary Short-Term Disability (VSTD) as these may require a SOH.

Statement of Health is required for VTL & VSTD when:

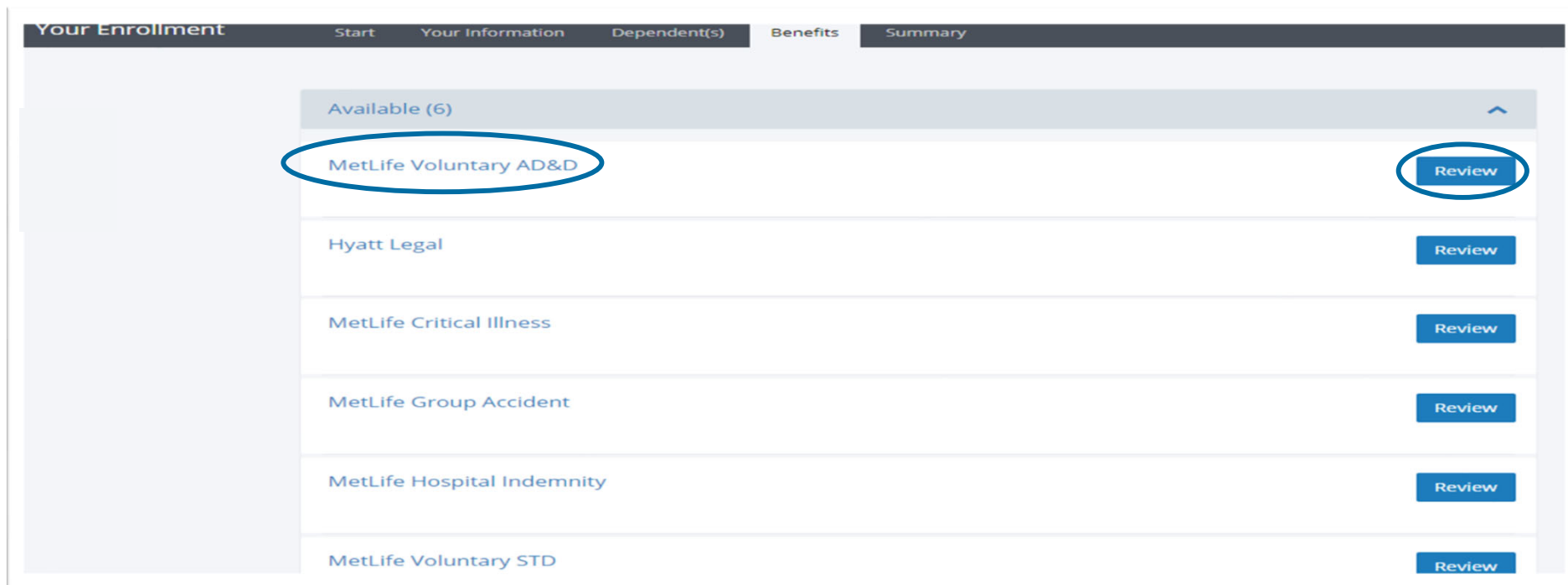
**New Hire - Amount of coverage elected is over the Guaranteed Issue Amount
Employee enrolls in coverage for any amount outside of New Hire window**



Users need to complete separate SOH forms for each of the benefits that require a Statement of Health to be completed

Choosing Voluntary Benefits

From the Your Enrollment Tab, users can expand a section and select a plan name or click “Review” to view its details.



Reviewing details of Voluntary Benefits

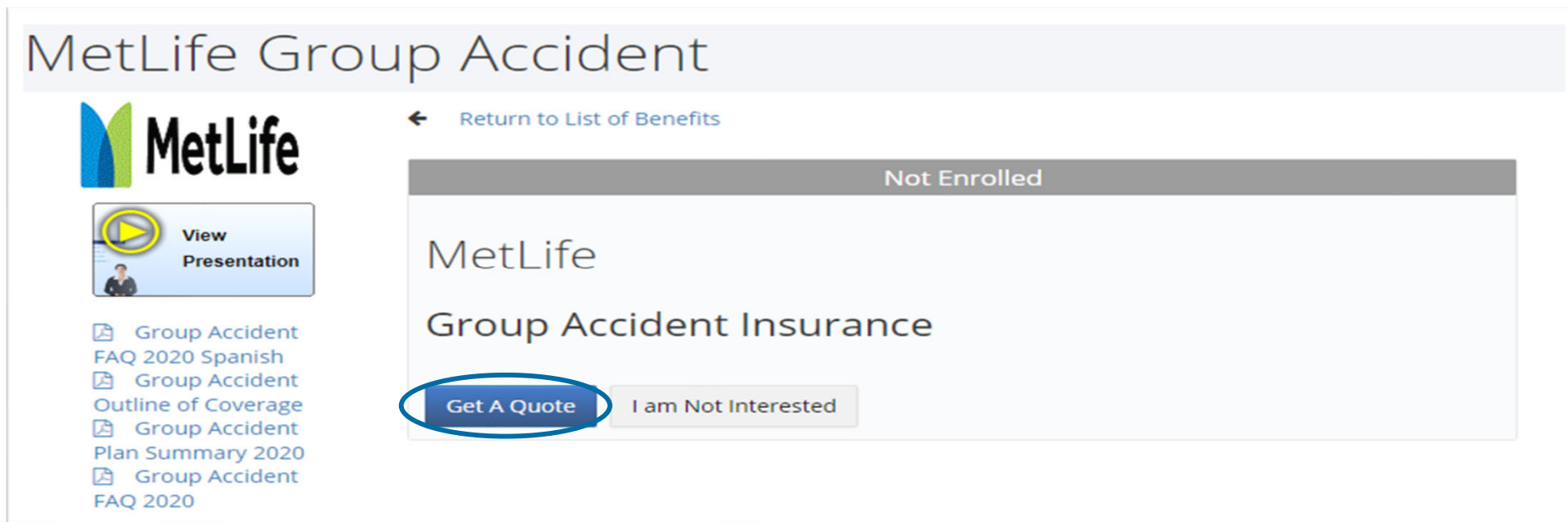
Certificate, Plan Summary and FAQ documents are easily located within each coverage module.

There is no need to decline a coverage, simply click “Return to the List of Benefits” if not interested in enrolling in this benefit and you will be directed back to the Home Page.





Enrolling in a Voluntary Benefit





Users can enroll in a plan by clicking on “Get A Quote”.



MetLife Group Accident

 [Return to List of Benefits](#)

 **View Presentation**

-  [Group Accident FAQ 2020 Spanish](#)
-  [Group Accident Outline of Coverage](#)
-  [Group Accident Plan Summary 2020](#)
-  [Group Accident FAQ 2020](#)

Not Enrolled

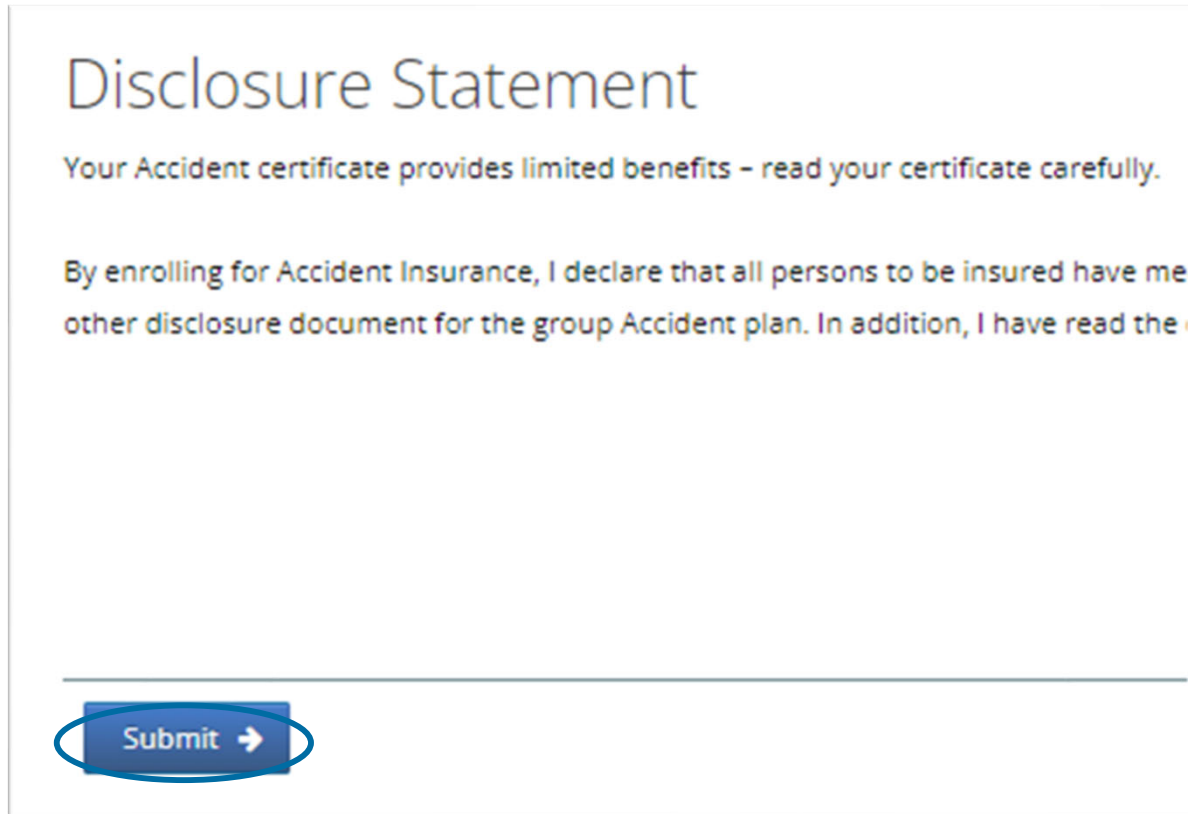
MetLife

Group Accident Insurance

Get A Quote [I am Not Interested](#)

Disclosure Statement

Users will need to review disclaimer, click “Submit”



The screenshot shows a web form titled "Disclosure Statement". Below the title is a line of text: "Your Accident certificate provides limited benefits - read your certificate carefully." This is followed by a paragraph: "By enrolling for Accident Insurance, I declare that all persons to be insured have me other disclosure document for the group Accident plan. In addition, I have read the". At the bottom of the form, there is a blue button with the text "Submit" and a right-pointing arrow. The button is circled with a blue oval, indicating it is the action to be taken.

Note: Disclaimer displays for Critical Illness, Accident Insurance and Hospital Indemnity coverages only.

Actively at Work

Users will need to review the Actively at Work section.

Select “Yes” or “No” and click “Continue”.

Prerequisites

Are you Actively at Work?

MetTest T. AAAATest (Self) ☒ Yes ☐ No

Actively at Work or Active Work means that you are performing all of the usual and customary duties of your job. This must be done at the worksite employer's place of business; an alternate place approved by the worksite employer; or a place to which the worksite employer's business requires you to travel.

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

If you are not Actively at Work and go out on a Protected Leave, MetLife will send a bill to you for any missed voluntary benefit premiums due, since deductions cannot be taken out of your paycheck. Due to timing, the letter may be mailed after you've returned to Active work and payroll deductions start again. Any unpaid premiums while on leave can result in voluntary benefit coverages cancellation due to non-payment.

Continue →

Cancel

Enrolling in a Voluntary Benefit

Users can choose a Benefit Level: High or Low, Single or Family

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 checked="" 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 type="radio"/> \$4.73 (Weekly)

Premium Amount
\$15.81

Premium Frequency
Monthly

Qualifying Event
Birth

Effective Date
03/01/2023

To ensure all your information is accurate, please review and update your dependents name and date of birth during enrollment. These two details are necessary to ensure they are appropriately covered or in the event of a claim.

← Back

Continue →

Cancel

Both Critical Illness and Accident Coverages have a death benefit.

A beneficiary is required and must be entered in MetLife's MyBenefits system.

Submitting Voluntary Benefit Elections

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 scheduled effective date of insurance, such 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 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. **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.

Insurance Fraud Warning


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

Accept

← Back

Submit →

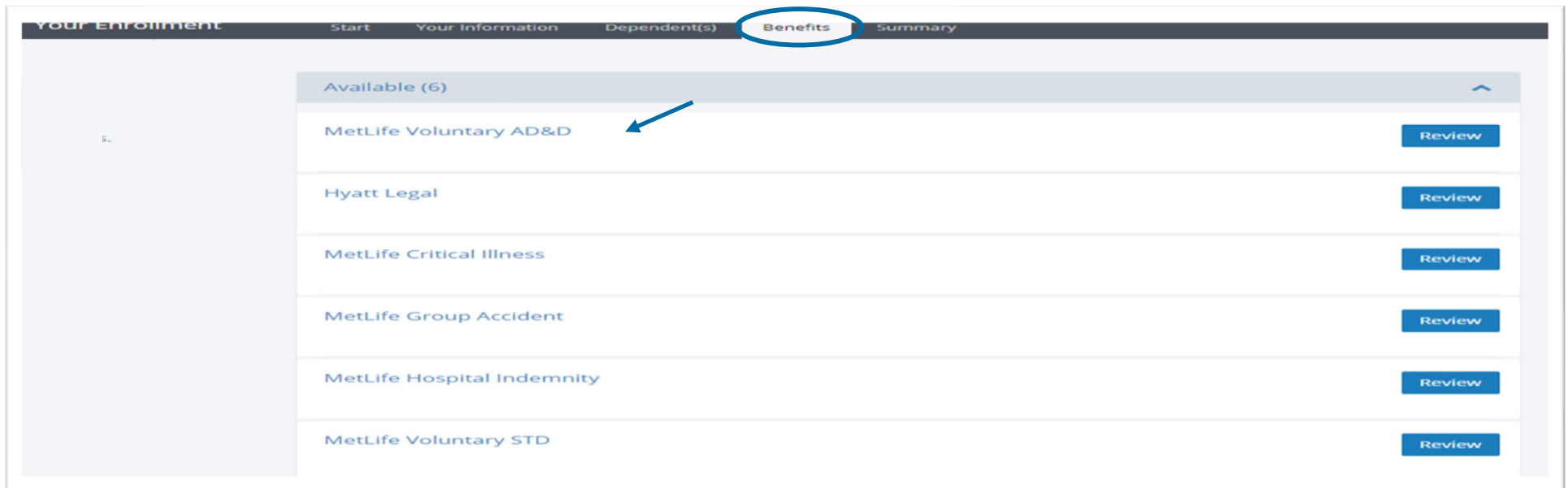
Cancel

 **MetLife** 21

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 dark navigation bar at the top containing the following tabs: 'Your Enrollment', 'Start', 'Your Information', 'Dependent(s)', 'Benefits' (circled in blue), and 'Summary'. Below the navigation bar, a section titled 'Available (6)' lists six voluntary benefits. A blue arrow points to the first item, 'MetLife Voluntary AD&D'. Each item in the list has a corresponding 'Review' button on the right side.


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


Selecting Voluntary Term Life Coverage

Users will need to select an employee coverage and for dependents, if elected.

Dependent child(ren) are eligible up to age 26.

Voluntary Term Life





View Presentation

Progress

Prerequisites

Beneficiaries

Required Information

Summary

Applicant's Statements

Voluntary Term Life- Plan Summary- 2022

Voluntary Term Life Insurance Certificate of

Coverage Selection

Name & Relationship	Select Coverage	Coverage	Employee Premium(s)
MetTest T. AAAATest (Self)	<input type="text" value="\$150,000"/>	\$150,000 Simplified Issue	\$10.50
STRAWBERRY AAAATest (Domestic Partner)	<input type="text" value="\$10,000"/>	\$10,000 Simplified Issue	\$1.70
Child(ren) Cherry AAAATest Orange AAAATest	<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

To ensure all your information is accurate, please review and update your dependents name and date of birth during enrollment. These two details are necessary to ensure they are appropriately covered or in the event of a claim.

← Back

Continue →

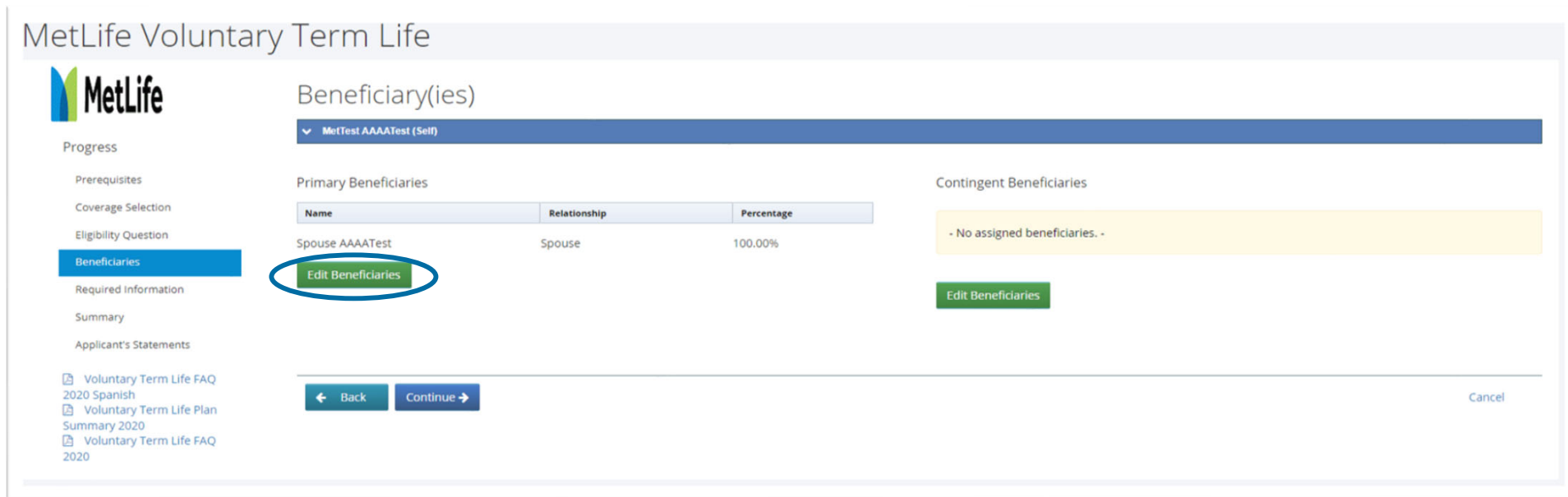
New Hire Guaranteed Issue amount:

Employee Coverage: \$100,000

Spouse Coverage: \$20,000

Selecting Voluntary Term Beneficiaries

Users will need to click “Edit Beneficiaries”. Multiple Primary and Contingent Beneficiaries can be added. The percentage must total 100%.



The screenshot displays the 'MetLife Voluntary Term Life' beneficiary selection interface. On the left, a 'Progress' sidebar lists steps: Prerequisites, Coverage Selection, Eligibility Question, **Beneficiaries** (highlighted in blue), Required Information, Summary, and Applicant's Statements. Below these are links for 'Voluntary Term Life FAQ 2020 Spanish', 'Voluntary Term Life Plan Summary 2020', and 'Voluntary Term Life FAQ 2020'. The main area is titled 'Beneficiary(ies)' and shows a dropdown menu with 'MetTest AAAATest (Self)'. Below this, the 'Primary Beneficiaries' section contains a table with columns 'Name', 'Relationship', and 'Percentage'. One entry is listed: 'Spouse AAAATest' with relationship 'Spouse' and percentage '100.00%'. A green 'Edit Beneficiaries' button is circled in blue below the table. To the right, the 'Contingent Beneficiaries' section shows a yellow box with the text '- No assigned beneficiaries. -' and a green 'Edit Beneficiaries' button. At the bottom, there are 'Back' and 'Continue' buttons, and a 'Cancel' link on the far right.

Name	Relationship	Percentage
Spouse AAAATest	Spouse	100.00%

Voluntary Term Life Enrollment Summary

Users will need to review coverage selections & click “Continue”.

Enrollment Summary

Enrolled

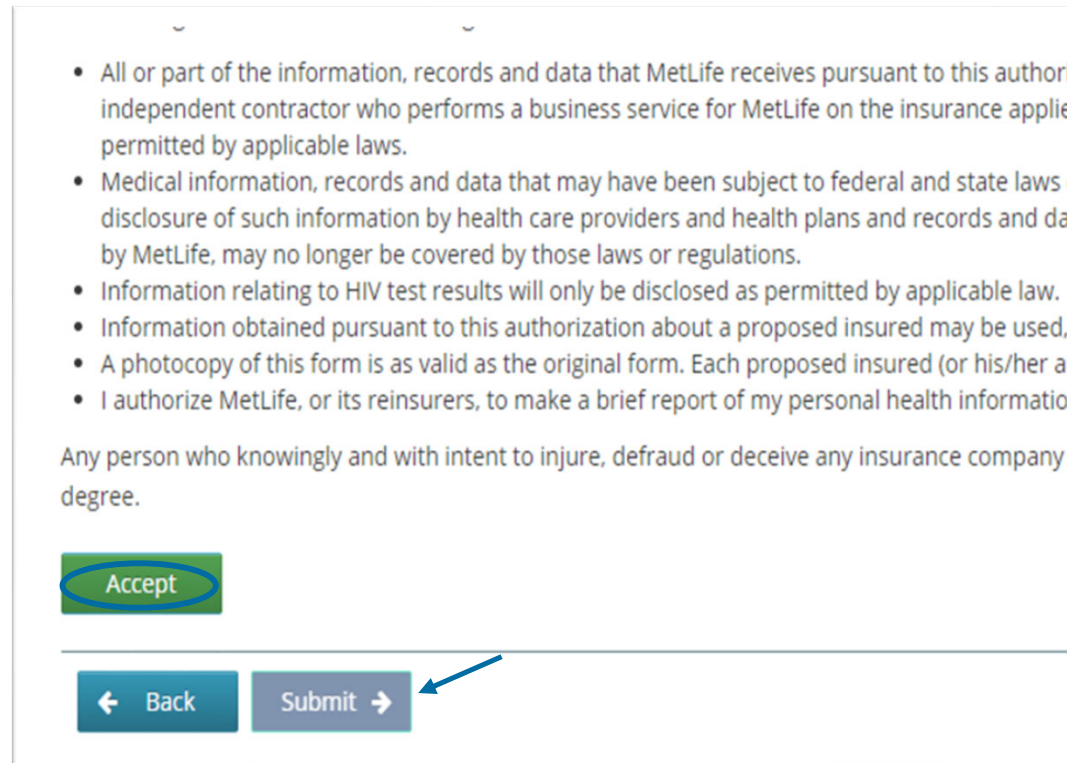
Total Premium Amount	\$206.80 (+\$104.50 pending)
Premium Frequency	Monthly
Effective Date	11/01/2020

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 Term Life Sign and Submit

Users will need to review disclaimer, click “Accept” and then “Submit”



• 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 may be disclosed as permitted by applicable laws.

• Medical information, records and data that may have been subject to federal and state laws regarding disclosure of such information by health care providers and health plans and records and data obtained 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, in whole or in part, for underwriting, rating, policy issuance, and other purposes.

• A photocopy of this form is as valid as the original form. Each proposed insured (or his/her agent) must sign and submit 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 is subject to civil and criminal penalties.

Accept

← Back **Submit →**

Completing a Statement of Health

When electing an amount above the Guarantee Issue amount or as a late entrant, there are a few additional steps.



Users 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

All benefits requiring SOH will appear on the Landing Page.

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

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

Complete Online Now

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

After Clicking Complete Online Now, enrollees can complete the SOH application.

For a SOH application for dependents over the age of 18, enrollees will Provide an Email address. MetLife will then email the dependent that allows access to the website to register, login and complete their SOH online electronically.

Completing a Statement of Health

Demographics and Coverage information is pulled in from the Common Benefits enrollment site. Users will be asked to add any information that isn't pre-filled to complete all the required information.

This screenshot shows the 'Your Information' section of the MetLife Statement of Health form. The user, John Smith, is providing personal details. Fields include Gender (Male), Date of Birth (05/05/1974), Country of Residence (United States), Address (123 Test Street, City, State, ZIP), and Phone Numbers. A 'Next' button is circled in blue at the bottom right.

This block contains a collage of three screenshots from the Statement of Health form, illustrating the 'Primary Care Physician' and 'Health Questions' sections. The top screenshot shows the 'Primary Care Physician' section with fields for Name, Address, Phone Numbers, and Most recent visit. The middle screenshot shows the 'Health Questions' section with a 'General Health' tab and a list of questions. The bottom screenshot shows the 'Review and Submit' page, where the user can review their information before submission. A 'Save' button is circled in red in the middle screenshot.

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.

Submission of Statement of Health

Users will be able to submit an electronic signature or 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 decision on the Statement of Health based on answers provided may be automatically generated and status message will be displayed.

The Common Benefits site will be updated once the Statement of Health application is reviewed.

The screenshot displays the 'Statement of Health' form submission interface. The top navigation bar includes 'Personal Information', 'Health Questions', and 'Review and Submit'. The main content area is divided into two columns. The left column contains sections for 'Legal Statements', 'MIB PRE-NOTICE', 'FRAUD WARNINGS', 'DECLARATIONS AND SIGNATURES', 'AUTHORIZATION', 'OUR PRIVACY NOTICE', and 'Read the entire Privacy Notice'. The right column contains sections for 'Read the entire Consent Statement', 'Read the entire Transfer Personal Data to the US Statement', and a 'NEW YORK FRAUD WARNING'. Below these sections are input fields for 'Country of Birth' (set to 'United States') and 'State of Birth' (set to 'SELECT'). A 'Password' field is also present, with a note that passwords are case sensitive. At the bottom, there are 'Back', 'Finish Later', and 'Submit' buttons.

Statement of Health

Personal Information | 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.

MIB PRE-NOTICE
Information regarding your insurability will be treated as confidential. Metropolitan Life Insurance Company ("MetLife") or its reinsurers may, however, make a brief report thereon to MIB, Inc., a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file. Upon receipt of a request from you MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-4301. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. *The address of MIB's information office is 50 Braintree Hill Park, Suite 400 Braintree, MA 02184-8734. MetLife, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

View PDF Document

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 complete to the best of my knowledge and belief. I understand that this information will be used by MetLife to determine my insurability.

Read all Declarations and Signatures

AUTHORIZATION
This Authorization is in connection with an enrollment in group insurance and information required for underwriting and claim purposes for the proposed insured(s) ("employee", dependent, and/or any other person(s) named below). Underwriting means classification of individuals for determination of insurability and/or rates, based upon physician health reports, prescription drug history, laboratory test results, and other factors. Notwithstanding any prior restriction placed on information, records or data by a proposed insured, each proposed insured hereby authorizes:

View the Authorization form

OUR PRIVACY NOTICE
We know that you buy our products and services because you trust us. This notice explains how we protect your privacy and treat your personal information. It applies to current and former customers. "Personal information" as used here means anything we know about you personally.

Read the entire Privacy Notice

STATEMENT ON CONSUMER CONSENT TO THE USE OF ELECTRONIC TRANSACTIONS, SIGNATURES AND RECORDS ("Consent Statement")
Definitions: For purposes of this Consent Statement: "MetLife" means Metropolitan Life Insurance

Need Help?
► Technical Question?
► Statement of Health
► Submit a Paper Form
[Read our FAQs](#)

other MetLife administered web sites linked to it, but does not include non-MetLife web sites which are linked to this web site.

Read the entire Consent Statement
Consent to transfer personal data to the US - For applicants who reside outside the United States.
I authorize MetLife, its affiliates and agents to collect and process my personal information, including sensitive information, such as health details, for the purposes of underwriting, providing and administering my insurance. Personal information means name, date of birth, street address, email address and other information that could identify me as an individual.
I consent to any transfer of personal information for the purposes described above from outside the U.S., including the European Economic Area and other jurisdictions with similar data privacy regimes, into the U.S. or other jurisdictions that may not be considered to have an adequate level of data protection by the countries from where the personal information is sent.
Please note: coverage may not be available for applicants who reside outside of the U.S.

Read the entire Transfer Personal Data to the US Statement

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

☐ MIB Pre Notice, 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

NEW YORK FRAUD WARNING
NY Fraud Warning: (only applies to Accident and Health Benefits): 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 a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Electronic Signature (eSignature)
I have completed the Statement of Health. I acknowledge that I have read and understand 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.

Password: Enter your DOB (YYYY/MM/DD)

*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](#)

Scheduling a Paramedical Exam

If a paramedical exam applies, the applicant is able to schedule right away.

Paramedical exam can be conducted by an approved MetLife vendor, or at the employee's personal physician.

For any questions on status of enrollment contact 800-638-6420, prompt 1.

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 disrobe.

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.

[Skip this step](#)

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

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 ...

[Schedule Exam](#)