

Individual Disability Income Product Guide

For California

MetLife



Occupational Class Reference Guide

Class	Description
6S ¹	This class includes those persons in select professional occupations such as architects, CPAs and attorneys who have demonstrated the most favorable experience.
5A	This class primarily includes certain technical and managerial professionals such as an insurance underwriter and small animal veterinarian, that have demonstrated favorable experience.
4A	This class includes other professionals including technical and managerial occupations such as commercial real estate brokers and school principals.
3A	This class includes some types of sales duties and semi-professional occupations with primarily office duties such as insurance appraisers and dietitians.
2A	This class includes occupations that require more physical activity than Class 3A and certain occupations which are not hazardous but where the claims experience has not been as favorable as Class 3A such as teachers and dental hygienists.
A	This class includes occupations where light manual duties or skilled work are involved, but no unusual hazards exist, such as barbers, machinists, electricians and plumbers.
B	This class includes blue-collar occupations requiring heavy manual duties or where there are real accident or environmental hazards such as a mechanic and welder.

Medical Occupations

6M ¹	This class includes those persons in select medical occupations such as pediatricians and oncologists who have demonstrated the most favorable experience.
5M ¹	This class includes select medical occupations with non-invasive duties such as dermatologists and ophthalmologists.
5I ¹	This class includes select medical occupations with invasive duties such as a physician's assistant.
4M ¹	This class includes general dentist and certain physicians such as emergency room physician and obstetrician.

Salary Saver (Occupational Classes 6S¹–2A)

- Noncancelable & Guaranteed Renewable to age 65
- Conditionally Renewable after age 65 (base policy only with limited benefit period)
- Issue ages 18–59
- Maximum Benefit Periods Available—2 Years, 5 Years and to Age 65

Salary Saver (Occupational Classes 6S¹–2A) continued

- Elimination Periods Available—90, 180, 365 and 730 Days²
- For Occupational Classes 6S–4A, Usual Occupation definition of disability for the entire Benefit Period
- For Occupational Classes 3A and 2A, Usual Occupation definition of disability for five years, then definition becomes “Any Occupation”
- Optional Benefit Increase
- 24-month lifetime Mental or Substance Use Disorder Limitation³

Salary Saver (Occupational Classes A & B)

- Noncancelable & Guaranteed Renewable to age 65
- Conditionally Renewable after age 65 (base policy only with limited benefit period)
- Issue ages 18–59
- Maximum Benefit Periods Available—2 Years, 5 Years and to Age 65⁴
- Elimination Periods Available—90, 180, 365 and 730 Days²
- Usual Occupation definition of disability for two years (Occupational Class A) or one year (Occupational Class B), then definition becomes “Any Occupation”
- Optional Benefit Increase
- 24-month lifetime Mental or Substance Use Disorder Limitation³

Salary Saver Riders Available

- Partial Disability Rider (Occupational Classes 6S–2A Only)⁵
- Cost of Living Adjustment (COLA) Rider with guaranteed increases of 4% (Occupational Classes 6S–A Only)

Expense Plus (Occupational Classes 6S¹–2A)

- Business Overhead Expense Policy
- Noncancelable & Guaranteed Renewable to age 65
- Conditionally Renewable to age 70 (base policy only)
- Issue ages 18–59
- Exchange Privilege through age 59

Expense Plus Riders Available

- Guaranteed Insurability—Issue ages 18–49
- Refund of Premium

¹ Any occupations listed 6S will be illustrated and issued as 6A. Any occupations listed 6M will be issued as 6A. Any occupations listed 5M/5S/5I will be issued as 5A. Any occupations listed 4M will be issued as 4A.

² The 90-day Elimination Period is not available to applicants covered by California's State Cash Sickness plan earning between \$18,000 and \$99,999. The 365- and 730-day Elimination Periods are not available with the 2-year Benefit Period.

³ The lifetime maximum benefit period is limited to 24 months for all periods of disability combined that are due to mental disorders and/or substance use disorders. Any time the insured is confined in a hospital will not count toward this 24-month limitation.

⁴ To Age 65 Maximum Benefit Period is not available to applicants in the B Occupational Class.

⁵ Required for 6S-2A.

Salary Saver Financial Underwriting Documentation Financial Documentation Requirements

For the purpose of determining the appropriate level of financial documentation, "Monthly Indemnity" includes amounts applied for (and in force) with MetLife plus all other disability coverage (individual and/or LTD) inforce and applied for.

Entity	Monthly Indemnity up to \$7,500/mo	Monthly Indemnity \$7,501/mo to \$10,000/mo	Monthly Indemnity over \$10,000/mo
Employee (non-owner)	W-2 or YTD paystub or copy signed employment agreement	Most recent 1040 with all schedules	Most recent 1040 with all schedules
Sole Proprietor	Pages 1 & 2 of the most recent 1040 and most recent Schedule C	Most recent 1040 with all schedules	Two (2) most recent 1040s with all schedules
Partner	Pages 1 & 2 of the most recent 1040 and most recent K-1	Most recent 1040 with all schedules	Two (2) most recent 1040s with all schedules
Owner-S-Corp	Pages 1 & 2 of the most recent 1040, schedule E or K-1 from the 1120S ¹	Most recent 1040 with all schedules	Two (2) most recent 1040s with all schedules
Owner-C-Corp	Pages 1 & 2 of the most recent 1040 and Pages 1 & 2 of the 1120	Most recent 1040 with all schedules and Pages 1 & 2 of the 1120	Two (2) most recent 1040s with all schedules and Pages 1 & 2 of the 1120

LLC, LLP, PC or PA: Requirements based on how applicant has filed their federal tax returns. Please note – when 1040 is a joint return, please submit copies of the W-2's for both taxpayers.

¹If the applicant is not the only owner, include the actual 1120S business return and a W-2.

Maximum Issue and Participation Limits

This table shows the maximum issue limits for Basic Monthly Indemnity. These limits are subject to the Issue and Participation Limits.

Occ Class	Ages	Maximum Monthly Indemnity MetLife Will Issue	Maximum Monthly Indemnity MetLife will Participate to With Other Individual Coverage	Maximum Monthly Indemnity MetLife will Participate to With Group LTD
6S/5A/4A	Up to Age 55	18,000	25,000	30,000
	Age 56 and Above	10,000	15,000	25,000
6M, 5S	Up to Age 55	16,000	20,000	20,000
	Age 56 and Above	10,000	15,000	20,000
5I, 4M	Up to Age 55	15,000	20,000	20,000
	Age 56 and Above	10,000	15,000	20,000
3A	All Ages	10,000	10,000	15,000
2A	All Ages	7,000	7,000	7,000
A	All Ages	4,000	4,000	4,000
B	All Ages	2,500	2,500	2,500

Maximum Issue Limits for Business Overhead Expense

		Maximum Benefit Period	Monthly Maximum From All Sources
6S – 4A	Personal	12 Months	\$50,000
	Service Business	24 Months	30,000
6S – 4A	Non-Personal	12 Months	40,000
	Service Business	24 Months	25,000
3A / 2A	All Businesses	12 & 24 Months	15,000

Starting Practice Limits

Occupation	DI Policy Limits Monthly Benefit
First-Year Physicians MD, DO	\$7,500
First-Year Dental Specialist*	\$6,000
First-Year General Dentist*	\$4,000
First-Year Optometrist*	\$4,000
First-Year Attorney*	\$4,000
First-Year Veterinarian*	\$4,000
First-Year CPA*	\$4,000
First-Year Engineer*	\$4,000
First-Year Architect*	\$4,000
First-Year Pharmacist*	\$4,000
First-Year Business Professional MBA*	\$3,000
First-Year Computer Science*	\$3,000
First-Year Certified Registered Nurse Anesthetist	\$3,000
First-Year Nurse Practitioner	\$3,000
First-Year Psychologist Ph.D.	\$3,000
First-Year Physician Assistant	\$3,000
* Starting Practice Limits also apply to Final-Year Students Enrolled in Accredited Schools for these Occupations	\$2,500
Medical Fellow (declared)	\$5,000
Medical Resident (2yr+) MD/DO	\$5,000
Medical Resident (1yr)	\$5,000
Medical Intern MD/DO	\$5,000
Dental Resident	\$4,000
Medical Student (3yr+)	\$2,500
Final-Year Accountant Student	\$2,500
Veterinarian Resident/Intern	\$2,500

Paramedical Requirements

If the applicant has no physician, or the application is not completed in person, a paramedical exam will always be required.

Issue Age	Monthly Indemnity	Exam Required
18 – 54	\$3,000 - \$5,000	Simple Paramed
18 – 54	Over \$5,000	Full Paramed
55 – 59	\$3,000 and Up	Full Paramed

Blood and Urine Requirements

- Blood and urine tests will be required for monthly indemnities of \$3,000 and over.
- Full blood test (venipuncture) is required.
- Medical requirements taken for a Life application may be used toward a DI application for up to twelve (12) months. Dry Blood Spot (DBS) done for a Life application within the past twelve (12) months will be given individual consideration. If necessary, additional requirements may be requested at the Underwriter's discretion.

Unearned Income

If the applicant's average annual unearned income exceeds the lesser of 10% of earned income or \$30,000, the amount of maximum indemnity available as shown in the Issue and Participation Limits Chart will be reduced by one-half the amount of unearned income in excess of that threshold.

Elimination Period Exceptions/State Cash Sickness Benefits

California is a cash sickness state with generous cash sickness benefits. In order to account for the cash sickness benefits and control the potential for overinsurance, only those individuals who earn an annual income of \$100,000 and higher may apply for a 90-day elimination period. Those earning between \$18,000 and \$99,999, who are covered by the State Cash Sickness Plan, must apply for a 180-day or longer elimination period.

Exceptions will be made for individuals who can verify they are not covered under the State Cash Sickness Plan.

Height and Weight Guidelines *(Males)*

Height	Underweight	Standard	Overweight			
	30%		30%	50%	75%	100%
4 - 8	70-85	86-156	157-167	168-177	178-185	186-192
4 - 9	72-87	88-161	162-172	173-182	183-190	191-197
4 - 10	81-90	91-165	166-176	177-186	187-195	196-202
4 - 11	83-93	94-168	169-179	180-190	191-199	200-206
5 - 0	88-98	99-175	176-187	188-199	200-209	210-218
5 - 1	90-101	102-181	182-193	194-209	210-215	216-225
5 - 2	95-105	106-188	189-200	201-213	214-224	225-233
5 - 3	97-107	108-194	195-207	208-220	221-232	233-242
5 - 4	99-109	110-200	201-213	214-226	227-238	239-248
5 - 5	105-113	114-205	206-219	220-233	234-245	246-255
5 - 6	108-118	119-212	213-226	227-240	241-253	254-264
5 - 7	110-120	121-218	219-232	233-246	247-259	260-270
5 - 8	115-125	126-224	225-239	240-254	255-267	268-279
5 - 9	118-128	129-231	232-247	248-262	263-275	276-287
5 - 10	123-133	134-237	238-252	253-268	269-282	283-294
5 - 11	127-140	141-243	244-260	261-276	277-290	291-303
6 - 0	130-145	146-250	251-267	268-283	284-298	299-311
6 - 1	133-148	149-258	259-276	277-293	294-308	309-321
6 - 2	137-152	153-265	266-283	284-300	301-316	317-330
6 - 3	141-157	158-273	274-291	292-310	311-326	327-340
6 - 4	144-160	161-280	281-299	300-317	318-334	335-348
6 - 5	148-163	164-287	288-306	307-325	326-342	343-357
6 - 6	152-168	169-295	296-315	316-334	335-352	353-367
6 - 7	156-172	173-303	304-323	324-343	344-361	362-377
6 - 8	160-180	181-310	311-331	332-351	352-369	370-385

Additional Guidelines

■ Individuals below the underweight limit or above the overweight limit are not eligible for coverage. ■ Subtract 5 lbs. from the weights in this table to obtain the appropriate guidelines for FEMALES. ■ Applicants rated 50% or more may only be eligible for a 2-year or 5-year maximum benefit period without optional benefits.

NOTE: This information should only be used as a guideline. Individual consideration will be given in each case. Applicants with recent dramatic weight change, complications of obesity such as hypertension or hip/back pain, recent surgery for obesity, occupational interference due to their weight, or with a history of obesity since childhood, will be looked upon less favorably.

Issue and Participation Limits Chart			Maximum Coverage With Group LTD Limits Chart ⁵	
Annual Earned Income	Individual Pay Non-Taxable Benefit Monthly Indemnity	Employer Pay Taxable Benefit Monthly Indemnity	Employee Pay DI	Employer Pay DI
\$18,000	\$1,150	\$1,350	\$1,150	\$1,350
20,000	1,300	1,500	1,300	1,500
24,000	1,550	1,750	1,550	1,800
30,000	1,900	2,200	1,900	2,200
36,000	2,200	2,600	2,250	2,650
40,000	2,450	2,900	2,500	2,950
48,000	2,850	3,450	3,000	3,500
52,000	3,050	3,750	3,250	3,750
60,000	3,450	4,300	3,750	4,350
70,000	3,850	5,000	4,400	5,050
80,000	4,350	5,700	5,000	5,700
90,000	4,900	6,200	5,000	6,250
100,000	5,050	6,750	5,600	6,900
110,000	5,400	7,100	6,200	7,600
120,000	5,800	7,550	6,800	8,350
130,000	6,250	8,100	7,300	9,000
140,000	6,650	8,700	8,050	9,850
150,000	7,150	9,400	8,500	10,600
160,000	7,550	10,000	9,000	11,200
170,000	7,950	10,600	9,500	11,850
180,000	8,350	11,150	10,000	12,450
190,000	8,750	11,750	10,400	13,100
200,000	9,200	12,400	10,900	13,750
210,000	9,650	13,000	11,500	14,450
220,000	10,100	13,600	12,000	15,250
230,000	10,550	14,200	12,500	15,900
240,000	11,000	14,700	13,000	16,600
250,000	11,450	15,000	13,550	17,400
260,000	11,900	15,250	14,100	17,950
270,000	12,150	15,450	14,650	18,700
280,000	12,600	15,700	15,150	19,350
290,000	13,000	15,900	15,700	20,050
300,000	13,500	16,150	16,250	20,400
310,000	13,900	16,350	16,800	21,200
320,000	14,300	16,600	17,350	21,850
330,000	14,650	16,800	17,900	22,300
340,000	14,850	17,000	18,400	22,950
350,000	15,000	17,500	18,950	23,500
360,000	15,200	18,000	19,500	24,000
370,000	15,450	18,500	20,050	24,700
380,000	15,850	19,000	20,600	25,350

Issue and Participation Limits Chart			Maximum Coverage With Group LTD Limits Chart ⁵	
Annual Earned Income	Individual Pay Non-Taxable Benefit Monthly Indemnity	Employer Pay Taxable Benefit Monthly Indemnity	Employee Pay DI	Employer Pay DI
400,000	16,000	20,000	21,650	26,700
420,000	16,200	20,350	22,750	28,000
440,000	16,400	20,800	23,850	29,350
460,000	16,750	21,200	24,900	30,000
480,000	17,100	21,600	26,000	30,000
500,000	17,500	22,000	27,100	30,000
520,000	17,800	22,400	28,150	30,000
540,000	18,150	22,800	29,250	30,000
560,000	18,650	23,200	30,000	30,000
580,000	19,350	23,600	30,000	30,000
600,000	20,000	24,000	30,000	30,000

⁵ Any in-force Group LTD must be deducted from the maximum coverage MetLife will offer. If the applicant has employer paid LTD in force or available and is paying all of the individual disability income premium, the amount of employer paid LTD should be reduced by 25%. The result should then be subtracted from the maximum coverage shown here to determine the available DI benefit. When supplementing Group LTD, contact your local Sales Representative for exact details and procedures.

MetLife

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