



**METROPOLITAN LIFE INSURANCE COMPANY  
NEW YORK, NEW YORK**

**POLICYHOLDER: Your Employer  
Group Policy Form No: GPNP14-CI**

**Certificate Form No: GCERT14-CI**

**CRITICAL ILLNESS INSURANCE  
OUTLINE OF COVERAGE**

**THE CERTIFICATE PROVIDES LIMITED BENEFITS:  
THE CERTIFICATE ONLY PROVIDES CRITICAL ILLNESS COVERAGE IN THE EVENT THAT A COVERED PERSON IS DIAGNOSED WITH CERTAIN SPECIFIED DISEASES OR HAS CERTAIN SURGICAL PROCEDURES PERFORMED. RECEIPT OF BENEFITS UNDER THE CERTIFICATE MAY AFFECT ELIGIBILITY FOR MEDICAID AND OTHER GOVERNMENTAL BENEFITS AND ENTITLEMENTS. ACCORDINGLY, PERSONS WHO WISH TO MAINTAIN ELIGIBILITY FOR SUCH BENEFITS SHOULD NOT PURCHASE THE COVERAGE MADE AVAILABLE UNDER THE GROUP POLICY WITHOUT CONSULTING A LEGAL ADVISOR.**

**BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL  
EXPENSES INCURRED.**

**THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE  
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO  
HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.**

**NOTE:**

in effect under the Certificate.

1)

**POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE**

**NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.**

**READ YOUR CERTIFICATE CAREFULLY.** This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and Certificate. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which You have coverage will control. The Certificate sets forth in detail the rights and obligations of both You and MetLife with respect to the coverage. It is, therefore, important that You **READ YOUR CERTIFICATE CAREFULLY!**

- 2) **CRITICAL ILLNESS INSURANCE COVERAGE.** Policies of this category are designed to provide a lump sum payment if the Covered Person is diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or has certain specified surgeries for the first time after insurance takes effect under the Group Policy.

4) **COVERAGE UNDER THE CERTIFICATE IS GUARANTEED RENEWABLE.** This means that although

**Benefit Suspension Period** means the \_\_\_\_\_ day period following the date a Covered Condition, for which the Certificate pays a

- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM staging.

We will not pay benefits for a diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM staging;
- any tumor of the prostate classified as T1aN0M0 under TNM staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;

We will not pay benefits for any Covered Condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States.