

Disability Income

THE SALARY SAVER

6A, 5A, 4A, 3A, 2A
Specimen Contract



MetLife®

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 80 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. MetLife's consistently high ratings for financial strength are matched by few of the nation's top disability insurers. The diversity of our businesses and earnings stream gives us stability to meet our future obligations.

The quality of our investment portfolio and our capital for growth and expansion make MetLife an industry leader.

BASE POLICY

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MetLife is now a stock company. See Endorsement on page 16.

Coverage is Noncancelable and Guaranteed Renewable. This means MetLife cannot change the premiums or coverage until the 1st premium due date on or after your 65th birthday.

Your coverage, exclusive of any riders, may be renewed on a limited basis after Age 65.

Dividends are no longer payable. See Endorsement on Page 16.

MetLife®

Metropolitan Life Insurance Company

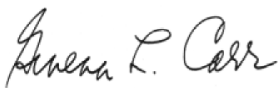
A Mutual Company Incorporated in New York State

Metropolitan Life Insurance Company will pay the benefits of this policy according to its provisions.

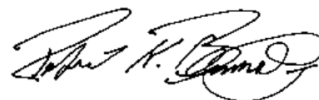
Disability Income Insurance Policy - Salary Saver

- * **Noncancelable and Guaranteed Renewable to Age 65. 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 until the first premium due date on or after your 65th birthday.
- * **Renewal Privilege After Age 65. Premium Rates are Subject to Change.** If you are actively and regularly employed full time as of the first premium due date on or after your 65th birthday, you may continue coverage under this policy, exclusive of any riders providing additional benefits, for as long as you remain so employed. This privilege is explained on page 11.
- * The Schedule of Benefits provided by this policy is shown on page 3.
- * There is an exclusion for Preexisting Conditions on page 11.
- * This policy is eligible for dividends.

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.



Gwenn L. Carr
Vice-President and Secretary



Robert H. Benmosche
President and Chief Executive Officer

Insured

Date of Issue January 1, 2003

SPECIMEN

Policy Number

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 account 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 and Company address on back cover.

Metropolitan Life Insurance Company Policy Schedule

Date of Issue:	January 1, 2003	Policy Number:	123 456 AH
Insured:	John Doe	Issue Age and Sex	35 Male
Monthly Benefit for Total Disability	Up to \$1,000	Elimination Period	90 days
		Maximum Benefit Period (See Table A in This Schedule)	To Age 65
Benefit Provisions			Annual Premium
Monthly Benefit for Total Disability			\$XXX.XX
Residual Disability	1RD-96		\$XXX.XX
Cost of Living Adjustment	1CL-96		\$XXX.XX
Maximum Optional Increase Amount	\$2,000		
		Policy Fee	\$XXX.XX
		Total Annual Premium	\$XXX.XX
		1 Month Term	
		Total Premium For Initial Term	\$XXX.XX
Table A Maximum Benefit Period Varies By Age When Disability Begins			
Age When Disability Begins	Maximum Benefit Period		
Before age 61	To Age 65		
At age 61, before age 62	48 Months		
At age 62, before age 63	42 Months		
At age 63, before age 64	36 Months		
At age 64, before age 65	30 Months		
At age 65, before age 75	24 Months		
At or after age 75	12 Months		
See Renewal Provision for Ages 65 and Greater			
See Policy Wording For Benefits Payable Under Any Riders			
Nonsmoker CA 4A			

Own Occupation Protection:

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

- *Own Occupation coverage for the lesser of the benefit period or to Age 65: 6A, 5A, 4A.*
- *Own Occupation coverage for the lesser of five years or the benefit period: 3A, 2A.*

The supervision by a physician can be waived.

If you lose your sight, speech, hearing, or use of two limbs, we consider you to be Totally Disabled (even if you can work) and we will waive your elimination period (see page 6 – Benefits for Presumptive Total Disability).

Understanding This Policy

"You" and "your" mean the insured named on page 3.

"We", "us" and "our" mean Metropolitan Life Insurance Company.

To make this policy clear and easy to read, we have left out many cross-references and conditional statements. Therefore, the provisions of the policy must be read as a whole. For example, the General Exclusions on page 11 apply to all benefit provisions of this policy.

A policy term and a policy anniversary are measured from the date of issue of the policy. For example, if the date of issue is May 5, 1996, the first policy anniversary is May 5, 1997. If the policy term is 6 months, the first term ends November 4, 1996.

Read this policy to find out how to exercise your rights. If you want to submit a claim, change an address, or request any other action by us, you should do so on the forms prepared for each purpose. You can get these forms from your account representative or one of our local offices.

Definitions

Disability or **disabled** means total disability that starts while your policy is in force.

Total disability or **totally disabled** means that due to an impairment caused by injury or sickness, you are: (a) prevented from performing the material and substantial duties of your regular occupation; (b) not gainfully employed; and (c) receiving care by a physician which is appropriate for the condition causing the disability.

We may waive the requirement of care by a physician if:

1. Your physician provides certification acceptable to us that continued care would be of no benefit to you; and
2. You are otherwise totally disabled as defined in this policy.

Impairment means a change in your health status that can be evaluated by medical means.

Regular occupation means your usual occupation (or occupations, if more than one) in which you are regularly engaged for gain or profit at the time you become disabled.

Gainfully employed means engaged in an occupation for gain or profit.

Presumptive total disability means that you are presumed totally and permanently disabled if an injury or sickness causes your total and permanent loss of:

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

Injury means an accidental bodily injury. However, this policy only covers a disability arising from an injury that occurs after the date of issue of the policy and while your policy is in force.

Sickness means sickness or disease, including pregnancy. However, this policy only covers a disability arising from a sickness that first manifests itself after the date of issue of the policy and while your policy is in force.

Effective date means the date of issue of the policy, or the date of a rider, as applicable.

Date of issue means the date that the policy takes effect. This date is shown on page 3.

Premium due date means the first day of each term.

Elimination period means the number of days of disability from the start of a continuous period of disability to the date benefits become payable for that disability. Elimination periods are shown on page 3.

Continuous period of disability means an unbroken period of disability; or successive periods of disability due to the same or a related cause that are separated by less than 12 months (6 months if the maximum benefit period for the monthly benefit for total disability is expressed as a number of months).

Definitions (Continued)

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 page 3.

Benefits will end on the earlier of:

1. The date your disability ends; or
2. The end of the maximum benefit period.

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: psychotic, emotional or behavioral disorders; disorders related to stress; substance abuse or dependency; anorexia nervosa or bulimia; depression; and obsessive compulsive disorders.

Preexisting condition means a sickness or injury for which, in the 5 years prior to the date of issue: (a) symptoms existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment; or (b) medical advice or treatment was recommended by or received from a physician.

Physician means a person, other than you or a member of your immediate family, who is legally licensed to practice medicine. Where required by law, this includes a duly licensed practitioner operating within the scope of his or her license.

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 nursing, convalescent or rest home; a place for custodial or educational care; or a place for the care and treatment of the aged.

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

Benefits

Monthly Benefit for Total Disability

We will pay the monthly benefit for total disability shown on page 3 while you are totally disabled.

This benefit will start 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 after benefits were paid for 12 months or more during a continuous period of disability, 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 3 months after your death.

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 3 months. This benefit is equal to the amount of the benefit payable for the last month of disability.

Waiver of Premiums

No premiums are due after you have been disabled for a continuous period of 90 days and for as long as you remain disabled. Premiums that became due or were paid for the first 90 days of disability will be refunded.

After 6 months, your policy covers total disability which may result if you donated a part of your body to another person.

Mutually agreed to vocational rehabilitation will not reduce benefits.

We will pay an additional benefit if you incur attorney fees during a Social Security appeals process.

There are some limitations on benefits.

Benefits (Continued)

Benefits for Presumptive Total Disability

If you are totally disabled according to the definition of presumptive total disability, we will: (a) consider you to be totally disabled even if you are able to work and even if you are not receiving medical care by a physician; and (b) waive the elimination period.

Waiver of Premiums

After you have been disabled for a continuous period of 90 days, 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 became due during the first 90 days of disability, and the pro rata portion of any previously paid premium applicable to that period of disability.

The premium waived will be based on the frequency of payment in effect on the date your disability starts.

All premiums due after you are no longer disabled will be payable. If you do not pay the first premium due by the end of its grace period, your policy will end.

Total Disability Because of Transplant Surgery

If you are totally disabled because you have had surgery, at least 6 months after the date of issue, to transplant part of your body to someone else, we will consider you totally disabled due to sickness.

Rehabilitation

While you are receiving the total disability benefit, we will consider participating in an occupational rehabilitation program aimed at helping you to return to gainful employment in your regular occupation. The program may be at your request or we may suggest it. However, you are not required to participate in a rehabilitation program. We will continue to pay benefits to you based on terms that we agree on with you.

In no case will we continue benefits beyond the maximum benefit period.

Attorney Fee Benefit

If you incur attorney fees during a Social Security Insurance Benefits appeals process, we will pay an additional benefit equal to one monthly benefit under this policy, 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 Social Security Insurance Benefits is denied; and
2. You have requested and received a reconsideration of the denial.

Mental Disorders and/or Substance Use Disorders

The lifetime maximum benefit period is limited to 24 months for all periods of disability combined if:

1. Such disability is due to mental disorder and/or substance use disorder;
2. You otherwise qualify for benefits; and
3. You are not confined in a hospital.

If you are disabled due to a mental disorder and/or substance use disorder and are confined in a hospital, this limit does not apply. Any time during which you are confined in a hospital will not count toward this 24-month limit.

Benefit Adjustment Provision

Definitions

Earnings means compensation, according to generally accepted accounting standards, for services you perform. It includes salary, fees, commissions, bonuses and other payments for services that you render - less your share of normal and customary business expenses which are deductible for Federal Income Tax purposes.

Earnings do not include:

1. Income from dividends, interest, rent, royalties, annuities, investments or other forms of unearned income not derived from job activities; or
2. Income from deferred compensation plans, formal sick pay plans, disability income policies or retirement plans.

Earnings at the time of disability means the greater of:

1. Your earnings for the month immediately prior to the start of your disability; or
2. Your average monthly earnings for the 2-year period immediately prior to the start of your disability.

If the primary source of your earnings (at least 50%) is a business you own, item 2 will apply.

Earned income means the amount of earnings used by us to determine your insurable income. Increases and decreases to earned income for the purpose of benefit reduction or optional benefit increases do not include normal fluctuations nor seasonal trends.

Valid disability coverage means all disability coverage or benefits payable for a disability and provided by:

1. Governmental agencies (e.g., Social Security Insurance Benefits);
2. Individual, association, or group disability income coverage, including this policy;
3. Formal employer provided sick pay, salary continuation and other disability income benefits; or
4. Union welfare plans.

Other valid disability coverage means valid disability coverage other than this policy.

Premium Refund for Benefit Reduction

You may, by sending us written notice and any proof that we may require, request a reduction in the monthly benefit for total disability under this policy due to:

1. A reduction in your earned income; or
2. An increase in the amount of your other valid disability coverage.

You may periodically change your monthly benefit if you have a decrease in earned income or an increase in other valid disability coverage.

You may periodically change your monthly benefit if you have an increase in earned income or a decrease in other valid disability coverage.

If you have an increase in other valid disability coverage or decrease in earnings your benefit may be adjusted at time of claim.

Benefit Adjustment Provision (Continued)

We will refund premiums paid for that portion of the monthly benefit for total disability that exceeds your current earned income less your other valid disability coverage. Such a reduction may be made as of each policy anniversary. We will refund premiums paid applicable to such reduction for up to one year after the date of the event causing the reduction. The date of the event causing the reduction will be the date on which your earned income or your other valid disability coverage changed to the level on which the reduction is based. However, the monthly benefit for total disability may not be reduced to less than \$300.

Optional Benefit Increase

You may apply for an increase in the monthly benefit for total disability. Please notify us and we will send you an application. Notice must be given to us within 90 days after:

1. An increase in your earned income; or
2. A decrease in the amount of other valid disability coverage you have in force.

The application must be returned to us within 30 days after you receive it.

Increases must be at least \$200, in multiples of \$50.

However, no increase in the monthly benefit for total disability will be allowed based on any increase as described in item 1 above, or any decrease as described in item 2 above, that occurred more than two years prior to the date of the current application.

You will qualify for an increase if, at the time you apply:

1. You are under age 60;
2. You have been actively and regularly employed full time for at least 90 days immediately prior to the date of application;
3. Your earned income is sufficient for an increase based on our underwriting rules at that time; and
4. Your total valid disability coverage does not exceed your current monthly earned income.

There is a premium charge for each increase in the monthly benefit for total disability. The increase will be effective, and the premium for each increase will be payable, as of the premium due date following our approval of such increase. The premium for the increase will be at the rate for your attained age and sex on the date of the increase and for your underwriting class on the date of issue. The total amount that this policy can be increased (i.e., all increases combined) may not exceed the Maximum Optional Increase Amount shown on page 3, plus any amounts by which this policy had been previously reduced due to benefit reductions.

Benefit Reduction at Time of Claim Based on Relation of Earnings to Insurance

For each continuous period of disability, after disability benefits under this policy are payable for 90 days of continuous disability, we will reduce further benefits if the total monthly benefit for the same loss under all valid disability coverage exceeds your earnings at the time of disability.

If your benefits are reduced during a claim, a refund of premium (not more than two years) applicable to the reduced benefit will be payable.

A disability arising from the same or a related cause within 12 months (6 months for a 2 or 5 year benefit period) is a continuation of a prior disability.

Benefit Adjustment Provision (Continued)

If we reduce benefits under this policy, we will refund the portion of the premium that applies to the reduction, back to the date when all valid disability coverage last began to exceed your earned income; however, we will not refund premiums paid for a period more than 2 years before the start of your disability.

The reduced monthly benefit for total disability under this provision is equal to:

Monthly Benefit for Total Disability X $\frac{A}{B}$

"A" is your earnings at the time of disability.

"B" is the total amount payable under all valid disability coverage.

All benefits and earnings shall be treated on a consistent monthly basis. All references to the monthly benefit for total disability will mean the monthly benefit for total disability obtained by applying this provision. Any calculation of disability benefits provided under riders to this policy will be made after this provision is applied.

The monthly benefit for total disability will not be reduced under this provision:

- 1. To less than \$200 or 25% of the monthly benefit for total disability shown on page 3, whichever is greater; nor
- 2. Due to any cost-of-living adjustments in other valid disability coverage made after the other coverage first becomes payable.

If benefits are approved under valid disability coverage provided by a governmental agency, and you receive a lump sum payment, you must immediately notify us. The lump sum will be pro-rated on a monthly basis over the time period for which the sum was intended. You will not have to return any payments we have already made under this policy, but such pro-rated payments will be added to your other valid disability coverage to the extent that they apply to a period for which we have not yet made benefit payments under this policy. If no time period for the lump sum payment is stated, we will determine a reasonable one.

Effect of Income Taxes

In order to treat income taxes on earnings and benefits paid under this policy on a compatible basis, if disability benefits payable under this policy are taxable to you, then we will calculate earnings at the time of disability before the deduction of any income taxes; and if such benefits are not taxable to you, then we will calculate earnings at the time of disability after the deduction of any income taxes on those earnings.

Recurrent and Concurrent Disability

Recurrent Disability

If, after the end of a period of disability, you become disabled from the same or a related cause within 12 months (6 months if the maximum benefit period for the monthly benefit for total disability is expressed as a number of months) of the end of the prior period of disability, we will deem it a continuous period of disability. Otherwise, we will deem your disability a separate period of disability.

Concurrent Disability

If a disability is caused by more than one injury and/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, exclusive of any riders, in force with a limited benefit period after Age 65, as long as you continue to work full time.

These are the guidelines under which we will renew your policy.

There are some exclusions.

Renewal Privilege if Employed After Age 65--Total Disability Benefit With Limited Benefit Period

Renewal Privilege

Following the premium due date on or after your 65th birthday, you may continue the coverage under this policy, exclusive of any riders providing additional benefits, as long as:

1. You remain actively and regularly employed full time; 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 from time to time that you have continued to be actively and regularly employed full time.

Actively and regularly employed full time means actively working an average of at least 30 hours per week for gain or profit, during the previous 13 weeks.

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 exceptions in the policy. The maximum benefit period will be 24 months for total disability starting before your 75th birthday. If total disability starts after your 75th birthday, the maximum benefit period will be 12 months.

Premiums

The premium will be at the rate then in effect for your class and attained age, and may change, according to the table of premium rates, as of each policy anniversary. We may change the table of premium rates for your policy, but only if we change it for all policies in this class.

We will refund any premium paid after the premium due date on or next following your 65th birthday for a period during which you are no longer actively and regularly employed full time, since your policy would end at that time.

Exclusions

General Exclusions

We will not pay benefits for a disability:

1. Due to an act of war, whether declared or undeclared;
2. Due to mental disorder and/or substance use disorder, except as provided for under the Mental Disorders and/or Substance Use Disorders provision on page 7;
3. Due to any loss we have excluded by name or specific description;
4. Due to your committing, or attempting to commit, a felony; or
5. Caused by an intentionally self-inflicted injury.

Preexisting Conditions Exclusion

We will not pay benefits for a disability due to an injury that occurs or a sickness that manifests itself during the first 2 years after the date of issue if it was due to a preexisting condition. This exclusion does not apply to any condition which was disclosed, and which was not misrepresented, in the application for this policy and was not excluded by name or specific description.

Premium and Reinstatement

Premium Payment

The payment of the premium shown on page 3, on or before the date of issue, will keep the policy in force for the term which starts on the date of issue. At the end of any term while the policy has been in force, it may be renewed for a further term (called a renewal term). To renew, you must pay the premium shown on page 3 by the premium due date.

The last renewal term of the policy will end on the day before the first premium due date on or after your 65th birthday. See *Renewal Privilege if Employed* on page 11 for renewal past this date.

All premium 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.

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 the premium is not paid to us 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 any unpaid premium(s) through the date of such application. However, we will waive the payment of premiums for the period from the end of the grace period through the date of reinstatement, and not require evidence of insurability, if:

1. Your employer was remitting your premiums for you; and
2. By the end of the grace period, your policy had been in force for at least one year from the date of issue; and
3. Your application for reinstatement is received by us within 90 days of the end of the grace period, along with:
 - a. Proof satisfactory to us that the premiums were not paid due to a transition to a new employer; and
 - b. The required premium.

If we have not sent to you a written disapproval of the application within 45 days, the policy will be reinstated as of the date we received the premium. If we do not send you a written disapproval of your proof of transition within 45 days, that proof will be considered satisfactory to us. However, if we send you a written disapproval of your proof of transition, and the application was not disapproved, the policy will be reinstated as of the date we received the premium, contingent upon receipt of any additional premium due, within 75 days of the date of application. If further premiums become due during the reinstatement process, those premiums must be paid on time to keep the policy in force.

Any premiums we, or any of our account representatives, accept for a reinstatement will be applied to a period for which premiums have not been paid. Overpayment of premium will be applied to future periods.

The reinstated policy will cover only a loss that results from an injury which occurs or a sickness that first manifests itself after the date of reinstatement. In all other respects all rights under this policy will remain the same, subject to any provisions noted on or attached to the reinstated policy.

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

After the policy has been in force for one year, if you become unemployed you may suspend this policy for up to 6 months during which time you will not be required to pay premiums and your policy will not be in force.

Premium and Reinstatement (Continued)

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 3 months or less. The policy will not be in force while it is suspended, and you will not be required to pay premiums. Your policy will be suspended as of the date we receive your written request to suspend the policy. No privileges or options of 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 military service ends before the first premium due date on or after your 65th birthday, you may request that we place this policy back in force without evidence of insurability. Your coverage will start again when:

1. We receive your written request to place the policy back in force; and
2. You pay 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 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 which occurs or a sickness which 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.

Suspension During Unemployment

If you become unemployed and receive 2 months of governmental unemployment benefits, you may suspend this policy. The policy will not be in force while it is suspended, and you will not be required to pay premiums. The suspension will begin upon our receipt of your written request for suspension and certification that you are unemployed and 2 months of governmental unemployment benefits have been received. When we receive the proper notification for 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, and this policy must have been in force for at least 1 year from the date of issue.

No privileges or options of this policy or any attached riders may be exercised during suspension. This policy may be suspended under this provision only once. The suspension will end at the earliest of:

1. 6 months after the date of suspension. At that time you will be notified that the policy has been placed back in force and premiums are now due; or
2. The first premium due date on or after your 65th birthday; or
3. The date this policy is placed back in force. Your coverage will start again when:
 - a. We receive your written request to place the policy back in force, along with satisfactory evidence of current or impending employment; and
 - b. You pay the required pro rata premium for coverage until the next premium due date.

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 which occurs or a sickness which 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.

Dividends

Every year we determine an amount to be paid to our policyholders as dividends. We will determine the share, if any, for this policy and credit it as a dividend at the end of the policy year. We do not expect that any dividend on this policy will be paid for at least 5 years from its date of issue.

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 designated office within 30 days after a covered loss starts, or as soon 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. If that is not reasonably possible, your delay will not affect your claim. However, except in the case of legal incapacity, written proof must be given to us within one year. At our request, proof of loss may include financial proof and related information. Proof of loss also includes written proof satisfactory to us of the status of disability benefits under any other valid disability coverage. We may require you to appeal or reapply for denied benefits from time to time. Supplemental Statements of Claim-- We may require, as often as we feel is necessary, that you, and any physician treating you, execute a supplemental statement of claim. Authorizations-- We may require, as often as we feel is necessary, that you provide authorizations for us to obtain medical information, financial information, and any other information pertinent to your loss under a claim. Examinations-- From time to time and at our expense, as often as we feel is necessary, we may require you to have an independent examination by a physician, other medical practitioner, or therapist, of our choice. From time to time and at our expense, as often as we feel is necessary, we may require an independent audit of all your 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, if such records are pertinent to your loss under a claim. From time to time, as often as we feel is necessary, we may have our representatives conduct personal interviews with you regarding your loss under a claim.
Time of Payment of Claim	After we receive written proof of loss, we will pay the benefits due under the policy--subject to continuing proof of loss.
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 \$1,000 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.

How to file a claim.

Claims (Continued)

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

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 designated 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.

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 designated 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 written application attached 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 Account Representative's or Other Person's Authority

No account representative or other person except our President, our Secretary or a Vice-President may: (a) make or change any contract of insurance; or (b) change or waive any of the terms of this policy. Any change or waiver must be in writing and signed by our President, Secretary, or Vice-President.

Time Limit on Certain Defenses

After 2 years from the effective date of this policy, or of any policy change, not including any period during which this policy was suspended during military service or unemployment, no misstatements, except for fraudulent misstatements, made by you on the application for this policy, or in the application for any policy change, can be used to void this policy or such policy change, or to deny a claim under this policy for a loss incurred or a disability that begins after the end of such 2-year period.

No claim for loss incurred or disability starting after 2 years from the effective date of this policy, or of any policy change, will be reduced or denied on the grounds that a sickness or physical condition had existed before the effective date of this policy, or of such policy change, unless, on the date of loss, 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 given. No such action may be brought after 3 years from the time written proof of loss is required to be given.

Conformity with State Statutes

Any provision in this policy which, on the date of issue, 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.

You may change your beneficiary.

Your policy or any claim under it may be assigned.

The policy is incontestable after 2 years, except for fraud.

If your age or sex has been misstated, your benefits will be adjusted.

Notice

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 (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.

Voting for Directors Our Board of Directors is elected by the policyholders. For details on how to vote, write to our Secretary.

Metropolitan Life Insurance Company
One Madison Avenue
New York, New York 10010-3690

Countersigned and Delivered on _____ By _____

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Riders providing additional benefits, special endorsements or exclusion riders, if any, follow page 15.

Disability Income Insurance Policy - Salary Saver

- * **Noncancelable and Guaranteed Renewable to Age 65. 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 until the first premium due date on or after your 65th birthday.
- * **Renewal Privilege After Age 65. Premium Rates are Subject to Change.** If you are actively and regularly employed full time as of the first premium due date on or after your 65th birthday, you may continue coverage under this policy, exclusive of any riders providing additional benefits, for as long as you remain so employed. This privilege is explained on page 11.
- * The Schedule of Benefits provided by this policy is shown on page 3.
- * There is an exclusion for Preexisting Conditions on page 11.
- * This policy is eligible for dividends.

Metropolitan Life Insurance Company

ENDORSEMENT

This endorsement is part of the policy to which it is attached. It amends the policy as follows:

1. "A Mutual Company Incorporated in New York State" under the Company title on the first page is changed to "A Stock Company Incorporated in New York State".
2. The **Voting for Directors** provision on the last page and all references to voting rights are deleted.
3. The **Dividend** provision and references to participation and dividends wherever they appear in the policy are deleted.

COLA

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 page 3.

Date of Rider

The effective date of this rider is shown on page 3.

Definitions

Review date means each anniversary date of the start of a continuous period of disability.

Monthly benefit for total disability means the monthly benefit for total disability shown on page 3, plus any supplemental social insurance benefit payable under your policy.

Adjusted monthly benefit for total disability means the monthly benefit for total disability plus the cost-of-living adjustment under this rider.

Benefits

The cost-of-living adjustment will be equal to 4% of the monthly benefit for total disability. This amount, rounded upwards to the nearest multiple of \$10, will be added to the monthly (or adjusted monthly) benefit for total disability on each review date, provided your continuous period of disability lasts at least until the first review date.

If your continuous period of disability lasts for at least one year, we will adjust any further monthly benefit for total disability and (if included in your policy) residual disability payable for that disability by using the adjusted monthly benefit for total disability instead of the monthly benefit for total disability. The adjusted monthly benefit for total disability will not be paid if you are gainfully employed, except if benefits are payable under a residual disability rider.

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 65th birthday.

If the adjustments end because of 1 or 2 above, you may, within 90 days, add the amount of the cost-of-living adjustment(s) to the monthly benefit for total disability by paying a premium for this increased coverage. This premium will be determined from the rates in effect for a person of your age at the time the adjustments end because of 1 or 2 above, and your class on the date of this rider. Otherwise, benefits payable for a new period of disability will not include the cost-of-living adjustment(s) from the prior period. In any case, a new review date will apply to a later period of disability.

If the adjustments would have ended because of 3 above, and if your disability starts after the first premium due date on which you are 63, but before this rider ends, adjustments will be made on the first and second review dates.

COLA increases your benefit after a period of disability of at least 12 months.

Your adjusted monthly benefit amount is payable for total disability and used to determine your residual disability payments (if included in your policy).

Annual benefit increases are equal to 4% of the monthly benefit for total disability.

Once you have returned to work full time, you may be able to increase your coverage up to your indexed benefit level. You must pay a premium for the increased coverage, but there are no financial or medical requirements.

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

**Time Limit
on Certain
Defenses**

After 2 years from the effective date of this rider, not including any period during which your policy was suspended during military service or unemployment, no misstatements, except for fraudulent misstatements, made by you on the application for this rider can be used to void this rider or deny a claim under this rider for a loss incurred or disability that begins more than 2 years from the date of this rider.

No claim for loss incurred or disability starting after 2 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 of loss, that sickness or physical condition was excluded from coverage by name or specific description.

Premium

The premium for this rider is shown on page 3.

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 65th birthday; or
3. The date you request in writing to end this benefit, in which case you must return the policy to us. We will change the policy and return it to you.



Gwenn L. Carr
Vice-President and Secretary

We will pay some disability benefits even if you are able to work but have a loss of earnings of at least 20% of your prior earnings.

To help you offset the effect of inflation on your prior earnings, we will automatically index your prior earnings once each year, after the first year of disability. (6A, 5A, 4A Only)

RESIDUAL DISABILITY

Metropolitan Life Insurance Company

Rider: Monthly Benefit For Residual Disability

This rider is a part of the policy if it is referred to on page 3.

Date of Rider

The effective date of this rider is shown on page 3.

Definitions

The definition of disability 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 means that, because of injury or sickness:

1. Your current earnings are reduced to 80 percent or less of your prior earnings;
2. You are receiving regular care by a physician which is appropriate for the condition causing the disability; and
3. You are not able to perform all of the material and substantial duties of your regular occupation but: (a) are performing one or more such duties; or (b) are engaged in another occupation.

We may waive the requirement of care by a physician if:

1. Your physician provides certification acceptable to us that continued care would be of no benefit to you; and
2. You are otherwise residually disabled as defined in this rider.

Earnings means compensation, according to generally accepted accounting standards, for services you perform. It includes salary, fees, commissions, bonuses and other payment for services which you render—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;
2. Income from deferred compensation plans, formal sick pay benefits, disability income policies, or retirement plans; or
3. Any other forms of unearned income not derived from your job activities.

Prior earnings means your average monthly earnings based on Federal Income Tax returns for the 3 tax years immediately prior to the start of your disability. However, at your option, it may be based on the 36 months immediately prior to the start of your disability, provided there is financial documentation satisfactory to us for any period for which tax returns have not yet been filed.

After the start of a period of disability the prior earnings are increased each year by a percentage equal to the increase in the CPI-U, but not less than 4 percent.

CPI-U means the Consumer Price Index for Urban Wage Earners and Clerical Workers 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.

Rider: Monthly Benefit For Residual Disability (Continued)

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:

$$\frac{A-B}{A} \times \text{Monthly Benefit for Total Disability}$$

"A" is your prior earnings, as defined above.

"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 monthly earnings are 25 percent or less of prior earnings we will consider "B" to be zero; that is, the full monthly benefit for total disability will be payable.

For example, if your Monthly Benefit for Total Disability is \$1,000, your prior earnings are \$2,000, and your monthly earnings are reduced to \$800 during your disability, 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.

Subject to the parameters given in their definitions above, "A" and "B" will be based on a consistent accounting method (i.e., cash or accrual).

However, during the first 6 months of residual disability, the minimum benefit will be 50 percent of 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 earliest of:

1. The date you are no longer residually disabled;
2. The date the maximum benefit period is reached for a continuous period of disability; or
3. The first premium due date on or after your 65th birthday.

We may require proof from you as to your:

1. Prior earnings; and
2. Earnings for each month for which disability is claimed.

This may include your income tax returns, income statements, accountant's statements or other proof acceptable to us. We have the right to have an audit performed at our expense as often as we feel is reasonably necessary.

Recovery Benefit— Following a continuous period of disability for which at least 12 months of benefits have been payable, we will pay you a recovery benefit equal to 3 times the benefit payable for the last month of your disability. This recovery benefit will be payable only once for a continuous period of disability, including recurrent disabilities.

How benefit amount is determined.

If 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 benefit of 50% of the monthly benefit for total disability for the first 6 months of benefit payments (after the elimination period has been met). (6A, 5A, 4A Only)

Following termination of a continuous period of disability for which benefits were paid for at least 12 months, a payment equal to three times the benefit payable for the last month of your disability will be made. (6A, 5A, 4A Only)

Rider: Monthly Benefit For Residual Disability (Continued)

**Time Limit
on Certain
Defenses**

After 2 years from the effective date of this rider, not including any period during which your policy was suspended during military service or unemployment, no misstatements, except for fraudulent misstatements, made by you on the application for this rider can be used to void this rider or deny a claim under this rider for a loss incurred or disability that begins more than 2 years from the date of this rider.

No claim for loss incurred or disability starting after 2 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 of loss, that sickness or physical condition was excluded from coverage by name or specific description.

Premium

The premium for this rider is shown on page 3.

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 65th birthday; or
3. The date you request in writing to end this benefit, in which case you must return the policy to us. We will change the policy and return it to you.



Gwenn L. Carr
Vice-President and Secretary

Disability Income Analysis

Prepared Especially for _____

By _____

Today's Date: _____

CURRENT MONTHLY INCOME \$ _____

CURRENT MONTHLY EXPENSES:

(Consider the effect of a disability on expenses: Certain expenses may decrease as a result of disability and other expenses may increase or be created).

Mortgage or Rent \$ _____

Car Payments \$ _____

Bank Loans \$ _____

Credit Cards \$ _____

Utilities \$ _____

Food \$ _____

Clothing \$ _____

Medical Expenses \$ _____

Taxes \$ _____

Life Insurance \$ _____

Health Insurance \$ _____

Fire Insurance \$ _____

Homeowners' Insurance \$ _____

Car Insurance \$ _____

Savings or Emergency Funds \$ _____

Investments \$ _____

Other Expenses: _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL CURRENT MONTHLY EXPENSES \$ _____

**LESS MONTHLY INCOME CURRENTLY
AVAILABLE DURING DISABILITY**

\$ _____

MONTHLY INCOME REQUIRED \$ _____

Please note: Above amounts do not take income taxes, if any, into account.

Policy Details

1. OCCUPATIONAL CLASS

2. ELIMINATION PERIOD

Disability payments will begin after: ☐ 90 Days*
☐ 180 Days
☐ 365 Days
☐ 730 Days

3. BENEFIT PERIOD

Disability payments will continue for ☐ 2 years
☐ 5 years
☐ To age 65

4. PREMIUM

The premium for this coverage is \$ _____

OPTIONAL BENEFITS AND RIDERS

- ☐ Residual Disability (6A, 5A, 4A, 3A, 2A)
Recovery Benefit (6A, 5A, 4A)
50% Minimum for first 6 months (6A, 5A, 4A)
- ☐ Cost Of Living Adjustment (COLA 4%)

*For applicants with annual income of \$50,000 or less, the minimum elimination period is 180 days unless the applicant verifies that he or she is not covered under the state cash sickness plan.

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

The marginal 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.

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



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