

Life Insurance Election Form

I hereby authorize Scott & White Health Plan to enroll my dependents and me in the Health Plus life insurance plan underwritten by MetLife. I understand that all Health Plus life insurance applicants must be members of the Scott & White Health Plus Plan before they are eligible for life coverage. This is a one time open enrollment offer that will not be available to Health Plus members in the future without going through MetLife's Life Insurance underwriting. I have received and reviewed the benefits information and rates for the Health Plus life insurance plan.

Subscriber Name: _____

Home Phone: _____ Work Phone: _____

Coverage: I understand that the coverage will be \$25,000 on me and my spouse and \$10,000 on each of the children (ages 6 months to 25 years), if applicable. The rate will be \$6.00 per month for me and an additional \$6.00 per month for my spouse and/or my children. Total monthly rate will be \$6.00 for just myself or \$12.00 per month for all members under my current contract.¹ If you elect life coverage, it must be on you and all members of your family currently covered on your Health Plus plan.

The member signing below names the following person(s) as primary beneficiary (ies) for any MetLife payment upon his or her death. Unless designated otherwise, payments will be made in equal shares or all to the survivor. The member understands that he or she has the right to change this designation at any time.

All dependent life benefits will be paid directly to the contract holder only. For life insurance for your dependents, we will pay you as the beneficiary, if alive. If you are not alive, we may determine the beneficiary to be one or more of the following who survive you, your spouse, your child(ren), your parent(s), or your sibling(s). Refer to the certificate of insurance for additional information.

Primary Beneficiary Full Name (Last, First, M.I.)	Relationship	Date of Birth (Mo./Day/Yr.)	Address (Street, City, State, Zip)	Percentage
Contingent Beneficiary Full Name (Last, First, M.I.)	Relationship	Date of Birth (Mo./Day/Yr.)	Address (Street, City, State, Zip)	Percentage

Declaration Section: Each person signing below declares that all the information given in this enrollment form is true and complete to the best of his/her knowledge and belief. Each person understands that this information will be used by MetLife to determine his or her insurability.

For the Accelerated Benefits Option: 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. Receipt of accelerated benefits may affect eligibility for public assistance and an interest and expense charge may be deducted from the accelerated payment.

Fraud Warning: 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.

Signature(s): The Subscriber must sign in all cases. Each person signing below acknowledges that he or she has read and understands the statements and declarations made in this enrollment form.

Subscriber

Print Name

Date (Mo/Day/Yr)

For Office Use Only: Premium _____ Date Sent to Membership _____ Coverage Eff. Date _____ APS/Coupon _____ Rep _____

¹ Your dependents must be on the Health Plus Plan in order to be eligible for life insurance coverage.

Privacy Notice To Our Customers

THIS PRIVACY NOTICE IS GIVEN TO YOU ON BEHALF OF METROPOLITAN LIFE INSURANCE COMPANY.

TO PLAN SPONSORS AND GROUP INSURANCE CERTIFICATE HOLDERS: This notice explains how we treat information we receive about anyone who applies for or obtains our products and services under employee benefit plans that we insure or group insurance contracts that we issue. Please note that we refer to these individuals in this notice by using the term “you”, as if this notice were being addressed to these individuals.

Why We Need to Know About You: We need to know about you so that we can provide you with the insurance and other products and services you’ve asked for. We may also need information from you and others to help us verify your identity in order to prevent money laundering and terrorism.

What we need to know about you includes your address, age and other basic information. But we may have to know more about you, including your finances, employment, health, hobbies or business you conduct with us, with other MetLife companies (our “**affiliates**”) or with other companies.

How We Learn about You: What we know about you we get mostly from you. But we may also have to find out more about you from other sources in order to make sure that what we know about you is correct and complete. Those sources may include your adult relatives, employers, consumer reporting agencies, health care providers and others. Some of our sources may give us reports, and they may disclose what they know about you to others.

How We Protect What We Know About You: We treat what we know about you confidentially. Our employees are told to take care in handling your information. They may get information about you only when there is a good reason to do so. We take steps to make our computer data bases secure and to safeguard the information we have about you.

How We Use and Disclose What We Know About You: We may use anything we know about you to help us serve you better. We may use it, and disclose it to our affiliates and others, for any purpose allowed by law. For instance, we may use your information, and disclose it to others, in order to:

- Help us evaluate your request for a MetLife product or service
- Help us process claims and other transactions
- Confirm or correct what we know about you
- Help us prevent fraud, money laundering terrorism and other crimes by verifying what we know about you
- Help us run our business
- Process data for us
- Perform research for us
- Audit our business
- Help us comply with the law

Other reasons we may disclose what we know about you include:

- Doing what a court or government agency requires us to do; for example, complying with a search warrant or subpoena
- Telling another company what we know about you, if we are or may be selling all or any part of our business or merging with another company
- Telling a group customer about its members' claims or cooperating in a group customer's audit of our service
- Giving information to the government so that it can decide whether you may get benefits that it will have to pay for
- Telling your health care provider about a medical problem that you have but may not be aware of
- Giving your information to a peer review organization if you have health insurance with us
- Giving your information to someone who has a legal interest in your insurance, such as someone who lent you money and holds a lien on your insurance or benefits

Generally, we will disclose only the information we consider reasonably necessary to disclose.

We may use what we know about you in order to offer you our other products and services. We may disclose this information (other than consumer reports and health information) to our affiliates so that they can offer their products and services, or ours, to you. By law, we don't have to let you prevent these disclosures. Our affiliates include life, car and home insurers, securities firms, broker-dealers, a bank, a legal plans company and financial advisors. In the future, we may have affiliates in other businesses.

We may also provide information to others outside of the MetLife companies, such as marketing companies, to help us offer our products and services to you. If we have joint marketing agreements with other financial services companies, we may give them information about you so that they can offer their products and services to you; however, we cannot do this if the state law that applies to you does not allow it. Except for joint marketing arrangements, we do not make any other disclosures of your information to other companies who want to sell their products or services to you. For example, we will not sell your name to a catalog company. And we will not disclose any consumer report or health information to other companies so that they can offer their products and services, or ours, to you.

How You Can See and Correct Your Information: Generally, we will let you review what we know about you if you ask us in writing. Medical information will generally be disclosed through the licensed physician you choose or as otherwise required by law. (Because of its legal sensitivity, we will not show you anything that we learned in connection with a claim or lawsuit.) If you tell us that what we know about you is incorrect, we will review it. If we agree with you, we will correct our records. If we do not agree with you, you may tell us in writing, and we will include your statement when we give your information to anyone outside MetLife.

How You Can Get Other Material from Us: In addition to any other privacy notice we may give you, we must give you a summary of our privacy policy once each year. You may have other rights under the law. If you want to know more about our privacy policy, please contact us at our website, www.metlife.com, or write to your MetLife insurance company, c/o MetLife Privacy Office, P.O. Box 2006, Aurora, Illinois 60507-2006.