



Metropolitan Life Insurance Company  
200 Park Avenue, New York, New York 10166-0188

**CERTIFICATE RIDER**

**Group Policy No.:** TS 05343861-G

**Employer:** Southern Personnel Management Inc. dba DBA SPMI

**Effective Date:** December 01, 2016

The certificate is changed as follows:

The attached replaces the Schedule of Benefits in your certificate.

**This rider is to be attached to and made a part of the Certificate.**

**CR2000**

Supplemental Life and Supplemental Accidental Death and  
Dismemberment Insurance

All Active Full-Time Employees  
NB 12/05/2016



## SCHEDULE OF BENEFITS

This schedule shows the benefits that are available under the Group Policy. You and Your Dependents will only be insured for the benefits:

- for which You and Your Dependents become and remain eligible, and
- which You elect, if subject to election; and
- which are in effect.

The amount of Insurance that We will pay will be decreased by the amount of any contributions due and unpaid to Us for that insurance.

## BENEFIT

## BENEFIT AMOUNT AND HIGHLIGHTS

### How We Will Pay Benefits

Unless the Beneficiary requests payment by check, when the Certificate states that We will pay benefits in "one sum" or a "single sum", We may pay the full benefit amount:

1. by check;
2. by establishing an account that earns interest and provides the Beneficiary with immediate access to the full benefit amount; or
3. by any other method that provides the Beneficiary with immediate access to the full benefit amount.

Other modes of payment may be available upon request. For details, call Our toll free number shown on the Certificate Face Page.

### Life Insurance For You

#### Supplemental Life Insurance (if elected by You)

Supplemental Life Insurance for You is Portability Eligible Insurance

For All Active Full-Time Employees .....	An amount, elected by You, which is a multiple of \$10,000.
Maximum Supplemental Life Benefit.....	\$150,000
Non-Medical Issue Amount.....	\$150,000
Accelerated Benefit Option.....	Up to 80% of Your Supplemental Life amount not to exceed \$500,000.

### ESTATE RESOLUTION SERVICES

The following Estate Resolution Services are provided at no additional cost to individuals insured for Group Supplemental Life Insurance coverage as described below. If You are eligible to receive these Estate Resolution Services and You or Your Spouse (for the Will Preparation Service) or You or a Beneficiary (for the Probate Service) would like to speak with a representative from Hyatt Legal Services or get the name of a Plan Attorney that you can speak with about these Services please call (800) 821-6400.

### THE FOLLOWING APPLIES TO RESIDENTS OF ALL STATES OTHER THAN TEXAS

#### Will Preparation Service

GCERT2000

sch

## **SCHEDULE OF BENEFITS**

If You elect Group Supplemental Life Insurance coverage a will preparation service (the "Service") will be made available to You, through a MetLife affiliate (the "Affiliate"), while Your Group Supplemental Life Insurance coverage is in effect. This Service will be made available at no cost to You. It enables You to have a will prepared for You and Your Spouse free of charge by attorneys designated by the Affiliate. If You have a will prepared by an attorney not designated by the Affiliate, You must pay for the attorney's services directly. Upon Proof of such payment, You will be reimbursed for the attorney's services in an amount equal to the lesser of the amount You paid for the attorney's services and the amount customarily reimbursed for such services by the Affiliate.

### **Probate Service**

If You become insured for Group Supplemental Life Insurance coverage and You or Your Spouse die while such Group Supplemental Life Insurance coverage is in effect, a probate benefit (the "Benefit") will be made available to Your estate in the event of Your death or to Your Spouse's estate in the event of Your Spouse's death. Such benefit will be made available through a MetLife affiliate ("Affiliate").

The Benefit provides for certain probate services to be made available, free of charge by attorneys designated by the Affiliate. If probate services are provided by an attorney not designated by the Affiliate, the estate of the deceased must pay for those attorney's services directly. Upon Proof of such payment, the estate of the deceased will be reimbursed for the attorney's services in an amount equal to the lesser of the amount such estate paid for the attorney's services and the amount customarily reimbursed for such services by the Affiliate.

This Benefit will be provided at no cost to You and will end on the date Your Group Supplemental Life Insurance coverage ends.

## **THE FOLLOWING APPLIES TO RESIDENTS OF TEXAS ONLY**

### **Will Preparation Service**

If You elect Group Supplemental Life Insurance coverage, a Will Preparation Service (the "Service") will be made available to You through a MetLife affiliate (the "Affiliate"), as agreed to by the Policyholder and the Affiliate, while Your Group Supplemental Life Insurance coverage is in effect under this Policy.

Will Preparation Service means a service covering the preparation of wills and codicils for You and Your Spouse. The creation of any testamentary trust is covered. The Will Preparation Service does not include tax planning.

This Service will be made available at no cost to You. It enables You to have a will prepared for You and Your Spouse free of charge by attorneys designated by the Affiliate. If You have a will prepared by an attorney not designated by the Affiliate, You must pay for the attorney's services directly. Upon Proof of such payment, You will be reimbursed for the attorney's services in an amount equal to the lesser of the amount You paid for the attorney's services and the amount customarily reimbursed for such services by the Affiliate.

### **Probate Service**

If You become insured for Group Supplemental Life Insurance coverage and You or Your Spouse die while such Group Supplemental Life Insurance coverage is in effect, a probate benefit (the "Benefit") will be made available to Your estate in the event of Your death or to Your Spouse's estate in the event of Your Spouse's death. Such benefit will be made available through a MetLife affiliate ("Affiliate").

The Benefit includes attorney representation and payment of legal fees for the executor or administrator of the estate of the deceased including representation for the preparation of all documents and all of the court proceedings needed to transfer probate assets from the estate of the deceased to applicable heirs; and the completion of correspondence necessary to transfer non-probate assets such as proceeds from insurance policies, joint bank accounts, stock accounts or a house; and associated tax filings.

The Benefit provides for such services to be made available, free of charge by attorneys designated by the Affiliate. If probate services are provided by an attorney not designated by the Affiliate, the estate of the

**GCERT2000**

sch

**SCHEDULE OF BENEFITS**

deceased must pay for those attorney’s services directly. Upon Proof of such payment, the estate of the deceased will be reimbursed for the attorney’s services in an amount equal to the lesser of the amount such estate paid for the attorney’s services and the amount customarily reimbursed for such services by the Affiliate.

This Benefit will be provided at no cost to You and will end on the date Your Group Supplemental Life Insurance coverage ends.

**Accidental Death and Dismemberment Insurance (AD&D) for You**

**Full Amount for Supplemental AD&D for You**

Supplemental Accidental Death and Dismemberment Insurance for You is Portability Eligible Insurance

For All Active Full-Time Employees ..... An amount equal to Your Supplemental Life Insurance

For All Active Full-Time Employees

**Additional Benefits:**

Air Bag Benefit..... Yes

Seat Belt Benefit..... Yes

Common Carrier Benefit..... Yes, an amount equal to the Supplemental AD&D Full Amount

**Schedule of Covered Losses for Supplemental Accidental Death and Dismemberment Insurance**

All amounts listed are stated as percentages of the Full Amount.

**Covered Losses**

Loss of life.....	<b>100%</b>
Loss of an arm permanently severed at or above the elbow...	<b>75%</b>
Loss of a leg permanently severed at or above the knee.....	<b>75%</b>
Loss of a hand permanently severed at or above the wrist but below the elbow.....	<b>50%</b>
Loss of a foot permanently severed at or above the ankle but below the knee.....	<b>50%</b>
Loss of sight in one eye.....	<b>50%</b>

**Loss of sight** means permanent and uncorrectable loss of sight in the eye. Visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees.

Loss of any combination of hand, foot, or sight of one eye, as defined above.....	<b>100%</b>
Loss of the thumb and index finger of same hand.....	<b>25%</b>

**Loss of thumb and index finger of same hand** means that the thumb and index finger are permanently severed through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb.

Loss of speech <b>and</b> loss of hearing.....	<b>100%</b>
--	-------------

## SCHEDULE OF BENEFITS

Loss of speech **or** loss of hearing..... 50%

**Loss of speech** means the entire and irrecoverable loss of speech that continues for 6 consecutive months following the accidental injury.

**Loss of hearing** means the entire and irrecoverable loss of hearing in both ears that continues for 6 consecutive months following the accidental injury.

Paralysis of both arms and both legs..... 100%

Paralysis of both legs..... 50%

Paralysis of the arm and leg on either side of the body..... 50%

Paralysis of one arm or leg..... 25%

**Paralysis** means loss of use of a limb, without severance. A Physician must determine the paralysis to be permanent, complete and irreversible.

Brain Damage..... 100%

**Brain Damage** means permanent and irreversible physical damage to the brain causing the complete inability to perform all the substantial and material functions and activities normal to everyday life. Such damage must manifest itself within 30 days of the accidental injury, require a hospitalization of at least 5 days and persists for 12 consecutive months after the date of the accidental injury.

Coma..... 1% monthly, beginning on the 7<sup>th</sup> day of the Coma and for the duration of the Coma to a maximum of 60 months

**Coma** means a state of deep and total unconsciousness from which the comatose person cannot be aroused. Such state must begin within 30 days of the accidental injury and continue for 7 consecutive days.

## Life Insurance For Your Dependents

### Supplemental Life Insurance (if elected by You)

Dependent Supplemental Life Insurance is Portability Eligible Insurance

For All Active Full-Time Employees who elect:

For Your Spouse..... Multiples of \$5,000, up to a Maximum Benefit of \$100,000 or 50% of the Employee's Supplemental Life Insurance amount, whichever is less.

Non-Medical Issue Amount..... \$50,000

Accelerated Benefit Option..... Up to 80% of Your Dependent Life amount not to exceed \$500,000

## SCHEDULE OF BENEFITS

For All Active Full-Time Employees who elect:

For Your Child from age 15 days but less than 6 months .....	\$1,000
For Your Child 6 months and over	
Option 1 .....	\$10,000
Non-Medical Issue Amount .....	\$10,000

## Accidental Death and Dismemberment Insurance (AD&D) For Your Dependents

### Full Amount for Dependent Supplemental AD&D

Dependent Accidental Death and Dismemberment Insurance is Portability Eligible Insurance

For Your Spouse and Child .....	An amount equal to the amount of Life Insurance for Your Dependents
---------------------------------	---

For All Active Full-Time Employees

#### Additional Benefits:

Air Bag Benefit.....	Yes
Seat Belt Benefit.....	Yes
Common Carrier Benefit.....	Yes, an amount equal to the Dependent AD&D Full Amount

## Schedule of Covered Losses

All amounts listed are stated as percentages of the Full Amount.

### Covered Losses

Loss of life.....	<b>100%</b>
Loss of an arm permanently severed at or above the elbow...	<b>75%</b>
Loss of a leg permanently severed at or above the knee.....	<b>75%</b>
Loss of a hand permanently severed at or above the wrist but below the elbow.....	<b>50%</b>
Loss of a foot permanently severed at or above the ankle but below the knee.....	<b>50%</b>
Loss of sight in one eye.....	<b>50%</b>

**Loss of sight** means permanent and uncorrectable loss of sight in the eye. Visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees.

Loss of any combination of hand, foot, or sight of one eye, as defined above.....	<b>100%</b>
Loss of the thumb and index finger of same hand.....	<b>25%</b>

## SCHEDULE OF BENEFITS

**Loss of thumb and index finger of same hand** means that the thumb and index finger are permanently severed through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb.

Loss of speech <b>and</b> loss of hearing.....	<b>100%</b>
Loss of speech <b>or</b> loss of hearing.....	<b>50%</b>

**Loss of speech** means the entire and irrecoverable loss of speech that continues for **6** consecutive months following the accidental injury.

**Loss of hearing** means the entire and irrecoverable loss of hearing in both ears that continues for **6** consecutive months following the accidental injury.

Paralysis of both arms and both legs.....	<b>100%</b>
Paralysis of both legs.....	<b>50%</b>
Paralysis of the arm and leg on either side of the body.....	<b>50%</b>
Paralysis of one arm or leg.....	<b>25%</b>

**Paralysis** means loss of use of a limb, without severance. A Physician must determine the paralysis to be permanent, complete and irreversible.

Brain Damage.....	<b>100%</b>
-------------------	-------------

**Brain Damage** means permanent and irreversible physical damage to the brain causing the complete inability to perform all the substantial and material functions and activities normal to everyday life. Such damage must manifest itself within 30 days of the accidental injury, require a hospitalization of at least 5 days and persists for 12 consecutive months after the date of the accidental injury.

Coma.....	1% monthly, beginning on the 7 <sup>th</sup> day of the Coma and for the duration of the Coma to a maximum of 60 months
-----------	--

**Coma** means a state of deep and total unconsciousness from which the comatose person cannot be aroused. Such state must begin within 30 days of the accidental injury and continue for 7 consecutive days.

### Portability Eligible Life and AD&D Insurance

#### Life and AD&D Insurance For You:

#### Portability Eligible Life Insurance For You:

#### Supplemental Life Insurance:

Minimum Portability Eligible Life Insurance Amount .....	\$10,000
Maximum Portability Eligible Life Insurance Amount .....	The lesser of Your total Life Insurance in effect on the date You elect to Port or \$2,000,000.

#### Portability Eligible Accidental Death and Dismemberment Insurance For You:



## SCHEDULE OF BENEFITS

### Supplemental Accidental Death and Dismemberment Insurance:

Minimum Portability Eligible AD&D Insurance Amount .....	\$10,000
Maximum Portability Eligible AD&D Insurance Amount .....	The lesser of Your total AD&D Insurance in effect on the date You elect to Port or \$2,000,000.

If Your Portability Eligible Insurance ends due to the end of the Group Policy or the amendment of the Group Policy to end the Portability Eligible Insurance for an eligible class of which You are a member, the maximum amount of insurance that You may Port is the lesser of:

- the amount of Your Portability Eligible Insurance that ends under the Group Policy less the amount of Life and AD&D insurance for which You become eligible under any group policy issued to replace this Group Policy; or
- \$10,000.

### Life and AD&D Insurance For Your Spouse

#### Portability Eligible Dependent Spouse Life Insurance

##### When Porting Dependent Spouse Life Insurance along with Insurance for You

Minimum Portability Eligible Dependent Spouse Life Insurance Amount .....	\$2,500
Maximum Portability Eligible Dependent Spouse Life Insurance Amount .....	The lesser of Your total Dependent Spouse Life Insurance in effect on the date You elect to Port or \$250,000.

##### When Porting Dependent Spouse Life Insurance alone

Minimum Portability Eligible Dependent Spouse Life Insurance Amount .....	\$10,000
Maximum Portability Eligible Dependent Spouse Life Insurance Amount .....	The lesser of Your total Dependent Spouse Life Insurance in effect on the date You elect to Port or \$250,000.

## SCHEDULE OF BENEFITS

### Portability Eligible Dependent Spouse Accidental Death and Dismemberment Insurance:

Minimum Portability Eligible  
Dependent Spouse AD&D Insurance Amount..... \$2,500

Maximum Portability Eligible  
Dependent Spouse AD&D Insurance Amount..... The lesser of Your total  
Dependent Spouse AD&D  
Insurance in effect on the  
date You elect to Port or  
\$250,000.

If Your Portability Eligible Insurance or Your Portability Eligible Dependent Insurance ends due to the end of the Group Policy or the amendment of the Group Policy to end the Portability Eligible Insurance or Your Portability Eligible Dependent Insurance for an eligible class of which You are a member, the maximum amount of insurance that You may Port is the lesser of:

- the amount of Your Portability Eligible Insurance or Portability Eligible Dependent Insurance that ends under the Group Policy less the amount of Life and AD&D insurance for which You become eligible under any group policy issued to replace this Group Policy; or
- \$10,000.

### Life and AD&D Insurance For Your Children

#### Portability Eligible Dependent Child Life Insurance

Minimum Portability Eligible  
Dependent Child Life Insurance Amount..... \$1,000

Maximum Portability Eligible  
Dependent Child Life Insurance Amount..... The lesser of Your total  
Dependent Child Life  
Insurance in effect on the  
date You elect to Port or  
\$25,000.

#### Portability Eligible Dependent Child Accidental Death and Dismemberment Insurance:

Minimum Portability Eligible Dependent Child AD&D  
Insurance Amount ..... \$1,000

Maximum Portability Eligible Dependent Child AD&D  
Insurance Amount ..... The lesser of Your total  
Dependent Child Accidental  
Death and Dismemberment  
Insurance in effect on the  
date You elect to Port or  
\$25,000.

## **SCHEDULE OF BENEFITS**

If Your Portability Eligible Insurance or Your Portability Eligible Dependent Insurance ends due to the end of the Group Policy or the amendment of the Group Policy to end the Portability Eligible Insurance or Your Portability Eligible Dependent Insurance for an eligible class of which You are a member, the maximum amount of insurance that You may Port is the lesser of:

- the amount of Your Portability Eligible Insurance or Portability Eligible Dependent Insurance that ends under the Group Policy less the amount of Life and AD&D insurance for which You become eligible under any group policy issued to replace this Group Policy; or
- \$10,000.