

MetLife LTCI – Multi-Life Discount Program – Qualification Form for Employer Groups

This form will not be processed unless all information is filled out completely.

Qualification decisions will be processed within 24-48 hours.

If you are an independent broker (IDG), please send the completed form to your MGA.

Mail to: Multi-Life Program Advisor
MetLife Long-Term Care
57 Greens Farms Road
Westport, CT 06880

Date: _____
Fax: (203) 221-6564
Attn: Multi-Life Program Advisor
E-mail: LTCML@metlife.com

Employer Information: (Please Print Clearly)

Employer Name: _____ Industry: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Number of Eligible Employees: _____ Employer Tax ID/Employer ID: _____
Does the Employer have Employees in more than one state? NO YES Please list States: _____
Number of locations to be solicited: _____ Are you licensed in all applicable states? NO YES
 Voluntary Employer-paid Product (check one): VIP2 LifeStage Advantage (based on state availability)

Marketing Plan: (Using the Program Implementation and Marketing Plan as a guide, attach a detailed marketing plan for this Employer.)

How will employees be notified? E-mail Mail to home Company mail On-site seminars
(check all that apply) Other (explain): _____

Where will applications be taken? Worksite In-Home meetings Other (explain): _____
(check all that apply) _____

What type of participation rate do you expect over the 12 month period following case approval?

Anticipated # of applicants: _____ Anticipated Premium _____

If eligibles are located in more than 10 locations and/or 2 states, please describe how you plan to market to the group:

List all Long-Term Care coverage in-force/applied for coverage with this group:

Will MetLife be the exclusive carrier? NO YES If NO, list the other carriers: _____

Detailed/Comprehensive marketing plan **must** be submitted.

Please note that we will be monitoring the adherence to the marketing plan on an on-going basis, and will need to see timely progress toward participation. Multi-Life Program Advisor will monitor participation at regular intervals after roll-out. Employer Groups will be re-evaluated and may be terminated based on participation results.

Producer Information:

Producer Name: _____ Telephone: (_____) _____ - _____

Producer ID: _____ Agency Code: _____ Fax: (_____) _____ - _____

Additional Producer Name: _____ Telephone: (_____) _____ - _____

Additional Producer ID: _____ Agency Code: _____ Fax: (_____) _____ - _____

Contact Name & Telephone/E-mail, if different than producer: _____

Address: _____ City: _____

State: _____ Zip Code: _____ E-Mail: _____

How do you prefer to be contacted?: E-mail Fax Telephone Regular mail

Distribution Channel: MetLife Brokerage* MetLife Distribution
 NEF MLI Other _____

*MGA Name: _____ Wholesaler/Regional Sales Vice President: _____

For Producer use only. Not for use with the general public.