

MetLife LTCI – Multi-Life Discount Program – Offer Letter Worksheet, Employer Group – STEP TWO

Please print clearly. All Information must be provided for processing. To avoid delays in approval, please fill out completely.

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: _____

Address: _____

Number of Eligible Employees: _____

Number of Other Eligibles: _____

Describe Defined Class of Eligibles: Employees Spouses Retirees Parents

Carve-Out (Please describe): _____

Offer Information:

Program:

- Voluntary — 5% Discount with Modified (Full) Underwriting (Preferred available)
 Voluntary — 5% Discount with Simplified Underwriting (Preferred NOT available)
 Employer Paid — 5% Discount with Modified (Full) Underwriting (Preferred available)
 Employer Paid — 10% Discount with Simplified Underwriting (Preferred NOT available)

If employer paid, will the employer pay for spouses of employees? Yes No

ERISA: Will the employer consider this an ERISA plan? Yes No

Billing: (Check One)

- Direct Bill - Payment notice will be mailed to applicant directly
 List Bill - Employer will receive one bill for all applicable employees

Complete if List Bill:

Please provide the contact name.

Name: _____ Phone: _____

Title: _____ Fax: _____

Address: _____ E-mail: _____

Does the employer use a vendor for payroll processing? Yes No

If yes, please provide the vendor's name: _____

Vendor's phone number: _____

Producer Information:

Producer's Name: _____

Telephone: _____

E-mail: _____

Distribution Channel: MetLife Brokerage GenAm MLFS / MLR
 NEF MLI Other _____

Wholesaler/Regional Sales Mgr: _____