

Risk Assessment Summary



Customer Name: _____

Approximate number of lives: _____

In order to provide the best possible transition for the above customer, we require the broker/customer to provide risk assessment information prior to MetLife's acceptance of a group. Please review this document thoroughly with the Benefit Administrator, designate appropriate responses, sign, and return with the group's application.

Life, Short Term Disability or Long Term Disability Coverages:

Are any employees currently pregnant? Yes _____ No _____

Are you aware of any significant health risks within this customer which would likely result in a claim within the next 12 months? Yes _____ No _____

If "Yes", please provide details:

Replacement Life Coverage: Are there any currently disabled employees? Yes _____ No _____

If "Yes", please provide confirmation that the current carrier has Waiver of Premium and Terminal Liability. Also, complete the "chart" below listing the disabled employees. (Please note: our contracts include an actively at work requirement.)

Employees Not Actively At Work

| Name | DOB MM/YY | Date of Disability MM/YY | Nature of Claim | Est. Date of Return MM/YY | Benefit Amount |
|------|--------------|--------------------------------|-----------------|------------------------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |

Producer Signature: _____ Date: _____

For Internal Use by MetLife

Sales Representative's Acceptance: _____ Date: _____

Issue Underwriter's Acceptance: _____ Date: _____