

Dental Benefits

Savings, flexibility and service. For healthier smiles.



MetLife[®]



If I want to be at my best,
a good dental plan
will be refreshing.





A lot of emphasis has been put on healthy living recently, and oral health is an essential part of that. This dental benefit plan offers you valuable coverage to help you and your family keep a healthy regimen. Plus, you'll get the savings* you need, the flexibility you want and the service you can count on. Now that's refreshing.

- Lower costs.
- Freedom of choice.
- A commitment to your oral health.
- Less paperwork. Less worries. More Service.

* Savings from enrolling in a dental benefits plan will depend on various factors, including how often participants visit the dentist and the cost of services covered.



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Dear Board of Regents Employee:

The need for good dental benefits is essential for good oral health. The Board of Regents provides you with access to a flexible dental benefits plan administered by MetLife — so you and your family can receive the dental care you need, with features you deserve:

- **Lower costs** with benefits that provide access to coverage for preventive, basic, and complex procedures that can help maintain long-term good oral health.
- **Freedom of choice** to visit any dentist without having to pre-select and commit to a specific dental practice. Plus you don't have the hassle of needing a referral to visit a specialist.
- **A commitment to your oral health** means educational tools and resources that help you and your dentist make informed choices.
- **Less paperwork, less worries and more service** with easy access to pre-treatment estimates, real-time claims processing* and 24-hour customer service by phone, fax or online.

It's easy to get these valuable dental benefits.

- For more information, please visit www.metlife.com/mybenefits or call 1-866-832-5759.
- Your group premium will be paid through convenient payroll deductions.

Sincerely,

MetLife

* Transactions are in real-time except when systems are undergoing scheduled or unscheduled maintenance or interruption.

This dental benefits plan is made available through a self-funded arrangement. MetLife administers this dental benefits plan, but has not provided insurance to fund benefits. Please contact MetLife or your plan administrator for complete details.

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L05083102(exp1209)(All States)(DC,GU,MP,PR,VI)

Understanding Your Dental Plan

MetLife helps you get the dental coverage you and your family need. And with these valuable features, your dental benefits are sure to keep you smiling:

- Lower costs.
- Freedom of choice.
- Commitment to your oral health.
- Less paperwork. Less worries. More service.

Lower costs for covered and non-covered services.

The MetLife Preferred Dentist Program (PDP) offers you plan benefits based on negotiated fees that typically range from 10% to 35% less than the average fees for the same or similar services charged by dentists in your area.¹ All PDP dentists have agreed to MetLife negotiated fees for in-network services - even for those services not covered by your plan and those provided after you've exceeded your annual benefits maximum.

Freedom of choice.

With MetLife, you can go to the dentist you're most comfortable with, even if he or she isn't in our network. But with nearly 110,000 in-network dentist locations, there's a good chance your dentist is part of the MetLife PDP. And if you need to find a dentist, you can easily find one in our national network. Plus, you'll be assured they've passed a rigorous selection process. In fact, 94% of patients who visited an in-network dentist were satisfied with the quality of care they received.²

Commitment to your oral health.

The right dental care is an essential part of good overall health. That's why we developed MetLife's Quality Initiative Program to promote good dental health. By providing dentists with access to materials relevant to the latest dental research and trends in patient care, they can stay abreast of the latest developments and technologies in oral health. Plus, it gives you tools to make better choices about your dental benefits and health.

Today, the Academy of General Dentistry tells us that more than 90% of all diseases produce oral signs and symptoms. Dentists now play a key role in screening for conditions such as cancer, diabetes, leukemia, heart disease, and kidney diseases.³

Understanding Your Dental Plan (continued)

Less paperwork. Less worries. More service.

With MetLife, there's no paperwork if your dentist submits your claims for you. We can even give you pre-treatment estimates while you're at the dentist.

Plus, anytime you want to check coverage, claim status or history, or get an estimate, you or your dentist can get a quick answer by phone, fax or online, so you can get the information you want, when you want it.

1. Savings from enrolling in a dental benefits plan will depend on various factors, including how often participants visit the dentist and the cost of services covered.

2. 2007 MetLife Plan Participant Satisfaction Survey. Results based on participants who visited a MetLife PDP dentist and reported that they are very satisfied or somewhat satisfied.

3. Academy of General Dentistry. The Importance of Oral Health to Overall Health, <http://www.agd.org/public/oralhealth/Default.asp?IssID=320&Topic=O&ArtID=1289#body>, updated February 2007.

L05082931(exp1209)(All States)(DC,GU,MP,PR,VI)

Board of Regents of the University System of Georgia Dental Plan Benefits

For the savings you need, the flexibility you want and service you can trust.

Benefit Summary

SELECTED PLAN FEATURES AND COVERED SERVICES	PLAN PROVISIONS AND BENEFITS
Annual Deductible Per Covered Member	\$50
Annual Plan Maximum Per Covered Member	\$1,200
Lifetime Maximum Orthodontic Benefit Per Covered Member	\$1,000
<p>Preventive Dental Care</p> <ul style="list-style-type: none"> • Dental exam and routine scaling and cleaning of teeth (limited to two instances in any one calendar year); • Topical application of sodium fluoride or tannous fluoride to teeth, every 12 months for covered members under age 19; • Dental x-rays - Full mouth x-rays are limited to one every 60 months. Bitewings are limited to 1 per year for adults and 1 every 6 months for children; • Space maintainers to replace prematurely lost teeth; and • Sealants for permanent teeth (limited to covered dependent children between the ages of 6 years and 18 years, once per tooth every 36 months). 	<p>100% of PDP Fee*; not subject to deductible.</p> <p><i>Members who elect to use non-network dental providers will be subject to balance billing.</i></p>
<p>Basic Dental Care</p> <ul style="list-style-type: none"> • Fillings to restore diseased or broken teeth (multiple fillings on a single tooth surface will be considered as a single filling). • Extraction of a tooth that is not impacted; • General anesthesia when used in conjunction with oral surgery or other dental treatment, and, determined to be medically necessary; • Injections of antibiotic drugs; • Endodontic treatment, including root canal therapy; and, • Periodontal treatment, including gingivectomy, and treatment of other diseases of the gums and tissues of the mouth. 	<p>80% of PDP Fee*; subject to deductible.</p> <p><i>Members who elect to use non-network dental providers will be subject to balance billing.</i></p>

Benefit Summary (continued)

SELECTED PLAN FEATURES AND COVERED SERVICES	PLAN PROVISIONS AND BENEFITS
<p>Restorative Dental Care</p> <ul style="list-style-type: none"> • Inlays, onlays and crowns; • Repairs or recementing of crowns, inlays, bridgework or dentures as well as the relining of denture; • Bridge pontic; • Oral surgery; • Osseous surgery; • Initial installation or addition of full or partial dentures or fixed bridgework, if they are necessary as the result of injured or diseased natural teeth being extracted, while covered under this plan; • Replacement or alternation of full or partial dentures or fixed bridgework, if necessary as a result of an accidental injury requiring oral surgery, or oral surgery treatment involving the repositioning of muscle attachments, or the removal of a tumor, cyst, torus or redundant tissue, while covered under the this plan. 	<p>80% of PDP Fee*; subject to deductible.</p> <p><i>Members who elect to use non-network dental providers will be subject to balance billing.</i></p>
<p>Restorative Dental Care (continued)</p> <ul style="list-style-type: none"> • Replacement of full denture, if it is required as the result of structural change within the mouth, and if it is made more than five years after the denture was installed; and • Replacement of a crown, if the replacement is made more than five years after the crown was installed. 	<p>80% of PDP Fee*; subject to deductible. Required waiting period of at least 2 years following enrollment in the plan.</p> <p><i>Members who elect to use non-network dental providers will be subject to balance billing.</i></p>
<p>Orthodontic Dental Care</p> <ul style="list-style-type: none"> • Including orthodontic appliances and treatment received during the orthodontic treatment. Orthodontic dental care will begin after one is covered by the plan. <p>These services include, but are not limited to:</p> <ul style="list-style-type: none"> • Preventive treatment procedures; • Removable or fixed appliance therapy; and • Treatment of transitional and permanent dentition. 	<p>80% of PDP Fee*; subject to deductible. Required waiting period of at least 6 months following enrollment in the plan.</p> <p><i>Members who elect to use non-network dental providers will be subject to balance billing.</i></p> <p>Lifetime benefit limit of \$1,000.</p>

* PDP Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and benefits maximums.

PDP Savings Example

This hypothetical example* shows how receiving services from a PDP (in-network) dentist can save you money.

Your Dentist says you need a Crown, Restorative Dental Care —

- PDP Fee: \$375.00
- R&C** Fee: \$500.00
- Dentist's Usual Fee: \$600.00

IN-NETWORK When you receive care from a participating PDP dentist:		OUT-OF-NETWORK When you receive care from a non-participating dentist:	
Dentist's Usual Fee is:	\$600.00	Dentist's Usual Fee is:	\$600.00
The PDP Fee is:	\$375.00		
Your Plan Pays:		Your Plan Pays:	
80% X \$375 PDP Fee	- \$300	80% X \$500 R&C Fee	- \$400.00
Your Out-of-Pocket Cost:	\$75.00	Your Out-of-Pocket Cost:	\$200.00

In this example, you save \$125.00 (\$200.00 minus \$75.00)...
by using a participating PDP dentist.

*Please note: This example assumes that your annual deductible has been met.

** R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

Common Questions... Important Answers

Who is a participating Preferred Dentist Program (PDP) dentist?

A participating dentist is a general dentist or specialist who has agreed to accept MetLife's negotiated fees as payment in-full for services provided to plan participants. PDP fees typically range from 10-35%[‡] below the average fees charged in a dentist's community for the same or substantially similar services.

[‡] Based on internal analysis by MetLife

How do I find a participating PDP dentist?

There are nearly 110,000 participating PDP dentist locations nationwide, including over 25,000 specialist locations. You can get a list of these participating PDP dentists online at www.metlife.com/mybenefits or call 1-866-832-5759 to have a list faxed or mailed to you.

What services are covered by my plan?

All services defined under your group dental benefits plan are covered. Please review the enclosed plan benefits to learn more.

Does the Preferred Dentist Program (PDP) offer any discounts on non-covered services?

Yes. MetLife's negotiated fees with PDP (in-network) dentists extend to services not covered under your plan and services received after your plan maximum has been met. If you receive services from a PDP dentist that are not covered under your plan, you are only responsible for the PDP (in-network) fee.

May I choose a non-participating dentist?

Yes. You are always free to select the dentist of your choice. However, if you choose a dentist who does not participate in the MetLife PDP, your out-of-pocket expenses may be more, since you will be responsible to pay for any difference between the dentist's fee and your plan's payment for the approved service. If you receive services from a participating PDP dentist, you are only responsible for the difference between the PDP in-network fee for the service provided and your plan's payment for the approved service. Please note: any plan deductibles must be met before benefits are paid.

Can my dentist apply for PDP participation?

Yes. If your current dentist does not participate in the PDP and you'd like to encourage him or her to apply, tell your dentist to visit www.metdental.com, or call 1-877-MET-DDS9 for an application. The website and phone number are designed for use by dental professionals only.

How are claims processed?

Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive e-mail alerts when a claim has been processed. If you need a claim form, you can find one online at www.metlife.com/mybenefits or request one by calling 1-866-832-5759.

Can I find out what my out-of-pocket expenses will be before receiving a service?

Yes. With pre-treatment estimates, you never have to wonder what your out-of-pocket expense will be. The plan recommends that you request a pre-treatment estimate for services in excess of \$350. (This often applies to services such as crowns, bridges, inlays, and periodontics.) To receive a benefit estimate, simply have your dentist submit a request for pre-treatment estimate online at www.metdental.com or call 1-877-MET-DDS9 (638-3379). You and your dentist will receive a benefit estimate (online or by fax) for most procedures *while you're still in the office*, so you can discuss treatment and payment options, and have the procedure scheduled on the spot. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

Exclusions

Some of the dental services, supplies or treatments that are not covered by the dental plan include, but are not limited to:

- Those that exceed the Preferred Dentist Program contracted in-network rates for covered dental charges;
- Those that are not medically necessary;
- Treatment not performed by a dental provider or doctor;
- Those that are provided by a immediate family member or household resident;
- Treatment performed by a licensed dental hygienist who is not supervised by a dental provider;
- Those that were received prior to being eligible for plan participation and coverage;
- Treatment due to injury or illness that is covered under any Workers' Compensation Law, occupational disease law or similar laws;
- Those charges incurred by a member from his/her dental provider for failure to keep a scheduled appointment;
- Those charges incurred for the completion of any forms required for benefits to be paid;
- Services for which you are not required to pay, or, for services in which no charge would have been made in the absence of dental benefits;
- Charges for services or supplies that do not meet accepted standards of dental practice, including charges for services or supplies that are experimental in nature;
- Charges or expenses for procedures, appliances and restorations, other than full dentures used to split or to change vertical dimension or to restore an occlusion;
- Surgical extraction of impacted teeth, but not including partially erupted teeth;
- To replace lost or stolen dentures and/or bridgework;
- The installation, replacement, or alternation of dentures or fixed bridgework, other than those services that are listed under covered services;
- Charges associated with dietary planning for the control of dental cavities, oral hygiene instruction, including plaque control, or training in dental care;
- Charges incurred for which benefits are paid under any public plan of dental insurance for which a covered person is eligible;
- Charges for services or supplies received as a result of dental disease or injury due to an act of war, declared or undeclared, or a warlike act in time of peace;
- A crown, gold restoration, or bridge, if the tooth was prepared before you or your dependent were covered by the plan;
- Root canal therapy if the pulp chamber was opened before you or your dependent were covered by the plan;
- Continuation of orthodontic treatment if the treatment began prior to the member being covered by the plan;
- An appliance, or the alteration of an appliance, if the impression was made before you or your dependent were covered by the plan;
- Charges or conditions for which others are responsible;
- Services or supplies received by a covered person before that individual is eligible for dental benefits;
- Use of materials, other than fluoride, to prevent tooth decay;
- Procedures that are cosmetic in nature (e.g. bleaching, whitening and bonding);
- For training and/or appliance to correct or control harmful habits, including, but not limited to, muscle training therapy (myofunctional therapy);
- Night or occlusal guard appliances;
- Services or supplies that are for cosmetic purposes, unless they are:
 - Otherwise a covered expense and are necessary because of an illness or injury that happened while you are covered or,
 - Required for reconstructive surgery because of a congenital disease or abnormality of a covered dependent that results in a functional defect;
- For prescription or non-prescription drugs, vitamins, or dietary supplements;
- For house or hospital calls for dental services;
- For hospitalization costs;
- For treatment of fractures and dislocations of the jaw;

Exclusions (continued)

- Charges for care, treatment, services or supplies to the extent that any benefit is provided by Medicare;
- Charges that were not considered to be a “covered expense”, due to a pre-determination of benefits;
- Charges for nitrous oxide, novocaine, xylocaine, or any similar local anesthetic, when the charge is made separately from a covered dental expense;
- For the following that are not included as orthodontic benefits: Retreatment of orthodontic cases, changes in orthodontic treatments necessitated by patient neglect, or repair of an orthodontic appliance; and
- Services or supplies for which benefits are otherwise provided under the plan or any other plan that the System (or an affiliate) contributes to or sponsors.

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The MetLife Dental Education Center

Focus on Oral Health: Why Having the Right Dental Coverage is Good for Your Health.

Maybe you have good oral health, but have you considered how unexpected dental problems can affect you or your family members? Or, maybe you have some type of dental coverage now, but the question is – is it enough?

Although much emphasis has been put on healthy living these days, you may not have thought to include your mouth as part of your health regimen. The fact is, more and more studies are finding links between your oral health and your overall health. According to the U.S. Dept. of Health and Human Services, research has revealed an association between dental disease and a person's increased risk for systemic conditions.¹

When you consider how dental problems can affect people of all ages — and how costly they can be to treat — you may want to carefully consider whether you have adequate dental coverage. With MetLife, you have access to dental benefit plans with easy-to-understand coverage and savings that extend to non-covered services.²

Did You Know?

According to the National Institute of Health, tooth decay is one of the most common health problems among Americans, second only to the common cold.³

Studies suggest that periodontal (gum) disease during pregnancy may be a factor in premature births.⁴

There are over 400 medications (prescription and over-the-counter) that can cause "dry mouth" (xerostomia) which can lead to plaque build-up, tooth decay and gum disease.⁵

An estimated 35,000 Americans will be diagnosed with oral cancer in 2008 — over 7,500 expected to die of the disease during a twelve-month period.⁶

Want to know if you or your family is at risk for dental disease?

Visit the dental education website at www.metlife.com/mybenefits for important tools and resources to help you become more informed about dental care. The site contains Risk Assessment Guides and information on many oral health topics.

1. U.S. Dept. of Health and Human Services. Oral Health in America: A Report of the Surgeon General — Executive Summary. Rockville, MD: U.S. Dept. of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

2. Savings from enrolling in a dental benefits plan will depend on various factors, including how often participants visit the dentist and the cost of services covered.

3. U.S. National Library of Medicine and the National Institutes of Health. Medical Encyclopedia: Dental Cavities. Accessed February 2006. <http://www.nlm.nih.gov/medlineplus/print/ency/article/001055.htm>

4. Lindhe, J., Karring, T., Lang, L.P., Clinical Periodontology and Implant Dentistry, (Chapter 16) fourth edition. London: Blackwell Scientific, 2003 (pg. 372).

5. Bartels, Cathy L. "Xerostomia Information for Dentists." Oral Cancer Foundation Cite. 7 July 2005. Oral Cancer Foundation. www.oralcancerfoundation.org/dental/xerostomia.htm.

6. American Cancer Society. Cancer Facts & Figures 2008. Atlanta: American Cancer Society; 2008.

MetLife Is at Your Service

Finding out if your dentist is in the Preferred Dentist Program

To find out if your dentist participates in the MetLife Preferred Dentist Program which currently includes over 110,000 in-network dentist locations, logon to www.metlife.com/mybenefits or call 1-866-832-5759 to have a list faxed or mailed.

If your current dentist does not participate in the PDP, and you'd like to encourage him or her to apply, ask your dentist to visit www.metdental.com or call 1-877-MET-DDS9 for an application. (The website and phone number are designed for dental professionals only.)

MyBenefits Registration Overview:

www.metlife.com/mybenefits

MyBenefits provides you with a personalized, integrated and secure view of your MetLife delivered benefits. You can take advantage of self-service capabilities such as:

- Check coverage or claim status
- View an Explanation of Benefits (EOB) statement
- Locate a participating PDP dentist

Simply go to MyBenefits (www.metlife.com/mybenefits), and follow the easy registration instructions.

Make better decisions about your dental benefits with online tools.

You also have access to the **Dental Procedure Fee Tool** provided by go2dental.com via the MyBenefits website. This tool helps you approximate the in-network (PDP fees) and out-of-network fees* for dental services in your area. Learn more about fees for services such as exams, cleanings, fillings, crowns, and more!

Quick Tips for Easy Dental Claim Filing

With MetLife, there's no paperwork if your dentist submits your claims for you. Whether it's you or your dentist, filing a dental claim with MetLife is a simple process. And, by keeping the following tips in mind, you can help make it even easier:

- Bring a claim form with you to your appointment. A claim form is included in this enrollment booklet.
- You can obtain additional claim forms three easy ways:
 1. Download them from the MetLife website at www.metlife.com/mybenefits. Simply click on "Download Claim Forms" from the homepage.
 2. Call 1-866-832-5957 to have a form sent to you. You don't have to speak with a live representative to order a claim form — you can call 24 hours, 7 days a week, to utilize MetLife's automated voice response system.
 3. Contact your Human Resources Representative, who should have forms on hand.
- Speak with your dentist about reimbursement arrangements *before* your appointment. Although most dentists will accept the claim reimbursement directly from MetLife, some may prefer to receive payment in-full before you leave your appointment. Since each dentist sets his or her own policy, you should discuss these arrangements before you receive any services.

* Out-of-network fee information is provided by go2dental.com, Inc., an industry source independent of MetLife. This site does not provide the benefit payment information used by MetLife when processing your claims. Prior to receiving services, pre-treatment estimates through your dentist will provide the most accurate fee and payment information.

MetLife Is at Your Service (continued)

Still have questions?

Call 1-866-832-5759 or visit www.metlife.com/mybenefits.

Service	Website	Toll-Free Phone Number
<ul style="list-style-type: none">• PDP Directory• Plan Coverage Information• Claim Status/Claim Forms• General Information and Frequently Asked Questions	www.metlife.com/mybenefits	1-866-832-5759
<ul style="list-style-type: none">• Applying for the MetLife PDP• Pre-treatment Estimates	www.metdental.com <i>(website for dentists only)</i>	1-877-MET-DDS9 (638-3379) <i>(number for dentists only)</i>
Dental Education	www.metlife.com/mybenefits	N/A
Dental Fee Estimator Tool	www.metlife.com/mybenefits	N/A

L05082932(exp1209)(All States)(DC, GU, MP, PR, VI)



Metropolitan Life Insurance Company, New York, NY

DENTAL ENROLLMENT/CHANGE FORM FOR Board of Regents

SECTION TO BE COMPLETED BY EMPLOYER

Name of Employer (Please Print) Board of Regents		Group Customer # 307601	Report #	Sub Division	Branch
Employer's Street Address	City		State	Zip Code	Employee's Work Location
Date of Hire (Mo./Day/Yr.)			Coverage Effective Date (Mo./Day/Yr.)		
Work Status: <input type="checkbox"/> New Hire <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Rehire <input type="checkbox"/> On Layoff/Leave of Absence		Hours Worked Per Week	<input type="checkbox"/> Hourly Paid <input type="checkbox"/> Salaried	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
<input type="checkbox"/> Original COBRA Effective Date (Mo./Day/Yr.) _____					
Reason for Enrollment: <input type="checkbox"/> New Coverage <input type="checkbox"/> New Hire/First Time Eligible <input type="checkbox"/> Change in Enrollment <input type="checkbox"/> Family Status Change (not applicable to new enrollments) Date (Mo./Day/Yr.) _____					

SECTION TO BE COMPLETED BY EMPLOYEE

Name (print)	First	Middle	Last	Social Security #	Date of Birth (Mo./Day/Yr.)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	Street	City		State	Zip Code	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
E-mail Address					Phone No. (include area code)	

COVERAGE REQUEST DATA:

I have received and read a copy of my employer's current announcement of the group plan. I want to be covered under the group plan for the benefits for which I am or may become eligible, requested below.

I request the following coverage:

Coverage Options (Note: Only one of the following may be selected)

- Employee Only Employee + Spouse Employee + Spouse + Child(ren)
 Employee + Child(ren)

If applying for Dependent coverage (Spouse and Child), complete section below:

Number of dependents (including spouse) _____			
Name of Spouse (Last, First, MI)	Date of Birth	Sex (M/F)	
_____	_____	_____	
Name(s) of Child(ren) (Last, First, MI)	Date of Birth	Sex (M/F)	Is child a full-time student?
_____	_____	_____	<input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> Yes

Please Retain A Copy of The Fully-Completed Form For Your Records And Return The Original To Your Employer
(Continued on Following Page)

DECLARATION SECTION

Each person signing below **declares** that all the information given in this enrollment form is true and complete to the best of his/her knowledge and belief. The employee declares that he or she is actively at work on the date of this enrollment form.

For Changes Requested After Initial Enrollment Period Expires

I **understand** that if dental coverage is not elected, a waiting period may be required before I can enroll for such coverage after the initial enrollment period has expired.

For Payroll Deduction Authorization By the Employee

I **authorize** my employer to deduct the required contributions from my pay for the coverage requested in this enrollment form. This authorization applies to such coverage until I rescind it in writing.

Fraud Warning:

If you reside in or are applying for insurance under a policy issued in one of the following states, please read the applicable warning.

New York [only applies to Accident and Health Benefits (AD&D/Disability/Dental)]: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Massachusetts: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, and may subject such person to criminal and civil penalties.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Oklahoma: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Kansas, Oregon, and Vermont: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud, and may be subject to criminal and civil penalties.

Puerto Rico: Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented, a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000), or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

All other states:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

Signature(s): The employee must sign in all cases. The person signing below acknowledges that they have read and understand the statements and declarations made in this enrollment form.



Employee Signature

Print Name

Date Signed (Mo./Day/Yr.)



Our Privacy Notice

We know that you buy our products and services because you trust us. This notice explains how we protect your privacy and treat your personal information. It applies to current and former customers. "Personal information" as used here means anything we know about you personally.

Plan Sponsors and Group Insurance Contract Holders

This privacy notice is for individuals who apply for or obtain our products and services under an employee benefit plan, or group insurance or annuity contract. In this notice, "you" refers to these individuals.

Protecting Your Information

We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our outside service providers must also protect it, and use it only to meet our business needs. We also take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.

Collecting Your Information

We typically collect your name, address, age, and other relevant information. We may also collect information about any business you have with us, our affiliates, or other companies. Our affiliates include life, car, and home insurers. They also include a bank, a legal plans company, and securities broker-dealers. In the future, we may also have affiliates in other businesses.

How We Get Your Information

We get your personal information mostly from you. We may also use outside sources to help ensure our records are correct and complete. These sources may include consumer reporting agencies, employers, other financial institutions, adult relatives, and others. These sources may give us reports or share what they know with others. We don't control the accuracy of information outside sources give us. If you want to make any changes to information we receive from others about you, you must contact those sources.

We may ask for medical information. The Authorization that you sign when you request insurance permits these sources to tell us about you. We may also, at our expense:

- Ask for a medical exam
- Ask for blood and urine tests
- Ask health care providers to give us health data, including information about alcohol or drug abuse

We may also ask a consumer reporting agency for a "consumer report" about you (or anyone else to be insured). Consumer reports may tell us about a lot of things, including information about:

- Reputation
- Driving record
- Finances
- Work and work history
- Hobbies and dangerous activities

The information may be kept by the consumer reporting agency and later given to others as permitted by law. The agency will give you a copy of the report it provides to us, if you ask the agency and can provide adequate identification. If you write to us and we have asked for a consumer report about you, we will tell you so and give you the name, address and phone number of the consumer reporting agency.

Another source of information is MIB Group, Inc. ("MIB"). It is a non-profit association of life insurance companies. We and our reinsurers may give MIB health or other information about you. If you apply for life or health coverage from another member of MIB, or claim benefits from another member company, MIB will give that company any information that it has about you. If you contact MIB, it will tell you what it knows about you. You have the right to ask MIB to correct its information about you. You may do so by writing to MIB, Inc., 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734, by calling MIB at (866) 692-6901 (TTY (866) 346-3642 for the hearing impaired), or by contacting MIB at www.mib.com.

Using Your Information

We collect your personal information to help us decide if you're eligible for our products or services. We may also need it to verify identities to help deter fraud, money laundering, or other crimes. How we use this information depends on

what products and services you have or want from us. It also depends on what laws apply to those products and services. For example, we may also use your information to:

- administer your products and services
- perform business research
- market new products to you
- comply with applicable laws
- process claims and other transactions
- confirm or correct your information
- help us run our business

Sharing Your Information With Others

We may share your personal information with others with your consent, by agreement, or as permitted or required by law. For example, we may share your information with businesses hired to carry out services for us. We may also share it with our affiliated or unaffiliated business partners through joint marketing agreements. In those situations, we share your information to jointly offer you products and services or have others offer you products and services we endorse or sponsor. Before sharing your information with any affiliate or joint marketing partner for their own marketing purposes, however, we will first notify you and give you an opportunity to opt out.

Other reasons we may share your information include:

- doing what a court, law enforcement, or government agency requires us to do (for example, complying with search warrants or subpoenas)
- telling another company what we know about you if we are selling or merging any part of our business
- giving information to a governmental agency so it can decide if you are eligible for public benefits
- giving your information to someone with a legal interest in your assets (for example, a creditor with a lien on your account)
- giving your information to your health care provider
- having a peer review organization evaluate your information, if you have health coverage with us
- those listed in our “Using Your Information” section above

HIPAA

We will not share your health information with any other company – even one of our affiliates – for their own marketing purposes. If you have dental, long term care, or medical insurance from us, the Health Insurance Portability and Accountability Act (“HIPAA”) may further limit how we may use and share your information.

Accessing and Correcting Your Information

You may ask us for a copy of the personal information we have about you. Generally, we will provide it as long as it is reasonably retrievable and within our control. You must make your request in writing listing the account or policy numbers with the information you want to access. For legal reasons, we may not show you anything we learned as part of a claim or lawsuit, unless required by law.

If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing, and we will include your statement whenever we give your disputed information to anyone outside MetLife.

Questions

We want you to understand how we protect your privacy. If you have any questions about this notice, please contact us. When you write, include your name, address, and policy or account number.

Send privacy questions to:

MetLife Privacy Office, P. O. Box 489, Warwick, RI 02887-9954
privacy@metlife.com

We may revise this privacy notice. If we make any material changes, we will notify you as required by law. We provide this privacy notice to you on behalf of these MetLife companies:

Metropolitan Life Insurance Company
General American Life Insurance Company
SafeGuard Life Insurance Company

MetLife Insurance Company of Connecticut
SafeGuard Health Plans Inc.

CALIFORNIA HEALTHCARE LANGUAGE ASSISTANCE PROGRAM NOTICE TO INSURED

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card, if any, or 1-800-942-0854. For more help call the CA Dept. of Insurance at 1-800-927-4357.

To receive a copy of the attached MetLife document translated into Spanish or Chinese, please mark the box by the requested language statement below, and mail the document with this form to:

Metropolitan Life Insurance Company
PO Box 14587
Lexington, KY 40512

Please indicate to whom and where the translated document is to be sent.

Servicio de Idiomas Sin Costo. Puede obtener la ayuda de un intérprete. Se le pueden leer documentos y enviar algunos en español. Para recibir ayuda, llámenos al número que aparece en su tarjeta de identificación, si tiene una, o al 1-800-942-0854. Para recibir ayuda adicional llame al Departamento de Seguros de California al 1-800-927-4357.

Para recibir una copia del documento adjunto de MetLife traducido al español, marque la casilla correspondiente a esta oración, y envíe por correo el documento junto con este formulario a:

Metropolitan Life Insurance Company
PO Box 14587
Lexington, KY 40512

Por favor, indique a quién y a dónde debe enviarse el documento traducido.

NOMBRE _____

DIRECCIÓN _____

免費語言服務。 您可獲得免費口譯服務。您可要求翻譯員向你口譯文件，或可要求向你發回文件的中文譯本。如需協助，請致電您的ID卡上所示號碼（如有），或 1-800-942-0854。如需更多協助，請致電加州保險部熱線1-800-927-4357。

為收取隨附MetLife文件的中文譯本，請勾選此陳述前的方框，並將文件連同此表一併郵寄至：

Metropolitan Life Insurance Company
PO Box 14587
Lexington, KY 40512

請指明經翻譯文件收件人的姓名及地址。

姓名 _____

地址 _____

Անվճար թարգմանչապան ծառայություններ: Ձեզ կտրամադրվի հայերենի թարգմանիչ, որի օգնությամբ կարող եք հայերենով կարդալ փաստաթղթերը: Հարցերի դեպքում զանգահարեք մեզ Ձեր ID քարտի վրա նշված հեռախոսահամարով կամ 1-800-942-0854: Առավել մանրամասն տեղեկատվության համար զանգահարեք Կալիֆոռնիայի Ապահովագրական Դեպարտամենտ 1-800-927-4357 հեռախոսահամարով:

សេវាកម្មប្រដោយឥតគិតថ្លៃ ។ អ្នកអាចទទួលបានអ្នកបកប្រែម្នាក់ និងឱ្យគេអានឯកសារនានាឱ្យអ្នកស្តាប់ជាភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើង តាមលេខដែលមានចុះនៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នកប្រសិនបើមាន ឬ តាមលេខ 1-800-942-0854 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងនៃរដ្ឋកាលីហ្វ័រញ៉ា (CA Dept. of Insurance) តាមលេខ 1-800-927-4357 ។

Key pab txhais lus tsis kom them nqi. Koj thov tau kom nrhiv neeg txhais lus thiab nyeem ntaub ntauv hais ua lus Hmoob rau koj mloog. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj sau hauv koj daim npav ID, yog muaj, lossis 1-800-942-0854. Yog xav kom pab lwm yam hu rau lub CA Hauv Paus Iv-saws-las ntawm 1-800-927-4357.

無料の通訳サービス。 通訳を通して日本語で文書を読み上げてもらうことができます。サービスの利用をご希望の方は、お手持ちのIDカードに記載されている番号、または 1-800-942-0854 へお電話ください。さらなる支援が必要な場合は、カリフォルニア州保険庁 1-800-927-4357 までお問い合わせください。

무료 통역 서비스. 통역자가 문서를 한국어로 읽어드릴 수 있습니다. 도움이 필요하시면, 귀하의 ID 카드에 있는 번호나 1-800-942-0854 로 전화하십시오. 다른 도움이 필요하시면, 전화번호 1-800-927-4357 로 캘리포니아 보험국에 연락하여 주십시오.

Бесплатные услуги устного перевода. Вы можете воспользоваться услугами переводчика, который прочитает вам документы на русском языке. Чтобы получить помощь, позвоните нам по номеру, указанному на вашей идентификационной карточке, если у вас она есть, либо по номеру 1-800-942-0854. Если вам нужна помощь в других вопросах, позвоните в горячую линию Департамента страхования (CA Dept. of Insurance) 1-800-927-4357.

Libreng serbisyo sa pagsasalín. Maaari kang kumuha ng tagasalín para basahin sa iyo ang mga dokumento sa wikang Tagalog. Para ikaw ay matulungan, tawagan kami sa numerong nakalista sa iyong ID card, kung mayroon man, o sa numerong 1-800-942-0854. Para sa karagdagang tulong tawagan ang CA Dept. of Insurance sa numerong 1-800-927-4357.

Dịch vụ thông dịch miễn phí. Quý vị có thể tìm một thông dịch viên và nhờ đọc các tài liệu này cho quý vị bằng tiếng Việt. Để được giúp đỡ, gọi cho chúng tôi tại số nêu trên thẻ ID của quý vị, nếu có, hoặc 1-800-942-0854. Để được giúp đỡ thêm gọi cho Ban Bảo Hiểm CA tại số 1-800-927-4357.

لا تتوفر خدمات ترجمة بتكلفة. يمكنك الاتصال بمترجم والحصول على خدمة قراءة المستندات باللغة العربية. للمساعدة، اتصل بنا على الرقم الموجود على بطاقة التعريف الخاصة بك، أو اتصل بالرقم 1-800-942-0854. ولمزيد من المساعدة، اتصل بقسم التأمينات التابع لـ CA على الرقم 1-800-927-4357. **سرویس های ترجمه رایگان.** شما می توانید مترجم و اسنادی را به زبان فارسی برای مطالعه دریافت کنید. برای راهنمایی، از طریق شماره درج شده در کارت شناسایی خود (در صورت وجود) یا شماره 1-800-942-0854 با ما تماس بگیرید. برای راهنمایی بیشتر با بخش بیمه کالیفرنیا 1-800-927-4357 تماس بگیرید. **بلا معاوضه مترجم دی خدمات مل سکدی اے۔** ٹسی ایک مترجم دی خدمات حاصل کرسکدے او جو توڈے واسطے دستاویزات پنجابی وچ پڈ سکدا اے۔ مدد واسطے ایڑیں آئی ڈی کارڈ، گربوتو، دے وچ نمبر یا 1-800-942-0854 پہ کال کرو۔ آگے مزید مدد واسطے اے نمبر 1-800-927-4357 پہ سی اے ڈیپارٹمنٹ برائے انشورنس نال کال کرو۔



MetLife has been offering dental insurance coverage for more than 45 years. So we have the experience to provide you with a valuable plan that will keep you smiling. Plus, we provide the resources you need to make educated decisions about your oral health.





Benefits for the **if in life**SM

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Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166
www.metlife.com

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