

**YOUR MEMBER  
BENEFIT PLAN**

**AFA VETERAN BENEFITS ASSOCIATION**

**Decreasing Term Life Benefit  
Dependent Life Benefit**

**Effective: February 12, 2009**

AFA Veteran Benefits Association  
1501 Lee Highway  
Arlington, VA 22209

TO OUR MEMBERS:

All of us appreciate the protection and security insurance provides.

This certificate describes the benefits that are available to you. We urge you to read it carefully.

Benefits are provided through a group policy issued to AFA Veteran Benefits Association by Metropolitan Life Insurance Company.

AFA Veteran Benefits Association



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

Certifies that, under and subject to the terms and conditions of the Group Policy issued to the Policyholder, coverage is provided for each Member as defined herein.

The date when a Member is eligible for coverage is set forth in the form with the title Eligibility for Benefits.

The date when a Member's Personal Benefits become effective is set forth in the form with the title Effective Dates of Personal Benefits.

The date when a Member's Dependent Benefits become effective is set forth in the form with the title Effective Dates of Dependent Benefits.

The amounts of coverage are determined by the form with the title Schedule of Benefits.

C. Robert Henrikson  
President and Chief Operating Officer

Policholder: **AFA Veteran Benefits Association**

Group Policy No.: **74570-2-G**

**Florida Residents:** The benefits of the policy providing your coverage are governed primarily by the law of a state other than Florida.

**For Maryland residents:** The group insurance policy providing coverage under this certificate was issued in a jurisdiction other than Maryland and may not provide all of the benefits required by Maryland law.

**North Dakota Residents: Free Look Period for Life Insurance:** If You are not satisfied with your certificate, You may return it to us within 20 days after You receive it, unless a claim has previously been received by us under your certificate. We will refund within 30 days of our receipt of the returned certificate any Premium that has been paid and the certificate will then be considered to have never been issued. You should be aware that, if you elect to return the certificate for a refund of premiums, losses which otherwise would have been covered under your certificate will not be covered.

**For West Virginia Residents:** You have the right to return this certificate within ten days of its receipt and to have your premium refunded if, after examination of the certificate, you are not satisfied for any reason.

**BENEFICIARY DESIGNATION MAY NOT APPLY IN THE EVENT OF ANNULMENT OR DIVORCE**

Under Virginia law (Virginia Code § 20-111.1), a revocable beneficiary designation in a policy or group certificate held by one spouse that names the other spouse as beneficiary becomes void upon the entry of a decree of annulment or divorce, and the death benefit prevented from passing to a former spouse will be paid as if the former spouse predeceased the decedent. In the event of annulment or divorce proceeding, and if it is the intent of the parties that the beneficiary designation of the former spouse is to continue, you are advised to make certain that one of the following courses of action is taken prior to the entry of a decree of annulment or divorce: (I) execute a separate written agreement stating the intention of both parties that the beneficiary

**designation is to remain in effect beyond the date of entry of the decree or annulment or divorce; or (ii) make certain that the decree of annulment or divorce contains a provision stating that the beneficiary designation is not to be revoked pursuant to §20-111.1.**

Accelerated Benefits may be taxable. If so, you or your Beneficiary may incur a tax obligation. As with all tax matters, you should consult your personal tax advisor to assess the impact of this Benefit.

**Texas Residents: Please Read the Notice Pages for Texas Residents Carefully**

If any prior certificate relating to the coverage set forth herein has been given to the Member, such certificate is void.

Form G.23000-Cert.-1

**For Texas Residents:**

**IMPORTANT NOTICE**

To obtain information or make a complaint:

You may call MetLife's toll-free telephone number for information or to make a complaint at

1-800-638-5433

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

1-800-252-3439

You may write the Texas Department of Insurance  
P.O. Box 149104  
Austin, TX 78714-9104  
Fax # 512 - 475-1771

Web: <http://www.tdi.state.tx.us>

Email: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

**PREMIUM OR CLAIM DISPUTES:** Should you have a dispute concerning your premium or about a claim you should contact MetLife first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

**ATTACH THIS NOTICE TO YOUR CERTIFICATE:** This notice is for information only and does not become a part or condition of the attached document.

**Para Residentes de Texas:**

**AVISO IMPORTANTE**

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de MetLife para informacion o para someter una queja al

1-800-638-5433

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas  
P.O. Box 149104  
Austin, TX 78714-9104  
Fax # 512 - 475-1771

Web: <http://www.tdi.state.tx.us>

Email: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

**DISPUTAS SOBRE PRIMAS O RECLAMOS:** Si tiene una disputa concierne a su prima o a un reclamo, debe comunicarse con MetLife primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

**UNA ESTE AVISO A SU CERTIFICADO:** Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

For Texas Residents:

**IMPORTANT NOTICES**

DEATH BENEFITS WILL BE REDUCED IF AN ACCELERATION-OF-LIFE-INSURANCE BENEFIT IS PAID.

**DISCLOSURE:** The acceleration-of-life-insurance benefits offered under this certificate are intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If the acceleration-of-life-insurance benefits qualify for such favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to acceleration-of-life insurance benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive acceleration-of-life-insurance benefits excludable from income under the federal law.

**DISCLOSURE:** Receipt of acceleration-of-life-insurance benefits may affect your, your spouse's or your family's eligibility for public assistance programs such as Medical Assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary Social Security Income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such payment will affect your, your spouse and your family's eligibility for public assistance.

**Arkansas residents please be advised of the following:**

**IMPORTANT NOTICE**

**IF YOU HAVE A QUESTION CONCERNING YOUR COVERAGE OR A CLAIM, FIRST CONTACT YOUR GROUP EMPLOYER OR GROUP ACCOUNT ADMINISTRATOR. IF, AFTER DOING SO, YOU STILL HAVE A CONCERN, YOU MAY CALL METLIFE'S TOLL-FREE TELEPHONE NUMBER:**

**1-800-638-5433**

**IF YOU ARE STILL CONCERNED AFTER CONTACTING BOTH YOUR GROUP EMPLOYER AND METLIFE, YOU SHOULD FEEL FREE TO CONTACT:**

**ARKANSAS INSURANCE DEPARTMENT  
CONSUMER SERVICES DIVISION  
1200 WEST THIRD  
LITTLE ROCK, ARKANSAS 72201-1904**

California residents please be advised of the following:

**IMPORTANT NOTICE**

**TO OBTAIN ADDITIONAL INFORMATION, OR TO MAKE A COMPLAINT,  
CONTACT METLIFE AT:**

**METROPOLITAN LIFE INSURANCE COMPANY  
200 PARK AVENUE  
NEW YORK, NY 10166  
ATTN: CORPORATE CONSUMER RELATIONS DEPARTMENT  
1-800-638-5433**

**IF, AFTER CONTACTING METLIFE REGARDING A COMPLAINT, YOU FEEL  
THAT A SATISFACTORY RESOLUTION HAS NOT BEEN REACHED, YOU MAY  
FILE A COMPLAINT WITH THE CALIFORNIA INSURANCE DEPARTMENT AT:**

**CALIFORNIA DEPARTMENT OF INSURANCE  
300 SOUTH SPRING STREET  
LOS ANGELES, CA 90013  
1-800-927-4357 (within California)  
1-213-897-8921 (outside California)**

**Georgia residents please be advised of the following:**

**IMPORTANT NOTICE**

**The laws of the state of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence.**

**IMPORTANT NOTICE**

**NOTICE FOR RESIDENTS OF MONTANA**

**If a claim on your life or your Dependent's life becomes payable under this certificate, settlement of the claim shall be made within 60 days of the date that we receive proof of death that is satisfactory to us. The settlement shall include interest from the 30th day after we receive such proof until settlement. Such interest shall be paid at the rate required by law in Montana.**

Utah residents please be advised of the following:

## **NOTICE TO POLICYHOLDERS**

Insurance companies licensed to sell life insurance, health insurance, or annuities in the State of Utah are required by law to be members of an organization called the Utah Life and Health Insurance Guaranty Association ("ULHIGA"). If an insurance company that is licensed to sell insurance in Utah becomes insolvent (bankrupt), and is unable to pay claims to its policyholders, the law requires ULHIGA to pay some of the insurance company's claims. The purpose of this notice is to briefly describe some of the benefits and limitations provided to Utah insureds by ULHIGA.

### **PEOPLE ENTITLED TO COVERAGE**

- You must be a Utah resident.
- You must have insurance coverage under an individual or group policy.

### **POLICIES COVERED**

- ULHIGA provides coverage for certain life, health and annuity insurance policies.

### **EXCLUSIONS AND LIMITATIONS**

Several kinds of insurance policies are specifically excluded from coverage. There are also a number of limitations to coverage. The following are not covered by ULHIGA:

- Coverage through an HMO.
- Coverage by insurance companies not licensed in Utah.
- Self-funded and self-insured coverage provided by an employer that is only administered by an insurance company.
- Policies protected by another state's Guaranty Association.
- Policies where the insurance company does not guarantee the benefits.
- Policies where the policyholder bears the risk under the policy.
- Re-insurance contracts.
- Annuity policies that are not issued to and owned by an individual, unless the annuity policy is issued to a pension benefit plan that is covered.
- Policies issued to pension benefit plans protected by the Federal Pension Benefit Guaranty Corporation.
- Policies issued to entities that are not members of the ULHIGA, including health plans, fraternal benefit societies, state pooling plans and mutual assessment companies.

## LIMITS ON AMOUNT OF COVERAGE

Caps are placed on the amount ULHIGA will pay. These caps apply even if you are insured by more than one policy issued by the insolvent company. The maximum ULHIGA will pay is the amount of your coverage or \$500,000 — whichever is lower. Other caps also apply:

- \$100,000 in net cash surrender values.
- \$500,000 in life insurance death benefits (including cash surrender values).
- \$500,000 in health insurance benefits.
- \$200,000 in annuity benefits — if the annuity is issued to and owned by an individual or the annuity is issued to a pension plan covering government employees.
- \$5,000,000 in annuity benefits to the contract holder of annuities issued to pension plans covered by the law. (Other limitations apply).
- Interest rates on some policies may be adjusted downward.

## DISCLAIMER

### ***PLEASE READ CAREFULLY:***

· **COVERAGE FROM ULHIGA MAY BE UNAVAILABLE UNDER THIS POLICY. OR, IF AVAILABLE, IT MAY BE SUBJECT TO SUBSTANTIAL LIMITATIONS OR EXCLUSIONS. THE DESCRIPTION OF COVERAGES CONTAINED IN THIS DOCUMENT IS AN OVERVIEW. IT IS NOT A COMPLETE DESCRIPTION. YOU CANNOT RELY ON THIS DOCUMENT AS A DESCRIPTION OF COVERAGE. FOR A COMPLETE DESCRIPTION OF COVERAGE, CONSULT THE UTAH CODE, TITLE 31A, CHAPTER 28.**

· **COVERAGE IS CONDITIONED ON CONTINUED RESIDENCY IN THE STATE OF UTAH.**

· **THE PROTECTION THAT MAY BE PROVIDED BY ULHIGA IS NOT A SUBSTITUTE FOR CONSUMERS' CARE IN SELECTING AN INSURANCE COMPANY THAT IS WELL-MANAGED AND FINANCIALLY STABLE.**

· **INSURANCE COMPANIES AND INSURANCE AGENTS ARE REQUIRED BY LAW TO GIVE YOU THIS NOTICE. THE LAW DOES, HOWEVER, PROHIBIT THEM FROM USING THE EXISTENCE OF ULHIGA AS AN INDUCEMENT TO SELL YOU INSURANCE.**

· **THE ADDRESS OF ULHIGA, AND THE INSURANCE DEPARTMENT ARE PROVIDED BELOW.**

Utah Life and Health Insurance  
Guaranty Association  
955 E. Pioneer Rd.  
Draper, Utah 84114

Utah Insurance Department  
State Office Building, Room 3110  
Salt Lake City, Utah 84114

**Virginia residents please be advised of the following:**

**IMPORTANT INFORMATION REGARDING YOUR INSURANCE**

In the event you need to contact someone about this insurance for any reason please contact your agent. If no agent was involved in the sale of this insurance, or if you have additional questions you may contact the insurance company issuing this insurance at the following address and telephone number:

Metropolitan Life Insurance Company  
200 Park Avenue  
New York, New York 10166  
Attn: Corporate Customer Relations Department

To phone in a claim related question, you may call Claims Customer Service at:

1-800-638-5433

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Virginia State Corporation Commission's Bureau of Insurance at:

The Office of the Managed Care Ombudsman  
Bureau of Insurance  
P.O. Box 1157  
Richmond, VA 23209

1-877-310-6560 - toll-free  
1-804-371-9032 - locally  
[www.scc.virginia.gov](http://www.scc.virginia.gov) - web address  
[ombudsman@scc.virginia.gov](mailto:ombudsman@scc.virginia.gov) - email

Or:

The Virginia Department of Health (The Center for Quality Health Care Services and Consumer Protection)  
3600 West Broad St  
Suite 216  
Richmond, VA 23230  
1-800-955-1819

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Bureau of Insurance, have your policy number available.

**Wisconsin residents please be advised of the following:**

**KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS**

**PROBLEMS WITH YOUR INSURANCE?** - If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

Metropolitan Life Insurance Company  
Corporate Consumer Relations Department  
200 Park Avenue  
New York, NY 10166  
1-800-638-5433

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the **OFFICE OF THE COMMISSIONER OF INSURANCE** by contacting:

Office of the Commissioner of Insurance  
Complaints Department  
P.O. Box 7873  
Madison, WI 53707-7873  
1-800-236-8517 outside of Madison or 266-0103 in Madison.

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**SCHEDULE OF BENEFITS**  
**(Also see SCHEDULE SUPPLEMENT)**

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The following Benefits are provided subject to the provisions below.

**BENEFITS (MEMBER ONLY)**

Amount of Member Life Benefits  
(See paragraph below)

<b>Attained Age of Member</b>	<b>Selective Plan</b>	<b>High Option Plus Plan</b>	<b>High Option Plan</b>	<b>Standard Plan</b>
Under age 25	N/A	\$400,000	\$300,000	\$200,000
Age 25 through age 29	N/A	\$350,000	\$262,500	\$175,000
Age 30 through age 34	N/A	\$250,000	\$187,500	\$125,000
Age 35 through age 39	N/A	\$180,000	\$135,000	\$90,000
Age 40 through age 44	\$150,000	\$100,000	\$75,000	\$50,000
Age 45 through age 49	\$90,000	\$60,000	\$45,000	\$30,000
Age 50 through age 54	\$60,000	\$40,000	\$30,000	\$20,000
Age 55 through age 59	\$42,000	\$28,000	\$21,000	\$14,000
Age 60 through age 64	\$27,000	\$18,000	\$13,500	\$9,000
Age 65 through age 69	\$12,000	\$8,000	\$6,000	\$4,000
Age 70 through age 74	\$7,500	\$5,000	\$3,750	\$2,500
Age 75 through age 79	\$6,000	\$4,000	\$3,000	\$2,000
Age 80 through age 84	\$4,500	\$3,000	\$2,250	\$1,500
Age 85 through age 89	\$3,750	\$2,500	\$1,825	\$1,250
Age 90 through age 94	\$3,000	\$2,000	\$1,500	\$1,000

See pages hereof entitled ACCELERATED BENEFITS (ON YOUR OWN ACCOUNT).

ACCELERATED BENEFITS MAY BE TAXABLE. IF SO, YOU OR YOUR BENEFICIARY MAY INCUR A TAX OBLIGATION. AS WITH ALL TAX MATTERS, YOU SHOULD CONSULT YOUR PERSONAL TAX ADVISOR TO ASSESS THE IMPACT OF THIS BENEFIT.

**BENEFITS (DEPENDENTS ONLY)**

**DEPENDENT LIFE**

In order to be covered for Dependent Life Benefits, You must also be covered for Member Life Benefits.

**Amounts of Spouse Life Benefits  
(See paragraph below)**

<b>Attained Age of Member</b>	<b>Amount of Spouse Life Benefits</b>
Under age 30	\$50,000
Age 30 through age 34	40,000
Age 35 through age 39	30,000
Age 40 through age 44	20,000
Age 45 through age 49	10,000
Age 50 through age 54	7,500
Age 55 through age 59	5,000
Age 60 through age 64	3,000
Age 65 through age 69	2,000
Age 70 through age 94	1,000

See pages hereof entitled ACCELERATED BENEFITS (ON ACCOUNT OF YOUR DEPENDENT SPOUSE).

**Amount of Dependent Child Life Benefits**

For Your Child from 15 days but less than 6 months.....\$250

For Your Child 6 months and older .....\$5,000

**PROVISIONS APPLICABLE TO LIFE BENEFITS AND DEPENDENT LIFE BENEFITS**

You must submit an Application Form to the Association and give us evidence of your, or your Dependent's good health in order;

1. To be covered under This Plan for Life Benefits (or Dependent Life Benefits); or
2. To receive an increase in the total amount of Life Benefits (or Dependent Life Benefits);

If the evidence of good health is accepted by us as satisfactory, the increased amount of Life Benefits (or Dependent Life Benefits) will be effective on the last day of the month in which the evidence of good health is accepted by us.

If the evidence of good health is not accepted by us as satisfactory, the amount of Life Benefits (or Dependent Life Benefits) will not be increased.

No increase in the amount of Life Benefits will be effective on or after the day you are 65 years old, and you may not request a change in the amount of such benefits while you are Totally Disabled.

To receive a decrease in total amount of Life Benefits (or Dependent Life Benefits), you must submit an application form to the Association. A decrease in Life Benefits (or Dependent Life Benefits) will be effective on the last day of the month in which your request is received by the Association.

## AMOUNT OF CONTINUED DEATH BENEFITS DURING TOTAL DISABILITY

Your Death Benefits will be reduced if Accelerated Benefits are paid.

Form G.23000-B

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### SCHEDULE SUPPLEMENT

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#### 1. Statements Made by You Which Relate to Insurability

Any statement made by you will be deemed a representation and not a warranty.

No such statement made by you which relates to insurability will be used:

- (a) In contesting the validity of the benefits with respect to which such statement was made; or
- (b) To reduce the benefits;

Unless the conditions listed in items (i) and (ii) below have been met:

- (i) The statement must be contained in a written application or enrollment form which has been signed by you.
- (ii) A copy of the application or enrollment form has been furnished to you or to your Beneficiary or to your personal representative.

No such statement made by you will be used at all after such benefits have been in force prior to the contest for a period of two years during the lifetime of the person to whom the statement applies.

#### 2. Assignment

These benefits with respect to the Life Benefits (On Your Own Account) under This Plan may be assigned as a gift. Any such assignment will transfer all right, title, and interest and incidents of ownership, both present and future, in such benefits, including, but not limited to, the following:

- (a) The right to make any contributions required to keep the benefits in force under This Plan.
- (b) The privilege of obtaining an individual policy of life insurance.
- (c) The right to change the Beneficiary.

No assignment will be binding on us or on the Association unless the following conditions are met:

- (a) The assignment is in a form which is acceptable to us and to the Association.
- (b) The assignment is accepted, in writing by us and by the Association.
- (c) The assignment is filed at our Home Office.

We assume no obligation as to the validity or the sufficiency of any assignment; neither does the Association.

### 3. Additional Provisions

- (a) The benefits under This Plan do not at any time provide paid-up insurance, or loan or cash values.
- (b) No agent has the authority:
  - (i) to accept or to waive the required proof of a claim; nor
  - (ii) to extend the time within which a proof must be given to us.

Form G.23000-B1

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## DEFINITIONS OF CERTAIN TERMS USED HEREIN

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**"Association"** means the **AFA Veteran Benefits Association**.

**"Covered Person"** means a Member or a Dependent on whose account benefits are in effect under This Plan.

**"Death Benefits"** mean those life insurance benefits provided in the section titled CONTINUED DEATH BENEFITS DURING TOTAL DISABILITY.

**"Dependent"** means Your spouse or Your unmarried natural child except for:

1. a child who is 14 days of age and under;
2. a child who is 21 years of age or older; unless a child:
  - a. is more than 21 years of age but less than 23 years of age; and
  - b. is attending an educational institution as a full-time student and is dependent on you for financial support.

A full-time student includes any student who by reason of a mental or physical illness or an accidental injury as documented by a Doctor is unable to carry what the educational institution considers a full-time course load.

However, if you reside in Texas, the limiting age for children and grandchildren will not be less than 25 regardless of student status or military service status. Grandchildren must be living with you and dependent on you for financial support.

Please note, if you reside in New Mexico, the limiting age for children will not be less than 25 regardless of student status.

If You reside in Idaho, the limiting age for children who are attending an educational institution as a full-time student and dependent on you for financial support is 25. Further, Dependent child includes:

1. newborns;
2. any child placed with You within 60 days of the child's birth; and
3. Your natural or adopted child,

An adopted child includes a child placed in Your physical custody for purpose of adoption. If prior to completion of the legal adoption the child is removed from Your custody, the child's status as an adopted child will end.

If a Dependent child is a Covered Person on the day before that child has reached the applicable age limit, that child will continue to be a Dependent after the age limit as long as:

- a. that child is and remains unable to work in self-sustaining employment because of:
  - i. physical handicap; or
  - ii. mental retardation; and
- b. that child is and remains chiefly dependent upon You for support; and
- c. that child is and remains a Dependent, as defined, except for the age limit; and
- d. You give us proof, when We ask for it, that the child is and remains so unable to work and dependent upon You since the age limit. We will not ask for proof more than once a year. The proof must be satisfactory to Us.

Subject to the same conditions which apply to a natural child, child also includes:

- a. a child who is supported solely by You and permanently living in the home of which You are the head; and
- b. a child who is legally adopted; and
- c. a stepchild who lives in your home; and
- d. a child for whom benefits must be provided by court order, that we have been notified of (as set forth in a divorce decree).

No person may be covered as a Dependent of more than one Member.

**"Dependent Benefits"** mean the benefits which are provided on account of a Dependent under This Plan.

**"Hospitalized"** means that you or your Dependent has received:

- 1. inpatient care in a hospital; or
- 2. care in:
  - a. a hospice facility; or
  - b. an intermediate facility; or
  - c. a long term care facility; or
- 3. chemotherapy; or
- 4. radiation therapy; or
- 5. dialysis treatment.

**"Member"** means a member in good standing of the Policyholder.

**"Normal Activities"** means that your Dependent:

1. is not confined in a hospital; or
2. is not confined at home under the care of a Doctor for a sickness or injury; or
3. is not receiving and is not entitled to receive any disability income from any source due to any sickness or injury.

**"Personal Benefits"** mean the benefits which are provided on account of a Member under This Plan.

**"Policyholder"** means the AFA Veteran Benefits Association.

**"Spouse"** means your lawful spouse.

**"This Plan"** means the Group Policy which is issued by us to provide Personal Benefits and Dependent Benefits.

**"Total Disability"** or **"Totally Disabled"** means that because of a sickness or an injury:

1. you cannot do your job; and
2. you cannot do any other job for which you are fit by your education, your training or your experience.

**"We"**, **"us"** and **"our"** mean Metropolitan.

**"You"** and **"your"** mean the Member who is a Covered Person for Personal Benefits. They do not include a Dependent of the Member.

Form G.23000-A

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## ELIGIBILITY FOR BENEFITS

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### **Personal Benefits Eligibility Date**

Your Personal Benefits Eligibility Date is the later of:

1. the day You become a Member, provided You are under age 65; and
2. February 12, 2009

### **Dependent Benefits Eligibility Date**

Your Dependent Benefits Eligibility Date is the later of your Personal Benefits Eligibility Date and the date you first acquire a Dependent.

Form G.23000-C

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## EFFECTIVE DATES OF PERSONAL BENEFITS

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### 1. Request Form

You must make a written request to the Policyholder for Personal Benefits.

### 2. Effective Date

Your Personal benefits will become effective on the later of:

- (a) your Personal Benefits Eligibility Date; or
- (b) the last day of the calendar month in which the information on the Application Form is accepted by us as satisfactory.

### 3. Reinstatement of Benefits

If your Personal Benefits end because you do not make a required contribution to their cost, you may make a request to reinstate them. Such a request will be treated as if it were a late request in order to determine the effective date of your Personal Benefits.

### 4. Evidence of Good Health

The evidence of good health is to be given at your expense.

Your Personal Benefits will become effective on the last day of the month in which such evidence of good health is accepted by us as satisfactory.

If the evidence of your good health is not accepted by us as satisfactory, you will not be covered for any Personal Benefits.

Form G.23000-D1

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## EFFECTIVE DATES OF DEPENDENT BENEFITS

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### 1. Request Forms

You must make a written request to the Policyholder for Dependent Benefits.

### 2. Effective Date

Your Dependent Benefits will become effective on the latest of:

- 1. your Dependent Benefits Eligibility Date;
- 2. the effective date of your Personal Benefits; and

3. the last day of the calendar month in which the information on the Application Form relating to such Dependent is accepted by us as satisfactory;

except that if, on the date you would have become covered under This Plan for Dependent Benefits, a Dependent is confined in a hospital, then Dependent Benefits for such Dependent will become effective on the date such Dependent is no longer confined in a hospital.

If, on the date you would have become insured under This Plan for Life Benefits (On Account of Dependents), a Dependent:

- a. has been Hospitalized in the last three months prior to the date you make a request for Life Benefits (on account of Dependents) under This Plan; or
- b. is then Hospitalized;

then evidence of the good health of each such Dependent must be given to us.

### **3. Reinstatement of Benefits**

If your Dependent Benefits end because you do not make a required contribution to their cost, you may make a request to reinstate them. Such a request will be treated as if it were a late request in order to determine the effective date of your Dependent Benefits.

### **4. Evidence of Good Health**

The evidence of good health is to be given at your expense. Your Dependent Benefits will become effective for each such Dependent for whom evidence of good health must be given to us on the later of:

- (a) the last day of the month in which such the evidence of the good health of such Dependent is accepted by us as satisfactory; and
- (b) the effective date of your Personal Benefits.

If the evidence of the good health of any person is not accepted by us as satisfactory, such person:

- (a) will be deemed not to be a Dependent for the purpose of Dependent Benefits; and
- (b) will not be covered for Dependent Benefits.

### **5. New Dependents**

Dependent Benefits with respect to a person who becomes your Dependent while you are insured for Dependent Benefits will be effective on the date such person becomes your Dependent, subject to all provisions herein.

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**LIFE BENEFITS**  
**(On Your Own Account)**

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**1. Coverage**

If you die while you are covered for Life Benefits, we will pay to the Beneficiary the amount of Life Benefits that is in effect on your life on the date of your death.

**2. Optional Types of Payment**

Payment of any amount of Life Benefits may be made in installments. Details on the payment options may be obtained from the Policyholder.

**3. Funeral Benefit**

We may, at our option, deduct an amount from the Life Benefits payable to the Beneficiary. Such amount would be paid to any person or person who has incurred funeral expenses on account of your death. The total amount paid for such expenses will not exceed \$500.00. Any payment will discharge our liability for the amount so paid.

**4. Suicide Provision**

The Life Benefits will not be paid to the Beneficiary if you commit suicide, while sane or insane, within 1 year from the effective date of this certificate. Instead we will pay the Beneficiary an amount equal to any contributions paid, without interest.

If you commit suicide, while sane or insane, more than 1 year after the effective date of this certificate, but within 1 year from the effective date of any increase in the amount of your Life Benefits, such increased amount will not be paid to the Beneficiary. Instead we will pay the Beneficiary:

- (a) an amount equal to all contributions paid for the increased amount, without interest; plus
- (b) an amount equal to the amount of Life Benefits that was in effect on the day before the effective date of such increased amount.

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## ACCELERATED BENEFITS (On Your Own Account)

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### 1. Definitions

"Meet the Requirements" means:

- (a) your life span is drastically limited; and
- (b) you are expected to die within 6 months; and
- (c) you are not expected to recover.

These must be certified by a Doctor and accepted by us.

### 2. Coverage

We will pay Accelerated Benefits to you if:

- (a) you apply for Accelerated Benefits while your Life Benefits or Death Benefits are in effect; and
- (b) you Meet the Requirements while you are covered for Life Benefits or Death Benefits; and
- (c) you request payment of Accelerated Benefits while your Life Benefits or Death Benefits are in effect.

Accelerated Benefits are payable only once.

Payment of Accelerated Benefits will reduce your Life Benefits or Death Benefits and the amount available for you to convert to a personal policy of life insurance under RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON YOUR OWN LIFE.

### 3. Proof

Accelerated Benefits will be payable when we receive proof that you Meet the Requirements.

Proof must be given to us. The proof must be in a form that is satisfactory to us. We have no duty to ask for any proof. Any delay in submitting proof will not cause a claim to be denied so long as the proof is given as soon as reasonably possible.

At the time that such proof is given, we may have you examined by Doctors of our choice, at our expense.

### 4. Amount

The amount of Accelerated Benefits payable is:

- (a) up to 50% of your Life Benefits or Death Benefits shown in the SCHEDULE OF BENEFITS; and
- (b) determined as of the date we accept certification that you Meet the Requirements; and

(c) no more than \$250,000.

If your Life Benefits or Death Benefits are scheduled to reduce within six months of such certification date, we will, for the purpose of determining the amount of Accelerated Benefits, deem the amount of your Life Benefits or Death Benefits to have already been reduced on such certification date.

After payment of the Accelerated Benefits, the amount of your Life Benefits or Death Benefits will be:

1. the amount of Life Benefits or Death Benefits actually in effect on the certification date; less
2. the amount of Accelerated Benefits requested.

When the scheduled reduction date occurs, the amount of your Life Benefits or Death Benefits will be reduced. The amount of such reduction will be determined by applying the percentage in accordance with the provisions of This Plan to the amount of your Life Benefits or Death Benefits actually in effect on the certification date.

After such scheduled reduction, the amount of your Life Benefits or Death Benefits will be the amount of your Life Benefits or Death Benefits actually in effect on the certification date:

REDUCED BY

the amount of such scheduled reduction; and

MINUS

the amount of Accelerated Benefits requested.

Accelerated Benefits will be payable if you are living when payment is made.

You may be entitled to apply for a personal policy of Life Insurance up to the amount of such scheduled reduction under RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON YOUR OWN LIFE.

For Texas Residents: Upon receipt of your claim form we will send you a Preadjudication letter containing specific information on the payment you requested. Such information will include the amount of payment which will be made to you and the amount of death benefit remaining after payment of the Accelerated Benefit.

## 5. Exclusions

Accelerated Benefits will not be payable if:

- (a) you have assigned your Life Benefits (see Assignment provision under SCHEDULE SUPPLEMENT); or
- (b) We have been notified that all or a portion of your Life Benefits or Death Benefits are to be paid to your former spouse as part of a divorce agreement; or
- (c) you are age 63 or older when you apply for Accelerated Benefits; or
- (d) you meet the requirements as a result of:
  - (i) attempted suicide; or
  - (ii) injuring yourself on purpose; or
  - (iii) alcohol or drug abuse; or
  - (iv) any event occurring while you are in a violation of criminal law; or
- (e) the amount of your Life Benefits or Death Benefits is less than \$10,000.

Form G.23000-36

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### CONTINUED DEATH BENEFITS DURING TOTAL DISABILITY

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#### BENEFITS WHICH MAY BE PAYABLE IF YOU BECOME DISABLED BEFORE AGE 60

## 1. Coverage

Death Benefits may be payable after your Life Benefits end in certain cases of Total Disability. We will pay Death Benefits to your Beneficiary if:

- (a) you become Totally Disabled before your Life Benefits end; and
- (b) your Total Disability starts after you have been covered for Life Benefits for one year; and
- (c) you are less than 60 years old when you become Totally Disabled; and
- (d) you continue to be Totally Disabled after your Life Benefits end and until the date of your death; and
- (e) the required proof is submitted to us.

However, no Death Benefits are payable if a death benefit is payable under RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON YOUR OWN LIFE.

## **2. Proof**

The Death Benefit will be payable when we receive proof of your death if:

- (a) we have received proof of your Total Disability had continued for at least 9 months. We must have received this proof either before, or within one year after, your Life Benefits ended; and
- (b) you submit further proof, when we ask for it, that you continue to be Totally Disabled. We will not ask for such proof more than once a year; and
- (c) upon your death proof that Total Disability continued to the date of your death is given to us.

If you die within a year after your Life Benefits ended and before any proof has been given, then proof that your Total Disability continued to the date of your death must be given to us. This proof must be given within one year of your death.

All proofs must be given to us. The proofs must be in a form that is satisfactory to us. We have no duty to ask for any proof. If any proof is not given on time, the delay will not cause a claim to be denied so long as the proof is given as soon as reasonably possible.

At any time that proof of your Total Disability is given, we may have you examined by Doctors of our choice, at our expense.

## **3. Amount**

The amount of Death Benefits is the amount shown in the SCHEDULE OF BENEFITS.

## **4. Termination**

Your Death Benefits will end on:

- (a) the date you are no longer Totally Disabled; or
- (b) the date you do not give us proof of Total Disability when required.
- (c) the day before you turn 95 years old.

## **E. One Payment Only**

If we have issued a personal policy under RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON YOUR OWN LIFE, we will pay Death Benefits only if that policy is returned to us without any claim. In such case an amount equal to the premiums paid on the personal policy will be given to the Beneficiary.

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## RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON YOUR OWN LIFE

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### 1. Application

We will issue a personal policy of life insurance without disability or accidental death benefits to you if you apply for it in writing during the Application Period. The Application Period is the 31 day period after:

- (a) the date your Life Benefits end because your Membership ends or because you are no longer in a class which remains eligible for Life Benefits; or
- (b) the date your Life Benefits end because This Plan ends, but only if your Life Benefits under This Plan have been in effect for at least 5 years; or
- (c) the date This Plan is changed to end the Life Benefits for your class, but only if your Life Benefits under This Plan have been in effect for at least 5 years; or
- (d) the date your Death Benefits end under CONTINUED DEATH BENEFITS DURING TOTAL DISABILITY if you do not then again become eligible for Life Benefits under This Plan.

For New Hampshire residents. If you are not given notice, in writing, of the Right To Obtain A Personal Policy of Life Insurance On Your Own Life at least 15 days before the end of the Application Period, you will have additional time in which to apply. You will then have 15 days from the date you are given the notice in which to apply.

However, in the event You do not apply during an application period available to You, You will not be able to apply for that amount during a later application period, if any, which may be available to You.

Proof that you are insurable is not required by us.

### 2. Conditions

The personal policy will be issued to you subject to these conditions:

- (a) it will be on one of the forms then usually issued by us, except term insurance; and
- (b) it will not take effect until after the Application Period ends; and
- (c) the premium for the policy will be based on:
  - (1) the class of risk to which you belong; and
  - (2) your age on the effective date of the policy; and
  - (3) the form and amount of the policy; and
- (d) if item 1(a) applies to you, the amount of the policy will not be more than the amount of your Life Benefits on the date the Life Benefits end; and
- (e) if item 1(b) or item 1(c) applies to you, the amount of the policy will not be more than the lesser of:

(1) the amount of your Life Benefits on the date the Life Benefits end, less any amount of life insurance for which you may be eligible under any group policy which takes effect within 31 days after your Life Benefits end; and

(2) \$3,000\*.

\*For New Hampshire residents, this amount is \$10,000.

f. if item 1(d) applies to you, the amount of the policy will not be more than the amount of your Death Benefits on the date the Life Benefits end.

### 3. If You Die During the Application Period

If you die during the Application Period, we will pay a death benefit to the Beneficiary. The amount of the death benefit will be the highest amount of life insurance pursuant to item 2(d) or 2(e) or 2(f) for which a personal policy could have been issued. This death benefit will be paid even if you did not apply for a personal policy.

If you could have applied for a policy under item 1(d) and you die within one year after your Life Benefits end, we must, within one year after your death, be given proof that:

(a) your Total Disability had continued from the date your Life Benefits ended to within 31 days of the date of your death; and

(b) your death occurred during the Application Period which applies to item 1(d).

Form G.23000-1A

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## LIFE BENEFITS (On Account of Dependents)

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### 1. Coverage

If a Dependent dies while Life Benefits are in effect for that Dependent, we will pay the amount of Life Benefits that is in effect for that Dependent on the date of that Dependent's death.

### 2. Payment of Benefits

If you choose yourself as a Beneficiary, the benefits will be paid to:

(a) you, if you survive the Dependent; or

(b) your estate, if the Dependent dies at the same time your death occurs; or

(c) your estate, if the Dependent dies within 24 hours of your death.

In any other instance the benefits will be paid at our option to one or more of the following persons who are related to that Dependent and who survive that Dependent:

a. parent;

b. child;

c. brother or sister.

If there is no surviving relative, the amount will be payable to the Dependent's estate.

Any payment will discharge our liability for the amount so paid.

#### **4. Optional Types of Payment**

Payment of any amount of Life Benefits may be made in installments instead of one sum. Details on the payment options may be obtained from the Policyholder.

Form G.23000-7D

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### **ACCELERATED BENEFITS (On Account Of Your Dependent Spouse)**

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#### **1. Definitions**

"**Meet the Requirements**" means:

- (a) your Dependent Spouse's life span is drastically limited; and
- (b) your Dependent Spouse is expected to die within 6 months; and
- (c) your Dependent Spouse is not expected to recover.

These must be certified by a Doctor and accepted by us.

#### **2. Coverage**

We will pay Accelerated Benefits to you if:

- (a) you apply for Accelerated Benefits while your Life Benefits (on Account of Dependents) on account of your spouse are in effect; and
- (b) Your Dependent spouse Meets the Requirements while you are covered for Life Benefits (on Account of Dependents) on account of your spouse; and
- (c) you or your legal representative requests payment of Accelerated Benefits while your Life Benefits (on Account of Dependents) on account of your spouse are in effect.

Accelerated Benefits are payable only once.

Payment of Accelerated Benefits will reduce your Life Benefits or Death Benefits and the amount available for you to convert to a personal policy of life insurance under RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON THE LIFE OF A DEPENDENT.

#### **3. Proof**

Accelerated Benefits will be payable when we receive proof that your Dependent Spouse Meets the Requirements.

Proof must be given to us. The proof must be in a form that is satisfactory to us. We have no duty to ask for any proof. Any delay in submitting proof will not cause a claim to be denied so long as the proof is given as soon as reasonably possible.

At the time that such proof is given, we may have you examined by Doctors of our choice, at our expense.

#### 4. Amount

The amount of Accelerated Benefits payable is:

- (a) up to 50% of Life Benefits (on Account of Dependents) on account of your spouse shown in the SCHEDULE OF BENEFITS; and
- (b) determined as of the date we accept certification that your Dependent Spouse Meets the Requirements; and
- (c) no more than \$250,000.

If your Life Benefits (on Account of Dependents) on account of your spouse are scheduled to reduce within six months of such certification date, we will, for the purpose of determining the amount of Accelerated Benefits, deem the amount of your Life Benefits (on Account of Dependents) on account of your spouse to have already been reduced on such certification date.

After payment of the Accelerated Benefits, the amount of your Life Benefits (on Account of Dependents) on account of your spouse will be:

- (a) the amount of your Life Benefits (on Account of Dependents) on account of your spouse actually in effect on the certification date; less
- (b) the amount of Accelerated Benefits requested.

When the scheduled reduction date occurs, the amount of your Life Benefits or Death Benefits will be reduced. The amount of such reduction will be determined by applying the percentage in accordance with the provisions of This Plan to the amount of your Life Benefits or Death Benefits actually in effect on the certification date.

After such scheduled reduction, the amount of your Life Benefits or Death Benefits will be the amount of your Life Benefits or Death Benefits actually in effect on the certification date:

REDUCED BY

the amount of such scheduled reduction; and

MINUS

the amount of Accelerated Benefits requested.

Accelerated Benefits will be payable if you are living when payment is made.

You may be entitled to apply for a personal policy of Life Insurance up to the amount of such scheduled reduction under RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON THE LIFE OF A DEPENDENT.

For Texas Residents: Upon receipt of your claim form we will send you a Preadjudication letter containing specific information on the payment you requested. Such information will include the amount of payment which will be made to you and the amount of death benefit remaining after payment of the Accelerated Benefit.

## 5. Exclusions

Accelerated Benefits will not be payable if the amount of your Life Benefits or Death Benefits is less than \$10,000.

Form G.23000-36A

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### RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON THE LIFE OF A DEPENDENT

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#### 1. Application

We will issue a personal policy of life insurance without disability or accidental death benefits to a Dependent if that Dependent applies for it in writing during the Application Period. The Application Period is the 31 day period after the date the Life Benefits on that Dependent end because:

- (a) your Membership ends or you are no longer in a class which remains eligible for Dependent Life Benefits; or
- (b) This Plan ends, but only if the Life Benefits on that Dependent had been in effect under This Plan for at least 5 years; or
- (c) This Plan is changed to end the Dependent Life Benefits for your class, but only if the Life Benefits on that Dependent had been in effect under This Plan for at least 5 years; or
- (d) you die; or
- (e) the Dependent no longer qualifies as a Dependent as defined in DEFINITIONS OF CERTAIN TERMS USED HEREIN.

For New Hampshire residents. If the Dependent is not given notice, in writing, of the Right To Obtain A Personal Policy of Life Insurance On The Life of A Dependent at least 15 days before the end of the Application Period, that Dependent will have additional time in which to apply. The Dependent will then have 15 days from the date the Dependent is given the notice in which to apply.

Proof that the Dependent is insurable is not required by us.

#### 2. Conditions

The personal policy will be issued to the Dependent subject to these conditions:

- (a) it will be on one of the forms then usually issued by us, except term insurance; and
- (b) it will not take effect until after the Application Period ends; and
- (c) the premium for the policy will be based on:
  - (i) the class of risk to which the Dependent belongs; and

- (ii) the Dependent's age on the effective date of the policy; and
  - (iii) the form and the amount of the policy; and
- (d) if item 1(b) or 1(c) applies to the Dependent, the amount of the policy will not be more than the lesser of:
- (1) the amount of Life Benefits on that Dependent on the date the Life Benefits end, less any amount of life insurance on the life of that Dependent for which you or the Dependent may be eligible under any group policy which takes effect within 31 days after the Life Benefits on that Dependent end; and
  - (2) \$2,000\*; and

\*For New Hampshire residents, this amount is \$10,000.

- (e) if an item in paragraph 1, other than item 1(b) or 1(c), applies to the Dependent, the amount of the policy will not be more than the amount of Life Benefits on that Dependent on the date the Life Benefits end.

### 3. If the Dependent Dies During the Application Period

If the Dependent dies during the Application Period, we will pay a death benefit. The payment of the death benefit will be in the same manner as if the Life Benefits on that Dependent had been in effect on the date of that Dependent's death. The amount of the death benefit will be the highest amount of life insurance, pursuant to item 2(d) or 2(e) for which a personal policy could have been issued. This death benefit will be paid even if the Dependent did not apply for a personal policy.

Form G.23000-7A

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## BENEFICIARY

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### 1. Your Beneficiary

The "Beneficiary" is the person or persons you choose to receive any benefit payable because of your death.

You make your choice in writing on a form approved by us. This form must be filed with the records for This Plan.

You may change the Beneficiary at any time by filing a new form with the Policyholder. You do not need the consent of the Beneficiary to make a change. When the Policyholder receives a form changing the Beneficiary, the change will take effect as of the date you signed it. The change of Beneficiary will take effect even if you are not alive when it is received.

A change of Beneficiary will not apply to any payment made by us prior to the date the form was received by the Policyholder.

Your choice of a Beneficiary for a personal policy issued under RIGHT TO OBTAIN A PERSONAL POLICY OF LIFE INSURANCE ON YOUR OWN LIFE will be effective for This Plan.

## 2. More Than One Beneficiary

If, when you die, more than one person is your Beneficiary, they will share in the benefits equally, unless you have chosen otherwise.

## 3. Death of a Beneficiary

A person's rights as a Beneficiary end if:

- (a) that person dies before your death occurs; or
- (b) that person dies at the same time your death occurs; or
- (c) that person dies within 24 hours of your death.

The share for that person will be divided among the surviving persons you have named as Beneficiary, unless you have chosen otherwise.

## 4. No Beneficiary at Your Death

If there is no Beneficiary at your death for any amount of benefits payable because of your death, that amount will be divided and paid in equal shares to each member of the first class in the order listed below in which there is a person who is related to you and who survives you:

- a. spouse;      c. parent;
- b. child;      d. brother and sister.

If there is no surviving relative in any class, that amount will be payable to your estate.

Any payment will discharge our liability for the amount so paid.

Form G.23000-G

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### WHEN BENEFITS END

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- 1. All of your benefits will end on the date you cease to be a Member.
- 2. If This Plan ends in whole or in part, your benefits which are affected will end.
- 3. Your Life Benefits will end on the day before the premium due date concurrent with or next following the date you turn 95.
- 4. Your Life Benefits will end during the time you are covered for Death Benefits as set forth in the CONTINUED DEATH BENEFITS DURING TOTAL DISABILITY
- 5. Your Dependent Life Benefits will end on the earliest of:
  - (a) the date Your Life Benefits end; or
  - (b) the last day of the calendar month in which the Dependent ceases to be your Dependent; or
  - (c) the date of your death.

6. If a Covered Person does not make a payment which is required by the Policyholder to the cost of any benefits, those benefits will end; they will end on the last day of the period for which a payment required by the Policyholder was made.

The end of any type of benefits on account of a Covered Person will not affect a claim which is incurred before those benefits ended.

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## NOTICES

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This certificate is of value to you. It should be kept in a safe place. Your Beneficiary should know where the certificate is kept.

As soon as your benefits end, you should consult the Policyholder to find out what rights, if any, you may have to continue your protection.

**Our Home Office is located at 200 Park Avenue, New York, New York 10166.**

Form G.23000-E

