

MetLife LTCL – Multi-Life Discount Program – Offer Letter Worksheet for Employer Groups

Please print clearly. All information must be provided for processing. To avoid delays in approval, please fill out completely.

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:

Employer Name: _____ Address: _____
Number of Eligible Employees: _____
Number of Other Eligibles: _____
Describe Defined Class of Eligibles: Employees Spouses* Parents (includes in-laws)
 Retirees Adult Children (18+) Grandparents (includes in-laws)
 Board of Directors (Please provide a list of Directors names)
 Carve-Out (Please describe; e.g. 10 execs 100% Employer-Paid.): _____

*"Spouses" includes, where permitted by law, domestic partners and civil union partners.

Offer Information:

Program:

- Employer-paid — 10% Discount with Simplified Underwriting (Preferred Discount NOT available)
 Employer-paid — 5% Discount with Modified Underwriting
 Voluntary — 5% Discount with Simplified Underwriting (Preferred Discount NOT available)
 Voluntary — 5% Discount with Modified Underwriting

If Employer-paid, will the employer pay for spouses of employees? Yes No

How many employees will be employer-paid? _____

How many spouses will be employer-paid? _____

How much will the employer contribute? (Dollar amount, percentage or base plan)

Employees _____

Spouses _____

ERISA: Will the employer consider this an ERISA plan? Yes No

IF YES, please provide the following:

Plan Name: _____ Plan #: _____

Policy year: _____ Reporting Period: _____

Billing: (Check One)

- Direct Bill - Available annual, semi-annual, quarterly or monthly. Bills are sent directly to insured's residence, unless it is a monthly direct bill, which is only available as an Automatic Checking Account Deduction.
- Direct Bill Third Party Payer - Bills are sent to a 3rd party payer identified on the application, on an annual, semi-annual or quarterly basis. Please note, a separate bill for each individual is sent to the 3rd party payer for this option.
- List Bill - Employer will receive one bill monthly for all applicable employees/spouse
 Monthly Annual (only available for employer-paid groups)
- Electronic Payroll Deduction (available for groups with 1000 or more employees)

Complete if List Bill or Electronic Payroll Deduction:

Please provide the contact name.

Name: _____ Phone: _____
Title: _____ Fax: _____
Address: _____ E-mail: _____

Does the employer use a vendor for payroll processing?

Yes No

If yes, please provide the vendor's name: _____

Vendor's phone number: _____

Producer's Name: _____

Telephone: _____

E-mail: _____

Additional Producer's Name: _____

Telephone: _____

E-mail: _____

MGA Name (IDG only): _____

Regional Sales Director/Regional Sales Vice President: _____