



MASTER ANCILLARY APPLICATION

You must complete enrollment forms whether accepting or declining coverage and return it to Human Resources.

Weekly Worksheet (24 Pay Periods)

03/01/2019 - 02/28/2020



Metropolitan Life Insurance Company
New York, NY 10166
metlife.com

DENTAL INSURANCE (MetLife)

Please place a check next to your selection and Weekly Payroll Deduction Below or indicate Decline

Tier	PP01	PP02	DHMO*
Employee Only	<input type="checkbox"/> \$19.62	<input type="checkbox"/> \$13.82	<input type="checkbox"/> \$7.98
Employee and Spouse	<input type="checkbox"/> \$40.32	<input type="checkbox"/> \$28.68	<input type="checkbox"/> \$13.98
Employee and Child(ren)	<input type="checkbox"/> \$45.10	<input type="checkbox"/> \$30.06	<input type="checkbox"/> \$16.78
Family	<input type="checkbox"/> \$70.54	<input type="checkbox"/> \$47.94	<input type="checkbox"/> \$23.56

DECLINE dental coverage? Reason for not taking coverage? _____

VISION (MetLife)

Please place a check next to your selection and Weekly Payroll Deduction Below or indicate Decline

Tier	PP0 12/12/12
Employee Only	<input type="checkbox"/> \$4.28
Employee and Spouse	<input type="checkbox"/> \$6.66
Employee and Child(ren)	<input type="checkbox"/> \$7.02
Family	<input type="checkbox"/> \$10.32

DECLINE vision coverage? Reason for not taking coverage? _____

VOLUNTARY LIFE (MetLife)

Refer to pricing sheets for Payroll Deduction Figures

Tier	Benefit Amount	Payroll Deduction	Decline
Employee	_____	_____	<input type="checkbox"/>
Spouse	_____	_____	<input type="checkbox"/>
Child(ren)	_____	_____	<input type="checkbox"/>

Primary Beneficiary _____

Secondary Beneficiary _____

ADMINISTRATION

Employee Signature

HR Authorization

Date

Coverage Effective Date

EMPLOYEE INFORMATION

Last Name _____ First Name _____ MI _____ Gender _____

Social Security Number _____ Date of Birth _____ Date of Hire _____

Home Mailing Address _____

City _____ State _____ Zip _____

FAMILY INFORMATION

Name	Social Security	Gender	Date of Birth
Spouse _____	_____	_____	_____
Child _____	_____	_____	_____
Child _____	_____	_____	_____
Child _____	_____	_____	_____
Child _____	_____	_____	_____
Child _____	_____	_____	_____

DENTAL PCP (Only needed if selecting the DHMO)*

Name	Dentist's Name	Dental Office ID #	Instructions on how to search for Dental PCP's online
Employee _____	_____	_____	<ul style="list-style-type: none"> • www.MetLife.com • Select "I want to find a MetLife Dentist" • Enter Zip, City or State • Select your network, choose "Dental HMO/Managed Care" • Select "Submit" • Which is Your Plan?, choose "Met245" and select "Go" • Input the dentist's name and Dental office ID on your application
Spouse _____	_____	_____	
Child _____	_____	_____	
Child _____	_____	_____	
Child _____	_____	_____	
Child _____	_____	_____	

MatrixOneSource Supplemental Life Insurance
Employee 24 Weekly Payroll Deduction
Rates Guaranteed Through [02/28/2021]

Employee Age Brackets	Rate per 1000	\$1,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
Under 25	0.056	0.0280000	\$0.28	\$0.56	\$0.84	\$1.12	\$1.40	\$1.68	\$1.96	\$2.24	\$2.52	\$2.80
25 to 29	0.056	0.0280000	\$0.28	\$0.56	\$0.84	\$1.12	\$1.40	\$1.68	\$1.96	\$2.24	\$2.52	\$2.80
30 to 34	0.063	0.0315000	\$0.32	\$0.63	\$0.95	\$1.26	\$1.58	\$1.89	\$2.21	\$2.52	\$2.84	\$3.15
35 to 39	0.082	0.0410000	\$0.41	\$0.82	\$1.23	\$1.64	\$2.05	\$2.46	\$2.87	\$3.28	\$3.69	\$4.10
40 to 44	0.117	0.0585000	\$0.59	\$1.17	\$1.76	\$2.34	\$2.93	\$3.51	\$4.10	\$4.68	\$5.27	\$5.85
45 to 49	0.180	0.0900000	\$0.90	\$1.80	\$2.70	\$3.60	\$4.50	\$5.40	\$6.30	\$7.20	\$8.10	\$9.00
50 to 54	0.290	0.1450000	\$1.45	\$2.90	\$4.35	\$5.80	\$7.25	\$8.70	\$10.15	\$11.60	\$13.05	\$14.50
55 to 59	0.448	0.2240000	\$2.24	\$4.48	\$6.72	\$8.96	\$11.20	\$13.44	\$15.68	\$17.92	\$20.16	\$22.40
60 to 64	0.687	0.3435000	\$3.44	\$6.87	\$10.31	\$13.74	\$17.18	\$20.61	\$24.05	\$27.48	\$30.92	\$34.35
65 to 69	1.161	0.5805000	\$5.81	\$11.61	\$17.42	\$23.22	\$29.03	\$34.83	\$40.64	\$46.44	\$52.25	\$58.05
70 & Over	2.188	1.0940000	\$10.94	\$21.88	\$32.82	\$43.76	\$54.70	\$65.64	\$76.58	\$87.52	\$98.46	\$109.40
	Rate per 1000	\$1,000	\$110,000	\$120,000	\$130,000	\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000
Under 25	0.056	0.0280000	\$3.08	\$3.36	\$3.64	\$3.92	\$4.20	\$4.48	\$4.76	\$5.04	\$5.32	\$5.60
25 to 29	0.056	0.0280000	\$3.08	\$3.36	\$3.64	\$3.92	\$4.20	\$4.48	\$4.76	\$5.04	\$5.32	\$5.60
30 to 34	0.063	0.0315000	\$3.47	\$3.78	\$4.10	\$4.41	\$4.73	\$5.04	\$5.36	\$5.67	\$5.99	\$6.30
35 to 39	0.082	0.0410000	\$4.51	\$4.92	\$5.33	\$5.74	\$6.15	\$6.56	\$6.97	\$7.38	\$7.79	\$8.20
40 to 44	0.117	0.0585000	\$6.44	\$7.02	\$7.61	\$8.19	\$8.78	\$9.36	\$9.95	\$10.53	\$11.12	\$11.70
45 to 49	0.180	0.0900000	\$9.90	\$10.80	\$11.70	\$12.60	\$13.50	\$14.40	\$15.30	\$16.20	\$17.10	\$18.00
50 to 54	0.290	0.1450000	\$15.95	\$17.40	\$18.85	\$20.30	\$21.75	\$23.20	\$24.65	\$26.10	\$27.55	\$29.00
55 to 59	0.448	0.2240000	\$24.64	\$26.88	\$29.12	\$31.36	\$33.60	\$35.84	\$38.08	\$40.32	\$42.56	\$44.80
60 to 64	0.687	0.3435000	\$37.79	\$41.22	\$44.66	\$48.09	\$51.53	\$54.96	\$58.40	\$61.83	\$65.27	\$68.70
65 to 69	1.161	0.5805000	\$63.86	\$69.66	\$75.47	\$81.27	\$87.08	\$92.88	\$98.69	\$104.49	\$110.30	\$116.10
70 & Over	2.188	1.0940000	\$120.34	\$131.28	\$142.22	\$153.16	\$164.10	\$175.04	\$185.98	\$196.92	\$207.86	\$218.80
	Rate per 1000	\$1,000	\$210,000	\$220,000	\$230,000	\$240,000	\$250,000	\$260,000	\$270,000	\$280,000	\$290,000	\$300,000
Under 25	0.056	0.0280000	\$5.88	\$6.16	\$6.44	\$6.72	\$7.00	\$7.28	\$7.56	\$7.84	\$8.12	\$8.40
25 to 29	0.056	0.0280000	\$5.88	\$6.16	\$6.44	\$6.72	\$7.00	\$7.28	\$7.56	\$7.84	\$8.12	\$8.40
30 to 34	0.063	0.0315000	\$6.62	\$6.93	\$7.25	\$7.56	\$7.88	\$8.19	\$8.51	\$8.82	\$9.14	\$9.45
35 to 39	0.082	0.0410000	\$8.61	\$9.02	\$9.43	\$9.84	\$10.25	\$10.66	\$11.07	\$11.48	\$11.89	\$12.30
40 to 44	0.117	0.0585000	\$12.29	\$12.87	\$13.46	\$14.04	\$14.63	\$15.21	\$15.80	\$16.38	\$16.97	\$17.55
45 to 49	0.180	0.0900000	\$18.90	\$19.80	\$20.70	\$21.60	\$22.50	\$23.40	\$24.30	\$25.20	\$26.10	\$27.00
50 to 54	0.290	0.1450000	\$30.45	\$31.90	\$33.35	\$34.80	\$36.25	\$37.70	\$39.15	\$40.60	\$42.05	\$43.50
55 to 59	0.448	0.2240000	\$47.04	\$49.28	\$51.52	\$53.76	\$56.00	\$58.24	\$60.48	\$62.72	\$64.96	\$67.20
60 to 64	0.687	0.3435000	\$72.14	\$75.57	\$79.01	\$82.44	\$85.88	\$89.31	\$92.75	\$96.18	\$99.62	\$103.05

65 to 69	1.161	0.5805000	\$121.91	\$127.71	\$133.52	\$139.32	\$145.13	\$150.93	\$156.74	\$162.54	\$168.35	\$174.15
70 & Over	2.188	1.0940000	\$229.74	\$240.68	\$251.62	\$262.56	\$273.50	\$284.44	\$295.38	\$306.32	\$317.26	\$328.20
Employee Age Brackets	Rate per 1000	\$1,000	\$310,000	\$320,000	\$330,000	\$340,000	\$350,000	\$360,000	\$370,000	\$380,000	\$390,000	\$400,000
Under 25	0.056	0.0280000	\$8.68	\$8.96	\$9.24	\$9.52	\$9.80	\$10.08	\$10.36	\$10.64	\$10.92	\$11.20
25 to 29	0.056	0.0280000	\$8.68	\$8.96	\$9.24	\$9.52	\$9.80	\$10.08	\$10.36	\$10.64	\$10.92	\$11.20
30 to 34	0.063	0.0315000	\$9.77	\$10.08	\$10.40	\$10.71	\$11.03	\$11.34	\$11.66	\$11.97	\$12.29	\$12.60
35 to 39	0.082	0.0410000	\$12.71	\$13.12	\$13.53	\$13.94	\$14.35	\$14.76	\$15.17	\$15.58	\$15.99	\$16.40
40 to 44	0.117	0.0585000	\$18.14	\$18.72	\$19.31	\$19.89	\$20.48	\$21.06	\$21.65	\$22.23	\$22.82	\$23.40
45 to 49	0.180	0.0900000	\$27.90	\$28.80	\$29.70	\$30.60	\$31.50	\$32.40	\$33.30	\$34.20	\$35.10	\$36.00
50 to 54	0.290	0.1450000	\$44.95	\$46.40	\$47.85	\$49.30	\$50.75	\$52.20	\$53.65	\$55.10	\$56.55	\$58.00
55 to 59	0.448	0.2240000	\$69.44	\$71.68	\$73.92	\$76.16	\$78.40	\$80.64	\$82.88	\$85.12	\$87.36	\$89.60
60 to 64	0.687	0.3435000	\$106.49	\$109.92	\$113.36	\$116.79	\$120.23	\$123.66	\$127.10	\$130.53	\$133.97	\$137.40
65 to 69	1.161	0.5805000	\$179.96	\$185.76	\$191.57	\$197.37	\$203.18	\$208.98	\$214.79	\$220.59	\$226.40	\$232.20
70 & Over	2.188	1.0940000	\$339.14	\$350.08	\$361.02	\$371.96	\$382.90	\$393.84	\$404.78	\$415.72	\$426.66	\$437.60
	Rate per 1000	\$1,000	\$410,000	\$420,000	\$430,000	\$440,000	\$450,000	\$460,000	\$470,000	\$480,000	\$490,000	\$500,000
Under 25	0.056	0.0280000	\$11.48	\$11.76	\$12.04	\$12.32	\$12.60	\$12.88	\$13.16	\$13.44	\$13.72	\$14.00
25 to 29	0.056	0.0280000	\$11.48	\$11.76	\$12.04	\$12.32	\$12.60	\$12.88	\$13.16	\$13.44	\$13.72	\$14.00
30 to 34	0.063	0.0315000	\$12.92	\$13.23	\$13.55	\$13.86	\$14.18	\$14.49	\$14.81	\$15.12	\$15.44	\$15.75
35 to 39	0.082	0.0410000	\$16.81	\$17.22	\$17.63	\$18.04	\$18.45	\$18.86	\$19.27	\$19.68	\$20.09	\$20.50
40 to 44	0.117	0.0585000	\$23.99	\$24.57	\$25.16	\$25.74	\$26.33	\$26.91	\$27.50	\$28.08	\$28.67	\$29.25
45 to 49	0.180	0.0900000	\$36.90	\$37.80	\$38.70	\$39.60	\$40.50	\$41.40	\$42.30	\$43.20	\$44.10	\$45.00
50 to 54	0.290	0.1450000	\$59.45	\$60.90	\$62.35	\$63.80	\$65.25	\$66.70	\$68.15	\$69.60	\$71.05	\$72.50
55 to 59	0.448	0.2240000	\$91.84	\$94.08	\$96.32	\$98.56	\$100.80	\$103.04	\$105.28	\$107.52	\$109.76	\$112.00
60 to 64	0.687	0.3435000	\$140.84	\$144.27	\$147.71	\$151.14	\$154.58	\$158.01	\$161.45	\$164.88	\$168.32	\$171.75
65 to 69	1.161	0.5805000	\$238.01	\$243.81	\$249.62	\$255.42	\$261.23	\$267.03	\$272.84	\$278.64	\$284.45	\$290.25
70 & Over	2.188	1.0940000	\$448.54	\$459.48	\$470.42	\$481.36	\$492.30	\$503.24	\$514.18	\$525.12	\$536.06	\$547.00

Supplemental Life Insurance coverage is provided under a group insurance policy (Policy Form G.2130-S OR Policy Form GPN-P99) issued to your employer by MetLife. Supplemental Life coverage terminates when your employment ceases, when your Optional Life contributions cease, or upon termination of the group contract by your employer upon prior written notice to MetLife. Optional Life Insurance does not provide payments of benefits for death caused by suicide within the first two years (one year in North Dakota) of the effective date of the certificate or payment of increased benefits for death caused by suicide within two years (one year in North Dakota) of an increase in coverage(except in Missouri and Washington). This coverage may also be discontinued by MetLife for non-payment of premium of if participation requirements are not met.

[The cost for Supplemental Accidental Death & Dismemberment Coverage is [\$0.025] per thousand of coverage.]

Metropolitan Life Insurance Company, New York, NY

Supplemental Life Bi-Weekly Payroll Deduction

**Company Name Dependent Spouse Life Insurance
Employee 24 Weekly Payroll Deduction
Rates Guaranteed Through [02/28/2021]**

Spouse Age Brackets	Rate per 1000	\$1,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
Under 25	0.056	0.0280000	\$0.28	\$0.56	\$0.84	\$1.12	\$1.40	\$1.68	\$1.96	\$2.24	\$2.52	\$2.80
25 to 29	0.056	0.0280000	\$0.28	\$0.56	\$0.84	\$1.12	\$1.40	\$1.68	\$1.96	\$2.24	\$2.52	\$2.80
30 to 34	0.063	0.0315000	\$0.32	\$0.63	\$0.95	\$1.26	\$1.58	\$1.89	\$2.21	\$2.52	\$2.84	\$3.15
35 to 39	0.082	0.0410000	\$0.41	\$0.82	\$1.23	\$1.64	\$2.05	\$2.46	\$2.87	\$3.28	\$3.69	\$4.10
40 to 44	0.117	0.0585000	\$0.59	\$1.17	\$1.76	\$2.34	\$2.93	\$3.51	\$4.10	\$4.68	\$5.27	\$5.85
45 to 49	0.180	0.0900000	\$0.90	\$1.80	\$2.70	\$3.60	\$4.50	\$5.40	\$6.30	\$7.20	\$8.10	\$9.00
50 to 54	0.290	0.1450000	\$1.45	\$2.90	\$4.35	\$5.80	\$7.25	\$8.70	\$10.15	\$11.60	\$13.05	\$14.50
55 to 59	0.448	0.2240000	\$2.24	\$4.48	\$6.72	\$8.96	\$11.20	\$13.44	\$15.68	\$17.92	\$20.16	\$22.40
60 to 64	0.687	0.3435000	\$3.44	\$6.87	\$10.31	\$13.74	\$17.18	\$20.61	\$24.05	\$27.48	\$30.92	\$34.35
65 to 69	1.161	0.5805000	\$5.81	\$11.61	\$17.42	\$23.22	\$29.03	\$34.83	\$40.64	\$46.44	\$52.25	\$58.05
70 & Over	2.188	1.0940000	\$10.94	\$21.88	\$32.82	\$43.76	\$54.70	\$65.64	\$76.58	\$87.52	\$98.46	\$109.40

Dependent Life Insurance coverage is provided under a group insurance policy (Policy Form G.2130-S) OR (Policy Form GPNP99) issued to your employer by MetLife. Dependent Life coverage terminates when the employee's employment ceases, when Dependent Life contributions cease, upon the death of the employee, when a dependent no longer qualifies as a dependent, when a dependent [spouse] reaches age 70, or upon termination of the group contract by your employer upon prior written notice to MetLife. This coverage may also be discontinued by MetLife for non-payment of premium or if participation requirements are not met. Dependent Life insurance does not provide payment of increased benefits for death caused by suicide within the first two years (one year in North Dakota) of the effective date of the certificate, or payment of increased benefits for death caused by suicide within the first two years (one year in North Dakota) of an increase in coverage (except in Missouri, Washington and Massachusetts). [For use for NY situs cases only. Spouse coverage can not exceed employee coverage. Child(ren) coverage can not exceed \$25,000 per eligible child.] [For employees residing in Texas, dependent coverage can not exceed employee coverage.]

[The cost of child(ren) term life coverage is \$0.195]

[The cost for Dependent Accidental Death & Dismemberment Coverage for Spouse is [\$0.025] per thousand of coverage and [\$0.055] for children.]

Metropolitan Life Insurance Company, New York, NY

Dependent Life 24 Weekly Payroll Deduction