# Broker Supplemental Compensation Plan

Brokers with \$50 million or more of inforce premium



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# Introduction



With four generations in the workforce and increasing competition to attract and retain top talent, your clients rely on your strategic guidance more than ever. Count on our wide range of proven benefit solutions, 100 years of experience, and forward-thinking insights to help you and your clients navigate the changing needs of today's workforce. We remain committed to collaborating with you to strengthen client relationships.

Designed to recognize new and long-standing business relationships, MetLife is pleased to present the 2019 Supplemental Compensation Plan.¹ The plan pays qualifying brokers a percentage of 2019 Received and Earned Premium. All appropriately licensed and appointed brokers are offered the Supplemental Compensation Plan.

This brochure provides details about how brokers can qualify and how Supplemental Compensation will be paid. It is available at www.metlife.com/business-and-brokers/broker-resources/broker-compensation.

The terms and conditions of the Supplemental Compensation Plan are described in this brochure. MetLife has the sole discretion to interpret the terms and conditions of the Supplemental Compensation Plan.

If you have any questions, please contact your Account Executive. There is also a dedicated Broker Service Center, which you can reach at (866) 796-1800. If your clients have questions regarding broker compensation, they may call (800) ASK-4MET. You can always find more information about our products and the sales office near you by visiting our **Web site, www.metlife.com.** 

<sup>1.</sup> The 2019 Supplemental Compensation Plan shall be referred to in this brochure as the "Supplemental Compensation Plan." Payments under the Supplemental Compensation Plan shall be referred to in this brochure as "Supplemental Compensation."

# Overview

A broker may qualify for Supplemental Compensation based on the following criteria<sup>2,3</sup> and detailed in the tables below:

- (1) Inforce premium<sup>4,5</sup> of \$50,000,000 or more as of October 1, 2018
- (2) Premium Growth between January 1, 2019 and December 31, 2019 (the "Qualification Period")
- (3) Block Growth during the Qualification Period

# Qualification for Supplemental Compensation Rate based on inforce premium

A broker eligible for this program will qualify for Supplemental Compensation based on the criteria in the table below:

Inforce premium <sup>4,5</sup>	New Business and Renewal Business Supplemental Compensation Rate		
≥\$50,000,000	1.25%		

# **Payment of Supplemental Compensation Rate**

Payment is calculated based on 2019 Received and Earned Premium. The Supplemental Compensation Rate will be applied to New Business Premium and Renewal Business Premium. Payment is made on a monthly basis in the month after premium is received. No payment will be made after March 15, 2020.

# Premium Growth Qualification — Eligible to earn up to an additional 2.00% on New Business Premium

A broker may qualify for additional Supplemental Compensation based on the Premium Growth criteria in the table below:

Premium Growth Criteria	Premium Growth Supplemental Compensation Rate
≥10.00%	+2.00%
5.00% - 9.99%	+1.00%

# Block Growth Qualification — Eligible to earn up to an additional 0.75% on Renewal Premium

Brokers can also qualify for Block Growth Supplemental Compensation based on the criteria outlined in the table below:

Block Growth Criteria	Block Growth Supplemental Compensation Rate
Target	0.75%
Target minus 5 percentage points	0.50%
Target minus 10 percentage points	0.25%

# **Payment for Premium Growth and Block Growth Rates**

Payment is calculated based on 2019 Received and Earned Premium. The Premium Growth Supplemental Compensation Rate will be applied to New Business Premium, and the Block Growth Supplemental Compensation Rate will be applied to Renewal Business Premium. Payment will be made by March 15, 2020 in one lump sum.

- 2. In certain circumstances, MetLife may set the Supplemental Compensation percentage as a fixed percentage and the qualification criteria set forth in this brochure will not apply.
- 3. MetLife may in its discretion aggregate Tax ID's for qualification while applying payment to the individual Tax IDs, if requested to do so by the broker. A request to aggregate must be submitted no later than July 1, 2018.
- 4. For purposes of determining which of the 2019 Supplemental Compensation Programs a broker will qualify under, inforce premium is determined as of October 1, 2018, including New Business Premium with effective dates on or before October 1, 2018. MetLife may, however, in its sole discretion determine annualized inforce premium at the end of the Qualification Period for certain brokers based on changes in inforce premium during the Qualification Period.
- 5. If two or more firms merge prior to the qualification period and this results in an increase of 50% or more of the acquiring firm's inforce block of business with MetLife, MetLife reserves the right to remove the combined firms from the 2019 SCP program.

# Eligible group products and services

There are a number of different group products and services marketed by MetLife for which a broker is eligible to earn Supplemental Compensation. For qualification and payment purposes, coverages must have a minimum of two eligible lives. The products and services fall into the following categories:

# **Core Products**

- Basic Life, Core Life, Dependent Life, Accidental Death
   Dismemberment ("AD&D") both personal and dependent
- Optional Group Term (Supplemental Life), Voluntary AD&D both personal and dependent
- Optional Life/AD&D, Buy-Up Life, Buy-Up AD&D, Survivor Income Benefit
- Group Universal Life cost of insurance only
- Group Variable Universal Life cost of insurance only†
- Dental benefits products\*
- Vision<sup>6</sup>
- Long Term Disability ("LTD")\*, Voluntary LTD
- Short Term Disability ("STD")\*, Voluntary STD, Mandated State Disability Plans

# **Voluntary Products**

- · Hospital Indemnity Insurance
- Accident Insurance
- Critical Illness
- Cancer Insurance
- Metlaw<sup>7</sup>
- Worksite STD

# **Coverages Eligible for Payment Only**

The following coverages are included for Supplemental Compensation payment purposes but excluded for qualification:

- Texas Life Whole Life<sup>8</sup>
- MetLife TakeAlong Dental<sup>SM</sup>

# **Excluded Products**

Any products or services not specifically included in the above section are excluded from the Supplemental Compensation Plan, and therefore will not be counted for qualification purposes, nor will a broker receive Supplemental Compensation on the premium or fees relating to those products. Products or services sold to customers whose situs is outside the United States and its territories are excluded.

- 6. Safeguard Vision cases are excluded from Supplemental Compensation for qualification and payment.
- 7. MetLaw is excluded for qualification and payment for customers with less than 100 employees.
- 8. Texas Life Whole Life Insurance is available through your MetLife representative and is underwritten by Texas Life Insurance Company, 900 Washington, Waco, Texas. Texas Life is not affiliated with Metropolitan Life Insurance Company or its affiliates.

<sup>†</sup> Only a registered broker-dealer may receive qualification credit and Supplemental Compensation for the sale of Group Variable Universal Life.

<sup>\*</sup> Administrative Services Only ("ASO") business may be included only in Dental, Short Term Disability and Long Term Disability.

# Additional opportunities to earn Supplemental Compensation

A broker may earn Supplemental Compensation for the following additional opportunities as follows:

Post-retirement benefit & reserve buy-outs					
Additional opportunities	Supplemental Compensation percentages	Payment cap			
General Account Life Insurance Fund Account ("GA LIFA")	0.25%	\$ 25,000			
Guaranteed Life Insurance Fund Account ("GLIFA")	0.25%	\$ 25,000			
Long Term Disability Reserve Buy-out ("LTD RBO")	0.25%	\$ 100,000			

Supplemental Compensation will be paid in an amount equal to 0.25% of new assets for a GA LIFA or GLIFA, provided the new assets are from a source other than MetLife or its affiliates. Supplemental Compensation will be paid only to one broker with regard to new GA LIFA or GLIFA assets. For example, should the Broker of Record change after Supplemental Compensation is paid on new GA LIFA or GLIFA assets, Supplemental Compensation will not be paid to the new Broker of Record unless additional new assets are deposited, in which case Supplemental Compensation will only be paid to the new Broker of Record on the additional new assets. Supplemental Compensation will not be paid on GA LIFA or GLIFA in excess of \$25,000 per customer. Separate caps apply to assets for each of GA LIFA and GLIFA.

For an LTD RBO, Supplemental Compensation will be paid in an amount equal to 0.25% of the reserve assets; Supplemental Compensation will not be paid on LTD RBO of more than \$100,000 per customer.

GA LIFA and GLIFA assets and LTD RBO reserve assets will not count towards Premium Growth Supplemental Compensation or Block Growth Supplemental Compensation for qualification purposes and inforce premium. In addition, the Supplemental Compensation percentages for the Premium Growth and the Block Growth qualification do not apply to assets for GA LIFA and GLIFA or reserve assets for LTD RBO.

Supplemental Compensation for these products will be paid in the month following receipt of the assets associated with those products.

# **Guidelines**

# General Program Guidelines

## **Amendments**

The terms and conditions set forth in this brochure govern the Supplemental Compensation Plan. MetLife reserves the right to change the terms of the Supplemental Compensation Plan and discontinue the sale of any product. There will be no changes to the Supplemental Compensation Plan unless set forth in a writing signed by an Executive Vice President. Changes to the Supplemental Compensation Plan will be posted on www.metlife.com/brokercompensation.

# **Contacting MetLife**

Your Account Executive is available to answer any questions. Brokers may also contact the dedicated Broker Service Center at the number below.

When contacting MetLife by e-mail, please state the topic of your request in the subject line and include pertinent details in the body of the message. Information needed to respond to your request may include the broker's name, address, e-mail address, phone number, broker number, customer name and coverages.

**Phone:** (866) 796-1800; select option #5

**E-mail:** ins\_compensation\_inquiries@metlife.com

Mail to: MetLife

P.O. Box 30160 Tampa, FL 33630

# **Disclosure**

MetLife reserves the right to notify its customers of a broker's eligibility to receive compensation under the Supplemental Compensation Plan and the amount of any payment made or to be made, and to obtain written customer authorization prior to making any payment. Certain customer and prospect communications will include a compensation notice explaining to customers and prospects how brokers are compensated. MetLife will send to all group insurance customers an annual statement indicating all compensation paid to the customer's Broker of Record in the prior year. Working with MetLife, you can be assured of its commitment to disclosure of information about its compensation plans to customers and potential customers.

# **Important dates**

# **Qualification Period**

New business with effective dates between January 1, 2019 and December 31, 2019.

Inforce Premium as of December 31, 2018 and Inforce Premium as of December 31, 2019, will be used as part of both the Premium Growth and Block Growth calculations.

### **Customer Authorization Form**

Must be completed, and received by MetLife by December 31, 2019 – to be counted for qualification.

If it is received by MetLife after January 15, 2020 – will apply to payment only. Payment cannot be made until receipt of signed Customer Authorization Form.

# **Notification of qualification**

Estimate of qualification – intended to be mailed in December 2019 to brokers qualifying for 2019 Supplemental Compensation Plan.

Broker book of business corrections – due to MetLife by January 15, 2020.

Official notification of qualification – mailed in February 2020 to brokers qualifying for 2019 Supplemental Compensation Plan.

## **Payment and Timing**

Payment will be based on 2019 Received and Earned Premium received by February 1, 2020. All Supplemental Compensation payments will be made by March 15 2020.

MetLife reserves the right to adjust the timing of all Supplemental Compensation payments.

# **Block Growth Target**

Each broker will be provided a Block Growth Target for the 2019 Supplemental Compensation Plan no later than March 30th of the Qualification Period.

# Licensing and appointment

In order to be eligible for qualification and payment under the Supplemental Compensation Plan, the broker must be appropriately licensed and appointed and comply with all applicable laws and regulations, including without limitation, those that apply to disclosure of compensation.

# **Pricing**

The cost of Supplemental Compensation is not directly charged to the price of our products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not Supplemental Compensation is paid in relation to a particular sale or renewal.

# Guidelines (continued)

# **Qualification Guidelines**

# ASO/Participating ("PAR")

For ASO and PAR customers/coverages, MetLife will apply the full ASO fee or the PAR premium amount towards qualification.

### **Broker of Record**

The Broker of Record on the effective date of the qualifying new business sold during the Qualification Period will receive qualification credit for annualized New Business Premium; there is no prorating of the qualification credit. A customer's coverage must be inforce at the end of the Qualification Period in order to be counted towards qualification for New Business.

Where there is a Broker of Record change on inforce business during the Qualification Period, and the coverage is still inforce at the end of the Qualification Period, such business is excluded from Premium Growth and Block Growth.

# **Brokers splitting/deal %**

If two or more brokers split base compensation, the New Business Premium will be apportioned. This apportionment will be the same as the base compensation apportionment.<sup>9</sup>

# **Enrolled lives**

If the number of enrolled lives for a coverage increases or decreases for a customer following the effective date of the new business coverage, there will be no impact to the New Business Premium qualification calculation.

# **Opting out**

All premium on qualifying business is counted for qualification purposes. However, if a customer chooses to Opt-out of the Supplemental Compensation Plan, no Supplemental Compensation will be paid in relation to that customer's premium. If a customer chooses to Opt-out of the 2019 Broker Supplemental Compensation Plan, then the customer will automatically Opt-out of the New Business Advantage Compensation Plans.

### **Block Growth**

MetLife reserves the right to adjust the Block Growth Target for a broker for reasons which may include, but are not limited to, internal data inaccuracies and broker mergers and/or acquisitions. Once a Block Growth Target, or adjusted Block Growth Target, has been provided to a broker, such broker has thirty (30) calendar days from date of mailing to request a review of such broker's Block Growth Target or adjusted Block Growth Target. MetLife reserves the right to deviate from the Block Target methodology set forth in this brochure, in which case, MetLife will make a filing with the New York Department of Insurance, if required.

<sup>9.</sup> MetLife may in its discretion allow the apportionment of Supplemental Compensation to be different than the apportionment of base compensation, if requested to do so by the broker.

# **Payment Guidelines**

### **Advances**

No Supplemental Compensation payments shall be made in advance of when they are due under the Supplemental Compensation Plan.

## **ASO / PAR customers**

ASO fees and PAR premium are reduced to 25% of the actual ASO fees and PAR premium prior to applying the applicable Supplemental Compensation percentage.

# **Brokers splitting/deal %**

Received and Earned Premium shall follow the apportionment designated on the brokers' commission agreement.<sup>9</sup>

## **Broker of Record**

Supplemental Compensation shall be earned by the Broker of Record only so long as the premium is deemed to be Received and Earned Premium, and provided MetLife and the customers continue to recognize the broker as the Broker of Record for the Bill Date during the Qualification Period.

# **Capping**

MetLife will pay a broker a maximum of \$800,000 (the "Cap") of total Supplemental Compensation per customer. (See Guidelines — Payment and Timing.) The Cap is based on a maximum Supplemental Compensation payment of \$400,000 for the total amount of core products and \$400,000 for the total amount of voluntary benefit products as defined on page 5.

If more than one broker is eligible for Supplemental Compensation with respect to one customer and Supplemental Compensation is more than \$800,000, MetLife may apply the Cap or Caps per customer for each broker so long as the brokers are not affiliated or under common ownership or control. MetLife may, in its sole discretion, determine when a broker has an affiliation or common ownership with another broker. MetLife reserves the right to determine in its sole discretion how the Caps are applied.

If a customer acquires another company that does not have eligible group products prior to the acquisition, MetLife will treat the existing customer and the acquired company as separate companies for purposes of applying the Cap or Caps under the 2019 Supplemental Compensation Plan. MetLife reserves the right to consider the customer and the acquired company to be one customer in relation to any future Supplemental Compensation Plans.

Notwithstanding, any of the other provisions in this section, MetLife reserves the right to apply the Cap or Caps in instances where customers are deemed by MetLife in its sole discretion, to be affiliated or under common ownership.

### **Customer authorization**

MetLife reserves the right to obtain written customer authorization before making any Supplemental Compensation payment.

# **Overpayments**

The broker shall immediately return any overpayment of Supplemental Compensation. Any Supplemental Compensation paid to a broker that is not earned by the broker shall be immediately returned and MetLife reserves the right to offset any funds payable by a broker against any funds payable to the broker. By cashing any check or otherwise accepting any payment, including any Supplemental Compensation payment, the broker thereby agrees that MetLife may offset any funds payable to the broker in order to recover an overpayment or any other funds payable by the broker.

# **Primary payee**

In instances where multiple payee codes exist for a single Tax ID, MetLife will require a duly authorized representative of the broker to designate in writing a primary payee. When a primary payee is designated, it will remain in effect until MetLife receives and approves a written change request.

# **Definitions**

In addition to the defined terms below, some terms may be defined where they first appear in this brochure.

- 1. "Annualized Billed Premium" the last billed premium earned and received in good order at the end of the qualification period is then used to calculate an annual premium amount.
- 2. "Bill Date" Billing due date for the premium of the customer.
- 3. "Block Growth" Block Growth is calculated by dividing the Inforce Premium as of December 31, 2019 for customer coverages for which a broker is Broker of Record by the Inforce Premium as of December 31, 2018 for the same coverages. This has been historically referred to as Year End Persistency. The Block Growth calculation utilizes only the premiums associated with the inforce coverages in effect on December 31, 2019. Coverages that cancel on December 31, 2018 or January 1, 2019 will impact the 2019 Block Growth Qualification. Coverage(s) effective on or after January 1, 2019 will be excluded. Coverages for which there is a Broker of Record change during the qualification period where MetLife retained the customer will be excluded from the calculation. For purposes of calculating a broker's Block Growth, MetLife includes all customers of the broker, including customers with Zero Commission Coverage and Opt-out customers. For qualification purposes and upon notification by the Broker of Record, a conversion from insured to ASO will be excluded from the Block Growth calculation.

Block Growth example						
Customer	Coverage effective date	December 31, 2018 Premium (A)	December 31, 2019 Premium (B)	Customer Block Growth* (B divided by A)		
Customer A	1/1/2012	\$100,000	\$125,000	125.0%		
Customer B	10/1/2015	\$5,000,000	\$4,900,000	98.0%		
Customer C	8/1/2010	\$200,000	Cancelled	0.0%		
Customer D	11/1/2017	\$350,000	\$-	Not applicable. Broker of Record change and customer remained.		
Customer E	12/1/2019	\$-	\$1,000,000	Not applicable. New coverage and was not inforce on 1/1/19.		
Total		\$5,300,000	\$5,025,000	94.8%		

<sup>\*</sup>MetLife rounds to the nearest 1/10th (one decimal place) of a percent.

**4.** "Block Growth Target" – means each broker's target for Block Growth for the 2019 Supplemental Compensation Plan, calculated as a weighted average of the sum of each broker's percentage of Inforce Premium by segment multiplied by MetLife's internal Supplemental Compensation Plan Block Growth Target by segment. For a broker with \$100,000,000 of Inforce Premium, the Block Growth Target would be calculated as follows:

1 MetLife segments <sup>10</sup>	National**	Regional**	Small**
2 Inforce Premium by segment	\$65,000,000	\$25,000,000	\$10,000,000
3 Total Inforce Premium for all segments		\$100,000,000	
4 Percentage of broker's Inforce Premium by segment	65%	25%	10%
5 MetLife's internal Supplemental Compensation Plan Block Growth Target by segment (for illustrative purposes only)	98.0%	90.0%	80.0%
6 Block Growth Weighted Average* <sup>11</sup>	63.7%	22.5%	8.0%
7 Block Growth Target*12	94.	2% (63.7%+22.5%+8.	0%)

<sup>\*</sup>MetLife rounds to the nearest 1/10th (one decimal place) of a percent.

<sup>\*\*</sup>The segments are: National (5,000 or more benefit eligible employees), Regional (100 – 4,999 benefit eligible employees) and Small (less than 100 benefit eligible employees). MetLife reserves the right to include customers in any segment regardless of the number of benefit eligible employees.

- 5. "Broker of Record" the broker recognized, by both the customer and MetLife, to service the customer's eligible group insurance coverage.
- **6. "Division Number" and "Experience Number" –** terms used internally. A Division Number or Experience Number may be used to identify sub-groups within a customer. For example, a customer may choose to have one sub-group of its employees covered for basic life insurance benefits under one Experience Number and another sub-group of its employees covered for basic life insurance benefits under a different Experience Number. MetLife reserves the right to determine in its sole discretion whether to permit multiple Division Numbers or Experience Numbers under one customer.
- 7. "Inforce Premium" the Annualized Billed Premium for customers whose group coverages are in force as of the calculation date, but excluding coverage(s) effective on or after January 1, 2019 unless otherwise noted. For purposes of determining Inforce Premium, MetLife includes all customers of the Broker, including customers with Zero Commission Coverages and Opt-out customer.
- 8. "New Business Premium" New Business Premium is Annualized Billed Premium for new coverages with an effective date during the qualification period. For payment purposes, New Business Premium is Received and Earned Premium credited to a billing cycle that occurs during the first twelve (12) months following the coverage effective date for the 2019 Supplemental Compensation Program year.
- 9. "Opt-out" the act of electing to exclude a broker's Tax ID, customer, Division Number, Experience Number and/or Coverage Grouping from participating in the Supplemental Compensation Plan. This can be accomplished by contacting the Broker Service Center.
- **10. "Premium Growth" –** is calculated by dividing the Inforce Premium as of December 31, 2019 for customer coverages for which a broker is Broker of Record plus any new business sold during the qualification period, by Inforce Premium as of December 31, 2018 for the same coverages, minus 1.
- 11. "Received and Earned Premium" the premium paid by a customer and allocated by MetLife to loss experience, expense and profit for the customer's case, and used to calculate base compensation.
- 12. "Renewal Business Premium" Premium received by MetLife to credit a billing cycle that occurs after the first twelve (12) months following the coverage effective date. For payment purposes, Renewal Business Premium is Received and Earned Premium credited to a billing cycle that is not considered New Business Premium for the 2019 Supplemental Compensation Program Year.
- 13. "Tax ID" an individual's social security number or a firm's taxpayer identification number.
- 14. "Zero Commission Coverage" group coverage where the Broker of Record is not receiving base compensation, whether or not MetLife or the customer pays any amount to that broker. Both the broker and customer must sign the Customer Authorization Form to include a Zero Commission Coverage in the Supplemental Compensation Plan for purposes of determining eligibility and Supplemental Compensation payable. Once a Customer Authorization Form is completed and submitted for the 2019 Supplemental Compensation Plan, it will remain in effect for subsequent supplemental and other additional compensation plans unless a customer notifies MetLife in writing of its intention to terminate the authorization.

<sup>10. &</sup>quot;Segment" means MetLife's internal classification of its group customers.

<sup>11. &</sup>quot;Block Growth Weighted Average" is calculated by multiplying broker's Percentage Weight by segment (line 4) by MetLife's internal Supplemental Compensation Plan Block Growth Target by segment (line 5).

<sup>12.</sup> Block Growth Target is the sum of the Block Growth Weighted Average of each segment.

# **Customer Authorization Form**

MetLife requires customer consent by means of the Customer Authorization Form in order to include a Zero Commission Coverage for qualification and/or payment purposes. Supplemental Compensation will only be paid on Zero Commission Coverages with an effective date on or after January 1, 2010, provided a Customer Authorization Form is received by December 31, 2019, and the broker is recognized as the Broker of Record as of the effective date of the coverage.

MetLife will accept a Customer Authorization Form (and pay supplemental compensation, bridging or New Business Advantage compensation) for coverages with effective dates before January 1, 2010 under the following conditions:

- 1. A new Supplemental Compensation eligible group product for qualification (as defined on page 5) is added; or
- 2. A MetLife Auto and Home product is added; or
- A qualifying re-enrollment campaign<sup>15</sup> for existing coverages is implemented; or
- A customer converts from ASO to non-participating Dental, STD or LTD insurance.

For previously excluded coverages (as described above) where no base commission had been payable or that had a base commission change, a signed Customer Authorization Form is required in order to be eligible for payment and qualification under the supplemental compensation, bridging or New Business Advantage compensation plans.

Both the broker and customer must sign the Customer Authorization Form. MetLife reserves the right to exclude from its Supplemental Compensation Plans any business where a broker may have represented that broker compensation paid under their Supplemental Compensation Plans with respect to a customer's coverage will reduce the price or premium rates with respect to the customer's coverage.

If a customer submits a Customer Authorization Form for the 2019 Supplemental Compensation Plan, it will remain in effect for current or subsequent supplemental compensation plans and/or bridging compensation plans, beginning with 2019 Supplemental Compensation, unless the customer notifies, in writing, of its intention to terminate authorization. In addition, if a Customer Authorization Form has been received for the

2010 – 2019 Supplemental Compensation Plans or 2015 – 2017 Bridging Compensation plans, this authorization will also apply to the 2018 New Business Advantage Compensation Plan and 2018 New Business Advantage Plus Compensation Plan, unless the customer notifies MetLife, in writing, of its intention to terminate the authorization. Annual notices may be provided to customers who have submitted the Customer Authorization Form describing changes to its supplemental compensation plan from the prior year.

The customer may terminate the authorization at any time. Termination of the authorization will take effect within thirty (30) days after notification is received and no payments in relation to that customer's premium will be made thereafter under any supplemental compensation plan.

The Customer Authorization Form must be completed and submitted via U.S. Mail, overnight delivery service, fax, or e-mail to one of the following contact points below by December 31, 2019:

E-mail: ins\_compensation\_inquiries@metlife.com

Mail to: MetLife

P.O. Box 30160 Tampa, FL 33630

Supplemental Compensation earned only under the 2019 Supplemental Compensation Plan may be paid, at MetLife's discretion, retroactively by MetLife by March 15, 2020, after the date of receipt of the Customer Authorization Form. The Customer Authorization Form will not be considered received until it is received at one of the contact points listed above. If the form is submitted to another area (for example, a sales office), the form will not be considered received until it is received at one of the contact points listed above, and the business may not be counted for Supplemental Compensation purposes. Any Customer Authorization Forms received at one of the contact points listed above after January 15, 2020, will apply to payment only and will not count towards the broker's qualification for the 2019 Supplemental Compensation Plan. In addition to using the Customer Authorization Form in this brochure, you can photocopy the form, or download a PDF version of the form at www.metlife.com/business-and-brokers/ broker-resources/broker-compensation.

<sup>13.</sup> Your MetLife Account Executive can provide you with specific details around qualifying re-enrollment campaigns.

# **Customer Authorization Form**



## Important Information for MetLife Customers:

MetLife requires that this form be completed when a customer obtains MetLife group insurance products through a licensed and appointed insurance intermediary, such as a broker or consultant ("Broker") and MetLife is not paying the Broker base compensation in connection with the customer's coverages, but the customer wishes to permit MetLife to include each of the customer's MetLife coverages for determining the Broker's eligibility for payment of: bridging compensation, supplemental compensation pursuant to the 2019 Supplemental Compensation Plan (or future MetLife supplemental compensation plans), and new business advantage compensation pursuant to one or both of the 2018 New Business Advantage Compensation Plan and New Business Advantage Plus Compensation Plan (or future new business advantage compensation plans) ("Compensation"). If a customer submits a Customer Authorization Form for a current Compensation plan, the authorization will remain in effect for future Compensation plans, unless the customer advises MetLife in writing that such authorization is terminated. MetLife may provide to each customer who submits this form an annual notice describing any changes to its Compensation plan from a prior year. MetLife will only accept this form in relation to a coverage that has an effective date on or after January 1, 2010, and in relation to a Broker recognized as Broker of Record by MetLife as of the effective date of such coverage. A customer's signature on this form will permit MetLife to include each of the customer's MetLife coverages, for determining the Broker's eligibility for payment of Compensation with respect to current and future Compensation plans, beginning with the 2019 Supplemental Compensation Plan, 2018 New Business Advantage Compensation Plan and 2018 New Business Advantage Plus Compensation Plan.

MetLife will accept a Customer Authorization Form (and pay Compensation) for coverages with effective dates before January 1, 2010 under the following conditions:

- 1. A new Supplemental Compensation eligible group product for qualification is added; or
- 2. A MetLife Auto and Home product is added; or
- 3. A qualifying re-enrollment campaign for existing coverages is implemented; or
- 4. A customer converts from ASO to non-participating Dental, STD or LTD insurance.

For previously excluded coverages (as described above) where no base commission had been payable or that had a base commission change, a signed Customer Authorization Form is required in order to be eligible for payment and qualification under any of the Compensation plans.

Sections I and II of this form **MUST** be completed in their entirety and received by MetLife by **December 31, 2019,** at one of the contact points listed below. Supplemental Compensation earned only under the 2019 Supplemental Compensation Plan may be paid, at MetLife's discretion, retroactively by March 15, 2020, after the date of receipt of the Customer Authorization Form. Any Customer Authorization Forms received by MetLife at one of the contact points listed below after **January 15, 2020** will apply to payment only and will not affect the Broker's 2019 Supplemental Compensation percentage.

SECTION I must be completed and signed by the broker. SECTION II must be completed and signed by the customer.

# SECTION I Printed name and Tax I.D. of broker: Address: Broker code: Name and Tax I.D. of individual writing agent: Effective date of coverage: E-mail address: Signature of broker or of a duly authorized representative of broker, if broker is a firm:

Customer information be completed by customer)

# **SECTION II (Initial where applicable)**

On behalf of the MetLife customer identified below, I authorize MetLife to include each MetLife coverages identified below for the purposes of determining the Broker's eligibility for, and payment of, Compensation, subject to Section 1, with respect to one or more of the Compensation plans and any future MetLife compensation plans. I have had the opportunity to review MetLife's Supplemental Compensation Plan brochures. I understand that my Broker may receive a payment under one or more of the Compensation plans and future compensation plans for the insurance coverages listed below that are being placed with MetLife. I understand that this form also confirms my intention for MetLife to consider the above broker to be my Broker of Record.

Date: \_

MetLife coverages	MetLife customer name and number	MetLife division or experience number  Check if all is applicable

### Authorization of MetLife Customer:

By signing below, I certify that I am duly authorized by the company identified below to execute this document and to authorize MetLife to include the MetLife insurance coverages identified above in the calculation of MetLife's 2019 Compensation plan payments as well as payments pursuant to any subsequent Compensation plans. This authorization will permit MetLife to include each of the customer's coverages for determining the Broker's eligibility for payment of Compensation, pursuant to current and future Compensation plans, beginning with the 2018 New Business Advantage Compensation, 2018 New Business Advantage Plus Compensation Plans and 2019 Supplemental Compensation Plans. In addition, I represent that the broker identified above has not solicited my signature on this form by suggesting that any Compensation will reduce the pricing and/or premium payments for any MetLife coverage listed above.

form by suggesting that any Compensation will reduce the pricing and/or premium payments for an	ly Methie Coverage listed above	<i>7.</i>
Customer's company name:		
Address:		
City:	_ State:	Zip code:
Printed name:	_ Title:	
Signature:		Nate:

Return by Mail to: MetLife, P.O. Box 30160, Tampa, FL 33630 or E-mail to: INS\_Compensation\_Inquiries@metlife.com. You can download a PDF version of the Compensation brochures and the Customer Authorization Form at www.metlife.com/business-and-brokers/broker-resources/broker-compensation.



