

Supplemental Compensation Plan

2008 Program



MetLife[®]



With nearly 140 years in the insurance industry and over 80 years of experience in employee benefits, MetLife offers a comprehensive suite of employee benefits solutions and outstanding customer service. MetLife is committed to providing you with the tools and resources to address the diverse needs of MetLife's customers and your clients. We are focused on providing a consistent, high-quality service experience, so you can focus on what you do best...building your business.



MetLife is pleased to introduce the 2008 Supplemental Compensation Plan¹, a new plan that pays a fixed percentage of 2008 Received and Earned Premium.² MetLife offers its Supplemental Compensation Plan to all appropriately licensed and appointed brokers.³ However, either a broker or a customer may choose to Opt-out of the Supplemental Compensation Plan.

Read on for more details about how brokers can qualify and how Supplemental Compensation will be paid. This brochure is also available on-line at www.metlife.com on the Brokers & Consultants tab.

The terms and conditions of the Supplemental Compensation Plan are described in this brochure. MetLife has the sole discretion to interpret the terms and conditions of the Supplemental Compensation Plan.

If you have any questions, please contact your MetLife Sales Representative. MetLife also has a dedicated Broker Service Center, which you can reach at (888) 653-8325. If your clients have questions regarding broker compensation, (800) ASK 4MET is available to answer any questions they may have. You can always find more information on MetLife, our products and the sales office near you by visiting our Web site, www.metlife.com.

¹ The 2008 Supplemental Compensation Plan shall be referred to in this brochure as the "Supplemental Compensation Plan." Payments under the Supplemental Compensation Plan shall be referred to in this brochure as "Supplemental Compensation."

² "Received and Earned Premium" and certain other terms are defined in the Definitions Section beginning on page 13 of this Supplemental Compensation Plan brochure.

³ New England Financial representatives are also eligible to participate in the Supplemental Compensation Plan.

SUPPLEMENTAL COMPENSATION PLAN QUALIFICATION

A broker may qualify for Supplemental Compensation based on:

(1) New business (New Business Premium or new Coverage Groupings) with an effective date between October 1, 2006, and September 30, 2007 (the "Qualification Period"),

OR

(2) total Inforce Premium as of September 30, 2007.

New Business Premium is determined as Annualized Billed Premium for new coverages with an effective date during the Qualification Period.

Qualification is calculated using a single Tax ID. Multiple Tax IDs will not be aggregated for qualification purposes.

Each broker will be placed into a Tier corresponding to a particular level of Supplemental Compensation to be paid. MetLife will establish a broker's Tier by December 31, 2007, and once established, the broker's Tier cannot be changed for the 2008 calendar year. Brokers who qualify for 2008 Supplemental Compensation will receive an estimated Tier notification in November 2007. Each broker must submit any corrections regarding its book of business to MetLife by November 30, 2007, in order for an adjustment, if appropriate, to be made prior to December 31, 2007.

A broker will be placed in only one Tier. If the New Business Premium, new Coverage Grouping count, or Inforce Premium results in conflicting Tier qualifications, the broker will receive only the Supplemental Compensation at the highest paying Tier percentage. New business and Inforce Premium Tiers cannot be combined.

NEW BUSINESS QUALIFICATION

A broker's Tier is determined under a single Tax ID by either the New Business Premium or the number of new Coverage Groupings sold.

If the number of enrolled lives for a coverage increases or decreases for an existing customer, there will be no impact to the New Business Premium qualification calculation or the new Coverage Grouping count qualification calculation.

Table 1

New Business For Qualification Period						
New Business Premium			OR	New Coverage Grouping Count		Supplemental Compensation Percent of Premium (New and Renewal Business)
Tier 1	\$0	\$999,999			0	5
Tier 2	\$1,000,000	\$12,499,999		6	89	2.00%
Tier 3	\$12,500,000	or greater		90	or greater	2.25%

Coverage Grouping counts are determined at the Customer Number level. For a given Customer Number, a broker will receive a single Coverage Grouping count for each new Coverage Grouping.

The Broker of Record on the date the Qualification Period ends will receive full qualification credit for New Business Premium or Coverage Grouping counts, and there is no prorating. If two or more brokers split base commission, the New Business Premium will be apportioned in the same manner as the base commission.

There is no limit on the amount of New Business Premium for qualification purposes. However, a customer who Opts-out of the Supplemental Compensation Plan will not be counted for qualification purposes and Supplemental Compensation will not be paid in relation to that customer's premium.

EXAMPLE:

During the Qualification Period, the broker has New Business Premium of \$1.45 million that consists of 65 Coverage Groupings. The broker qualifies for Tier 2 and a 2.00% Supplemental Compensation payment of Received and Earned Premium for the broker's total book of business in 2008.

New Business For Qualification Period						
New Business Premium			OR	New Coverage Grouping Count		Supplemental Compensation Percent of Premium (New and Renewal Business)
Tier 1	\$0	\$999,999			0	5
Tier 2	\$1,000,000	\$12,499,999	OR	6	89	2.00%
Tier 3	\$12,500,000	or greater		90	or greater	2.25%

EXAMPLE:

During the Qualification Period, a broker has New Business Premium of \$900,000 which consists of 15 Coverage Groupings. The broker qualifies for Tier 2. The broker will receive a 2.00% Supplemental Compensation payment of Received and Earned Premium for the broker's total book of business in 2008.

New Business For Qualification Period						
New Business Premium			OR	New Coverage Grouping Count		Supplemental Compensation Percent of Premium (New and Renewal Business)
Tier 1	\$0	\$999,999			0	5
Tier 2	\$1,000,000	\$12,499,999	OR	6	89	2.00%
Tier 3	\$12,500,000	or greater		90	or greater	2.25%

SUPPLEMENTAL COMPENSATION PLAN QUALIFICATION (CONT.)

INFORCE PREMIUM QUALIFICATION

For those brokers who do not qualify for payment based on new business (See Table 1 on page 4), there is another way to qualify for the Supplemental Compensation Plan. A broker qualifies for an Inforce Premium Tier if the broker's total book of business is \$5 million or more of Inforce Premium as of the last day of the Qualification Period (See Table 2 below).

Table 2

Inforce Premium Qualification			
	Inforce Premium		Supplemental Compensation Percent of Premium (New and Renewal Business)
Tier A	\$5,000,000	\$9,999,999	0.50%
Tier B	\$10,000,000	or greater	1.00%

The Broker of Record on the day the Qualification Period ends will receive full qualification credit, and there will be no prorating of the qualification credit. The Inforce Premium determines the broker's Tier.

EXAMPLE:

During the Qualification Period, a broker writes new business with \$700,000 of New Business Premium and five Coverage Groupings. The broker would not qualify for Supplemental Compensation based on new business. However, the broker has \$7.5 million of Inforce Premium as of September 30, 2007, which includes the New Business Premium of \$700,000. The broker will receive Supplemental Compensation of 0.50% of Received and Earned Premium for the broker's total book of business in 2008.

Inforce Business For Qualification Period			
	Inforce Premium		Supplemental Compensation Percent of Premium (New and Renewal Business)
Tier A	\$5,000,000	\$9,999,999	0.50%
Tier B	\$10,000,000	or greater	1.00%



ELIGIBLE GROUP PRODUCTS AND SERVICES

There are a number of different group products and services that a broker can sell to qualify for Supplemental Compensation. For qualification and payment purposes, coverages must have a minimum number of two eligible lives. The products fall into the following Coverage Groupings:

Coverage Grouping 1

Basic Life, Core Life, Dependent Life,
Accidental Death & Dismemberment (“AD&D”)
both personal and dependent

Coverage Grouping 2

Optional Group Term (Supplemental Life),
Voluntary AD&D both personal and dependent,
Optional Life/AD&D, Buy-Up Life, Buy-Up AD&D

Coverage Grouping 3

Group Universal Life

Coverage Grouping 4

Group Variable Universal Life

Coverage Grouping 5

Dental, Voluntary Dental

Coverage Grouping 6

Short Term Disability (“STD”), Voluntary STD,
Mandated State Disability Plans

Coverage Grouping 7

Long Term Disability (“LTD”),
Voluntary LTD

Coverage Grouping 8

Group Long Term Care

Coverage Grouping 9

Hyatt Group Legal Plans

Administrative Services Only (“ASO”) business may be included only in Coverage Groupings 5 and 6.

EXCLUDED PRODUCTS

Any products or services not specifically included in the above section are excluded from the Supplemental Compensation Plan, and therefore will not be counted for qualification purposes, nor will a broker receive Supplemental Compensation on the premium or fees relating to those products.

SUPPLEMENTAL COMPENSATION PAYMENT CALCULATION

MetLife pays Supplemental Compensation at a single Tax ID level. Payment is calculated in the following manner:

$$\text{Tier \%} \times \text{Total Received and Earned Premium} = \text{Supplemental Compensation Payment}$$

See the examples on page 8.

PREMIUM CAPPING

MetLife will only pay Supplemental Compensation on a maximum of \$10 million of Received and Earned Premium (the “Cap”) per Customer Number. If more than one broker is eligible for Supplemental Compensation with respect to one Customer Number, where more than \$10 million of Received and Earned Premium is paid by such Customer, MetLife may apply the Cap per Customer Number and per broker so long as the brokers are not affiliated or under common ownership or control. Before making any Supplemental Compensation payment in that circumstance, MetLife may require the brokers to certify in writing that they are not affiliated or under common ownership or control. In addition, MetLife reserves the right to obtain written customer authorization before making any Supplemental Compensation payment.

SUPPLEMENTAL COMPENSATION PAYMENT CALCULATION (CONT.)

EXAMPLE:

Assume a broker qualified for Tier 3 and MetLife's Received and Earned Premium from Company A is \$15 million for Life Insurance and \$20 million for STD Insurance.

In this example, both coverages are part of a single Customer Number. The \$10 million cap is applied and the broker is eligible for a Supplemental Compensation payment for Company A of 2.25% of \$10 million, even though the total amount of Received and Earned Premium is \$35 million.

Products Sold – Same Customer Number	Received and Earned Premium
Life Insurance	\$15M
Short Term Disability	\$20M
Total	\$35M
Capped Total Amount	\$10M
Tier 3	2.25%
Maximum Supplemental Compensation Annual Payment	\$225,000

Note that here and under all other circumstances, the broker will not be entitled to Supplemental Compensation on and after the date the broker is deemed by MetLife or the customer to no longer be the Broker of Record.

ASO/PAR CASES

For ASO and Participating (“PAR”) cases, MetLife will apply the full ASO fee or the PAR premium amount towards Tier qualification. For payment calculation, however, ASO fees and PAR premium are reduced to 25% of the actual ASO fees and PAR premium when applying the Supplemental Compensation percentages from each Tier.

EXAMPLE:

Assume that during the Qualification Period the broker qualified for Tier 2 and a 2.00% Supplemental Compensation payment. In 2008, the broker is Broker of Record on cases for which MetLife earns and receives an eligible ASO fee of \$50,000 and an eligible PAR premium of \$25,000. Following is how the Supplemental Compensation payment is calculated.

	Dental ASO	LTD PAR
MetLife ASO Fee/ PAR Premium	\$50,000	\$25,000
Eligible ASO Fee/PAR Premium Percentage	25%	25%
Amount Eligible for Supplemental Compensation	\$12,500	\$6,250
Supplemental Compensation Tier Percentage	2.00%	2.00%
Total Supplemental Compensation Payment for 2008	\$250	\$125

SUPPLEMENTAL COMPENSATION PAYMENT

MetLife intends to distribute the initial Supplemental Compensation payment mid-year 2008. The initial payment will include all Supplemental Compensation earned since January 1, 2008. After the initial payment, MetLife intends to pay Supplemental Compensation on a monthly basis in the month after premium is received by MetLife, provided MetLife deems the premium to be Received and Earned Premium, and provided MetLife and the customer continue to recognize the broker as the Broker of Record.

In instances where multiple payee codes exist for a single Tax ID, MetLife will require the designation in writing by a representative of the single Tax ID of a single primary MetLife broker payee code. When a primary code is designated, it will remain in effect until MetLife receives a written change request.

No Supplemental Compensation payments shall be made in advance of when they are due under the Supplemental Compensation Plan.

The broker shall immediately repay to MetLife any overpayment of Supplemental Compensation the broker received due to error or any other reason. MetLife reserves the right to recoup any Supplemental Compensation overpayment from any amount MetLife owes the broker associated with the Supplemental Compensation Plan or any other compensation plan or agreement. By cashing any check from MetLife or accepting any Supplemental Compensation payment, the broker thereby agrees that MetLife may offset any amount payable by MetLife to the broker in order to recover an overpayment.

ADDITIONAL OPPORTUNITIES TO EARN SUPPLEMENTAL COMPENSATION

A broker may earn Supplemental Compensation for the following additional opportunities as follows:

Additional Opportunities	Supplemental Compensation Percentages	Cap Amount
General Account Life Insurance Fund Account ("GA LIFA")	0.25%	\$10 million
Guaranteed Life Insurance Fund Account ("GLIFA")	0.25%	\$10 million
Long Term Disability Reserve Buy-out ("LTD RBO")	0.25%	\$40 million

MetLife will pay Supplemental Compensation in an amount equal to 0.25% of new assets for a GA LIFA or GLIFA, provided the new assets are from a source other than MetLife or its affiliates. MetLife will only pay Supplemental Compensation to one broker with regard to new GA LIFA or GLIFA assets. For example, should the broker of record change after MetLife pays Supplemental Compensation on new GA LIFA or GLIFA assets, MetLife will not pay Supplemental Compensation to the new Broker of Record unless additional new assets are deposited with MetLife, in which case MetLife will only pay Supplemental Compensation to the new Broker of Record on the additional new assets. MetLife will not pay any Supplemental Compensation on GA LIFA or GLIFA assets in excess of \$10 million per customer. Therefore, under no circumstance will MetLife pay more than \$25,000 in Supplemental Compensation per customer on a GA LIFA or GLIFA.

For an LTD RBO, MetLife will pay Supplemental Compensation in an amount equal to 0.25% of the reserve assets up to \$40 million. MetLife will not pay any Supplemental Compensation on LTD RBO reserve assets in excess of \$40 million per customer. Under no circumstance will MetLife pay more than \$100,000 in Supplemental Compensation per customer for an LTD RBO.

GA LIFA and GLIFA assets and LTD RBO reserve assets will not be counted for New Business or Inforce Premium qualification purposes. Supplemental Compensation for these products will be paid in the month following receipt of the assets or premium associated with those products.

The terms and conditions set forth in this brochure govern the Supplemental Compensation Plan. There will be no changes to the Supplemental Compensation Plan unless set forth in writing and signed by an Executive Vice President of MetLife.

Eligibility for payment under the Supplemental Compensation Plan requires the broker to be appropriately licensed and appointed and to comply with all applicable laws and regulations, including, without limitation, those that apply to disclosure of compensation. In addition, in order for the broker to be eligible for Supplemental Compensation with respect to any given customer's business, the broker must be recognized by MetLife and the customer as Broker of Record. MetLife reserves the right to notify its customers of a broker's eligibility to receive compensation under the Supplemental Compensation Plan and to obtain written customer authorization prior to making any payment.

MetLife reserves the right to change the terms of the Supplemental Compensation Plan or to discontinue the sale of any product. It is not MetLife's practice to specifically factor Supplemental Compensation into the price of a customer's group insurance plan. However, payments under the Supplemental Compensation Plan are a component of MetLife's Institutional Business distribution expenses and, like other expenses, are factored into the price structure of MetLife's Institutional Business products.

A. CUSTOMER AUTHORIZATION FORM

MetLife requires customer consent via the Customer Authorization Form in order to include a Zero Commission Coverage for qualification and/or payment purposes. Both the broker and customer must sign the Customer Authorization Form. Any Customer Authorization Form submitted to MetLife for the Supplemental Compensation Plan year will only have effect for that year.

For qualification and payment purposes, the Customer Authorization Form must be completed and submitted via U.S. Mail, overnight delivery service, fax, or e-mail to one of the following contact points below by November 30, 2007:

Fax: (800) 556-9430

E-mail: ask4met@metlifeservice.com

Mail to: MetLife
Attn: Broker Services
P.O. Box 30160
Tampa, FL 33630

Supplemental Compensation will apply to the first billing date in 2008, after the date of receipt of the Customer Authorization Form by MetLife. MetLife will not consider the Customer Authorization Form to be received by MetLife unless and until the form is received at one of the contact points listed above. If the form is submitted to another area of MetLife (for example, a MetLife sales office), MetLife will not consider the form to be received until it is received by MetLife at one of the contact points listed above, and the business may not be counted for Supplemental Compensation purposes. Any Customer Authorization Forms received by MetLife at one of the contact points listed above after November 30, 2007, will apply to payment only and will not affect the broker's Tier. In addition to using the original Customer Authorization Form in this brochure, you can photocopy the form, or download a PDF version of the form at www.metlife.com on the Brokers & Consultants tab.

EXAMPLE:

Two brokers have identical books of business totaling \$13.5 million, of which there is a \$5 million Zero Commission Coverage. Broker A submits the Customer Authorization Form to MetLife prior to the November 30, 2007, deadline. Broker A qualifies for Tier B with an eligible qualification premium total of \$13.5 million. Broker B submits the Customer Authorization Form after the November 30, 2007, deadline. Broker B qualifies for Tier A with an eligible qualification premium total of \$8.5 million.

	Broker A Submitted the Customer Authorization Form by the November 30, 2007, Deadline	Broker B did not Submit the Customer Authorization Form by the November 30, 2007, Deadline
Zero Commission Coverage Premium	\$5M	\$5M
Total Eligible Qualification Premium	13.5M Tier B	8.5M Tier A
Tier Percentage	1.00%	0.50%
Total Supplemental Compensation	\$135,000	\$67,500

B. CONTACTING METLIFE

Your MetLife representative is always available to answer any questions. Brokers may also contact MetLife’s dedicated Broker Service Center at the number below.

When contacting MetLife by fax or e-mail, please state the topic of your request in the subject line and include pertinent details in the body of the message. Information needed to respond to your request may include the broker’s name, address, e-mail address, phone number, broker number, customer name, Customer Number and coverages.

- Phone:** (888) 653-8325
- Fax:** (800) 556-9430
- E-mail:** ask4met@metlifeservice.com
- Mail to:** MetLife
Attn: Broker Services
P.O. Box 30160
Tampa, FL 33630



C. COMPENSATION DISCLOSURE

Working with MetLife, you can be assured of MetLife's commitment to disclosure of compensation to customers and potential customers. Certain customer and prospect communications will include a compensation disclosure notice similar to the notice below explaining to customers and prospects how MetLife compensates brokers.

MetLife enters into arrangements with a variety of agents, brokers, consultants, third party administrators, general agents, associations, and other parties that may participate in the sale of MetLife products (each an "Intermediary"). If you purchase a MetLife product through an Intermediary, MetLife may pay the Intermediary base commission and other forms of compensation for the sale and renewal of MetLife products and fees for the administration and service of MetLife products, or remit compensation to the Intermediary on your behalf, if you are a plan sponsor. As recognized by the National Association of Insurance Commissioners in its Producer Licensing Model Act, compensation may include payments, commissions, fees, awards, overrides, bonuses, contingent commissions, loans, gifts, prizes, stock options or any other form of valuable consideration. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (e.g., consulting or reinsurance arrangements). If you would like further information, ask your Intermediary or a MetLife representative for specific details concerning your Intermediary's compensation arrangement with MetLife.

Beginning January 1, 2008, for any new business having an effective date on or after January 1, 2008 ("2008 New Business"), MetLife, prior to paying base commission or Supplemental Compensation for 2008 New Business, must have evidence of a customer's receipt of the compensation disclosure notice.

D. KEY DATES

Tier Qualification Period

New business with an effective date between October 1, 2006, and September 30, 2007
Inforce Premium as of September 30, 2007

Customer Authorization Form

Completed and received by MetLife by November 30, 2007 – for qualification and payment purposes
Completed and received by MetLife after November 30, 2007 – will apply to payment only

Tier Notification

Tier Estimate – mailed in November 2007 to brokers qualifying for 2008 Supplemental Compensation
Broker book of business corrections – due by November 30, 2007
Official Tier Notification – mailed in January 2008 to brokers qualifying for 2008 Supplemental Compensation

Supplemental Compensation Payment

MetLife intends to make its initial payment under the Supplemental Compensation Plan to eligible brokers for eligible business in mid-year 2008. The initial payment will include all Supplemental Compensation earned since January 1, 2008.

E. DEFINITIONS

In addition to the defined terms below, some terms may be defined where they first appear in this brochure.

1. **"Annualized Billed Premium"** – the billed premium amount during the Qualification Period, which is calculated as a monthly average and multiplied by twelve.

EXAMPLE:

The example below assumes a January 1 effective date with an initial bill due on January 1. The total billed premium (\$6,100) is divided by the total number of bills (7) to calculate an average monthly bill (\$871.43). The average bill is multiplied by 12, which provides the Annualized Billed Premium (\$10,457.14).

Billing Month	Estimated Monthly Billed Amount
January	\$1,000
February	\$900
March	\$1,100
April	\$1,000
May	\$800
June	\$700
July	\$600
Total	\$6,100

2. **"Broker of Record"** – the broker recognized as broker of record by both the customer and MetLife for the customer's eligible group insurance coverage.
3. **"Coverage Grouping"** – one or more coverages or MetLife eligible insurance products for Supplemental Compensation Plan qualification purposes.
4. **"Customer Number"** – the MetLife internal designation used for customer identification purposes. For example, a Customer Number could represent a customer. It could also represent salaried, hourly and executive employees, or it could represent separate coverages for a customer.
5. **"Division Number"** and **"Experience Number"** – terms used internally by MetLife. A Division Number or Experience Number may be used to identify sub-groups within a customer. For example, a customer may have purchased MetLife basic life insurance for its employees under group Customer Number 12345. All of the customer's employees may be covered for basic life insurance benefits under group Customer Number 12345 without Experience Numbers or Division Numbers being assigned. Alternatively, the customer may choose to have one sub-group of its employees covered for basic life insurance benefits under one Experience Number and another sub-group of its employees covered for basic life insurance benefits under a different Experience Number. MetLife reserves the right to determine in its sole discretion whether to permit multiple Division Numbers or Experience Numbers under one Customer Number.

6. **"Inforce Premium"** – the Annualized Billed Premium for customers whose group coverages are in force on the last day of the Qualification Period. Inforce Premium does not include premium for Zero Commission Coverages where MetLife has not received a signed Customer Authorization Form by the deadline set forth in this brochure. If MetLife receives a Customer Authorization Form by the deadline set forth in this brochure for a Zero Commission Coverage, then the Zero Commission Coverage will be included in Inforce Premium
7. **"Opt-out"** – the act of electing to exclude a broker's Tax ID, Customer Number, Division Number, Experience Number and/or Coverage Grouping from participating in the Supplemental Compensation Plan. This can be accomplished by contacting the Broker Service Center. If a broker chooses to Opt-out of the Supplemental Compensation Plan entirely, none of the broker's business will be counted for Tier qualification or payment purposes.
8. **"Received and Earned Premium"** – the eligible billed premium collected by MetLife and applied to the customer's account by MetLife for the 2008 plan year, and used to calculate base commissions.
9. **"Tax ID"** – an individual's social security number or a firm's taxpayer identification number.
10. **"Tier"** – the row in Table 1 or Table 2 reflecting the broker's 2008 Supplemental Compensation percentage.
11. **"Zero Commission Coverage"** – group coverage where the Broker of Record is not receiving base commission, whether or not MetLife or the customer pays any amount to that broker. Both the broker and customer must sign the Customer Authorization Form to include Zero Commission Coverages in the Supplemental Compensation Plan for purposes of determining eligibility and Supplemental Compensation payable.



Important Information for MetLife Customers:

MetLife requires that this form be completed when a Customer obtains MetLife group insurance products through an insurance intermediary, such as a broker or consultant ("Broker"), who wishes to participate in the 2007 Preferred Broker Compensation Plan ("PBCP") and/or the 2008 Supplemental Compensation Plan ("SCP"), and MetLife is not paying the Broker base commissions and/or the Broker is receiving a fee directly from the Customer for services in connection with the insurance coverages listed below. In order for the Broker to participate in the 2007 PBCP and/or the 2008 SCP, Sections I and II of this form **MUST** be completed in their entirety and received by MetLife by **November 30, 2007**, at one of the contact points listed below. If the form is submitted to another area of MetLife (for example, a MetLife Sales office), MetLife will not consider the form to be received until it is received at one of the contact points listed below. Any Customer Authorization Forms received by MetLife at one of the contact points listed below after November 30, 2007, will apply to payment only and will not affect the Broker's SCP Tier.

SECTION I must be completed and signed by the **Broker**. **SECTION II** must be completed and signed by the **Customer**.

PERF RULE DOES NOT PRINT

Broker Information (To be completed by Broker)	<p>SECTION I</p> Printed Name and Tax I.D. of Broker: _____
	Address: _____
	Broker Code: _____
	Name and Tax I.D. of Individual writing agent, if applicable: _____
	Effective date of coverage: _____ Contact Phone Number: _____
	E-mail address: _____
	Signature of Broker or of authorized representative of Broker, if Broker is a firm: _____ Date: _____

Customer Information (To be completed by Customer)	<p>SECTION II (Initial where applicable)</p>	
	2007 Preferred Broker Compensation	2008 Supplemental Compensation
	_____ I authorize the above participation in the 2007 PBCP	_____ I authorize the above participation in the 2008 SCP
	I authorize my Broker to participate in the above compensation plans. I authorize MetLife to apply the premium associated with the coverages or products listed below. I have had the opportunity to review MetLife's PBCP brochure and SCP brochure. I understand that my Broker may receive a payment under the PBCP and/or SCP for the insurance coverages listed below that are being placed with MetLife.	
	MetLife Coverages	MetLife Customer Name and Number

Authorization of MetLife Customer:

By signing below, I certify that I am authorized by the company identified below to execute this document and to authorize MetLife to include the MetLife insurance coverages identified above in the calculation of 2007 PBCP and/or 2008 SCP that may be payable to the Broker identified above.

Customer's Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Return by FAX: (800) 556-9430 or **Mail to:** MetLife, Attn: Broker Services, P.O. Box 30160, Tampa, FL 33630 or **E-mail to:** ask4met@metlifeservice.com. You can download a PDF version of the 2008 Supplemental Compensation brochure and the Customer Authorization Form at www.metlife.com.

Important Information for MetLife Customers:

MetLife requires that this form be completed when a Customer obtains MetLife group insurance products through an insurance intermediary, such as a broker or consultant ("Broker"), who wishes to participate in the 2007 Preferred Broker Compensation Plan ("PBCP") and/or the 2008 Supplemental Compensation Plan ("SCP"), and MetLife is not paying the Broker base commissions and/or the Broker is receiving a fee directly from the Customer for services in connection with the insurance coverages listed below. In order for the Broker to participate in the 2007 PBCP and/or the 2008 SCP, Sections I and II of this form **MUST** be completed in their entirety and received by MetLife by **November 30, 2007**, at one of the contact points listed below. If the form is submitted to another area of MetLife (for example, a MetLife Sales office), MetLife will not consider the form to be received until it is received at one of the contact points listed below. Any Customer Authorization Forms received by MetLife at one of the contact points listed below after November 30, 2007, will apply to payment only and will not affect the Broker's SCP Tier.

SECTION I must be completed and signed by the **Broker**. **SECTION II** must be completed and signed by the **Customer**.

PERF RULE DOES NOT PRINT

Broker Information (To be completed by Broker)	<p>SECTION I</p> Printed Name and Tax I.D. of Broker: _____
	Address: _____
	Broker Code: _____
	Name and Tax I.D. of Individual writing agent, if applicable: _____
	Effective date of coverage: _____ Contact Phone Number: _____
	E-mail address: _____
	Signature of Broker or of authorized representative of Broker, if Broker is a firm: _____ Date: _____

Customer Information (To be completed by Customer)	<p>SECTION II (Initial where applicable)</p>	
	2007 Preferred Broker Compensation	2008 Supplemental Compensation
	_____ I authorize the above participation in the 2007 PBCP	_____ I authorize the above participation in the 2008 SCP
	I authorize my Broker to participate in the above compensation plans. I authorize MetLife to apply the premium associated with the coverages or products listed below. I have had the opportunity to review MetLife's PBCP brochure and SCP brochure. I understand that my Broker may receive a payment under the PBCP and/or SCP for the insurance coverages listed below that are being placed with MetLife.	
	MetLife Coverages	MetLife Customer Name and Number

Authorization of MetLife Customer:

By signing below, I certify that I am authorized by the company identified below to execute this document and to authorize MetLife to include the MetLife insurance coverages identified above in the calculation of 2007 PBCP and/or 2008 SCP that may be payable to the Broker identified above.

Customer's Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Return by FAX: (800) 556-9430 or **Mail to:** MetLife, Attn: Broker Services, P.O. Box 30160, Tampa, FL 33630 or **E-mail to:** ask4met@metlifeservice.com. You can download a PDF version of the 2008 Supplemental Compensation brochure and the Customer Authorization Form at www.metlife.com.

MetLife[®]

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