Subject: Learn more about Fee Disclosures

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Provide information that allows a Plan fiduciary to be in a better position to assess any potential conflicts of interest between covered service providers and third parties where covered service providers receive compensation through plan investments.   **To whom does it apply?**  The regulation applies to covered plans1 such as ERISA pension, and defined contribution plans (401(k) and ERISA 403(b) plans). Learn more [here](https://www.metlife.com/content/dam/metlifecom/us/homepage/metlife-resources-plan-sponsor/participant-materials/FeeDisclosure-for-ERISARetirementPlans-White-Paper-on-Empower-Brochure.pdf).  The specific services include:   |  |  | | --- | --- | | Fiduciary Services | Investment Advisers | | Recordkeeper/Brokerage Services | Other Services for Indirect Compensation |   **Disclosure Requirements2**  Plan fiduciaries must have sufficient information to make informed decisions about services provided to the plans they serve. Plan service providers must disclose specific services included within the 408(b)(2) regulation to a responsible plan fiduciary. For details [click here](https://www.metlife.com/content/dam/metlifecom/us/homepage/metlife-resources-plan-sponsor/participant-materials/FeeDisclosure-for-ERISARetirementPlans-White-Paper-on-Empower-Brochure.pdf).   |  |  | | --- | --- | | 1. Description of Services | 1. Fiduciary/Investment Adviser Status Statement | | 1. Direct Compensation | 1. Indirect Compensation | | 1. Manner of Receipt | 1. Compensation Among Related Parties | | 1. Termination Compensation | |   **Timing of disclosures3**   1. Initial Disclosure — A covered service provider must provide the required disclosures to the responsible plan fiduciary in advance of the date the contract is entered into, extended, or renewed. 2. Modifications — A covered service provider must disclose a change to the information required in the initial disclosure as soon as practicable, but no later than 60 days from the date the covered service provider is informed of the change. 3. Upon Request Information — If the responsible plan fiduciary requests in writing any other compensation information that is required for the plan to comply with the ERISA reporting and disclosure requirements, the covered service provider must provide it reasonably in advance of the date on which the requesting fiduciary states that it must comply with the applicable reporting or disclosure requirement.   **Resources**  The DOL 408(b)(2) regulation should result in plan sponsors who are more informed and  better equipped to act in the best interest of their participants. For additional information on this regulation please visit [dol.gov/ebsa/](http://www.dol.gov/ebsa/)  **We're here to help**  If you have any questions, please contact your [Relationship Management Team](https://www.metlife.com/content/dam/metlifecom/us/homepage/metlife-resources-plan-sponsor/RMC_TerritoryMap.pdf) or email us at [MetLifeResources@metlife.com](mailto:MetLifeResources@metlife.com). |  | |  |  |  |  |  | | --- | | 1Frozen custodial or annuity contracts where the sponsor ceased making contributions for periods before January 1, 2009, are not included as covered plans.  2Disclosures provided under the regulation must be in writing, but they do not need to be part of any written contract for services.  3Additional details around timing can be found [here](https://www.metlife.com/content/dam/metlifecom/us/homepage/metlife-resources-plan-sponsor/participant-materials/FeeDisclosure-for-ERISARetirementPlans-White-Paper-on-Empower-Brochure.pdf). |  |  |  |  | | --- | --- | --- | |  |  |  |  |  | | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | |  | | --- | |  |   Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166  MLR01072023 L0123028952[exp0125][All States][DC] ©2023 MetLife Services and Solutions LLC | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  |  |  |  | |  |  |  |  | | |  |  | | --- | |  | |  | |