

Benefit + Gold

“Your employees... Their benefits... Our business”



Eligibility

All full-time permanent employees, actively at Work in the Policy Holder's offices, under 64 years of age. Eligible dependents are the spouses and unmarried children up to age 19 years (or 25 if registered in an accredited college/university), residing permanently with the employee.

Claims

MetLife has built a wide network of hospitals to provide MetLife insureds with a prompt and exceptional service. The basic feature of the agreement is that MetLife will settle the bill directly to the hospital. The patient can go directly to any network hospital, submit his medical report and get an online approval for his admission;

Participation requirements

The Benefits Plus Plan is designed to provide Life and medical insurance coverage to Small to Medium enterprises, with 10 to 199 employees.

Payment Mode

Premiums could be paid Annually, Semi Annually, Quarterly, or Monthly. **(Depending on the Total Premium)**

Please confirm the mode of payment

- Annual
- Semi Annual
- Quarterly
- Monthly



Benefit + Plan

Overview of Benefits Proposed



| In-patient Benefits | Executive (CLASS A) | Business (CLASS B) | Economy (CLASS SP) |
|---|---|--|--|
| Maximum/Year/Insured up 64 years <i>By Insured we mean Employees, Spouses and Children covered up to 25 years subject to receive a proof of university registration</i> | US\$ 150,000 <i>Per insured Per Year</i> | US\$ 100,000 <i>Per insured Per Year</i> | US\$ 60,000 <i>Per insured Per Year</i> |
| Employees aged 65y or more | On policy renewal, members aged 65y or more will be priced on a case by case based on the experience of the group and individual medical underwriting, and their coverage shall be decided accordingly. | | |
| Guaranteed Renewability | Per decree no. 186/ICC and up to 720 days of hospitalization | | |
| Geographical Scope | Worldwide as per Lebanon Preferred Network Tariff's | | |
| Emergency <i>Due to accidents and Sickness</i> | Worldwide at 100% as per Lebanon Preferred Network Tariff's | | |
| Medical Network <i>(The network shall include at all-time at least 1 out of the 5 mandatory hospitals as per decree 186)</i> | MetLife Full Network in Lebanon | | |
| Co-Insurance | Option I: Inside Lebanon Inside Network 100% Outside Network or cash claims, Outside Lebanon 75% <i>as per Lebanon Preferred Network Tariff's</i> | | |
| Daily Room & Board Limit | | | |
| Intensive Care Unit <i>(Max. 21 Days / Disability)</i> | Option II: Inside Lebanon Inside Network 100% Inside AUH, CMC, and St. Georges Orthodox 50% R&C* Outside Network or cash claims, Outside Lebanon 50% <i>as per Lebanon Preferred Network Tariff's</i> | | |
| Pre-Existing Cases | Up to US\$ 3,000 <i>Per insured Per Year</i> | Up to US\$ 2,000 <i>Per insured Per Year</i> | Up to US\$ 1,000 <i>Per insured Per Year</i> |
| National Social Security | Where Applicable | | |

Benefit + Plan

Overview of Benefits Proposed



| Maternity Coverage | Executive | Business | Economy |
|--|--|--|--|
| <p>Maximum per Case</p> <ul style="list-style-type: none"> • Normal Delivery → US\$ 5,000 • Cesarean → US\$ 7,500 • Legal Abortion → US\$ 2,500 <p>Outside Network or cash claims, Outside Lebanon Not Applicable</p> <p>Option II: Inside Lebanon Inside Network 100% up the below showing Limits</p> <p>Maximum per Case</p> <ul style="list-style-type: none"> • Normal Delivery → US\$ 5,000 • Cesarean → US\$ 7,500 • Legal Abortion → US\$ 2,500 <p>Outside Network or cash claims, Outside Lebanon Not Applicable</p> | <p>Option I: Inside Lebanon Inside Network 100% up the below showing Limits</p> <p>Option II: Inside Lebanon Inside Network 100% up the below showing Limits</p> <p>Inside AUH, CMC, and St. Georges Orthodox 50% up to the below showing Limits</p> <p>Outside Network or cash claims, Outside Lebanon Not Applicable</p> | <p>Option I: Inside Lebanon Inside Network 100% up the below showing Limits</p> <p>Option II: Inside Lebanon Inside Network 100% up the below showing Limits</p> <p>Inside AUH, CMC, and St. Georges Orthodox 50% up to the below showing Limits</p> <p>Outside Network or cash claims, Outside Lebanon Not Applicable</p> | <p>Option I: Inside Lebanon Inside Network 100% up the below showing Limits</p> <p>Option II: Inside Lebanon Inside Network 100% up the below showing Limits</p> <p>Inside AUH, CMC, and St. Georges Orthodox 50% up to the below showing Limits</p> <p>Outside Network or cash claims, Outside Lebanon Not Applicable</p> |
| Waiting Period | Pregnancy inception date should be after the effective date of coverage | | |
| Ambulatory services | Covered at 100% when out patient is applicable up to the maternity limit | | |
| Maternity Complications | Covered up to US\$ 6,000 on top of Maternity Limit | Covered up to US\$ 5,000 on top of Maternity Limit | Covered up to US\$ 4,000 on top of Maternity Limit |
| Congenital Cases | Covered for 3 Cases per year, up to US\$ 5,000 each | | |
| Epidural | Covered | | |
| Incubator | Covered during & after the Hospital confinement of the mother | | |
| New Born Babies | As of day 0 (no waiting period) | | |
| Circumcision | Covered for new born babies | | |

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Overview of Benefits Proposed



| | | | |
|--------------------------|--|------------------------------|------------------------------|
| Infertility | <ul style="list-style-type: none"> • Definition: Infertility is a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse. • Eligibility: Eligible members are all married insured between age 20 and 45 years old. • Coverage: Covered 100% under in-patient and 85%/100% under out-patient, up to 3 cases per year, as per below | | |
| | Class A US\$ 3,500 | Class B US\$ 3,000 | Class C US\$ 2,500 |
| | <ul style="list-style-type: none"> • Exclusions: Invitro and similar artificial insemination procedure | | |
| National Social Security | Where Applicable | | |

| Out-patient Benefits <i>Mandatory to all Insureds, where applicable</i> | Executive | Business | Economy |
|--|---|--|--|
| Maximum Sum Assured <i>Applicable under Ambulatory Services, and Physiotherapy</i> | Up to US\$ 3,500 <i>Per insured Per Year</i> | Up to US\$ 2,500 <i>Per insured Per Year</i> | Up to US\$ 1,750 <i>Per insured Per Year</i> |
| Network | MetLife Full Network in Lebanon | | |
| Ambulatory services <i>X-Rays, Laboratory Tests, etc</i> | <p>Option I: Inside Lebanon Inside Network 85% up the out-patient limit Outside Network or cash claims, Outside Lebanon, 75% <i>as per Lebanon Preferred Network Tariff's</i></p> <p>Option II: Inside Lebanon Inside Network 85% up the out-patient limit Inside AUH, CMC, and St. Georges Orthodox 50% up the out-patient limit Outside Network or cash claims, Outside Lebanon, 50% <i>as per Lebanon Preferred Network Tariff's</i></p> | | |
| Physiotherapy <i>(Max. 12 Sessions /Disability)</i> | <p>Option I: Inside Lebanon 85% R&C* up to the out-patient limit Outside Network, Not Available</p> <p>Option II: Inside Lebanon 85% R&C* up to the out-patient limit Inside AUH, CMC, and St. Georges Orthodox 50% R&C* up to the out-patient limit Outside Lebanon, Not Available</p> | | |
| National Social Security | Not Applicable | | |

Reasonable and Customary shall be deemed to refer to a charge for medical care which shall be considered reasonable and customary to the extent that it does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individuals of the same sex and of comparable age and income, for a similar disease or injury.

Supplemental Benefits offered

- Organ Transplantation including cost of surgical procedures in performing an organ transplant of either a kidney, Liver, Heart, Lung, in respect of the insured person as recipient
- Bone Marrow Transplant
- Prosthesis due to accident or illness
- Stent
- Cataract including the cost of lens
- Terrorism Risk
- Pandemic and Epidemic diseases
- Chemotherapy / Radiotherapy
- Renal Dialysis
- Parkinson Disease
- Home Nursing
- Companion Room: Accommodation for a Child under the age of 12 years
- Clinical Surgeries
- Hazardous Sports
- Sleep Disorders If caused by sleep apnea, i.e. temporarily stopping of breathing during sleep
- Polysomnography
- Rental of Wheelchair
- Local Ambulance Cost
- Full in hospital coverage in case of Road Accident
- Breast reconstruction following mastectomy due to breast cancer
- Multiple Sclerosis
- Sexually Transmitted Diseases except for AIDS
- International Assistance: Covered through Assist America® as per policy rider

Group Comprehensive Major Medical does not insure and no benefits shall be payable for or on account of:

1. Self-inflicted injury while sane or insane;
2. Treatment of chronic alcoholism;
3. Drug addiction;
4. Desensitization and allergen tests;
5. Nervous or mental disorders
6. Injury or illness resulting from insurrection of war, declared or undeclared, or as a result of a riot, strike or civil commotion, **terrorism acts are covered**
7. Rest cures, sanatoria or custodial care or periods of quarantine or isolation,
8. Cosmetic or plastic surgery including related medicines and products unless medical treatment is necessitated by an accidental injury occurring while the Insured is covered under this Rider,
9. Dental examinations, x-rays, extractions, fillings and general dental care; gum diseases, related diseases and surgeries thereof; supply or fitting of eye glasses, lenses or hearing aids; correction of refraction errors, vision tests which are not related to specific symptoms or disease; general health examinations; examinations for check-up purposes not incident to, or necessary to, diagnosis of a sickness or accidental bodily injury; expenses incurred on account of the following items which include but not limited to:
 - Durable medical appliances (e.g. nebuliser);
 - Anorexia;
 - Obesity;
 - Insomnia;
 - Baldness;
 - Contraceptive measures;
 - Treatment of infertility, including but not limited to ovulation induction, invitro-fertilization (IVF), hormone treatment for the purpose of regulating reproduction; sexual impotence
 - Food supplements (e.g. vitamins), herbal medicines;
 - Preventive treatment and vaccinations;
 - Neonatal circumcision; **Covered for new born babies**
 - Acupuncture;
 - Hirsutism;
 - Genetic Tests;
10. Transportation other than local licensed ambulance service,
11. Any disability which originated prior to the effective date of the Insured's coverage hereunder; this exclusion will cease to apply, however, after 90 days of continuous coverage under this Rider without medical expenses having been incurred for that disability; except if provided under the schedule of benefits **pre-existing cases are Covered up to \$4,000 under class A, \$2,500 under class B, and \$1,500 under class SP**
12. Pregnancy including resulting childbirth, abortion or miscarriage, except if provided under the schedule of benefits, **covered**
13. Injury or illness covered under Workmen's Compensation or similar laws arising out of the Insured's occupation; except if provided under the schedule of benefits,
14. AIDS or AIDS related disabilities,
15. Congenital anomalies and birth defects, except if provided under the schedule of benefits. **Congenital cases are Covered for 3 Cases per year, up to US\$ 5,000 each**

Benefit + Plan

Life Insurance & Personal Accidents - Employees only



| In-patient Benefits | Executive | Business | Economy |
|---|---|---|--|
| <ul style="list-style-type: none"> · LIFE · Death Any Cause <i>Applicable on all Employees up to 64y</i> | US\$ 15,000 <i>Per Employee</i> | US\$ 10,000 <i>Per Employee</i> | US\$ 5,000 <i>Per Employee</i> |
| <ul style="list-style-type: none"> · Accidental Death · Permanent Partial Disability · Permanent Total Disability · Accidents only <i>Applicable on all Employees up to 60y</i> | US\$ 15,000 <i>Per Employee</i> | US\$ 10,000 <i>Per Employee</i> | US\$ 5,000 <i>Per Employee</i> |
| Cover | 24 hours – Worldwide | | |

A. LIFE INSURANCE - DUE TO ACCIDENT AND SICKNESS

1. "AIDS" and/or "AIDS" related diseases,
2. War or War like operations;
3. Suicide during the first year of cover.

B. PERMANENT TOTAL DISABILITY (PTD) - DUE TO ACCIDENT

No Benefits shall be payable hereunder for any disability resulting from Bodily Injury Intentionally Self-Inflicted while sane or insane

C. PERMANENT PARTIAL DISABILITY (PPD) - DUE TO ACCIDENT

1. Self-destruction or self-inflicted injury, while sane or insane; or
2. Racing on wheels or on horses or in boats, or water skiing; or
3. war, declared or undeclared, or any act of war or insurrection; or as a result of a strike, riot, civil commotion or assault, or service in any military, naval or air force of any country while such country is engaged in war, or performing police duty as a member of any military or naval organization; or
4. The commission of or attempted commission of an assault or any unlawful act, or being engaged in any illegal activity;
5. Service, travel or flight in any kind of aircraft except as a fare paying passenger in an aircraft operated on a regular schedule by an incorporated common carrier for passenger service over its established air route.
6. In case the insured is female, pregnancy, delivery and/or abortion will not be considered cases of disability warranting compensation under this Rider.
7. Chronic medical cases are subject to individual underwriting.

D. ACCIDENTAL DEATH

1. Intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane: nor
2. war, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not), mutiny, riot, civil commotion, strike, civil war, rebellion, revolution, insurrections, conspiracy, military or usurped power, martial law, or state of siege; or any of the events or causes which determine the proclamation of or enforcement of martial law or state of siege, except to the extent coverage is extended herein to include certain war risks; nor
3. Any Insured Person serving in the Armed Forces of any country or international authority, whether in peace or war, and in such an event the Company, upon written notification by the Policyholder, shall return the pro rata premium for any such period of service; nor

4. loss sustained or contracted in consequence of an Insured Person being intoxicated or under the influence of any narcotic or drug unless administered on the advice of a physician; nor
5. any loss of which a contributing cause was the Insured Person's attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or resistance to arrest by the Insured Person; nor
6. Any loss sustained while flying in any aircraft or device for aerial navigation except as specifically provided herein; nor
7. congenital anomalies and conditions arising out of or resulting there from hernia or dental treatment except to sound natural teeth as occasioned by injury; nor
8. Bacterial infections except pyogenic infections which are caused by an accidental wound; nor
9. flying in any aircraft owned, leased or operated by or on behalf of : (a) the Policyholder or any subsidiary or affiliate of the Policyholder; (b) an Insured Person or any member of an Insured Person's household; nor
10. driving or riding as a passenger in or on (a) any vehicle engaged in any race, speed test or endurance test or (b) any vehicle being used for acrobatic or stunt driving; nor
11. Any claim caused by opportunistic infection or malignant neoplasm, or any other sickness condition, if, at the time of the claim, the Insured Person had been diagnosed as having AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex) or having an antibody positive blood test to HIV (Human Immune Virus).
12. NCB - Nuclear Biological-Chemical, NCB is defined as:
13. The use, release or escape of nuclear materials that directly or indirectly results in nuclear reaction or radiation or radioactive contamination; or
14. The dispersal or application of pathogenic or poisonous biological or chemical materials; or
15. The release of pathogenic or poisonous biological or chemical materials
16. Any loss, injury, medical expenses, complications, treatment and/or surgeries of whatever nature incurred whilst the Insured Person is traveling to or during his/her stay in any of the following countries: Iraq, Afghanistan, West Africa, North Korea, Chechnya, Burma, Sudan, Libya, Iran, and Cuba.
17. The company shall not be deemed to provide cover and the company shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the company to any sanction, fine, prohibition or restriction under the United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America or any other applicable local laws or regulations.

Please confirm the network

- Option I:** MetLife Full Network in Lebanon
- Option II:** MetLife Full Network in Lebanon; however, AUH, CMC, and St. Georges Orthodox are covered %50 R&C on in-patient and out-patient on all insureds

Benefit + Plan

Annual Premiums For All Benefits Proposed



The coverage of this policy is extended to grant the "Guaranteed Renewability" feature according to ministerial decision No.186/ICC dated 26/04/2018 as per attached annex to all insured members through third party.

Option I: MetLife full Network in Lebanon

| Age Split | In-Patient Premiums Including Maternity | | | | | |
|----------------|---|---------|----------|---------|---------|---------|
| | Executive | | Business | | Economy | |
| | CO-NIL | CO-NSSF | CO-NIL | CO-NSSF | CO-NIL | CO-NSSF |
| 0 to 25 | \$478 | \$460 | \$390 | \$376 | \$302 | \$292 |
| 26-30 | \$569 | \$548 | \$465 | \$448 | \$354 | \$341 |
| 31-35 | \$674 | \$648 | \$549 | \$529 | \$416 | \$401 |
| 36-40 | \$744 | \$716 | \$600 | \$578 | \$445 | \$429 |
| 41-45 | \$919 | \$884 | \$739 | \$711 | \$546 | \$526 |
| 46-50 | \$1,094 | \$1,052 | \$875 | \$842 | \$643 | \$619 |
| 51-55 | \$1,445 | \$1,389 | \$1,153 | \$1,108 | \$844 | \$812 |
| 56-60 | \$1,620 | \$1,557 | \$1,279 | \$1,230 | \$917 | \$882 |
| 61-64 | \$2,496 | \$2,398 | \$1,966 | \$1,889 | \$1,403 | \$1,348 |
| 64+ | On policy renewal, members aged 65y or more will be priced on a case by case based on the experience of the group and individual medical underwriting, and their coverage shall be decided accordingly. | | | | | |

| Ambulatory | Out-Patient Premiums | | |
|------------|----------------------|----------|---------|
| | Executive | Business | Economy |
| | \$166 | \$128 | \$100 |

The above premiums are inclusive of Tax

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Annual Premiums For All Benefits Proposed



Option II: MetLife Full Network in Lebanon; however, AUH, CMC, and St. Georges Orthodox 50% R&C on in-patient and out-patient on all insureds

| Age Split | In-Patient Premiums Including Maternity | | | | | |
|-----------|---|---------|----------|---------|---------|---------|
| | Executive | | Business | | Economy | |
| | CO-NIL | CO-NSSF | CO-NIL | CO-NSSF | CO-NIL | CO-NSSF |
| 0 to 25 | \$413 | \$398 | \$338 | \$327 | \$264 | \$256 |
| 26-30 | \$490 | \$471 | \$401 | \$388 | \$307 | \$297 |
| 31-35 | \$579 | \$557 | \$472 | \$457 | \$360 | \$348 |
| 36-40 | \$639 | \$614 | \$516 | \$497 | \$385 | \$372 |
| 41-45 | \$788 | \$757 | \$634 | \$610 | \$470 | \$454 |
| 46-50 | \$937 | \$900 | \$751 | \$722 | \$554 | \$533 |
| 51-55 | \$1,234 | \$1,186 | \$987 | \$949 | \$724 | \$697 |
| 56-60 | \$1,383 | \$1,329 | \$1,094 | \$1,051 | \$786 | \$757 |
| 61-64 | \$2,128 | \$2,043 | \$1,678 | \$1,611 | \$1,200 | \$1,153 |
| 64+ | On policy renewal, members aged 65y or more will be priced on a case by case based on the experience of the group and individual medical underwriting, and their coverage shall be decided accordingly. | | | | | |

| Out-Patient Premiums | | | |
|----------------------|-------|-------|------|
| Ambulatory | \$144 | \$112 | \$84 |

| Life | Life & Personal Accidents Premiums | | |
|------------|------------------------------------|-------------|------------|
| | Executive | Business | Economy |
| | US\$15,000 | US\$ 10,000 | US\$ 5,000 |
| AD/PPD/PTD | US\$15,000 | US\$ 10,000 | US\$ 5,000 |
| UP to 35 | \$26 | \$16 | \$13 |
| 36 to 45 | \$42 | \$29 | \$16 |
| 46 to 55 | \$85 | \$59 | \$33 |
| 56 to 64 | \$185 | \$124 | \$65 |

The above premiums are inclusive of Tax

Payment Clause of the General Provisions:

All due Premiums should be paid in accordance with the following Payment Method:

By Bank transfer to HSBC London upon instructions to the Bank to transfer the amount of the Premium from Policy Owner's account to American Life Insurance Company account in HSBC London. Account Nb*: 77492078-400515.

*Account number as well as the country of payment may be changed in the future to any other offshore bank account and/or country of payment provided that such change (if any) shall be duly notified to the policyowner in advance.

Such premium are due and payable as specified on the face page of the policy, provided that by mutual agreement between the Policyholder and the Insurance Company the interval of payment may be change, with appropriate adjustment, to provide for payment annually, semi – annually, quarterly, or monthly.

The premium due under the Policy on each premium due date shall be the sum of the premium charges for the insurance under the Rider(s) attached hereto. The premium charges for the insurance under any such Rider shall be based upon the rates set forth in the Rider, provided that (a) on any premium due date by amendment to the policy. the Insurance company may by notifying the policyholder , change the rates at which further premium charges for the insurance provided by the policy including any then due, shall be computed, and (b) on any date the extent of coverage under the Rider is changed by amendment to the Policy. The Insurance Company may, by notifying the Policyholder, change the rates at which further premium charges for the insurance provided by the Rider, including any then due, shall be computed.

Remark:

1. The Above showing rates are inclusive of %11 tax which should be paid as per the Mode of Payment of the group. I.e. quarterly mode of payment will have the quarterly premium and tax. Any addition occurring during the year will have tax to be added on the premium as well.
Any deletion of an insured during the year, will refund the due premium and tax
2. MetLife preserve its right to cancel this offer after the client's acceptance if it is revealed that the client is subject to any kind of sanctions.
3. This proposal is not binding unless is signed & stamped by your Authorized Signature,
4. The submitted proposal is valid for a period of 2 months
5. This document includes confidential information, which cannot be shared or disclosed without MetLife prior authorization
6. In the event of any change that would have substantial effect on the medical services rates/charges during the Policy term, such change would be considered as a force majeure upon which the Company would be unable to continue the Insurance Coverage at the agreed premium rate, and then the Company shall:
 - a. Inform the Policyholder in writing of such event.
 - b. Invite the Policyholder to discuss a fair adjustment to the premium.In case of agreement between the parties on the new premiums rate, the Insurance Coverage shall remain in force and the new rate shall apply automatically during the policy term.
If no agreement is reached, the policy will be automatically revoked, and the company shall remain obligated to pay the claims arose prior to revocation in accordance with the policy terms and conditions.

7. International and Local Sanction and Exclusion Clause

“MetLife is bound by and must comply with all applicable trade and economic sanctions laws and regulations, including those set forth by the U.S. Department of Treasury, Office of Foreign Assets Control (OFAC) and the United Nations.

MetLife will NOT provide COVERAGE AND/OR PAYMENT under the Policy and/or any Supplementary Contract if the policyholder, insured, or person entitled to receive such payment is:

- (I) residing in any sanctioned country;
- (II) listed on the Office of Foreign Asset Control (OFAC) Specially Designated Nationals (SDN) list or any other International or local sanction list; or
- (III) Claiming the payment for any services received in any sanctioned country.

The Company shall not be liable to pay any claim or provide any coverage or Benefit to the extent that the provision of such coverage or Benefit would expose the Company to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America or any other applicable laws.

I understand that Coverage and/or Payment under the insurance contract will NOT be made if: (i) the policyholder, insured, or person entitled to receive such payment is residing in a sanctioned country; or (ii) the policyholder, the insured or person entitled to receive such payment is listed on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals (SDN) list, the OFAC Sectorial Sanctions Identifications list or any international or local sanctions list; or (iii) the payment is claimed for services received in any sanctioned country.

I also understand that the Company shall not be liable to pay any claim or provide any coverage or Benefit to the extent that the provision of such coverage or Benefit would expose the Company to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America or any other applicable laws.

Plan Accepted by the Policyholder

For: Messrs.

Signature & Stamp

Title

Date

Part A - Company Details

| | | | |
|------------------|---|---------------------|---|
| Company Name: | <input type="text"/> | Nature of Business: | <input type="text"/> |
| Company Address: | <input type="text"/> | | |
| Country | <input type="text"/> | City | <input type="text"/> |
| P.O. Box | <input type="text"/> | Area Street | <input type="text"/> |
| Building | <input type="text"/> | Flat / Villa No | <input type="text"/> |
| Telephone | <input type="text" value="Country Code"/> - <input type="text" value="Area Code"/> - <input type="text"/> | Fax | <input type="text" value="Country Code"/> - <input type="text" value="Area Code"/> - <input type="text"/> |
| E-mail ID | <input type="text"/> | Mobile | <input type="text" value="Country Code"/> - <input type="text" value="Area Code"/> - <input type="text"/> |

Company Administrator Details:

| | | | |
|------------------|---|---------------------------------------|---|
| First Name | <input type="text"/> | Last Name | <input type="text"/> |
| Job Title | <input type="text"/> | Contact No. | <input type="text"/> |
| Effective Date | <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> (Must be later than the application date) | | |
| Type of Coverage | <input type="checkbox"/> For Employees | <input type="checkbox"/> Contributory | <input type="checkbox"/> Non Contributory |
| | <input type="checkbox"/> For Dependants | <input type="checkbox"/> Contributory | <input type="checkbox"/> Non Contributory |

Part B - Employees/Dependants Details*

| | | | |
|--|----------------------|----------|----------------------|
| A) How many people are employed by your company? | <input type="text"/> | | |
| B) Number of employees to be insured? | <input type="text"/> | | |
| C) Number of eligible dependents? | <input type="text"/> | Spouses | <input type="text"/> |
| | | Children | <input type="text"/> |

*Kindly fill the Electronic Data Interchange (EDI) format with the FULL details, and Enrollment Form (G42) for each employee

Part C - Optional Cover

Kindly tick the following box if you wish to obtain optional coverage and fill the optional cover census sheet:

- Doctor visits
- Prescribed Medicine

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Members Census Sheet



Company Name: Sheet of

| | Full Name | Date of Birth | Gender | Marital Status | Nationality | Residency | Emirates ID No | Previous Insurance | Salary is above USD 450 |
|-------------|-----------|---------------|--------|----------------|-------------|-----------|----------------|---|---|
| | | DD / MM / YY | M / F | M / S | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 1 Employee | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Spouse | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 1 | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 2 | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 3 | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2 Employee | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Spouse | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 1 | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 2 | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 3 | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3 Employee | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Spouse | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 1 | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 2 | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 3 | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4 Employee | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Spouse | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 1 | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 2 | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 3 | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5 Employee | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Spouse | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 1 | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 2 | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 3 | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 6 Employee | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Spouse | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 1 | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 2 | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 3 | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 7 Employee | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Spouse | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 1 | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 2 | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 3 | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 8 Employee | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Spouse | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 1 | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 2 | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 3 | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 9 Employee | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Spouse | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 1 | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 2 | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 3 | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 10 Employee | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Spouse | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 1 | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 2 | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 3 | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |

Signature & Company Stamp

Date

Enrollment Form (G42) is required for:

- any member added after the policy inception date

Note:

- This form is not required if the completed EDI is provided.
- Using age at last birthday applied to rates on enclosed Rates / CI Benefit Tab

For easy enrollment to Health+ follow the steps below:

- a) Fill in the application form, mark the tick box where applicable, for all Employees & covered Dependents complete details shall be reported through the standard Electronic Data Interchange (EDI) format provided by MetLife (same apply for future additions & Deletions),
- b) If you would like to obtain Optimal Benefits (Doctor visits/prescribed medicine), kindly indicate so by ticking the box where applicable.
 - Benefit is applied at additional cost, please refer to the rates sheet inserted.
- c) Enrollment Form (G42) is required for:
 - Any late addition or member added after the policy inception date. A stock of Enrollment Forms (G42) can be obtained from your MetLife Consultant.
- d) Each eligible employee and his eligible dependents should provide evidence of the previous insurance; if applicable.
- e) Bank transfer in the name of American Life Insurance Company (MetLife) for the Annual premium or the first Semi-Annual or Quarterly installment
- f) Submit: Company Profile Form (KYC) and applicable identification documents, Application Form, the Electronic Data Interchange (EDI) and Enrollment Forms (G42 - if applicable) and a bank transfer to your MetLife Consultant.
- g) Submit: Completed beneficiary designation form (if applicable), the form can be obtained from your MetLife Consultant.

Notes

- 1) All applications are subject to underwriting approval.
- 2) Bank transfer should be in the name of American Life Insurance Company (MetLife) ONLY.
- 3) Acceptance of risk is subject to group underwriter approval and policy issuance with confirmation of coverage.
- 4) "Family business" are subject to additional underwriting consideration.
- 5) Third party payment on behalf of the policyholder is not accepted irrespective of payment method at all times
- 6) Due premiums must be paid in full as billed shown in the invoice and to be paid on its due date.
- 7) Wire transfer must be transferred to MetLife Acc and should be drawn from the policyholder bank Acc directly.



Our experience and superior standards demonstrate our commitment to paying claims quickly and fairly.

We make customers' lives easier

We're constantly working to make sure our customers have the right tools and personal support to submit and track a claim—quickly, conveniently, seamlessly.

We go above and beyond

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