

## Supplemental Term Life Plan Design for: City of Rockville Original Plan Effective Date: 09/01/2011

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

	Employee		Spouse & Child	
	\$10,000 Increments		Spouse <sup>1</sup>	Child <sup>2</sup>
<b>Life Coverage: provides a benefit in the event of death Schedules:</b>			\$5,000 increments	\$2,500 increments
<b>Non Medical Maximum</b>	\$50,000		\$25,000	\$10,000
<b>Overall Benefit Maximum</b>	\$500,000, not to exceed 5x Salary		\$100,000	\$10,000
<b>Employee Contribution</b>	100.00%		100.00%	100.00%
<b>AD&amp;D Coverage: provides a benefit in the event of death or dismemberment resulting from a covered accident Schedules:</b>	Yes (benefit amount is same as Enhanced Optional Life coverage)		Yes (benefit amount is same as Enhanced Optional Life coverage)	Yes (benefit amount is same as Enhanced Optional Life coverage)

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

### To request coverage:

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

Employee Age	Cost per \$1,000 of Coverage		Employee Coverage: Monthly & Payroll Deduction Cost for:									
			\$10,000		\$20,000		\$40,000		\$50,000		\$100,000	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
Under 30	\$0.095	<b>\$0.0475</b>	\$0.95	\$0.48	\$1.90	\$0.95	\$3.80	\$1.90	\$4.75	\$2.38	\$9.50	\$4.75
30-34	\$0.115	<b>\$0.0575</b>	\$1.15	\$0.58	\$2.30	\$1.15	\$4.60	\$2.30	\$5.75	\$2.88	\$11.50	\$5.75
35-39	\$0.133	<b>\$0.0665</b>	\$1.33	\$0.67	\$2.66	\$1.33	\$5.32	\$2.66	\$6.65	\$3.33	\$13.30	\$6.65
40-44	\$0.162	<b>\$0.0810</b>	\$1.62	\$0.81	\$3.24	\$1.62	\$6.48	\$3.24	\$8.10	\$4.05	\$16.20	\$8.10
45-49	\$0.237	<b>\$0.1185</b>	\$2.37	\$1.19	\$4.74	\$2.37	\$9.48	\$4.74	\$11.85	\$5.93	\$23.70	\$11.85
50-54	\$0.374	<b>\$0.1870</b>	\$3.74	\$1.87	\$7.48	\$3.74	\$14.96	\$7.48	\$18.70	\$9.35	\$37.40	\$18.70
55-59	\$0.615	<b>\$0.3075</b>	\$6.15	\$3.08	\$12.30	\$6.15	\$24.60	\$12.30	\$30.75	\$15.38	\$61.50	\$30.75
60-64	\$0.826	<b>\$0.4130</b>	\$8.26	\$4.13	\$16.52	\$8.26	\$33.04	\$16.52	\$41.30	\$20.65	\$82.60	\$41.30
65-69	\$1.376	<b>\$0.6880</b>	\$13.76	\$6.88	\$27.52	\$13.76	\$55.04	\$27.52	\$68.80	\$34.40	\$137.60	\$68.80
70+	\$2.414	<b>\$1.2070</b>	\$24.14	\$12.07	\$48.28	\$24.14	\$96.56	\$48.28	\$120.70	\$60.35	\$241.40	\$120.70

Due to rounding, your actual payroll deduction amount may vary slightly. To calculate your per pay period costs; divide the total coverage amount by 1,000 and then multiply by the appropriate age-banded rate (use all 4 digits to right of the decimal). For example: the per pay period deduction for a 40 year-old employee with \$150,000 in coverage would be: 150,000/ 1,000 x .0810 = \$12.15.

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

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



Employee Age	Cost per \$1,000 of Coverage		Spouse Coverage: Monthly & Payroll Deduction Cost for:									
			\$5,000		\$10,000		\$20,000		\$25,000		\$50,000	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
Under 30	\$0.083	\$0.0415	\$0.42	\$0.21	\$0.83	\$0.42	\$1.66	\$0.83	\$2.08	\$1.04	\$4.15	\$2.08
30-34	\$0.103	\$0.0515	\$0.52	\$0.26	\$1.03	\$0.52	\$2.06	\$1.03	\$2.58	\$1.29	\$5.15	\$2.58
35-39	\$0.121	\$0.0605	\$0.61	\$0.30	\$1.21	\$0.61	\$2.42	\$1.21	\$3.03	\$1.51	\$6.05	\$3.03
40-44	\$0.150	\$0.0750	\$0.75	\$0.38	\$1.50	\$0.75	\$3.00	\$1.50	\$3.75	\$1.88	\$7.50	\$3.75
45-49	\$0.225	\$0.1125	\$1.13	\$0.56	\$2.25	\$1.13	\$4.50	\$2.25	\$5.63	\$2.81	\$11.25	\$5.63
50-54	\$0.362	\$0.1810	\$1.81	\$0.91	\$3.62	\$1.81	\$7.24	\$3.62	\$9.05	\$4.53	\$18.10	\$9.05
55-59	\$0.603	\$0.3015	\$3.02	\$1.51	\$6.03	\$3.02	\$12.06	\$6.03	\$15.08	\$7.54	\$30.15	\$15.08
60-64	\$0.814	\$0.4070	\$4.07	\$2.04	\$8.14	\$4.07	\$16.28	\$8.14	\$20.35	\$10.18	\$40.70	\$20.35
65-69	\$1.364	\$0.6820	\$6.82	\$3.41	\$13.64	\$6.82	\$27.28	\$13.64	\$34.10	\$17.05	\$68.20	\$34.10
70+	\$2.402	\$1.2010	\$12.01	\$6.01	\$24.02	\$12.01	\$48.04	\$24.02	\$60.05	\$30.03	\$120.10	\$60.05

Due to rounding, your actual payroll deduction amount may vary slightly. To calculate your per pay period costs; divide the total coverage amount by 1,000 and then multiply by the appropriate age-banded rate (use all 4 digits to right of the decimal). For example: The per pay period deduction for a 40 year-old employee with \$75,000 coverage for his/her spouse would be: 75,000/ 1,000 x .0750 = \$5.63.

Child(ren) Coverage: Monthly & Payroll Deduction Cost for:		
Amount	Monthly	Per Pay Period
\$2,500	\$2.64	\$1.32
\$5,000	\$5.29	\$2.64
\$7,500	\$7.93	\$3.96
\$10,000	\$10.57	\$5.29

### What Is Not Covered?

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

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

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPN99 or G2130-S) issued to your employer by MetLife. Life and AD&D coverages under your employer's plan terminates when your employment ceases when your Life and AD&D contributions cease, or upon termination of the group contract. Dependent Life coverage will terminate when a dependent no longer qualifies as a dependent. Should your life insurance coverage terminate for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.

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

Coverage is subject to the terms of your group policy certificate.



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