

# MetLife LTCI – Multi-Life Discount Program – Pre-Qualification Form for Employer Groups – STEP ONE

**Please print clearly.** All Information must be provided for processing. To avoid delays in approval, please fill out completely. **Qualification form approvals are decided by the close of the next business day (assuming additional information is not required).**

Mail to: **Multi-Life Coordinator**  
**MetLife Long-Term Care**  
**57 Greens Farms Road**  
**Westport, CT 06880**

Or Fax to: **(203) 221-6564**  
**Attn: Multi-Life Coordinator**

Email: ILTCmultilifecoordinator@metlife.com

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

## Employer Information:

Employer Name: \_\_\_\_\_ Industry: \_\_\_\_\_

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

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

Number of Eligible Employees: \_\_\_\_\_ Number of Other Eligibles: \_\_\_\_\_

Does the Employer have Employees in more than one state?  NO  YES Please list: \_\_\_\_\_

Number of locations to be solicited: \_\_\_\_\_ Are you licensed in all applicable states?  YES  NO

**Program** (check one):  Voluntary  Employer Paid

## Marketing Plan: (Please attach additional sheets if necessary)

How will employees be notified?  Email  Mail to home  Company mail  On-site seminars  
(check all that apply)  Other (explain): \_\_\_\_\_

Where will applications be taken?  Worksite \_\_\_\_\_% taken  In-Home meetings \_\_\_\_\_% taken  
 Other (explain): \_\_\_\_\_ % taken

What type of participation rate do you expect over the 12 month period following case approval?  
Please define using a percentage (10%, 20%, etc.) of applicants: \_\_\_\_\_

If eligibles are located in more than 10 locations and/or 2 states, please describe how you plan to market to the group:  
\_\_\_\_\_  
\_\_\_\_\_

List all Long-Term Care coverage in-force/applied for coverage with this group: \_\_\_\_\_  
\_\_\_\_\_

Will MetLife be the exclusive carrier?  YES  NO If NO, list the other carriers: \_\_\_\_\_  
\_\_\_\_\_

## Producer Information:

Producer Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Producer ID: \_\_\_\_\_ Agency Code: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact Name & Telephone/Email, if different than producer: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

How do you prefer to be contacted?:  E-mail  Fax  Telephone  Regular mail

Company Name: \_\_\_\_\_ Wholesaler: \_\_\_\_\_

**H.O. Use Only:** Date Rec'd: \_\_\_\_\_ Response Date: \_\_\_\_\_