

**YOUR EMPLOYEE
BENEFIT PLAN**

**CENTRAL PIEDMONT COMMUNITY
COLLEGE**

All Full-Time Employees

Certificate Date: January 1, 2012

Central Piedmont Community College
P.O. Box 35009
Charlotte, NC 28235

TO OUR EMPLOYEES:

All of us appreciate the protection and security insurance provides.

This certificate describes the benefits that are available to you. We urge you to read it carefully.

Benefits are provided through a group policy issued to Central Piedmont Community College by Metropolitan Life Insurance Company.

Central Piedmont Community College



Metropolitan Life Insurance Company
200 Park Avenue, New York, New York 10166

Certifies that, under and subject to the terms and conditions of the Group Policy issued to the Employer, coverage is provided for each Employee as defined herein.

The date when an Employee is eligible for coverage is set forth in the form with the title Eligibility for Benefits.

The date when an Employee's Personal Benefits become effective is set forth in the form with the title Effective Dates of Personal Benefits.

The date when an Employee's Dependent Benefits become effective is set forth in the form with the title Effective Dates of Dependent Benefits.

The amounts of coverage are determined by the form with the title Schedule of Benefits.

A handwritten signature in black ink that reads "Steven A. Kandarian". The signature is written in a cursive, flowing style.

Steven A. Kandarian
Chairman of the Board, President and Chief Executive Officer

Employer: **Central Piedmont Community College**

Group Policy No.: **100942-G**

Florida Residents: The benefits of the policy providing your coverage are governed primarily by the law of a state other than Florida.

For Maryland residents: The group insurance policy providing coverage under this certificate was issued in a jurisdiction other than Maryland and may not provide all of the benefits required by Maryland law.

North Dakota Residents: Free Look Period for Life Insurance: If You are not satisfied with your certificate, You may return it to us within 20 days after You receive it, unless a claim has previously been received by us under your certificate. We will

refund within 30 days of our receipt of the returned certificate any Premium that has been paid and the certificate will then be considered to have never been issued. You should be aware that, if you elect to return the certificate for a refund of premiums, losses which otherwise would have been covered under your certificate will not be covered.

For West Virginia Residents: You have the right to return this certificate within ten days of its receipt and to have your premium refunded if, after examination of the certificate, you are not satisfied for any reason.

Texas Residents: Please Read the Notice Pages for Texas Residents Carefully

Accelerated Benefits may be taxable. If so, you or your Beneficiary may incur a tax obligation. As with all tax matters, you should consult your personal tax advisor to assess the impact of this Benefit.

If any prior certificate relating to the coverage set forth herein has been given to the Employee, such certificate is void.

Form G.23000-Cert.-1

For Texas Residents:

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call MetLife's toll-free telephone number for information or to make a complaint at

1-800-638-5433

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

1-800-252-3439

You may write the Texas Department of Insurance
P.O. Box 149104
Austin, TX 78714-9104
Fax # 512 - 475-1771

Web: <http://www.tdi.state.tx.us>

Email:
ConsumerProtection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES: Should you have a dispute concerning your premium or about a claim you should contact MetLife first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR CERTIFICATE: This notice is for information only and does not become a part or condition of the attached document.

Para Residentes de Texas:

AVISO IMPORTANTE

Para obtener información o para someter una queja:

Usted puede llamar al número de teléfono gratis de MetLife para información o para someter una queja al

1-800-638-5433

Puede comunicarse con el Departamento de Seguros de Texas para obtener información acerca de compañías, coberturas, derechos o quejas al

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas
P.O. Box 149104
Austin, TX 78714-9104
Fax # 512 - 475-1771

Web: <http://www.tdi.state.tx.us>

Email:
ConsumerProtection@tdi.state.tx.us

DISPUTAS SOBRE PRIMAS O RECLAMOS: Si tiene una disputa concierne a su prima o a un reclamo, debe comunicarse con MetLife primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU CERTIFICADO: Este aviso es solo para propósito de información y no se convierte en parte o condición del documento adjunto.

NOTICE FOR RESIDENTS OF TEXAS

The Definition Of Dependent Is Modified For The Coverages Listed Below:

For Texas Residents (Life Benefits):

The term also includes Your grandchildren. The age limit for children and grandchildren will not be less than 25, regardless of the child's or grandchild's student status or full-time employment status. In addition, grandchildren must be able to be claimed by you as a dependent for Federal Income Tax purposes at the time you applied for Insurance.

For Texas Residents:

IMPORTANT NOTICES

DEATH BENEFITS WILL BE REDUCED IF AN ACCELERATION-OF-LIFE-INSURANCE BENEFIT IS PAID.

DISCLOSURE: The acceleration-of-life-insurance benefits offered under this certificate are intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If the acceleration-of-life-insurance benefits qualify for such favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to acceleration-of-life insurance benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive acceleration-of-life-insurance benefits excludable from income under the federal law.

DISCLOSURE: Receipt of acceleration-of-life-insurance benefits may affect your, your spouse's or your family's eligibility for public assistance programs such as Medical Assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary Social Security Income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such payment will affect your, your spouse and your family's eligibility for public assistance.

Due to the laws of the state of Texas, the requirements that a Texas resident must meet to show a terminal illness in order to qualify for Accelerated Benefits are:

1. your life span is drastically limited;
 2. you are expected to die within 24 months;
- and
3. you are not expected to recover.

These must be certified by a Doctor and accepted by us.

Arkansas residents please be advised of the following:

IMPORTANT NOTICE

IF YOU HAVE A QUESTION CONCERNING YOUR COVERAGE OR A CLAIM, FIRST CONTACT YOUR GROUP EMPLOYER OR GROUP ACCOUNT ADMINISTRATOR. IF, AFTER DOING SO, YOU STILL HAVE A CONCERN, YOU MAY CALL METLIFE'S TOLL-FREE TELEPHONE NUMBER:

1-800-638-5433

IF YOU ARE STILL CONCERNED AFTER CONTACTING BOTH YOUR GROUP EMPLOYER AND METLIFE, YOU SHOULD FEEL FREE TO CONTACT:

**ARKANSAS INSURANCE DEPARTMENT
CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET
LITTLE ROCK, ARKANSAS 72201-1904
(501) 371-2640 or (800) 852-5494**

California residents please be advised of the following:

IMPORTANT NOTICE

**TO OBTAIN ADDITIONAL INFORMATION, OR
TO MAKE A COMPLAINT, CONTACT METLIFE
AT:**

**METROPOLITAN LIFE INSURANCE
COMPANY
200 PARK AVENUE
NEW YORK, NY 10166
ATTN: CORPORATE CONSUMER RELATIONS
DEPARTMENT
1-800-638-5433**

**IF, AFTER CONTACTING METLIFE
REGARDING A COMPLAINT, YOU FEEL THAT
A SATISFACTORY RESOLUTION HAS NOT
BEEN REACHED, YOU MAY FILE A
COMPLAINT WITH THE CALIFORNIA
INSURANCE DEPARTMENT AT:**

**CALIFORNIA DEPARTMENT OF INSURANCE
300 SOUTH SPRING STREET
LOS ANGELES, CA 90013
1-800-927-4357 (within California)
1-213-897-8921 (outside California)**

Georgia residents please be advised of the following:

IMPORTANT NOTICE

The laws of the state of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence.

Idaho residents please be advised of the following:

IMPORTANT NOTICE

IF YOU HAVE A QUESTION CONCERNING YOUR COVERAGE OR A CLAIM, FIRST CONTACT YOUR GROUP EMPLOYER. IF, AFTER DOING SO, YOU STILL HAVE A CONCERN, YOU MAY CALL METLIFE'S TOLL-FREE TELEPHONE NUMBER:

1-800-638-5433

IF YOU ARE STILL CONCERNED AFTER CONTACTING BOTH YOUR GROUP EMPLOYER AND METLIFE, YOU SHOULD FEEL FREE TO CONTACT:

**IDAHO DEPARTMENT OF INSURANCE
CONSUMER AFFAIRS
700 WEST STATE STREET, 3RD FLOOR
PO BOX 83720
BOISE, IDAHO 83720-0043
1-800-721-3272 or www.DOI.Idaho.gov**

NOTICE FOR RESIDENTS OF MINNESOTA

RIGHT TO CONTINUE LIFE BENEFITS (On Your Own Account) AND LIFE BENEFITS (On Account of Dependents)

A. When the RIGHT TO CONTINUE LIFE BENEFITS (On Your Own Account) AND LIFE BENEFITS (On Account of Dependents) is available.

The right to continue these Benefits will be available to you when these Benefits would otherwise end because Active Work ends due to:

1. the voluntary or involuntary termination of your employment; or
2. your being Laid Off; or
3. your ceasing to be in an eligible class;

except that this right will not be available:

- a. if these Benefits end because This Plan ends; or
- b. if your Dependents were not covered for LIFE BENEFITS (On Account of Dependents) for at least 60 days.

"Laid Off" means that there is a reduction in hours to the point where you are no longer eligible for these Benefits under This Plan.

B. What Must Be Done to Continue LIFE BENEFITS (On Your Own Account) and LIFE BENEFITS (On Account of Dependents).

In order to continue these Benefits, you must:

1. make a request to the Employer to continue these Benefits; and

2. make any payment which is required for the cost of the continued Benefits.

For the first 18 months of continuation the amount of the premium you will be required to pay will not exceed the amount of premium required to be paid for active employees for such insurance (the amount that will be required includes any premium amounts previously paid by the employer as well as the employee). All premium payments must be made directly to us. You will be provided with payment instructions.

The request and the first payment must be made within 60 days after the later of:

- a. the date on which you received notice of the right to continue these Benefits; and
- b. the date on which these Benefits would otherwise have ended.

The notice will be sent to you by the Employer by first class certified mail to your last known address.

If the conditions set forth in this Section B are complied with, these Benefits will continue to be in effect until the earliest of the dates set forth in Section C.

If you continue insurance under this section, any reductions in insurance or increases in premiums that would have applied if you were Actively at Work will apply to the continued insurance.

At the end of 18 months you may choose to continue the insurance under this section. If you choose to continue the insurance, we reserve the right to change premiums at that time, and may change premiums from time to time thereafter. All premium payments must be made directly to us. We will provide a schedule of the new premiums and payment instructions.

In the alternative, at any time after you have been covered under this section for at least 18 months, you may instead, by making written request to us, choose to continue insurance under the subsection entitled Portability.

C. When LIFE BENEFITS (On Your Own Account) AND LIFE

BENEFITS (On Account of Dependents) Ends.

If continued, these Benefits will end on the earliest of:

1. the date This Plan ends; or
2. the date you become covered as an employee for similar types of benefits under any other group plan or program; or
3. if you do not make a payment which is required by the for the cost of these Benefits, the last day of the period for which a required payment was made; or
4. in the case of a Dependent, the date that person ceases to be a Dependent, as defined.

D. When the Right to Obtain a Personal Policy Is Available

When a continuation under this section ends (except if it is ending because you have become covered as an employee under this plan), the right to obtain a personal policy from us will be available if the LIFE BENEFITS (On Your Own Account) or the LIFE BENEFITS (On Account of Dependents) end as set forth in items (1), (2), (3), or (4) of Section C, above.

The conditions under which a personal policy may be obtained are set forth in RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON YOUR OWN LIFE and RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON THE LIFE OF A DEPENDENT. The personal policy will be on a form issued by us which provides the same or substantially similar benefits as those provided by these Benefits. Any limitation dealing with the right to apply during the Application Period or the amount of the policy will not apply in the event item (1) of Section C above occurs.

IMPORTANT NOTICE

NOTICE FOR RESIDENTS OF MONTANA

If a claim on your life or your Dependent's life becomes payable under this certificate, settlement of the claim shall be made within 60 days of the date that we receive proof of death that is satisfactory to us. The settlement shall include interest from the 30th day after we receive such proof until settlement. Such interest shall be paid at the rate required by law in Montana.

Notice of Protection Provided by Utah Life and Health Insurance Guaranty Association

This notice provides a brief summary of the Utah Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Utah law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, health, or annuity insurance company becomes financially unable to meet its obligations and is taken over by its insurance regulatory agency. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Utah law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association are:

- Life Insurance
 - o \$500,000 in death benefits
 - o \$200,000 in cash surrender or withdrawal values
- Health Insurance
 - o \$500,000 in hospital, medical and surgical insurance benefits
 - o \$500,000 in long-term care insurance benefits
 - o \$500,000 in disability income insurance benefits
 - o \$500,000 in other types of health insurance benefits
- Annuities
 - o \$250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is

GTU-NOTICE-UT-0710

\$500,000. Special rules may apply with regard to hospital, medical and surgical insurance benefits.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. Coverage is conditioned on residency in this state and there are substantial limitations and exclusions. For a complete description of coverage, consult Utah Code, Title 3 IA, Chapter 28.

Insurance companies and agents are prohibited by Utah law to use the existence of the Association or its coverage to encourage you to purchase insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between Utah law and this notice, Utah law will control.

To learn more about the above protections, as well as protections relating to group contracts or retirement plans, please visit the Association's website at www.utlifega.org or contact:

Utah Life and Health Insurance Guaranty Assoc.
Utah Insurance Department
60 East South Temple, Suite 500
3110 State Office Building
Salt Lake City UT 84111
Salt Lake City UT 84114-6901
(801) 320-9955
(801) 538-3800

A written complaint about misuse of this Notice or the improper use of the existence of the Association may be filed with the Utah Insurance Department at the above address.

Virginia residents please be advised of the following:

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

In the event you need to contact someone about this insurance for any reason please contact your agent. If no agent was involved in the sale of this insurance, or if you have additional questions you may contact the insurance company issuing this insurance at the following address and telephone number:

Metropolitan Life Insurance Company
200 Park Avenue
New York, New York 10166
Attn: Corporate Consumer Relations Department

To phone in a claim related question, you may call Claims Customer Service at:

1-800-638-5433

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Virginia State Corporation Commission's Bureau of Insurance at:

The Office of the Managed Care Ombudsman
Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218

1-877-310-6560 - toll-free
1-804-371-9691 - locally
www.scc.virginia.gov - web address
ombudsman@scc.virginia.gov - email

IMPORTANT NOTICE

**NOTICE FOR RESIDENTS OF THE STATE OF
WASHINGTON**

Spouse means Your lawful spouse. Wherever the term “Spouse” appears in this certificate it shall, unless otherwise specified, be read to include Your Domestic Partner.

Domestic Partner means each of two people, one of whom is an Employee of the Policyholder, who have registered as each other’s domestic partner, civil union partner or reciprocal beneficiary with a government agency where such registration is available.

Wherever the term “step-child” appears in this certificate it shall be read to include the children of Your Domestic Partner.

Wisconsin residents please be advised of the following:

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

PROBLEMS WITH YOUR INSURANCE? - If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

Metropolitan Life Insurance Company
Corporate Consumer Relations Department
200 Park Avenue
New York, NY 10166
1-800-638-5433

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the **OFFICE OF THE COMMISSIONER OF INSURANCE** by contacting:

Office of the Commissioner of Insurance
Complaints Department
P.O. Box 7873
Madison, WI 53707-7873
1-800-236-8517 outside of Madison or 266-0103 in Madison.

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SCHEDULE OF BENEFITS
(Also see SCHEDULE SUPPLEMENT)

The following Benefits are provided subject to the provisions below.

The amount of Life Benefits that We will pay will be decreased by the amount of any contributions due and unpaid to Us for that insurance.

BENEFITS (EMPLOYEE ONLY) **AMOUNT**

How We Will Pay Benefits

Unless the Beneficiary requests payment by check, when the certificate states that we will pay benefits in "one sum" or a "single sum", we may pay the full benefit amount:

1. by check;
2. by establishing an account that earns interest and provides the Beneficiary with immediate access to the full benefit amount; or
3. by any other method that provides the Beneficiary with immediate access to the full benefit amount.

Other modes of payment may be available upon request.

BASIC LIFE	\$10,000
SUPPLEMENTAL LIFE	Multiples of \$10,000, up to a Maximum Benefit of \$250,000

See pages hereof entitled ACCELERATED BENEFITS (On Your Own Account).

You may request payment of an Accelerated Benefit from your Basic or Supplemental Life Benefits or from both. If you elect payment from both your Basic and Supplemental Life Benefits, the Accelerated Benefits payment will be determined in accordance with the pages hereof entitled ACCELERATED BENEFITS (On Your Own Account), but not more than \$250,000 will be payable for Basic Life and not more than \$250,000 for Supplemental Life.

BENEFITS (DEPENDENTS ONLY)

AMOUNT

DEPENDENT LIFE

Spouse..... Multiples of \$10,000, up to the lesser of 100% of your Life Benefits and \$50,000

Child (15 days but less than 6 months)..... \$500

Child (6 months and over) \$5,000

See pages hereof entitled ACCELERATED BENEFITS (ON ACCOUNT OF YOUR DEPENDENT SPOUSE).

PROVISIONS APPLICABLE TO SUPPLEMENTAL LIFE BENEFITS IN AN AMOUNT GREATER THAN \$100,000

1. You must, at your expense, give us evidence of your good health in order to become covered under This Plan for an amount of Supplemental Life Benefits greater than \$100,000.
2. If we accept the evidence of your good health as satisfactory, such amount of Supplemental Life Benefits will become effective on the later of:
 - a. the date we accept the evidence of your good health; and
 - b. the effective date of your Personal Benefits;provided you have satisfied the Work Requirements. If you have not satisfied the Work Requirements, such amount of Supplemental Life Benefits will become effective on the first day after you satisfy the Work Requirements.
3. If you apply for Supplemental Life Benefits when you are first eligible and you do not give us evidence of your good health, or if such evidence of good health is not accepted by us as satisfactory, the amount of your Supplemental Life Benefits will not be more than \$100,000.

4. If you apply for an increase in Supplemental Life benefits and you do not give us evidence of your good health, or if such evidence of good health is not accepted by us as satisfactory, the amount of your Supplemental Life Benefits will be the amount of Supplemental Life Benefits for which you were covered prior to your request for an increase.
5. If you apply for Supplemental Life Benefits more than thirty-one days after you are first eligible for Supplemental Life Benefits and you do not give us evidence of your good health, or if such evidence of good health is not accepted by us as satisfactory, Supplemental Life Benefits will not take effect.

**PROVISIONS APPLICABLE TO DEPENDENT LIFE BENEFITS ON
YOUR DEPENDENT SPOUSE IN EXCESS OF \$20,000**

1. You must, at your expense, give us evidence of the good health of your Dependent spouse in order for your Dependent spouse to become covered under This Plan for an amount of Dependent Life Benefits greater than \$20,000.
2. If we accept the evidence of your good health as satisfactory, such amount of Dependent Life Benefits will become effective for your Dependent spouse on the later of:
 - a. the date the evidence of the good health of your Dependent spouse is accepted by us as satisfactory; and
 - b. the effective date of your Personal Benefits;provided you are Actively at Work on that date. If you are not Actively at Work on that date, such amount of Dependent Life Benefits will become effective on the date of your return to Active Work.
3. At the initial enrollment period, if you do not give us evidence of the good health of your Dependent spouse, or if such evidence of good health is not accepted by us as satisfactory, the amount of Dependent Life Benefits will be \$20,000.
4. If you apply for an increase in Dependent Life Benefits on your Dependent spouse and you do not give us evidence of the good health of your Dependent spouse, or if such evidence of good health is not accepted by us as satisfactory, the increase will not

go into effect and the amount of Dependent Life Benefits on your Dependent spouse will be the amount of Dependent Life Benefits on your Dependent spouse prior to your request for an increase.

5. If you apply for Dependent Life Benefits on your Dependent spouse more than thirty-one days after your Dependent Benefits Eligibility Date, and you do not give us evidence of the good health of your Dependent spouse, or if such evidence of good health is not accepted by us as satisfactory, Dependent Life Benefits on your Dependent spouse will not take effect.

IF YOU ARE AGE 65 OR OLDER

The amounts of your Basic Life Benefits on and after age 65 will be determined by applying the appropriate percentage from the following table to the amount of such benefits in effect on the day before your 65th birthday.

<u>Age of Employee</u>	<u>Percentage</u>
65 but less than 70	65%
70 but less than 75	45%
75 but less than 80	30%
80 or older	20%

The amounts of your Supplemental Life Benefit are not subject to reduction.

AMOUNT OF CONTINUED DEATH BENEFITS DURING TOTAL DISABILITY

The amount of your Death Benefits will be determined by the table below. The percentage for your age on the date of your death is to be applied to the amount of your Life Benefits on the date your Life Benefits ended.

<u>If You Die</u>	<u>Percentage</u>
Before age 65	100%
On or after age 65	0%

Your Death Benefits will be reduced if Accelerated Benefits are paid.

WHEN YOU RETIRE

No benefits are provided under This Plan on or after the day you retire.

CONVERSION OF REDUCED AMOUNTS OF LIFE BENEFITS BECAUSE OF ATTAINMENT OF A CERTAIN AGE

If your Life Benefits are reduced because of attainment of a specified age, you may have issued to you a personal policy of life insurance on the date of such reduction.

The right to obtain a personal policy will be the same as is applicable to you when your Life Benefits end because your employment ends, as set forth under RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON YOUR OWN LIFE.

The amount of the policy will not be more than:

- a. the total amount of Life Benefits in effect on your life under This Plan on the day before the date your Life Benefits reduce;

less
- b. the total amount of Life Benefits in effect on your life under This Plan after the date your Life Benefits reduce.

The right to apply for the policy upon reduction applies regardless of whether there is one reduction or a series of smaller reductions.

Form G.23000-B

SCHEDULE SUPPLEMENT

A. Statements Made by You Which Relate to Insurability

Any statement made by you will be deemed a representation and not a warranty.

No such statement made by you which relates to insurability will be used:

1. in contesting the validity of the benefits with respect to which such statement was made; or
2. to reduce the benefits;

unless the conditions listed in items (a) and (b) below have been met:

- a. The statement must be contained in a written application which has been signed by you.
- b. A copy of the application has been furnished to you or to your Beneficiary.

No such statement made by you will be used at all after such benefits have been in force prior to the contest for a period of two years during the lifetime of the person to whom the statement applies.

B. Assignment

This certificate may not be assigned by you. Your benefits may not be assigned prior to a loss.

C. Additional Provisions

1. The benefits under This Plan do not at any time provide paid-up insurance, or loan or cash values.

2. No agent has the authority:
 - a. to accept or to waive the required proof of a claim; nor
 - b. to extend the time within which a proof must be given to us.

Form G.23000-B1

DEFINITIONS OF CERTAIN TERMS USED HEREIN

"Actively at Work" or **"Active Work"** means that you are performing all of the material duties of your job with the Employer where these duties are normally carried out. If you were Actively at Work on your last scheduled working day, you will be deemed Actively at Work:

1. on a scheduled non-working day;
2. provided you are not disabled.

"Covered Person" means an Employee or a Dependent on whose account benefits are in effect under This Plan.

For residents of Texas, the Dependent definition with respect to child is modified as explained in the Notice pages of this certificate; please consult the Notice.

"Dependent" means your lawful Spouse or your unmarried natural child except for:

1. a person who is on active duty in the military of any country or international authority; however, active duty for this purpose does not include weekend or summer training for the reserve forces of the United States, including the National Guard; or
2. a person who is covered under This Plan as an Employee;
3. a child who is 14 days of age and under;

- 4.** a child who:
- a.** is 19 years of age or older and who is employed on a full-time basis; or
 - b.** is 19 years of age or older and who is not a full-time student at an approved school, as determined by the Employer; or
 - c.** is 25 years of age or older.

If a Dependent child is a Covered Person on the day before that child has reached the applicable age limit, that child will continue to be a Dependent after the age limit as long as:

- a.** that child is and remains unable to work in self-sustaining employment because of:
 - i.** physical handicap; or
 - ii.** mental retardation; and
- b.** that child is and remains chiefly dependent upon you for support; and
- c.** that child is and remains a Dependent, as defined, except for the age limit; and
- d.** the child is unmarried; and
- e.** you give us proof, when we ask for it, that the child is and remains so unable to work and dependent upon you since the age limit. We will not ask for proof more than once a year. The proof must be satisfactory to us; and
- f.** you make any payment which is required by the Employer.

Subject to the same conditions which apply to a natural child, child also includes:

- a.** a child who resides with you and is fully supported by you; and
- b.** a child who is legally adopted; and

- c. a stepchild; and
- d. a child for whom benefits must be provided by court order, that we have been notified of (as set forth in a divorce decree).

No person may be covered as a Dependent of more than one Employee.

"Dependent Benefits" mean the benefits which are provided on account of a Dependent under This Plan.

"Doctor" means a person who is legally licensed to practice medicine. A licensed practitioner will be considered a Doctor if:

1. there is a law which applies to This Plan and that law requires that any service performed by such a practitioner must be considered for benefits on the same basis as if the service were performed by a Doctor; and
2. the service performed by the practitioner is within the scope of his or her license.

"Employee" means a person who is employed and paid for services by the Employer on a full-time basis.

"Hospitalized" means that you or your Dependent has received:

1. inpatient care in a hospital; or
2. care in:
 - a. a hospice facility; or
 - b. an intermediate facility; or
 - c. a long term care facility; or
3. chemotherapy; or
4. radiation therapy; or
5. dialysis treatment.

"Normal Activities" means that your Dependent:

1. is not confined in a hospital; or
2. is not confined at home under the care of a Doctor for a sickness or injury; or
3. is not receiving and is not entitled to receive any disability income from any source due to any sickness or injury.

"Personal Benefits" mean the benefits which are provided on account of an Employee under This Plan.

"Spouse" means your lawful spouse.

"This Plan" means the Group Policy which is issued by us to provide Personal Benefits and Dependent Benefits.

"Total Disability" or **"Totally Disabled"** means that because of a sickness or an injury:

1. you can not do your job; and
2. you can not do any other job for which you are fit by your education, your training or your experience.

"We", **"us"** and **"our"** mean Metropolitan.

"Work Requirements" means that you have:

1. worked as an Employee at least 20 hours during the last 7 consecutive calendar days; and
2. worked at either your usual place of business or away from your usual place of business at your Employer's convenience.

"You" and **"your"** mean the Employee who is a Covered Person for Personal Benefits. They do not include a Dependent of the Employee.

Form G.23000-A

ELIGIBILITY FOR BENEFITS

Personal Benefits Eligibility Date

If you are an Employee on January 1, 2012, that is your Personal Benefits Eligibility Date.

If you become an Employee after January 1, 2012, your Personal Benefits Eligibility Date is the first day of the month following the date of the Employer's last pay date.

Dependent Benefits Eligibility Date

Your Dependent Benefits Eligibility Date is the later of your Personal Benefits Eligibility Date and the date you first acquire a Dependent.

Form G.23000-C

EFFECTIVE DATES OF PERSONAL BENEFITS

This Plan provides one or more Non-Contributory Benefit(s) and one or more Contributory Benefit(s). The applicable provisions set forth below will be applied separately to each benefit.

APPLICABLE TO NON-CONTRIBUTORY BENEFITS (Basic Life Benefits)

Your Personal Benefits will become effective on your Personal Benefits Eligibility Date provided you are then Actively at Work as an Employee. If you are not then Actively at Work as an Employee, your Personal Benefits will become effective on the date of your return to Active Work as an Employee.

**APPLICABLE TO CONTRIBUTORY BENEFITS
(Supplemental Life Benefits)**

A. Request Forms

You must make a written request to the Employer for Personal Benefits. The request forms will be given to the Employer by us.

B. If Timely Request Is Made

A timely request is one that is made on or prior to the date thirty-one days after your Personal Benefits Eligibility Date. If you are not Actively at Work as an Employee on your Personal Benefits Eligibility Date, a request will be timely if it is made on or prior to the date thirty-one days after the date you return to Active Work as an Employee.

If you make a timely request for Personal Benefits, your Personal Benefits will become effective on the later of:

1. your Personal Benefits Eligibility Date; and
2. the date of your request;

subject to the Work Requirements.

If, on the date you would have become covered under This Plan for Personal Benefits, you:

1. were Hospitalized in the ninety days prior to the date you make a request for Personal Benefits under This Plan; or
2. are then Hospitalized;

then evidence of your good health must be given to us before Personal Benefits will take effect. Such benefits will take effect on the date such evidence of good health is accepted by us as satisfactory, subject to the Work Requirements.

C. If Late Request Is Made

If a request is not a timely request, it is a late request.

If you make a late request for Personal Benefits, evidence of your good health must be given to us.

D. Evidence of Good Health - For Late Requests

The evidence of good health is to be given at your expense.

Your Personal Benefits will become effective on the date such evidence of good health is accepted by us as satisfactory, subject to the Work Requirements.

If the evidence of your good health is not accepted by us as satisfactory, you will not be covered for any Personal Benefits.

E. Work Requirements

You must satisfy the Work Requirements in order for your Personal Benefits to become effective. If you have not satisfied the Work Requirements on the date when your Personal Benefits would otherwise become effective, these benefits will become effective on the first day after you satisfy the Work Requirements.

F. Reinstatement of Benefits

If your Personal Benefits end because you do not make a required contribution to their cost, you may make a request to reinstate them. Such a request will be treated as if it were a late request in order to determine the effective date of your Personal Benefits.

Form G.23000-D1

EFFECTIVE DATES OF DEPENDENT BENEFITS

A. Request Forms

You must make a written request to the Employer for Dependent Benefits. The request forms will be given to the Employer by us.

B. If Timely Request Is Made

A timely request is one that is made on or prior to the date thirty-one days after your Dependent Benefits Eligibility Date. If you are not Actively at Work as an Employee on your Dependent Benefits Eligibility Date, a request will be timely if it is made on or prior to the date thirty-one days after the date you return to Active Work as an Employee.

If you make a timely request for Dependent Benefits, your Dependent Benefits will become effective on the latest of:

1. your Dependent Benefits Eligibility Date; and
2. the effective date of your Personal Benefits; and
3. the date of your request.

If, on the date you would have become insured under This Plan for Life Benefits (On Account of Dependents) and the Dependent was not covered under a prior plan that This Plan replaced, a Dependent:

1. has been Hospitalized in the ninety days prior to the date you make a request for Life Benefits (On Account of Dependents) under This Plan; or
2. is then Hospitalized; or
3. is not then able to perform Normal Activities;

then evidence of the good health of each such Dependent must be given to us.

C. If Late Request Is Made

If a request is not a timely request, it is a late request.

If you make a late request for Dependent Benefits, evidence of the good health of each of your Dependents must be given to us.

D. Evidence of Good Health

The evidence of good health is to be given at your expense. Your Dependent Benefits will become effective for each such Dependent for whom evidence of good health must be given to us on the later of:

1. the date the evidence of the good health of such Dependent is accepted by us as satisfactory; and
2. the effective date of your Personal Benefits.

If the evidence of the good health of any person is needed in order to start coverage on a Dependent and is not provided or is not accepted by us as satisfactory, such person:

1. will be deemed not to be a Dependent for the purpose of Dependent Benefits; and
2. will not be covered for Dependent Benefits.

If the evidence of the good health of any person is needed in order to increase coverage on a Dependent and is not provided or is not accepted by us as satisfactory, such increase will not take effect.

E. Reinstatement of Benefits

If your Dependent Benefits end because you do not make a required contribution to their cost, you may make a request to reinstate them. Such a request will be treated as if it were a late request in order to determine the effective date of your Dependent Benefits.

F. New Dependents

Dependent Benefits with respect to a person who becomes your Dependent while you are insured for Dependent Benefits will be effective on the date such person becomes your Dependent, subject to all provisions herein.

Form G.23000-D2

LIFE BENEFITS
(On Your Own Account)

A. Coverage

If you die while you are covered for Life Benefits, we will pay to the Beneficiary the amount of Life Benefits that is in effect on your life on the date of your death.

B. Optional Types of Payment

Payment of any amount of Life Benefits may be made in installments. Details on the payment options may be obtained from the Employer.

C. Suicide Provision (Applicable to Supplemental Life Benefits)

Supplemental Life Benefits will not be paid to the Beneficiary if you commit suicide, while sane or insane, within 2 years from the effective date of this certificate. Instead we will pay the Beneficiary an amount equal to any contributions paid, without interest.

If you commit suicide, while sane or insane, more than 2 years after the effective date of this certificate, but within 2 years from the effective date of any increase in the amount of your Supplemental Life Benefits, such increased amount will not be paid to the Beneficiary. Instead we will pay the Beneficiary:

1. an amount equal to all contributions paid for the increased amount, without interest; plus
2. an amount equal to the amount of Supplemental Life Benefits that was in effect on the day before the effective date of such increased amount.

**ACCELERATED BENEFITS
(On Your Own Account)**

A. Definitions

"Meet the Requirements" means:

1. your life span is drastically limited; and
2. you are expected to die within 6 months; and
3. you are not expected to recover.

These must be certified by a Doctor and accepted by us.

B. Coverage

We will pay Accelerated Benefits to you if:

1. you are less than 63 years old when you apply for Accelerated Benefits; and
2. you apply for Accelerated Benefits while your Life Benefits or Death Benefits are in effect; and
3. you Meet the Requirements while you are covered for Life Benefits or Death Benefits; and
4. you or your legal representative requests payment of Accelerated Benefits while your Life Benefits or Death Benefits are in effect.

Accelerated Benefits are payable only once.

Payment of Accelerated Benefits will reduce your Life Benefits or Death Benefits and the amount available for you to convert to a personal policy of life insurance under RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON YOUR OWN LIFE.

C. Proof

Accelerated Benefits will be payable when we receive proof that you Meet the Requirements.

Proof must be given to us. The proof must be in a form that is satisfactory to us. We have no duty to ask for any proof. Any delay in submitting proof will not cause a claim to be denied so long as the proof is given as soon as reasonably possible.

At the time that such proof is given, we may have you examined by Doctors of our choice, at our expense.

D. Amount

The amount of Accelerated Benefits payable is:

1. up to 50% of your Life Benefits or Death Benefits as shown in the SCHEDULE OF BENEFITS

REDUCED BY

a discount for the mortality and interest (*) for the actuarially determined life span, and

MINUS

an administrative charge; and

2. determined as of the date we accept certification that you Meet the Requirements; and
3. no more than \$250,000 for Basic Life Benefits and \$250,000 for Supplemental Life Benefits.

(*) The interest rate used shall be the Moody's Corporate Bond Yield Averages - Monthly Average Corporates - published by Moody's Investors Service, Inc., or any successor thereto for the calendar month ending two months before the date you apply for an Accelerated Benefit.

If your Life Benefits or Death Benefits are scheduled to reduce within six months of such certification date, we will, for the purpose

of determining the amount of Accelerated Benefits, deem the amount of your Life Benefits or Death Benefits to have already been reduced on such certification date.

After payment of the Accelerated Benefits, the amount of your Life Benefits or Death Benefits will be:

1. the amount of Life Benefits or Death Benefits actually in effect on the certification date; less
2. the amount of Accelerated Benefits requested.

When the scheduled reduction date occurs, the amount of your Life Benefits or Death Benefits will be reduced. The amount of such reduction will be determined by applying the percentage in accordance with the provisions of This Plan to the amount of your Life Benefits or Death Benefits actually in effect on the certification date.

After such scheduled reduction, the amount of your Life Benefits or Death Benefits will be the amount of your Life Benefits or Death Benefits actually in effect on the certification date:

REDUCED BY

the amount of such scheduled reduction; and

MINUS

the amount of Accelerated Benefits requested.

Accelerated Benefits will be payable if you are living when payment is made.

You may be entitled to apply for a personal policy of Life Insurance up to the amount of such scheduled reduction under RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON YOUR OWN LIFE.

For Texas Residents: Upon receipt of your claim form we will send you a Preadjudication letter containing specific information on the payment you requested. Such information will include the amount of payment which will be made to you and the amount of

death benefit remaining after payment of the Accelerated Benefit.

E. Exclusions

Accelerated Benefits will not be payable if:

1. you have assigned your Life Benefits (see Assignment provision under SCHEDULE SUPPLEMENT); or
2. the amount of your Life Benefits or Death Benefits is less than \$10,000.

Form G.23000-36

**CONTINUED DEATH BENEFITS
DURING TOTAL DISABILITY**

A. Coverage

If you cease to be Actively at Work as an Employee due to Total Disability, your Life Benefits may be continued for up to 12 months. For this to occur, your Employer must deem you to be Actively at Work and must continue to make premium payments for your Life Benefits. Your Life Benefits will end once you have ceased to be Actively at Work as an Employee due to Total Disability for 12 months. Death Benefits may be payable after your Life Benefits end in certain cases of Total Disability. We will pay Death Benefits to your Beneficiary if:

1. you become Totally Disabled before your Life Benefits end; and
2. your Total Disability starts for Basic Life Benefits while you are covered for such benefits and for Supplemental Life Benefits after you have been covered for such benefits for one year; and

3. you are less than 60 years old when you become Totally Disabled; and
4. you continue to be Totally Disabled after your Life Benefits end and until the date of your death; and
5. you die before you are 65 years old; and
6. the required proof is submitted to us.

However, no Death Benefits are payable if a death benefit is payable under RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON YOUR OWN LIFE.

B. Proof of Claim

The Death Benefits will be payable when we receive proof of your death if:

1. we have received proof of your Total Disability no later than 12 months after the date you ceased to be Actively at Work because of Total Disability. This proof must establish that your Total Disability had continued for at least nine months from the date you were last Actively at Work; and
2. you submit further proof, when we ask for it, that you continue to be Totally Disabled. We will not ask for such proof more than once a year; and
3. upon your death proof that Total Disability continued to the date of your death is given to us.

If you die within a year after your Life Benefits ended and before any proof has been given, then proof that your Total Disability continued to the date of your death must be given to us. This proof must be given within one year of your death.

All proofs must be given to us. The proofs must be in a form that is satisfactory to us. We have no duty to ask for any proof. If any proof is not given on time, the delay will not cause a claim to be denied so long as the proof is given as soon as reasonably possible.

At any time that proof of your Total Disability is given, we may have you examined by Doctors of our choice, at our expense.

C. Amount

The amount of Death Benefits is the amount shown in the SCHEDULE OF BENEFITS.

D. Termination

Your Death Benefits will end on:

1. the date you are no longer Totally Disabled; or
2. the date you do not give us proof of Total Disability when required; or
3. the day before the date you become 65 years old.

E. One Payment Only

If we have issued a personal policy under RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON YOUR OWN LIFE, we will pay Death Benefits only if that policy is returned to us without any claim. In such case an amount equal to the premiums paid on the personal policy will be given to the Beneficiary.

Form G.23000-1B1-A

**RIGHT TO OBTAIN A PERSONAL POLICY
OF LIFE INSURANCE ON YOUR OWN LIFE**

A. Application

We will issue a personal policy of life insurance without disability or accidental death benefits to you if you apply for it in writing during the Application Period. The Application Period is the 31 day period after:

1. the date your Life Benefits end because your employment ends or because you are no longer in a class which remains eligible for Life Benefits; or
2. the date your Life Benefits end because This Plan ends, but only if your Life Benefits under This Plan have been in effect for at least 5 years; or
3. the date This Plan is changed to end the Life Benefits for your class, but only if your Life Benefits under This Plan have been in effect for at least 5 years; or
4. the date your Death Benefits end under CONTINUED DEATH BENEFITS DURING TOTAL DISABILITY if you do not then again become eligible for Life Benefits under This Plan.

For New Hampshire residents. If you are not given notice, in writing, of the Right To Obtain A Personal Policy of Life Insurance On Your Own Life at least 15 days before the end of the Application Period, you will have additional time in which to apply. You will then have 15 days from the date you are given the notice in which to apply.

Proof that you are insurable is not required by us.

B. Conditions

The personal policy will be issued to you subject to these conditions:

1. it will be on one of the forms then usually issued by us, except term insurance; and
2. it will not take effect until after the Application Period ends; and
3. the premium for the policy will be based on:
 - a. the class of risk to which you belong; and
 - b. your age on the effective date of the policy; and
 - c. the form and amount of the policy; and
4. if item A(1) applies to you, the amount of the policy will not be more than the amount of your Life Benefits on the date the Life Benefits end; and
5. if item A(2) or item A(3) applies to you, the amount of the policy will not be more than the lesser of:
 - a. the amount of your Life Benefits on the date the Life Benefits end, less any amount of life insurance for which you may be eligible under any group policy which takes effect within 31 days after your Life Benefits end; and
 - b. \$10,000.
6. if item A(4) applies to you, the amount of the policy will not be more than the amount of your Death Benefits on the date the Life Benefits end.

C. If You Die During the Application Period

If you die during the Application Period, we will pay a death benefit to the Beneficiary. The amount of the death benefit will be the highest amount of life insurance pursuant to item B(4) or B(5) or B(6) for which a personal policy could have been issued. This

death benefit will be paid even if you did not apply for a personal policy.

If you could have applied for a policy under item A(4) and you die within one year after your Life Benefits end, we must, within one year after your death, be given proof that:

1. your Total Disability had continued from the date your Life Benefits ended to within 31 days of the date of your death;
and
2. your death occurred during the Application Period which applies to item A(4).

Form G.23000-1A

LIFE BENEFITS
(On Account of Dependents)

A. Coverage

If a Dependent dies while Life Benefits are in effect for that Dependent, we will pay the amount of Life Benefits that is in effect for that Dependent on the date of that Dependent's death.

B. Payment of Benefits

The benefits will be paid to you if you survive the Dependent. The benefits will be paid to your estate if:

1. that Dependent dies at the same time your death occurs; or
2. that Dependent dies within 24 hours of your death.

In any other instance the benefits will be paid at our option to one or more of the following persons who are related to that Dependent and who survive that Dependent:

- a. Spouse, Civil Union Partner or Domestic Partner;
- b. children;
- c. parents;
- d. brother and sister.

If there is no surviving relative in any class, the amount will be payable to the Dependent's estate.

Any payment will discharge our liability for the amount so paid.

C. Optional Types of Payment

Payment of any amount of Life Benefits may be made in installments instead of one sum. Details on the payment options may be obtained from the Employer.

D. Suicide

LIFE BENEFITS (On Account of Dependents) will not be paid if a Dependent commits suicide, while sane or insane, within 2 years from the effective date of this certificate. Instead we will pay an amount equal to any contributions paid, without interest, as set forth in Section B, Payment of Benefits.

If a Dependent commits suicide, while sane or insane, more than 2 years after the effective date of this certificate, but within 2 years from the effective date of any increase in the amount of LIFE BENEFITS (On Account of Dependents), such increased amount will not be paid. Instead we will pay:

- a. an amount equal to all contributions paid for the increased amount, without interest, plus
- b. an amount equal to the amount of LIFE BENEFITS (On Account of Dependents) that was in effect on the day before the effective date of such increased amount,

as set forth in Section B, Payment of Benefits.

Form G.23000-7C

**ACCELERATED BENEFITS
(On Account Of Your Dependent Spouse)**

A. Definitions

"Meets the Requirements" means:

1. your Dependent spouse's life span is drastically limited; and
2. your Dependent spouse is expected to die within 6 months; and
3. your Dependent spouse is not expected to recover.

These must be certified by a Doctor and accepted by us.

B. Coverage

We will pay Accelerated Benefits to you if:

1. you apply for Accelerated Benefits while LIFE BENEFITS (On Account of Dependents) on account of your spouse are in effect; and
2. your Dependent spouse Meets the Requirements while you are covered for LIFE BENEFITS (On Account of Dependents) on account of your spouse; and
3. you request payment of Accelerated Benefits while LIFE BENEFITS (On Account of Dependents) on account of your spouse are in effect.

Accelerated Benefits are payable only once.

Payment of Accelerated Benefits will reduce the amount of LIFE BENEFITS (On Account of Dependents) on account of your spouse and the amount available for your Dependent spouse to convert to a personal policy of life insurance under RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON THE LIFE OF A DEPENDENT.

C. Proof

Accelerated Benefits will be payable when we receive proof that your Dependent spouse Meets the Requirements.

Proof must be given to us. The proof must be in a form that is satisfactory to us. We have no duty to ask for any proof. Any delay in submitting proof will not cause a claim to be denied so long as the proof is given as soon as reasonably possible.

At the time that such proof is given, we may have your Dependent spouse examined by Doctors of our choice, at our expense.

D. Amount

The amount of Accelerated Benefits payable is:

1. up to 50% of your LIFE BENEFITS (On Account of Dependents) on account of your spouse as shown in the SCHEDULE OF BENEFITS

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a discount for the mortality and interest (*) for the actuarially determined life span, and

MINUS

an administrative charge; and

2. determined as of the date we accept certification that your Dependent spouse Meets the Requirements; and
3. no more than \$250,000.

(*) The interest rate used shall be the Moody's Corporate Bond Yield Averages - Monthly Average Corporates - published by Moody's Investors Service, Inc., or any successor thereto for the calendar month ending two months before the date you apply for an Accelerated Benefit.

If the LIFE BENEFITS (On Account of Dependents) on account of your spouse are scheduled to reduce within six months of such

certification date, we will, for the purpose of determining the amount of Accelerated Benefits, deem the amount of the LIFE BENEFITS (On Account of Dependents) on account of your spouse to have already been reduced on such certification date.

After payment of the Accelerated Benefits, the amount of the LIFE BENEFITS (On Account of Dependents) on account of your spouse will be:

1. the amount of LIFE BENEFITS (On Account of Dependents) on account of your spouse actually in effect on the certification date; less
2. the amount of Accelerated Benefits requested.

When the scheduled reduction date occurs, the amount of LIFE BENEFITS (On Account of Dependents) on account of your spouse will be reduced. The amount of such reduction will be determined by applying the percentage in accordance with the provisions of This Plan to the amount of the LIFE BENEFITS (On Account of Dependents) on account of your spouse actually in effect on the certification date.

After such scheduled reduction, the amount of the LIFE BENEFITS (On Account of Dependents) on account of your spouse will be the amount of the LIFE BENEFITS (On Account of Dependents) on account of your spouse actually in effect on the certification date:

REDUCED BY

the amount of such scheduled reduction; and

MINUS

the amount of Accelerated Benefits requested.

Accelerated Benefits will be payable if you are living when payment is made.

For Texas Residents: Upon receipt of your claim form we will send you a Preadjudication letter containing specific information on the payment you requested. Such information will include the amount of payment which will be made and the amount of

Dependent Life Benefit remaining after payment of the Accelerated Benefit.

E. Exclusions

Accelerated Benefits will not be payable if the amount of LIFE BENEFITS (On Account of Dependents) on account of your spouse is less than \$10,000.

Form G.23000-36A

**RIGHT TO OBTAIN A PERSONAL POLICY
OF LIFE INSURANCE ON THE LIFE
OF A DEPENDENT**

A. Application

We will issue a personal policy of life insurance without disability or accidental death benefits to a Dependent if that Dependent applies for it in writing during the Application Period. The Application Period is the 31 day period after the date the Life Benefits on that Dependent end because:

1. your employment ends or you are no longer in a class which remains eligible for Dependent Life Benefits; or
2. This Plan ends, but only if the Life Benefits on that Dependent had been in effect under This Plan for at least 5 years; or
3. This Plan is changed to end the Dependent Life Benefits for your class, but only if the Life Benefits on that Dependent had been in effect under This Plan for at least 5 years; or
4. you die; or
5. the Dependent no longer qualifies as a Dependent as defined in DEFINITIONS OF CERTAIN TERMS USED HEREIN.

For New Hampshire residents. If the Dependent is not given notice, in writing, of the Right To Obtain A Personal Policy of Life Insurance On The Life of A Dependent at least 15 days before the end of the Application Period, that Dependent will have additional time in which to apply. The Dependent will then have 15 days from the date the Dependent is given the notice in which to apply.

Proof that the Dependent is insurable is not required by us.

B. Conditions

The personal policy will be issued to the Dependent subject to these conditions:

1. it will be on one of the forms then usually issued by us, except term insurance; and
2. it will not take effect until after the Application Period ends; and
3. the premium for the policy will be based on:
 - a. the class of risk to which the Dependent belongs; and
 - b. the Dependent's age on the effective date of the policy; and
 - c. the form and the amount of the policy; and
4. if item A(2) or A(3) applies to the Dependent, the amount of the policy will not be more than the lesser of:
 - a. the amount of Life Benefits on that Dependent on the date the Life Benefits end, less any amount of life insurance on the life of that Dependent for which you or the Dependent may be eligible under any group policy which takes effect within 31 days after the Life Benefits on that Dependent end; and
 - b. \$10,000; and
5. if an item in paragraph A, other than item A(2) or A(3), applies to the Dependent, the amount of the policy will not be more

than the amount of Life Benefits on that Dependent on the date the Life Benefits end.

C. If the Dependent Dies During the Application Period

If the Dependent dies during the Application Period, we will pay a death benefit. The payment of the death benefit will be in the same manner as if the Life Benefits on that Dependent had been in effect on the date of that Dependent's death. The amount of the death benefit will be the highest amount of life insurance, pursuant to item B(4) or B(5) for which a personal policy could have been issued. This death benefit will be paid even if the Dependent did not apply for a personal policy.

Form G.23000-7A

BENEFICIARY

A. Your Beneficiary

The "Beneficiary" is the person or persons you choose to receive any benefit payable because of your death.

You make your choice in writing on a form approved by us. This form must be filed with the records for This Plan.

You may change the Beneficiary at any time by filing a new form with the Employer. You do not need the consent of the Beneficiary to make a change. When the Employer receives a form changing the Beneficiary, the change will take effect as of the date you signed it. The change of Beneficiary will take effect even if you are not alive when it is received.

A change of Beneficiary will not apply to any payment made by us prior to the date the form was received by the Employer.

Your choice of a Beneficiary for a personal policy issued under RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON YOUR OWN LIFE will be effective for This Plan.

B. More Than One Beneficiary

If, when you die, more than one person is your Beneficiary, they will share in the benefits equally, unless you have chosen otherwise.

C. Death of a Beneficiary

A person's rights as a Beneficiary end if:

1. that person dies before your death occurs; or
2. that person dies at the same time your death occurs; or
3. that person dies within 24 hours of your death.

The share for that person will be divided among the surviving persons you have named as Beneficiary, unless you have chosen otherwise.

D. No Beneficiary at Your Death

If there is no Beneficiary at your death for any amount of benefits payable because of your death, that amount will be paid to one or more of the following persons who are related to you and who survive you:

1. Spouse, Civil Union Partner or Domestic Partner;
2. child;
3. parent;
4. brother and sister.

However, we may instead pay all or part of that amount to your estate.

Domestic Partner means each of two people, one of whom is an Employee of the Policyholder, who have registered as each other's domestic partner, civil union partner or reciprocal beneficiary with a governmental agency where such registration is available.

Any payment will discharge our liability for the amount so paid.

Form G.23000-G

WHEN BENEFITS END

- A.** All of your benefits will end on the date your employment ends. Your employment ends when you cease Active Work as an Employee. However, for the purpose of benefits, the Employer may deem your employment to continue for certain absences. See **CONDITIONS UNDER WHICH YOUR ACTIVE WORK IS DEEMED TO CONTINUE.**
- B.** If This Plan ends in whole or in part, your benefits which are affected will end.
- C.** Your Dependent Life Benefits will end on the earliest of:
 - 1. with respect to your Dependent spouse, the date such Dependent spouse attains age 70; or
 - 2. the date that the Dependent ceases to be your Dependent; or
 - 3. the date you retire, as determined by the Employer; or
 - 4. the date of your death.
- D.** If a Covered Person does not make a payment which is required by the Employer to the cost of any benefits, those benefits will end; they will end on the last day of the period for which a payment required by the Employer was made.

The end of any type of benefits on account of a Covered Person will not affect a claim which is incurred before those benefits ended.

PORTABILITY (For MN Residents see Minnesota Notice Page)

For All Other Employees

For purposes of this subsection, the term "Portability Eligible Insurance for you" refers to Supplemental Life Benefits.

You may request in writing during the Request Period specified below to continue Portability Eligible Insurance for you under another group policy if such insurance ends because:

- your employment ends; or
- you cease to be in a class that is eligible for such insurance.

If a request is made under this subsection, we will issue a new certificate of insurance which will explain the new insurance benefits. The insurance benefits under the new certificate may not be the same as those that ended under the Group Policy.

A request for portability may be made, if on the date of the request, the following requirements are met:

- the Group Policy is in effect;
- We have not received notice from the Employer of its intent to end the Group Policy;
- no application has been made to convert the insurance that is to be continued to an individual policy of life insurance as provided in the section entitled RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON YOUR OWN LIFE; and
- The person making the request resides in a jurisdiction that permits portability.

Request Period

To continue Portability Eligible Insurance for you under a different group policy, we must receive a completed request form within the Request Period described below.

If written notice of the option to continue Portability Eligible Insurance for you is given within 15 days before or after the date such insurance ends, the Request Period begins on the date the insurance ends and expires 31 days after such date.

If written notice of the option to continue Portability Eligible Insurance for you is given more than 15 days after but within 90 days of the date such insurance ends, the Request Period begins on the date the insurance ends and expires 45 days after the date of the notice.

If written notice of the option to continue Portability Eligible Insurance for you is not given within 90 days after the date such insurance ends, the Request Period begins on the date the insurance ends and expires at the end of such 90 day period.

Amount of the New Certificate

The maximum amount of Supplemental Life Benefits which may be continued is the lesser of:

- The total amount of all such insurance for you in effect immediately prior to the date it ends; and
- \$1,000,000.

The minimum amount of Supplemental Life Benefits which may be continued is \$20,000.

Right to Convert Life Insurance Amounts Not Continued

Any amount of Life Insurance not continued under this subsection may be converted under the section entitled RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON YOUR OWN LIFE.

Premiums for the New Certificate

When a request to continue Portability Eligible Insurance for you is made under this subsection, the first premium must be paid during the Request Period. All premium payments must be made directly to us. When we issue the new certificate, we will also provide a schedule of premiums and payment instructions.

If You Die Within 31 Days of the Date Your Life Insurance Ends

If you die within 31 days of the date your life insurance ends and we have not received an application for a new certificate under this section, we will pay Life Insurance in accordance with the section entitled RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON YOUR OWN LIFE. If an application for a new certificate was received by us during such time period, we will only pay benefits for the Portability Eligible Insurance for which you applied for in accordance with this subsection.

If You are Totally Disabled on the Date Your Employment Ends.

If you are Totally Disabled on the date your employment ends and you elect to continue Portability Eligible Insurance for you as provided in this subsection, you may at a later date become approved for the continuation of such insurance under the section entitled CONTINUED DEATH BENEFITS DURING TOTAL DISABILITY. If you are so approved, any insurance described in, applied for, or issued under this subsection will end and we will return any premium paid by you for such insurance.

OPTION TO CONVERT

In addition to the continuation of insurance option described above, you may have the right to convert to a policy of individual life insurance. We urge you to read the section entitled RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON YOUR OWN LIFE.

Form G.23000-F

END-EPORT

**CONDITIONS UNDER WHICH YOUR ACTIVE
WORK IS DEEMED TO CONTINUE**

If you are not Actively at Work as an Employee because of a situation set forth below, the Employer may deem you to be in Active Work as an Employee only for the purpose of continuing your employment and only for the periods specified below in order that certain of your benefits under This Plan may be continued.

All such benefits will be subject to prior cessation as set forth in WHEN BENEFITS END.

In any case, the benefits will end on:

1. the date the Employer notifies us that your benefits are not to be continued; or
2. the end of the last period for which the Employer has paid premiums to us for your benefits.

Your Sickness or Injury, Your Leave of Absence, Your Lay Off

With respect to all Personal Benefits and all Dependent Benefits, the period determined in accordance with the Employer's general practice for an Employee in your job class. However, the period will not be longer than two months following the date the leave of absence or layoff begins.

However, in the event the leave qualifies under the Family and Medical Leave Act of 1993 (FMLA) or a similar state law, the period cannot be longer than the leave required by the law. If a leave qualifies under more than one such law, the period cannot be longer than the longest leave permitted under any of the laws.

Form G.23000-L

NOTICES

This certificate is of value to you. It should be kept in a safe place. Your Beneficiary should know where the certificate is kept.

As soon as your benefits end, you should consult your Employer to find out what rights, if any, you may have to continue your protection.

Our Home Office is located at 200 Park Avenue, New York, New York 10166.

Form G.23000-E

**THIS IS THE END OF THE CERTIFICATE. THE FOLLOWING IS
ADDITIONAL INFORMATION.**



Metropolitan Life Insurance Company
200 Park Avenue, New York, New York 10166

VERMONT CIVIL UNION CERTIFICATE RIDER

Group Policy No.: 100942-G
Policyholder: Central Piedmont Community College
Effective Date: January 1, 2012

Your certificate (including any riders attached to your certificate) is changed as follows:

Terms that mean or refer to a marital relationship, or that may be construed to mean or refer to a marital relationship, such as "marriage," "spouse," "husband," "wife," "dependent," "next of kin," "relative," "beneficiary," "survivor," "immediate family" and any other such terms include the relationship created by a Civil Union established according to Vermont law.

Terms that mean or refer to the inception or dissolution of a marriage, such as "date of marriage," "divorce decree," "termination of marriage" and any other such terms include the inception or dissolution of a Civil Union established according to Vermont law.

Terms that mean or refer to family relationships arising from a marriage, such as "family," "immediate family," "dependent," "children," "next of kin," "relative," "beneficiary," "survivor" and any other such terms include family relationships created by a Civil Union established according to Vermont law.

"Dependent" means a spouse, a party to a Civil Union established according to Vermont law, and a child or children (natural, step-child, legally adopted or a minor or disabled child who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a Civil Union established according to Vermont law.

"Child" means a child (natural, stepchild, legally adopted or a minor or disabled child who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a Civil Union established according to Vermont law.

"Civil Union" means a civil union established pursuant to Act 91 of the 2000 Vermont Legislative Session, entitled "Act Relating to Civil Unions".

All references in this rider to Civil Unions are limited to Civil Unions in which the parties are residents of Vermont.

Any person who meets the definition of "dependent" under this rider for purposes of dependent insurance, is required to meet all other applicable eligibility and enrollment requirements in order to qualify for such insurance.

If dependent insurance for a spouse and/or child is not provided under your certificate, such insurance is not added by virtue of this rider.

This rider does not limit any definitions or terms included in your certificate. It broadens definitions and terms only to the extent required by Vermont law.

This rider is subject to the terms and provisions of your certificate and is to be attached to and made a part of such certificate.

DISCLOSURE:

Vermont law grants parties to a Civil Union the same benefits, protections and responsibilities that flow from marriage under state law. However, some or all of the benefits, protections and responsibilities related to life and health insurance that are available to married persons under federal law may not be available to parties to a Civil Union. For example, a federal law, the Employee Retirement Income Security Act of 1974 known as "ERISA", controls the employer/employee relationship with regard to determining eligibility for enrollment in private employer benefit plans. Because of ERISA, Act 91 does not state requirements pertaining to a private employer's enrollment of a party to a Civil Union in an ERISA employee benefit plan. However, governmental employers (not federal government) are required to provide life and health benefits to the dependents of a party to a Civil Union if the public employer provides such benefits to dependents of married persons. Federal law also controls group health insurance continuation rights under "COBRA" for employers with 20 or more employees as well as the Internal Revenue Code treatment of insurance premiums. As a result, parties to a Civil Union and their families may or may not have access to certain benefits under this rider and the certificate to which it is attached that derive from federal law. You are advised to seek expert advice to determine your rights under this rider and the certificate to which it is attached.