

Customer Authorization Form

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

SECTION 1: General Information

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 4*) is added; or
2. A MetLife Auto and Home product is added; or
3. A qualifying re-enrollment campaign¹¹ 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 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.

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.

¹¹ Your MetLife Account Executive can provide you with specific details around qualifying re-enrollment campaigns.

SECTION 2: 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 III must be completed and signed by the **broker**. **SECTION IV** must be completed and signed by the **customer**.

SECTION 3: Broker Information (*To be completed by Broker*)

Broker:

Printed Name of Broker

Tax I.D. of Broker

Address

City

State

ZIP

Broker Code

Writing Agent:

Printed - First Name	Middle Name	Last Name
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Tax I.D. of Individual

Effective Date of Coverage (mm/dd/yyyy)	Contact Phone Number
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E-Mail Address

Sign Here	Signature of broker or of a duly authorized representative of broker, if broker is a firm:	Date (mm/dd/yyyy)

SECTION 4: Customer Information (To be completed by customer - 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.

MetLife Coverages	MetLife Customer Name and Number	MetLife Division or Experience Number <input type="checkbox"/> Check if all is applicable

SECTION 5: 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.

Customer's Company Name

Address	City	State	ZIP Code
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Printed Name:

First Name

Middle Name

Last Name

**Sign
Here**

Signature

Title

Date (*mm/dd/yyyy*)

SECTION 6: How to Submit This Form

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

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:

Mail:

MetLife
P.O. Box 30160
Tampa, FL 33630

E-mail to:

INS_Compensation_Inquiries@metlife.com