DISABILITY INSURANCE

MetLife Income Guard℠ Specimen Policy



MetLife



choosing the right

coverage

Selecting the right insurance company is as important as choosing the right coverage.

At MetLife, we've earned a reputation for policyholder service and financial integrity. Since we opened our doors in 1868, MetLife has grown to be one of the strongest and most respected financial institutions in the world.

For more than 90 years, MetLife has been in the business of protecting the livelihoods of our policyholders with disability income insurance. This commitment to the marketplace has made us a leading provider of disability income insurance.

the strength of metlife

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Coverage is noncancelable and guaranteed renewable. This means that MetLife cannot change the premiums or coverage until the first premium due date on or after your 67th birthday or on the fifth policy anniversary, if later.

Your coverage, exclusive of certain riders, may be renewed on a limited basis after age 67, or the fifth policy anniversary, if later.

MetLife

Metropolitan Life Insurance Company
200 Park Avenue, New York, New York 10166-0188

Metropolitan Life Insurance Company ("MetLife"), a stock company, will pay the benefits of this policy according to its provisions.

Disability Income Insurance Policy

- **Noncancelable and Guaranteed Renewable to Age 67, or for Five Policy Years if Later. No Change in Premium Rates.** This means that, as long as You pay the Premium on time, We cannot change Your policy, or its Premium rate as shown on the Policy Schedule Page, until the first Premium Due Date on or after Your 67th birthday, or on the fifth policy anniversary, if later.
- **Renewal Privilege After Age 67 With Limited Benefit Period. Premium Rates are Subject to Change.** If You are Gainfully Employed for at least 30 hours per week as of the first Premium Due Date on or after Your 67th birthday, or the fifth policy anniversary if later, You may continue coverage under this policy, exclusive of any riders that (as described in the Termination section of the rider) have previously terminated or terminate as of the first Premium Due Date on or after Your 67th birthday, or the fifth policy anniversary, if later, for as long as You remain so employed. This privilege is explained on page 8.
- The Schedule of Benefits provided by this policy is shown on the Policy Schedule Page.

We have issued this policy to You in consideration of the payment of the Premium and the statements made in Your Application. Your Application is part of Your policy.

Christine M. De Biase
Vice-President and Secretary

Steven A. Kandarian
Chairman, President and Chief Executive Officer

10-Day Right to Examine Policy. Please read this policy. It is a legal contract between You and Us. You may return the policy to Us or to the representative through whom You bought it within 10 days from the date You receive it. If You return it within the 10-day period, the policy will be considered never to have been issued. We will refund any Premium paid.

See Table of Contents on page 3.

Countersigned and delivered on _____By _____

POLICY SCHEDULE

The Policy Schedule summarizes the benefits, provisions, riders and premium of your policy.

Metropolitan Life Insurance Company
Policy Schedule

Effective Date	May 1, 2013	Policy Number:	XXXXXXXAH
Insured:	John Doe	Issue Age and Sex	35 Male
Monthly Benefit for Total Disability	$XXXXX	Elimination Period	90 days
Regular Occupation Period	To Age 67		
Accumulation Period:	180 days	Maximum Benefit Period: (See Table A in This Schedule)	To Age 67

Benefit Provisions			Annual Premium
Monthly Benefit for Total Disability			$XXXX.XX
Lifetime Benefit for Total Disability		IDIPR12-13	$XXX.XX
Effective Date	5/1/2013		
Monthly Benefit for Residual Disability		IDIPR12-16	$XXX.XX
Effective Date	5/1/2013		
Cost-of-Living Adjustment with Benefit Purchase Option		IDIPR12-09	$XXX.XX
Effective Date	5/1/2013		
Presumptive Disability		IDIPR12-02	$XXX.XX
Effective Date	5/1/2013		
Your Occupation Benefit		IDIPR12-04	$XXX.XX
Effective Date	5/1/2013		
Maximum Benefit Period	To Age 67		
Catastrophic Disability Benefit		IDIPR12-10	$XXX.XX
Effective Date	5/1/2013		
Elimination Period	90 days		
Monthly Benefit Amount	$XXXX.XX		
Spousal Catastrophic Disability Benefit		IDIPR12-11	$XXX.XX
Effective Date	5/1/2013		
Spouse's Name	Jane A. Doe		
Date of Birth	January 1, 1980		
Monthly Benefit Amount	$XXX.XX		
Elimination Period	90 days		
Maximum Benefit Period	24 months		
Guaranteed Insurability Benefit		IDIPR12-01	$XXX.XX
Effective Date	5/1/2013		
Maximum Total Increase	$XX,XXX		
Unit of Increase	$X,XXX		
Please read the provision "When an Increase Takes Effect" within the Guaranteed Insurability Benefit Rider.			
Expiry Date	5/1/2029		

IDIP12-01 6S Nonsmoker Income Guard

Metropolitan Life Insurance Company
Policy Schedule

Effective Date	May 1, 2013	Policy Number:	XXXXXXXAH
Insured:	John Doe	Issue Age and Sex	35 Male

Renewable Automatic Increase Benefit		IDIPR12-23	$X.XX
Effective Date	5/1/2013		

Increase Effective Date	Monthly Benefit for Total Disability Increases to:	Annual Premium Increases by:
5/1/2014	$XXXX.XX	$XXX.XX
5/1/2015	$XXXX.XX	$XXX.XX
5/1/2016	$XXXX.XX	$XXX.XX
5/1/2017	$XXXX.XX	$XXX.XX
5/1/2018	$XXXX.XX	$XXX.XX

If you do not cancel an increase, the premium for that increase will be payable on and after the effective date, shown above, for that increase.

COBRA Premium Reimbursement		IDIPR12-21	$XXX.XX
Effective Date	5/1/2013		
Maximum COBRA Premium Reimbursement Benefit Period	15 Months		
Maximum Monthly COBRA Premium Reimbursement Benefit	$XXXX		
Capital Sum Benefit		IDIPR12-19	$XXX.XX
Effective Date	5/1/2013		
Capital Sum Benefit Amount	$XXXXXX		

IDIP12-01 6S Nonsmoker Income Guard

Metropolitan Life Insurance Company
Policy Schedule

Effective Date	May 1, 2013	Policy Number:	XXXXXXXAH
Insured:	John Doe	Issue Age and Sex	35 Male

Policy Fee	$XX.XX
Total Annual Premium	$XXXX.XX
Total Premium For Initial Term	$XXXX.XX
12 Month Term	

Endorsements and Riders to Your Policy may change terms (including definitions, conditions, exclusions and limitations of coverage). You should always check each Endorsement and Rider to confirm what coverage You have.

Table A Maximum Benefit Period Varies by Age When Disability Begins

Age When Disability Begins	Maximum Benefit Period
Before Age 63	To Age 67
At Age 63, before Age 64	48 months
At Age 64, before Age 65	42 months
At Age 65, before Age 66	36 months
At Age 66, before Age 67	30 months
At Age 67, before Age 73	24 months
At Age73, before Age 74	21 months
At Age 74, before Age 75	18 months
At Age 75, before Age 76	15 months
At or after Age 76	12 months

See Renewal Provision for Ages 67 and Greater
See Policy for Benefits Payable Under Any Riders

IDIP12-01 6S Nonsmoker Income Guard

All or part of the Total Disability benefit may be paid with either Level or Term Premium.

The Term Premium Period is the number of policy years before the premium for benefits paid with Term Premium changes.

The final date to convert Term Premium to Level Premium is shown.

Metropolitan Life Insurance Company
Policy Schedule

Effective Date	May 1, 2013	Policy Number:	XXXXXXXAH
Insured:	John Doe	Issue Age and Sex	35 Male
Monthly Benefit for Total Disability	$XXXX	Elimination Period	90 days
Regular Occupation Period	To Age 67		
Accumulation Period:	180 days	Maximum Benefit Period: (See Table A in This Schedule)	To Age 67

Monthly Benefit for Total Disability: $10,000

Benefit Provisions			Monthly Benefit	Annual Premium
Benefits with Level Premium				
Monthly Benefit for Total Disability			$5,000	$XXXX.XX
Monthly Benefit for Residual Disability		IDIPR12-16		$XXX.XX
Effective Date	5/1/2013			
Cost-of-Living Adjustment with Benefit Purchase Option		IDIPR12-09		$XXX.XX
Effective Date	5/1/2013			
Total Level Premium				$XXXX.XX
Benefits with Term Premium				
Premium for Term Beginning and Ending	XX/XX/XXXX to X/XX/XXXX	IDIPR12-12		
Term Premium Period	1 Year	Effective Date: 5/1/2013		
Final Conversion Date:	5/1/2033			
Term Monthly Benefit - Portion of Monthly Benefit for Total Disability payable with term premium			$5,000	$XXXX.XX
Monthly Benefit for Residual Disability		IDIPR12-16		$XXX.XX
Effective Date	5/1/2013			
Cost-of-Living Adjustment with Benefit Purchase Option		IDIPR12-09		$XXX.XX
Effective Date	5/1/2013			
Scheduled Annual Term Premium				$XXXX.XX
			Policy Fee	$XX.XX
			Total Annual Premium for Term Premium Period	$XXXX.XX
			Total 1 Month Premium for Term Premium Period	$XXXX.XX
			See last page of this Policy Schedule for scheduled future Premium	

IDIP12-01 6S Nonsmoker Income Guard

Metropolitan Life Insurance Company
Policy Schedule

Effective Date	May 1, 2013	Policy Number:	XXXXXXXAH
Insured:	John Doe	Issue Age and Sex	35 Male

Endorsements and Riders to Your Policy may change terms (including definitions, conditions, exclusions and limitations of coverage). You should always check each Endorsement and Rider to confirm what coverage You have.

Table A Maximum Benefit Period Varies by Age When Disability Begins

Age When Disability Begins	Maximum Benefit Period
Before Age 63	To Age 67
At Age 63, before Age 64	48 months
At Age 64, before Age 65	42 months
At Age 65, before Age 66	36 months
At Age 66, before Age 67	30 months
At Age 67, before Age 73	24 months
At Age73, before Age 74	21 months
At Age 74, before Age 75	18 months
At Age 75, before Age 76	15 months
At or after Age 76	12 months

See Renewal Provision for Ages 67 and Greater
See Policy for Benefits Payable Under Any Riders

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POLICY SCHEDULE WITH TERM PREMIUM CONVERSION RIDER

Converted Level Premium is the Level Premium that would be payable if the entire portion of the Total Disability benefit paid with Term Premium were converted to Level Premium in any given year. The ability to convert ends on the policy anniversary prior to the insured's 56th birthday.

Premium for future policy years is shown.

Metropolitan Life Insurance Company
Policy Schedule

Effective Date May 1, 2013 Policy Number: XXXXXXXAH

Insured: John Doe Issue Age and Sex 35 Male

12 Months Begins May 1, 2013	Total Level Premium	Scheduled Annual Term Premium	Premium for Refund of Premium Benefit	Total Annual Premium	Total Premium Payable Monthly	Converted Level Premium
2013	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX
2014	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX
2015	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX
2016	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX
2017	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX
2018	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX
2019	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX
2020	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX
2021	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX
2022	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX
2023	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX
2024	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX
2025	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX
2026	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX
2027	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX
2028	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX
2029	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX
2030	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX
2031	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX
2032	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX
2033	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX
2034	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	N/A
2035	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	N/A
2036	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	N/A
2037	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	N/A
2038	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	N/A
2039	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	N/A
2040	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	N/A
2041	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	N/A
2042	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	N/A
2043	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	N/A
2044	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	N/A
2045	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	N/A
2046	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	$ XXX.XX	N/A

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Understanding This Policy

To make this policy clear and easy to read, We have left out many cross-references and conditional statements. Therefore, the provisions and definitions of the policy, including any riders, must be read as a whole. For example, the Exclusions on page 8 apply to all benefit provisions of this policy.

A policy term is the period from one Premium Due Date to the next. A policy anniversary is measured from the Effective Date of the policy. For example, if the Effective Date is May 5, 2010, the first policy anniversary is May 5, 2011. If the policy term is six months, the first term ends November 4, 2010.

Read this policy to find out how to exercise Your rights. Instructions for submitting a claim can be found on page 10. If You want to change an address, or request any administrative action by Us, You should do so on the forms prepared for each purpose. You can get these forms from Your licensed insurance representative or one of Our local offices.

When You Write to Us, please give Us Your name, address and policy number. Please notify Us promptly of any changes. We will Write to You at Your last known address.

Checks, drafts or money orders may be drawn on a U.S. bank to the order of Metropolitan Life Insurance Company (or "MetLife"). They are received subject to the condition that they may be handled for collection in accordance with the practice of the collecting bank or banks. If We do not receive the full amount of any check, draft or money order, it will not constitute payment. All payments are to be made in U.S. currency.

Definitions

The following terms, as they appear in this policy, including any riders, are defined as set forth below, unless We specifically state otherwise.

Different periods of disability within the accumulation period can count towards satisfying the elimination period.

Accumulation Period means the number of consecutive days during which the Elimination Period must be satisfied. The Accumulation Period is shown on the Policy Schedule Page, and begins on the first day that You are Disabled.

Age 65 means the first Premium Due Date that occurs on or after Your 65th birthday.

Age 67 means the first Premium Due Date that occurs on or after Your 67th birthday.

Age 70 means the first Premium Due Date that occurs on or after Your 70th birthday.

Application means the Written application(s) for this policy, including any amendments thereto, and any application(s) for a policy change or reinstatement.

Complications of pregnancy are covered as any other sickness.

Subject to state variations.

Complications of Pregnancy means:

1. Diseases of the mother which are not caused by pregnancy but which coexist with and are adversely affected by pregnancy, such as heart, kidney, lung and other similar diseases;
2. Maternal conditions caused by the pregnancy which make its treatment more difficult, such as placenta praevia, ectopic pregnancy, hemorrhage following delivery, or similar severe conditions; or
3. A cesarean section or a miscarriage.

This term does not include Physician-prescribed rest, false labor, morning sickness, occasional spotting, or other minor conditions associated with normal pregnancy.

Disability or **Disabled** means Total Disability that starts while Your policy is in force.

Effective Date means the date that the policy, or a rider, takes effect.

Elimination Period means the number of days of Disability which must elapse before benefits become payable for that Disability. These need not be consecutive days of Disability, but must occur within the Accumulation Period for the same or a related cause. No benefits are payable for the Elimination Period. Elimination periods are shown on the Policy Schedule Page.

Definitions (Continued)

Gainfully Employed means actively engaged in an occupation for remuneration or profit.

Impairment means a loss of use or function that can be evaluated by medical means.

Injury means an accidental bodily injury that occurs on or after the Effective Date of the policy and while Your policy is in force.

Maximum Benefit Period means the longest period of time for which We will pay benefits for any one period of Disability. Maximum Benefit Periods are shown on the Policy Schedule Page.

Physician means a person who is:

1. Legally licensed to practice medicine or psychology; or
2. A duly licensed practitioner or therapist operating within the scope of his or her license.

A Physician can not be:

1. You or anyone to whom You are related by blood or marriage;
2. Anyone with whom You share a business interest; or
3. Your employee.

Premium is shown on the Policy Schedule Page and is the amount required to keep Your policy, including riders, in force for a policy term.

Premium Due Date means the first day of each policy term.

Subject to state variations.

Preexisting Condition means a Sickness or Injury for which, in the five years prior to the Effective Date, or the effective date of any policy change or reinstatement for which You are required to submit an Application:

1. Medical advice or treatment or care was contemplated, or was recommended by or received from a Physician; or
2. Symptoms existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

This is the standard definition of Regular Occupation. The specialty version used for eligible medical and dental occupations is shown on the next page.

The regular occupation period may vary based on your occupational class. Contact your representative for details.

Regular Occupation means Your usual occupation (or occupations, if more than one) in which You are Gainfully Employed at the time You become Disabled. If You are not Gainfully Employed at the time Your Total Disability begins, Regular Occupation shall then mean any occupation(s) for which You are reasonably fitted by Your education, training or experience.

Regular Occupation Period means the period of time as shown on the Policy Schedule Page which starts on the first day following the Elimination Period.

Sickness means sickness or disease that first manifests itself on or after the Effective Date of the policy and while Your policy is in force.

Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record. The signature may be transmitted by paper or electronic media, provided it is consistent with applicable law.

SPECIALTY DEFINITION OF REGULAR OCCUPATION

This is the specialty definition of Regular Occupation that is built into the policy for eligible medical and dental occupations. The standard version used for all other occupations is shown on the previous page.

Definitions (Continued)

Impairment means a loss of use or function that can be evaluated by medical means.

Injury means an accidental bodily injury that occurs on or after the Effective Date of the policy and while Your policy is in force.

Maximum Benefit Period means the longest period of time for which We will pay benefits for any one period of Disability. Maximum Benefit Periods are shown on the Policy Schedule Page.

Physician means a person who is:

1. Legally licensed to practice medicine or psychology; or

2. A duly licensed practitioner or therapist operating within the scope of his or her license.

A Physician can not be:

1. You or anyone to whom You are related by blood or marriage;

2. Anyone with whom You share a business interest; or

3. Your employee.

Premium is shown on the Policy Schedule Page and is the amount required to keep Your policy, including riders, in force for a policy term.

Premium Due Date means the first day of each policy term.

Preexisting Condition means a Sickness or Injury for which, in the five years prior to the Effective Date, or the effective date of any policy change or reinstatement for which You are required to submit an Application:

1. Medical advice or treatment or care was contemplated, or was recommended by or received from a Physician; or

2. Symptoms existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

Regular Occupation means Your usual occupation (or occupations, if more than one) in which You are Gainfully Employed at the time You become Disabled.

We will consider the material and substantial duties You are performing, including those of a professionally recognized specialty (or specialties if more than one) in medicine or dentistry immediately prior to the time You become Disabled to be the material and substantial duties of Your Regular Occupation.

If You are not Gainfully Employed at the time Your Total Disability begins, Regular Occupation shall then mean any Occupation(s) for which You are reasonably fitted by education, training, or experience.

Regular Occupation Period means the period of time as shown on the Policy Schedule Page which starts on the first day following the Elimination Period.

Sickness means sickness or disease that first manifests itself on or after the Effective Date of the policy and while Your policy is in force.

Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record. The signature may be transmitted by paper or electronic media, provided it is consistent with applicable law.

Definitions (Continued)

This is the standard definition of Total Disability. The specialty version used for eligible medical and dental occupations is shown on the next page.

Insures against the inability to perform the material and substantial duties of your regular occupation if you are not gainfully employed.

Total Disability or **Totally Disabled** means that due solely to Impairment caused by Injury or Sickness, You are:

1. Before the end of the Regular Occupation Period shown on the Policy Schedule Page:
   a. Prevented from performing the material and substantial duties of Your Regular Occupation;
   b. Not Gainfully Employed; and
   c. Receiving appropriate care from a Physician who is appropriate to treat the condition causing the Impairment.
2. After the Regular Occupation Period shown on the Policy Schedule Page:
   a. Prevented from performing any occupation for which You are or become reasonably fitted by Your education, training or experience;
   b. Not Gainfully Employed; and
   c. Receiving appropriate care from a Physician who is appropriate to treat the condition causing the Impairment.

We may waive the physician care requirement in certain situations.

We may waive the requirement of care from a Physician if Your Physician provides documentation acceptable to Us that continued care would be of no benefit to You.

We, Us and **Our** mean Metropolitan Life Insurance Company.

Write, Written or **Writing** means a record that may be transmitted by paper or electronic media, and that is consistent with applicable law.

You and **Your** mean the insured named on the Policy Schedule Page.

Benefits

Monthly Benefit for Total Disability

We will pay the Monthly Benefit for Total Disability shown on the Policy Schedule Page while You are Totally Disabled.

This benefit will start to accrue after the Elimination Period. We will pay the benefit while You remain Totally Disabled, but not beyond the Maximum Benefit Period. For periods of less than a month, benefits will be prorated based on a 30-day month.

If you die during a continuous period of disability and benefits have been paid for 12 months or more, we will pay your designated beneficiary an additional benefit for 6 months. This benefit is equal to the amount of the benefit payable for the last month of disability.

If You die during a continuous period of Disability after benefits were paid for 12 months or more, an additional benefit, equal to the amount of the benefit payable for the last month of Disability, will be paid to Your beneficiary for each of the first six months after Your death.

Limited Benefit Period While Outside the United States

We will pay you up to a lifetime maximum of 24 months of benefits while you are outside the United States , its possessions and Canada.

While You are outside the United States, its possessions and Canada, benefits will be paid for a maximum of 24 months for all periods of Disability combined during Your lifetime. This limitation does not apply to any period of time for which You are considered Presumptively Totally Disabled, if the Presumptive Total Disability rider is included in Your policy.

Waiver of Premiums

We will waive premiums that become due after the earlier of the date on which you were disabled for 90 consecutive days or the date the elimination period was satisfied, for as long as you remain disabled. Premiums that became due and were paid during that period will be refunded.

After the earlier of the date:

1. You have been Disabled for a period of 90 consecutive days; or

2. You satisfy the Elimination Period,

We will waive any Premium that becomes due while You remain Disabled. Your policy and its benefits will continue as if the Premium had been paid.

We will also refund any Premium that You paid that became due during the first 90 consecutive days of Disability, or the period during which the Elimination Period was satisfied.

The Premium waived will be based on the frequency of payment in effect on the date Your Disability starts.

SPECIALTY DEFINITION OF TOTAL DISABILITY

This definition of Total Disability is for use with policies that are issued with the specialty definition of Regular Occupation. The standard version used for all other occupations is shown on the previous page.

Insures against the inability to perform the material and substantial duties of your regular occupation, even if you are gainfully employed in another occupation.

Definitions (Continued)

Total Disability or **Totally Disabled** means that due solely to Impairment caused by Injury or Sickness, You are:

1. Prevented from performing the material and substantial duties of Your Regular Occupation; and
2. Receiving appropriate care from a Physician who is appropriate to treat the condition causing the Impairment.

We may waive the requirement of care from a Physician if Your Physician provides documentation acceptable to us that continued care would be of no benefit to You.

We, Us and **Our** mean Metropolitan Life Insurance Company.

Write, Written or **Writing** means a record that may be transmitted by paper or electronic media, and that is consistent with applicable law.

You and **Your** mean the insured named on the Policy Schedule Page.

Benefits

We will pay the Monthly Benefit for Total Disability shown on the Policy Schedule Page while You are Totally Disabled.

Monthly Benefit for Total Disability

This benefit will start to accrue after the Elimination Period. We will pay the benefit while You remain Totally Disabled, but not beyond the Maximum Benefit Period. For periods of less than a month, benefits will be prorated based on a 30-day month.

If You die during a continuous period of Disability after benefits were paid for 12 months or more, an additional benefit, equal to the amount of the benefit payable for the last month of Disability, will be paid to Your beneficiary for each of the first six months after Your death.

Limited Benefit Period While Outside the United States

While You are outside the United States, its possessions and Canada, benefits will be paid for a maximum of 24 months for all periods of Disability combined during Your lifetime. This limitation does not apply to any period of time for which You are considered Presumptively Totally Disabled, if the Presumptive Total Disability rider is included in Your policy.

Waiver of Premiums

After the earlier of the date:

1. You have been Disabled for a period of 90 consecutive days; or
2. You satisfy the Elimination Period,

We will waive any Premium that becomes due while You remain Disabled. Your policy and its benefits will continue as if the Premium had been paid.

We will also refund any Premium that You paid that became due during the first 90 consecutive days of Disability, or the period during which the Elimination Period was satisfied.

The Premium waived will be based on the frequency of payment in effect on the date Your Disability starts.

We will continue to waive your premiums for 90 days once your disability ends, provided benefits have been payable for 12 months or more.

Coverage for transplant surgery may be available.

Approved occupational rehabilitation may be available.

A disability arising from the same or a related cause within 12 months of a prior period of disability for which disability benefits had been paid, and where the benefit period is to age 65 or longer (within 6 months if the benefit period is shorter than to age 65), will be considered a continuation of the prior period of disability. Your benefit period will not start anew. However, you will not be required to meet a new elimination period and benefits will begin accruing immediately.

Benefits (Continued)

	If Premiums are being waived, and benefits have been payable for 12 months or more, any Premiums due during the first 90 days after that period of Disability ends will be waived. This additional 90-day waiver of Premium will apply only once during a period of Disability, including Recurrent Disabilities. Thereafter, any Premiums due will be payable. If You do not pay the first Premium due by the end of its grace period, Your policy will end.
	Waiver of Premium ends when You are no longer Disabled. When You are no longer eligible for waiver of Premium, You may continue Your policy by paying the next Premium that becomes due.
Disability Because of Transplant Surgery	If You are Disabled because You have had surgery, at least six months after the Effective Date, to transplant part of Your body to someone else, we will consider You Disabled due to Sickness.
Rehabilitation	While monthly benefits are payable for Disability, We will consider participating in the cost of an occupational rehabilitation program aimed at helping You to return to Gainful Employment. Such program may include, but is not limited to, an accredited program of professional retraining or recertification. The program may be at Your request or We may suggest it. We will continue to pay monthly benefits based on terms that We agree on with You. In no case will We continue benefits beyond the Maximum Benefit Period.

Recurrent and Concurrent Disability

Recurrent Disability	If, after the end of a period of Disability for which Disability benefits have been paid, You become Disabled again, the later period of Disability will be deemed a Recurrent Disability, which is a continuation of the preceding period of Disability, unless: 1. You have been Gainfully Employed for at least 30 hours per week for at least 12 months following the end of the preceding period of Disability, if the Maximum Benefit Period for the Monthly Benefit for Total Disability is To Age 65 or longer; or 2. You have been Gainfully Employed for at least 30 hours per week for at least six months following the end of the preceding period of Disability, if the Maximum Benefit Period for the Monthly Benefit for Total Disability is shorter than To Age 65; or 3. The later period of Disability is due to a different or unrelated cause. If either 1, 2 or 3 applies, the later period of Disability will be deemed a new period of Disability. A new Elimination Period must be satisfied before benefits start again, and a new Maximum Benefit Period will apply. If the later period of Disability is deemed a Recurrent Disability, then it is not necessary for You to satisfy a new Elimination Period. However, Disability benefits paid for a Recurrent Disability are considered a continuation of the preceding period of Disability and will be subject to the Maximum Benefit Period that started with the preceding period of Disability. If the Maximum Benefit Period had ended with respect to the preceding period of Disability, no benefits will be payable for a recurrence of that Disability.
Concurrent Disability	If a Disability is caused by more than one Injury or Sickness, whether related or unrelated, which overlap for any time during a continuous period of Disability, We will pay benefits as if the Disability were caused by one Injury or Sickness.

You can keep your policy in force (exclusive of certain riders) after age 67, or the fifth policy anniversary if later, with a limited benefit period, if you are gainfully employed at least 30 hours per week and are not disabled.

Renewal Privilege if Employed After Age 67-- Total Disability Benefit With Limited Benefit Period

Renewal Privilege

Following the first Premium Due Date on or after Your 67th birthday, or the fifth policy anniversary if later, You may continue the coverage under this policy, exclusive of any riders that (as described in the Termination section of the rider) have previously terminated or terminate as of the first Premium Due Date on or after Your 67th birthday, or the fifth policy anniversary, if later, as long as:

1. You remain Gainfully Employed for at least 30 hours per week; and
2. The Premium is paid on time.

You may exercise this privilege only while Your policy is in force and You are not Disabled.

We may require proof on each policy anniversary that You have continued to be Gainfully Employed for at least 30 hours per week during the 13 weeks immediately prior to that policy anniversary.

Total Disability Benefit With Limited Benefit Period

If You continue coverage under this privilege, benefits will be paid subject to the same provisions, limitations and exclusions in the policy. The Maximum Benefit Period will be limited based on Your age at the time of Disability, as shown on Table A on the Policy Schedule Page.

Premiums

The Premium will be based on:

1. Your attained age, and will change on each policy anniversary based on Your attained age; and
2. Your class on the Effective Date of the policy.

We may also change the Premium rate for Your policy as of any policy anniversary, but only if We change it for all policies in Your class.

There are some exclusions and limitations. Subject to state variations. The pregnancy exclusion may be removed in some employer paid scenarios.

Exclusions and Limitations

General Exclusions and Limitations

Benefits for a Disability will not be paid or otherwise accrue if the Disability is:

1. Caused or contributed to by an act of war, whether declared or undeclared;
2. Existing while You reside outside of the United States, its possessions and Canada, except as set forth in the Limited Benefit Period while Outside the United States section on page 6;
3. Due to any loss We have excluded by name or specific description;
4. Due to Your committing, or attempting to commit, a felony;
5. Existing while You are legally incarcerated or detained;
6. Caused by an intentionally self-inflicted Injury; or
7. Due to pregnancy or childbirth, but We will cover Disability due to Complications of Pregnancy.

Benefits for a Disability may be limited by a rider or endorsement as shown on the Policy Schedule Page.

Preexisting Conditions Exclusion

We will not pay benefits for a Disability that starts during the first two years after the Effective Date, or the effective date of any policy change or reinstatement for which you are required to submit an Application, if the Disability was due to a Preexisting Condition. This exclusion does not apply to any condition that was disclosed, and that was not misrepresented, in the Application and was not excluded by name or specific description.

There is a grace period of 31 days from the due date of any premium.

Premium and Reinstatement

Premium Payment

The payment of the Premium shown on the Policy Schedule page, on or before the Effective Date, will keep the policy in force for the term which starts on the Effective Date. At the end of any term while the policy has been in force, You may renew the policy for a further term (called a renewal term). To renew, You must pay the Premium shown on the Policy Schedule page by the Premium Due Date.

The last guaranteed renewal term of the policy will end on the day before the first Premium Due Date on or after Your 67th birthday, or the fifth policy anniversary if later. See Renewal Privilege if Employed After Age 67 on page 8 for renewal past this date.

All policy terms will begin at 12:01 A.M. and end at midnight Standard Time, where You live.

You may change the frequency of payment with Our approval.

Paying Premiums more frequently than annually may result in higher annualized premium costs.

Grace Period

This policy has a 31-day grace period. This means that each Premium after the first may be paid up to 31 days after its due date. During the grace period, the policy will stay in force. If You become Disabled during the grace period while the Premium remains unpaid, We may deduct any unpaid Premium(s) from the benefits due You.

Reinstatement

If We do not receive the Premium before the end of the grace period, the policy will lapse. After the policy has lapsed, You may apply for reinstatement by completing an Application and paying all unpaid Premium(s). If We have not sent You a Written disapproval of the reinstatement Application within 45 days, the policy will be reinstated as of the date We received the Premium.

Any Premiums We accept for a reinstatement will be applied to a period for which Premiums have not been paid.

The reinstated policy will cover only a loss that results from an Injury that occurs or a Sickness that first manifests itself after the date of reinstatement. In all other respects You and We will have the same rights under the policy, subject to any provisions noted on or attached to the reinstated policy.

Suspension During Military Service

If You enter full-time active duty in the military (land, sea or air) service of any nation or international authority, You may suspend this policy. But, You may not suspend the policy during active duty for training lasting three months or less. The policy will not be in force while it is suspended, and We will not accept Premiums for that period. Your policy will be suspended as of the date We receive Your Written request to suspend the policy. No privileges or options under this policy or any attached riders may be exercised during suspension. We will refund the pro rata portion of any Premium paid for a period beyond the date We receive your request. Premiums must be paid to the date of suspension.

If Your full-time active duty in the military service ends before the first Premium Due Date on or after Your 67th birthday, or the fifth policy anniversary if later, You may request that We place this policy back in force without evidence of insurability. Your coverage will start again when we receive:

1. Your Written request to place the policy back in force; and
2. The required pro rata Premium for coverage until the next Premium Due Date.

Your request and Premium payment must be received by Us within 90 days after the date Your active duty in the military service ends. Premiums will be at the same rate that they would have been had Your policy remained in force. The policy will not cover any loss due to an Injury that occurs or a Sickness that first manifests itself while the policy is suspended. In all other respects You and We will have the same rights under the policy as at the time before it was suspended.

Allows you to suspend coverage for up to 12 months if you become unemployed and the policy has been in force for at least one year, subject to certain conditions.

Premium and Reinstatement (Continued)

Suspension During Unemployment

After this policy has been in force for at least one year from the Effective Date, You may suspend this policy if You:

1. Become unemployed; and
2. Receive eight weeks of governmental unemployment benefits.

The policy will not be in force while it is suspended, and We will not accept Premiums for that period. No privileges or options under this policy or any attached riders may be exercised during suspension.

The suspension will begin when we receive:

1. Your Written request to suspend the policy; and
2. Your certification that you are unemployed and that you have received eight weeks of governmental unemployment benefits.

We will refund the pro rata portion of any Premium paid for a period beyond the date that the suspension begins. Premiums must be paid to the date of suspension.

After the end of a period of suspension, this policy may not be suspended again until 48 months have elapsed from the end of that period of suspension.

The suspension will end at the earlier of:

1. 12 months after the date of suspension, at which time You will be notified that the policy has been placed back in force and Premiums are now due; or
2. The date We receive Your Written request to end the suspension, subject to evidence satisfactory to Us that You are Gainfully Employed.

You will be required to pay the pro rata Premium for coverage until the next Premium Due Date. If this policy is suspended on the first Premium Due Date on or after Your 67th birthday, or the fifth policy anniversary if later, this policy will end at that time and cannot be renewed.

Premiums will be at the same rate that they would have been had Your policy remained in force. The policy will not cover any loss due to an Injury that occurs or a Sickness that first manifests itself while the policy is suspended. In all other respects You and We will have the same rights under the policy as at the time before it was suspended.

How to file a claim.

Claims

Time of Loss

All losses must occur while Your policy is in force.

Notice of Claim

Written notice of claim must be given to Us at Our office within 30 days after a covered loss starts, or as soon thereafter as reasonably possible.

Claim Forms

After We receive the Written notice of claim We will send You Our proof of loss forms within 15 days. If We do not, You will meet the Written proof of loss requirements if You send Us, within the time set forth below, a Written statement of the nature and extent of Your loss.

Proof of Loss

Written proof of loss satisfactory to Us must be sent to Us within 90 days after the end of each monthly period for which You claim benefits. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required. As often as is reasonably necessary, We may require as part of the proof of loss financial proof such as personal and business income tax returns, income statements, accountant's statements and other proof acceptable to Us.

We may also require on a monthly basis, that You, and any Physician treating You, complete and Sign supplemental statements of claim.

Claims (Continued)

Authorizations We may require, as often as is reasonably necessary, that You provide authorizations for Us to obtain medical information, financial information, and any other information pertinent to Your claim.

Examinations At Our expense, as often as is reasonably necessary, We may require You to have an independent examination, which may include non-invasive testing, by a Physician of Our choice.

At Our expense, as often as is reasonably necessary, We may require an audit of all Your business and financial records, by a financial examiner of Our choice. This may include examination of business and financial records for any business in which You have an ownership interest.

At Our expense, as often as is reasonably necessary, We may have Our representatives conduct telephone or in-person interviews with You regarding Your claim.

Time of Payment of Claim After We receive Written proof of loss, We will pay the benefits due under the policy.

Subject to state variations.

Payment of Claims All benefits will be paid to You. But, if You are not legally competent to give a valid release, or if any benefit is payable to Your estate, We may pay up to $10,000 to anyone who We believe is entitled to it. If We make such a payment in good faith, We will not be liable to anyone for the amount We pay.

Beneficiary The beneficiary is the person or persons to whom any benefits unpaid at Your death are payable. You may name a contingent beneficiary to become the beneficiary if all the beneficiaries die while You are alive. If no beneficiary or contingent beneficiary is named, or none is alive when You die, Your estate will be the beneficiary. While You are alive, You may change any beneficiary or contingent beneficiary.

If more than one beneficiary is alive when You die, We will pay them in equal shares, unless You have chosen otherwise.

You may change your beneficiary.

How to Change the Beneficiary You may change the beneficiary or contingent beneficiary of this policy by Written notice or assignment of the policy. No change is binding on Us until it is recorded at Our office. Once recorded, the change binds Us as of the date You Signed it. This change will be without prejudice to Us as to any payment We make or action We take before We record the change. We may require that You send Us the policy to make the change.

Your policy or any claim under it may be assigned.

Assignment You may assign Your policy or any claim under it by Written assignment. No assignment is binding on Us until it is recorded at Our office. Once recorded, the assignment binds Us as of the date You Signed it. The assignment will be without prejudice to Us as to any payment We make or action We take before We record the assignment. We will not be responsible for the validity of any assignment. We may require that You send Us the policy to record the assignment.

General Provisions

The Contract This policy with riders, if any, and the Application make up the entire contract. All statements in the Application will be representations and not warranties. No statement will be used to contest the policy unless it appears in the Application.

Limitation on Agent's or Broker's or Other Person's Authority No agent, broker, or other person except Our President, Our Secretary or Vice-President may:

1. Make or change any contract of insurance; or

2. Change or waive any terms of this policy.

Any change or waiver must be in Writing and Signed by Our President, Secretary, or Vice-President.

The policy is incontestable after two years, except for fraud.

Subject to state variations.

Subject to state variations.

General Provisions (Continued)

Time Limit on Certain Defenses	After two years from the Effective Date of this policy, or of any policy change or reinstatement, no misstatements, except for fraudulent misstatements, made by You on the Application can be used to void this policy or such policy change or reinstatement, or to deny a claim under this policy or the policy change or reinstatement, for a Disability starting after the end of such two-year period. No claim for Disability starting after two years from the Effective Date of this policy, or of any policy change or reinstatement, will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this policy, or of such policy change or reinstatement, unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.
Misstatement of Age and Sex	If Your age or sex is not stated correctly on Our records, the benefits under the policy will be those that the Premium You paid would have bought at Your correct age and sex.
Legal Actions	No legal action may be brought until 60 days after Written proof of loss has been provided to Us. No such action may be brought after three years from the time Written proof of loss is required to be provided to Us.
Conformity with State Statutes	Any provision in this policy which, on the Effective Date, conflicts with the laws of the state in which You reside on that date is amended to meet the minimum requirements of such laws.
Waiver of Policy Provisions	Our failure to invoke or enforce a right We have reserved under the terms of this contract may not be deemed a permanent waiver of that right.

Copy of Application is attached.

When attached to a policy, this endorsement removes the language that excludes coverage for disability due to pregnancy or childbirth. Subject to state variations.

Metropolitan Life Insurance Company

Endorsement

This endorsement is a part of the policy if it is referred to on the Policy Schedule Page.

Effective Date	The Effective Date of this endorsement is shown on the Policy Schedule Page.
Definitions	The Definition of Complications of Pregnancy is deleted.
Exclusions	The following Exclusion is deleted: "Due to pregnancy or childbirth, but We will cover Disability due to Complications of Pregnancy;"



Christine M. De Biase
Vice-President and Secretary

MONTHLY BENEFIT FOR RESIDUAL DISABILITY RIDER

Certain eligibility requirements apply for rider issue. Contact your representative for details.

Metropolitan Life Insurance Company

Rider: Monthly Benefit for Residual Disability

This rider is a part of the policy if it is referred to on the Policy Schedule Page.

Effective Date The Effective Date of this rider is shown on the Policy Schedule Page.

Premium The Premium for this rider is shown on the Policy Schedule Page.

Definitions The definition of Disability or Disabled in Your policy is amended to read as follows:

"Disability or **Disabled** means either Total or Residual Disability that starts while Your policy is in force."

If you purchase this rider we will pay some disability benefits even if you are able to work but, due solely to impairment caused by injury or sickness, you have a loss of earnings of at least 15% of your prior earnings.

Residual Disability or **Residually Disabled** means that due solely to Impairment caused by Injury or Sickness:

1. Your Earnings are reduced by at least 15 percent of Your Prior Earnings; and
2. You are receiving appropriate care from a Physician who is appropriate to treat the condition causing the Impairment; and
3. You are not Totally Disabled, and are Gainfully Employed, but You are:
   a. Prevented from performing one or more of the material and substantial duties of Your Regular Occupation; or
   b. Performing the material and substantial duties of Your Regular Occupation, but are not able to perform them for more than 85 percent of the time normally required of You; or
   c. Engaged in another occupation.

We may waive the requirement of care from a Physician if Your Physician provides documentation acceptable to Us that continued care would be of no benefit to You.

Earnings means income or compensation, payable as remuneration to You, for actual services You perform, or for goods or services provided by a business in which You have an ownership interest. This term includes salary, fees, profits or losses, commissions, bonuses and other payment for goods or services, which You or Your business render or provide. Earnings are determined after deduction of normal and customary unreimbursed business expenses, but before deduction of any income taxes.

Earnings do not include:

1. Income from dividends, interest, rent, royalties, annuities, or investments; or
2. Income from deferred compensation plans, formal sick pay benefits, disability income policies, or retirement plans.

Review Date means each anniversary date of the start of a period of Disability.

Index Month means the June before the Review Date. The first Index Month is the June before the start of a period of Disability.

CPI-U means the Consumer Price Index for All Urban Consumers. It is published by the United States Bureau of Labor Statistics. If the CPI-U cannot be used or is not available, We will choose a suitable index to replace it. CPI-U will then mean the chosen index.

There are two methods to determine your prior earnings; we will use whichever is more advantageous to you.

Prior Earnings means the greater of Your average monthly Earnings for the three calendar years immediately prior to the start of Your Disability, or for the 24 months immediately prior to the start of Your Disability, provided there is financial documentation satisfactory to Us.

To help offset the effect of inflation, we will automatically review and, if applicable, increase your prior earnings, once each year after the first year of disability.

How the residual benefit amount is determined.

We will provide a minimum residual disability benefit of 50% of the monthly benefit for total disability for the first six months of benefit payments (after the elimination period has been met).

Rider: Monthly Benefit for Residual Disability (Continued)

After the start of a period of Disability, the Prior Earnings are increased each year, on the Review Date. The Prior Earnings will be multiplied by a factor equal to the CPI-U for the Index Month divided by the CPI-U for the preceding Index Month. The Prior Earnings in any given year will not be increased by more than ten percent (10%), and will not be decreased, but could remain the same.

Benefits

Monthly Benefit for Residual Disability—While You are Residually Disabled, We will pay a monthly benefit for Residual Disability, if the Elimination Period has been met (by Total Disability and/or Residual Disability).

The monthly amount of this benefit equals:

$$\frac{A-B}{A} \times \text{Monthly Benefit for Total Disability as shown on the Policy Schedule Page.}$$

"A" is Your Prior Earnings.

"B" is Your Earnings for the month for which Residual Disability is claimed. Such Earnings will not include income received for services You performed prior to the date Your Residual Disability started.

If Earnings for the month for which Residual Disability is claimed are 25 percent or less of Prior Earnings, We will consider "B" to be zero; that is, the full Monthly Benefit for Total Disability, as shown on the Policy Schedule Page, will be payable.

For example, if Your Monthly Benefit for Total Disability is $1,000, and Your Prior Earnings are $2,000, and Your monthly Earnings for the month for which Residual Disability is claimed are $800; Your Residual Disability benefit would be computed as follows:

$$\frac{\$2,000-\$800}{\$2,000} \times \$1,000 = \$600$$

For periods of less than a month, benefits will be prorated based on a 30-day month.

During the first six months during which Residual Disability benefits are paid, the minimum monthly benefit for Residual Disability will be 50 percent of the Monthly Benefit for Total Disability.

In determining "A" and "B" above, the same accounting method (cash or accrual) must be used. Once chosen, the accounting method (cash or accrual) will be applied consistently to the formula above.

Cost-of-Living Adjustment for Disability Benefits—If a Cost-of-Living Adjustment for Disability Benefits (COLA) rider is included in Your policy, then in computing Residual Disability benefits, We will substitute the Adjusted Monthly Benefit for Total Disability, as defined in the COLA rider, for the Monthly Benefit for Total Disability.

The Residual Disability benefit will be payable starting on the day after the Elimination Period ends; however, We will not pay a Residual Disability benefit while We are paying You the Total Disability benefit.

We will continue to pay this benefit until the earlier of:

1. The date You are no longer Residually Disabled; or
2. The date the Maximum Benefit Period ends.

Subject to state variations.

Rider: Monthly Benefit for Residual Disability (Continued)

Proof of Earnings

We may require proof from You, as often as is reasonably necessary, as to Your:

1. Prior Earnings; and
2. Earnings for each month for which a Residual Disability or Recovery benefit is claimed.

This may include financial proof such as Your personal and business income tax returns, income statements, accountant's statements or other proof acceptable to Us. We may require an audit of all Your business and financial records, by a financial examiner of Our choice. This may include examination of financial records for any business in which You have an ownership interest.

Time Limit on Certain Defenses

After two years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Disability starting more than two years from the Effective Date of this rider.

No claim for Disability starting after two years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

Termination

This rider will end on the date the policy ends.



Christine M. De Biase
Vice-President and Secretary

Certain eligibility requirements apply for rider issue. Contact your representative for details.

If you purchase this rider we will pay some disability benefits even if you are able to work but, due solely to impairment caused by injury or sickness, you have a loss of earnings of at least 15% of your prior earnings.

There are two methods to determine your prior earnings; we will use whichever is more advantageous to you.

Metropolitan Life Insurance Company

Rider: Monthly Benefit for Residual Disability

This rider is a part of the policy if it is referred to on the Policy Schedule Page.

Effective Date The Effective Date of this rider is shown on the Policy Schedule Page.

Premium The Premium for this rider is shown on the Policy Schedule Page.

Definitions The definition of Disability or Disabled in Your policy is amended to read as follows:

"Disability or **Disabled** means either Total or Residual Disability that starts while Your policy is in force."

Residual Disability or **Residually Disabled** means that due solely to Impairment caused by Injury or Sickness:

1. Your Earnings are reduced by at least 15 percent of Your Prior Earnings; and
2. You are receiving appropriate care from a Physician who is appropriate to treat the condition causing the Impairment; and
3. You are not Totally Disabled, and are Gainfully Employed, but You are:
   a. Prevented from performing one or more of the material and substantial duties of Your Regular Occupation; or
   b. Performing the material and substantial duties of Your Regular Occupation, but are not able to perform them for more than 85 percent of the time normally required of You; or
   c. Engaged in another occupation.

We may waive the requirement of care from a Physician if Your Physician provides documentation acceptable to Us that continued care would be of no benefit to You.

Earnings means income or compensation, payable as remuneration to You, for actual services You perform, or for goods or services provided by a business in which You have an ownership interest. This term includes salary, fees, profits or losses, commissions, bonuses and other payment for goods or services, which You or Your business render or provide. Earnings are determined after deduction of normal and customary unreimbursed business expenses, but before deduction of any income taxes.

Earnings do not include:

1. Income from dividends, interest, rent, royalties, annuities, or investments; or
2. Income from deferred compensation plans, formal sick pay benefits, disability income policies, or retirement plans.

Review Date means each anniversary date of the start of a period of Disability.

Index Month means the June before the Review Date. The first Index Month is the June before the start of a period of Disability.

CPI-U means the Consumer Price Index for All Urban Consumers. It is published by the United States Bureau of Labor Statistics. If the CPI-U cannot be used or is not available, We will choose a suitable index to replace it. CPI-U will then mean the chosen index.

Prior Earnings means the greater of Your average monthly Earnings for the three calendar years immediately prior to the start of Your Disability, or for the 24 months immediately prior to the start of Your Disability, provided there is financial documentation satisfactory to Us.

To help offset the effect of inflation, we will automatically review and, if applicable, increase your prior earnings, once each year after the first year of disability.

This is the definition of Recovery.

How the residual benefit amount is determined.

We will provide a minimum residual disability benefit of 50% of the monthly benefit for total disability for the first 12 months of benefit payments (after the elimination period has been met).

Rider: Monthly Benefit for Residual Disability (Continued)

After the start of a period of Disability, the Prior Earnings are increased each year, on the Review Date. The Prior Earnings will be multiplied by a factor equal to the CPI-U for the Index Month divided by the CPI-U for the preceding Index Month. The Prior Earnings in any given year will not be increased by more than ten percent (10%), and will not be decreased, but could remain the same.

Recovery or **Recovered** means that following a period of Total or Residual Disability, for which total or residual benefits have been paid

1. You are working full time performing all of the material and substantial duties of Your Regular Occupation. Full time means You are working at least as many hours as You worked before being Totally or Residually Disabled; and
2. Your Earnings continue to be reduced by at least 15 percent of Your Prior Earnings; and
3. Your Earnings are reduced directly and solely due to the same Impairment that caused the Total or Residual Disability.

Benefits

Monthly Benefit for Residual Disability—While You are Residually Disabled, We will pay a monthly benefit for Residual Disability, if the Elimination Period has been met (by Total Disability and/or Residual Disability).

The monthly amount of this benefit equals:

$\frac{A-B}{A}$ x Monthly Benefit for Total Disability as shown on the Policy Schedule Page.

"A" is Your Prior Earnings.

"B" is Your Earnings for the month for which Residual Disability is claimed. Such Earnings will not include income received for services You performed prior to the date Your Residual Disability started.

If Earnings for the month for which Residual Disability is claimed are 25 percent or less of Prior Earnings, We will consider "B" to be zero; that is, the full Monthly Benefit for Total Disability, as shown on the Policy Schedule Page, will be payable.

For example, if Your Monthly Benefit for Total Disability is $1,000, and Your Prior Earnings are $2,000, and Your monthly Earnings for the month for which Residual Disability is claimed are $800; Your Residual Disability benefit would be computed as follows:

$\frac{\$2,000-\$800}{\$2,000}$ x $1,000 = $600

For periods of less than a month, benefits will be prorated based on a 30-day month.

During the first 12 months during which Residual Disability benefits are paid, the minimum monthly benefit for Residual Disability will be 50 percent of the Monthly Benefit for Total Disability.

In determining "A" and "B" above, the same accounting method (cash or accrual) must be used. Once chosen, the accounting method (cash or accrual) will be applied consistently to the formula above.

Cost-of-Living Adjustment for Disability Benefits—If a Cost-of-Living Adjustment for Disability Benefits (COLA) rider is included in Your policy, then in computing Residual Disability benefits, We will substitute the Adjusted Monthly Benefit for Total Disability, as defined in the COLA rider, for the Monthly Benefit for Total Disability.

The Residual Disability benefit will be payable starting on the day after the Elimination Period ends; however, We will not pay a Residual Disability benefit while We are paying You the Total Disability benefit.

If you continue to have a loss of earnings of at least 15% (due to the same impairment that caused your total or residual disability) after you have returned to work full time, following a period for which total or residual disability benefits have been paid, we will pay a recovery benefit for up to the maximum benefit period.

How the recovery benefit amount is determined.

Subject to state variations.

Rider: Monthly Benefit for Residual Disability (Continued)

We will continue to pay this benefit until the earlier of:

1. The date You are no longer Residually Disabled; or
2. The date the Maximum Benefit Period ends.

Monthly Recovery Benefit—A monthly Recovery benefit will be paid if You have Recovered. The monthly amount of this benefit equals:

$\frac{A-B}{A}$ x Monthly Benefit for Total Disability as shown on the Policy Schedule Page.

"A" is Your Prior Earnings.

"B" is Your earnings for the month in which Recovery benefits are claimed.

In determining "A" and "B", the same accounting method (cash or accrual) that was used in determining the Residual Disability benefit will be applied.

Cost-of-Living Adjustment for Disability Benefits—If a Cost-of-Living Adjustment for Disability Benefits (COLA) rider is included in Your policy, then in computing the Recovery benefit, We will substitute the Adjusted Monthly Benefit for Total Disability, as defined in the COLA rider, for the Monthly Benefit for Total Disability.

A monthly Recovery benefit will be paid until the earliest of the following happens:

1. You no longer meet the definition of Recovered or Recovery;
2. Your Earnings are not reduced, or reduced by less than 15 percent of Your Prior Earnings; or
3. The Maximum Benefit Period ends.

Proof of Earnings

We may require proof from You, as often as is reasonably necessary, as to Your:

1. Prior Earnings; and
2. Earnings for each month for which a Residual Disability or Recovery benefit is claimed.

This may include financial proof such as Your personal and business income tax returns, income statements, accountant's statements or other proof acceptable to Us. We may require an audit of all Your business and financial records, by a financial examiner of Our choice. This may include examination of financial records for any business in which You have an ownership interest.

Time Limit on Certain Defenses

After two years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Disability starting more than two years from the Effective Date of this rider.

No claim for Disability starting after two years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

Termination

This rider will end on the date the policy ends.



Christine M. De Biase
Vice-President and Secretary

Certain eligibility requirements apply for rider issue. Contact your representative for details.

Metropolitan Life Insurance Company

Rider: Monthly Benefit for Residual Disability

This rider is a part of the policy if it is referred to on the Policy Schedule Page.

Effective Date The Effective Date of this rider is shown on the Policy Schedule Page.

Premium The Premium for this rider is shown on the Policy Schedule Page.

Definitions The definition of Disability or Disabled in Your policy is amended to read as follows:

"**Disability** or **Disabled** means either Total or Residual Disability that starts while Your policy is in force."

If you purchase this rider we will pay some disability benefits even if you are able to work but, due solely to impairment caused by injury or sickness, you have a loss of earnings of at least 15% of your prior earnings.

Residual Disability or Residually Disabled means that due solely to Impairment caused by Injury or Sickness:

1. Your Earnings are reduced by at least 15 percent of Your Prior Earnings; and
2. You are receiving appropriate care from a Physician who is appropriate to treat the condition causing the Impairment; and
3. You are not Totally Disabled, and are Gainfully Employed, but :
   a. Your ability to perform one or more of the material and substantial duties of Your Regular Occupation has been limited; or
   b. You are engaged in another occupation.

We may waive the requirement of care from a Physician if Your Physician provides documentation acceptable to Us that continued care would be of no benefit to You.

Earnings means income or compensation, payable as remuneration to You, for actual services You perform, or for goods or services provided by a business in which You have an ownership interest. This term includes salary, fees, profits or losses, commissions, bonuses and other payment for goods or services, which You or Your business render or provide. Earnings are determined after deduction of normal and customary unreimbursed business expenses, but before deduction of any income taxes.

Earnings do not include:

1. Income from dividends, interest, rent, royalties, annuities, or investments; or
2. Income from deferred compensation plans, formal sick pay benefits, disability income policies, or retirement plans.

Review Date means each anniversary date of the start of a period of Disability.

Index Month means the June before the Review Date. The first Index Month is the June before the start of a period of Disability.

CPI-U means the Consumer Price Index for All Urban Consumers. It is published by the United States Bureau of Labor Statistics. If the CPI-U cannot be used or is not available, We will choose a suitable index to replace it. CPI-U will then mean the chosen index.

There are two methods to determine your prior earnings; we will use whichever is more advantageous to you.

Prior Earnings means the greater of Your average monthly Earnings for the three calendar years immediately prior to the start of Your Disability, or for the 24 months immediately prior to the start of Your Disability, provided there is financial documentation satisfactory to Us.

To help offset the effect of inflation, we will automatically review and, if applicable, increase your prior earnings, once each year after the first year of disability.

This is the definition of recovery.

How the residual benefit amount is determined.

If, solely due to impairment caused by injury or sickness, monthly earnings are 25% or less of prior earnings, the full monthly benefit for total disability will be payable.

We will provide a minimum residual disability benefit of 50% of the monthly benefit for total disability for the first 12 months of benefit payments (after the elimination period has been met).

Rider: Monthly Benefit for Residual Disability (Continued)

After the start of a period of Disability, the Prior Earnings are increased each year, on the Review Date. The Prior Earnings will be multiplied by a factor equal to the CPI-U for the Index Month divided by the CPI-U for the preceding Index Month. The Prior Earnings in any given year will not be increased by more than ten percent (10%), and will not be decreased, but could remain the same.

Recovery or **Recovered** means that following a period of Total or Residual Disability, for which total or residual benefits have been paid:

1. You are no longer Totally or Residually Disabled;
2. Your Earnings continue to be reduced by at least 15 percent of Your Prior Earnings; and
3. Your Earnings are reduced directly and solely due to the same impairment that caused the Total or Residual Disability.

Benefits

Monthly Benefit for Residual Disability—While You are Residually Disabled, We will pay a monthly benefit for Residual Disability, if the Elimination Period has been met (by Total Disability and/or Residual Disability).

The monthly amount of this benefit equals:

A-B x Monthly Benefit for Total Disability as shown on the Policy Schedule Page.

A

"A" is Your Prior Earnings.

"B" is Your Earnings for the month for which Residual Disability is claimed. Such Earnings will not include income received for services You performed prior to the date Your Residual Disability started.

If Earnings for the month for which Residual Disability is claimed are 25 percent or less of Prior Earnings, We will consider "B" to be zero; that is, the full Monthly Benefit for Total Disability, as shown on the Policy Schedule Page, will be payable.

For example, if Your Monthly Benefit for Total Disability is $1,000, and Your Prior Earnings are $2,000, and Your monthly Earnings for the month for which Residual Disability is claimed are $800; Your Residual Disability benefit would be computed as follows:

$$\frac{\$2{,}000-\$800}{\$2{,}000} \times \$1{,}000 = \$600$$

For periods of less than a month, benefits will be prorated based on a 30-day month.

During the first 12 months during which Residual Disability benefits are paid, the minimum monthly benefit for Residual Disability will be 50 percent of the Monthly Benefit for Total Disability.

In determining "A" and "B" above, the same accounting method (cash or accrual) must be used. Once chosen, the accounting method (cash or accrual) will be applied consistently to the formula above.

Cost-of-Living Adjustment for Disability Benefits—If a Cost-of-Living Adjustment for Disability Benefits (COLA) rider is included in Your policy, then in computing Residual Disability benefits, We will substitute the Adjusted Monthly Benefit for Total Disability, as defined in the COLA rider, for the Monthly Benefit for Total Disability.

The Residual Disability benefit will be payable starting on the day after the Elimination Period ends; however, We will not pay a Residual Disability benefit while We are paying You the Total Disability benefit.

If you continue to have a loss of earnings of at least 15% (due to the same impairment that caused your total or residual disability) after you have returned to work full time, following a period for which total or residual disability benefits have been paid, we will pay a recovery benefit for up to the maximum benefit period.

This is how the recovery benefit amount is determined.

Subject to state variations.

Rider: Monthly Benefit for Residual Disability (Continued)

We will continue to pay this benefit until the earlier of:

1. The date You are no longer Residually Disabled; or
2. The date the Maximum Benefit Period ends.

Monthly Recovery Benefit—A monthly Recovery benefit will be paid if You have Recovered. The monthly amount of this benefit equals:

$$\frac{A-B}{A} \times \text{Monthly Benefit for Total Disability as shown on the Policy Schedule Page.}$$

"A" is Your Prior Earnings.

"B" is Your earnings for the month in which Recovery benefits are claimed.

In determining "A" and "B", the same accounting method (cash or accrual) that was used in determining the Residual Disability benefit will be applied.

Cost-of-Living Adjustment for Disability Benefits—If a Cost-of-Living Adjustment for Disability Benefits (COLA) rider is included in Your policy, then in computing the Recovery benefit, We will substitute the Adjusted Monthly Benefit for Total Disability, as defined in the COLA rider, for the Monthly Benefit for Total Disability.

A monthly Recovery benefit will be paid until the earliest of the following happens:

1. You no longer meet the definition of Recovered or Recovery; or
2. Your Earnings are not reduced, or reduced by less than 15 percent of Your Prior Earnings; or
3. The Maximum Benefit Period ends.

Proof of Earnings

We may require proof from You, as often as is reasonably necessary, as to Your:

1. Prior Earnings; and
2. Earnings for each month for which a Residual Disability or Recovery benefit is claimed.

This may include financial proof such as Your personal and business income tax returns, income statements, accountant's statements or other proof acceptable to Us. We may require an audit of all Your business and financial records, by a financial examiner of Our choice. This may include examination of financial records for any business in which You have an ownership interest.

Time Limit on Certain Defenses

After two years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Disability starting more than two years from the Effective Date of this rider.

No claim for Disability starting after two years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

Termination

This rider will end on the date the policy ends.



Christine M. De Biase
Vice-President and Secretary

This is the definition of partial disability.

If you are partially disabled we will pay you one-half of the monthly benefit for total disability and, if included in your policy, one-half of any payable social insurance benefit.

Partial disability benefits are payable for a maximum of six months.

Subject to state variations.

Metropolitan Life Insurance Company

Rider: Partial Disability

This rider is a part of the policy if it is referred to on the Policy Schedule Page.

Date of Rider The Effective Date of this rider is shown on the Policy Schedule Page.

Premium The Premium for this rider is shown on the Policy Schedule Page.

Definitions The definition of Disability or Disabled in Your policy is amended to read as follows:

"**Disability** or **Disabled** means either Total or Partial Disability that starts while Your policy is in force."

Partial Disability or Partially Disabled means that, due solely to Impairment caused by Injury or Sickness, You are not Totally Disabled, and are Gainfully Employed, but You are:

1. Receiving appropriate care from a Physician who is appropriate to treat the condition causing the Impairment; and
2. Prevented from performing one or more of the material and substantial duties of Your Regular Occupation; or
3. Performing the material and substantial duties of Your Regular Occupation, but are not able to perform them for more than 50 percent of the time normally required of You.

We may waive the requirement of care from a Physician if Your Physician provides documentation acceptable to Us that continued care would be of no benefit to You.

Benefits **Monthly Benefit for Partial Disability**—While You are Partially Disabled, We will pay a Monthly Benefit for Partial Disability, if the Elimination Period has been met by Total Disability and/or Partial Disability.

The monthly amount of this benefit equals:

- One-half of the Monthly Benefit for Total Disability shown on the Policy Schedule Page; plus
- One-half of the Monthly Benefit payable under the Social Insurance Offset Benefit rider if such rider is included in Your Policy.

The Monthly Benefit for Partial Disability will be payable starting on the day after the Elimination Period ends; however, We will not pay this benefit while We are paying You the Monthly Benefit for Total Disability.

We will continue to pay this benefit until the earliest of the date:

1. You are no longer Partially Disabled;
2. Six months of Partial Disability benefits have been paid; or
3. The Maximum Benefit Period for the policy ends.

Time Limit on Certain Defenses After two years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Disability starting more than two years from the Effective Date of this rider.

No claim for Disability starting after two years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

Rider: Partial Disability (Continued)

Termination This rider will end on the earliest of:

1. The date the policy ends; or
2. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.



Christine M. De Biase
Vice-President and Secretary

COST-OF-LIVING ADJUSTMENT FOR DISABILITY BENEFITS RIDER (3% SIMPLE)

The COLA rider increases your benefit after a period of disability of at least one year.

Your adjusted monthly benefit is payable for total disability and is also used to determine your residual disability and transitional your occupation disability benefit payments, if applicable.

Annual increases are equal to three percent of the monthly benefit for total disability as stated on the policy schedule page.

Once you are gainfully employed at least 30 hours per week, and if you are less than age 60, you may be able to increase your coverage up to the amount of the last adjusted monthly benefit for total disability. You must pay a premium for the increased coverage but there are no financial or medical underwriting requirements.

Metropolitan Life Insurance Company

Rider: Cost-of-Living Adjustment for Disability Benefits

This rider is a part of the policy if it is referred to on the Policy Schedule Page.

Effective Date The Effective Date of this rider is shown on the Policy Schedule Page.

Premium The Premium for this rider is shown on the Policy Schedule Page.

Definitions **Review Date** means each anniversary date of the start of a period of Disability.

Adjusted Monthly Benefit for Total Disability means the Monthly Benefit for Total Disability shown on the Policy Schedule Page, plus the cost-of-living adjustment under this rider.

Benefits If Your period of Disability lasts for at least one year We will adjust any further Monthly Benefit for Total Disability and (if a Residual Disability or Transitional Your Occupation rider is included in Your policy) Monthly Benefit for Residual Disability or Transitional Your Occupation Benefit, by substituting the Adjusted Monthly Benefit for Total Disability for the Monthly Benefit for Total Disability.

The cost-of-living adjustment will be made on each Review Date.

This adjustment is computed by multiplying the Monthly Benefit for Total Disability shown on the Policy Schedule Page by three percent (3%) times the number of completed years of the current Disability on the Review Date. This amount will be rounded upward to the next whole dollar and added to your Monthly Benefit for Total Disability. This total amount is the Adjusted Monthly Benefit for Total Disability.

Termination of Adjustment

No further cost-of-living adjustments will be made after the earliest of:

1. The date a period of Disability ends;
2. The date the Maximum Benefit Period ends; or
3. The first Premium Due Date on or after Your 67th birthday, or the second Review Date if later.

Benefit Purchase Option

If the adjustments end because of 1 or 2 above, and:

1. You are Gainfully Employed for at least 30 hours per week; and
2. You have not attained age 60,

You may, within 90 days, add the amount of the last cost-of-living adjustment to the Monthly Benefit for Total Disability, provided that You pay the premium for this increased coverage. This premium will be based on the rates in effect for a person of Your age at the time the adjustments end, and Your class on the Effective Date of this rider. If You choose not to purchase this increased coverage, benefits payable for a new period of Disability will not include the cost-of-living adjustment(s) from the preceding period of Disability. In any case, a new Review Date will apply to a later period of Disability.

Subject to state variations.

Rider: Cost-of-Living Adjustment for Disability Benefits (Continued)

Time Limit on Certain Defenses

After two years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Disability starting more than two years from the Effective Date of this rider.

No claim for Disability starting after two years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

Termination

This rider will end on the earlier of:

1. The date the policy ends;
2. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.



Christine M. De Biase
Vice-President and Secretary

COST-OF-LIVING ADJUSTMENT FOR DISABILITY BENEFITS RIDER (3% COMPOUND)

The COLA rider increases your benefit after a period of disability of at least one year. Your adjusted monthly benefit is payable for total disability and is also used to determine your residual disability and transitional your occupation disability benefit payments, if applicable.

The initial annual increase is equal to 3% of the monthly benefit for total disability as stated on the policy schedule page.

Subsequent annual increases are equal to 3% of the previous year's adjusted monthly benefit for total disability.

Once you are gainfully employed at least 30 hours per week, and if you are less than age 60, you may be able to increase your coverage up to the amount of the last adjusted monthly benefit for total disability. You must pay a premium for the increased coverage but there are no financial or medical underwriting requirements.

Metropolitan Life Insurance Company

Rider: Cost-of-Living Adjustment for Disability Benefits

This rider is a part of the policy if it is referred to on the Policy Schedule Page.

Effective Date The Effective Date of this rider is shown on the Policy Schedule Page.

Premium The Premium for this rider is shown on the Policy Schedule Page.

Definitions **Review Date** means each anniversary date of the start of a period of Disability.

Adjusted Monthly Benefit for Total Disability means the Monthly Benefit for Total Disability shown on the Policy Schedule Page, plus the cost-of-living adjustment under this rider.

Benefits If Your period of Disability lasts for at least one year We will adjust any further Monthly Benefit for Total Disability and (if a Residual Disability or Transitional Your Occupation rider is included in Your policy) Monthly Benefit for Residual Disability or Transitional Your Occupation Benefit, by substituting the Adjusted Monthly Benefit for Total Disability for the Monthly Benefit for Total Disability.

The Adjusted Monthly Benefit for Total Disability will be determined on each Review Date.

On the first Review Date, the initial Adjusted Monthly Benefit for Total Disability is determined by multiplying the Monthly Benefit for Total Disability shown on the Policy Schedule Page by a factor of 1.03. This amount will be rounded upwards to the next whole dollar.

Each subsequent Review Date during a continuous period of Disability, the Adjusted Monthly Benefit for Total Disability is calculated by multiplying the Adjusted Monthly Benefit for Total Disability for the year immediately prior to the Review Date by a factor of 1.03. This amount will be rounded upwards to the next whole dollar.

Termination of Adjustment

No further cost-of-living adjustments will be made after the earliest of:

1. The date a period of Disability ends;
2. The date the Maximum Benefit Period ends; or
3. The first Premium Due Date on or after Your 67th birthday, or the second Review Date if later.

Benefit Purchase Option

If the adjustments end because of 1 or 2 above, and:

1. You are Gainfully Employed for at least 30 hours per week; and
2. You have not attained age 60,

You may, within 90 days, increase the Monthly Benefit for Total Disability by the difference between the last Adjusted Monthly Benefit for Total Disability and the Monthly Benefit for Total Disability, provided that You pay the premium for this increased coverage. This premium will be based on the rates in effect for a person of Your age at the time the adjustments end, and Your class on the Effective Date of this rider. If You choose not to purchase this increased coverage, benefits payable for a new period of Disability will not include the cost-of-living adjustment(s) from the preceding period of Disability. In any case, a new Review Date will apply to a later period of Disability.

Subject to state variations.

Rider: Cost-of-Living Adjustment for Disability Benefits (Continued)

Time Limit on Certain Defenses

After two years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Disability starting more than two years from the Effective Date of this rider.

No claim for Disability starting after two years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

Termination

This rider will end on the earliest of:

1. The date the policy ends;
2. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.



Christine M. De Biase
Vice-President and Secretary

COST-OF-LIVING ADJUSTMENT FOR DISABILITY BENEFITS RIDER (0-10%)

Under this rider, benefit adjustments are related to the increase, if any, in the Consumer Price Index.

COLA 0-10% may increase your benefit after a period of disability of at least one year.

Your adjusted monthly benefit is payable for total disability and is also used to determine your residual disability and transitional your occupation disability benefit payments, if applicable.

If applicable, annual increases are based on increases in the CPI-U. Increases will not be more than 10% for any given year. The adjusted monthly benefit will remain the same if there is no change or a decrease in the CPI-U.

Once you are gainfully employed at least 30 hours per week, and if you are less than age 60, you may be able to increase your coverage up to the amount of the last adjusted monthly benefit for total disability. You must pay a premium for the increased coverage but there are no financial or medical underwriting requirements.

Metropolitan Life Insurance Company

Rider: Cost-of-Living Adjustment for Disability Benefits

This rider is a part of the policy if it is referred to on the Policy Schedule Page.

Effective Date The Effective Date of this rider is shown on the Policy Schedule Page.

Premium The Premium for this rider is shown on the Policy Schedule Page.

Definitions **CPI-U** means the Consumer Price Index for All Urban Consumers. It is published by the United States Bureau of Labor Statistics. If the CPI-U cannot be used or is not available, We will choose a suitable index to replace it. CPI-U will then mean the chosen index.

Review Date means each anniversary date of the start of a period of Disability.

Index Month means the June before the Review Date. The first Index Month is the June before the start of a period of Disability.

Adjusted Monthly Benefit for Total Disability means the amount determined in the Benefits section below.

Benefits If Your period of Disability lasts for at least one year We will adjust any further Monthly Benefit for Total Disability and (if a Residual Disability or Transitional Your Occupation rider is included in Your policy) Monthly Benefit for Residual Disability or Transitional Your Occupation Benefit, by substituting the Adjusted Monthly Benefit for Total Disability for the Monthly Benefit for Total Disability.

The Adjusted Monthly Benefit for Total Disability will be determined on each Review Date.

The Adjusted Monthly Benefit for Total Disability is computed by multiplying the Monthly Benefit for Total Disability shown on the Policy Schedule Page by a factor equal to the CPI-U for the latest Index Month divided by the CPI-U for the first Index Month. From one year to the next, the Adjusted Monthly Benefit for Total Disability will not be increased by more than ten percent (10%), and will not be decreased, but could remain the same. This amount will be rounded upwards to the next whole dollar.

Termination of Adjustment

No further cost-of-living adjustments will be made to the Adjusted Monthly Benefit for Total Disability after the earliest of:

1. The date a period of Disability ends;
2. The date the Maximum Benefit Period ends; or
3. The first Premium Due Date on or after Your 67th birthday, or the second Review Date if later.

Benefit Purchase Option

If the adjustments end because of 1 or 2 above, and:

1. You are Gainfully Employed for at least 30 hours per week; and
2. You have not attained age 60,

Benefit Purchase Option continued

Subject to state variations.

Rider: Cost-of-Living Adjustment for Disability Benefits (Continued)

You may, within 90 days, increase the Monthly Benefit for Total Disability by the difference between the last Adjusted Monthly Benefit for Total Disability and the Monthly Benefit for Total Disability, provided that You pay the premium for this increased coverage. This premium will be based on the rates in effect for a person of Your age at the time the adjustments end, and Your class on the Effective Date of this rider. If You choose not to purchase this increased coverage, benefits payable for a new period of Disability will not include the cost-of-living adjustment(s) from the preceding period of Disability. In any case, a new first Index Month and Review Date will apply to a later period of Disability.

Time Limit on Certain Defenses

After two years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Disability starting more than two years from the Effective Date of this rider.

No claim for Disability starting after two years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

Termination

This rider will end on the earlier of:

1. The date the policy ends;

2. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.



Christine M. De Biase
Vice-President and Secretary

GUARANTEED INSURABILITY BENEFIT RIDER WITH ADVANCED OPTION BENEFIT

Certain eligibility requirements apply for rider issue. Contact your representative for details.

Metropolitan Life Insurance Company

Rider: Guaranteed Insurability Benefit

This rider is a part of the policy if it is referred to on the Policy Schedule Page.

Effective Date The Effective Date of this rider is shown on the Policy Schedule Page.

The Effective Date of increases in the Policy Benefit will also be shown on the Policy Schedule Page.

Premium The Premium for this rider is shown on the Policy Schedule Page.

There is a premium for each increase in coverage.

In addition, there will be a premium charge for each increase in the Policy Benefit. The premium for each increase will be at the rate then in effect for Your policy based on Your age on the applicable Option Date and for Your class on the Effective Date of this rider.

For the increase to be effective, the premium for the increase must be paid within 31 days after its Effective Date.

Definitions **Policy Benefit** means the Monthly Benefit for Total Disability, as shown on the Policy Schedule Page, payable under Your policy.

Option dates occur every policy anniversary through the expiry date shown on the policy schedule page.

Option Date means each anniversary of the Effective Date of this rider that occurs on or before the Expiry Date.

Unit of Increase means an amount by which the Policy Benefit can be increased on an Option Date for the Standard Option Benefit. The Unit of Increase is shown on the Policy Schedule Page.

Maximum Total Increase means the current amount remaining by which the Policy Benefit can be increased under this rider through the Expiry Date. This amount will decrease by the amount of any increases in the Policy Benefit by use of this rider. The Maximum Total Increase amount is shown on the Policy Schedule Page.

Advanced Option Period means the time period from the Effective Date of this rider to the later of:

- the third Option Date following the Effective Date of this rider; or
- the Option Date on or next following Your 40th birthday.

Earned Income means income or compensation, payable as remuneration to You, for actual services You perform, or for goods or services provided by a business in which You have an ownership interest. This term includes salary, fees, profits or losses, commissions, bonuses and other payment for goods or services, which You or Your business render or provide. Earnings are determined after deduction of normal and customary unreimbursed business expenses, but before deduction of any income taxes.

Earned Income does not include:

1. Income from dividends, interest, rent, royalties, annuities, or investments; or
2. Income from deferred compensation plans, formal sick pay benefits, disability income policies, or retirement plans.

Expiry Date is the date, shown on the Policy Schedule Page, when this rider ends.

Standard Option Benefit On any Option Date, You may apply for an amount up to one Unit of Increase.

The unused portion of a unit of increase may be carried over to the next option date. You may not carry the remainder forward past the next option date.

If all or part of a Unit of Increase is not used as of any Option Date, You may carry this remainder forward and apply for it on the next Option Date. You may not carry this remainder forward past that next Option Date. To use all or part of a carried-forward Unit of Increase, You must also apply for all of Your current Unit of Increase.

This benefit allows you to apply for up to the Maximum Total Increase on any option date during the Advanced Option Period, as defined on the previous page.

Eligibility is based on your earned income and your disability income coverage. There is no medical underwriting.

Approved increases will take effect on the applicable option date. If you are disabled on the option date, the increase will not be payable for that disability or for a recurrence of that disability.

Subject to state variations.

Rider: Guaranteed Insurability Benefit (Continued)

The minimum increase You may apply for is the lesser of the Maximum Total Increase or $200. Each increase You apply for must be a multiple of $50.

The amount for which You apply on any one Option Date may not exceed the Maximum Total Increase.

Advanced Option Benefit

On any Option date during the Advanced Option Period You may apply for any amount of increase up to the Maximum Total Increase. Any increase for which You apply must be a multiple of $50.

If You exercise the Advanced Option Benefit, there will be no carried-forward Unit of Increase on the next Option Date.

To Qualify for an Increase

You will qualify for an increase, if, on an Option Date:

1. Your Earned Income is sufficient for an increase based on Our underwriting and issue limits rules in effect at that time; and
2. The sum of all Your Disability income coverage after the increase is not more than the maximum coverage We would then offer to new applicants in Your class. The sum of Your Disability income coverage includes benefits You would receive from Us, other insurers and government agencies.

If, based on items 1 and 2 above, You qualify for less than the entire amount of increase applied for, then the amount of increase will be the amount for which You qualify.

Application

If You want to apply for an increase, You must notify Us. We will send you an Application that must be completed and returned to Us within 60 days before the Option Date. This Application will ask You for a statement of Your Earned Income and disability income coverage, but will ask no questions about Your health.

When an Increase Takes Effect

If Your Application is approved, Your Policy Benefit will be increased on the applicable Option Date. However, this increase in Your Policy Benefit will not be payable for a Disability existing on the Option Date, or for a Recurrent Disability that is a continuation of a Disability that began prior to the Option Date.

Time Limit on Certain Defenses

After two years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Disability starting more than two years from the Effective Date of this rider.

After two years from the Effective Date of any increase in the Policy Benefit under this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for the increase in the Policy Benefit can be used to void the increase in the Policy Benefit or deny a claim with respect to the increase in the Policy Benefit for a Disability starting more than two years from the Effective Date of increase in the Policy Benefit.

No claim with respect to an increase in the Policy Benefit for a Disability starting after two years from the Effective Date of this rider, will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

Rider: Guaranteed Insurability Benefit (Continued)

Termination This rider will end on the earliest of:

1. The Expiry Date;
2. The date the Maximum Total Increase equals zero;
3. The date the policy ends; or
4. The date We receive Your Written request to end this rider, in which case You must return the policy to Us. We will change the policy and return it to You.



Christine M. De Biase
Vice-President and Secretary

Certain eligibility requirements apply for rider issue. Contact your representative for details.

Metropolitan Life Insurance Company

Rider: Life Event Increase Benefit

This rider is a part of the policy if it is referred to on the Policy Schedule Page.

Effective Date The Effective Date of this rider is shown on the Policy Schedule Page.

The Effective Date of increases in the Policy Benefit will also be shown on the Policy Schedule Page.

Premium The Premium for this rider is shown on the Policy Schedule Page.

There is a premium for the increase in coverage.

In addition, there will be a premium charge for the increase to the Policy Benefit. The premium for the increase will be at the rate then in effect for Your policy based on Your age on the applicable Option Date and for Your class on the Effective Date of this rider.

For the increase to be effective, the premium for the increase must be paid within 31 days after its Effective Date.

Definitions **Qualifying Life Event** means that, while Your policy is in force:

These are the qualifying life events.

1. You receive a promotion from Your employer;
2. You have an increase in the number of Your family members, due to marriage, civil union, domestic partnership, birth or adoption; or
3. You graduate from an accredited post-secondary educational institution.

Policy Benefit means the Monthly Benefit for Total Disability, as shown on the Policy Schedule Page.

This rider can be exercised on the initial option date shown on the policy schedule page or any subsequent policy anniversary.

Option Date means a date on which the Policy Benefit may be increased due to a Qualifying Life Event. The Initial Option Date is shown on the Policy Schedule Page. Subsequent Option Dates occur on each anniversary of the Initial Option Date.

Unit of Increase means the amount, as shown on the Policy Schedule Page, by which the Policy Benefit can be increased on an Option Date due to a Qualifying Life Event.

Expiry Date means the date, shown on the Policy Schedule Page, when this rider ends. However, this rider can end on an earlier date, as described in the Termination provision.

Life Event Increase Benefit If You have a Qualifying Life Event, You may, without evidence of medical insurability, apply for a one-time Unit of Increase. To apply for an increase, You must submit to Us Written documentation, or other form of proof acceptable to Us, of Your Qualifying Life Event, within 60 days before the Option Date next following the Qualifying Life Event.

If you have a qualifying life event, you may exercise this rider without evidence of medical insurability to receive a one-time increase.

When an Increase Takes Effect Once the increase is approved, Your policy will be changed on the applicable Option Date. However, this change to Your Policy Benefit will not be payable for a Disability existing on such Option Date, or for a Recurrent Disability that is a continuation of a Disability that began on or prior to such Option Date.

Approved increases will take effect on the applicable option date. If you are disabled on the option date, the increase will not be payable for that disability or for a recurrence of that disability.

Subject to state variations.

Rider: Life Event Increase Benefit (Continued)

Time Limit on Certain Defenses

After two years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Disability starting more than two years from the Effective Date of this rider.

After two years from the Effective Date of any increase in the Policy Benefit under this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for the increase in the Policy Benefit can be used to void the increase in the Policy Benefit or deny a claim with respect to the increase in the Policy Benefit for a Disability starting more than two years from the Effective Date of increase in the Policy Benefit.

No claim with respect to an increase in the Policy Benefit for a Disability starting after two years from the Effective Date of this rider, will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

Termination

This rider will end on the earliest of:

1. The Expiry Date;
2. The Option Date on which an increase takes effect;
3. The date the policy ends; or
4. The date We receive Your Written request to end this rider, in which case You must return the policy to Us. We will change the policy and return it to You.



Christine M. De Biase
Vice-President and Secretary

AUTOMATIC INCREASE BENEFIT RIDER

Certain eligibility requirements apply for rider issue. Contact your representative for details.

This rider increases your original base monthly benefit by 5% on each of the first five policy anniversaries. If you are disabled as of any of these anniversaries, your applicable increase (or increases) will take effect 30 days after the disability ends.

You may apply for a one-time renewal of this rider, subject to certain conditions.

Metropolitan Life Insurance Company

Rider: Automatic Increase Benefit

This rider is a part of the policy if it is referred to on the Policy Schedule Page.

Effective Date	The Effective Date of this rider is shown on the Policy Schedule Page.
Premium	The Premium for the increased Monthly Benefit for Total Disability on each of the first five anniversaries of the Effective Date of this rider is shown on the Policy Schedule Page. It is determined using the rates for the amount of the increase applicable to a person of Your attained age on each of these anniversaries.
Benefit	On each of the first five anniversaries of the Effective Date of this rider, Your Monthly Benefit for Total Disability will increase as shown on the Policy Schedule Page. However, if You are Disabled as of any of these anniversaries, the applicable increase (or increases) will take effect 30 days after your Disability ends.
Cancellation of Increase	You may cancel the increase applicable to a given anniversary of the Effective Date of this rider with Written notice to Us at least 60 days before that anniversary.
Rider Renewal	You may apply in Writing for a one-time renewal of this rider during the renewal period, which is the time period beginning 90 days before each policy anniversary on or after the Effective Date of this Rider and ending on that policy anniversary. In order to renew, you must have accepted at least four out of the five scheduled increases, and You must be age 55 or younger. You must provide evidence of financial insurability, income, employment and other insurance in force, applied for or available to You through Your employer. Renewal will be effective if We approve the Application for renewal. Upon approval, We will send You a new Policy Schedule Page showing the new schedule of automatic benefit increases. Premiums for these increases will be based on the table of premium rates in effect for new insurance on the Effective Date of the renewal.
Termination	This rider will end on the earliest of: 1. The date this policy ends; 2. The day following the fifth anniversary of the Effective Date of this rider, or its renewal, if applicable; or 3. The date you cancel two consecutive scheduled increases.

Christine M. De Biase
Vice-President and Secretary

PRESUMPTIVE TOTAL DISABILITY RIDER

If you satisfy the definition of Presumptive Total Disability you will be presumed to be totally and permanently disabled even if you can work. We will waive the elimination period (except with respect to the SIO/SIS benefit rider, if included in the policy) and pay the monthly benefit for total disability shown on the policy schedule page.

Subject to state variations.

Metropolitan Life Insurance Company

Rider: Presumptive Total Disability

This rider is a part of the policy if it is referred to on the Policy Schedule Page.

Date of Rider The Effective Date of this rider is shown on the Policy Schedule Page.

Premium The Premium for this rider is shown on the Policy Schedule Page.

Definitions **Presumptive Total Disability** means that You are presumed to be totally and permanently Disabled if an Injury or Sickness causes Your complete, irrecoverable and irreparable loss of:

1. The use of both hands, or both feet, or one hand and one foot;
2. The sight in both eyes;
3. Speech; or
4. Hearing in both ears.

Benefits If You are Totally Disabled according to the definition of Presumptive Total Disability, We will:

1. Consider You to be Totally Disabled even if You are able to work and even if You are not receiving medical care from a Physician; and
2. Waive the Elimination Period, except with respect to any Social Insurance Offset Benefit rider included in Your policy.

Benefits for Presumptive Total Disability will be the Monthly Benefit for Total Disability shown on the Policy Schedule Page, and will be paid in place of any other Disability benefits. Benefits for Presumptive Total Disability will be payable while You remain Presumptively Totally Disabled, but not beyond the Maximum Benefit Period for this policy shown on the Policy Schedule Page.

Time Limit on Certain Defenses After two years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Total Disability starting more than two years from the Effective Date of this rider.

No claim for Total Disability starting after two years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Total Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

Termination This rider will end on the earliest of:

1. The date the policy ends;

2. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.



Christine M. De Biase
Vice-President and Secretary

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Definition of Catastrophic Disability.

If you are catastrophically disabled under item 1 of the definition of Catastrophic Disability, the elimination period for catastrophic disability will be waived.

This rider pays you a monthly benefit, in addition to any other disability benefit payments under your policy, while you are catastrophically disabled. We will pay you 120% of the catastrophic disability benefit for the first 12 months catastrophic disability benefits are paid.

Rider: Catastrophic Disability Benefit

This rider is a part of the policy if it is referred to on the Policy Schedule Page.

Date of Rider The Effective Date of this rider is shown on the Policy Schedule Page of Your policy.

Premium The Premium for this rider is shown on the Policy Schedule Page of Your policy.

Definitions

Aphasia means the loss, due to Injury or disease of the brain centers, of:

1. The power of expression by speech, writing, or signs; or
2. Comprehension of spoken or written language.

Catastrophic Disability or **Catastrophically Disabled** means that due to Injury or Sickness, You:

1. Have a complete, irrecoverable and irreparable loss of:
   a. Use of both hands, or both feet, or one hand and one foot;
   b. The sight in both eyes;
   c. Speech; or
   d. Hearing in both ears;

   or
2. Are Totally Disabled due to Alzheimer's Disease or other irreversible form of senility or dementia; or
3. Are Totally Disabled and have Aphasia; Hemiparesis; Paraplegia; or Quadriplegia.

Elimination Period for Catastrophic Disability means the number of consecutive days of Catastrophic Disability that must elapse before benefits for Catastrophic Disability become payable. No benefits are payable under this rider for the Elimination Period for Catastrophic Disability. The Elimination Period for Catastrophic Disability is shown on the Policy Schedule Page of Your policy.

If You are Catastrophically Disabled under item 1 of the definition of Catastrophic Disability, this Elimination Period will be waived.

Hemiparesis means partial paralysis affecting both limbs on one side of the body.

Paraplegia means paralysis of the legs and lower part of the body.

Quadriplegia means paralysis of all four limbs.

Catastrophic Disability Benefit

Following the Elimination Period for Catastrophic Disability while You are Catastrophically Disabled, We will pay You the Monthly Benefit for Catastrophic Disability shown on the Policy Schedule Page of Your policy. For the first 12 months for which benefits are payable for Catastrophic Disability, the benefit will be paid at 120% of the Monthly Benefit for Catastrophic Disability. The Monthly Benefit for Catastrophic Disability will be paid in addition to any other Disability benefit payments under Your policy. These benefits will be paid until the earlier of:

1. The date You are no longer Catastrophically Disabled; or
2. The date the Maximum Benefit Period shown on the Policy Schedule Page of Your policy ends.

If a COLA rider is included with your policy, we will also adjust the catastrophic disability benefits in accordance with that rider.

Subject to state variations.

Rider: Catastrophic Disability Benefit (continued)

Cost-of-Living Adjustment (if included in Your policy)	If a Cost-of-Living Adjustment for Disability Benefits (COLA) rider is included in Your policy, then We will adjust the Catastrophic Disability benefits. The adjustment will be made in the manner specified in the COLA rider, with the amount of the Catastrophic Disability Benefit being substituted for the amount of the Monthly Benefit for Total Disability in the COLA rider.
Time Limit on Certain Defenses	After two years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Catastrophic Disability starting more than two years from the Effective Date of this rider. No claim for Catastrophic Disability starting after two years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Catastrophic Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.
Termination	This rider will end on the earlier of: 1. The date the policy ends; 2. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.



Christine M. De Biase
Vice-President and Secretary

Definition of Spousal Catastrophic Disability

Definition of Activities of Daily Living.

Metropolitan Life Insurance Company

Rider: Spousal Catastrophic Disability Benefit

This rider is a part of the policy if it is referred to on the Policy Schedule Page.

Date of Rider The Effective Date of this rider is shown on the Policy Schedule Page.

Premium The Premium for this rider is shown on the Policy Schedule Page.

Definitions

Spousal Catastrophic Disability means that due to Injury or Sickness, Your Spouse:

1. Has a complete, irrecoverable and irreparable loss of:
   a. Use of both hands, or both feet, or one hand and one foot;
   b. The sight in both eyes;
   c. Speech; or
   d. Hearing in both ears; or
2. Has Alzheimer's Disease or other irreversible form of senility or dementia requiring supervision to protect from threats to health and safety due to severe cognitive impairment, and is unable to perform at least two (2) of the Activities of Daily Living without assistance from another person; or
3. Has: Aphasia; Hemiparesis; Paraplegia; or Quadriplegia, and is unable to perform at least two (2) of the Activities of Daily Living without assistance from another person.

When We use the term Catastrophically Disabled in this rider in connection with Your Spouse, We are referring to this definition of Spousal Catastrophic Disability.

Activities of Daily Living means the following:

1. **Bathing:** Washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
2. **Continence:** Ability to maintain control of bowel and bladder function; or, when not able to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
3. **Dressing:** Putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
4. **Eating:** Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously.
5. **Toileting:** Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
6. **Transferring:** Moving into or out of a bed, chair or wheelchair.

Aphasia means the loss, due to Injury or disease of the brain centers, of:

1. The power of expression by speech, writing, or signs; or
2. Comprehension of spoken or written language.

This rider pays you a monthly benefit, in addition to any other disability benefit payments under your policy, while your non-working or part-time employed spouse is catastrophically disabled, as defined in this rider.

We will pay you 120% of the spousal catastrophic disability benefit for the first 12 months spousal catastrophic disability benefits are paid.

Rider: Spousal Catastrophic Disability Benefit (Continued)

Elimination Period for Spousal Catastrophic Disability means the number of consecutive days of Spousal Catastrophic Disability that must elapse before benefits for Spousal Catastrophic Disability become payable. No benefits are payable under this rider for the Elimination Period for Spousal Catastrophic Disability. The Elimination Period for Spousal Catastrophic Disability is shown on the Policy Schedule Page. If Your Spouse is Catastrophically Disabled under item 1 of the definition of Spousal Catastrophic Disability, this Elimination Period will be waived.

Hemiparesis means partial paralysis affecting both limbs on one side of the body.

Paraplegia means paralysis of the legs and lower part of the body.

Quadriplegia means paralysis of all four limbs.

Spouse's Age 67 means the first Premium Due Date that occurs on or after Your Spouse's 67th birthday.

Your Spouse means Your lawful husband, wife, domestic partner or civil union partner named by You on Your application.

Spousal Catastrophic Disability Benefit

After the Elimination Period for Spousal Catastrophic Disability has been satisfied, and while Your Spouse is Catastrophically Disabled, We will pay You the Monthly Benefit for Spousal Catastrophic Disability shown on the Policy Schedule Page of Your policy. For the first 12 months for which benefits are payable for Spousal Catastrophic Disability, the benefit will be paid at 120% of the Monthly Benefit for Spousal Catastrophic Disability. These benefits will be paid until the earlier of:

1. The date Your Spouse is no longer Catastrophically Disabled; or
2. The date the Maximum Benefit Period for Spousal Catastrophic Disability, shown on the Policy Schedule Page of Your policy, ends.

Recurrent Spousal Catastrophic Disability

If, after the end of a period of Spousal Catastrophic Disability, as described in item 3 of the definition of Spousal Catastrophic Disability, for which Spousal Catastrophic Disability benefits have been paid, Your Spouse becomes Catastrophically Disabled again, the later period of Spousal Catastrophic Disability will be deemed a Recurrent Spousal Catastrophic Disability, which is a continuation of the preceding period of Spousal Catastrophic Disability, unless:

1. The later period of Spousal Catastrophic Disability starts at least 6 months after the end of the preceding period of Spousal Catastrophic Disability; or
2. The later period of Spousal Catastrophic Disability is due to a different or unrelated cause.

If either 1 or 2 applies, the later period of Spousal Catastrophic Disability will be deemed a new period of Spousal Catastrophic Disability. A new Elimination Period must be satisfied before benefits start again, and a new Maximum Benefit Period will apply.

If the later period of Spousal Catastrophic Disability is deemed a Recurrent Spousal Catastrophic Disability, then it is not necessary for Your Spouse to satisfy a new Elimination Period. However, Spousal Catastrophic Disability benefits paid for a Recurrent Spousal Catastrophic Disability are considered a continuation of the preceding period of Spousal Catastrophic Disability and will be subject to the Maximum Benefit Period that started with the preceding period of Spousal Catastrophic Disability. If the Maximum Benefit Period had ended with respect to the preceding period of Spousal Catastrophic Disability, no benefits will be payable for a recurrence of that Spousal Catastrophic Disability.

How the maximum benefit period is determined.

Subject to state variations.

Rider: Spousal Catastrophic Disability Benefit (Continued)

Maximum Benefit Period

The Maximum Benefit Period for this rider is shown on the Policy Schedule Page. However, if the Maximum Benefit Period selected is five years, the Maximum Benefit Period will vary depending on Your Spouse's Age when Spousal Catastrophic Disability begins, as follows:

Your Spouse's Age When Spousal Catastrophic Disability Begins	Maximum Benefit Period
Before age 63	60 months
At age 63, before age 64	48 months
At age 64, before age 65	42 months
At age 65, before age 66	36 months
At age 66, before age 67	30 months

General Exclusions

We will not pay benefits for a Spousal Catastrophic Disability under this rider:

1. Caused or contributed to by an act of war, whether declared or undeclared;
2. Due to Your Spouse's committing, or attempting to commit, a felony;
3. Existing while Your Spouse is legally incarcerated or detained; or
4. Caused by Your Spouse's intentionally self-inflicted injury.

Preexisting Conditions Exclusion

We will not pay benefits for a Spousal Catastrophic Disability under this rider that starts during the first two years after the Effective Date if it was due to a Preexisting Condition, as defined in Your policy. This exclusion does not apply to any condition that was disclosed, and that was not misrepresented, in the Application for this rider and was not excluded by name or specific description.

Proof of Spouse's Disability

Written proof of loss satisfactory to Us must be sent to Us within 90 days after the end of each monthly period for which You claim benefits for Spousal Catastrophic Disability. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required. As often as is reasonably necessary, We may require as part of the proof of loss financial proof such as personal and business income tax returns, income statements and other proof acceptable to Us.

We may also require on a monthly basis that Your Spouse and Your Spouse's treating Physician complete and Sign supplemental statements of claim.

Authorizations

We may require, as often as is reasonably necessary, that You and/or Your Spouse provide authorizations for Us to obtain medical information, financial information, and any other information pertinent to a claim for Spousal Catastrophic Disability.

Examinations

At Our expense, as often as is reasonably necessary, We may require Your Spouse to have an independent examination, which may include non-invasive testing, by a Physician of Our choice.

At Our expense, as often as is reasonably necessary, We may require an audit of all Your Spouse's business and financial records, by a financial examiner of Our choice. This may include examination of business and financial records for any business in which Your Spouse has an ownership interest.

At Our expense, as often as is reasonably necessary, We may have Our representative conduct telephone or in-person interviews regarding a claim for Spousal Catastrophic Disability.

Subject to state variations.

This rider terminates at the earliest of your 67th birthday, your spouse's 67th birthday, the date the policy ends or we receive a written request from you to end the benefit.

Rider: Spousal Catastrophic Disability Benefit (Continued)

Misstatement of Age and Sex	If Your Spouse's age or sex is not stated correctly on Our records, the benefits under the policy will be those that the Premium You paid would have bought at Your Spouse's correct age and sex.
Time Limit on Certain Defenses	After two years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You or Your Spouse on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Spousal Catastrophic Disability starting more than two years from the Effective Date of this rider. No claim for Spousal Catastrophic Disability starting after two years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider.
Termination	This rider will end on the earliest of: 1. The date the policy ends; 2. The first Premium Due Date on or after Your 67th birthday; 3. The first Premium Due Date on or after Your Spouse's 67th birthday; or 4. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.



Christine M. De Biase
Vice-President and Secretary

If you suffer a capital loss due to injury we will pay you a one-time lump sum benefit, as shown on the policy schedule page.

Subject to state variations.

Metropolitan Life Insurance Company

Rider: Capital Sum Benefit

This rider is a part of the policy if it is referred to on the Policy Schedule Page.

Effective Date The Effective Date of this rider is shown on the Policy Schedule Page.

Premium The Premium for this rider is shown on the Policy Schedule Page.

Definitions **Capital Loss** means the complete, irrecoverable and irreparable loss of:

1. The use of one hand or one foot; or
2. The entire sight in one eye.

Benefits We will pay You the Capital Sum Benefit shown on the Policy Schedule Page if You suffer a Capital Loss that is solely due to an Injury. The Capital Sum Benefit is payable for one Capital Loss in Your lifetime.

Time Limit On Certain Defenses After two years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Capital Loss occurring more than two years from the Effective Date of this rider.

No claim for Capital Loss occurring after two years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Capital Loss occurs, that Sickness or physical condition was excluded from coverage by name or specific description.

Termination This rider will end on the earliest of:

1. The date the policy ends;
2. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You; or
3. The date We pay the Capital Sum Benefit.

Christine M. De Biase
Vice-President and Secretary

If you lose your job due to a total disability for which you are receiving benefits from us, we will reimburse you for COBRA premiums that you have paid, up to the monthly maximum shown on the policy schedule page.

Subject to state variations.

Metropolitan Life Insurance Company

Rider: COBRA Premium Reimbursement Benefit

This rider is a part of the policy if it is referred to on the Policy Schedule Page.

Effective Date The Effective Date of this rider is shown on the Policy Schedule Page.

Premium The Premium for this rider is shown on the Policy Schedule Page.

Definitions **COBRA** means the Consolidated Omnibus Budget Reconciliation Act of 1986.

Proof of COBRA Premium Payments means an invoice showing that a COBRA premium payment was due, and a cancelled check, credit card statement or other form of proof showing that the premium was paid for the period being claimed.

Benefits The benefit we pay You under this rider will be equal to the premium for COBRA coverage You paid for the month being claimed, not to exceed the Maximum Monthly COBRA Premium Reimbursement Benefit shown on the Policy Schedule Page, as long as:

1. You are not Gainfully Employed, and are Totally Disabled under this policy;
2. Your unemployment is a result of Your Total Disability, and You are paying premiums for COBRA coverage;
3. The COBRA premium for which You are claiming reimbursement became due after the 90th day of Your Total Disability; and
4. You have not exceeded the Maximum COBRA Premium Reimbursement Benefit Period shown on the Policy Schedule Page.

We will require Proof of COBRA Premium Payments before benefits under this rider are paid. The Proof of COBRA Premium Payments must be received within 365 days after the month for which benefits are being claimed.

Time Limit On Certain Defenses After two years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Total Disability starting more than two years from the Effective Date of this rider.

No claim for Total Disability starting after two years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Total Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

Termination This rider will end on the earliest of:

1. The date the policy ends;
2. The first Premium Due Date on or after Your 67th birthday, or the fifth policy anniversary, if later; or
3. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.



Christine M. De Biase
Vice-President and Secretary

LIFETIME MONTHLY BENEFIT FOR TOTAL DISABILITY RIDER

Certain eligibility requirements apply for rider issue. Contact your representative for details.

Metropolitan Life Insurance Company

Rider: Lifetime Monthly Benefit for Total Disability

This rider is a part of the policy if it is referred to on the Policy Schedule Page.

Effective Date The Effective Date of this rider is shown on the Policy Schedule Page.

Premium The Premium for this rider is shown on the Policy Schedule Page.

This rider provides a lifetime benefit for total disability.

Benefit This rider provides a lifetime Total Disability benefit. We will pay this benefit during Your continuous Total Disability if:

1. Such Total Disability starts before and continues until the end of the Maximum Benefit Period for Total Disability; and
2. The benefits under Your policy have been paid during Your Total Disability.

This rider does not extend the Maximum Benefit Period for the policy, or for any other rider included with the policy.

When Payable

We will start to pay this benefit on the date the Maximum Benefit Period for Total Disability, as shown on the Policy Schedule Page, ends.

We will pay it while You remain Totally Disabled for as long as You live.

Benefits will not be payable under this rider for any period during which the Monthly Benefit for Total Disability is payable under Your policy.

Amount of Benefit

The monthly benefit amount We will pay will be the Monthly Benefit for Total Disability payable as of the end of the Maximum Benefit Period, multiplied by a factor determined from the table below.

Benefit after the end of the Maximum Benefit Period is reduced if the total disability starts after age 45.

Age at the Start of Total Disability	Factor
45 or less	1.00
46	0.95
47	0.90
48	0.85
49	0.80
50	0.75
51	0.70
52	0.65
53	0.60
54	0.55
55	0.50
56	0.45
57	0.40
58	0.35
69	0.30
60	0.25
61	0.20
62	0.15
63	0.10
64 to 67, but before the first Premium Due Date on or after Your 67th birthday	0.05

Subject to state variations.

Rider: Lifetime Monthly Benefit for Total Disability (Continued)

Time Limit on Certain Defenses

After two years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Total Disability starting more than two years from the Effective Date of this rider.

No claim for Total Disability starting after two years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Total Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

Termination

This rider will end on the earliest of:

1. The date the policy ends;
2. The first Premium Due Date on or after Your 67th birthday, provided You are not Totally Disabled;
3. The date benefits are no longer payable under this rider; or
4. The date We receive Your Written request to end this rider, in which case You must return the policy to Us. We will change the policy and return it to You.



Christine M. De Biase
Vice-President and Secretary

Certain eligibility requirements apply for rider issue. Contact your representative for details.

We will pay your total disability benefit if you are unable to perform the material and substantial duties of your regular occupation and are receiving appropriate care from a physician. If you are engaged in another occupation, your total disability benefit will not be affected by any income from your new occupation, regardless of the amount.

Subject to state variations.

Metropolitan Life Insurance Company

Rider: Monthly Benefit for Total Disability in Your Occupation

This rider is a part of the policy if it is referred to on the Policy Schedule Page.

Effective Date The Effective Date of this rider is shown on the Policy Schedule Page.

Premium The Premium for this rider is shown on the Policy Schedule Page.

Definitions The following is substituted for the definition of Total Disability in Your policy:

"Total Disability or **Totally Disabled** means that due solely to Impairment caused by Injury or Sickness, You are:

a. Prevented from performing the material and substantial duties of Your Regular Occupation; and

b. Receiving appropriate care from a Physician who is appropriate to treat the condition causing the Impairment.

We may waive the requirement of care from a Physician if Your Physician provides documentation acceptable to Us that continued care would be of no benefit to You."

Time Limit On Certain Defenses After two years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Total Disability starting more than two years from the Effective Date of this rider.

No claim for Total Disability starting after two years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Total Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

Termination This rider will end on the earlier of:

1. The date the policy ends; or
2. The date We receive your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.

Christine M. De Biase
Vice-President and Secretary

TRANSITIONAL YOUR OCCUPATION BENEFIT RIDER

Certain eligibility requirements apply for rider issue. Contact your representative for details.

We will pay you a benefit if you are unable to work in your regular occupation but you are gainfully employed in another occupation.

The length of time benefits are paid varies by the rider purchased.

Metropolitan Life Insurance Company

Rider: Transitional Your Occupation Benefit

This rider is a part of the policy if it is referred to on the Policy Schedule Page.

Effective Date The Effective Date of this rider is shown on the Policy Schedule Page.

Premium The Premium for this rider is shown on the Policy Schedule Page.

Definitions

Transitional Disability or **Transitionally Disabled** means that due solely to Impairment caused by Injury or Sickness, You are:

1. Prevented from performing the material and substantial duties of Your Regular Occupation, but You are Gainfully Employed in another occupation; and
2. Receiving appropriate care from a Physician who is appropriate to treat the condition causing the Impairment.

We may waive the requirement of care of a Physician if Your Physician provides documentation acceptable to Us that continued care would be of no benefit to You.

Maximum Monthly Transitional Your Occupation Benefit means:

1. The total of the Monthly Benefit for Total Disability shown on the Policy Schedule Page; plus
2. If included in Your policy, the total monthly benefit payable for the Social Insurance Offset Benefit.

If a Cost-of-Living Adjustment for Disability Benefits (COLA) rider is included in Your policy, then in computing Transitional Your Occupation benefits, We will substitute the Adjusted Monthly Benefit(s) for Total Disability, as defined in the COLA rider, for the Monthly Benefit(s) for Total Disability above.

Earnings means income or compensation, payable as remuneration to You, for actual services You perform; or for goods or services provided by a business in which You have an ownership interest. This term includes salary, fees, profits or losses, commissions, bonuses and other payment for goods or services, which You or Your business render or provide. Earnings are determined after deduction of normal and customary unreimbursed business expenses, but before deduction of any income taxes.

Earnings do not include:

1. Income from dividends, interest, rent, royalties, annuities or investments; or

2. Income from deferred compensation plans, formal sick pay plans, disability income policies, or retirement plans.

Maximum Benefit Period for the Transitional Your Occupation Benefit means the period during which the Monthly Transitional Your Occupation Benefit is payable. The Maximum Benefit Period for the Transitional Your Occupation Benefit begins after the end of the Elimination Period. Transitional Your Occupation benefits count toward the Maximum Benefit Period only while you are Transitionally Disabled. The Maximum Benefit Period for the Transitional Your Occupation Benefit is shown on the Policy Schedule Page, but benefits are not payable beyond the Maximum Benefit Period for Total Disability.

Review Date means each anniversary date of the start of a period of Disability or Transitional Disability.

Index Month means the June before the Review Date. The first Index Month is the June before the start of the period of Disability or Transitional Disability.

Rider: Transitional Your Occupation Benefit (Continued)

Prior Earnings means the greater of Your average monthly Earnings for the three calendar years immediately prior to the start of Your Disability or Transitional Disability, or for the 24 months immediately prior to the start of Your Disability or Transitional Disability, provided there is financial documentation satisfactory to Us.

After the start of a period of Disability or Transitional Disability, Prior Earnings are increased each year, on the Review Date. The Prior Earnings will be multiplied by a factor equal to the CPI-U for the Index Month divided by the CPI-U for the preceding Index Month. The Prior Earnings in any given year will not be increased by more than ten percent 10% and will not be decreased, but could remain the same. CPI-U means the Consumer Price Index for All Urban Wage Consumers for all items. It is published by the United States Bureau of Labor Statistics. If the CPI-U cannot be used or is not available, We will choose a suitable index to replace it. CPI-U will then mean the chosen index.

Loss of Earnings means Your Prior Earnings less Your Earnings for the month in which You are Transitionally Disabled.

Other Disability Coverage means all coverage and benefits payable to You for a disability and provided by individual (excluding this policy), group or association disability income coverage. Business overhead expense, key person and buy-out disability coverage are excluded from Other Disability Coverage.

The benefit paid while you are transitionally disabled in your occupation will be the monthly benefit for total disability (shown on the policy schedule page), subject to reduction as specified in this rider.

We will never pay less than 25% of the maximum monthly Transitional Your Occupation benefit.

Monthly Transitional Your Occupation Benefit

While You are Transitionally Disabled, We will pay a Monthly Transitional Your Occupation benefit. The benefit will be the lesser of:

1. The Maximum Monthly Transitional Your Occupation Benefit; or
2. Your Loss of Earnings minus benefits received from Other Disability Coverage for the month in which You are Transitionally Disabled, but not less than twenty-five percent (25%) of the Maximum Monthly Transitional Your Occupation Benefit,

and will be paid in place of all other benefits for Total or Residual Disability.

Minimum Benefit

If the benefit that would be paid under the Monthly Benefit for Residual Disability exceeds the Monthly Transitional Your Occupation Benefit, the Monthly Benefit for Residual Disability will be paid in place of this benefit. Any month that the Monthly Benefit for Residual Disability is paid under this provision will not be counted toward the Maximum Benefit Period for the Transitional Your Occupation Benefit.

Duration of Benefits

Monthly Transitional Your Occupation benefits will be paid until the earliest of:

1. The date a period of Transitional Disability ends;
2. The date the Maximum Benefit Period for the policy ends; or
3. The end of the Maximum Benefit Period for the Transitional Your Occupation Benefit.

Under certain circumstances, we will refund a portion of the premiums paid for this rider if the monthly transitional your occupation benefit is reduced.

Premium Refund

If:

1. At the time the Elimination Period for this Policy is satisfied, the Maximum Monthly Transitional Your Occupation Benefit plus the monthly indemnities for Other Disability Coverage is more than ninety percent (90%) of Your Prior Earnings; or
2. Less than the Maximum Monthly Transitional Your Occupation Benefit is paid and the benefits received for Other Disability Coverage are greater than zero,

We will refund any premiums paid for this rider during the two years prior to Transitional Disability that have not been previously refunded.

Subject to state variations.

Rider: Transitional Your Occupation Benefit (Continued)

Time Limit on Certain Defenses

After two years from the Effective Date of this rider no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Transitional Disability starting more than two years from the Effective Date of this rider.

No claim for Transitional Disability starting after two years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Transitional Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

Termination

This rider will end on the earlier of:

1. The date the policy ends; or
2. The date We receive your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.



Christine M. De Biase
Vice-President and Secretary

If the elimination period for this rider is less than 365 days, once satisfied, the rider will pay a benefit during the first year of disability even if legislated benefits are payable.

A state-specific version of the rider is available in NY for certain MultiLife scenarios only. It is not available in NJ or for individual sale in NY.

Metropolitan Life Insurance Company

Rider: Social Insurance Offset Benefit

This rider is a part of the policy if it is referred to on the Policy Schedule Page.

Effective Date The Effective Date of this rider is shown on the Policy Schedule Page.

Premium The Premium for this rider is shown on the Policy Schedule Page.

Definitions **Policy Benefit** means the Monthly Benefit for Total Disability on the Policy Schedule Page.

These are the legislated benefits.

Legislated Benefits means:

1. Social Security insurance benefits, or Disability income benefits under similar federal, state or local laws, including worker's compensation and occupational disease laws; or
2. Benefits under the Railroad Retirement Act; or
3. Benefits under the Civil Service Retirement Plan or any like program covering federal, state or local government employees.

Social Security Insurance Benefits means the Disability benefit portion of the Old Age, Survivors, and Disability Insurance Act, also known as Social Security, as enacted or later amended by the federal Social Security Act.

First Year of Disability means the 12-month period beginning on the first day of the Elimination Period.

Total Disability Benefit

We will pay this rider's monthly benefit shown on the Policy Schedule Page if:

1. The Elimination Period shown on the Policy Schedule Page for this rider has been met. If Your policy includes a rider for Presumptive Total Disability, then, for the purposes of this rider, the Elimination Period will not be waived for Presumptive Total Disability;
2. You are Totally Disabled; and
3. After the First Year of Disability, no Legislated Benefits are payable for such Disability.

After the first year of disability, there is a dollar for dollar offset if you are receiving legislated benefits.

After the First Year of Disability, for any month in which Legislated Benefits are payable for Your Disability, the amount payable under this rider will be reduced by subtracting the total amount of Legislated Benefits You are receiving from this rider's monthly benefit shown on the Policy Schedule Page. Once benefits are payable from Legislated Benefits, We will not reduce the benefit under this rider to reflect any increase in Legislated Benefits due to a cost-of-living adjustment.

If You receive Legislated Benefits as a lump sum payment, You must immediately notify Us of such payment. The lump sum payment (even if received in the First Year of Disability) will be prorated on a monthly basis over the time period for which the sum was intended. The monthly amount thus obtained, in addition to any other Legislated Benefits, will be subtracted from this rider's monthly benefit shown on the Policy Schedule Page to determine the amount payable under this rider after the First Year of Disability. This reduction will only apply to a period for which We have not yet made benefit payments under this rider. If the time period to which the lump sum payment applies is not specified, We reserve the right to make a reasonable determination.

Rider: Social Insurance Offset Benefit (Continued)

This benefit will end on the earlier of:

1. The date the Policy Benefit ends;
2. The Premium Due Date on or after Your 67th birthday, for Disability starting before Your 63rd birthday, or the applicable period determined from the table below, for Disability starting on or after Your 63rd birthday.

Age on Last Birthday	Maximum Months of Benefits
63	48
64	42
65	36
66	30
67	24

Proof That You Qualify

To receive benefits under this rider You must give Us Written proof satisfactory to Us that You qualify for this rider's monthly benefit, including proof that:

1. You made timely application for Legislated Benefits to which You may be entitled;
2. Your claim for these benefits has been approved, denied, or is still pending; and
3. If Your application for Legislated Benefits has been denied, You are following every appeals process available to You.

If, after completing the appeals process, You are still denied Legislated Benefits, We can require You to reapply from time to time.

If, after We start paying benefits under this rider, Legislated Benefits are approved and You receive a retroactive payment, You will not have to return any payments We have already made.

We will pay an additional benefit if you incur attorney fees during a legislated benefits appeals process, subject to certain conditions.

Attorney Fee Benefit

If You incur attorney fees during a Legislated Benefits appeals process, We will pay an additional benefit equal to one monthly benefit under this rider, provided that You had:

1. A hearing before an Administrative Law Judge;
2. A review of the hearing by the Appeals Council (or similar body); or
3. Brought a civil action in the United States District Court.

We will not pay the attorney fee benefit for services provided before:

1. Your initial filing for Legislated Benefits is denied; and
2. You have requested and received a reconsideration of the denial.

If your policy has a residual disability rider, benefits payable under this Social Insurance Offset Benefit rider may be adjusted if you are residually disabled.

Benefits for Residual Disability

If Your policy has a Residual Disability Benefit rider, You may qualify for a benefit under this rider that is adjusted for Residual Disability, if:

1. The Elimination Period shown on the Policy Schedule Page for this rider has been met; and
2. You are Residually Disabled.

If You qualify, Residual Disability benefits will be calculated for this rider, as described in the Residual Disability Benefit rider, except that We will substitute the monthly benefit for this rider shown on the Policy Schedule Page, less any Legislated Benefits payable after the First Year of Disability, for the Monthly Benefit for Total Disability.

The COLA rider, if it is included in your policy, also applies to the Social Insurance Offset Benefit

Subject to state variations.

Rider: Social Insurance Offset Benefit (Continued)

Cost-of-Living Adjustment (if included in Your policy)	If a Cost-of-Living Adjustment for Disability Benefits (COLA) rider is included with Your Policy, then in computing this rider's monthly benefit for Total Disability, We will substitute the Adjusted Monthly Benefit(s) for Total Disability, as defined in the COLA rider, for this rider's monthly benefit for Total Disability as shown on the Policy Schedule Page. Cost-of-Living adjustments will be made before any reduction for Legislated Benefits.
Time Limit on Certain Defenses	After two years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Disability starting more than two years from the Effective Date of this rider. No claim for Disability starting after two years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.
Termination	This rider will end on the earlier of: 1. The date the policy ends; or 2. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.



Christine M. De Biase
Vice-President and Secretary

After the Social Insurance Substitute elimination period is satisfied, this rider pays a benefit in addition to your base monthly benefit in the event that no legislated benefits (such as Social Security insurance benefits) are payable for your disability.

These are the legislated benefits.

Metropolitan Life Insurance Company

Rider: Social Insurance Substitute Benefit

This rider is a part of the policy if it is referred to on the Policy Schedule Page.

Effective Date The Effective Date of this rider is shown on the Policy Schedule Page.

Premium The Premium for this rider is shown on the Policy Schedule Page.

Definitions **Policy Benefit** means the Monthly Benefit for Total Disability on the Policy Schedule Page.

Legislated Benefits means Social Security insurance benefits, or Disability income benefits under similar federal, state or local laws, including worker's compensation and occupational disease laws.

Social Security Insurance Benefits means the Disability benefit portion of the Old Age, Survivors, and Disability Insurance Act, also known as Social Security, as enacted or later amended by the federal Social Security Act.

Total Disability Benefit

We will pay this rider's monthly benefit shown on the Policy Schedule Page if:

1. The Elimination Period shown on the Policy Schedule Page for this rider has been met. If Your policy includes a rider for Presumptive Total Disability, then, for the purposes of this rider, the Elimination Period will not be waived for Presumptive Total Disability;
2. You are Totally Disabled; and
3. No Legislated Benefits are payable for such Disability.

This benefit will end on the earliest of:

1. The date the Policy Benefit ends;
2. The date Legislated Benefits become payable for Your Disability; or
3. The Premium Due Date on or after Your 67th birthday, for Disability starting before your 63rd birthday, or the applicable period determined from the table below, for Disability starting on or after Your 63rd birthday.

Age on Last Birthday	Maximum Months of Benefits
63	48
64	42
65	36
66	30
67	24

Proof That You Qualify

To receive benefits under this rider You must give Us Written proof satisfactory to Us that You qualify for this rider's monthly benefit, including proof that:

1. You made timely application for Legislated Benefits to which You may be entitled;
2. Your claim for these benefits has been approved, denied, or is still pending; and
3. If Your application for Legislated Benefits has been denied, You are following every appeals process available to You.

If, after completing the appeals process, You are still denied Legislated Benefits, We can require You to reapply from time to time.

If, after We start paying benefits under this rider, Legislated Benefits are approved and You receive a retroactive payment, You will not have to return any payments We have already made.

We will pay an additional benefit if you incur attorney fees during a legislated benefits appeals process, subject to certain conditions.

If your policy has a residual disability rider, benefits payable under this Social Insurance Substitute Benefit rider may be adjusted if you are residually disabled.

The COLA rider, if it is included in your policy, also applies to the Social Insurance Substitute Benefit.

Rider: Social Insurance Substitute Benefit (Continued)

Attorney Fee Benefit

In cases where an appeal of denial of Legislated Benefits would be reasonable, if You incur attorney fees during a Legislated Benefits appeals process, We will pay an additional benefit equal to one monthly benefit under this rider, provided that You had:

1. A hearing before an Administrative Law Judge;
2. A review of the hearing by the Appeals Council (or similar body); or
3. Brought a civil action in the United States District Court.

We will not pay the attorney fee benefit for services provided before:

1. Your initial filing for Legislated Benefits is denied; and
2. You have requested and received a reconsideration of the denial.

Termination of Legislated Benefits

If Legislated Benefits end for Your Disability, We will start paying the added monthly benefit as of the date they end, if:

1. The Elimination Period shown on the Policy Schedule Page for this rider has been met. If Your policy includes a rider for Presumptive Total Disability, then, for the purposes of this rider, the Elimination Period will not be waived for Presumptive Total Disability; and
2. The Policy Benefit is still payable.

Benefits for Residual Disability

If Your policy has a Residual Disability Benefit rider, You may qualify for a benefit under this rider that is adjusted for Residual Disability, if:

1. The Elimination Period shown on the Policy Schedule Page for this rider has been met; and
2. You are Residually Disabled.

If You qualify, Residual Disability benefits will be calculated for this rider, as described in the Residual Disability Benefit rider, except that We will substitute the monthly benefit for this rider shown on the Policy Schedule Page, less any Legislated Benefits payable after the First Year of Disability, for the Monthly Benefit for Total Disability.

Cost-of-Living Adjustment (if included in Your policy)

If a Cost-of-Living Adjustment for Disability Benefits (COLA) rider is included with Your Policy, then in computing this rider's monthly benefit for Total Disability, We will substitute the Adjusted Monthly Benefit(s) for Total Disability, as defined in the COLA rider, for this rider's monthly benefit for Total Disability as shown on the Policy Schedule Page. Cost-of-Living adjustments will be made before any reduction for Legislated Benefits.

Time Limit on Certain Defenses

After two years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Disability that starts more than two years from the Effective Date of this rider.

No claim for loss incurred or Disability that starts after two years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed before the Effective Date of this rider unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

The two-year time limit in the preceding paragraph will be six months if Your age on the Effective Date was 65 or over.

Rider: Social Insurance Substitute Benefit (Continued)

Termination This rider will end on the earlier of:

1. The date the policy ends; or
2. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.



Christine M. De Biase
Vice-President and Secretary

After the Social Insurance Substitute elimination period is satisfied, this rider pays a benefit in addition to your base monthly benefit in the event that no legislated benefits (such as Social Security insurance benefits) are payable for your disability.

If the elimination period for this rider is less than 365 days, once satisfied, the rider will pay a benefit during the first year of disability even if legislated benefits are payable.

These are the legislated benefits.

Metropolitan Life Insurance Company

Rider: Social Insurance Substitute Benefit

This rider is a part of the policy if it is referred to on the Policy Schedule Page.

Effective Date The Effective Date of this rider is shown on the Policy Schedule Page.

Premium The Premium for this rider is shown on the Policy Schedule Page.

Definitions **Policy Benefit** means the Monthly Benefit for Total Disability on the Policy Schedule Page.

Legislated Benefits means:

1. Social Security insurance benefits for Your Disability; or
2. Benefits under the Railroad Retirement Act.

Social Security Insurance Benefits means the Disability benefit portion of the Old Age, Survivors, and Disability Insurance Act, also known as Social Security, as enacted or later amended by the federal Social Security Act.

Total Disability Benefit

We will pay this rider's monthly benefit shown on the Policy Schedule Page if:

1. The Elimination Period shown on the Policy Schedule Page for this rider has been met. If Your policy includes a rider for Presumptive Total Disability, then, for the purposes of this rider, the Elimination Period will not be waived for Presumptive Total Disability;
2. You are Totally Disabled; and
3. No Legislated Benefits are payable for such Disability.

This benefit will end on the earliest of:

1. The date the Policy Benefit ends;
2. The date Legislated Benefits become payable for Your Disability, after the first 12 months of Disability; or
3. The Premium Due Date on or after Your 67th birthday, for Disability starting before your 63rd birthday, or the applicable period determined from the table below, for Disability starting on or after Your 63rd birthday.

Age on Last Birthday	Maximum Months of Benefits
63	48
64	42
65	36
66	30
67	24

Proof That You Qualify To receive benefits under this rider You must give Us Written proof satisfactory to Us that You qualify for this rider's monthly benefit, including proof that:

1. You made timely application for Legislated Benefits to which You may be entitled;
2. Your claim for these benefits has been approved, denied, or is still pending; and
3. If Your application for Legislated Benefits has been denied, You are following every appeals process available to You.

Rider: Social Insurance Substitute Benefit (Continued)

If, after completing the appeals process, You are still denied Legislated Benefits, We can require You to reapply from time to time.

If, after We start paying benefits under this rider, Legislated Benefits are approved and You receive a retroactive payment, You will not have to return any payments We have already made.

We will pay an additional benefit if you incur attorney fees during a legislated benefits appeals process, subject to certain conditions.

Attorney Fee Benefit

If You incur attorney fees during a Legislated Benefits appeals process, We will pay an additional benefit equal to one monthly benefit under this rider, provided that You had:

1. A hearing before an Administrative Law Judge;
2. A review of the hearing by the Appeals Council (or similar body); or
3. Brought a civil action in the United States District Court.

We will not pay the attorney fee benefit for services provided before:

1. Your initial filing for Legislated Benefits is denied; and
2. You have requested and received a reconsideration of the denial.

Termination of Legislated Benefits

If Legislated Benefits end for Your Disability, We will start paying the added monthly benefit as of the date they end, if:

1. The Elimination Period shown on the Policy Schedule Page for this rider has been met. If Your policy includes a rider for Presumptive Total Disability, then, for the purposes of this rider, the Elimination Period will not be waived for Presumptive Total Disability; and
2. The Policy Benefit is still payable.

If your policy has a residual disability rider, benefits payable under this Social Insurance Substitute Benefit rider may be adjusted if you are residually disabled.

Benefits for Residual Disability

If Your policy has a Residual Disability Benefit rider, You may qualify for a benefit under this rider that is adjusted for Residual Disability, if:

1. The Elimination Period shown on the Policy Schedule Page for this rider has been met;
2. You are Residually Disabled; and
3. After the first 12 months of Disability, no Legislated Benefits are payable for such Disability.

If You qualify, Residual Disability benefits will be calculated for this rider, as described in the Residual Disability Benefit rider, except that We will substitute the monthly benefit for this rider shown on the Policy Schedule Page, less any Legislated Benefits payable after the First Year of Disability, for the Monthly Benefit for Total Disability.

The COLA rider, if it is included in your policy, also applies to the Social Insurance Substitute Benefit.

Cost-of-Living Adjustment (if included in Your policy)

If a Cost-of-Living Adjustment for Disability Benefits (COLA) rider is included with Your Policy, then in computing this rider's monthly benefit for Total Disability, We will substitute the Adjusted Monthly Benefit(s) for Total Disability, as defined in the COLA rider, for this rider's monthly benefit for Total Disability as shown on the Policy Schedule Page. Cost-of-Living adjustments will be made before any reduction for Legislated Benefits.

Time Limit on Certain Defenses

After two years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a loss incurred or Disability that starts more than two years from the Effective Date of this rider.

No claim for Disability that starts after two years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed before the Effective Date of this rider unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

Rider: Social Insurance Substitute Benefit (Continued)

Termination This rider will end on the earlier of:

1. The date the policy ends; or
2. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.



Christine M. De Biase
Vice-President and Secretary

This rider will refund 50% of your premiums every five years, less any claims or experience refunds paid.

Metropolitan Life Insurance Company

Rider: Refund of Premium

This rider is a part of the policy if it is referred to on the Policy Schedule Page.

Effective Date The Effective Date of this rider is shown on the Policy Schedule Page.

Premium The Premium for this rider is shown on the Policy Schedule Page. If a benefit would not be payable for a five-year period, due to the amount of claims and experience refunds paid during that five-year period, We will waive the remaining Premium(s) for this rider, based on the frequency of payment then in effect, until the anniversary of this rider on which the next five-year period begins.

Benefit Starting on the fifth policy anniversary, and on each fifth policy anniversary thereafter, We will refund 50 percent of the amount of Premiums paid for the prior five-year period, without interest, less any claims or experience refunds paid for that period. We will also make this refund for any remaining period immediately prior to termination of this rider, if it ends:

1. Due to Your death; or
2. On the first Premium Due Date on or after Your 67th birthday, or the fifth policy anniversary, if later.

Termination This rider will end on the earliest of:

1. The date the policy ends;
2. The first Premium Due Date on or after Your 67th birthday, or the fifth policy anniversary, if later; or
3. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.



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TERM PREMIUM CONVERSION RIDER

The Term Premium Conversion rider allows you to purchase all or a portion of the Total Disability Benefit with premium rates that are initially less than the rates for Level Premium coverage.

When the Term Premium Conversion rider is selected, the policy schedule (shown on pages 6-8) will include the Term Monthly Benefit, Term Premium Period, Scheduled Annual Term Premium, Final Conversion Date and Converted Level Premium.

The available Term Premium periods are 1, 5, 10, 15 and 20 years.

If the Term Premium has not been converted to Level Premium by the end of the Term Premium Period, the premium payable for the former Term Monthly Benefit will increase annually.

You may convert all or a portion of the benefits paid with Term Premium to benefits paid with Level Premium on any policy anniversary before your 56th birthday and lock-in a Level Premium rate.

Metropolitan Life Insurance Company

Rider: Term Premium Conversion

This rider is a part of the policy if it is referred to on the Policy Schedule Page.

Effective Date

The Effective Date of this rider is shown on the Policy Schedule Page.

Definitions

Term Monthly Benefit means the portion of the Monthly Benefit for Total Disability that is payable with Term Premium. The Term Monthly Benefit is shown on the Policy Schedule Page.

Term Premium Period means the period of time after the Effective Date of this rider before the Scheduled Annual Term Premium is scheduled to change. The Term Premium Period is shown on the Policy Schedule Page.

Term Premium means the portion of the Premium that is scheduled to change after the Term Premium Period.

Level Premium means premium that is not scheduled to change until the first Premium Due Date on or after Your 67th birthday.

Scheduled Annual Term Premium means the annual premium for the Term Monthly Benefit, together with the annual premium for the portion of any optional benefits payable with Term Premium. The Scheduled Annual Term Premium is shown on the Policy Schedule Page.

Final Conversion Date means the final date that You may convert the Term Monthly Benefit to a level premium basis. This date is shown on the Policy Schedule Page.

Converted Level Premium means the Level Premium for Your policy that would be payable until the first Premium Due Date on or after Your 67th birthday if the entire Term Monthly Benefit is converted to a level premium basis. Converted Level Premiums are shown on the Policy Schedule Page.

Conversion Privilege

On any anniversary of the Effective Date of this rider that occurs on or before the Final Conversion Date, You may convert all or part of the Term Monthly Benefit to a level premium basis. When all or part of the Term Monthly Benefit is converted to a level premium basis, the proportional amount of premium for any optional benefits paid with Term Premium is also converted to a level premium basis. Optional benefits paid with Term Premium can only be converted to a level premium basis by converting all or part of the Term Monthly Benefit.

Example 1: If the Term Monthly Benefit is $10,000 per month and the entire amount is converted to a level premium basis, 100% of the premium for any optional benefits payable with Term Premium would also be converted to a level premium basis.

Example 2: If the Term Monthly Benefit is $10,000 per month and $6,000 (60%) of the Term Monthly Benefit is converted to a level premium basis, 60% of the premium for any optional benefits payable with Term Premium would also be converted to a level premium basis.

No evidence of insurability will be required to make a conversion.

When all or part of the Term Monthly Benefit is converted, the Level Premium charged for the converted benefits will be at the Level Premium rates then in effect for this policy, at Your age on the effective date of the conversion and for Your class on the Effective Date of this policy. The minimum amount of the Term Monthly Benefit that may be converted is $300 per month and must be a multiple of $50, unless the remaining amount of the Term Monthly Benefit is less than $300 or is not evenly divisible by $50.

How to Convert to a Level Premium

If You wish to convert all or part of the Term Monthly Benefit, You must send Us Written notice of the amount You wish to convert. Your notice must be received by Us within the 60 days before the anniversary of the Effective Date of this rider on which You wish to convert. Upon conversion, We will issue a revised Policy Schedule Page showing the new Premium.

Rider: Term Premium Conversion (Continued)

Changes to Your Policy

If the Term Premium Period shown on the Policy Schedule Page of Your policy is greater than one year, any increase in the Monthly Benefit for Total Disability will be payable on a level premium basis.

Termination

This rider will end on the earliest of:

1. The date the policy ends;
2. The date on which the entire Term Monthly Benefit is converted to a level premium basis; or
3. The Final Conversion Date.



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MENTAL DISORDER AND/OR SUBSTANCE USE DISORDER LIMITATION RIDER

This rider is required and will be automatically applied to policies issued to insureds in certain medical and dental occupations. It is not available by individual selection. Contact your representative for details.

There is a 10% premium reduction applied to any policy to which this rider is issued.

Disabilities resulting from mental disorders and/or substance use disorders will be limited to a lifetime benefit of 24 months for all periods of disability combined. However, this limitation will not apply to any period of time you are confined in a hospital.

Metropolitan Life Insurance Company

Rider: Mental Disorder and/or Substance Use Disorder Limitation

This rider is a part of the policy if it is referred to on the Policy Schedule Page.

Effective Date

The Effective Date of this rider is shown on the Policy Schedule Page.

Premium

Inclusion of this rider results in a reduction of the overall Premium for the policy to which it is attached, as shown on the Policy Schedule Page.

Definitions

Hospital means a licensed institution which:

1. Is operated, under the supervision of physicians on the premises, for the care and treatment of injuries and sickness;
2. Has medical, surgical and diagnostic facilities;
3. Provides 24-hour nursing services on the premises by registered graduate nurses (RN);
4. Routinely makes a charge for its services; and
5. Is not primarily:
   a. a nursing, convalescent, or rest home;
   b. a place for custodial or educational care; or
   c. a place for the care and treatment of the aged.

Mental Disorder and/or Substance Use Disorder means any and all disorders set forth in the diagnostic categories of the most recently published edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders. Examples include, but are not limited to:

1. Depression/dysthymic disorder;
2. Obsessive compulsive disorder;
3. Any psychotic disorder;
4. Panic disorder/agoraphobia;
5. Bipolar disorder/cyclothymic disorder;
6. Anxiety disorder;
7. Diagnosed personality disorder;
8. Anorexia nervosa or bulimia;
9. Alcohol or substance abuse or dependency;
10. Post-traumatic stress disorder; and
11. Somatization disorder.

Limited Monthly Benefit for Disability Due to Mental Disorder and/or Substance Use Disorder

The Maximum Benefit Period for this policy is limited to 24 months for all periods of Disability combined during Your lifetime if:

1. Such Disability is due to a Mental Disorder and/or Substance Use Disorder;
2. You otherwise qualify for Disability benefits; and
3. You are not confined in a Hospital.

However, any time during which You are confined in a Hospital or You are considered Presumptively Totally Disabled, if the Presumptive Total Disability rider is included in Your policy, does not count towards this 24-month limit.

When this rider is applied, a 24-month limitation for mental disorders and/or substance use disorders is added to the Exclusions and Limitations section of your policy.

Rider: Mental Disorder and/or Substance Use Disorder Limitation (Continued)

Exclusions and Limitations	The following is added to the Exclusions and Limitations section of the policy: "Due to Mental Disorder and/or Substance Use Disorder beyond a 24-month limitation for all periods of disability combined during Your lifetime, except if You are confined in a Hospital, as set forth in the Limited Monthly Benefit for Mental Disorders and/or Substance Use Disorders section of the Mental Disorder and/or Substance Use Disorder Limitation rider."
Termination	This rider will end on the date the policy ends.



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Vice-President and Secretary

THIS IS NEITHER A CONTRACT NOR AN OFFER TO CONTRACT NOR AN APPLICATION FOR DISABILITY INSURANCE.

The margin notes in this brochure are for reference only. The actual policy language controls our obligations. If a disability income policy is issued, our obligations will be determined solely by the provisions of the policy issued. Provisions in the policy as issued may vary in certain respects from their presentation in this specimen policy as a result of state laws or regulations.

LIMIT OF AUTHORITY: Financial Services Representatives are not authorized to make, alter or discharge any contract in the name of Metropolitan Life Insurance Company (MetLife) nor to incur any liability on behalf of MetLife by any promise or statement. Financial Services Representatives have no authority to make statements, either verbal or written, which might be construed as binding MetLife, unless they are actually stated in the printed contracts.

FOR POLICIES ISSUED IN NEW YORK: This policy provides disability income insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. The expected benefit ratio for this policy is at least 50%. This ratio is the portion of future premiums that MetLife expects to return as benefits, when averaged over all people with this policy.

MetLife

Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166
www.metlife.com

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