



How to Apply for Long Term Disability Conversion Insurance

Please follow these steps to apply for Conversion:

1. Complete the LTD Conversion Application provided in this package. Please answer each question in full, sign, and date the application form. You do **not** have to supply medical evidence of insurability to obtain the converted coverage.
2. The Employer must complete the Group Employer Questionnaire provided in this package. Some companies will provide you with a Health and Insurance Plans Conversion/Portability Notice which can be used in lieu of the Group Employer Questionnaire.
3. Send your:
 - Completed Application for Long Term Disability Conversion Insurance; and
 - Group Employer Questionnaire Form or Health and Insurance Plans Conversion/Portability Notice to:
Metropolitan Life Insurance Company
FAX: 908-552-3979
MAIL - P.O. Box 30429 / Tampa, FL 33630-3429
PHONE - 1-800-929-1492, prompt 5
EMAIL – IDILTDConversions@metlife.com
4. The Application and Questionnaire must be returned to our office within **31 days** of the date in which you are terminated, resign or are considered no longer within a designated class.

The Conversion Privilege is available to you if:

1. If the Conversion Privilege is included within your employer's LTD plan underwritten by Metropolitan Life Insurance Company ("MetLife").
2. If you have been insured for a designated length of time under the Conversion Privilege provided in your employer's LTD plan underwritten by Metropolitan Life Insurance Company ("MetLife").
3. Your employment with your employer ends because you:
 - Resign; or
 - Are terminated; or
 - If you no longer reside within a designated class

The Conversion Privilege is *not* available to you if:

1. You retire;
2. You are disabled under the terms of the employer's LTD plan;
3. The Master Policy providing your LTD coverage terminates;
4. The Master Policy is amended to exclude the class of employee to which you belong;
5. You fail to pay the required contribution; or
6. If you become insured for long term disability coverage under another group plan within 31 days after termination from your employer's plan.

How will you know if the application is approved or denied:

Once a decision has been reached, Metropolitan Life Insurance Company will promptly notify you using the contact information provided in the LTD Conversion Application. If approved, Metropolitan Life Insurance Company will notify you of the following:

1. The Effective Date of coverage;
2. The Benefit Amount;
3. The Elimination Period; and
4. The amount of the Quarterly Premium and any pro-rated amount due.



Metropolitan Life Insurance

200 Park Avenue, New York, New York 10166

Company

APPLICATION FOR LONG TERM DISABILITY CONVERSION INSURANCE

The applicant named below is applying for a conversion of Long Term Disability Insurance to provide insurance for the persons specified below.

APPLICANT DATA

1. Full legal name of Applicant: _____ (the "Policyholder")

2. Address: _____ City _____ State _____ Zip _____

3. Social Security Number: ____ / ____ / _____

4. Sex: Male Female

5. Date of Birth: ____ / ____ / _____

6. Email Address: _____ @ _____

7. Former Employer's Name: _____

8. Occupation: _____

9. Did You Retire? Yes No

10. Your employment in the eligible class terminated on: ____ / ____ / _____

11. Last monthly salary: \$ _____

12. Are you covered under another group plan other than the company in #7: Yes No

13. Are you currently Disabled from a sickness or injury: Yes No

14. Preferred Method for us to contact you:

- Phone – (____) - _____ - _____
- Email
- Mail
- Fax – (____) - _____ - _____

The statements set forth above are true to the best of my knowledge and belief, and may not be relied upon by the Insurance Company in considering this application. Further, my signature below acknowledges that I have received a copy of my statements as they appear on this application.

Signature of Applicant

Date

In order to complete review of the application, the following must be submitted:

- This Application, completed and signed; and
- Employer Questionnaire Form or Health and Insurance Plans Conversion / Portability Notice

Your insurance will not become effective until you receive approval and an effective date for your Long Term Disability Conversion Insurance from Metropolitan Life Insurance Company.

How to Submit this form:

FAX: 908-552-3979/ MAIL: P.O. Box 30429, Tampa, FL 33630-3429/ EMAIL: IDILTDConversions@metlife.com

GROUP EMPLOYER QUESTIONNAIRE FOR LONG TERM DISABILITY CONVERSION INSURANCE

The applicant named below is applying for a conversion of Long Term Disability Insurance to provide insurance for the person specified below.

APPLICANT DATA

- 1. Name of Company covered under the Conversion Privilege plan: _____

- 2. Full legal name of Applicant: _____ (the "Policyholder")

- 3. Date of Hire: _____ / _____ / _____

- 4. Effective Date of Insurance under group LTD Policy: _____ / _____ / _____

- 5. Group LTD Policy Number: _____

- 6. Last Date of Coverage: _____ / _____ / _____

- 7. Employee's Occupation at time of termination from employment: _____

- 8. Occupation Class at time of termination from employment: _____

- 9. Is there a disability claim for this employee pending under your LTD Policy? Yes No

- 10. Did the Employee leave employment as a result of Retirement? Yes No

- 11. Is the Employee now disabled from a sickness or injury? Yes No

- 12. Last monthly salary: \$ _____

The statements set forth above are true to the best of my knowledge and belief.

Signature of Preparer

Date

Email Address of Preparer: _____

Contact Phone of Preparer: _____

How to Submit this form:

FAX: 908-552-3979

MAIL - P.O. Box 30429 / Tampa, FL 33630-3429

EMAIL: IDILTDConversions@metlife.com