

# MetLife Worldwide Benefits Supplemental Compensation Plan

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# Introduction



With our expertise across a wide range of global employee benefits, MetLife can help you tailor solutions to meet the diverse needs of your clients. We remain committed to delivering the products, tools and resources that solutions-oriented brokers need to build successful, long-term relationships. Our 2019 Supplemental Compensation Plan is designed to recognize new and long-standing business relationships, rooted in our successful collaborations to solve the benefits challenges of our mutual customers.

MetLife Worldwide Benefits is pleased to present the 2019 Supplemental Compensation Plan,<sup>1</sup> a plan that pays qualifying brokers a percentage of 2019 Received and Earned Premium. All appropriately licensed and appointed brokers are offered the Supplemental Compensation Plan.

This brochure provides details about how brokers can qualify and how Supplemental Compensation will be paid for MetLife Worldwide Benefits products only. Other MetLife compensation plans are available at [www.metlife.com/brokercompensation](http://www.metlife.com/brokercompensation).

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 MetLife Worldwide Benefits Regional Sales Manager. You can always find more information about our products and the sales office near you by visiting our website, [www.MetLifeWorldwide.com](http://www.MetLifeWorldwide.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."

# Overview

A broker may qualify for a Supplemental Compensation Scale based on the following criteria<sup>2,3</sup> and detailed in the tables below:

- (1) New Business Premium with effective dates between January 1, 2019 and December 31, 2019 (the “Qualification Period”)  
AND  
(2) Year End Persistency

New Business Qualification	
Expatriate Coverages New Business Premium	New Business Supplemental Compensation Rate
\$250,000 – \$999,999	1.00%
\$1,000,000 – \$1,999,999	1.50%
≥ \$2,000,000	2.00%

Persistency Qualification		
Year End Expatriate	Persistency Supplemental Compensation Rate <sup>4</sup>	Modified Persistency Supplemental Compensation Rate <sup>5</sup>
85.0% – 89.9%	0.50%	0.250%
90.0% – 94.9%	1.00%	0.50%
≥ 95.0%	2.00%	1.00%

## Payment for New Business and Persistency Supplemental Compensation Rates

Payment is calculated based on 2019 Received and Earned Premium. The New Business Supplemental Compensation Rate will be applied to New Business Premium, and the Persistency Supplemental Compensation Rate will be applied to Renewal Business Premium. Payment will be made by March 15, 2020 in one lump sum.

## Eligible MetLife Worldwide Benefits Products<sup>6</sup>:

- Accidental Death & Dismemberment
- Dental
- International Business Travel Medical
- Life
- Long Term Disability
- Medical
- Vision

## 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. A broker will not receive Supplemental Compensation on the premium or fees relating to those products.

2. 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 broker. A request to aggregate must be submitted no later than July 1, 2018.
3. 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.
4. If a broker has no inforce premium as of the beginning of the Qualification Period with MetLife and qualifies for New Business, the broker is eligible for a Supplemental Compensation Scale at greater than 95% Persistency.
5. A broker that (a) qualifies for Supplemental Compensation based on Year End Persistency and (b) does not qualify for Supplemental Compensation based on New Business qualifications, will be paid at the Modified Persistency Advantage Compensation Rate.
6. Underwriting by Delaware American Life Insurance Company.

# 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/brokercompensation](http://www.metlife.com/brokercompensation).

### Contacting MetLife

Your MetLife Worldwide Benefits Regional Sales Manager is available to answer any questions. Find your Regional Sales Manager's contact information on our website, [www.MetLifeWorldwide.com](http://www.MetLifeWorldwide.com).

### Disclosure

Supplemental Compensation is subject to state regulation and is paid only when lawfully permitted.

MetLife reserves the right to notify its customers of a broker'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 brokers are compensated. MetLife will send to all group insurance customers an annual statement indicating all compensation paid to the customer's Broker 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 from December 31, 2018 and Inforce Premium as of December 31, 2019, will be used as part of both the Persistency calculation.

#### Customer Authorization Form

Must be completed, and received by MetLife by December 31, 2019 – to be counted for qualification.

If it is received by MetLife after January 15, 2020 – will apply to payment only. Payment cannot be provided until receipt of signed Customer Authorization Form.

#### Notification of qualification

Estimate of Qualification – intended to be mailed in December 2019 to brokers qualifying for 2019 Supplemental Compensation.

Official Notification of qualification – mailed in February 2020 to brokers qualifying for 2019 Supplemental Compensation.

#### Payment and Timing

Payment will be based on 2019 Received and Earned Premium collected 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 broker must be appropriately licensed and appointed and 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 insurance products, whether or not Supplemental Compensation is paid in relation to a particular sale or renewal.

# Guidelines (continued)

## Qualification Guidelines

### Broker of Record

The Broker of Record on the effective date of the qualifying new business sold during the Qualification Period will receive qualification credit for annualized New Business Premium; 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 Broker of Record change on in force business during the Qualification Period and the coverage is still in force at the end of the Qualification Period, such business is excluded from qualification for Persistency.

### Brokers splitting/deal %

If two or more brokers split base compensation, only the New Business Premium will be apportioned. This apportionment will be the same as the base compensation apportionment.

### 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.

### Opting out

All premium on qualifying business 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. If a customer chooses to opt out of the 2019 Broker Supplemental Compensation Plan, then the customer will automatically opt out of the New Business Advantage Compensation Plans.

## Payment Guidelines

### Advances

No Supplemental Compensation payments shall be made in advance of when they are due under the Supplemental Compensation Plan.

### Brokers splitting/deal %

Received and Earned Premium shall follow the apportionment designated on the brokers' commission agreement.

### Broker of Record

Supplemental Compensation shall be earned by the broker only so long as the premium is deemed to be Received and Earned Premium, and provided MetLife and the customer continue to recognize the broker as the Broker of Record for the Bill Date during the Qualification Period.

### Customer authorization

MetLife reserves the right to obtain written customer authorization before making any Supplemental Compensation payment.

### Method of payment

Payment method is restricted to wires only. Attached Wire Form must be completed in order for payment to be made.

### Overpayments

The broker shall immediately return any overpayment of Supplemental Compensation. Any Supplemental Compensation paid to a broker that is not earned by the broker shall be immediately returned and MetLife reserves the right to offset any funds payable by a broker against any funds payable to the broker. By cashing any check or otherwise accepting any payment, including any Supplemental Compensation payment, the broker thereby agrees that MetLife may offset any funds payable to the broker in order to recover an overpayment or any other funds payable by the broker.

### Primary Payee

In instances where multiple payee codes exist for a single Tax ID, MetLife will require a duly authorized representative of the broker 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. **“Broker of Record”** – the broker recognized by both the customer and MetLife to service the customer’s eligible group insurance coverage.
4. **“Inforce Premium”** – the Annualized Billed Premium for customers whose group coverages are in force as of the calculation date, but excluding coverage(s) effective on or after January 1, 2019 unless otherwise noted. For purposes of determining Inforce Premium, MetLife includes all customers of the Broker, including customers with Zero Commission Coverages and Opt-out customer.
5. **“New Business Premium”** – the 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.
6. **“Opt-out”** – the act of electing to exclude a broker’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 Regional Sales Manager.
7. **“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.
8. **“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. For payment purposes, Renewal Business Premium is Received and Earned Premium credited to a billing cycle that is not considered New Business Premium for the 2019 Supplemental Compensation Program Year.
9. **“Tax ID”** – an individual’s social security number or a firm’s taxpayer identification number.
10. **“Year End Persistency”** – Persistency is calculated by dividing the Inforce Premium as of December 31, 2019 for customer coverages for which a broker is Broker of Record by the same Inforce Premium for those coverages which were inforce as of December 31, 2018. 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, 2018 will impact Coverages that cancel on December 31, 2018 or January 1, 2019 will impact the 2019 Persistency qualification. Coverage(s) for which there was a Broker of Record change during the qualification period where MetLife retained the customer will be excluded. For purposes of calculating a broker’s persistency, MetLife includes all customers of the Broker, including customers with Zero Commission Coverage and Opt-Out customers.
11. **“Zero Commission Coverage”** – group coverage where the Broker of Record is not receiving base compensation, whether or not MetLife or the customer pays any amount to that broker. Both the broker 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 and bridging compensation plans unless a customer notifies MetLife in writing of its intention to terminate the authorization.

# Customer Authorization Form

MetLife Worldwide Benefits requires customer consent by means of the Customer Authorization Form in order to include a Zero Commission Coverage for qualification and/or payment purposes.

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.

Both the broker and customer must sign the Customer Authorization Form. MetLife Worldwide Benefits 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. 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.

The Customer Authorization Form must be completed and submitted to your Regional Sales Manager by December 31, 2019.

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 the contact point 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 by the Regional Sales Manager, 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/brokercompensation](http://www.metlife.com/brokercompensation)**.



# Customer Authorization Form



## Important Information for MetLife Worldwide Benefits Customers:

MetLife Worldwide Benefits requires that this form be completed when a customer obtains MetLife Worldwide Benefits insurance products through a licensed and appointed insurance intermediary, such as a broker or consultant ("Broker") and MetLife Worldwide Benefits is not paying the Broker base compensation in connection with the customer's coverages, but the customer wishes to permit MetLife Worldwide Benefits to include each of the customer's MetLife Worldwide Benefits coverages for determining the Broker's eligibility for payment of: Supplemental Compensation pursuant to the 2019 Supplemental Compensation Plan (or future MetLife Worldwide Benefits supplemental compensation plans). 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 Worldwide Benefits in writing that such authorization is terminated. MetLife Worldwide Benefits may provide to each customer who submits this form an annual notice describing any changes to its Compensation plan from a prior year. MetLife Worldwide Benefits will only accept this form in relation to coverage and in relation to a broker recognized as Broker of Record by MetLife Worldwide Benefits as of the effective date of such coverage. A customer's signature on this form will permit MetLife Worldwide Benefits to include each of the customer's MetLife Worldwide Benefits 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.

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 Worldwide Benefits by **December 31, 2019** by the Regional Sales Manager. Supplemental Compensation earned only under the 2019 Supplemental Compensation Plan may be paid, at MetLife Worldwide Benefits' discretion, retroactively by March 15, 2020 after the date of receipt of the Customer Authorization Form. Any Customer Authorization Forms received by MetLife Worldwide Benefits after **January 15, 2020** will apply to payment only and will not affect the Broker's 2019 Supplemental Compensation percentage.

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

Broker information (To be completed by Broker)	<b>SECTION I</b>
	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: _____
<b>Signature of broker or of a duly authorized representative of broker, if broker is a firm:</b> _____ Date: _____	

Customer information (To be completed by customer)	<b>SECTION II (Initial where applicable)</b>								
	On behalf of the MetLife Worldwide Benefits customer identified below, I authorize MetLife Worldwide Benefits to include each MetLife Worldwide Benefits 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 Worldwide Benefits Compensation plans. I have had the opportunity to review MetLife Worldwide Benefits 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 Worldwide Benefits. I understand that this form also confirms my intention for MetLife Worldwide Benefits to consider the above broker to be my Broker of Record.								
	<table border="1"><thead><tr><th>MetLife Worldwide Benefits coverages</th><th>MetLife Worldwide Benefits customer name and number</th><th>MetLife Worldwide Benefits division or experience number</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table> <p><input type="checkbox"/> Check if all is applicable</p>	MetLife Worldwide Benefits coverages	MetLife Worldwide Benefits customer name and number	MetLife Worldwide Benefits division or experience number	_____	_____	_____	_____	_____
MetLife Worldwide Benefits coverages	MetLife Worldwide Benefits customer name and number	MetLife Worldwide Benefits division or experience number							
_____	_____	_____							
_____	_____	_____							

## Authorization of MetLife Worldwide Benefits Customer:

By signing below, I certify that I am duly authorized by the company identified below to execute this document and to authorize MetLife Worldwide Benefits to include the MetLife Worldwide Benefits insurance coverages identified above in the calculation of MetLife Worldwide Benefits 2019 Compensation plan payments as well as payments pursuant to any subsequent Compensation plans. This authorization will permit MetLife Worldwide Benefits 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. 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 Worldwide Benefits coverage listed above.

Customer's company name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

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

**Return to your Regional Sales Manager.** You can download a PDF version of the 2019 Supplemental Compensation brochure and the Customer Authorization Form at [www.metlife.com/brokercompensation](http://www.metlife.com/brokercompensation).

# Wire Transfer Request Form



Please complete and sign the form below and then email, fax, or mail it to the address indicated at the bottom of this form.

## Please type

### Banking information

Please contact your bank to obtain your ACH routing number. Your ACH routing number may be different from your ABA number.

**Bank Name:** \_\_\_\_\_

**Bank Address:** \_\_\_\_\_

**City, Country, Postal Code:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**ABA Number:** \_\_\_\_\_

**ACH Routing Number:** \_\_\_\_\_

### Required signature

I hereby authorize the company to wire transfer compensation payments to the account indicated above. I understand that the information contained in this form will be transferred to the United States and will only be used for the purpose provided.

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

### Please send completed form to:

MetLifeWorldwideAdmin@metlife.com  
MetLife Worldwide Benefits  
600 North King Street  
Wilmington, DE 19801  
USA  
Phone: (01) 302-661-8674  
Fax: (01) 302-427-0817

[metlife.com](https://www.metlife.com)

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