



Customer Authorization Form

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 supplemental compensation pursuant to the 2020 Supplemental Compensation Plan (or future MetLife supplemental 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 2020 Supplemental 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, 2020**, at one of the contact points listed below. In MetLife's discretion, Supplemental Compensation earned only under the 2020 Supplemental Compensation Plan may qualify and be paid retroactively by MetLife by March 15, 2021, 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, 2021** will apply to payment only and will not affect the Broker's 2020 Supplemental Compensation percentage.

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

PERF RULE DOES NOT PRINT

Broker information (To be completed by Broker)	SECTION I
	Printed name and Tax I.D. of broker: _____
	Address: _____
	Broker code: _____
	Name and Tax I.D. of individual writing agent: _____
	Effective date of coverage: _____ Contact phone number: _____
	E-mail address: _____
Signature of broker or of a duly authorized representative of broker, if broker is a firm:	
_____	Date: _____

Customer information (To be completed by customer)	SECTION II (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.									
	<table border="0" style="width: 100%;"> <tr> <td style="background-color: #92d050; color: white; text-align: center; padding: 5px;">MetLife coverages</td> <td style="background-color: #92d050; color: white; text-align: center; padding: 5px;">MetLife customer name and number</td> <td style="background-color: #92d050; color: white; text-align: center; padding: 5px;">MetLife division or experience number</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>	MetLife coverages	MetLife customer name and number	MetLife division or experience number	_____	_____	_____	_____	_____	_____
	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 2020 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 2020 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: _____

Printed name: _____ **Title:** _____

Signature: _____ **Date:** _____

Return by Mail to: MetLife, P.O. Box 30160, Tampa, FL 33630 or **E-mail to:** INS_Compensation_Inquiries@metlife.com. 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.