MetLife

Authorization Agreement for Automatic Checking Account Deductions

Metropolitan Life Insurance Company

SECTION 1: Insured information

First name	Middle name	Last name

Social Security Number	Phone Number	Group number

Name of Spouse *(if applicable)*	Social Security Number

I authorize Metropolitan Life Insurance Company *("MetLife")* to initiate debit entries to my checking account *("Account")* at the financial institution *("Financial Institution")* named on the attached check. I have attached a sample check, marked "VOID", for the account.

Under this authorization, I understand that MetLife will initiate monthly debit entries to my Account for the premium payment due for my Long-Term Care Insurance Coverage in effect for that month. Debits to the Account will occur on the date designated below or the next business day. I authorize the Financial Institution to provide MetLife my most recent address upon MetLife's request.

I acknowledge that the origination of automatic checking account transactions to my Account must comply with the provisions of U.S. law. Withdrawals will continue until MetLife and the Financial Institution has had a reasonable opportunity to act upon my *(our)* written request to terminate this service.

SECTION 2: Deduction information

Day of the month you want money deducted from your checking account: _____

Checking account number	Routing number

SECTION 3: Signature

Sign Here

Signature of Account Holder	Date *(mm/dd/yyyy)*

SECTION 4: How to submit this form

Mail:
MetLife
Long Term Care
P.O. Box 14634
Lexington, KY 40512-4634

Fax:
866-314-5612

Email:
LTCOperations@metlife.com