

Coronavirus-Related Loan Repayment Suspension Form

Metropolitan Life Insurance Company

Group Name

Group Number/Contract Number

SECTION 1: Your Information

i Print in block letters in black or blue ink. Do not write outside the boxes. All requested personal information is required to be completed.

First Name	Middle Initial	Last Name (<i>Entire name must match the name on file</i>)
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U.S. Social Security Number / U.S. Taxpayer Identification Number	Date of Birth (<i>mm/dd/yyyy</i>)
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Account Address	City	State	ZIP Code
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Account Extension (*If this applies*)

SECTION 2: Instructions

By signing below, I certify I am an Individual:

- (i) Who is diagnosed with the virus SARS-CoV-2 or with coronavirus disease 2019 (*COVID-19*) by a test approved by the Centers for Disease Control and Prevention; or
- (ii) Whose spouse or dependent (*as defined in §152 of the Internal Revenue Code (IRC) of 1986*) has been diagnosed with such virus or disease by such a test, or;
- (iii) Who experienced adverse financial consequences due to such virus or disease because I, my spouse, or a member of my household:
 - was quarantined.
 - was laid off or furloughed.
 - had work hours reduced.
 - had a reduction in pay (*or self-employment income*).
 - had a job offer rescinded or a delayed job start date.
 - was unable to work due to lack of child care.
 - had to close or reduce working hours for a business owned or operated by one of us.
 - Other factors as determined by the Secretary of the Treasury.

I elect to delay any repayments that have not been made and are due on my outstanding loan between March 27, 2020 and December 31, 2020. I understand and agree that any payments due on my loan prior to March 27, 2020 are not eligible for suspension and, if not paid, will cause my loan to default. If my payment are current on this loan through March 27, 2020, I understand and agree the loan will be reamortized and extended by the length of this suspension to account for the delayed repayments plus accrued interest.

SECTION 3: Signature and Consent

My Consent:

I understand and agree to all pages of this form and affirm all information is correct.

Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.

**Sign
Here**

Owner/Participant Signature

Date (mm/dd/yyyy)

SECTION 4: Plan Authorization

Authorized Plan Administrator Signature for Coronavirus-Related Loans

I hereby determine that the above or attached participants are eligible for the loan suspension and reamortization relief described above and which has been adopted by the Plan. I authorize this request to be processed as described on the form.

First Name (*Print*)

Middle Name

Last Name

**Sign
Here**

Signature of Authorized Plan Administrator Signature

Date (mm/dd/yyyy)

SECTION 5: How to Submit This Form

Regular Mail:

MetLife
PO Box 10356
Des Moines, IA 50306-0356

Overnight Mail Only:

MetLife
4700 Westown Parkway Suite 200
West Des Moines, IA 50266

Fax:

877-549-5834

Email:

requests@metlife.com