METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188

POLICYHOLDER: STATE OF NORTH CAROLINA
Group Policy Form No: GPN07-CI
(Referred to herein as the “Group Policy”)
Certificate Form No: GCERT07-CI
(Referred to herein as the “Certificate”)

CRITICAL ILLNESS INSURANCE DISCLOSURE STATEMENT

THE GROUP POLICY IS ISSUED IN NORTH CAROLINA

Critical Illness Insurance coverage is provided under a group policy that has been issued to The State of North Carolina. One certificate is issued to each employee who is covered under the group policy. The group policy is a LIMITED POLICY.

The Group Policies provide specified disease coverage ONLY. Subject to the provisions of the Group Policies and Certificates, including but not limited to, the limitations, exclusions and submission of proof of a covered condition, the limited benefits are provided in the event that a covered person is diagnosed with certain specified diseases or has certain surgical procedures performed. The Group Policies and Certificates do not provide coverage for (i) mental illness; (ii) chemical dependency or (iii) certain forms of cancer (see the definitions of Full Benefit Cancer and Partial Benefit Cancer and the section entitled “Exclusions Related to Covered Conditions.”

SPECIAL NOTICE FOR PERSONS ELIGIBLE FOR OR RECEIVING GOVERNMENTAL BENEFITS

THE GROUP POLICIES AND CERTIFICATES ARE NOT MEDICARE SUPPLEMENT POLICIES. They do not provide any Medicare Supplement Coverage. It is also important to note that the receipt of these limited benefits may affect eligibility for Medicaid or other governmental benefits and entitlements (collectively, the “governmental benefits”). Accordingly, persons who wish to maintain eligibility for governmental benefits should not purchase this limited benefit coverage without consulting a legal advisor.

For residents of Maine or North Carolina: If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the company.

IMPORTANT NOTE ABOUT STATE SPECIFIC PROVISIONS

This Disclosure Statement has a section entitled “State Specific Provisions”. You should read the State Specific Provisions Section carefully so that you are aware of any provisions which apply.

State Specific Provisions will take precedence over other provisions in this Disclosure Statement. As always, the Group Policy and Certificate take precedence over this Disclosure Statement.

You can contact MetLife at 1 800 GET-MET 8 should You have any questions about this important coverage.
In this Disclosure Statement, “You” or “Your” refers to the employee(s) of a group policyholder and “covered person(s)” refers to employees and their dependents who are insured under the Group Policy(ies) for this coverage.

1. **READ YOUR CERTIFICATE CAREFULLY** – This Disclosure Statement provides a very brief description of the important features of the group insurance coverage provided by the Group Policy(ies) and Certificate(s). This is not the insurance contract and only the actual provisions of the Group Policy(ies) and Certificate(s) under which You have coverage will control. Each Certificate sets forth in detail the rights and obligations of both You and MetLife under that Certificate. It is, therefore, important that You **READ EACH CERTIFICATE UNDER WHICH YOU HAVE COVERAGE CAREFULLY**!

2. **CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if You have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

3. **MEDICAL COVERAGE REQUIRED** – The Policies do NOT provide any type of medical coverage and are not a substitute for medical coverage or disability insurance. You MUST have medical insurance in place to apply for coverage under one or more of the Group Policies.

4. **BENEFITS OF YOUR CERTIFICATE**

Bone Marrow Transplant, Heart Attack, Heart Transplant, Kidney Failure, Major Organ Transplant, Stroke, Full Benefit Cancer, Partial Benefit Cancer, and Coronary Artery Bypass Graft (the “covered conditions”) are the only diseases or surgeries for which a covered person may receive benefits under the certificate. Covered conditions are grouped into three categories, as shown in the table below. If a covered condition First Occurs for a covered person while he or she is insured under the certificate proof of the covered condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for the covered condition, provided, however, that:

- a) we will never pay more with respect to any covered person than the Category Benefit Amount for all of the covered conditions listed in any one category; and
- b) we will never pay more with respect to any covered person than the Total Benefit Amount.

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<thead>
<tr>
<th>Category 1</th>
<th>Category 2</th>
<th>Category 3</th>
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<tbody>
<tr>
<td>Full Benefit Cancer</td>
<td>Heart Attack</td>
<td>Kidney Failure</td>
</tr>
<tr>
<td>Partial Benefit Cancer</td>
<td>Stroke</td>
<td>Major Organ Transplant</td>
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<tr>
<td>Bone Marrow Transplant</td>
<td>Coronary Artery Bypass Graft Heart Transplant</td>
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Each time a covered condition for which the policy pays a benefit occurs, a benefit suspension period lasting 180 days starts. During the benefit suspension period, we will not pay a benefit for any covered condition that occurs if it is in a different category of covered conditions from the covered condition that started the benefit suspension period. If no benefit is paid for a covered condition because it first occurs during a benefit suspension period, we will treat the next occurrence (if any) of that covered condition after the benefit suspension period ends, as the first occurrence of that covered condition.

Either all or a portion of the Category Benefit Amount is payable, depending on the type of covered condition. If a portion of the Category Benefit Amount is paid for a covered person under the policy, the amount payable for any future claims for that person in that category will be reduced by the amount already paid.

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent covered condition.

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100% of the Category Benefit Amount is payable for:
• Bone Marrow Transplant
• Heart Attack
• Heart Transplant
• Kidney Failure
• Major Organ Transplant
• Stroke
• Full Benefit Cancer

25% of the Category Benefit Amount is payable for:
• Partial Benefit Cancer
• Coronary Artery Bypass Graft

**Benefit Increases**

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

**DEFINITIONS**

(Note: Your Policy and Certificate have additional definitions which apply. Your Policy and Certificate also contain certain Proof requirements applicable to a particular Covered Condition. Read Your Certificate for these additional definitions and the Proof requirements.)

**Benefit Increase** means a simultaneous increase in both the Category Benefit Amount and Total Benefit Amount.

**Benefit Suspension Period** means the 180 day period following the date a covered condition, for which the certificate pays a benefit, occurs with respect to a covered person.

**Bone Marrow Transplant** means the irreversible failure of a covered person’s bone marrow for which a physician, who is board certified in hematology or oncology, has determined that the replacement of such covered person’s bone marrow with bone marrow from the covered person, or another human donor is medically necessary.

**Category Benefit Amount** means the maximum aggregate amount, as shown in the certificate, that We will pay for all covered conditions combined in any category of covered conditions, per covered person, per lifetime, as provided under the certificate. There are three categories of covered conditions and they are shown in the Benefits of Your Certificate section of this Outline of Coverage. There is only one Category Benefit Amount in effect at any time for each covered person.
Coronary Artery Bypass Graft means the undergoing of open heart surgery performed by a physician who is a board certified cardiothoracic surgeon to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The procedure must be deemed medically necessary by a physician who is a board certified cardiologist, and be supported by pre-operative angiographic evidence. Coronary Artery Bypass Graft does not include:
- angioplasty (percutaneous transluminal coronary angioplasty);
- laser relief;
- stent insertion;
- coronary angiography; or
- any other intra-catheter technique

Dependent means the following as defined in the certificate(s): Your spouse and/or dependent child.

First Occurs or First Occurrence means, with respect to each Covered Condition, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:
- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to atherosclerosis, spasm, thrombus or emboli.

Heart Transplant means the irreversible failure of a covered person’s heart for which a physician has determined that the complete replacement of such organ with an entire heart from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:
- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least six months; or
- a kidney transplant.

Major Organ Transplant means:
- the irreversible failure of a covered person’s lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either such covered person has been placed on the Transplant List or such transplant procedure has been performed; or
- the irreversible failure of a covered person’s liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary by a physician and either such covered person has been placed on the Transplant List or such procedure has been performed.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the group policy.
Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Total Benefit Amount means the maximum aggregate amount, as specified in the certificate, that we will pay for any and all covered conditions combined, per covered person, per lifetime, as provided under the certificate or any certificate it replaces.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

EXCLUSIONS RELATED TO COVERED CONDITIONS

We will not pay benefits for a Bone Marrow Transplant involving bone marrow received from nonhuman donors.

We will not pay benefits for Coronary Artery Bypass Graft:

- performed outside the United States; or
- that does not involve median sternotomy (a surgical incision in which the sternum, also known as the breastbone, is divided down the middle from top to bottom).

We will not pay benefits for a diagnosis of Full Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any tumor in the presence of human immuno-deficiency virus;
- any non-melanoma skin cancer unless there is metastasis;
- any malignant tumor classified as less than T1N0M0 under TNM Staging; or
- any condition that is Partial Benefit Cancer.

We will not pay benefits for a Heart Transplant:

- performed outside the United States, unless the covered person was placed on the Transplant List prior to the Heart Transplant being performed;
- involving a heart received from non-human donors;
- involving implantation of mechanical devices or mechanical organs; or
- involving stem cell generated transplants.
We will not pay benefits for a **Major Organ Transplant**:  
- performed outside the United States;  
- involving organs received from non-human donors;  
- involving implantation of mechanical devices or mechanical organs;  
- involving stem cell generated transplants;  
- involving islet cell transplants; or  
- involving a heart being transplanted in combination with any other organ.

We will not pay benefits for a diagnosis of **Partial Benefit Cancer** for:  
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;  
- any papillary tumor of the bladder classified as Ta under TNM Staging;  
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;  
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;  
- any tumor in the presence of human immuno-deficiency virus;  
- any non-melanoma skin cancer; or  
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a diagnosis of **Stroke** for:  
- cerebral symptoms due to migraine;  
- cerebral injury resulting from trauma or hypoxia; or  
- vascular disease affecting the eye or optic nerve or vestibular functions.

**OTHER EXCLUSIONS**

**General Exclusions:**

We will not pay benefits for Covered Conditions caused by, contributed to by or resulting from a covered person:

- participating in a felony, riot or insurrection;  
- intentionally causing a self-inflicted injury;  
- committing or attempting to commit suicide while sane or insane;  
- voluntarily taking or using any drug, medication or sedative unless it is:  
  - taken or used as prescribed by a physician;  
  - an “over the counter” drug, medication or sedative taken according to package directions;  
- engaging in an illegal occupation; or  
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for Covered Conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any Covered Condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States.

We will not pay benefits under a Certificate for any Covered Condition that does not First Occur for a covered person while the covered person is insured under that Certificate.
Intoxication Exclusion:

We will not pay benefits for any Covered Condition that is caused by, contributed to by, or results from a covered person’s involvement in an incident, where such covered person is Intoxicated at the time of the incident and is the operator of a vehicle involved in the incident. Intoxicated means that the covered person’s alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Pre-Existing Condition Exclusion:

A preexisting condition is a sickness or injury for which, in the 12 months before a covered person becomes insured under a Certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a Covered Condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid:
We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent covered condition.

Waiting Period:
On the date a covered person’s insurance under the certificate becomes effective, a waiting period starts with respect to such insurance. Such insurance will be void if the covered person:

- experiences a covered condition during the waiting period; or
- exhibits symptoms, or any medical or physical conditions, during the waiting period that would cause an ordinarily prudent person to seek diagnosis, care or treatment, and the covered person is diagnosed with Partial Benefit Cancer or Full Benefit Cancer.

On the date a Benefit Increase becomes effective, a waiting period starts with respect to the Benefit Increase. Such Benefit Increase will be void with respect to a covered person if the covered person:

- experiences a covered condition during the waiting period; or
- exhibits symptoms, or any medical or physical conditions, during the waiting period that would cause an ordinarily prudent person to seek diagnosis, care or treatment, and the covered person is diagnosed with Partial Benefit Cancer or Full Benefit Cancer.

Contributions you have paid for any insurance that is voided under this section will be returned to you without interest, except if your Dependent Child is the covered person whose insurance is void under this provision. If insurance for a Dependent Child is void under this provision, contributions paid for that insurance will be returned to you only if there is no insurance remaining in effect for any Dependent Child under the certificate. If you are the covered person whose insurance is void
under this provision, and as a result you no longer have any insurance in effect under the group policy, insurance for your Dependents will also be void.

If a claim is denied under this waiting period provision, at your option, we will exclude the covered condition under the preexisting condition exclusion and insurance that would otherwise be void under this waiting period provision will not be void. In order for you to exercise this option, you must notify us in writing within 30 days after we notify you that your claim is denied under this waiting period provision.

The length of the waiting period is 90 days for Partial Benefit Cancer and Full Benefit Cancer, 30 days for all other covered conditions.

**DEPENDENT INSURANCE**

When You apply for insurance for Yourself, You may also apply for coverage for Your Dependent(s). Dependent Insurance will take effect on the date we approve each Dependent for coverage. Once You have Dependent Insurance for at least one Dependent Child, if another child becomes Your dependent that child will automatically be covered.

To enroll a Dependent Child, that child must be under age 19, unmarried and supported by You or, if the child is between ages of 19 and 26, the child must be a full-time student at an accredited school, unmarried, supported by You, and not employed on a full-time basis.

For newborn children, if You do not have Dependent Insurance in effect, coverage will be effective for 31 days for a child who is at least 15 days old. Your adopted child will not be Your Dependent prior to the date the child is placed in Your home for adoption and coverage will continue for 31 days. For coverage to continue after 31 days, if You do not already have Dependent Insurance in effect, You must enroll your newborn or your adopted child and obtain our approval.

**WHEN INSURANCE ENDS**

**Date Your Insurance Ends:**

**The Earliest Of:**

Your insurance will end on the earliest of:

- the date the group policy ends;
- the date you die;
- the date insurance ends for your class;
- the date the Total Benefit Amount has been paid for you;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class; or
- the date your employment ends for any reason.

**Date Dependent Insurance Ends:**

**THE EARLIEST OF:**

A Dependent’s insurance will end on the earliest of:

- the date your insurance under the certificate ends;
- the date Dependent Insurance ends under the group policy for all employees or for your class;
- the date the person ceases to be a Dependent;
- the date the Total Benefit Amount has been paid for that Dependent;
- the date you cease to be in a class that is eligible for Dependent Insurance; or
- the end of the period for which the last full premium has been paid for the Dependent.

In certain cases insurance may be continued as stated in the section titled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT. Please see that section for details.
PREMIUMS

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for You and Your Dependents are also subject to change at other times as stated in each of the Group Policies.

STATE SPECIFIC PROVISIONS SECTION

Any state specific provisions will supersede the standard nationwide provisions.

For the states with specific provisions, the specific provisions apply as follows:

(1) if the policy under which You have coverage is issued in one of the following states (see page 1 of this Disclosure Statement for the state of issuance), apply the state specific provisions, if any, for the state in which Your Group Policy was issued:

Alabama, Alaska, Arizona, Colorado, District of Colombia, Georgia, Indiana, Iowa, Kansas, Kentucky, Maine, Massachusetts, Michigan, Missouri, Nevada, Pennsylvania, Tennessee, Virgin Islands. Virginia

EXCEPT THAT:

(2) if You are a resident of one of the following states, apply the following state specific provisions for your state of residence notwithstanding the state of issuance of Your Group Policy. The following states require their laws and regulations regarding this type of insurance to apply to coverage issued to their residents:

Arkansas, Delaware, Idaho, Illinois, Louisiana, Maryland, Mississippi, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Dakota, South Carolina, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming

Examples of how to apply State Specific Provisions:

1. If your Group Policy was issued in Alabama and you reside in Kentucky, you will apply the State Specific Provisions for Alabama, the state of issuance of your Group Policy. Kentucky is not listed in (2) above and does not require that its laws and regulations regarding this type of insurance apply to coverage issued to Kentucky residents.

2. If your Group Policy was issued in Alabama and you reside in Maine, you would apply the State Specific Provisions for Alabama, the state of issuance of Your Group Policy. Although Maine is listed in (1) above, the states listed in (1) only apply their state specific provisions to group policies issued in that state. Since your Group Policy is issued in Alabama, you would follow the Alabama-specific provisions, not Maine’s.

3. If your Group Policy was issued in Alabama and you reside in Maryland, you would apply Maryland’s State Specific Provisions. Maryland is one of the states which requires that its laws and regulations regarding this type of insurance apply to coverage issued to residents of the state, no matter where the Group Policy is issued.

4. If your Group Policy is issued in Maryland and you reside in Illinois, you would apply Illinois’ state specific provisions because Illinois laws and regulations regarding this type of insurance apply to coverage issued to Illinois residents no matter where the group policy is issued.

ALABAMA: Waiting Period: 30 days for each covered person per Certificate for all Covered Conditions. All other Waiting Period Limitation provisions apply.
ARIZONA: **Pre-Existing Condition Exclusion.** A preexisting condition is a sickness or injury for which, in the 12 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a Covered Condition that is caused by or results from a Preexisting Condition if the Covered Condition occurs during the first 12 months that a covered person is insured under the Certificate. However, a Preexisting Condition does not include any sickness or injury for which there is no evidence that the sickness or injury actually existed before the covered person is insured under this Policy.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

**Dependent Insurance -- Newborns:** Newborns are covered for 31 days from birth. All other newborn provisions apply.

COLORADO: **Dependent Insurance -- Dependent Child:** Dependent Child is a biological, adopted, or step child who is at least 15 days old, under age 24, unmarried, supported by You, or, if between the ages of 19 and 24, must be a full-time student at an accredited school, college or university that is licensed in the jurisdiction where it is located, unmarried, supported by You and not employed on a full-time basis. All other Dependent Insurance provisions apply.

DELWARE: **Pre-Existing Condition Exclusion.** A preexisting condition is a sickness or injury for which, in the 12 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts. We will not pay benefits for a Covered Condition that is caused by or results from a Preexisting Condition if the Covered Condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

DISTRICT OF COLUMBIA: **Pre-Existing Condition Exclusion.** A preexisting condition is a sickness or injury for which, in the 12 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts. We will not pay benefits for a Covered Condition that is caused by or results from a Preexisting Condition if the Covered Condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.
condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

**Waiting Period.** On the date a covered person’s insurance under the certificate becomes effective, a waiting period starts with respect to such insurance. Such insurance will be void if the covered person experiences a covered condition during the waiting period.

On the date a Benefit Increase becomes effective, a waiting period starts with respect to the Benefit Increase. Such Benefit Increase will be void with respect to a covered person if the covered person experiences a covered condition during the waiting period.

Contributions you have paid for any insurance that is voided under this section will be returned to you without interest, except if your Dependent Child is the covered person whose insurance is void under this provision. If insurance for a Dependent Child is void under this provision, contributions paid for that insurance will be returned to you only if there is no insurance remaining in effect for any Dependent Child under the certificate. If you are the covered person whose insurance is void under this provision, and as a result you no longer have any insurance in effect under the group policy, insurance for your Dependents will also be void.

If a claim is denied under this waiting period provision, at your option, we will exclude the covered condition under the preexisting condition exclusion and insurance that would otherwise be void under this waiting period provision will not be void. In order for you to exercise this option, you must notify us in writing within 30 days after we notify you that your claim is denied under this waiting period provision.

The length of the waiting period is 90 days for Partial Benefit Cancer and Full Benefit Cancer, 30 days for all other covered conditions.

**Dependent Insurance—Dependent Child.** Dependent Child includes grandchildren, nieces, and nephews under age 18, unmarried, and for whom You provide food, clothing, and shelter on a regular and continuous basis during the time that the District of Columbia public schools are in regular session and for whom you are the guardian or, if not the guardian, the child’s guardian is not covered by any accident or sickness policy. All other provisions regarding Dependent Insurance apply.

**GEORGIA:**

This coverage is called “Limited Benefit Critical Illness Insurance.”

**Dependent Insurance—Dependent Child:** A Dependent is covered to age 25 if a full-time student for at least 5 months of the year unless prevented from being a full-time student by sickness or injury. All other provisions regarding Dependent Insurance apply.

**Waiting Period:** 30 days for each covered person for each Certificate for all Covered Conditions. All other Waiting Period provisions apply.

**IDAHO:**

**Intoxication Exclusion:** Does not apply to Idaho.

**Pre-Existing Condition Exclusion:** Preexisting condition is a sickness or injury for which, in the 6 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or
recommended by, prescribed by or received from a physician or other practitioner of the healing arts. We will not pay benefits for a Covered Condition that is caused by or results from a Preexisting Condition if the Covered Condition occurs during the first 12 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

**Waiting Period:** On the date a covered person’s insurance under the certificate becomes effective, a waiting period starts with respect to such insurance. Such insurance will be void if the covered person experiences a covered condition during the waiting period.

On the date a Benefit Increase becomes effective, a waiting period starts with respect to the Benefit Increase. Such Benefit Increase will be void with respect to a covered person if the covered person experiences a covered condition during the waiting period.

Contributions you have paid for any insurance that is voided under this section will be returned to you without interest, except if your Dependent Child is the covered person whose insurance is void under this provision. If insurance for a Dependent Child is void under this provision, contributions paid for that insurance will be returned to you only if there is no insurance remaining in effect for any Dependent Child under the certificate. If you are the covered person whose insurance is void under this provision, and as a result you no longer have any insurance in effect under the group policy, insurance for your Dependents will also be void.

If a claim is denied under this waiting period provision, at your option, we will exclude the covered condition under the preexisting condition exclusion and insurance that would otherwise be void under this waiting period provision will not be void. In order for you to exercise this option, you must notify us in writing within 30 days after we notify you that your claim is denied under this waiting period provision.

The length of the waiting period is 30 days for all covered conditions.

**Dependent Insurance—Newborns and Adopted Children:** Newborns and adopted children placed within 60 days of their birth are covered for 60 days from birth. If placed more than 60 days after birth, adopted children are covered for 60 days from date of placement (as defined in the Certificate). To continue coverage for newborns or adopted children, You must apply for Dependent Coverage if there is none in effect.

**Dependent Insurance – Dependent Child.** To enroll a Dependent Child, that child must be unmarried and under age 21 or an unmarried full-time student under age 25 who is financially dependent on you.

**ILLINOIS:**

**Exclusions:** The words “contributed to by” are removed from the list of General Exclusions and the Intoxication Exclusion.

**First Occurs Definition:** The term “Occurs” is used in place of the term “First Occurs.”
INDIANA: Dependent Insurance – Dependent Child. To enroll a Dependent Child, that child must be under age 24.

Dependent Insurance–Newborns: Newborns are covered for 31 days from birth. All other newborn provisions apply.

KANSAS: Dependent Insurance–Newborns: Newborns are covered for 31 days from birth. All other newborn provisions apply.

Dependent Insurance–Adopted Children: A Dependent Child adopted by You while insurance is in effect under the certificate will be covered for 31 days from the earliest of the following: (1) the moment of birth if You take custody of the Dependent Child upon such Dependent Child’s release from the hospital and within 30 days of the date the Dependent Child is born you file a petition to adopt the Dependent Child; (2) the date you file a petition to adopt the Dependent Child or (3) the date the Dependent Child is placed in your home for adoption. In order to continue coverage for the Dependent Child, you must enroll the child and give written permission to deduct contributions from your pay for Dependent Insurance unless you already have Dependent Insurance in effect.

KENTUCKY: General Exclusions: We will not pay benefits for covered conditions caused or contributed to by a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any narcotic, hallucinogen, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an “over the counter” narcotic, hallucinogen, medication or sedative taken according to package directions;
- engaging in an illegal occupation;
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

Waiting Period:
On the date a covered person’s insurance under the certificate becomes effective, a waiting period starts with respect to such insurance. Such insurance will be void if the covered person:
- experiences a covered condition during the waiting period; or
- exhibits any medical or physical conditions, during the waiting period that would cause an ordinarily prudent person to seek diagnosis, care or treatment, and the covered person is diagnosed with Partial Benefit Cancer or Full Benefit Cancer.

On the date a Benefit Increase becomes effective, a waiting period starts with respect to the Benefit Increase. Such Benefit Increase will be void with respect to a covered person if the covered person:
- experiences a covered condition during the waiting period; or
- exhibits any medical or physical conditions, during the waiting period that would cause an ordinarily prudent person to seek diagnosis, care or treatment, and the covered person is diagnosed with Partial Benefit Cancer or Full Benefit Cancer.

Contributions you have paid for any insurance that is voided under this section will be returned to you without interest, except if your Dependent Child is the covered person whose insurance is void under this provision. If insurance for a Dependent
Child is void under this provision, contributions paid for that insurance will be returned to you only if there is no insurance remaining in effect for any Dependent Child under the certificate. If you are the covered person whose insurance is void under this provision, and as a result you no longer have any insurance in effect under the group policy, insurance for your Dependents will also be void.

If a claim is denied under this waiting period provision, at your option, we will exclude the covered condition under the preexisting condition exclusion and insurance that would otherwise be void under this waiting period provision will not be void. In order for you to exercise this option, you must notify us in writing within 30 days after we notify you that your claim is denied under this waiting period provision.

The length of the waiting period is 90 days for Partial Benefit Cancer and Full Benefit Cancer, 30 days for all other covered conditions.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury for which, in the 12 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

LOUISIANA: Dependent Insurance—Dependent Child: A Dependent Child means:
1. a child under age 21, unmarried and living with You and who is Your biological adopted or step child; Your grandchild in Your custody; or a child placed in Your home following execution of an act of voluntary surrender in favor of You or Your legal representative; and
2. a child between the ages of 21 and 24, unmarried, living with You, not employed on a full-time basis; and a full-time student (including a child who develops a mental or nervous condition that renders the child, in the opinion of qualified psychiatrist, unable to attend school as a full-time student and from holding self-sustaining employment) at an accredited school, college, or university that is licensed in the jurisdiction in which it is located; and, who is Your biological, adopted or step child, Your grandchild in Your custody; or a child placed in Your home following execution of an act of voluntary surrender in favor of You or Your legal representative.

All other provisions of Dependent Insurance apply.

MAINE: This coverage is called “Specified Disease Insurance” instead of “Critical Illness Insurance.”
This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer’s Guide to Cancer Insurance to review the possible limits on benefits in this type of coverage.

Waiting Period: 30 days for each covered person per each Certificate for All Covered Conditions (All other Waiting Period Limitation provisions apply)

Pre-Existing Condition Exclusion. A preexisting condition is a sickness or injury for which, in the 6 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

MARYLAND: Definitions & Exclusions Related to Covered Conditions: Delete the words “Board Certified” wherever used.

General Exclusions:

We will not pay benefits for covered conditions caused or contributed to by a covered person:
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

We will not pay benefits for any covered condition that does not First Occur for a covered person while the covered person is insured under the certificate.

Intoxication Exclusion: There is no intoxication exclusion.

Preexisting Condition Exclusion
A preexisting condition is a sickness or injury not revealed in the enrollment form for which, in the 6 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:
medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

Waiting Period: 30 days for each covered person per Certificate for all Covered Conditions. All other Waiting Period Limitation provisions apply.

MASSACHUSETTS: Date Your Insurance Ends: The Earliest Of:
Your insurance will end on the earliest of:
• the date the group policy ends;
• the date you die;
• the date insurance ends for your class;
• the date the Total Benefit Amount has been paid for you;
• the end of the period for which the last full premium has been paid for you;
• the date you cease to be in an eligible class; or
• the date 31 days after the date your employment ends for any reason other than a Plant Closing, a Partial Plant Closing or Your retirement unless, during such 31 day period, you become entitled to benefits under another policy that are similar to the benefits provided under this certificate; or
• the date 90 days after the date Your employment ends due to a Plant Closing or a Partial Plant Closing unless, during such 90 day period, you become entitled to benefits under another policy that are similar to the benefits provided under this certificate.

Plant Closing and Partial Plant Closing have the meaning set forth in Massachusetts Annotated Law, Chapter 151A, Section 71A.

MISSOURI: General Exclusions: We will not pay benefits for covered conditions caused or contributed to by a covered person:
• participating in a felony, riot or insurrection;
• intentionally causing a self-inflicted injury;
• committing or attempting to commit suicide while sane;
• voluntarily taking or using any drug, medication or sedative unless it is:
  • taken or used as prescribed by a physician;
  • an “over the counter” drug, medication or sedative taken according to package directions;
• engaging in an illegal occupation;
• serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.
We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

We will not pay benefits for any covered condition that does not First Occur for a covered person while the covered person is insured under the certificate.

**Preexisting Condition Exclusion**
A preexisting condition is a sickness or injury for which, in the 12 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

**Waiting Period:**
On the date Your insurance under this Certificate becomes effective, a waiting period starts with respect to such insurance. If You experience a Covered Condition during such waiting period, Your insurance will end on the date You experience the Covered Condition. The benefit We pay for a Covered Condition experienced by You during such waiting period will be limited to 10% of the amount that would be payable in the absence of this Waiting Period provision. We will also return any amount of premium paid to Us for insurance under this Certificate attributable to any period of time after the date of the Covered Condition.

On the date Your Spouse’s insurance under this Certificate becomes effective, a waiting period starts with respect to such insurance. If Your Spouse experiences a Covered Condition during such waiting period, insurance for Your Spouse under this Certificate will end on the date Your Spouse experiences the Covered Condition. The benefit We pay for a Covered Condition experienced by Your Spouse during such waiting period will be limited to 10% of the amount that would be payable in the absence of this Waiting Period provision. We will also return any amount of premium paid to Us with respect to Your Spouse for insurance under this Certificate attributable to any period of time after the date of the Covered Condition.

On the date Your Dependent Child’s insurance under this Certificate becomes effective, a waiting period starts with respect to such insurance. If Your Dependent Child experiences a Covered Condition during such waiting period, insurance for such Dependent Child under this Certificate will end on the date such Dependent Child experiences the Covered Condition. The benefit We pay for the Covered Condition will be limited to 10% of the amount that would be payable in the absence of this Waiting Period provision. If the Dependent Child who experienced the Covered Condition was the only Dependent Child covered under this Certificate, We will also return any amount of premium paid to Us for insurance under this Certificate with respect to Your Dependent Child attributable to any period of time after the date of the Covered Condition.
On the date a Benefit Increase becomes effective, a waiting period starts with respect to the Benefit Increase. If a Covered Person experiences a Covered Condition during the waiting period, the amount of the Benefit Increase payable to such Covered Condition will be limited to 10% of the amount of such Benefit Increase that would be payable in the absence of this Waiting Period provision, and such Benefit Increase will end with respect to such Covered Person.

The length of the waiting period is 90 days for Partial Benefit Cancer and Full Benefit Cancer, and 30 days for all other covered conditions.

**Dependent Insurance – Dependent Child:** Dependent Child is Your biological, adopted, or step child who is under age 25, unmarried, supported by You, and not employed full-time basis, and a full-time student at an accredited school, college or university that is license in the jurisdiction where it is located.

**MONTANA:**

The certificate does not provide coverage for mental illness or chemical dependency.

**Intoxication Exclusion:** We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person’s involvement in an incident, where such covered person is voluntarily intoxicated at the time of the incident and is the operator of a vehicle involved in the incident. Intoxicated means that the covered person’s alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

**Pre-Existing Condition Exclusion.** A preexisting condition is a sickness or injury for which, in the 6 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

**Waiting Period Limitation:** On the date Your insurance under this Certificate becomes effective, a waiting period starts with respect to such insurance. Such insurance will end if You experience a Covered Condition during such waiting period. The benefit We pay for a Covered Condition experienced by You during such waiting period will be limited to an amount equal to: (a) 110% of premium earned for all insurance provided under this Certificate from the date such insurance takes effect to the date of the Covered Condition, less (b) any amount of premium owed to Us. We will also return any amount of premium paid to Us for insurance under this Certificate attributable to any period of time after the date of the Covered Condition.

On the date a Benefit Increase becomes effective, a waiting period starts with respect to the Benefit Increase. Such Benefit Increase will be void with respect to a Covered Person if the Covered Person experiences a Covered Condition during the waiting period. Contributions You have paid for the Benefit Increase that is voided under this section will be returned to You without interest.

**Dependent Insurance—Newborns:** Newborns of any covered person are covered under that certificate from birth for 31 days. If there is no Dependent Insurance in effect, You must enroll the newborn as a Dependent to continue coverage after 31 days.
Dependent Insurance – Dependent Child. To enroll a Dependent Child, that child must be under age 25.

Premium Rates Change Based On Age: The applicable Premium for you is shown in the rate sheet.

NEW HAMPSHIRE: SEE ATTACHED SPECIAL NH DISCLOSURE STATEMENT

NEW MEXICO: Dependent Insurance – Dependent Child: Dependent Child is Your biological, adopted, or step child who is under age 25, unmarried, supported by You, and not employed full-time or a child for whom You are required to provide health insurance pursuant to a court or administrative order.

Dependent Insurance—Newborns: A Dependent Child born to You while insurance is in effect under this Certificate will be covered for 31 days from the moment of such Dependent Child’s birth. Unless You already have Dependent Insurance in effect for other Dependent Children, to continue coverage beyond the first 31 days You must enroll the child and give written permission to deduct Contributions from Your pay for Dependent Insurance.

Date Dependent Insurance Ends: The Earliest Of: Add the following to the lest of provisions under the heading “When Insurance Ends - Date Dependent Insurance Ends”: “with respect to a Dependent child who is insured under the Group Policy pursuant to an administrative or court order, the date such order is no longer in effect.”

NORTH CAROLINA: This coverage is called “Cancer and Specified Diseases Insurance” instead of “Critical Illness Insurance.”

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CERTIFICATE. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from MetLife. The certificate provides critical illness coverage ONLY.

Definitions & Exclusions Related to Covered Conditions: Delete the words “Board Certified” wherever used.

Pre-Existing Condition Exclusion: A preexisting condition is a sickness or injury for which, in the 12 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

Waiting Period:
On the date a covered person’s insurance under the certificate becomes effective, a waiting period starts with respect to such insurance. Such insurance will be void if the covered person experiences a covered condition during the waiting period.

On the date a Benefit Increase becomes effective, a waiting period starts with respect to the Benefit Increase. Such Benefit Increase will be void with respect to a covered person if the covered person experiences a covered condition during the waiting period.

Contributions you have paid for any insurance that is voided under this section will be returned to you without interest, except if your Dependent Child is the covered person whose insurance is void under this provision. If insurance for a Dependent Child is void under this provision, contributions paid for that insurance will be returned to you only if there is no insurance remaining in effect for any Dependent Child under the certificate. If you are the covered person whose insurance is void under this provision, and as a result you no longer have any insurance in effect under the group policy, insurance for your Dependents will also be void.

If a claim is denied under this waiting period provision, at your option, we will exclude the covered condition under the preexisting condition exclusion and insurance that would otherwise be void under this waiting period provision will not be void. In order for you to exercise this option, you must notify us in writing within 30 days after we notify you that your claim is denied under this waiting period provision.

The length of the waiting period is 30 days for all covered conditions.

**Dependent Insurance - Newborn, Adopted and Foster Children:** A dependent child born to You while insurance is in effect under this certificate will be covered for 31 days from the moment of such dependent child’s birth. The pre-existing condition exclusion will not apply to such dependent child. Unless you already have dependent insurance in effect for other dependent children, to continue coverage beyond the first 31 days you must enroll the child and give written permission to deduct contributions from Your pay for dependent insurance.

A dependent child adopted by You while insurance is in effect under this certificate will be covered for 31 days from the moment of such dependent child’s birth if You take custody of the dependent child upon such dependent child’s release from the hospital and within 30 days of the date the dependent child is born you file a petition to adopt the dependent child. The pre-existing condition exclusion will not apply to such dependent child. Unless you already have dependent insurance in effect for other dependent children, to continue coverage beyond the first 31 days you must enroll the child and give written permission to deduct contributions from Your pay for dependent insurance.

If a dependent child is a foster child placed with You while insurance is in effect under this certificate, such dependent child will be covered for 31 days from the moment of such dependent child’s birth. The pre-existing condition exclusion will not apply to such dependent child. Unless you already have dependent insurance in effect for other dependent children, to continue coverage beyond the first 31 days you must enroll the child and give written permission to deduct contributions from Your pay for dependent insurance.

**NORTH DAKOTA:** Exclusions Related to Covered Conditions—Full Benefit and Partial Benefit Cancer Exclusions: Delete the words “any tumor in the presence of human immuno-deficiency virus.”
Waiting Period:
On the date a covered person’s insurance under the certificate becomes effective, a waiting period starts with respect to such insurance. Such insurance will be void if the covered person experiences a covered condition during the waiting period.

On the date a Benefit Increase becomes effective, a waiting period starts with respect to the Benefit Increase. Such Benefit Increase will be void with respect to a covered person if the covered person experiences a covered condition during the waiting period.

Contributions you have paid for any insurance that is voided under this section will be returned to you without interest, except if your Dependent Child is the covered person whose insurance is void under this provision. If insurance for a Dependent Child is void under this provision, contributions paid for that insurance will be returned to you only if there is no insurance remaining in effect for any Dependent Child under the certificate. If you are the covered person whose insurance is void under this provision, and as a result you no longer have any insurance in effect under the group policy, insurance for your Dependents will also be void.

If a claim is denied under this waiting period provision, at your option, we will exclude the covered condition under the preexisting condition exclusion and insurance that would otherwise be void under this waiting period provision will not be void. In order for you to exercise this option, you must notify us in writing within 30 days after we notify you that your claim is denied under this waiting period provision.

The length of the waiting period is 30 days for all covered conditions.

Pre-existing Condition Exclusion:
A preexisting condition is a sickness or injury for which, in the 12 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

Dependent Insurance—Dependent Child: A Dependent Child is a biological, adopted, or step-child under age 22, unmarried and supported by You, or, if between the ages of 22 and 26, the Dependent Child is unmarried, supported by You, not employed on a full-time basis, and, a full-time student at an accredited school, college or university. All other provisions of Dependent Insurance apply.

OHIO: Dependent Insurance—Dependent Child: There is no 15 day minimum age limit for dependent children.

OKLAHOMA: Definitions & Exclusions Related to Covered Conditions: Delete the words “Board Certified” wherever used.
**General Exclusions:** The exclusion regarding Covered Conditions arising from war or any act of war does not apply.

**PENNSYLVANIA:**

**Pre-Existing Condition Exclusion:**
A preexisting condition is a sickness or injury for which, in the 90 days before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

**RHODE ISLAND:**

**Pre-Existing Condition Exclusion:**
A preexisting condition is a sickness or injury for which, in the 12 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

**Dependent Insurance—Newborns:** Newborns are covered for 31 days from birth. All other newborn provisions apply.

**SOUTH DAKOTA:**

**General Exclusions:** We will not pay benefits for Covered Conditions caused or contributed to by a covered person:
- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- engaging in an illegal occupation;
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for Covered Conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any Covered Condition for which Diagnosis is made outside the United States, unless the Diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to Occur on the date the Diagnosis is made outside the United States.
We will not pay benefits for any covered condition that does not First Occur for a covered person while the covered person is insured under the certificate.

**Intoxication Exclusion:** There is no intoxication exclusion.

**Pre-Existing Condition Exclusion:**
A preexisting condition is a sickness or injury for which, in the 6 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

**Waiting Period:**
On the date Your insurance under this Certificate becomes effective, a waiting period starts with respect to such insurance. Such insurance will end if You experience a Covered Condition during such waiting period. The benefit We pay for a Covered Condition experienced by You during such waiting period will be limited to an amount equal to: (a) 110% of premium earned for all insurance provided under this Certificate from the date such insurance takes effect to the date of the Covered Condition, less (b) any amount of premium owed to Us. We will also return any amount of premium paid to Us for insurance under this Certificate attributable to any period of time after the date of the Covered Condition.

On the date Your Spouse or Domestic Partner’s insurance under this Certificate becomes effective, a waiting period starts with respect to such insurance. Such insurance will end if Your Spouse or Domestic Partner experiences a Covered Condition during such waiting period. The benefit We pay for a Covered Condition experienced by Your Spouse or Domestic Partner during such waiting period will be limited to an amount equal to: (a) 110% of premium earned for all insurance provided under this Certificate with respect to Your Spouse or Domestic Partner from the date such insurance takes effect to the date of the Covered Condition, less (b) any amount of premium owed to Us. We will also return any amount of premium paid to Us with respect to Your Spouse or Domestic Partner for insurance under this Certificate attributable to any period of time after the date of the Covered Condition.

On the date Your Dependent Child’s insurance under this Certificate becomes effective, a waiting period starts with respect to such insurance. If Your Dependent Child experiences a Covered Condition during such waiting period, the insurance for such Dependent Child will end under this Certificate, and the benefit We pay for the Covered Condition will be limited to an amount equal to: (a) 110% of premium
earned for all insurance provided under this Certificate with respect to Dependent Children from the date such insurance takes effect to the date of the Covered Condition, less (b) any amount of premium owed to Us. If the Dependent Child who experienced the Covered Condition was the only Dependent Child covered under this Certificate, We will also return any amount of premium paid to Us for insurance under this Certificate with respect to Your Dependent Child attributable to any period of time after the date of the Covered Condition.

On the date a Benefit Increase becomes effective, a waiting period starts with respect to the Benefit Increase. Such Benefit Increase will be void with respect to a Covered Person if the Covered Person experiences a Covered Condition during the waiting period. Contributions You have paid for the Benefit Increase that is voided under this section will be returned to You without interest, except if Your Dependent Child is the Covered Person whose insurance is void under this provision. If insurance for a Dependent Child is void under this provision, Contributions paid for that insurance will be returned to You only if there is no insurance remaining in effect for any Dependent Child under this Certificate. If You are the Covered Person whose insurance is void under this provision, and as a result You no longer have any insurance in effect under the Group Policy, insurance for Your Dependents will also be void.

If a claim is denied under this waiting period provision, at your option, we will exclude the covered condition under the preexisting condition exclusion and insurance that would otherwise be void under this waiting period provision will not be void. In order for you to exercise this option, you must notify us in writing within 30 days after we notify you that your claim is denied under this waiting period provision.

The length of the waiting period is 90 days for Partial Benefit Cancer and Full Benefit Cancer, 30 days for all other covered conditions.

Newborn coverage: Newborns are covered for 31 days from birth. All other newborn provisions apply.

TENNESSEE: Waiting Period: 30 days for each covered person per Certificate for all Covered Conditions. All other Waiting Period Limitation provisions apply.


Definitions & Exclusions Related to Covered Conditions: Delete the words “Board Certified” wherever used.

Pre-Existing Condition Exclusion:
A preexisting condition is a sickness or injury for which, in the 12 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.
We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

Waiting Period:
On the date your insurance under the certificate becomes effective, a waiting period starts with respect to such insurance. If you experience a covered condition during such waiting period, your insurance will end on the date you experience the covered condition. The benefit we pay for a covered condition experienced by you during such waiting period will be limited to 10% of the amount that would be payable in the absence of this waiting period provision. We will also return any amount of premium paid to us for insurance under the certificate attributable to any period of time after the date of the covered condition.

On the date your spouse or domestic partner’s insurance under this certificate becomes effective, a waiting period starts with respect to such insurance. If your spouse or domestic partner experiences a covered condition during such waiting period, insurance for your spouse or domestic partner under this certificate will end on the date your spouse or domestic partner experiences the covered condition. The benefit we pay for a covered condition experienced by your spouse or domestic partner during such waiting period will be limited to 10% of the amount that would be payable in the absence of this waiting period provision. We will also return any amount of premium paid to us with respect to your spouse or domestic partner for insurance under this certificate attributable to any period of time after the date of the covered condition.

On the date your Dependent Child’s insurance under this certificate becomes effective, a waiting period starts with respect to such insurance. If your Dependent Child experiences a covered condition during such waiting period, insurance for such Dependent Child under the certificate will end on the date such Dependent Child experiences the covered condition. The benefit we pay for the covered condition will be limited to 10% of the amount that would be payable in the absence of this waiting period provision. If the Dependent Child who experienced the covered condition was the only Dependent Child covered under the certificate, we will also return any amount of premium paid to us for insurance under the certificate with respect to your Dependent Child attributable to any period of time after the date of the covered condition.

On the date a Benefit Increase becomes effective, a waiting period starts with respect to the Benefit Increase. If a covered person experiences a covered condition during the waiting period, the amount of the Benefit Increase payable to such covered condition will be limited to 10% of the amount of such Benefit Increase that would be payable in the absence of this waiting period provision, and such Benefit Increase will end with respect to such covered person.

Dependent Insurance—Dependent Child. Dependents are those children under age 25, unmarried and supported by You and not employed full-time or, if between the ages of 25 and 26, must be a full-time student at an accredited school, unmarried, supported by You and not employed full-time. Grandchildren under age 25, unmarried and supported by You are eligible for Dependent Insurance. Grandchildren of the insured are covered until age 25 so long as they meet the
dependency requirements of the certificate. All other Dependent Insurance provisions apply.

**Dependent Insurance—Newborns:** Newborns are covered for 31 days from birth. All other newborn provisions apply.

**UTAH:**

**Dependent Insurance—Dependent Child:** A Dependent Child is a biological, adopted, or step-child under age 26. Your adopted child will not be a Dependent Child prior to the date of the child’s Placement for Adoption with you. Placement for Adoption means the assumption and retention by You of a legal obligation for total or partial support of the child in anticipation of the adoption of the child. All other provisions of Dependent Insurance apply.

**Dependent Insurance—Newborns:** Newborns are covered for 31 days from birth. All other newborn provisions apply.

**Preexisting Condition Exclusion:**
A preexisting condition is a sickness or injury for which, in the 6 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

**VERMONT:**

This coverage is called “Limited Benefit Insurance” instead of “Critical Illness Insurance.”

**Dependent** means the following as defined in the certificate(s): Your spouse, civil union partner, domestic partner, civil union child and/or dependent child.

**Intoxication Exclusion:** Does not apply to Vermont.

**General Exclusions:**
- Exclusion for voluntarily taking or using any drug, medication or sedative does not apply in Vermont.

**Waiting Period:** The Waiting Period applicable to each Certificate is:

- 30 days for all Covered Conditions.
**Dependent Insurance:** When You apply for insurance for Yourself, You may also apply for coverage for Your Dependent(s). Dependent Insurance will take effect on the date we approve each Dependent for coverage except that our approval is not required for Your newborn children. To enroll a Dependent Child or Civil Union Child, that child must be under age 18, unmarried and supported by You or, if the child is between ages of 18 and 25, the child must be a full-time student at an accredited school, unmarried, supported by You, and not employed on a full-time basis. A full-time student includes any student who is unable to attend classes due to a medically necessary leave of absence from school for a period not to exceed 24 months or the date on which coverage would have otherwise ended, whichever is earlier. Children will not be covered until they are at least 15 days old. Once You have Dependent Insurance for at least one Dependent Child or Civil Union Child, if another child becomes Your dependent that child will automatically be covered.

**VIRGINIA:**

**Pre-Existing Condition Exclusion:**
A preexisting condition is a sickness or injury for which, in the three hundred and sixty-five (365) days before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered person’s covered condition that is caused by or results from a preexisting condition unless the covered condition occurs after the earlier of:

1. the end of a continuous period of three hundred and sixty-five (365) days after coverage becomes effective under the certificate and during which such covered person does not receive medical advice or treatment in connection with the preexisting condition; or
2. the end of the first seven hundred and thirty (730) days that such covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered person’s covered condition that is caused by or results from a preexisting condition unless the covered condition occurs after the earlier of:

1. the end of a continuous period of three hundred and sixty-five (365) days after Benefit Increase becomes effective under the certificate and during which such covered person does not receive medical advice or treatment in connection with the preexisting condition; or
2. the end of the first seven hundred and thirty (730) days that such Benefit Increase became effective.

**Dependent Insurance – Dependent Child.** To enroll a Dependent Child, that child must be under age 19.

**WEST VIRGINIA:**

This coverage is called “Specified Disease Insurance” instead of “Critical Illness Insurance.”

**Waiting Period:** 30 days for each Certificate for each covered person for all Covered Conditions. All other provisions of the Waiting Period apply.

**Pre-Existing Condition Exclusion:**
A preexisting condition is a sickness or injury for which, in the 12 months before a covered person becomes insured under a certificate, or before any Benefit
Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.

**WISCONSIN:**

**General Exclusions:**
We will not pay benefits for covered conditions caused or contributed to by a covered person:
- participating in a felony for which such covered person was convicted;
- participating in a riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician;
  - an “over the counter” drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation;
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

We will not pay benefits for any covered condition that does not First Occur for a covered person while the covered person is insured under the certificate.

**Exclusions Relating to Covered Conditions--Full Benefit and Partial Benefit Cancer Exclusions:** Delete the words “any tumor in the presence of human immuno-deficiency virus” and replace with “any Kaposi’s Sarcoma” to these exclusions.

**Date Your Insurance Ends:**

Your insurance will end on the earliest of:
- the date the group policy ends;
- the date you die;
- the date insurance ends for your class;
- the date the Total Benefit Amount has been paid for you;
- the end of the last day of the 31 day grace period following the date the last full premium was paid for you;
- the date you cease to be in an eligible class; or
- the date your employment ends for any reason.
Date Your Dependent Insurance Ends:

A Dependent’s insurance will end on the earliest of:
• the date your insurance under the certificate ends;
• the date Dependent Insurance ends under the group policy for all employees or for your class;
• the date the person ceases to be a Dependent;
• the date the Total Benefit Amount has been paid for that Dependent;
• the date you cease to be in a class that is eligible for Dependent Insurance; or
• the end of the last date of the 31 day grace period following the date the last full premium was paid for the Dependent.

WYOMING:

Pre-Existing Condition Exclusion:
A preexisting condition is a sickness or injury for which, in the 6 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 12 months after such increase in the Total Benefit Amount.
persons insured, restricted coverage payment benefits ONLY when certain losses occur as a result of critical illnesses. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expense. Policies of this category are designed to provide a lump sum payment if the covered person is diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if You have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

**DEFINITIONS**

**Dependent** means the following as defined in the certificate(s): Your spouse, civil union partner, domestic partner, civil union child and/or dependent child.

**Stroke:** Whenever ‘stroke’ is used in the Disclosure Statement, substitute “severe stroke.”

**Partial Benefit Cancer** means one of the following conditions that meets the TNM staging classifications and other qualifications specified below:
- carcinoma in situ classified as Stage 0 and as TisN0M0 (cancer cells that still lie in the tissue of the site of origin and have not spread to neighboring tissue), provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified Stage 1 and as T1-4N0-3M0-1 provided that such tumors are treated by endoscopic procedures alone. (In other words;
  - the primary tumor is assigned a “T1”, “T2”, “T3” or “T4”;
  - the extent of spread to lymph nodes is assigned as “N0”, “N1”, “N2” or “N3”; and
  - the absence or presence of distant metastasis is assigned an “M0” or M1”;
  - provided that such tumors are treated by endoscopic procedures alone);
- malignant melanomas classified as Stage 1 and T1N0M0 (localized melanoma that has not spread to the lymph nodes and where there is no distant metastasis), for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness;
- tumors of the prostate classified as Stage II and T1bN0M0 (cancer that cannot be detected by digital rectal examination or seen by imaging, which is incidentally found when prostate tissue is removed for reasons other than cancer, which occupies more than 5% of the tissue removed, that has not spread to the lymph nodes and where there is no distant metastasis), provided that they are treated with a radical prostatectomy or external beam radiotherapy; and
- tumors of the prostate classified as Stage II and T1cN0M0, (cancer that cannot be detected by digital rectal examination or seen by imaging, which is identified by needle biopsy, often because of elevated PSA levels, that has not spread to the lymph nodes and where there is no distant metastasis), provided that they are treated with a radical prostatectomy or external beam radiotherapy.

**Severe Stroke** means a cerebrovascular accident or incident producing measurable and functional neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:
- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

**EXCLUSIONS RELATED TO COVERED CONDITIONS**

We will not pay benefits for a diagnosis of Full Benefit Cancer for:
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
• any papillary tumor of the bladder classified under TNM Staging as Stage 0a as TaN0M0 (a tumor of the bladder that has not spread to the lymph nodes and where there is no distant metastasis);
• any tumor of the prostate classified under TNM Staging as T1N0M0 (cannot be detected by digital rectal examination or seen by imaging, which has not spread to the lymph nodes and where there is no distant metastasis);
• any papillary tumor of the thyroid that is classified under TNM Staging as Stage I and as T1N0M0 or less (a tumor that is confined to the thyroid gland, which has not spread to the lymph nodes and where there is no distant metastasis) provided that such tumor is one centimeter or less in diameter (unless there is metastasis);
• any tumor in the presence of human immuno-deficiency virus;
• any non-melanoma skin cancer (unless there is metastasis);
• any malignant tumor classified under TNM Staging as Stage 0, Stage I or Stage II and as less than T1N0M0; or
• any condition that is Partial Benefit Cancer.

We will not pay benefits for a diagnosis of Partial Benefit Cancer for:
• any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
• any papillary tumor of the bladder classified under TNM Staging as Stage 0a and as TaN0M0 (a tumor that has not spread to the lymph nodes and where there is no distant metastasis);
• any tumor of the prostate classified under TNM Staging as Stage I or Stage II and as T1aN0M0 (cancer that cannot be detected by digital rectal examination or seen by imaging, which is incidentally found when prostate tissue is removed for reasons other than cancer, that is limited to 5% or less of the prostate tissue removed, that has not spread to the lymph nodes and where there is no distant metastasis);
• any papillary tumor of the thyroid that is classified under TNM Staging as Stage I and as T1N0M0 or less (a tumor that is confined to the thyroid gland, which has not spread to the lymph nodes and where there is no distant metastasis) provided that the tumor is one centimeter or less in diameter;
• any tumor in the presence of human immuno-deficiency virus;
• any non-melanoma skin cancer; or
• any melanoma in situ classified under TNM Staging as Stage 0 and as TisN0M0 (cancer cells that still lie in the tissue of the site of origin and have not spread to neighboring tissue).

Waiting Period: 30 days for all Covered Conditions for each covered person for each Certificate. All other provisions of the Waiting Period Limitation apply.

Contributions you have paid for any insurance that is voided under this section will be returned to you without interest, except if your Civil Union Child or Dependent Child is the covered person whose insurance is void under this provision. If insurance for a Civil Union Child or Dependent Child is void under this provision, contributions paid for that insurance will be returned to you only if there is no insurance remaining in effect for any Civil Union Child or Dependent Child under the certificate. If you are the covered person whose insurance is void under this provision, and as a result you no longer have any insurance in effect under the group policy, insurance for your Dependents will also be void.

Pre-Existing Condition Exclusion: A preexisting condition is a sickness or injury for which, in the 6 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

• medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
• symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the certificate.
With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

**Dependent Insurance:**
When You apply for insurance for Yourself, You may also apply for coverage for Your Dependent(s). Dependent Insurance will take effect on the date we approve each Dependent for coverage except that our approval is not required for Your newborn children. To enroll a Dependent Child or Civil Union Child, that child must be under age 18, unmarried and supported by You or, if the child is between ages of 18 and 25, the child must be a full-time student at an accredited school, unmarried, supported by You, and not employed on a full-time basis. Children will not be covered until they are at least 15 days old. Once You have Dependent Insurance for at least one Dependent Child or Civil Union Child, if another child becomes Your dependent that child will automatically be covered.

**Date Dependent Insurance Ends: The Earliest Of:** Add the following to the list of provisions under the heading “When Insurance Ends - Date Dependent Insurance Ends”: “with respect to Your Civil Union Partner or Civil Union Child, the date the Civil Union terminates”.
Privacy Notice

If you submit a request for insurance (enrollment form) we will evaluate it. We will review the information you give to us and we may confirm it or add to it in the ways explained below.

This Privacy Notice is given to you on behalf of Metropolitan Life Insurance Company.

Please read this Privacy Notice carefully. It describes in broad terms how we learn about you and how we treat the information we get about you. (If anyone else is to be insured under the coverage you’ve requested, what we say here also applies to information about him or her.) We are required by law to give you this notice.

Why We Need Information: We need to know about you (and anyone else to be insured) so that we can provide the insurance and other products and services you’ve requested. We may also need it to administer your business with us, evaluate claims, process transactions and run our business. And we need information from you and others to help us verify identities in order to help prevent money laundering and terrorism.

What we need to know includes address, age and other basic information. We may also need more information. This may include information about finances, employment, health, hobbies or business conducted with us, with other MetLife companies (our “affiliates”) or with other companies. Our affiliates currently include life, car and home insurers, securities firms, broker-dealers, a bank, a legal plans company and financial advisors.

How We Get Information: What we know about you (and anyone else to be insured) we get mostly from you. But we may also have to find out more from other sources to make sure that what we know is correct and complete. Those sources may include adult relatives, employers, consumer reporting agencies, health care providers and others. Some sources may give us reports and may disclose what they know to others. 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 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
- Work and work history
- Driving record
- Hobbies and dangerous activities
- Finances

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., P.O. Box 105, Essex Station, Boston, MA 02112, by calling MIB at (866) 692-6901 (TTY (866) 346-3642 for the hearing impaired), or by contacting MIB at www.mib.com.

How We Protect Information: Because you entrust us with your personal information, 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 also take steps to make our computer databases secure and to safeguard the information we have.

CPN - Inst – Enr - 2007
How We Use and Disclose Information: We may use what we know to help us serve you better. We may use it, and disclose it to our affiliates and others, for any purpose allowed by law. Generally, we will disclose only the information we consider reasonably necessary to disclose. For instance, we may use your information, and disclose it to others, in order to:

- Help us evaluate your request for a 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 comply with the law
- Help us run our business
- Process information for us
- Perform research for us
- Audit our business

When we disclose information to others to perform business services for us, they are required to take appropriate steps to protect this information. And they may use the information only for the purposes of performing those business services. 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;
- Giving information to the government so that it can decide whether you may get benefits that it will have to pay for;
- Telling a group customer about its members’ claims or cooperating in a group customer’s audit of our service;
- 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; and
- 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.

How we use and disclose information depends on the products and services you have with us or are covered under. It also depends on laws that apply to those products and services. Unless restricted by law or by agreement, we may use what we know about you to offer you our other products and services. We may share your information with other companies to help us. Here are our other rules on using your information to market products and services:

- We will not share information about you with any of our affiliates for use in marketing its products to you, unless we first notify you. You will then have an opportunity to tell us not to share your information by “opting out.”
- Before we share what we know about you with another financial services company to offer you products or services through a joint marketing arrangement, we will let you “opt-out.”
- We will not disclose information to unaffiliated companies for use in selling their products to you, except through such joint marketing arrangements.
- We will not share your health information with any other company, even one of our affiliates, to permit it to market its products and services 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. (Because of its legal sensitivity, we will not show you anything that we learned in connection with a claim or lawsuit.) In some circumstances we may disclose what we know about your health through your health care provider. 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 if we give this information to anyone outside MetLife.

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 visit our website, www.metlife.com, or write to Metropolitan Life Insurance Company, c/o MetLife Privacy Office - Inst, P.O. Box 489, Warwick, RI 02887-9954. When writing to us, please identify the specific product or service you have with us.