

Group Plan #219277**Long Term Disability Insurance – 60% \$10,000 (90 day Elimination Period) 24 month own occ
Effective June 1, 2024 – May 31, 2025**

Contact MetLife to report a claim or for claim status updates **(877) ADPTS01** or **(877) 237-8701** Monday through Thursday 8 a.m. to 8 p.m. and Friday 8:00 a.m. to 5 p.m. ET – **reference ADP TotalSource as your Employer.**

Long Term Disability insurance

Your worksite employer provides you with 100% Employer paid Long Term Disability (LTD) designed to provide you with continuing monthly lump sum payments during an extended period of time while you are out of work due to a sickness or accident.

Eligibility Requirements

- All Full-time and Part-time worksite employees scheduled to work 30 hours per week for the eligible class to which you belong.*
- Worksite employees covered under the Hawaii Pre-Paid Act are eligible working a minimum of 20 hours per week.
- An active worksite employee must first fulfill their probationary period. This is determined by the worksite employer.
- A worksite employee must be Actively at Work¹ on the coverage begin date; and coverage will only begin once the worksite employee is back to work for one full day.

*The following types of workers are not eligible -- temporary employees, seasonal employees, leased employees, independent contractors, individuals whose compensation for services are reported on IRS Form 1099, and individuals in full-time active military service.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance provided by ADP TotalSource or contact MetLife with any questions.

What is the benefit amount?

The Long Term Disability benefit may help replace a portion of your predisability earnings, less other income you may receive from other sources² during the same disability (e.g., Social Security, Workers' Compensation, vacation pay, etc.).

The monthly benefit amount is up to 60% of the first \$16,667 of your predisability earnings, up to a maximum monthly benefit amount of up to \$10,000 a month.

What is the Minimum Monthly Benefit?

The minimum benefit is 10% of the monthly benefit before reductions for Other Income Benefits or \$100, whichever is greater, subject to the Overpayments and Rehabilitation Incentive subsections of this certificate.

In addition, the minimum monthly benefit will not apply if you are already receiving 100% of your predisability earnings.

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What is the Maximum Benefit Period?

Your plan's maximum benefit period is the later of your Normal Retirement Age or the period shown below:

Age on Date of Your Disability	Benefit Period
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

Your plan maximum benefit period and specific limitations are described in the Certificate of Insurance provided by your worksite employer.

When do Long Term Disability benefits begin?

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination period for Long Term Disability is 90 days.

How is “Disability” defined under your Plan?

Generally, you are considered disabled and eligible for long term benefits if, due to sickness, pregnancy or accidental injury, you are receiving Appropriate Care and Treatment and are complying with the requirements of the treatment, and, you are unable to earn more than 80% of your predisability earnings at your own occupation for any employer in the National Economy, and you are unable to perform each of the material duties of your own occupation for any employer in the National Economy.

Following the own occupation period, you are considered disabled if, due to sickness, pregnancy or accidental injury, you are receiving Appropriate Care and Treatment and complying with the requirements of treatment and you are unable to earn at least 60% of your predisability earnings for any employer and you are unable to perform the duties of any gainful occupation for any employer in the National Economy for which you are reasonably qualified taking into account your training, education and experience.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance provided by ADP TotalSource or contact MetLife with any questions.

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What does Predisability Earnings mean?

In general, predisability earnings means gross salary or wages you were earning from the Policyholder as of your last day of Active Work before Your disability began. We calculate this amount on a monthly basis.

For S-Corporation Shareholders, Partners and LLC Corporations:	For all other Full-Time and Part-Time employees, excluding S-Corporation Shareholders, Partners and LLC Corporations:
<ul style="list-style-type: none"> Average monthly compensation from the worksite employer during the worksite employer's prior tax year if available or average of the two most recent prior tax years that are available as of Your last day of Active Work before Your disability began, this includes Schedule C, Schedule K-1, Form W-2 or S-Corporation federal income tax return; Ordinary Income or loss from trade activity, Guaranteed payments if you are a partner, and compensation, salary or wages as an officer if you are and S-Corporation Shareholder; Predisability earnings does not include commissions, awards and bonus, other pay or compensation. 	<ul style="list-style-type: none"> Gross salary or wages You were earning from the worksite employer as of Your last day of Active Work before Your disability began; Commissions (averaged over the 12-month period before disability), Shift Differential, Contribution through salary reduction for Internal Revenue Code (IRC) Section 401(k), 403(b) or 457 deferred compensation arrangement, executive non-qualified deferred compensation arrangement, fringe benefits under an IRC Section 125 plan; Predisability earnings does not include awards and bonus, other pay or compensation.

Are there any offsets that will reduce my Disability benefit?

We will reduce your disability benefit by the amount of all other income.

<ul style="list-style-type: none"> Disability or retirement benefits: <ul style="list-style-type: none"> Any state, public or federal employee retirement plan including State Teachers Retirement System (STRS); Public Employee Retirement System (PERS); Federal Retirement System (FERS); You must apply for such benefits through the highest appeal level that is applicable to such benefits and available under the plan; Any income received for disability or retirement under a Worksite Employer's Retirement Plan, provided by any of Your worksite employers, to the extent that it can be attributed to the worksite employer's contributions. 	<ul style="list-style-type: none"> Any income received from disability: <ul style="list-style-type: none"> A no-fault auto law for loss of income, excluding supplemental disability benefits; Any statutory disability programs; Benefits for loss of time from work due to disability; Installment payments for permanent total disability; Any sick, vacation pay or other salary continuation allowed by your worksite employer. Any income you receive from working while disabled to the extent that such income reduces the amount of your monthly benefit as described in rehabilitation incentives. This includes but is not limited to salary, commissions, overtime pay, bonus or other extra pay arrangements from any source; Recovery amounts you receive for loss of income as a result of claims against a third party by judgement, settlement or otherwise including future earnings.
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For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance provided by ADP TotalSource or contact MetLife with any questions.

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Additional Disability Plan Benefits:

Coverage with Your Best Interests in Mind...When you are ill or injured for a long time, MetLife believes you need more than a supplement to your income. That's why we offer return-to-work services, and assistance in obtaining Social Security Disability benefits to help you get the maximum benefits from your coverage. (Please note — this assistance is only offered if you are approved for Long Term Disability benefits).

Services to Help You Get Back to Work Can Include:

Nurse Consultant or Case Manager Services: Specialists who personally contact you, your Physician and your worksite employer to coordinate an early return-to-work plan when appropriate.

Vocational Analysis: Help with identifying job requirements and determining how your skills can be applied to a new or modified job with your worksite employer.

Job Modifications: Adjustments (e.g., redesign of workstation tools) that enable you to return to work.

Retraining: Development programs to help you return to your previous job or educate you for a new one.

Financial Incentives: Allow you to receive disability benefits or partial benefits while attempting to return to work.

The Services of Social Security Specialists: Once you are approved for disability benefits, MetLife can help you apply for Social Security Disability benefits. Our experts can guide you through the initial application and appeals processes and may also help you access assistance from attorneys or vendors to pursue Social Security benefits.

Questions & Answers

Q. Can I still receive benefits if I return to work part time?

A. Maybe. As long as you are disabled and meet the terms of your disability plan, you may qualify for adjusted disability benefits.

Your plan offers financial and Rehabilitation Program Incentives designed to help you to return to work when appropriate, even on a part-time basis when you participate in an approved Rehabilitation Program.

While disabled, you may receive up to 100% of your predisability earnings for up to 12 months following your return to work when combining your disability benefit, Rehabilitation Incentives, your work earnings and income from other sources.

If You participate in a Rehabilitation Program, We will increase Your monthly benefit by an amount equal to 10% of the monthly benefit. We will do so before We reduce Your monthly benefit by any Other Income.

Q. What if I return to Active Work?

A. If you return to Active Work before completing your elimination period and then become disabled, you will be required to complete a new elimination period. Additional medical information may be required.

A. If you return to Active Work after completing your elimination period, we will consider you recovered from your disability.

Group Plan #219277**Long Term Disability Insurance – 60% \$10,000 (90 day Elimination Period) 24 month own occ
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A. Yes. Your plan may not cover a sickness or accidental injury that arose in the 3 months prior to your Insurance under the certificate taking effect. A complete description of the Pre-existing Condition exclusion is included in the Certificate of Insurance provided by your worksite employer or contact your MetLife benefits administrator with any questions.

Q. Are there any exclusions to my coverage?

A. Yes. Your plan does not cover any disability which results from or is caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
- Active participation in a riot;
- Intentionally self-inflicted injury or attempted suicide;
- Commission of or attempt to commit a felony.
- Intoxication, as defined and determined by laws and jurisdiction of the geographic area in which loss or cause of loss occurred.

Q. Are there any limitations to my coverage?

A. For Long Term Disability, limited benefits apply for specific conditions:

If you are disabled due to alcohol, drug or substance abuse or addiction or mental and nervous diseases, we will limit your disability benefits to a combined lifetime maximum, for any one or more or all of the above equal to the lesser of:

- 24 months; or
- The maximum benefit period.

If you are confined in a Hospital or Mental Health Facility at the end of the period shown above for which benefits are to be paid, we will continue Your monthly benefits until the end of Your Hospital or Mental Health Facility confinement.

Other limitations or exclusions to your coverage may apply. Please review your Certificate of Insurance provided by ADP TotalSource or contact MetLife with any questions.

The “Plan Benefits” provides only a brief overview of the LTD plan. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

¹ Actively at work means that you are performing the substantial and material duties of your own occupation for full pay. This must be done at your place of business, or a location to which such business requires you to travel.

² Under certain circumstances, MetLife may estimate the amount of income you may receive from other sources.

Long Term Disability (“LTD”) coverage is provided under a group insurance policy issued to your employer by MetLife. This LTD coverage terminates when your employment ceases, when you cease to be an eligible employee, when your LTD contributions cease (if applicable) or upon termination of the group contract by your employer.

Nothing in these materials is intended to be advice for a particular situation or individual. Please consult with your own advisors for such advice. Like most group benefit programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force. Please visit the ADP TotalSource website for costs and complete details.



Long Term Disability Insurance



Help protect your income and lifestyle with Long Term Disability Insurance.

Coverage that can help protect your income when you are unable to work.

■ Mortgage or rent ■ Childcare ■ Grocery bills

What is Long Term Disability Insurance?

Long Term Disability insurance is a cost effective way to help protect your income when you are unable to work due to sickness or accident. Sickness and accidents can happen to anyone, and it can impact your ability to earn money. That's why financial experts recommend Long Term Disability insurance as part of a sound financial plan.

Q. Why is having Long Term Disability Insurance so important?

A. Having disability protection can help you cover your essential living expenses and may help safeguard your savings, since it may help replace a portion of your income lost due to a disability or illness.

Q. How do I know if I am eligible for Long Term Disability benefits?

A. Contact your Human Resource department or contact an ADP TotalSource MyLife Advisor (MLA) at **1-800-554-1802**. The MLA will be able to advise you of your eligibility status and your eligible benefits.

Q. Can I have multiple Employer paid Long Term Disability Insurance policies?

A. Worksite employees who work for multiple worksite employers, may be eligible for benefits, under enrolled Employer paid Long Term Disability insurance policies. MetLife will review each claim submission as described under the terms and conditions of the plan. Refer to your certificate of insurance for details.

Q. Does ADP TotalSource have an Actively At Work Rule?

A. Yes. The Actively at Work definition applies to all covered worksite employees. Worksite employees must be Actively at Work or at Active Work and performing all of the usual and customary duties of their job on a full-time basis. This must be done at one of the following:

- The worksite employer's place of business;
- An alternate place approved by the worksite employer;
- A place to which the worksite employer's business requires them to travel.

Worksite employees are considered Actively at Work during weekends, approved vacations, holidays or business closures if they were Actively at Work on the last scheduled workday preceding such time off.

Long Term Disability Insurance

Q. What happens when I want to file a claim?

- A. Claims should be filed by calling **877-ADPTS01** or **(877-237-8701)** Monday through Friday from 8 a.m. – 11 p.m. ET or log into mybenefits.metlife.com/ADPTotalSource. Track the status of a claim online or on the MetLife US App. Search “MetLife” in the App Store or Google Play to download the app.

Q. When should I file my claim?

- A. If your worksite employer offers Short Term Disability, we will begin the Long Term Disability evaluation at the midpoint of the Short Term Disability claim. Approximately four to six weeks prior to the end of the Short Term Disability benefit period, we will bridge the Short Term Disability claim to a Long Term Disability claim.
- A. If your elimination period is 90 days and you are expecting to be out of work for 90 days or greater, we recommend filing your claim on the 45th day. When a claimant initiates a disability claim, both the notice of claim and the required proof should be provided within 90 days of the date of the end of the elimination period.
- A. If your elimination period is 180 days and you are expecting to be out of work for 180 days or greater, we recommend filing your claim on the 135th day. When a claimant files an initial disability claim, both the notice of claim and the required proof should be sent to us within 90 days of the date of the end of the elimination period.

Q. What is the Elimination Period?

- A. The elimination period is the unpaid period after the date of disability before benefits can be paid to an eligible worksite employee. Benefits may start on the 91st or 181st calendar day, dependent on the enrolled plan rules.

Q. When will MetLife begin to process a claim? How long is the Long Term Disability process?

- A. MetLife will begin to process your claim within 5 business days once your completed Long Term Disability claim is received by requesting eligibility from your worksite employer and any additional information, we deem necessary to evaluate your claim.

Upon receipt of all information identified as needed to assess the claim, the determination will be finalized upon completion of our review. The review can include clinical and vocational assessments of received information. We will communicate the status of a pending claim every 30 days until a decision is finalized.

Q. What is the definition of “Own Occupation”?

- A. Own Occupation means the essential functions You regularly perform at a worksite employer that provide You a source of earned income. In determining Your own occupation, We will look at Your occupation as it is normally performed instead of how it is performed for any specific employer or in any specific location.

Q. What is the definition of “Any Occupation”?

- A. Any Occupation means any gainful occupation for which an employee is reasonably qualified based on training, education and experience.

Q. How would a transition to “Any Occupation” impact Long Term Disability eligibility?

- A. If, after thorough investigation and review of your claim, it is determined that you have the functional capacity to perform Any occupation that is gainful and you can reasonably become fitted by education, training or experience, your claim will be terminated.

Long Term Disability Insurance

- A. If, after thorough investigation and review of your claim, it is determined that you do not have any work capacity or you do not have the capacity to perform any gainful occupation, your disability benefits may continue to be supported.

Q. How does MetLife obtain clinical information?

- A. Our Nurse Consultants, Clinical Specialists or Claim Specialists contact the physician and/or worksite employee by telephone to obtain medical information required to evaluate the claim. Our resources interact directly with healthcare professional(s) and may request physical exam findings and/or test results, discuss specific treatment plans for the worksite employee and discuss the worksite employee's abilities, restrictions and limitations in relation to occupational demands. The worksite employee's subjective information is evaluated to determine if it is consistent with the reported diagnosis and other clinical information submitted.

For ongoing disabilities, the Claim Specialist maintains a follow-up schedule for contacting the worksite employee regarding recovery progress and securing updated medical information from the physician. The Nurse Consultant or Clinical Specialist will maintain the follow-up schedule for claims requiring extensive clinical management. Telephonic interviews are utilized for initial attempts to gather information. Information will be obtained in writing when telephonic attempts are unsuccessful or to supplement information received telephonically. We continue to work with the worksite employee, the physician and any other providers to secure information necessary to evaluate disabilities.

Q. How often is medical information needed from a medical provider?

- A. Medical management and follow-up activities vary depending on the disability.

Q. What is a Pre-existing Condition?

- A. Our standard Long Term Disability plan includes a 3/12 Pre-existing Condition provision. This means that no disability benefits are payable to worksite employees if they received medical treatment, consultation, care or services, or took prescription medications or had medication prescribed for their disability in the 3 months before the effective date of the insurance. This limitation will not apply if the elimination period for a disability starts after the individual has been an active worksite employee under our plan for 12 consecutive months from the effective date of the insurance. Below are some guidelines followed during a Pre-existing investigation:

Scenario	Result
Medical treatment received during Pre-existing look back period was for the same (or related) medical condition as the current disabling medical condition.	The condition is Pre-existing, and the claim will be denied.
Medical treatment received during the Pre-existing 3 month look back period was for an unrelated medical condition.	The condition is not re-existing, and the claim investigation process continues.
Medical treatment was received for the same (or related) medical condition as the current disabling medical condition but was <u>prior to</u> the beginning of the Pre-existing Condition 3 month look back period.	The condition is not Pre-existing, and the standard claim investigation process continues.

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In determining whether a disability is due to a Pre-existing Condition, we will credit you for any time you were insured under the Prior Plan. If your disability is due to a Pre-existing Condition as described in this certificate, but would not have been due to a Pre-existing Condition under the Prior Plan, we will pay a benefit equal to the lesser of:

- The benefit amount under this certificate; or
- The disability income insurance benefit that would have been payable to you under the Prior Plan.

Q. How will I know if a claim is denied?

A. All claim decisions are communicated to the worksite employee via phone, and we also send a detailed letter within one day of the decision. An Appeal Request Form will be included with the denial letter, which provides the worksite employee the opportunity to appeal the initial denial decision rendered. The worksite employee will have 180 days from receipt of the letter to submit their written request to appeal. Once a written request for an appeal is received, the Claims Specialist will notify the worksite employee upon receipt. The worksite employee must be notified of the appeal decision no later than 45 days after MetLife receives the appeal request. If special circumstances require an extension of time in order to conduct a full and fair review, there may be one 45-day extension.

Worksite Employees can access claim status and other important claim details online. Register or log in to MyBenefits mybenefits.metlife.com/ADPTotalSource, go to profile settings then communication preferences and enter your mobile number and check the box you want to receive text messages. Turn the delivery preferences to "ON" under disability claim status text alerts. Reply 'STOP' to any text to unsubscribe or by turning claim status text alerts to Off on MyBenefits.

Q. What happens if I Return to Work but then stop working again? Do I need a new claim?

A. If you return to Active Work after completing your elimination period:

- If you return to Active Work after completing Your elimination period for a period of 180 days or less, and then become disabled again due to the same or related sickness or accidental injury, we will not require you to complete a new elimination period. For the purpose of determining your benefits, we will consider such disability to be part of the original disability and will use the same predisability earnings and apply the same terms, provisions and conditions that were used for the original disability.
- If you return to Active Work for a period of more than 180 days and then become disabled again, you will have to complete a new elimination period.

For purposes of this provision, the term Active Work includes all of the continuous days which follow your return to work for which you are not disabled.

Q. Does the worksite employee need to notify their Long Term Disability Claim Specialist if they return to work?

A. Yes. The worksite employee should notify their Claim Specialist and note the actual return to work date. Obtaining a return to work date may prevent a potential overpayment of Long Term Disability benefits.

Q. What if a worksite employee is unable to return to work?

A. We encourage claimants to return to work (RTW) either on a full or part-time basis if medically able to do so. The Long Term Disability plan allows a worksite employee to work while still disabled and earn up to 100% income replacement (including other sources) for Long Term Disability during the first 12 months of benefits. After 12 months, the benefit will be reduced by 50% of any earned compensation.

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If a worksite employee is capable of participating in the Rehabilitation Program but refuses or fails to participate in that program, we may terminate disability benefits.

Q. How are Long Term Disability benefits paid?

A. MetLife requests your predisability earnings in effect as of date last work in order to determine the benefit amount. If the worksite employee is commissioned/partial commissioned or has a salary which fluctuates from pay period to pay period, MetLife will request their past 12 months of predisability earnings prior to their first day of absence.

Benefit amounts are 50% or 60% of their predisability earnings, some have a maximum cap. All benefits are subject to reduction by other income. See plan for specific details.

Q. What is the Long Term Disability benefit cycle?

A. Benefits are payable, after the elimination period ends, for as long as the disability and all other eligibility requirements are met, up to the maximum benefit period for the plan.

Q. Does Workers' Compensation run concurrent with Long Term Disability benefits?

A. Yes, however, Workers Compensation is considered 'other income' and will be offset from the Long Term Disability benefit.

Q. Is there an age limit on how long someone can receive Long Term Disability benefits?

A. Worksite employee's period of disability will end on either:

- The date you are no longer deemed disabled; or
- The calendar month you reach normal retirement age, as determined by the 1983 Amended Social Security Normal Retirement Age.

Social Security Normal Retirement Age (SSNRA):

Year of Birth	Normal Retirement Age
Before 1938	65
1938	65 and 2 months
1939	65 and 4 months
1940	65 and 6 months
1941	65 and 8 months
1942	65 and 10 months
1943 – 1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
After 1959	67

Long Term Disability Insurance

When a disability occurs on or after age 62, a worksite employee is entitled to the months of disability as indicated by the chart:

Age on Date of Your Disability	Benefit Period
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

Q. Will a Long Term Disability benefit continue after termination of employment?

A. Your eligibility is determined based on your status with your worksite employer on your last day worked.

Q. When do overpayments occur?

A. An overpayment can occur for various reasons including, but not limited to an incorrect salary amount is used in determining pre-disability earnings or if late notice or retroactive receipt of 'other income' benefits were not previously offset as per the disability plan provisions. Please check the plan certificate for details.

Our insured plans include a contractual right of recovery for any disability payments made to a worksite employee with a cause of action against a responsible third party. The right of recovery allows us to pursue an overpayment or payment from a worksite employee who is receiving lost wages from an accident lawsuit.

Q. How does MetLife recover Overpayments?

A. Overpayment recovery may be achieved in a variety of ways. The recovery for an overpayment is determined by the Claim Specialist after thorough review of the benefits paid, review of the plan language and consideration specific to each claimant.

Q. How are Long Term Disability benefits taxed¹?

A. **Worksite Employee:** If funded on a pre-tax basis, disability benefits are taxable and subject to FICA, Federal and, where applicable, State income taxation. MetLife is required to withhold the worksite employee portion of FICA on taxable disability benefits. For fully insured plans, the Disabled worksite employee determines the amount of federal and states income taxes to be withheld from his/her disability benefit. When filing a disability claim, the disabled worksite employee must complete IRS Form W-4S if they want federal income taxes to be withheld. A W-4S may be obtained from the IRS website.

Worksite employee portion of FICA generally applies in the first full six continuous complete calendar months of the disability and the FICA is remitted by MetLife to the appropriate government agency.

Taxable disability benefits are reported on a Form W-2 and mailed directly to the claimant by MetLife. ADP TotalSource does not produce a Form W-2 for the disability payments.

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A. **Worksite Employer:** The employer portion of FICA is also required on taxable disability benefits. MetLife's disability plan rates include the worksite employer charge for FICA. MetLife will remit the employer portion of FICA to the appropriate government agency and report these amounts on the quarterly tax filing.

Disability payments are subject to Federal Unemployment taxation to the same extent that they are subject to FICA. Disability benefits are subject to State Unemployment taxation.

Q. What happens if I pass away?

A. If you die while disabled and you were entitled to receive Monthly Benefits, proof of death must be sent to us.

When proof is received:

The benefit amount will be paid out equal to 3 times the lesser of:

- the monthly benefit you receive for the calendar month immediately preceding death;
- the monthly benefit you were entitled to receive for the month you die, if death is during the first month that disability benefits are payable.

We will reduce the benefit amount by any overpayment we are entitled to recover.

¹ Any discussion of taxes is for general informational purposes only and does not purport to be complete or cover every situation.

MetLife, its agents, and representatives may not give legal, tax or accounting advice and this document should not be construed as such. Clients should confer with their qualified legal, tax and accounting advisors as appropriate.

Nothing in these materials is intended to be advice for a particular situation or individual. Please consult with your own advisors for such advice. Like most group benefit programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force. Please visit the ADP TotalSource website for costs and complete details.