

# General Agent Supplemental Compensation Plan

General Agents with \$10 million to <\$50 million of inforce premium

# Introduction

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

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

This brochure provides details about how general agents can qualify and how Supplemental Compensation will be paid. It is available at [www.metlife.com/business-and-brokers/broker-resources/broker-compensation/](http://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's also a dedicated Service Center, which you can reach at (866) 796-1800. If your clients have questions regarding 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](http://www.metlife.com)

1. 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."

# Supplemental Compensation Plan Qualification

A general agent may be eligible for Supplemental Compensation<sup>2,3</sup> based on the specific qualification criteria detailed below.

A general agent may qualify for Supplemental Compensation based on:

- (1) Inforce premium of \$10,000,000 up to \$49,999,999 as of October 1, 2018<sup>4,5</sup>
- (2) New Business Premium and/or New Business Coverage Groupings with effective dates between January 1, 2019 and December 31, 2019 (the "Qualification Period"), **AND**
- (3) Inforce Premium Persistency as of December 31, 2019

## Qualification for Supplemental Compensation Rate based on inforce premium

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

Inforce premium	New Business Supplemental Compensation Rate	Renewal Business Supplemental Compensation Rate
≥ \$10,000,000 to \$49,999,999	.50%	.50%

## Payment of Supplemental Compensation Rate based on inforce 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.

## Qualification for Supplemental Compensation Rate based on New Business and Persistency criteria

- A general agent eligible for this program will qualify for Supplemental Compensation based on the criteria in the tables below:

### New Business Qualification

- New Business Premium and New Business Coverage Groupings requirements are detailed in the chart below:

New Business premium		New Coverage Groupings	Tier
≥\$2,000,000	<b>AND</b>	100	Tier 1
≥\$1,000,000	<b>AND</b>	20	Tier 2
Not Applicable		60	Tier 2

### AND

- Minimum Persistency of at least 83.0%<sup>6</sup>

If the above criteria is met, then a general agent may qualify for the New Business Supplemental Compensation Scale detailed below:

New Business premium	Tier 1	Tier 2
First \$10,000	6.00%	4.00%
Next \$10,000	3.00%	2.00%
Next \$80,000	1.50%	1.00%
Over \$100,000	0.00%	0.00%

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 IDs for Qualification while applying payment to the individual Tax IDs, if requested to do so by the general agent. 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 general agent 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 general agents based on changes in inforce premium during the Qualification Period.
5. If two or more general agents merge prior to the qualification period and this results in an increase of 50% or more of the acquiring general agents firm's inforce block of business with MetLife, MetLife reserves the right to remove the combined general agents from the 2019 SCP program.

# Supplemental Compensation Plan Qualification (continued)

## Persistency Qualification

- A general agent must meet the New Business Qualification requirement, **AND**
- Achieve Persistency of at least 83.0%:<sup>6</sup>

Persistency Supplemental Compensation Rate			
Persistency	First \$10,000	Next \$10,000	Over \$20,000
83.0% - 84.9%	0.75%	0.25%	0.25%
85.0% - 89.9%	1.50%	1.00%	0.50%
90.0% - 94.9%	2.00%	1.00%	0.50%
≥ 95.0%	2.50%	1.50%	0.50%

## Payment for Supplemental Compensation Rates based on New Business and Persistency criteria

The New Business Supplemental Compensation Rate will be applied to New Business Premium. The Persistency Supplemental Compensation Rate will be applied to Renewal Business Premium. Payment will be made by March 15, 2020 in one lump sum. The Supplemental Compensation paid during the Qualification Period is not paid in addition to the Supplemental Compensation a general agent may, after the Qualification Period, become eligible for as described above. A general agent who qualifies will receive the difference of the amount they qualified to receive and the amount of Supplemental Compensation paid during the Qualification Period.

For example, if a general agent was paid \$25,000 for 2019 Supplemental Compensation Plan during the Qualification Period, but would have qualified to receive a total of \$50,000 under the 2019 Supplemental Compensation Plan after the Qualification Period, then the general agent would be paid an additional one-time \$25,000 lump sum payment by March 15, 2020.

6. If a general agent has no inforce premium as of the beginning of the Qualification Period with MetLife and qualifies for new business, the general agent is eligible for a Supplemental Compensation scale at the greater than 95.0% Year End Persistency.

# Eligible Group Products and Services

## Qualification and Payment

There are a number of different group products and services marketed by MetLife that a general agent can sell to qualify for Supplemental Compensation. For qualification and payment purposes, coverages must have a minimum number of two eligible lives. The products fall into the following Coverage Groupings:

### Core Products

#### Coverage Grouping 1

- Basic Life, Core Life, Dependent Life, Accidental Death & Dismemberment (“AD&D”) both personal and dependent

#### Coverage Grouping 2

- 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

#### Coverage Grouping 3

- Group Universal Life — cost of insurance only

#### Coverage Grouping 4

- Group Variable Universal Life — cost of insurance only†

#### Coverage Grouping 5

- Dental benefits products\*

#### Coverage Grouping 6

- Short Term Disability (“STD”)\*, Voluntary STD, Mandated State Disability Plans

#### Coverage Grouping 7

- Long Term Disability (“LTD”)\*, Voluntary LTD

#### Coverage Grouping 8

- Vision<sup>7</sup>

### Voluntary Products

#### Coverage Grouping 9

- Accident Insurance, Critical Illness Insurance, Cancer Insurance, Hospital Indemnity Insurance, Critical Illness, MetLaw<sup>8</sup>, Worksite STD

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

\* Administrative Services Only (“ASO”) business may be included only in Coverage Groupings 5, 6 and 7.

### Coverages Eligible for Payment Only

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

- Texas Life Whole Life<sup>9</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 general agent 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.

## Supplemental Compensation Payment Calculation

**MetLife pays Supplemental Compensation at a single Tax ID level. 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. The Received and Earned Premium is multiplied by applicable New Business or Persistency Supplemental Compensation rate. The Supplemental Compensation rates for New Business and Persistency is a declining scale, and as a customer's Received and Earned Premium accumulates, the compensation MetLife pays moves down the scale separately for each coverage grouping. The Supplemental Compensation rates will be applied to Received and Earned Premium on bill dates for the calendar year. Payment will be made by March 15, 2020 in one lump sum. (See Payment Guidelines on page 7 for more details.)**

7. New and renewed Safeguard Vision cases are excluded from Supplemental Compensation for qualification and payment purposes.

8. MetLaw is excluded for qualification and payment for customers with less than 100 employees.

9. Texas Life Whole Life 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.

# 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 or to 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/business-and-brokers/broker-resources/broker-compensation/](http://www.metlife.com/business-and-brokers/broker-resources/broker-compensation/).

### Contacting MetLife

Your representative is available to answer any questions. You may also contact our dedicated 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 name, address, e-mail address, phone number, general agents number, customer name and coverages.

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

**E-mail:** [ins\\_compensation\\_inquiries@metlife.com](mailto: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 general agent'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 general agents are compensated. MetLife will send to all group insurance customers an annual statement indicating all compensation paid to the customer's General Agent 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 the Inforce Premium as of December 31, 2019 will be used as part of the Persistency calculation.

#### Customer Authorization Form

Must be completed and received by MetLife by December 31, 2019 – for qualification and payment purposes

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 general agents qualifying for 2019 Supplemental Compensation.

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

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

#### 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.

#### Licensing and Appointment

In order to be eligible for qualification and payment under the Supplemental Compensation Plan, the general agent must be appropriately licensed and appointed and to 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.

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## Qualification Guidelines

### ASO/PAR Customers

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

### Coverage Grouping Count

Coverage Groupings counts are determined at the customer level. For a given customer number, a general agent will receive a single Coverage Grouping count for each new Coverage Grouping.

### 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.

### General Agent of Record

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

Where there is a General Agent of Record change on in force business during the Qualification Period, such business is excluded from qualification for Persistency.

### General Agent Splitting/Deal %

If two or more general agents split override, only the New Business Premium will be apportioned. The apportionment will be the same as the general agent override compensation apportionment. Each of the recognized general agents splitting the compensation will receive full credit for the number of the customer's Coverage Grouping(s) sold during the qualification period.

### Opting Out

All Premium 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.

## Payment Guidelines

### Advances

No Supplemental Compensation payments shall be made in advance of when it is 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.

### General Agent Eligibility

MetLife reserves the right to remove a case for qualification and payment purposes, where MetLife finds the entity serves also as a broker. A general agent is only eligible for Supplemental Compensation. A general agent cannot be eligible for both Broker and General Agent Supplemental Compensation.

### General Agent of Record

Supplemental Compensation shall be earned by the General Agent of Record only so long as the premium is deemed to be Received and Earned Premium, and provided MetLife continues to recognize the general agent as the General Agent of Record for the Bill Dates during the Qualification Period.

### Capping

MetLife will pay a general agent 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 of \$200,000 for the total amount of New Business core product coverages, \$200,000 for the total amount of Renewal Business core product coverages, \$200,000 for the total amount of New Business voluntary product coverages, and \$200,000 for the total amount of Renewal Business voluntary product coverages as defined on page 5.

If more than one general agent 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 general agent so long as the general agents are not affiliated or under common ownership or control. MetLife may, in its sole discretion, determine when a general agent has an affiliation or common ownership with another general agent. 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 general agent shall immediately return any overpayment of Supplemental Compensation. Any Supplemental Compensation paid to a general agent that is not earned by the general agent shall be immediately returned and MetLife reserves the right to offset any funds payable by a general agent against any funds payable to the general agent. By cashing any check or otherwise accepting any payment, including any Supplemental Compensation payment, the general agent thereby agrees that MetLife may offset any funds payable to the general agent in order to recover an overpayment or any other funds payable by the general agent.

### Primary Payee

In instances where multiple payee codes exist for a single Tax ID, MetLife will require a duly authorized representative of the general agent 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. **“Coverage Grouping”** – one or more coverages or group products or services marketed by MetLife that are eligible for qualification and payment under the Supplemental Compensation Plan.
4. **“General Agent”** – a licensed broker contracted by MetLife through a General Agent Agreement to perform select services, and not paid compensation by MetLife pursuant to any other agreement.
5. **“General Agent of Record”** – the general agent as recognized and determined by MetLife to support and service the coverage for 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. For purposes of determining inforce premium, MetLife includes all customers of the general agent, including customers with Zero Commission Coverages and Opt-Out customers.
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 general agent’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 General Agent Service Center.
10. **“Persistence”** – Persistence is calculated by dividing the Inforce Premium as of December 31, 2019 for customer coverages for which a general agent is General Agent of Record by Inforce Premium as of December 31, 2018 for the same coverages. The persistency calculation utilizes only the premiums associated with the inforce coverages in effect on December 31, 2018. Coverage(s) effective on or after January 1, 2019 will be excluded. Coverages that cancel on December 31, 2018 or January 1, 2019 will impact the 2019 Persistency Qualification. Coverage(s) for which there was a General Agent of Record change during the qualification period where MetLife retained the customer will be excluded. For purposes of calculating a General Agent’s persistency, MetLife includes all customers of the General Agent, including customers with Zero Commission Coverage and Opt-Out customers. For qualification purposes and upon notification by the General Agent of Record, a conversion from insured to ASO will be excluded from the Persistency calculation. A premium case cap of \$250,000 for all coverages and \$500,000 for Dental will be utilized in the persistency calculation.
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.
13. **“Tax ID”** – an individual’s social security number or a firm’s taxpayer identification number.
14. **“Zero Commission Coverage”** – group coverage where the General Agent of Record is not receiving base compensation, whether or not MetLife or the customer pays any amount to that general agent. Both the general agent 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 compensation plans unless a customer notifies MetLife in writing of its intention to terminate the authorization.



# 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 general agent is recognized as the General Agent of Record as of the effective date of the coverage.

Effective July 1, 2016, MetLife will accept a Customer Authorization Form (and pay supplemental or General Agent 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
3. A qualifying re-enrollment campaign<sup>10</sup> 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 and the General Agent Advantage compensation plans.

Both the general agent and the customer must sign the Customer Authorization Form. MetLife reserves the right to exclude from its Supplemental Compensation Plans any business where a general agent may have represented that general agent 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 General Agent Advantage Compensation Plan, beginning with 2019 Supplemental Compensation, unless the customer notifies, in writing, of its intention to terminate the authorization. Annual notices maybe 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:

**Mail to:** MetLife  
P.O. Box 30160  
Tampa, FL 33630

**E-mail:** [ins\\_compensation\\_inquiries@metlife.com](mailto:ins_compensation_inquiries@metlife.com)

Supplemental Compensation will apply to the first billing date in 2019, 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 affect the general agent's Supplemental Compensation percentage 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/](http://www.metlife.com/business-and-brokers/broker-resources/broker-compensation/).

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

**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 general agent and MetLife is not paying 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 general agents eligibility for payment of supplemental compensation pursuant to the 2019 Supplemental Compensation Plan (or future MetLife supplemental compensation plans), and General Agent Advantage compensation pursuant the 2018 General Agent Advantage Compensation Plan.(or future 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 general agent recognized as General Agent 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 general agents eligibility for payment of Compensation with respect to current and future Compensation plans, beginning with the 2019 Supplemental Compensation Plan and 2018 General Agent Advantage Compensation Plan.

Effective July 1, 2016, MetLife will accept a Customer Authorization Form (and pay Supplemental 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 the Supplemental Compensation Plan.

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 general agent's 2019 Supplemental Compensation Percentage.

**SECTION I** must be completed and signed by the **general agent**. **SECTION II** must be completed and signed by the **customer**.

PERF RULE DOES NOT PRINT

General Agent Information (To be completed by General Agent)	<b>SECTION I</b>	
	Printed Name and Tax I.D. of General Agent: _____	
	Address: _____	
	General Agent Code: _____	
	Name and Tax I.D. of Individual writing agent: _____	
	Effective date of coverage: _____	Contact Phone Number: _____
	E-mail address: _____	
	<b>Signature of General Agent or of a duly authorized representative of General Agent, if General Agent is a firm:</b> _____ Date: _____	

Customer Information (To be completed by customer)	<b>SECTION II (Initial where applicable)</b>		
	On behalf of the MetLife customer identified below, I authorize MetLife to include each MetLife coverage identified below for the purposes of determining the General Agent'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 brochure. I understand that my General Agent 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 general agent to be my General Agent of Record.		
	MetLife Coverages	MetLife Customer Name and Number	MetLife Division or Experience Number <input type="checkbox"/> 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 Supplemental Compensation Plan as well as subsequent MetLife supplemental compensation plans. In addition, I represent that the General Agent identified above has not solicited my signature on this form by suggesting that Supplemental Compensation will reduce the pricing and/or premium payments for any MetLife coverage listed above.

Customer's Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

