

ISSUE AND PARTICIPATION LIMITS CHART¹

MAXIMUM COVERAGE WITH GROUP LTD LIMITS CHART¹

ANNUAL EARNED INCOME	EMPLOYEE PAY Non-Taxable DI Benefits			EMPLOYER PAY Taxable DI Benefits		
	Total	Basic	SIO/SIS	Total	Basic	SIO/SIS
	Indemnity	Indemnity		Indemnity	Indemnity	
\$18000	\$1150	\$350	\$800	\$1400	\$550	\$850
20000	1300	500	800	1600	750	850
24000	1500	700	800	1850	900	950
30000	1900	1000	900	2300	1300	1000
36000	2200	1200	1000	2650	1450	1200
40000	2350	1350	1000	2900	1700	1200
48000	2800	1800	1000	3500	2300	1200
50000	2900	1900	1000	3650	2450	1200
52000	3000	2000	1000	3800	2600	1200
60000	3350	2350	1000	4350	3150	1200
70000	3750	2750	1000	4850	3650	1200
80000	4100	3100	1000	5350	4150	1200
90000	4450	3450	1000	5850	4650	1200
100000	4800	3800	1000	5950	4750	1200
110000	5000	4000	1000	6450	5250	1200
120000	5200	4200	1000	6950	5750	1200
130000	5500	4500	1000	7450	6250	1200
140000	5800	4800	1000	7950	6750	1200
150000	6450	5450	1000	8500	7300	1200
160000	6700	5700	1000	8900	7700	1200
170000	6950	5950	1000	9300	8100	1200
180000	7200	6200	1000	9700	8500	1200
190000	7450	6450	1000	10100	8900	1200
200000	7700	6700	1000	10500	9300	1200
210000	8050	7050	1000	11000	9800	1200
220000	8400	7400	1000	11500	10300	1200
230000	8750	7750	1000	12000	10800	1200
240000	9100	8100	1000	12500	11300	1200
250000	9500	8500	1000	13000	11800	1200
260000	9600	8600	1000	13200	12000	1200
270000	9700	8700	1000	13400	12200	1200
280000	9800	8800	1000	13600	12400	1200
290000	9900	8900	1000	13800	12600	1200
300000	10000	9000	1000	14000	12800	1200
310000	10350	9350	1000	14200	13000	1200
320000	10700	9700	1000	14400	13200	1200
330000	11050	10050	1000	14600	13400	1200
340000	11400	10400	1000	14800	13600	1200
350000	11750	10750	1000	15000	13800	1200
360000	12100	11100	1000	15000	13800	1200
370000	12450	11450	1000	15000	13800	1200
380000	12800	11800	1000	15000	13800	1200
390000	13200	12200	1000	15000	13800	1200
400000	13600	12600	1000	15000	13800	1200
410000	13750	12750	1000	15000	13800	1200
420000	13900	12900	1000	15000	13800	1200
430000	14050	13050	1000	15000	13800	1200
440000	14150	13150	1000	15000	13800	1200
450000	14250	13250	1000	15000	13800	1200
460000	14300	13300	1000	15000	13800	1200
470000	14350	13350	1000	15000	13800	1200
480000	14400	13400	1000	15000	13800	1200
490000	14450	13450	1000	15000	13800	1200
500000	14500	13500	1000	15000	13800	1200
520000	14600	13600	1000	15000	13800	1200
540000	14700	13700	1000	15000	13800	1200
560000	14800	13800	1000	15000	13800	1200
580000	14900	13900	1000	15000	13800	1200
600000 ²	15000	14000	1000	15000	13800	1200

ANNUAL EARNED INCOME	EMPLOYEE PAY DI	EMPLOYER PAY DI
\$18000	1150	1400
20000	1300	1600
24000	1500	1850
30000	1900	2300
36000	2200	2650
40000	2350	2900
48000	2800	3500
50000	2900	3650
52000	3000	3900
60000	3500	4350
70000	3950	4850
80000	4300	5350
90000	4700	5850
100000	5050	6350
110000	5500	6875
120000	6000	7500
130000	6500	8125
140000	7000	8750
150000	7500	9375
160000	8000	10000
170000	8500	10625
180000	9000	11250
190000	9500	11875
200000	10000	12500
210000	10500	13125
220000	11000	13750
230000	11500	14375
240000	12000	15000
250000	12500	15625
260000	13000	16250
270000	13500	16875
280000	14000	17500
290000	14500	18125
300000	15000	18750
310000	15500	19375
320000	16000	20000
330000	16500	20625
340000	17000	21250
350000	17500	21875
360000	18000	22500
370000	18500	23125
380000	19000	23750
390000	19500	24375
400000	20000	25000
410000	20500	25000
420000	21000	25000
430000	21500	25000
440000	22000	25000
450000	22500	25000
460000	23000	25000
470000	23500	25000
480000	24000	25000
490000	24500	25000
500000	25000	25000
520000	25000	25000
540000	25000	25000
560000	25000	25000
580000	25000	25000
600000	25000	25000

If the applicant has employer paid LTD inforce or available and is paying all of the individual disability income premium, the amount of employer paid LTD should be discounted by 20%. The result should then be subtracted from the maximum coverage shown here to determine the available DI benefit.²

Contact your local Sales Representative for details on supplementing Group LTD.

Contact your local Sales Representative for details on supplementing Group LTD.

¹ All applicants in occupational classes 3A to 6A who earn \$45,000 or more may choose the Total Indemnity issue limit as all base coverage. This chart may not be used for physicians, dentists and dental specialists.

² Total amounts exceeding the above table will be considered on a case-by-case basis.

¹ Any inforce Group LTD must be deducted from the maximum coverage MetLife will offer. This chart may not be used for physicians, dentists and dental specialists.

² The maximum coverage with LTD may not exceed the maximum monthly indemnity shown on page 7.

SPECIAL LIMITS FOR PHYSICIANS

ISSUE AND PARTICIPATION
LIMITS CHART' GROUP 1

MAXIMUM PARTICIPATION WITH
GROUP LTD LIMITS CHART' GROUP 1

ANNUAL EARNED INCOME	EMPLOYEE PAY			EMPLOYER PAY		
	Non-Taxable DI Benefits			Taxable DI Benefits		
	Total Indemnity	Basic Indemnity	SIO/SIS	Total Indemnity	Basic Indemnity	SIO/SIS
\$18000	\$1150	\$350	\$800	\$1400	\$550	\$850
20000	1300	500	800	1600	750	850
24000	1500	700	800	1850	900	950
30000	1900	1000	900	2300	1300	1000
36000	2200	1200	1000	2650	1450	1200
40000	2350	1350	1000	2900	1700	1200
48000	2800	1800	1000	3500	2300	1200
50000	2900	1900	1000	3650	2450	1200
52000	3000	2000	1000	3800	2600	1200
60000	3350	2350	1000	4350	3150	1200
70000	3750	2750	1000	4850	3650	1200
80000	4100	3100	1000	5350	4150	1200
90000	4450	3450	1000	5850	4650	1200
100000	4800	3800	1000	5950	4750	1200
110000	5000	4000	1000	6450	5250	1200
120000	5200	4200	1000	6950	5750	1200
130000	5500	4500	1000	7450	6250	1200
140000	5800	4800	1000	7950	6750	1200
150000	6450	5450	1000	8500	7300	1200
160000	6700	5700	1000	8900	7700	1200
170000	6950	5950	1000	9300	8100	1200
180000	7200	6200	1000	9700	8500	1200
190000	7450	6450	1000	10100	8900	1200
200000	7700	6700	1000	10500	9300	1200
210000	8050	7050	1000	11000	9800	1200
220000	8400	7400	1000	11500	10300	1200
230000	8750	7750	1000	12000	10800	1200
240000	9100	8100	1000	12500	11300	1200
250000	9500	8500	1000	13000	11800	1200
260000	9600	8600	1000	13200	12000	1200
270000	9700	8700	1000	13400	12200	1200
280000	9800	8800	1000	13600	12400	1200
290000	9900	8900	1000	13800	12600	1200
300000	10000	9000	1000	14000	12800	1200
310000	10350	9350	1000	14200	13000	1200
320000	10700	9700	1000	14400	13200	1200
330000	11050	10050	1000	14600	13400	1200
340000	11400	10400	1000	14800	13600	1200
350000	11750	10750	1000	15000	13800	1200
360000	12100	11100	1000	15000	13800	1200
370000	12450	11450	1000	15000	13800	1200
380000	12800	11800	1000	15000	13800	1200
390000	13200	12200	1000	15000	13800	1200
400000	13600	12600	1000	15000	13800	1200
410000	13750	12750	1000	15000	13800	1200
420000	13900	12900	1000	15000	13800	1200
430000	14050	13050	1000	15000	13800	1200
440000	14150	13150	1000	15000	13800	1200
450000	14250	13250	1000	15000	13800	1200
460000	14300	13300	1000	15000	13800	1200
470000	14350	13350	1000	15000	13800	1200
480000	14400	13400	1000	15000	13800	1200
490000	14450	13450	1000	15000	13800	1200
500000	14500	13500	1000	15000	13800	1200
520000	14600	13600	1000	15000	13800	1200
540000	14700	13700	1000	15000	13800	1200
560000	14800	13800	1000	15000	13800	1200
580000	14900	13900	1000	15000	13800	1200
600000	15000	14000	1000	15000	13800	1200

ANNUAL EARNED INCOME	EMPLOYEE PAY DI	EMPLOYER PAY DI
\$18000	1150	1400
20000	1300	1600
24000	1500	1850
30000	1850	2300
36000	2150	2650
40000	2350	2900
48000	2800	3500
50000	2900	3650
52000	3000	3900
60000	3500	4350
70000	3950	4850
80000	4300	5350
90000	4700	5850
100000	5050	6350
110000	5500	6875
120000	6000	7500
130000	6500	8125
140000	7000	8750
150000	7500	9375
160000	8000	10000
170000	8500	10625
180000	9000	11250
190000	9500	11875
200000	10000	12500
210000	10500	13125
220000	11000	13750
230000	11500	14375
240000	12000	15000
250000	12500	15625
260000	13000	16250
270000	13500	16875
280000	14000	17500
290000	14500	18125
300000	15000	18750
310000	15500	19375
320000	16000	20000
330000	16500	20000
340000	17000	20000
350000	17500	20000
360000	18000	20000
370000	18500	20000
380000	19000	20000
390000	19500	20000
400000	20000	20000
410000	20000	20000
420000	20000	20000
430000	20000	20000
440000	20000	20000
450000	20000	20000
460000	20000	20000
470000	20000	20000
480000	20000	20000
490000	20000	20000
500000	20000	20000
520000	20000	20000
540000	20000	20000
560000	20000	20000
580000	20000	20000
600000	20000	20000

If the applicant has employer paid LTD inforce or available and is paying all of the individual disability income premium, the amount of employer paid LTD should be discounted by 20%. The result should then be subtracted from the maximum coverage shown here to determine the available DI benefit.²

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¹ Any inforce Group LTD must be deducted from the maximum coverage MetLife will offer.

² The maximum coverage with LTD may not exceed the maximum monthly indemnity shown on page 7.

SPECIAL LIMITS FOR PHYSICIANS AND DENTISTS

**ISSUE AND PARTICIPATION
LIMITS CHART¹ GROUP 2**

ANNUAL EARNED INCOME	EMPLOYEE PAY			EMPLOYER PAY		
	Non-Taxable DI Benefits			Taxable DI Benefits		
	Total Indemnity	Basic Indemnity	SIO/SIS	Total Indemnity	Basic Indemnity	SIO/SIS
\$18000	\$1150	\$350	\$800	\$1400	\$550	\$850
20000	1300	500	800	1600	750	850
24000	1500	700	800	1850	900	950
30000	1900	1000	900	2300	1300	1000
36000	2200	1200	1000	2650	1450	1200
40000	2350	1350	1000	2900	1700	1200
48000	2800	1800	1000	3500	2300	1200
50000	2900	1900	1000	3650	2450	1200
52000	3000	2000	1000	3800	2600	1200
60000	3350	2350	1000	4350	3150	1200
70000	3750	2750	1000	4850	3650	1200
80000	4100	3100	1000	5350	4150	1200
90000	4450	3450	1000	5850	4650	1200
100000	4800	3800	1000	5950	4750	1200
110000	5000	4000	1000	6450	5250	1200
120000	5200	4200	1000	6950	5750	1200
130000	5500	4500	1000	7450	6250	1200
140000	5800	4800	1000	7950	6750	1200
150000	6450	5450	1000	8500	7300	1200
160000	6700	5700	1000	8900	7700	1200
170000	6950	5950	1000	9300	8100	1200
180000	7200	6200	1000	9700	8500	1200
190000	7450	6450	1000	10000	8800	1200
200000	7700	6700	1000	10000	8800	1200
210000	8050	7050	1000	10000	8800	1200
220000	8400	7400	1000	10000	8800	1200
230000	8750	7750	1000	10000	8800	1200
240000	9100	8100	1000	10000	8800	1200
250000	9500	8500	1000	10000	8800	1200
260000	9600	8600	1000	10000	8800	1200
270000	9700	8700	1000	10000	8800	1200
280000	9800	8800	1000	10000	8800	1200
290000	9900	8900	1000	10000	8800	1200
300000	10000	9000	1000	10000	8800	1200
310000	10000	9000	1000	10000	8800	1200
320000	10000	9000	1000	10000	8800	1200
330000	10000	9000	1000	10000	8800	1200
340000	10000	9000	1000	10000	8800	1200
350000	10000	9000	1000	10000	8800	1200
360000	10000	9000	1000	10000	8800	1200
370000	10000	9000	1000	10000	8800	1200
380000	10000	9000	1000	10000	8800	1200
390000	10000	9000	1000	10000	8800	1200
400000	10000	9000	1000	10000	8800	1200
410000	10000	9000	1000	10000	8800	1200
420000	10000	9000	1000	10000	8800	1200
430000	10000	9000	1000	10000	8800	1200
440000	10000	9000	1000	10000	8800	1200
450000	10000	9000	1000	10000	8800	1200
460000	10000	9000	1000	10000	8800	1200
470000	10000	9000	1000	10000	8800	1200
480000	10000	9000	1000	10000	8800	1200
490000	10000	9000	1000	10000	8800	1200
500000	10000	9000	1000	10000	8800	1200
520000	10000	9000	1000	10000	8800	1200
540000	10000	9000	1000	10000	8800	1200
560000	10000	9000	1000	10000	8800	1200
580000	10000	9000	1000	10000	8800	1200
600000	10000	9000	1000	10000	8800	1200

¹ All applicants in occupational classes 3A to 6A who earn \$45,000 or more may choose the Total Indemnity issue limit as all base coverage.

SPECIAL LIMITS FOR PHYSICIANS AND DENTISTS

**MAXIMUM PARTICIPATION WITH
GROUP LTD LIMITS CHART¹ GROUP 2**

ANNUAL EARNED INCOME	EMPLOYEE PAY DI	EMPLOYER PAY DI
\$18000	1150	1400
20000	1300	1600
24000	1500	1850
30000	1850	2300
36000	2150	2650
40000	2350	2900
48000	2800	3500
50000	2900	3650
52000	3000	3900
60000	3500	4350
70000	3950	4850
80000	4300	5350
90000	4700	5850
100000	5050	6350
110000	5500	6875
120000	6000	7500
130000	6500	8125
140000	7000	8750
150000	7500	9375
160000	8000	10000
170000	8500	10625
180000	9000	11250
190000	9500	11875
200000	10000	12500
210000	10500	13125
220000	11000	13750
230000	11500	14375
240000	12000	15000
250000	12500	15000
260000	13000	15000
270000	13500	15000
280000	14000	15000
290000	14500	15000
300000	15000	15000
310000	15000	15000
320000	15000	15000
330000	15000	15000
340000	15000	15000
350000	15000	15000
360000	15000	15000
370000	15000	15000
380000	15000	15000
390000	15000	15000
400000	15000	15000
410000	15000	15000
420000	15000	15000
430000	15000	15000
440000	15000	15000
450000	15000	15000
460000	15000	15000
470000	15000	15000
480000	15000	15000
490000	15000	15000
500000	15000	15000
520000	15000	15000
540000	15000	15000
560000	15000	15000
580000	15000	15000
600000	15000	15000

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 discounted by 20%. The result should then be subtracted from the maximum coverage shown here to determine the available DI benefit.²

¹ Any in force Group LTD must be deducted from the maximum coverage MetLife will offer.

² The maximum coverage with LTD may not exceed the maximum monthly indemnity shown on page 7.