



MMA Service Corporation

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A Subsidiary of Michigan Manufacturers Association

BUY-UP LIFE INSURANCE ENROLLMENT FORM

Company Name _____
Policy Number 5050001 Account Number _____ Sub Account _____

► **Employer should complete all shaded sections and have employee complete unshaded sections. Please type or print, using black ink, all information.**

EMPLOYEE INFORMATION

SSN _____ - _____ - _____ Last Name _____ First Name _____ Middle Init. _____ Marital Status _____ Sex _____

Birth Date ____/____/____ ***Beneficiary for Buy up Life will be the same as Core Life.**

Check this box if you are declining the Buy-Up Life coverage. You do not need to complete the remainder of form, please read Declining Coverage Section on back of this form and sign below.

EMPLOYEE COVERAGE INFORMATION

Annual Salary Amount \$ _____

Employer Funded Core Life amount \$ _____

Buy-UP Life Requested Effective Date: ____/____/____

Buy-Up Life Insurance Amount Requested \$ _____
(\$10,000 increments, not to exceed 5x salary or \$120,000 when combined w/core)

PLEASE ANSWER ALL QUESTIONS COMPLETELY, IF REQUESTING OVER \$10,000 OF BUY-UP LIFE INSURANCE

1. Height _____ Weight _____
2. Are you actively performing all duties of your occupation according to your regular schedule? Yes No

If no, explain: _____
3. Have you ever been diagnosed, treated, tested or given medical advice by a physician or other care provider for heart trouble, high blood pressure requiring medication, cancer, diabetes, tuberculosis, liver disorder, asthma, emphysema, enlarged lymph nodes, Acquired Immune Deficiency Syndrome (Aids), Aids Related Complex (ARC) or the Human Immune Deficiency Virus (HIV) Infection, or unexplained weight loss? Yes No

If you answered "Yes" to question 3 above, please give dates and details here:

Ailment/Condition	Date Began	Is Treatment Continuing?	Name/Address of Dr. / Hospital / Clinic

Provide most recent blood pressure readings: _____

4. Have you been hospitalized (as defined below) during the last 90 days preceding the date of this enrollment form? Yes No
Hospitalized means admission for in-patient care in a hospital, receipt of care in a hospice facility, intermediate care facility, or long term care facility, receipt of the following treatment wherever performed: chemotherapy, radiation therapy or dialysis.
If you answered yes to question 4, please state the reason for hospitalization: _____

I have read and understand the Declaration Section on the back of this form (and Declining Coverage Section, if applicable). I hereby authorize my employer, until further notice, to deduct from my pay, my contribution (if any) for the cost of such coverages.

Employee Signature: _____ Date _____

Declining Coverage-

I understand that I have been given the opportunity to participate in the group life insurance plan offered by my Employer. I am refusing the coverage(s) indicated on the reverse side of this form which I have been offered. If I request Life Insurance after my initial enrollment period, I understand that I will be required to submit evidence of good health satisfactory to Metlife. (Satisfactory to Metlife means Metlife has discretionary authority to determine eligibility.)

Declaration Section-

The employee signing the reverse side of this form declares that all the information given in this enrollment form is true and complete to the best of his/her knowledge and belief. The employee understands that this information will be used by Metlife to determine insurability.

Any person who knowingly, and with intent to defraud any insurance company or other person files an application for insurance or a 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.

For Benefit Increases Requested After Initial Enrollment Period

The employee understands that if life coverage is not elected, or if the maximum benefits are not elected, the employee may be required to submit evidence of good health satisfactory to Metlife if they want to elect or increase such benefits 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 benefit increase.

Consumer Privacy Notice - see attached



Metropolitan Life Insurance Company Consumer Privacy Notice

Thank you for requesting insurance from Metropolitan Life Insurance Company ("MetLife"). This notice refers to MetLife as "we," "us" or "our." We will evaluate your request for insurance (enrollment form and, if applicable, statement of health form) to see if you and any other person proposed for Insurance (each referred to as "you" or "your") are eligible for the insurance requested. We review all the information provided in your request for insurance and we may then confirm or add to this information in ways explained below. MetLife and each member of the MetLife family of companies (each an "Affiliate") strongly believe in protecting the security and confidentiality of information we collect about you. This notice describes our privacy policy and how we treat the information we collect about you ("Information").

Consumer Privacy Notice

Why We Collect and How We Use Information: We collect and use Information for purposes of our Insurance and other business relationships with you. These business purposes include evaluating a request for our insurance or other products or services, evaluating benefit claims, administering our products or services, and processing transactions requested by you. We may also use Information to offer you other products or services we provide.

How We Collect Information: If we need to verify or obtain additional information in connection with a request for our products or services or a claim for benefits, we may do so through third parties such as adult family members, employers, other Insurers, consumer reporting agencies, physicians, hospitals and other medical personnel. Information collected may relate to your finances, employment, health, avocations or other personal characteristics, as well as to transactions with us or with others, including our Affiliates. If we required you to sign an authorization to collect and disclose information ("Authorization") in connection with your request for insurance, we may also obtain Information about you in accordance with the signed Authorization. For instance, we may:

- ask you to have a medical evaluation; or
- ask physicians, hospitals, or other medical care providers to confirm or add to the medical data you have given us.

How We Protect Information: We treat Information in a confidential manner. Our employees are required to protect the confidentiality of Information. Employees may access Information only when there is an appropriate reason to do so, such as to administer or offer our products or services. We also maintain physical, electronic and procedural safeguards to protect Information. These safeguards comply with all applicable laws. Employees are required to comply with our established policies.

Information Disclosure: We may disclose any Information when we believe it necessary for the conduct of our business, or where disclosure is required by law. For example, Information may be disclosed to others to enable them to provide business services for us, such as helping us to evaluate requests for insurance or benefits, and assisting us in processing a transaction requested by you. Information may also be disclosed for audit or research purposes; or to law enforcement and regulatory agencies, for example, to help us prevent fraud. Information may be disclosed to Affiliates as well as to others that are outside of the MetLife family of companies, such as companies that process data for us, companies that provide general administrative services for us, other insurers, and consumer reporting agencies. Our Affiliates include financial services companies such as life and property and casualty Insurers, securities firms, broker dealers and financial advisors and may also include companies that are not financial services companies. We may make other disclosures of Information as permitted by law.

Information may be shared with our Affiliates so that they may offer you products or services from the MetLife family of companies. We may also provide Information to others outside of the MetLife family of companies

such as (i) companies we engage to assist us in offering our products and services to you, and (ii) financial services companies with which we have a joint marketing agreement, for example, an agreement with another insurer to enable us to offer certain of that insurer's products. If we enter into such a joint marketing agreement, the agreement will provide for the protection of the confidentiality of your Information. We do not make any other disclosures of Information to other companies who may want to sell their products or services to you. For example, we will not sell your name and address to a catalogue company. We may disclose any information, other than a consumer report or health Information, for the purposes described in this paragraph.

Access to and Correction of Information: Generally, upon your written request to us, we will make Information available for your review. Medical Information will generally be disclosed through the licensed physician you choose or as otherwise required by law. Information collected in connection with, or in anticipation of, any claim or legal proceeding will not be made available. If you notify us that any of the Information is incorrect, we will review it. If we agree, we will correct our records. If we do not agree, you may submit a short statement of dispute, which we will include in any future disclosure of Information.

Consumer Reports: It is common for an insurance company to ask a consumer reporting agency to confirm and add to the Information provided in a request for insurance. Such agencies are independent and impartial. Consumer reports may reflect your mode of living, character, general reputation, personal characteristics, credit worthiness and credit standing. Information on your past and present employment, job duties, driving record, health history, use of alcohol and drugs, finances, hazardous sport activities, and marital status may be included, as well as other Information. The Information we get will be used only for business purposes related to the insurance you have requested. The Information may be kept by the agency and later given to others as permitted by the Federal Fair Credit Reporting Act and any applicable state law.

Upon your request, we will tell you whether we requested a consumer report in connection with your request for insurance. If such a report was requested, we will provide you with the name, address and telephone number of the consumer reporting agency that provided the report to us. You may contact that agency to inspect or obtain a copy of that report.

This notice is required by law.

Further Information: This notice is a general description of MetLife's information practices. We treat Information in accordance with all applicable laws. Such laws may provide you with additional rights. For additional information regarding our privacy policy, you may write to MetLife, P.O. Box 2006, Aurora, Illinois, 60507-2006.