



Statement of Health Rules

A **Statement of Health**¹ (SOH) is a document containing a series of questions about a person’s overall health. These questions are sometimes referred to as Medical Evidence of Insurability (MEOI). The Voluntary Term Life and Voluntary Short Term Disability plans include SOH requirements for employee’s and dependents enrolling for coverage. Worksite employees who meet eligibility requirements, as defined in the insurance certificate may enroll during the enrollment period as long as they are Actively at Work².

Voluntary Term Life	Voluntary STD (VSTD)*
<p>New Hire:</p> <ul style="list-style-type: none"> Employee - \$100,000 Guaranteed Issue- if electing amount over \$100,000, the amount greater than \$100,000 requires medical questions. Spouse - \$20,000 Guaranteed Issue- if electing amount greater than \$20,000, requires medical questions. <p>All other eligible employees outside New Hire window:</p> <ul style="list-style-type: none"> Employee - All amounts require medical questions Spouse - All amounts require medical questions Child(ren) - No medical questions required 	<p>New Hire:</p> <ul style="list-style-type: none"> Medical questions are not required for 20% or 60% plans. <p>All other eligible employees outside New Hire window:</p> <ul style="list-style-type: none"> Medical questions are required for 20% or 60% plans. Medical questions are not required for current participants in the 60% plan requesting a decrease to the 20% plan. <p>Non Paid Owners and Commission Only employees who do not draw a salary or hourly wage from employer are not eligible for these voluntary benefits offered through MetLife.</p>
<p>NOTE: Any enrollment outside the initial new hire window is considered a late entrant. Any employee who would like to enroll in, or increase coverage, outside the new hire window will need to provide medical questions as evidence of health status.</p>	

¹ All applications for coverage are subject to review and approval by MetLife. If you choose to apply for increased coverage, the increase may be subject to underwriting. MetLife will review your information and evaluate your request for coverage based upon your answers to the health questions, MetLife’s underwriting rules and other information you authorize us to review. In certain cases, MetLife may request additional information to evaluate your request for coverage. Coverage will be effective in accordance with the applicable policy and certificate after approval by MetLife. Only applicants who reside in a US state, the District of Columbia, or Guam, Northern Mariana Islands, Puerto Rico or US Virgin Islands are allowed to complete their SOH form online (where available). Otherwise, applicants will be provided with a paper SOH form. Individuals residing outside of the US or in certain US territories must be on US payroll and be approved by MetLife before being provided with an SOH form.

² You must be actively at work on the date your coverage becomes effective, and your spouse / and eligible child(ren) must not be confined to a hospital on the enrollment date, or at home for any medical reason or be receiving or entitled to receive disability income for any medical reason on the date the coverage is scheduled to become effective. Coverage requests that require additional medical information and are not approved by this date will not be effective until the first of the month following approval from MetLife as long as you are Actively at Work on that date.

***Special Considerations:** If you work in a state with state-mandated disability or paid medical leave benefits (“State Benefits”)**, you should carefully consider whether to enroll for this coverage. If you are eligible for State Benefits, you must apply if required by state law. If permitted, your STD benefit will be reduced by State Benefits or other government benefits that apply. Depending on your compensation, the amount of the State Benefit, and other factors, you may only receive the minimum weekly benefit. You should consider, based on your individual circumstances, whether you need additional coverage beyond the State Benefit.

**These jurisdictions include, but may not be limited to, California, Colorado, Connecticut, District of Columbia, Hawaii, Massachusetts, New Jersey, New York, Oregon, Puerto Rico, Rhode Island, Washington (and Delaware and Minnesota as of 1/1/26, Maine as of 5/1/26, and Maryland as of 7/1/26).

Nothing in these materials is intended to be advice for a particular situation or individual. Please consult with your own advisors for such advice. Like most group insurance policies, insurance policies offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Access the Aon microsite for costs and complete details

www.BenefitsGo.com/EEpaidBenefits.

MetLife Group Term Life insurance is issued by Metropolitan Life Insurance Company, 200 Park Avenue, New York, NY 10166 under Policy Form GPN99/G2130-S.