

Group Life Insurance

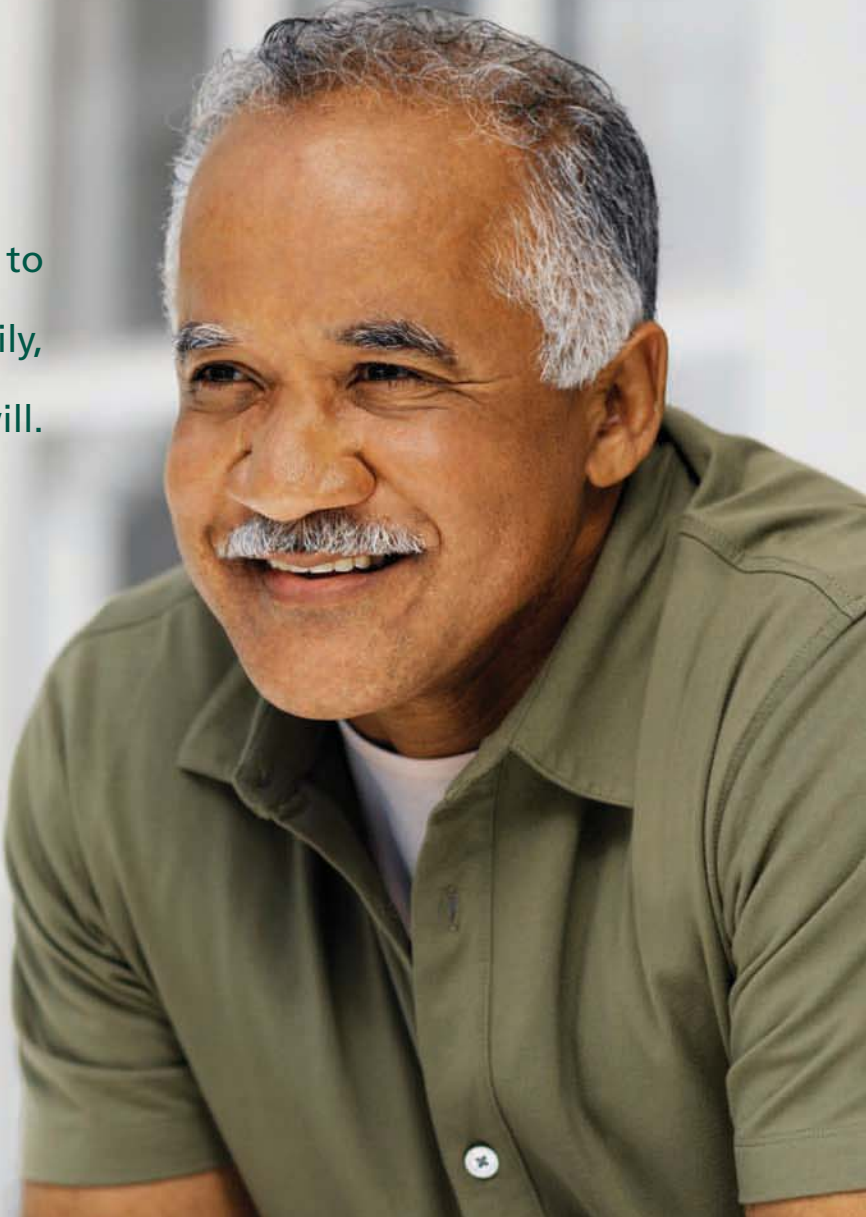
For your family's financial future. And your peace of mind.



MetLife



If I am no longer here to provide for my family, I need benefits that will.





Life insurance is a key component to help protect your family's financial future. MetLife can help you find the right kind of life insurance, at the right price. These are just a few of the times in your life when you may need to take stock of the amount of coverage you have:

- If you are planning to get married.
- If you are planning to have a family.
- If you are planning to have a mortgage.
- If you are planning to retire.



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We're Here to Help

Please enroll by using the enrollment form in the center of this booklet. Based on the amount of coverage you choose, you may also need to complete a Statement of Health.

Dear Plymouth-Canton Community Schools Employee:

In thinking about your financial future, ask yourself this question: ***If something were to happen to me, could my family continue their current lifestyle?***

Your family relies on you and your income to ensure their way of life. But would they be able to meet their financial obligations if something were to happen to you? MetLife offers you insurance options that can help protect your family.

Group Life Insurance – because employer-paid coverage may not be enough. Help bring your coverage up to the level your family deserves with group life insurance from MetLife. With its wide range of coverage and competitive group rates, it's a smart way to gain peace of mind.

It's easy to choose coverage to help protect your family. Here's all you do:

- Review the enclosed plan benefit guide. Find the level of coverage you want, and select the option that works for you.*
- Complete and mail the enrollment form. If you are unsure of what coverage amount to choose, visit MetLife at **www.metlifeiseasier.net** for a benefit calculator. It's easy.
- Be sure to act during the Enrollment Period.

Your premium will be paid through convenient payroll deductions. It's just one more way this program can help make protecting your family easier for you.

Sincerely,

MetLife

*All applications for coverage are subject to review and approval by MetLife based upon its underwriting rules.

As a reminder, like most group insurance policies, MetLife group policies contain certain exclusions, limitations, exceptions, reductions, waiting periods and terms for keeping them in force. Please contact MetLife for details about costs and coverage.

Understanding Your Life Insurance Plan

More security for today. And for the future.

This booklet is designed to make it easy to choose the right amount of coverage through your employer. While you may already have some basic life insurance coverage from your employer or other sources, you may not have an adequate amount of coverage.

Here's how this booklet can help you and your family:

- (1) It will help you **assess your needs** and decide how much life insurance coverage is right for your particular situation.
- (2) It will help you **understand the coverage options** your employer is offering. You'll see that there are a variety of features available with Group Life coverage, making this benefit even more valuable.
- (3) It will help make it **easy to apply**. Check with your employer or company benefits administrator for more information.

Why life insurance coverage is so important.

If you are the family's sole breadwinner, or part of a dual-income household, an adequate level of life insurance should be part of your financial plan. While no amount of money can take your place, the right amount of life insurance can go a long way in helping your family to replace lost income and maintain their standard of living. If you only have basic life insurance, chances are good that your current coverage has not kept pace with your changing needs.

As a rule of thumb, for comprehensive and lasting protection, MetLife recommends that you should cover 60% of your annual income times the number of years until retirement. At a minimum, life insurance should equal all outstanding debt (mortgage and other loans) plus 5 years of salary.*

* The Straight Story on Life Insurance, at www.metlife.com/straightstory

Understanding Your Life Insurance Plan (continued)

**If any of these situations pertain to you,
it may be time to make a change to your life insurance coverage.**

If you're married or getting married.

Today, families often rely on two incomes for financial security. If one income is lost, would your surviving spouse have the money needed to cover debts, mortgage or rent payments, other living expenses or maintain long-term goals? The right amount of life insurance can make all the difference during a difficult time.

If you have a new or growing family.

You want the best for your children, both today and in the future. Without the contribution of both parents, there may not be enough money for childcare costs, college tuition, wedding expenses, care for aging parents or other future financial obligations. Added life insurance can help to cover these expenses.

If you have a new or larger mortgage.

Your home is one of your most important assets and the place your family can feel most secure. Additional life insurance can be critical in helping your family keep this important investment if something were to happen to you.

If you have a new job or salary increase.

A new job or a promotion often means a higher standard of living for your family. Additional life insurance can help your family maintain the lifestyle you've worked hard to give them.

If you are planning for retirement.

Even though your children may have left home, or your mortgage is paid, that doesn't mean your need for life insurance ends. Your spouse may need coverage to help make ends meet if you are no longer there to lend support. Life insurance can also help relieve family members from having to dip into savings to cover your final expenses or other outstanding debts.

Understanding Your Life Insurance Plan (continued)

If something happened to you, would your family be protected?

Get an idea of how much life insurance you might need through these examples:

| | John and Susan | Tom and Debbie | Robert and Helen |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Profile | Married with two children | Married with no children | Pre-retirees with no children at home |
| Goals | Since John and Susan have young children and Susan isn't employed, they want life insurance that will cover their expenses for 10 years as well as have an additional \$100,000 to help pay for their children's education. | If something were to happen to either Tom or Debbie, they want life insurance to cover expenses for five years. Tom also has older parents who depend on his support so they want to set aside \$50,000 for adult care. | Even though Robert and Helen have no dependents living at home, Robert would like to set aside \$45,000 and cover expenses for one year to make sure Helen has enough money to maintain a comfortable life if something happens to him. He also wants to set aside \$10,000 for funeral expenses. |
| Ages | John: 40 Susan: 38 Children: 4 and 6 | Tom: 28 Debbie: 30 | Robert: 58 Helen: 56 |
| Monthly Expenses | \$3,000 | \$1,600 | \$1,500 |
| Additional Expenses To Plan For | \$100,000 | \$50,000 | \$55,000 |
| Outstanding Debt | \$200,000 | \$100,000 | \$70,000 |
| Assets/Savings | \$20,000 | \$50,000 | \$40,000 |
| Recommended Coverage | \$640,000 | \$196,000 | \$103,000 |

We recommend that you review your coverage periodically — even annually — to ensure that your family's needs will be met now and in the future.

Take advantage of this important coverage.

If you have any questions about the options that are available to you, contact your benefits administrator or MetLife.

The examples shown are hypothetical and are used for informational purposes only. Your particular needs may vary. You may utilize the Life Insurance Calculator at www.metlife.com/mybenefits to assist you in determining the amount that is best for you and your specific needs.

If you determine you need more coverage than is offered under your employer's program, consider enrolling for the available group coverage and supplementing it with individual insurance.

Like most group insurance policies, MetLife group insurance policies contain certain exceptions, reductions, limitations and terms for keeping them in force. Please contact your benefits administrator or MetLife for costs and complete details.

Plymouth-Canton Community Schools Plan Benefits

Explore the coverage that makes it easy to give yourself and your loved ones more security today...and in the future.

Supplemental Term Life Insurance Coverage Options

| | |
|----------------|--------------------------------------------------|
| For You | Multiples of \$10,000, to a maximum of \$500,000 |
|----------------|--------------------------------------------------|

Monthly Costs for Supplemental Term Life Insurance

You have the option to purchase Supplemental Term Life Insurance. Listed below are your monthly rates (based on your age and the amount of coverage you want).

| Age | Your Monthly Cost Per \$1,000 of Coverage |
|----------|-------------------------------------------|
| Under 25 | \$0.056 |
| 25 - 29 | \$0.066 |
| 30 - 34 | \$0.088 |
| 35 - 39 | \$0.113 |
| 40 - 44 | \$0.151 |
| 45 - 49 | \$0.225 |
| 50 - 54 | \$0.407 |
| 55 - 59 | \$0.611 |
| 60 - 64 | \$0.840 |
| 65 - 69 | \$1.526 |
| 70 + | \$2.472 |

Use the table below to calculate your premium based on the amount of life insurance you will need.

Example: \$100,000 Supplemental Life Coverage

| | | |
|--------------------------------------------------------------------------------------------------------------|---------|----------|
| 1. Enter the rate from the table (example age 36) | \$0.113 | \$ _____ |
| 2. Enter the amount of insurance in thousands of dollars (Example: for \$100,000 of coverage enter \$100) | 100 | _____ |
| 3. Monthly premium (1) x (2) | \$11.30 | \$ _____ |

Repeat the three easy steps above to determine the cost for each coverage selected.

Features

This insurance offering from your employer and MetLife comes with a variety of added features that can provide assistance to you and your family members today and during a difficult time.

Accelerated Benefits Option¹

For access to funds during a difficult time

You can receive up to 80% of your Supplemental Term Life insurance proceeds to a maximum of \$400,000 in the event that you become terminally ill and are diagnosed with less than 12 months to live. This can go a long way toward helping your family meet medical and other related expenses at this difficult time.

Conversion

For protection after your coverage terminates

You can generally convert your Group Term Life insurance benefits to an **Individual Whole Life** insurance policy if your coverage terminates in whole or in part due to your retirement, termination of employment, or a change in your employee class. Conversion is available on all Group Life insurance coverages. If you experience an event that makes you eligible to convert your coverage, you can speak with a MetLife representative by calling: 1-877-275-6387 or please contact your employer for more information.

Waiver of Premiums for Total Disability (Continued Protection)

Offering continued coverage when you need it most

You may be eligible for waiver of your Supplemental Term Life insurance premium until you reach age 65, die or recover from your disability, whichever is sooner, should you become unable to work due to total disability. Total disability or totally disabled means your inability to do your job and any other job for which you are fit by education, training or experience, due to injury or sickness. The total disability must begin before age 60, and your waiver will begin after you have satisfied a 9-month waiting period. The Waiver of Premium will end on the earliest of your turning age 65, death or recovery. Please note that this benefit is available after you have participated in the Supplemental Term Life Plan for one year and it is only available to you.

Portability

So you can keep your coverage even if you leave your current employer

Should you leave Plymouth-Canton Community Schools for any reason, and your Supplemental insurance under this plan terminates, you will have an opportunity to continue group term coverage ("portability") under a different policy, subject to plan design and state availability. Rates will be based on the experience of the ported group and MetLife will bill you directly. Rates may be higher than your current rates. To take advantage of this feature, you must have coverage of at least \$10,000 up to a maximum of \$2,000,000.

Generally, there is no minimum time for you to be covered by the plan before you can take advantage of the portability feature. Please see your plan administrator or certificate for specific details.

Please note that if you experience an event that makes you eligible for portable coverage, please call a MetLife representative at 1-888-252-3607 or contact your plan employer for more information.

Will Preparation Service²

To help ensure your decisions are carried out

Like life insurance, a carefully prepared Will (Simple, Complex or Living) along with a Power of Attorney are important. With a Will, you can define your most important decisions such as who will care for your children or inherit your property.

Living Will:

- Ensures your wishes are carried out, and protects your loved ones from making these very difficult and personal medical decisions by themselves.
- Also called an “advanced directive,” it is a document authorized by statutes in all states. A person appoints someone as his/her proxy or representative to make decisions on maintaining extraordinary life-support if the person becomes incapacitated so that he or she cannot communicate his or her wishes

Power of Attorney:

- Allows you to plan ahead by designating someone you know and trust to act on your behalf in the event of unexpected occurrences or if you become incapacitated. It is a written document that grants an individual the power to act on the grantor's behalf.

By enrolling for Supplemental Term Life coverage, you will have access to Hyatt Legal Plans' network of 11,500+ participating attorneys. When you enroll in this plan, you may take advantage of this benefit with a participating plan attorney.* When you use a participating plan attorney there will be no charge for the services. To obtain the legal plan's toll-free number and your company's group access number, contact your employer or your plan administrator for this information.

* You also have the flexibility of using an attorney who is not participating in the Hyatt Legal Plans' network and being reimbursed for covered services according to a set fee schedule. In that case you will be responsible for any attorney's fees that exceed the reimbursed amount.

MetLife Estate Resolution ServicesSM—ERS³

Personal service and compassion to help your beneficiaries and others manage your estate during their time of need

MetLife Estate Resolution Services—is a valuable service offered under the plan. When your estate representative uses a participating plan attorney there will be no charge for the services. A Hyatt Legal Plan attorney will consult your beneficiaries by telephone or in person regarding the probate process for your estate. The attorney will also handle the probate of your estate for your executor or administrator. This can help alleviate the financial and administrative burden upon your loved ones in their time of need.

Delivering The Promise[®]

For support when beneficiaries need it most

Delivering The Promise[®] is a service designed to provide beneficiaries with the support and assistance they need during an especially difficult time. Services include assistance filing life insurance claims and consultation to help with the financial details and questions that arise upon the loss of a loved one.

ENROLLMENT • CHANGE FORM

| GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper) | | | | |
|-----------------------------------------------------------------------------|-----------------------------------|--------------------------------------|-------------------------|-----------------------|
| Name of Group Customer/Employer Plymouth-Canton Community Schools | Group Customer # 114738 | Report # 114738 | Sub Code 0001 | Branch 0001 |
| Date of Hire (MM/DD/YYYY) | | Coverage Effective Date (MM/DD/YYYY) | | |

| YOUR ENROLLMENT INFORMATION (To be Completed by the Employee) | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| Name (First, Middle, Last) | | Social Security # - - | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Address (Street, City, State, Zip Code) | | Date of Birth (MM/DD/YYYY) | |
| Phone # | Email Address | <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change in Enrollment If due to a Qualifying Event, enter event date (MM/DD/YYYY) | |
| I have read my enrollment materials and I request coverage for the benefits for which I am or may become eligible. I understand that contributions are required for the benefits I select below. ▶ If you are enrolling during the initial enrollment period, you must complete a Statement of Health form if you are enrolling for more than \$250,000 of Supplemental/Optional Life. ▶ If you are enrolling after the initial enrollment period, you must complete a Statement of Health form for all amounts you are requesting. | | | |
| Term Life Insurance <input type="checkbox"/> Supplemental/Optional Life ¹ Enter a multiple of \$10,000 up to a maximum of \$500,000. \$ _____ | | | |

¹ Life Insurance may include an Accelerated Benefits Option under which a terminally ill insured can accelerate a portion of his or her life insurance amount. An interest and expense charge may be deducted from the accelerated payment. Receipt of accelerated benefits may affect eligibility for public assistance.

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ADM

FRAUD WARNINGS

Before signing this enrollment form, please read the warning for the state where you reside and for the state where the insurance policy under which you are applying for coverage was issued.

Arkansas, District of Columbia, Louisiana, Massachusetts, New Mexico, Ohio, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: A person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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FW

SUBMISSION INSTRUCTIONS

After completion, make a copy for your records and return the original to your Employer.

Plymouth-Canton Community Schools
EF-ST111M-NW (10/11)

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who files an application containing any false or misleading information is subject to criminal and civil penalties.

New York: [only applies to Accident and Health Benefits (AD&D/Disability/Dental)]: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon and Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Pennsylvania and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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FW

| BENEFICIARY DESIGNATION FOR EMPLOYEE INSURANCE | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------|-----------------------------------------|--------------------|
| If you have previously designated a beneficiary under this Group Customer's plan, such beneficiary designation will remain in effect. Any MetLife payment upon your death will be paid in accordance with the records of the recordkeeper for such insurance unless you designate a beneficiary below. I designate the following person(s) as primary beneficiary(ies) for any MetLife payment upon my death. I understand I have the right to change this designation at any time. | | | | |
| Primary Beneficiary Full Name (Last, First, Middle Initial) | Relationship | Date of Birth (MM/DD/YYYY) | Address (Street, City, State, Zip Code) | Share % |
| | | | | |
| | | | | |
| | | | | |
| Unless otherwise indicated, payment will be made in equal shares to your surviving Primary Beneficiary(ies). | | | | TOTAL: 100% |
| If all of the Primary Beneficiary(ies) die before me, I designate as Contingent Beneficiary(ies): | | | | |
| Contingent Beneficiary Full Name (Last, First, Middle Initial) | Relationship | Date of Birth (MM/DD/YYYY) | Address (Street, City, State, Zip Code) | Share % |
| | | | | |
| | | | | |
| | | | | |
| Unless otherwise indicated, payment will be made in equal shares to your surviving Contingent Beneficiary(ies). | | | | TOTAL: 100% |

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DEC

DECLARATIONS AND SIGNATURE

By signing below, I acknowledge:

1. I have read this enrollment form and declare that all information I have given is true and complete to the best of my knowledge and belief.
2. I declare that I am actively at work on the date I am enrolling and, if I am enrolling for any contributory life insurance, that I was actively at work for at least 20 hours during the 7 calendar days preceding my date of enrollment. I understand that if I am not actively at work on the scheduled effective date of insurance, such insurance will not take effect until I return to active work.
3. I understand that if I do not enroll for life coverage during the initial enrollment period, or if I do not enroll for the maximum amount of coverage for which I am eligible, evidence of insurability satisfactory to MetLife may be required to enroll for or increase such coverage after the initial enrollment period has expired. Coverage will not take effect, or it will be limited, until notice is received that MetLife has approved the coverage or increase.
4. I authorize my employer to deduct the required contributions from my earnings for my coverage. This authorization applies to such coverage until I rescind it in writing.
5. I have read the Beneficiary Designation section provided in this enrollment form and I have made a designation if I so choose.
6. I have read the applicable Fraud Warning(s) provided in this enrollment form.



| | | |
|-----------------------|------------|--------------------------|
| _____ | _____ | _____ |
| Signature of Employee | Print Name | Date Signed (MM/DD/YYYY) |

Total Control Account^{®7}

For immediate access to death proceeds

The Total Control Account[®] settlement option provides your loved ones with a safe and convenient way to manage the proceeds of a life policy for claim payments of \$5,000 or more, backed by the financial strength and claims paying ability of Metropolitan Life Insurance Company. They'll have the convenience of immediate access to any or all of their proceeds, through an interest bearing account with unlimited draft-writing privileges. The Total Control Account gives beneficiaries time to decide what to do with their proceeds, which can be very helpful to them during a difficult time.

What's Not Covered?

Like most insurance plans, this plan has exclusions. Supplemental Life Insurance does not provide payment of benefits for death caused by suicide within the first two years (one year in North Dakota) of the effective date of the certificate, or payment of increased benefits for death caused by suicide within two years (one year in North Dakota or Colorado) of an increase in coverage.

Additional Coverage Information

How To Apply*

Complete your enrollment form and return it to your Human Resources Manager! Be sure to indicate your Beneficiary.

*Coverage will either be approved by MetLife based upon its underwriting rules and your answers or you will be asked to submit a Statement of Health to complete your application for coverage. All applications are subject to review and approval by Metropolitan Life Insurance Company based upon its underwriting rules.

For Employee Coverage

Enrollment in this Supplemental Term Life insurance plan is available without providing a Statement of Health form as long as:

For Annual Enrollment

- Your enrollment takes place before the enrollment deadline, and
- You are continuing the coverage you had in the last year

For New Hires

- Your enrollment takes place within 31 days from the date you become eligible for benefits, and
- You are enrolling for coverage less than \$250,000

If you do not meet all of the conditions stated above, you will need to provide additional medical information by completing a Statement of Health form. A Statement of Health is included in this booklet.

Who Can Be A Designated Beneficiary?

You can select any beneficiary(ies) other than your employer, and you may change your beneficiary(ies) at any time. You can also designate more than one beneficiary.

About Your Coverage Effective Date

You must be Actively at Work on the date your coverage becomes effective.

If Actively at Work requirements are met, coverage will become effective on the first of the month following the receipt of your completed application for all requests that do not require additional medical information. A request for Your amount that requires additional medical information and is not approved by the date listed above will not be effective until the later of the date that notice is received that MetLife has approved the coverage or increase if you meet Actively at Work requirements on that date, or the date that Actively at Work requirements are met after MetLife has approved the coverage or increase.

¹The Accelerated Benefits Option is subject to state availability and regulation. The accelerated life insurance benefits offered under your certificate are intended to qualify for favorable federal tax treatment. If the accelerated benefits qualify for favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation.

This information was written as a supplement to the marketing of life insurance products. Tax laws relating to accelerated benefits are complex and limitations may apply. You are advised to consult with and rely on an independent tax advisor about your own particular circumstances.

Receipt of accelerated benefits may affect your eligibility, or that of your spouse or your family, for public assistance programs such as medical assistance (Medicaid), Temporary Assistance to Needy Families (TANF), Supplementary Social Security Income (SSI) and drug assistance programs. You are advised to consult with social service agencies concerning the effect that receipt of accelerated benefits will have on public assistance eligibility for you, your spouse or your family.

² Will Preparation Services are offered by Hyatt Legal Plans, Inc., Cleveland, Ohio. In certain states, Will Preparation services are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. For New York situated cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation. Tax Planning and preparation of Living Trusts are not covered by the Will Preparation Service.

³ Estate Resolution Services are offered by Hyatt Legal Plans, Inc., Cleveland, Ohio. In certain states, Estate Resolution Services are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. The following are not covered by the Estate Resolution Service: Matters in which there is a conflict of interest between the executor, administrator, any beneficiary or heir and the estate; any disputes with the Policyholder, Employer, Plan Attorneys, MetLife and/or any of its affiliates; any disputes involving statutory benefits; Will contests or litigation outside Probate Court; Appeals; Court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.

⁷ Subject to state law, and/or group policyholder direction, the Total Control Account is provided for all Life and AD&D benefits of \$5,000 or more. The TCA is not insured by the Federal Deposit Insurance Corporation or any government agency. The assets backing the TCA are maintained in MetLife's general account and are subject to MetLife's creditors. MetLife bears the investment risk of the assets backing the TCA, and expects to earn income sufficient to pay interest to TCA Accountholders and to provide a profit on the operation of the TCAs. Guarantees are subject to the financial strength and claims paying ability of MetLife.

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and Plymouth-Canton Community Schools and are subject to each state's laws and availability. Specific details regarding these provisions can be found in the booklet certificate.

Life coverage is provided under a group insurance policy (Policy Form GPNP99) issued to your employer by MetLife. Life coverage under your employer's plan terminates when your employment ceases, when your contributions cease, or upon termination of the group contract. Should your life insurance coverage terminate for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.

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Metropolitan Life Insurance Company, New York, NY

MetLife Planning Tools

Your goal should be to develop a life insurance plan (through one or more policies) that in the event of your death, provides your family with a financial safety net while making up the loss of your income.

One basic approach to determining your family's life insurance needs is to consider completing the Life Insurance Calculator below. This can help you to determine how much insurance is right for you.

A

BASIC MONTHLY EXPENSES

These are the everyday expenses that your family has to meet. Decide how many years you would want your insurance to cover these expenses. Then, multiply the Annual Expenses by that number of years.

Monthly Expenses Consider expenses such as your mortgage*/rent, household expenses, insurance cost and child care expenses

Basic Annual Expenses (Monthly Expenses x 12)

Number of Years You Want These Expenses Covered (It could be 5, 10 or more years)

Total Basic Expenses (Annual Expenses x Number of Years)

1a

ADDITIONAL EXPENSES TO PLAN FOR

These are additional costs you and your family may have been planning for, so you may want to consider these as well.

Future Expenses (Consider expenses such College Tuition, Child(ren)'s Wedding(s), Personal Funeral Expenses, Elder Care for Parents)

2a

OUTSTANDING DEBT

These are committed costs you may wish to pay off in full to protect your family from this burden.

Outstanding Debt (Consider Remaining Mortgage, Credit Card Bills, School or Auto Loans)

3a

TOTAL EXPENSES (1a + 2a + 3a)

A

B

AVAILABLE ASSETS

Assets (Consider Savings [cash, securities, etc.], Employer Savings Plan, Equity in Your home, current Employer-Paid and/or Other Life Insurance)

B

C

This is the amount of life insurance coverage you may need to provide adequate insurance protection for your family.

TOTAL COVERAGE NEEDED (A – B = C)

C

* If you wish to pay off your mortgage do not enter the monthly expense in this section. You should enter this information under the Outstanding Debt section.

Now that you've reviewed your life insurance needs, please review your Coverage Options and calculate your monthly costs for this level of coverage.

Remember, the specific amount of life insurance you need to protect your loved ones depends on many factors—assumed rate of return on investment capital, future interest rates, inflation assumptions, future earnings, and future expenses—and an insurance professional or financial advisor can help you determine an accurate figure and choose appropriate coverage.

MetLife Is at Your Service

If you have questions

If you have any questions about your Group Life Plan, be sure to contact your employer/plan administrator.

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Metropolitan Life Insurance Company, New York, NY



Our Privacy Notice

We know that you buy our products and services because you trust us. This notice explains how we protect your privacy and treat your personal information. It applies to current and former customers. "Personal information" as used here means anything we know about you personally.

Plan Sponsors and Group Insurance Contract Holders

This privacy notice is for individuals who apply for or obtain our products and services under an employee benefit plan, or group insurance or annuity contract. In this notice, "you" refers to these individuals.

Protecting Your Information

We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our outside service providers must also protect it, and use it only to meet our business needs. We also take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.

Collecting Your Information

We typically collect your name, address, age, and other relevant information. We may also collect information about any business you have with us, our affiliates, or other companies. Our affiliates include life, car, and home insurers. They also include a bank, a legal plans company, and securities broker-dealers. In the future, we may also have affiliates in other businesses.

How We Get Your Information

We get your personal information mostly from you. We may also use outside sources to help ensure our records are correct and complete. These sources may include consumer reporting agencies, employers, other financial institutions, adult relatives, and others. These sources may give us reports or share what they know with others. We don't control the accuracy of information outside sources give us. If you want to make any changes to information we receive from others about you, you must contact those sources.

We may ask for medical information. The Authorization that you sign when you request insurance permits these sources to tell us about you. We may also, at our expense:

- Ask for a medical exam
- Ask for blood and urine tests
- Ask health care providers to give us health data, including information about alcohol or drug abuse

We may also ask a consumer reporting agency for a "consumer report" about you (or anyone else to be insured). Consumer reports may tell us about a lot of things, including information about:

- Reputation
- Driving record
- Finances
- Work and work history
- Hobbies and dangerous activities

The information may be kept by the consumer reporting agency and later given to others as permitted by law. The agency will give you a copy of the report it provides to us, if you ask the agency and can provide adequate identification. If you write to us and we have asked for a consumer report about you, we will tell you so and give you the name, address and phone number of the consumer reporting agency.

Another source of information is MIB Group, Inc. ("MIB"). It is a non-profit association of life insurance companies. We and our reinsurers may give MIB health or other information about you. If you apply for life or health coverage from another member of MIB, or claim benefits from another member company, MIB will give that company any information that it has about you. If you contact MIB, it will tell you what it knows about you. You have the right to ask MIB to correct its information about you. You may do so by writing to MIB, Inc., 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734, by calling MIB at (866) 692-6901 (TTY (866) 346-3642 for the hearing impaired), or by contacting MIB at www.mib.com.

Using Your Information

We collect your personal information to help us decide if you're eligible for our products or services. We may also need it to verify identities to help deter fraud, money laundering, or other crimes. How we use this information depends on

what products and services you have or want from us. It also depends on what laws apply to those products and services. For example, we may also use your information to:

- administer your products and services
- perform business research
- market new products to you
- comply with applicable laws
- process claims and other transactions
- confirm or correct your information
- help us run our business

Sharing Your Information With Others

We may share your personal information with others with your consent, by agreement, or as permitted or required by law. For example, we may share your information with businesses hired to carry out services for us. We may also share it with our affiliated or unaffiliated business partners through joint marketing agreements. In those situations, we share your information to jointly offer you products and services or have others offer you products and services we endorse or sponsor. Before sharing your information with any affiliate or joint marketing partner for their own marketing purposes, however, we will first notify you and give you an opportunity to opt out.

Other reasons we may share your information include:

- doing what a court, law enforcement, or government agency requires us to do (for example, complying with search warrants or subpoenas)
- telling another company what we know about you if we are selling or merging any part of our business
- giving information to a governmental agency so it can decide if you are eligible for public benefits
- giving your information to someone with a legal interest in your assets (for example, a creditor with a lien on your account)
- giving your information to your health care provider
- having a peer review organization evaluate your information, if you have health coverage with us
- those listed in our “Using Your Information” section above

HIPAA

We will not share your health information with any other company – even one of our affiliates – for their own marketing purposes. If you have dental, long-term care, or medical insurance from us, the Health Insurance Portability and Accountability Act (“HIPAA”) may further limit how we may use and share your information.

Accessing and Correcting Your Information

You may ask us for a copy of the personal information we have about you. Generally, we will provide it as long as it is reasonably retrievable and within our control. You must make your request in writing listing the account or policy numbers with the information you want to access. For legal reasons, we may not show you anything we learned as part of a claim or lawsuit, unless required by law.

If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing, and we will include your statement whenever we give your disputed information to anyone outside MetLife.

Questions

We want you to understand how we protect your privacy. If you have any questions about this notice, please contact us. When you write, include your name, address, and policy or account number.

Send privacy questions to:

MetLife Privacy Office, P. O. Box 489, Warwick, RI 02887-9954
privacy@metlife.com

We may revise this privacy notice. If we make any material changes, we will notify you as required by law. We provide this privacy notice to you on behalf of these MetLife companies:

Metropolitan Life Insurance Company
General American Life Insurance Company
SafeHealth Life Insurance Company

MetLife Insurance Company of Connecticut
SafeGuard Health Plans, Inc.

Notes



When you choose MetLife, you choose a leader in employee benefits. For more than a century, we've provided insurance and other financial services to millions of individuals just like you. For more information on MetLife group life insurance coverage, contact your benefits administrator or MetLife.





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