

Credit Shield Insurance

Terms and Conditions

MetLife AlicoSM

Certificate of Insurance

Provided by
MetLife Alico

In association with
AMEX (Middle East) B.S.C.(c)

We welcome you as AMEX Credit Card Holder to enjoy the benefits offered under this Credit Shield Insurance Plan provided by MetLife Alico. We request you to go through the cover details in order to understand the extent and terms of the cover offered.

Enrollment to the insurance under this Policy is Voluntary for all American Express Credit Cardmembers holding valid and current Basic Cards including and limited to Blue from American Express, The American Express® Gold Credit Card, The American Express Credit Card, The American Express Platinum Credit Card, The Dubai Duty Free Card issued by AMEX (Middle East) B.S.C. (c) in U.A.E.

Summary of policy conditions:

- Enrollment to the Insurance is only subject to approval of AMEX & fulfillment of the eligibility requirements as per the policy provisions.
- Minimum age of the entry is 18 and maximum age is 64. The cover will automatically terminate when the Cardmember attains the age of 65 or if the Card account is cancelled or becomes delinquent over 60 days.
- Enrollment to the insurance under this Policy is Voluntary for all American Express Credit Cardmembers holding valid and current Basic Cards including and limited to Blue from American Express, The American Express® Gold Credit Card, The American Express Credit Card, The American Express Platinum Credit Card, The Dubai Duty Free Card issued by AMEX (Middle East) B.S.C. (c) in U.A.E. Upon enrollment of Credit Shield Insurance a premium amounting to 0.7% of the outstanding balance on AMEX Credit Card will be levied to the Cardmember on a monthly basis, which will constitute as part of the monthly Credit Card statement.
- Death, Permanent Total Disability, Temporary Total Disability (for self employed clients only), Critical Illness covers are applicable worldwide
- Involuntary Loss of Employment (for salaried clients) applicable in U.A.E only
- The Death, Permanent Total Disability and Critical Illness benefits payable under this policy shall be paid against the Card member's total outstanding credit card balance with AMEX. Whereas the Total Temporary Disability and Involuntary Loss of Employment benefits payable under this policy shall pay the minimum monthly installments on the credit card.
- AMEX is not at any time considered as an agent of MetLife Alico, the "Insurance Provider". Any claims or contestations for any insurance coverage shall be negotiated directly with MetLife Alico, Sharjah.
- AMEX reserves the right, at any time, to change the terms, conditions, rates and/or reject, discontinue or cancel the Cover applicable without assigning reason.

Credit Shield Insurance

Terms and Conditions

DEFINITIONS:

Insurance Company shall mean MetLife Alico

Policy Holder shall mean AMEX (Middle East) B.S.C.(c)

Borrower shall mean an American Express Cardmember who has been enrolled into an ALICO Credit Shield Insurance policy.

Summary of cover shall mean the accurate information about the Policy. This information shall describe thoroughly the provisions, terms and conditions of the Policy as to be well understood by the AMEX Cardmembers. The wording of the Summary of cover is prepared by the Insurance Company.

AMEX Cardmembers shall mean the persons who have been granted an AMEX Credit Card and fulfill AMEX's Credit card requirements.

Face Amount shall mean the outstanding balance including any interests.

Outstanding Balance shall mean the outstanding debt **in principal** – including any interests, of the Insured AMEX Cardmember towards AMEX on the claim date. The benefit covered will be equal to the Outstanding Balance of AMEX Cardmember's Card each month as reflecting on credit card statement. The Insurance Company cannot be liable for more than the Outstanding Balance on AMEX Cardmember's card on the claim date

Enrollment Date refers to the date where an American Express Cardmember is approved for an ALICO Credit Shield Insurance policy. Cardmember must be between the ages of 18-64 to be eligible.

Accident shall mean a sudden and unexpected event, which results directly or through an unbroken chain of events in AMEX Cardmember's Death or Permanent Total Disability or TTD.

Sickness shall mean any pathological state or state of abnormal function of bodily organs of the Insured, not caused by an accident, and objectively diagnosable.

Permanent Total Disability shall mean disability from bodily injury, sickness or disease so as to prevent AMEX Cardmember to perform any kind of work, occupation or profession for compensation, profit or gain for the remainder of his lifetime.

Temporary Total Disability (TTD) – shall mean insured person's total and temporary disability to perform his own work as a result of accidental bodily injury, sickness or disease. The state of TTD is exclusively recognized by a physician designated by the Insurance Company.

Critical Illness (CI) shall mean illnesses, the signs or symptoms of which first commenced more than **90** days following the respective AMEX Cardmember's Enrollment Date and shall include either the diagnosis of any of the illnesses or performance of any of the covered surgeries contained in the Benefit Schedule.

Involuntary Loss of Employment (ILOE): ILOE shall mean the unemployment of AMEX Cardholder arising out of the unilateral decision of the employer to terminate his employment contract for any reason other than those mentioned under exclusions in the policy.

Physician means only a doctor or surgeon who is a doctor of medicine or equivalent, legally licensed to practice medicine and qualified to render the treatment provided.

Specialist Doctor: a Physician Doctor qualified in one or more medical specialties of medicine and is registered and legally authorized in the geographical area of his practice to render medical or surgical services of his specialty(ies) of medicine; but excluding one who is the Insured himself or an agent of the Insured, an insurance agent, business partner(s) or employer/employee of the Insured or a member of the Insured's immediate family.

Hospital : means only an institution licensed as a hospital (if licensing is required) and operated for the care and treatment of sick and injured persons, which institution provides 24-hour nursing care and has facilities for both diagnosis and except in the case of a hospital primarily concerned with treatment of chronic diseases, for major surgery. The term hospital shall not be construed to include a hotel, rest home, nursing home, convalescent home, place for custodial care, home for the aged, or a place used primarily for the confinement or treatment of drug addicts or alcoholics.

Claim Date: shall mean the date on which the incident has occurred.

Scope of Cover:

1) Death Benefit (Due to any cause):

If an Insured AMEX Cardholder dies due to sickness or an accident, the Insurance Company will, upon receipt of due proof in writing of the death of AMEX Cardholder, pay the amount of the Covered Life Benefit to AMEX.

The covered Life Benefit, at any time before the maturity date of the card, shall be equal to 100% of the maximum outstanding balance on the Card. Not to exceed an aggregate amount of AED 220,000 /USD 60,000 payable to any insured life irrespective of the number of cards held and their outstanding balances.

Unless AMEX confirms to the Insurance Company that the Cardmember has opted out from the program, then the Insurance Company shall accept that the premium has been paid to AMEX subject to a 30 days grace period. The Insurance Company cannot be liable for more than the outstanding balance of the card.

2) Permanent Total Disability (PTD) Benefit (Due to any cause):

If an Insured Credit card holders becomes Permanently and Totally Disabled as defined in this policy, the Insurance Company will terminate the insurance on the life of such Insured Credit card holders and in lieu of all other benefits, will pay to AMEX in one lump sum

The covered PTD Benefit, at any time before the maturity date of the credit card, shall be equal to 100% of the maximum outstanding balance on the Credit Card. Not to exceed an **aggregate amount** of AED 220,000 /USD 60,000 payable to any insured life irrespective of the number of cards held and their outstanding balances.

Unless AMEX confirms to the Insurance Company that the Cardmember has opted out from the program, then the Insurance Company shall accept that the premium has been made to AMEX subject to a 30 days grace period.

The insured AMEX Cardmember must be able to justify a registered occupation, whether employed or self-employed, on the first day of the sickness or on the date of the accident, according to the cause of the state of PTD.

The state of PTD is the insured person's total and definitive disability to perform any kind of work, occupation or profession for compensation, profit or gain for the remainder of his/her lifetime, as a result of accidental bodily injury, sickness or disease. The state of PTD is exclusively recognized by a physician authorized by the insurer.

There must be a minimum consolidation period of 12 continuous months of total disability before a PTD claim can be reported to AMEX and recognized. However, in case of total and irrevocable loss of sight of both eyes, or of the loss by severance of two or more limbs (at or above wrist or ankle), the consolidation period of 12 months can be waived and the state of PTD be recognized immediately.

General Exclusions – Death and PTD

Any Death or Disability caused by or resulting, directly or indirectly, wholly or partly, from any of the following factors will not be covered by this insurance:

- Any illness or disability or any condition pre-existing or preceding the effective date of the coverage, based on supporting documentation that is required for the claim; or
- The condition of Acquired Immune Deficiency Syndrome (AIDS), as defined below, or any AIDS Related Illness or virus HIV; or
- Flight of the Insured in any kind of aircraft except as a fare-paying passenger in an aircraft operated on a regular schedule by an incorporated common carrier for passenger service over its established air route, or he is transported as a patient or injured or attendant or hostess with an ambulance or rescue-aircraft or helicopter; or
- Suicide while sane or insane; or
- Self-destruction or self-inflicted injury, while sane or insane; or
- Chronic alcoholism or, abuse of alcohol or, abuse or addiction to drugs; or
- Civil war, war, invasion or warlike operations, act of foreign enemy, hostilities, revolt, mutiny, riots, strike, civil commotion, rebellion, revolution, insurrection, acts of terrorism to such a degree and extent of the involvement or engagement of the Insured in these conditions without any cause; or
- Participation in any professional sport or any sport involving a motor engine (including rallies), boxing, scuba / skin diving, parachuting or hang – gliding, horse racing and mountain climbing or
- Military Service in the Armed Forces or Security Forces of any country or any authority; or

- Any Psychiatric, mental or nervous disorder; or
- Exposure of the body voluntarily, or not, to nuclear power or radioactivity in war or warlike operations or in peace; or
- Normal pregnancy, childbirth, abortion or miscarriage, or any complications thereof; or
- Disability attributed by the Insured to subjective complaints not detectable with laboratory measurement, microbiological, biochemical means and/or imaging; or
- The commission of or attempted commission of an assault or any unlawful act, or being engaged in any illegal activity or felony.

“Acquired Immune Deficiency Syndrome - AIDS” - Definition

No benefits shall be paid under this Policy, in the event of an Insured’s Death or Permanent Total Disability caused by an opportunistic infection, a malignant neoplasm or suicide, if at the time of such death or disability there is present in the subject Insured an acquired immune deficiency syndrome.

1. For the purpose of this Clause, the terms “Acquired Immune Deficiency Syndrome” shall have the meanings assigned to it by the World Health Organization. A copy of the definition is maintained in the Insurance Company’s Head Office in the country of issue of the Policy.
2. Opportunistic infection includes but is not limited to pneumocystis carinii pneumonia, organism of chronic enteritis, virus and/or disseminated fungi infection.
3. Malignant neoplasm shall include but not be limited to Kaposi’s sarcoma, central nervous system lymphoma, hairy-cell leukemia and/or other malignancies now known or which become known as immediate cause of death disability and the incurring of medical expenses in the presence of acquired immune deficiency.
4. Acquired Immune Deficiency Syndrome shall include HIV (Human Immune Deficiency Virus), encephalopathy (dementia), and HIV (Human Immune Deficiency Virus) Wasting Syndrome.

3) Involuntary Loss of Employment (ILOE) Benefit:

If an Insured AMEX Cardmember becomes Unemployed as defined in this policy, the Insurance will pay to AMEX **ONE monthly installment for each period of 30 days of proved Unemployment (or 1/30 of the monthly installment for each day of proved Unemployment)** after the waiting period, according to the amortisation schedule set in force on the Enrollment Date. The maximum benefit amount is AED 3,500 or USD 950/- per month up to a maximum of 3 months per insured and per month, whatever the number of cards and their actual monthly installments.

Only unemployment arising in **U.A.E.** and according to **U.A.E.** contract of employment can be covered.

ILOE insurance is subject to a **deferral of coverage period of 90 days** accounted only once from the date of enrolment in the policy. A claim is automatically turned down if redundancy or dismissal is notified to the borrower within these 90 days. The benefit payment is subject to a **waiting period of 30 days** continuously applicable to each and any ILOE claim. The waiting period is calculated from the first day of ILOE commencement. The benefit will be accrued for payment at the end of waiting period. However, the ILOE benefit will not be paid if the borrower gets employed within the waiting period of 30 days.

The benefit payment terminates at the earliest of the following dates:

- ⇒ when the claim is no longer justified as required,
- ⇒ in case of Death or PTD or Critical Illness of the borrower
- ⇒ when the borrower resumes work (even if it is only a part-time work),
- ⇒ on the date of retirement or early retirement,
- ⇒ when the maximum benefit payment term is reached,
- ⇒ when the outstanding balance is cleared
- ⇒ When the maximum benefit payment term of **3 monthly indemnities** has been reached for any one claim and **3 monthly indemnities** in aggregate for several ILOE claims during the Policy year.

There must be at least 12 months of continuous employment after the term of a first claim for which benefits have been paid to re-qualify for a new one. In this event only, these 12 months can be achieved either under a permanent contract of employment, or under a temporary or a fixed term contract.

To report a claim, an AMEX Cardholder must meet the following conditions:

- ⇒ Being less than **65 years old** on the notification of unemployment,,
- ⇒ **6** continuous months of permanent gainful contract of employment of not less than **30** hours per week with the same

employer in the private sector prior to the claim date **[self-employed are not entitled to claim under this ILOE coverage](*)**,

⇒ being unemployed as a consequence of redundancy or dismissal (other than due to a reason of misconduct),

(*) the eligibility of ILOE depends on conditions that have to be met **on the claim date**, irrespective of what the occupation of the Cardmember was when he applied for insurance.

General Exclusion - ILOE

- ILOE which is notified during the **deferral of coverage period**
- The natural expiry of a fixed term contract of employment or of an interim contract
- Early retirement
- If the insured AMEX Cardholder does not have a valid U.A.E./Gulf resident or employment visa (ex-pats)
- Self-employment
- Dismissal by reason of misconduct
- Strikes, lockouts, localization or other organized labor disputes or any unlawful acts, partial, seasonal or casual employment
- Any mental condition, including but not limited to nervous breakdown, depression, anxiety or other stress related condition
- Backache and related conditions, unless there are definite clinical findings, such as radiological medical evidence of abnormality

4) Temporary Total Disability (TTD) Benefit – (For Self Employed Clients Only)

If an AMEX Cardmember becomes Temporary and Totally Disabled as defined in this policy, the Insurance Company will pay to AMEX **ONE monthly installment for each period of 30 days of proved TTD (or 1/30 of the monthly installment for each day of proved TTD)** after the **waiting period**, according to the **amortisation schedule set in force on the Enrollment Date. The maximum benefit amount is AED 3,500 or USD 950 per month up to a maximum of 6 months per insured and per month, whatever the number of cards and their actual monthly installments.**

The benefit payment is subject to a **deferral of coverage period of 90 days** continuously for sickness only. The deferral of coverage period is calculated from the Enrollment Date. If the claim takes place within these **90 days**, the claim is automatically turned down.

The benefit payment is subject to a **waiting period of 60 days** continuously. The waiting period is calculated from the first day of TTD. No benefit is paid for the first **60 days**.

The benefit payment terminates at the earliest of the following dates:

- ⇒ when the claim is no longer justified as required from a medical point of view,
- ⇒ in case of death or PTD of the insured,
- ⇒ on the 65th birthday of the insured,
- ⇒ when the insured is able to resume work (even if only partially),
- ⇒ in case of retirement, including early retirement ,
- ⇒ when the loan is terminated,
- ⇒ when the maximum benefit payment term of **6 Months monthly indemnities** has been reached for any one claim and **6 monthly indemnities** in aggregate for several TTD claims during the Policy year.

The AMEX Cardmember has to justify that:

- He was employed on the first day of disability, whether under a permanent gainful contract of employment or under a fixed term contract of employment,
- He had to stop working totally as a result of sickness or accident and that he is still unable to resume work when the claim is reported.

In case less than **2 Months** are elapsed between two TTD claims, the two claims are assumed to make only one (but the waiting period is not applied then to the second TTD claim occurred).

General Exclusion – TTD

- any mental condition, including but not limited to nervous breakdown, depression, anxiety or other stress related condition
- backache and related conditions, unless there are definite clinical findings, such as radiological medical evidence of abnormality

5) Critical Illness (CI) Benefit

If an AMEX Cardmember is diagnosed having one of the stated Critical Illnesses as defined in this Policy, the Insurance Company will, upon receipt of due proof in writing of the diagnosis of the Critical Illness, pay the amount of the Covered CI Benefit to AMEX.

The covered CI Benefit, at any time before the maturity date of the credit card, shall be equal to 100% of the maximum outstanding balance on the Credit Card. Not to exceed an **aggregate amount of AED 220,000 /USD 60,000** payable to any insured life irrespective of the number of cards held and their outstanding balances.

The claim date is defined as the date of the first diagnosis of the critical illness covered, or as the date upon which the condition needing the covered surgery to be performed is diagnosed.

The covered CI Benefit, at any time before the expiration of coverage under this policy, shall be equal to **100 % of the Outstanding Balance** as at the claim date. Critical Illness benefit is payable only once, as a lump sum. This benefit cannot be cumulated with any other benefit defined under the policy. Insurance automatically stops as soon as a Critical Illness benefit is paid to the Credit Cardmember.

If the claim date corresponds to the due date of one instalment, it is considered that this instalment is not yet paid and it will be covered by ALICO.

The benefit payment is subject to a **deferral of coverage period of 90 days** continuously. The deferral of coverage period is calculated from the Enrollment Date. If the claim takes place within these **90 days**, the claim is automatically turned down.

The Covered diseases are:

1. **Cancer**: a malignant tumour characterised by the uncontrolled growth and spread of malignant cells and the invasion of the tissue. This includes leukaemia (except chronic lymphocytic leukaemia), lymphomas and malignant melanomas, but excludes non-invasive cancers in situ, all skin cancers and tumours in the presence of a human-immune-deficiency virus.
2. **Heart attack**: the death of a portion of heart muscle as a result of inadequate blood supply, which must occur with prolonged chest pain, new electro cardio graphic changes and an elevation in cardiac enzyme levels.
3. **Kidney failure**: end stage renal disease due to chronic irreversible failure of both kidneys to function as a result of which the person insured must be required to undergo regular peritoneal dialysis or haemodialysis or renal transplantation.
4. **Stroke**: any cerebrovascular incident producing neurological sequel lasting more than 24 hours and including infarction of brain tissue, haemorrhage from an intra cranial vessel and embolisation caused by an extra cranial source. Evidence of permanent neurological deficit must be produced. Transient ischaemic attacks are specifically excluded.
5. **Coronary artery disease requiring surgery**: open heart surgery undergone to correct narrowing or blockage of two or more coronary arteries by the use of saphenous vein grafts or internal mammary grafting, but excluding all non-surgical procedures such as balloon angioplasty or laser techniques. Angiographic evidence of the underlying disease must be provided.
6. **Major organ transplantation**: the actual undergoing as a recipient of a transplant of a heart, lung, liver, pancreas or bone marrow.
7. **Multiple sclerosis**: unequivocal diagnosis of multiple sclerosis made by a consultant neurologist holding such an appointment at a major hospital. The claimant must exhibit neurological abnormalities that have existed for a continuous period of at least 6 months or have had at least one relapse of such abnormalities. The typical symptoms of demyelination and impairment of motor and sensory function must evidence this.

General Exclusion – CI: Same as for Death & PTD plus

- Critical illness which is diagnosed or undergone during the deferral of coverage period.
- Critical illness which the Insured Credit Cardmember was known to have suffered, or surgery which has been diagnosed as being required or has been undergone, prior to the application date (the suffering or undergoing of a heart attack, coronary artery disease requiring surgery, heart transplant or stroke is considered to be the same condition).

- Critical illness or surgery which arises directly or indirectly from any condition from which the Credit Card member was known to be suffering prior to the application date.

Claims Procedure:

NOTICE OF CLAIMS:

Claims are valid only if the AMEX Card member was covered under the Policy at the date of Death or Permanent Total Disability or Temporary Total Disability or Critical Illness or Involuntary Loss of Employment. In the interest of rapid claims processing, the cardholder/ beneficiary must notify AMEX immediately of the AMEX Card member's Death, Permanent Total Disability or Temporary Total Disability or Critical Illness or Involuntary Loss Of Employment as soon as the provisions attached to this coverage are met.

In the event of claim, just call 800 4931 locally or internationally dial (+973) 17 557755 to notify of the claim after which following documents have to be provided to AMEX within 60 days from date of incident. All requisite forms mentioned below will be e-mailed by AMEX to cardmembers upon notifying for claim.

From the claimant documents required:

⇨ In case of Death:

1. Physician's Statement (Form CL-40): This form should be completed by the physician who treated the insured during his last illness or detailed medical report.
2. Copy of Death Certificate to be attached. The originals can be verified by AMEX or notarized by a local authority at the place of Death
3. Copies of passports of the deceased.
4. Police Report: This report should be furnished in case of accidental death or murder or whenever specifically made in connection with certain death.
5. Post Mortem / Coroner's Report.
6. Names and addresses of the doctors and hospitals, late insured used to consult or visit for treatment.
7. Name and address of the Insurance Co. with which late Insured used to have medical coverage, if any.
8. Any other additional document that may be asked by the Claims Department of the Insurance Company.

⇨ In case of Permanent Total Disability:

1. Claim form 321 (Claimant statement) and 322 (Physician statement). These forms must be completed and signed by Insured and the treating physician.
2. A copy of all relevant X-Rays / Lab Test and reports. These should show name and the date they were taken.
3. A copy of Attending Physician's Statement (APS) or the medical report detailing the nature and date of the accident.
4. If applicable, in certain cases, we may also need Insured to attend a medical examination or provide more details requested through a doctor or a medical committee.
5. A copy of the Police Report (if claim relates to an accident).
6. Copy of passport of the Insured.
7. Names and addresses of the doctors and hospitals, Insured used to consult or visit for treatment.
8. Name and address of the Insurance Co. with which Insured has medical coverage, if any.
9. Any other additional document that may be asked by the Claims Department of the Insurance Company.

⇨ In case of Temporary Total Disability :

1. Final Proof Of Loss Form and Statement of attending Physician or Surgeon Form
2. Evidence that the insured American Express Credit Card Holder was carrying a registered occupation on the 1st day of the continuous period of disability
3. Certificate of the registered physician who prescribed the absence from work due to sickness or accident, indicating its cause and probable duration.
4. Evidences of payment of disability allowances (for sick leave, work injury) by the National Insurance Scheme – If any.

5. An official personal identity data of the Insured American Express Credit Card Holder.
6. Any other additional document that may be asked by the Claims Department of the Insurance Company.
7. Copy of Passport and Visa of the Insured.

⇒ In case of Involuntary Loss of Employment:

1. A letter by means of which dismissal or redundancy was notified to the insured by his employer, including the date, the cause and the effective date of dismissal.
2. A certified (signed) copy of the account statements of the past 3 months.
3. Copy of passport and visa of the Insured.
4. Any other additional document that may be asked by the Claims Department of the Insurance Company.

⇒ In case of Critical Illness :

1. Claim Form duly completed by the Insured and the Treating Physician or detailed medical report stating all previous medical history with exact date of diagnosis of Critical Illness and date of onset of risk factors like Hypertension, Diabetes Mellitus, Dyslipidemia, Ischemic Heart Disease etc.
2. Covering letter with reference no., date of enrollment to the plan, amount of claim etc.
3. American Express Credit Card statements from past 3 months prior to the date of Critical Illness diagnosis showing outstanding balance as on date Critical Illness (for American Express Credit Card)
5. Copy of passport and visa
6. Any other additional document that may be asked by the Claims Department of the Insurance Company.

INTERNATIONAL AND LOCAL SANCTION LIMITATION AND EXCLUSION

The Insurance company shall not be deemed to provide cover and the Insurance company shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Insurance company to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America or local laws.

TERMINATION OF INDIVIDUAL INSURANCE

The insurance of an AMEX Card member shall automatically terminate at the earliest time below:

1. The AMEX Card member reaches age 65;
2. Upon notification of a Death claim or on payment of a Permanent Total Disability or Critical Illness;
3. Upon settlement by the AMEX Card member of the amount of the outstanding balance, including in the event of early termination,
4. Upon cancellation by AMEX of the card account, whatever the reason,
5. AMEX Card holder ceases to be enrolled in the insurance program; or
6. The date on which payment of the Installment under the Credit Card become overdue by 60 days or a complaint or suit is filed with regard to non-payment or the Credit Card Holder is declared as absconding or a judgment is entered in any court with respect to his indebtedness under the Credit Card.

In case of ILOE:

1. Upon notification of a Death or on payment of a Permanent Total Disability or Critical Illness benefit as stated in the Group Credit Life Policy CL-09,
2. On settlement by the AMEX Cardmember of the amount of the card;
3. When the claim can no longer be justified by supporting documentation or proof as required
4. When the maximum benefit payment term is reached,
5. When the borrower resumes work (even if it is only a part-time work),
6. On the date of retirement or early retirement as per the laws of the governing country

MetLife, Inc. is a leading global provider of insurance and financial services with more than 140 years of experience and operations throughout the United States, Latin America, Japan, Asia Pacific, Europe and Middle East. Through its subsidiaries and affiliates, MetLife, Inc. reaches 90 million customers in over 60 countries, is the largest life insurer in the United States¹ and Mexico², and has relationships with more than 90 of the top 100 FORTUNE 500® companies³, and over seventy percent of all Fortune 500® companies.

The MetLife companies offer life insurance, annuities, automobile and home insurance, retail banking and other financial services to individuals, as well as group insurance and retirement and savings products and services to corporations and other institutions.

For more information, visit www.metlife.com

¹ #1 U.S. Life Insurer (Grp+Ind - based on policies in force) – LIMRA, June 2010

² Estadísticas AMIS, June 2010

³ FORTUNE 500®, May 2010. FORTUNE 500® is a registered trademark of FORTUNE magazine, a division of Time, Inc.

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