Proposal Form

PO Box 1411 Sunderland SR5 9RB

0800 917 2111 www.metlife.co.uk

Thank you for taking out a Group Life policy with MetLife. This proposal form validates information you have provided to us as part of the quotation, and confirms the basis on which we are providing you cover.

If you have any questions or require help in completing the proposal form, please contact your financial intermediary.

Please read the information below carefully before completing this proposal form.

This proposal form is for a Group Life policy with MetLife Europe d.a.c., trading as MetLife. The proposal form must be completed and signed by an individual authorised to act for and on behalf of the policyholder. It is important that you answer all of the questions on the proposal form fully, truthfully and accurately. If you do not, this could affect the payment of benefits under the policy, including reducing the amount payable in the event of a claim or even invalidating the policy entirely.

The proposal form, once completed, signed and dated, should be returned to your financial intermediary, who must return it to MetLife within 30 days of MetLife assuming risk. The proposal form can be returned to MetLife either by post or by email. Our postal address is PO Box 1411, Sunderland, SR5 9RB, and our email address is eb@metlife.uk.com.

If you have any questions or require help in completing the proposal form, please contact your financial intermediary.

We request that MetLife assume cover for the Group Life scheme named overleaf in accordance with the standard policy terms and conditions provided with:

Quotation No.

Quotation date (ddmmyyyy)

D D M M Y Y Y

We understand that the above quotation is subject to the information supplied by us in response to MetLife's underwriting questions.

We understand that if any material facts supplied by us in this proposal form affect the premium rate detailed in the quotation above, a new quotation will be issued. We also understand that MetLife will not assume risk, until it has received written confirmation that their underwriting criteria have been satisfied.

MetLife put on-risk the Group Life policies requested. In the event an additional or a different policy needs to be put on-risk, we let your intermediary know to ensure you're happy to proceed. Once all required information has been received, policy schedules are issued, which confirm what policies are on-risk.

This MetLife Group Life proposal form is in respect of:

MetLife Registered Group Life policy

MetLife Excepted Group Life policy

MetLife Single Life Relevant Life policy

Yes

No

If yes, please state how many:

MetLife Single Life Relevant Life policy

Yes

No

If yes, please state how many:

Where Registered Group Life benefits are required, are the benefits to be provided by (one option must be ticked yes):

a. Your own registered pension scheme? Yes No
 If yes, supply the Pension Scheme Tax Reference ('PSTR'):

or

b. The MetLife Registered Master Trust? Yes No

Where Excepted Group Life benefits are required, are the benefits to be provided by the MetLife Excepted Master Trust?

Yes No

If the benefits are to be provided by a MetLife Master Trust, please ensure you complete, sign and return an Employer Admission Form immediately following the MetLife Group Life policy going on-risk.



Section 1 -	Employ	ver details
-------------	--------	-------------

- Lingsoy of dotains	
Please complete in block capitals	
Organisation name(s)	
Registered address	
registered address	
	Postcode
	rosteode
Trading address	
	Postcode
Registration number (if applicable)	
Scheme name (Leave blank if same as employer)	
Solicine name (2007) Stank in Game as Gripheyen,	
Names of associated companies covered by the MetLife Group Life policies in relation to this pro-	posal form (if applicable)

Section 2 - Scheme details

This section must be completed even if there is no existing scheme

Please tick one of the following statements as appropriate:

The scheme is currently insured with 1 or more insurers or self-insured on an identical benefit basis (please complete all questions in this section).

The scheme is currently insured with 1 or more insurers or self-insured on a non-identical benefit basis (please complete all questions in this section).

There is no existing scheme (please complete questions c and d).

a. We declare that the information provided and / or any assumptions set out in the final quotation in respect of the claims history are true, accurate and complete.

Yes (i.e. true, accurate and complete)

No (if 'No', please state why)

b. We declare that the information provided and / or any assumptions set out in the final quotation in respect of any members' / eligible employees' / eligible partners' benefits that have been rated, declined, limited to a free salary level or free cover limit under a previous employer-sponsored Group Life scheme supplied as part of the quotation request are true, accurate and complete.

Yes (i.e. true, accurate and complete)

No (if 'No', please state why)

c.	We declare that the information provided and / or any assumptions set out in the final quotation in respect of any scheme members
	/ eligible employees / eligible partners (including current or pending Income Protection claims) that have been absent from work for
	more than 90 continuous days, supplied as part of the quotation request are true, accurate and complete.

Yes (i.e. true, accurate and complete)

No (if 'No', please state why)

d. We declare that the information provided and / or any assumptions set out in the final quotation in respect of any members / eligible employees / eligible partners based overseas or who travel overseas for business purposes supplied as part of the quotation request are true, accurate and complete.

Yes (i.e. true, accurate and complete)

No (if 'No', please state why)

Section 3 - Basis of benefits and eligibility

We provided information in respect of the basis of benefits and eligibility of the MetLife Group Life policies on-risk or to go on-risk as part of this proposal form. This is set out in the final quotation, together with any assumptions MetLife has made in respect of the policies.

This includes, for example, and if relevant, details in respect of members based overseas with non-UK contracts.

We declare that the information provided and / or any assumptions set out in the final quotation are true, accurate and complete.

Yes (i.e. true, accurate and complete)

No (if 'No', please state why)

When received, please check the policy schedules issued in respect of the MetLife Group Life policies on-risk accurately reflect the required basis of benefits and eligibility, as this is the basis on which cover is provided. In the event of any inaccuracies, please contact MetLife immediately.

Section 4 - Extensions to cover

Extensions to cover are set out in the policy terms and conditions, and if selected, enable the continuity of cover for individual members under particular circumstances.

The extensions to cover available are:

- Redundancy cover; and
- · Early retirement cover.

We declare that the information provided in respect of the extensions to cover for the MetLife Group Life policies on-risk or to go on-risk as part of this proposal form as set out in the final quotation, is true, accurate and complete.

Yes (i.e. true, accurate and complete)

No (if 'No', please state why)

Section 5 - Actively at Work Declaration(s)

Definition

Actively at work means, in relation to an employee employed by the employer or a partner of the employer at any relevant date, that they have not received medical advice to refrain from and are actively engaged in or are otherwise following their normal occupation on that date. Actively means the employee or partner is, in the opinion of the insurer, mentally and physically capable of working their normal contracted number of hours, either at their usual place of business or at the location to which business requires them to travel.

Absence from work does not include holidays, maternity, paternity and adoption leave, or any other authorised leave to be approved by the insurer.

Actively at Work Declaration requirements

A separate Actively at Work Declaration must be completed for:

- each MetLife Registered and / or Excepted Group Life policy with fewer than 20 members as at the commencement date of the
 policy or that is switching cover from a previous insurer and is improving the benefit basis for fewer than 20 members; and
- each individual to be insured by a MetLife Single Life Relevant Life policy unless the Actively at Work requirement has been
 waived as a result of a linked policy.

If you require additional Actively at Work Declaration forms please contact your financial intermediary or MetLife.

MetLife Registered and / or Excepted Group Life policies

- Policies with fewer than 20 members any eligible employee or eligible partner who does not satisfy the Actively at Work definition on the last working day before the commencement date due to accident or sickness, will not be covered until satisfactory evidence of health is received and they are accepted for cover by MetLife. An Actively at Work Declaration must be completed.
- Policies with between 20 and 49 members any eligible employee or eligible partner who does not satisfy the Actively at Work definition on the last working day before the commencement date due to accident or sickness, will be covered when they return to work and are Actively at Work for at least 5 consecutive working days.
 - An Actively at Work declaration is not required; satisfaction of the Actively at Work requirements will need to be demonstrated in the event of the death of an insured member and a claim being submitted, unless the scheme is switching cover from a previous insurer and is improving the benefit basis for fewer than 20 members.
- Policies with 50 or more members an eligible employee or eligible partner is covered under the policy from the commencement date regardless of whether they are Actively at Work or not. An Actively at Work declaration is not required, unless the scheme is switching cover from a previous insurer and is improving the benefit basis for fewer than 20 members.

MetLife Single Life Relevant Life policies

An Actively at Work Declaration must be completed unless the Actively at Work requirement has been waived as a result of a linked policy.

Actively at Work Declaration for a MetLife Registered Group Life policy

Did all eligible employees and / or eligible partner	s meet the Actively at Wor	k definition (as set out above	e) on the last working	g day
before the commencement date?				

 Yes
 No
 If no, please provide details:

 Name
 Cause
 Dates of absence
 Benefit £

 D
 D
 M
 M
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y</t

Actively at Work Declaration for a MetLife Excepted Group Life policy

Did all eligible employees and / or eligible partners meet the Actively at Work definition (as set out above) on the last working day before the commencement date?

 Yes
 No
 If no, please provide details:

 Name
 Cause
 Dates of absence
 Benefit £

 D
 D
 M
 M
 Y
 Y
 Y
 Y

 D
 D
 M
 M
 Y
 Y
 Y
 Y
 Y

 D
 D
 M
 M
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y</t

Actively at Work Declaration for a MetLife Single Life Relevant Life policy

Did the employee or member satisfy the Actively at Work definition (as set out above) on the last working day before the commencement date?

Yes No If no, please provide details:

Name

Cause

Dates of absence

Dates of absen

Section 6 - Authorised signatories

An authorised signatory is an individual, usually an executive, who has been given authority to sign documents and forms on behalf of the policy(ies) i.e. the employer or a UK trust.

For completion of claims and policy documentation please provide a minimum of 2 authorised persons or signatories. In the event you only supply 1 authorised person, this may delay cover being provided or a claim being paid if they are not available at the time to sign the relevant forms.

Name	Signature date (ddmmyyyy)
	D D M M Y Y Y
Signature	Position
Name	Signature date (ddmmyyyy)
	D D M M Y Y Y
Signature	Position

Section 7 - Data Protection and Declaration

Data Protection

MetLife is a data controller in respect of any personal data you provide to us. The ways in which MetLife may collect, share or process personal data are explained in MetLife's Privacy Notice. MetLife's Privacy Notice also explains the rights of data subjects regarding personal data. A copy of MetLife's Privacy Notice is available on our website, www.metlife.co.uk.

Declaration

We declare that the answers we have provided to MetLife's underwriting questions, whether in this proposal form or otherwise, are substantially true, accurate and complete. We understand that if they are not, then this could affect the payment of benefits under the policy, including reducing the amount payable in the event of a claim, invalidating the policy entirely, and MetLife retaining the policy premium.

We have read the MetLife Privacy Notice and we note and understand the purposes for which personal data will be stored and processed by MetLife and with whom the data may be shared or transferred. We warrant that personal data provided to MetLife for the purposes of the policy is provided in accordance with all applicable data protection laws.

We consent to MetLife seeking and obtaining information from any insurance company on proposals for Group Life cover that we have made. We will provide MetLife with medical evidence and confirmation of age if they request it. We will also notify MetLife of the details of all future members of the scheme no later than the review date following those members satisfying the eligibility conditions.

We confirm that it is not MetLife's responsibility to advise on the way in which any particular scheme operates or is taxed.

We confirm that an electronic copy of this proposal form has the same validity as the original.

We declare that the individual signing this proposal form has authority to act for and on behalf of the policyholder.

e of authorised signatory Signature date (ddmmyyyy)								
	D	D	M	M	Υ	Υ	Υ	Υ
Signature	Posi	tion						
For and on behalf of								

0800 917 2111

ebnewbusiness@metlife.uk.com

metlife.co.uk

Products and services are offered by MetLife Europe d.a.c. which is an affiliate of MetLife, Inc. and operates under the "MetLife" brand.

MetLife Europe d.a.c. is a private company limited by shares and is registered in Ireland under company number 415123. Registered office at 20 on Hatch,
Lower Hatch Street, Dublin 2, Ireland. UK branch office at Invicta House, Trafalgar Place, Brighton BN1 4FR. Branch registration number: BR008866. MetLife
Europe d.a.c. (trading as MetLife) is authorised and regulated by Central Bank of Ireland. Deemed authorised by the Prudential Regulation Authority. Subject to
regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details of the Temporary Permissions Regime, which
allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website.

