Long-Term Care Insurance
Underwritten by
MetLife®

Monthly Check-O-Matic Authorization

I authorize: (1) MetLife to initiate deductions from my checking account or money market account or brokerage account, by electronic or other means, as payment for the coverage level selected; and (2) the financial institution on which my enclosed sample check (marked VOID) is drawn to: (a) accept the deductions initiated by MetLife; and (b) give MetLife my most recent address upon MetLife's request. Deductions will continue until MetLife has had a reasonable opportunity to act upon my written request to end this service*. (Please note that paying insurance premiums more often than annually [more often than once a year] will cost more than paying them once a year.)* I authorize monthly deductions to be taken on the _____ day of each month, or the next business day. If no day is selected, deduction will be taken on the first business day of the month.

_____ _____
Signature of Account Holder Date

Name (Please Print Name of Insured)_____

Social Security # of Insured _____

Name of Spouse (If change affects spouse EFT) _____

Telephone Number (_____)_____

* Be sure to enclose a voided blank check for the account you wish to use and sign this Authorization.

* If your check is drawn on a credit union, indicate credit union phone number:
(___)_____

Please Note: Deductions will occur on the date(s) indicated above or the next business day. Due to the timing of the receipt of this Authorization, the first deduction may be later in the month than the date(s) chosen above. You will receive notification from MetLife indicating the date and amount of the first deduction and any future changes in the deduction amount.

AGENT: Please indicate distribution channel:

☐ **MLFS** ☐ **MLR** ☐ **NEF** ☐ **GenAm**
☐ **General Agent (non GenAm)**
☐ **Other** _____

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