



Voluntary Benefits Enrollment

Common Benefits

Updated: March 2025



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 or creation of a domestic partnership;
- the birth, adoption or placement for adoption of a dependent child;
- divorce, legal separation, annulment or dissolution of a domestic partnership;
- the death of a dependent;
- Your dependent's ceasing to qualify as a dependent under this insurance or under other group coverage;
- a change in Your or Your dependent's residence, if it causes You or Your dependent to gain or lose eligibility for group coverage;
- 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; or
- a significant curtailment in Your current option, a significant improvement in an option for which You are not enrolled, a significant increase or decrease in cost for one or more of the options under the Policyholder's plan or a new benefit option under the Policyholder's plan.

Statement of Health Rules

The Voluntary Term Life and Voluntary Short Term Disability plans include SOH requirements for employee's and dependents enrolling for coverage.

New Hire – no medical questions for spouse and child(ren).


Voluntary Term Life	Voluntary STD (VSTD)*
<p>New Hire:</p> <ul style="list-style-type: none"> Employee - \$100,000 Guaranteed Issue- if electing amount over \$100,000, the amount greater than \$100,000 requires medical questions. Spouse - \$20,000 Guaranteed Issue- if electing amount greater than \$20,000, requires medical questions. <p>All other eligible employees outside New Hire window:</p> <ul style="list-style-type: none"> Employee - All amounts require medical questions Spouse - All amounts require medical questions Child(ren) - No medical questions required 	<p>New Hire:</p> <ul style="list-style-type: none"> Medical questions are not required for 20% or 60% plans. <p>All other eligible employees outside New Hire window:</p> <ul style="list-style-type: none"> Medical questions are required for 20% or 60% plans. Medical questions are not required for current participants in the 60% plan requesting a decrease to the 20% plan. <p>Non Paid Owners and Commission Only employees who do not draw a salary or hourly wage from employer are not eligible for these voluntary benefits offered through MetLife.</p>
<p>NOTE: Any enrollment outside the initial new hire window is considered a late entrant. Any employee who would like to enroll in, or increase coverage, outside the new hire window will need to provide medical questions as evidence of health status.</p>	

Enrollment in Voluntary Short Term Disability and Voluntary Term Life

Enrollees may be required to complete a Statement of Health (SOH) with medical questions to assess their current health status.



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



Enrollees will complete SOH separately for each of these benefits.

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”

Navigation to Common Benefits Enrollment Site

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 (SSO) to complete enrollment in Voluntary Benefits


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](#)

Enrollment Home Page

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.

[How to enroll / Como Inscribirse](#)

[Overview of MetLife Voluntary Benefits / Videos de Beneficios Voluntarios de MetLife](#)

Watch these short videos to learn about Voluntary Benefits

[Accident Insurance](#)

[Term Life Insurance](#)

[Critical Illness Insurance](#)

[Hospital Indemnity Insurance](#)

[Accidental Death and Dismemberment Insurance](#)

[Legal Insurance](#)

[Disability Insurance](#)

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:

- Qualifying Event
- marriage or creation of a domestic partnership
 - the birth, adoption or placement for adoption of a dependent child
 - divorce, legal separation, annulment or dissolution of a domestic partnership
 - the death of a dependent
 - Your dependent's ceasing to qualify as a dependent under this insurance or under other group coverage
 - a change in Your or Your dependent's residence, if it causes You or Your dependent to gain or lose eligibility for group coverage
 - 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
 - a significant curtailment in Your current option, a significant improvement in an option for which You are not enrolled, a significant increase or decrease in cost for one or more options under the Policyholder's plan or a new benefit option under the Policyholder's plan

Event Date

mm/dd/yyyy

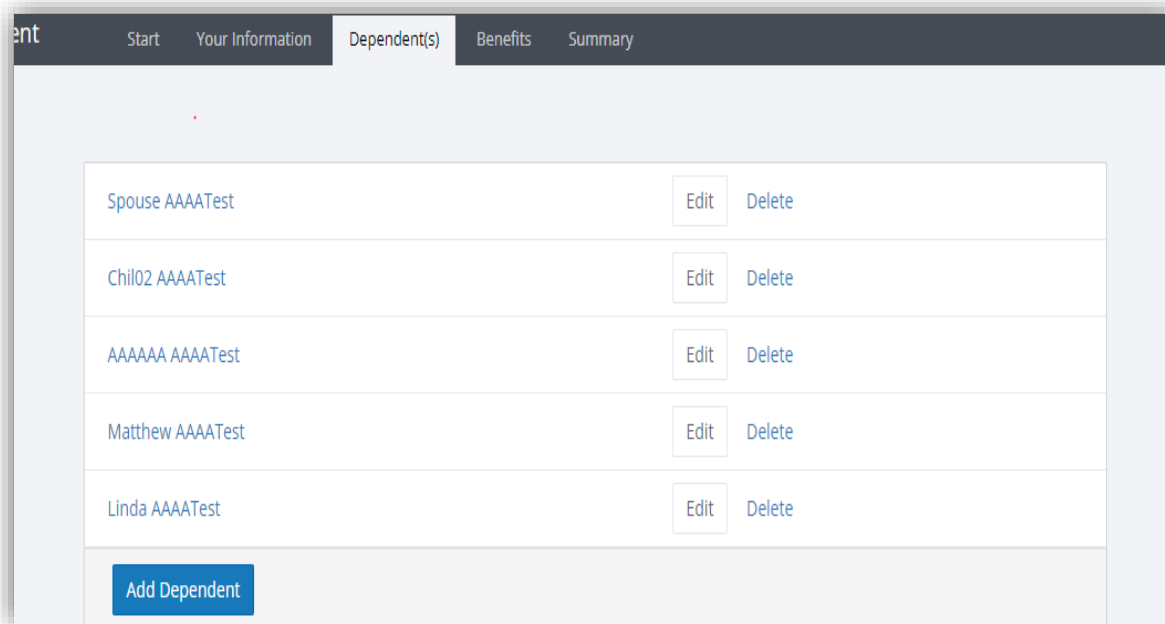


The screenshot above is presented outside of the new hire enrollment window and Open Enrollment.

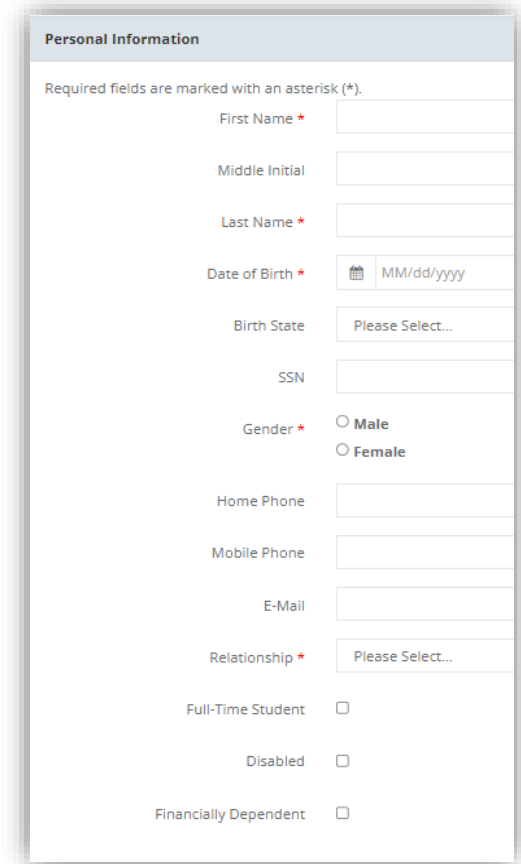
Adding a Dependent

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

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
Spouse AAAATest Edit Delete				
Chil02 AAAATest Edit Delete				
AAAAAA AAAATest Edit Delete				
Matthew AAAATest Edit Delete				
Linda AAAATest Edit Delete				
Add Dependent				



Personal Information

Required fields are marked with an asterisk (*).

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

Choosing Voluntary Benefits

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

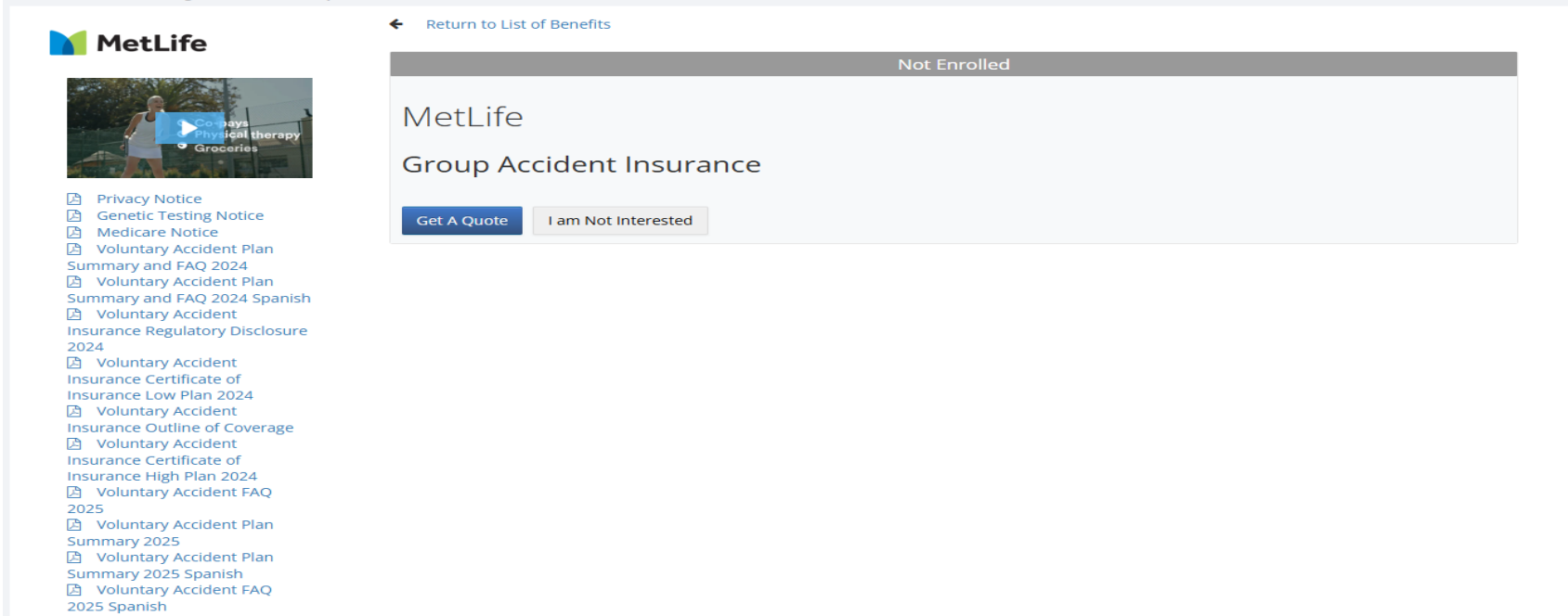
Requested & Current Benefits (6)		
Voluntary Term Life		Modify Enrollment
START DATE: 06/01/2024	YOUR COST \$8.30 Monthly	
Voluntary AD&D		Modify Enrollment
START DATE: 03/01/2024	YOUR COST \$19.50 Monthly	
MetLife Legal Plans		Modify Enrollment
START DATE: 12/01/2024	YOUR COST \$14.00 Monthly	
Voluntary Critical Illness		Modify Enrollment
START DATE: 06/01/2024	YOUR COST \$48.80 Monthly	
Voluntary Group Accident		Modify Enrollment
START DATE: 06/01/2025	YOUR COST \$28.97 Monthly	

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.

Voluntary Group Accident



MetLife

[Return to List of Benefits](#)

Not Enrolled

MetLife

Group Accident Insurance

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

- Privacy Notice
- Genetic Testing Notice
- Medicare Notice
- Voluntary Accident Plan Summary and FAQ 2024
- Voluntary Accident Plan Summary and FAQ 2024 Spanish
- Voluntary Accident Insurance Regulatory Disclosure 2024
- Voluntary Accident Insurance Certificate of Insurance Low Plan 2024
- Voluntary Accident Insurance Outline of Coverage
- Voluntary Accident Insurance Certificate of Insurance High Plan 2024
- Voluntary Accident FAQ 2025
- Voluntary Accident Plan Summary 2025
- Voluntary Accident Plan Summary 2025 Spanish
- Voluntary Accident FAQ 2025 Spanish

Enrolling in a Voluntary Benefit

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

Voluntary Group Accident



- [Privacy Notice](#)
- [Genetic Testing Notice](#)
- [Medicare Notice](#)
- [Voluntary Accident Plan Summary and FAQ 2024](#)
- [Voluntary Accident Plan Summary and FAQ 2024 Spanish](#)
- [Voluntary Accident Insurance Regulatory Disclosure 2024](#)
- [Voluntary Accident Insurance Certificate of Insurance Low Plan 2024](#)
- [Voluntary Accident Insurance Outline of Coverage](#)
- [Voluntary Accident Insurance Certificate of Insurance High Plan 2024](#)
- [Voluntary Accident FAQ 2025](#)
- [Voluntary Accident Plan Summary 2025](#)
- [Voluntary Accident Plan Summary 2025 Spanish](#)
- [Voluntary Accident FAQ 2025 Spanish](#)

[Return to List of Benefits](#)

Not Enrolled

MetLife

Group Accident Insurance

[Get A Quote](#)

[I am Not Interested](#)

Eligibility Questions

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

If Selecting Voluntary Term Life Coverage

Users will need to review the Confinement section.

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

Eligibility Question

Are any of your dependents currently confined to a hospital or at home for any medical reason or receiving or entitled to receive disability income for any medical reason on the date the coverage is scheduled to become effective?

Kiwi Spouse (Spouse)

Yes No

← Back

Continue →

Enrolling in a Voluntary Benefit

The quote screen will be presented so that the enrollee may make an election.

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 checked="" type="radio"/> \$1.94 (Weekly)
Employee plus Spouse	<input type="radio"/> \$5.46 (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
\$8.40

Premium Frequency
Monthly

Qualifying Event
Birth

Effective Date
06/01/2025

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](#)

Selecting Voluntary Benefit Plans Beneficiaries

Users may be prompted to provide missing or incomplete information to elect coverage. Enrollee to validate or enter information before continuing.

Required Information

Some required information for the applicant or proposed insureds is missing, is incomplete or incorrect. Please enter or verify the information requested below before continuing.

Mango AAAATest (Child)

Social Security Number

← Back

Continue →

Selecting Beneficiaries

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

Beneficiary(ies)

MetTest T. AAAATest (Self)

Primary Beneficiaries

Name	Relationship	Percentage
Ann AAAATest	Spouse	100.00%

Edit Beneficiaries

Contingent Beneficiaries

Name	Relationship	Percentage
Estate	Estate	100.00%

Edit Beneficiaries

← Back Continue →

Cancel

Selecting Beneficiaries

Please review your beneficiaries (if you previously assigned beneficiaries)

Primary Beneficiaries for test-MetTest T. test-AAAATest

Designated Beneficiaries

Name	Relationship	Percentage
Estate	Estate	100%

Add Beneficiary

Name	Relationship	
Grapes AAATEST	Child	Select As Beneficiary
Mango AAAATest	Child	Select As Beneficiary
Pomegranate AAAATest	Child	Select As Beneficiary
Banana AAATest	Child	Select As Beneficiary
test-Kiwi test-Spouse	Spouse	Select As Beneficiary
Cherry AAAATest	Child	Select As Beneficiary

OK →

Cancel

Selecting Beneficiaries

If no beneficiary is designated, the default beneficiary will be your estate

Beneficiary(ies)

test-MetTest T. test-AAAATest (Self)

Primary Beneficiaries

Name	Relationship	Percentage
Estate	Estate	100.00%

Edit Beneficiaries

Contingent Beneficiaries

- No assigned beneficiaries. -

Edit Beneficiaries

← Back

Continue →

Cancel

Submitting Voluntary Benefit Elections

Enrollees will need to review the Applicant's and Agreements, click "Accept" then "Submit". The enrollee will be taken back to the Home Page to continue enrolling in other benefits.

Applicant's Statements and Agreements

Fraud Warnings

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

Alabama, 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.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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: 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.

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

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 Insurance): 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.

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.

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.

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.

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

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.

Declarations/Acknowledgments

Your Accident certificate provides limited benefits – read your certificate carefully when you receive it. By enrolling for Accident Insurance, if I am a resident of Minnesota or Vermont, I declare all individuals to be insured have medical coverage in force that provides benefits for medical treatment, including hospital, surgical and medical expenses. The following disclosure is required by New Mexico law: This type of plan is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage. If you do not have other health insurance coverage, you may be subject to a federal tax penalty. I acknowledge that I have received and read a copy of the outline of coverage or other disclosure document for the Accident Insurance. In addition, I have read the enrollment documentation and declare that all information I have given is true and complete to the best of my knowledge and belief. 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. 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. I have read the applicable Fraud Warning(s) provided in this enrollment.

Accept


← Back Submit →

Cancel

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

Enrolling in Additional Voluntary Benefits

To enroll, click on the Plan Name, or click Modify Enrollment.

Requested & Current Benefits (6) ⌵		
Voluntary Term Life		Modify Enrollment
START DATE: 06/01/2024	YOUR COST \$8.30 Monthly	
Voluntary AD&D		Modify Enrollment
START DATE: 03/01/2024	YOUR COST \$19.50 Monthly	
MetLife Legal Plans		Modify Enrollment
START DATE: 12/01/2024	YOUR COST \$14.00 Monthly	
Voluntary Critical Illness		Modify Enrollment
START DATE: 06/01/2024	YOUR COST \$48.80 Monthly	
Voluntary Group Accident		Modify Enrollment
START DATE: 06/01/2025	YOUR COST \$28.97 Monthly	

Voluntary Enrollment Summary

Please review your coverage selections

Voluntary Term Life Insurance

[Check Approval Status](#)

[Terminate Coverage](#)

Your enrollment is Pending. Please remember to complete your Statement of Health by clicking the "Click here to complete the Statement of Health" link below.

Enrollment Pending SOH Approval

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

Total Premium Amount \$8.30
(+\$43.60 pending)
Premium Frequency Monthly
Effective Date 06/01/2025
Application Date 01/28/2025 03:06 PM
Qualifying Event a change in your legal marital status such as marriage, divorce, death of a spouse, legal separation, annulment or tax-dependent domestic partner eligibility (01/27/2025)

Enrolled Individuals

Name & Relationship	Selected Coverage	Coverage	Employee Premium(s)
test-MetTest T. test-AAAATest (Self) View/Change Beneficiaries	\$130,000	\$100,000 (+\$30,000 pending)	\$8.00 (+\$2.40 pending)
test-Kiwi test-Spouse (Spouse)	\$20,000	\$0 (+\$20,000 pending)	\$0.00 (+\$41.20 pending)
Child(ren) Cherry AAAATest Pomegranate AAAATest Banana AAAATest ***** AAAATest	\$10,000	\$10,000	\$0.30

New Hire Guaranteed Issue amount:

Employee Coverage: \$100,000

Spouse Coverage: \$20,000

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 Home Page.

The screenshot shows a web interface for a Statement of Health application. The main heading is "Statement of Health". Below it, a "Congratulations!" section informs the user they are one step closer to setting up their insurance policy. It lists reasons for needing to complete the SOH, such as applying for additional coverage or coverage outside the enrollment period. A "Complete Online Now" button is prominently displayed. The interface also includes a "My Documents" section with an information icon and a "Need Help?" section with links for "Technical Question?" and "Statement of Health Question?". A "Read our FAQs" link is also present. At the bottom, there is a "Not sure how to start?" section with a video link to watch an interactive video about the SOH process.

Statement of Health

Congratulations!

You're one step closer to setting up your insurance policy through MetLife.

Now let's complete your Statement of Health.
You're being asked to fill 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.

Stan TestingCase

Optional Life [Complete Online Now](#)

Coverage that requires proof of good health: ⓘ \$150,000.00

My Documents ▶

i Some services in connection with your coverage may be performed by our affiliate, MetLife Services and Solutions, LLC. These service arrangements in no way alter Metropolitan Life Insurance Company's or Metropolitan Tower Life Insurance Company's obligation to you.

Your coverage will continue to be administered in accordance with Metropolitan Life Insurance Company's or Metropolitan Tower Life Insurance Company's policies and procedures.

Need Help?

- ▶ [Technical Question?](#)
- ▶ [Statement of Health Question?](#)

[Read our FAQs](#)

Not sure how to start?

Take a few minutes to watch a brief interactive video. You'll find out more about the Statement of Health and learn what you will need to do to complete the form.


[Watch the video](#)

After Clicking “Complete Online Now”, enrollees can complete the SOH questions.

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 Questions

Demographics and Coverage information is pre-populated 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.

 | Statement of Health

[General Information](#) | **[Health Questions](#)** | [Review](#) | [Electronic Signature And Submit](#)

1 - Please enter your:

Height

Weight lbs

2 - Are you now pregnant?

Yes No

3 - In the past 5 years, have you received medical treatment or counseling by a physician or other health care provider for, or been advised by a physician or other health care provider to discontinue, the use of alcohol or prescribed or non-prescribed drugs?

Yes No

4 - Are you now receiving or applying for any disability benefits, including workers' compensation?


Yes No

5 - Have you tested positive for exposure to the Human Immune Deficiency Virus (HIV) infection or been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) caused by the HIV infection or other sickness or condition derived from such infection?

Yes No

Completing a Statement of Health Questions

Demographics and Coverage information is pre-populated 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.

 | Statement of Health

6 - Have you ever been diagnosed, treated or given medical advice by a physician or other health care provider for:

a - cardiac or cardiovascular disorder? Yes No

b - stroke or circulatory disorder? Yes No

c - high blood pressure? Yes No

d - cancer, Hodgkin's Disease, lymphoma or tumors? Yes No

e - diabetes? Yes No


f - asthma, COPD, emphysema or other lung disease? Yes No

g - ulcers, stomach, hepatitis or other liver disorder? Yes No

h - colitis, Crohn's, diverticulitis or other intestinal disorder? Yes No

Completing a Statement of Health Questions

Demographics and Coverage information is pre-populated 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.

 | Statement of Health

i - epilepsy, paralysis, seizures, dizziness or other neurological disorder? Yes No

j - Epstein-Barr, chronic fatigue syndrome or fibromyalgia? Yes No

k - multiple sclerosis, ALS or muscular dystrophy? Yes No

l - back, neck, knee, spinal, joint or other musculoskeletal disorder? Yes No

m - mental, anxiety, depression, attempted suicide or nervous disorder? Yes No

7 - Are you currently taking any other prescribed medications?
 Yes No

8 - In the past 3 years, have you been Hospitalized (not including well-baby delivery)? 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.
 Yes No

9 - In the past 2 years, have you used tobacco or nicotine in any form?
 Yes No

Submission of Statement of Health

Users have the option 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.

Statement of Health

General Information Health Questions **Electronic Signature**

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 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 Company, New York, NY and its applicable affiliates; and, "Web Site" includes this web site and all other MetLife administered web sites linked to it, but does not include non-MetLife web sites which are linked to this web site.

Need Help?

- ▶ Technical Question?
- ▶ Statement of Health Question?
- ▶ Submit a Paper Form

[Read our FAQs](#)

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 boxes to indicate that you have read and understand 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 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.

Please, enter your password:

*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 by 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 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.

[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](#)

Only applicants who reside in a US state, the District of Columbia, or Guam, Northern Mariana Islands, Puerto Rico or US Virgin Islands are allowed to complete their SOH form online. Otherwise, applicants will be provided with a paper SOH form. Note: Individuals residing outside of the US or in a US territory that is not listed above must be on US payroll and be approved by MetLife before being provided with an SOH form.

Where to find Voluntary Benefits documents in Common Benefits

The Company Documents section of the self-service website is located through the “Menu” option at the top of the page.

Click “Menu”

The screenshot displays the ADP Total Source self-service website interface. At the top, the page title is "ADP Total Source". On the right side of the top navigation bar, there is a "Menu" icon (three horizontal lines) and a user profile dropdown showing "MetTest T. AAAATest". A red arrow points to the "Menu" icon. Below the navigation bar, there are tabs for "Start", "Your Information", "Dependent(s)", "Your Enrollment", and "Summary". The "Your Information" tab is active, and within it, there are sub-tabs for "Basic Information", "Address", and "Employment". The "Basic Information" sub-tab is selected, showing a form titled "Personal Information" with the following fields: First Name (MetTest), Middle Initial (T), Last Name (AAAATest), Date of Birth (9/13/1983), SSN (000-11-0000), Gender (Male selected, Female unselected), Home Phone, Mobile Phone, and E-Mail. A "Save" button is located at the bottom right of the form. The footer of the page contains the URL "https://secure.commonbenefits.com/Exchange/PersonalInfo/UpdateBasicInfo#" and a "HELP" link.

Where to find Voluntary Benefits documents in Common Benefits

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

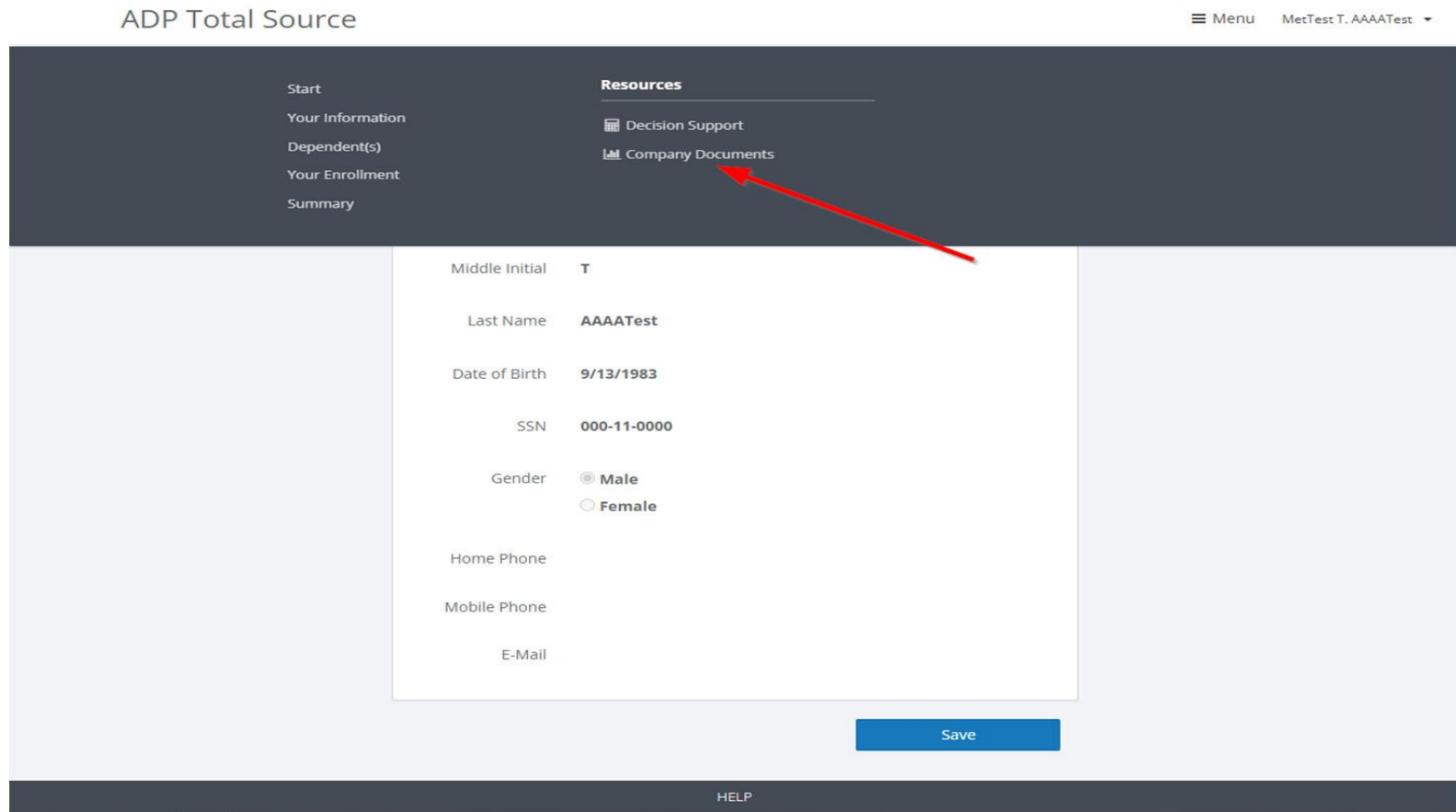
Home Phone

Mobile Phone

E-Mail

Save

HELP



Where to find Voluntary Benefits documents in Common Benefits

After you click “Company Documents,” you will see a list of available documents, each as a clickable link.

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			