

HELPFUL TIPS:

Use Google Chrome or Microsoft Edge. For best results, close all sessions of your browser and open a fresh session. You can open Incognito or InPrivate session and remember there should only be one session open. If you continue to experience issues, clear your cache and cookies.

Web Enrollment Instructions

LOGIN at <https://mybenefits.metlife.com>

Instructions for Accessing and Registering on the MetLife Mybenefits Website

Enter your Group Name “**University of Connecticut**” in the Access MyBenefits box and click “**Next**”.

1. Select “**REGISTER**” if first time signing in. Select “**LOGIN**” if you are a returning user and enter your username and password.
2. **Personal Information:** Provide your first and last name, email address, type of phone number (mobile or landline), phone number, date of birth, zip code, state of residence and SSN, and click “**Next**”.
3. **Verify your identity:** Select how you wish to receive the verification code (text message or voice message or email). Enter the verification code then Next. *If your identifying information does not match publicly available information about your identity, you may be prevented from creating an account. Call the Online Support Center at 877-963-8932 for assistance. Please note, if you have previously registered on the MetLife site, you may need to use a different email address during this registration.*
4. **Username & Password:** Enter and confirm your desired Username and Password. Your email address will be a suggested username, but you may change it. Your password must not contain special characters other than a hyphen or underscore. Select option for Remember this Device and indicate if you'd like to receive paperless documents. View the eConsent Policy and consent. Click “**Submit**”.
5. You will receive a confirmation message upon successful submission.
6. Select “**MY ACCOUNTS**” or “**Go To Dashboard**” and select GUL to learn more and Enroll/Modify My Coverage.

ENROLLMENT INSTRUCTIONS

Step 1 – Your Personal Information

- Enter your SSN
- Review your personal information.

Step 2 – Choose Your Coverage

- Select an amount of Supplemental GUL coverage, Spouse/Domestic Partner and Child (if applicable). To help you determine how much life insurance you may need, consult the Calculate tab on the toolbar at the top of the screen. You must make an election for each coverage offered.

Note: You may be required to complete a Statement Of Health questionnaire at the end of your enrollment, if applicable¹.

Step 3 – Enter Your Dependent Information

- If you want to insure your spouse/domestic partner or children, you can add or edit their information on this page. Click “Next” if edits or additions are made.

Step 4 – Designate Your Beneficiaries

You may designate both primary and contingent beneficiaries. Select “**Continue**”.

Step 5 – Cash Fund Contribution

- Elect the amount of extra premium you would like to contribute each month to accumulate cash value or decline to do so.
- To see the power of tax deferral, click on the calculator on the right side of the screen.

Step 6 – Cash Fund Contribution Allocation

- No entry required.

Step 7 – 1035 Exchange and Ownership Information

- Indicate if you are planning to do a 1035 Exchange of an existing cash value life insurance policy. Note: You will be required to print a 1035 Exchange form at the end of your enrollment (if applicable).
- Indicate if you (the Insured) will be the Owner of the life insurance Certificate.
- If you (the Insured) will be the Owner, you will be asked to select a method for delivery of certain communications about your certificate (e-delivery or U.S. Mail). Note: If the Owner is different from the Insured, U.S. Mail is the only option for prospectus delivery.

Step 8 – Selection Review

- Review your selections for accuracy and edit if needed.

Step 9 – Enrollment Submission

- Review and acknowledge statements.
- Enter your State of Birth and Country.
- Provide your date of birth (yyyymmdd) under the Electronic Signature section. Note: if you are not able to eSign, you will need to print the paperwork from the following page and return the completed forms to MetLife.
- Click “Submit”. Note: You will be prompted to print a submitted enrollment form for your records.
- **If a Statement of Health (SOH) is required, you will see a link to complete the health questionnaire.**

After your coverage has become effective and you have been issued a certificate number, you will be able to access information about your certificate online at <https://mybenefits.metlife.com> using your username and password.

For GUL service, please contact an Enrollment Specialist at (800)756-0124, Monday through Friday, 8:00 a.m. to 8:00 p.m. (ET).

¹ All applications for coverage are subject to review and approval by MetLife based on its underwriting rules.

Group Universal Life insurance (GUL) is issued by Metropolitan Life Insurance Company, New York, NY 10166. Certificate Form#G.9704(2009)

Step 1: Login to MyBenefits Site

ACME Training benefits by MetLife

My Group Benefits

My Forms

Customer Support

My Group Benefits

Welcome to MyBenefits

Come see our new look. MyBenefits has been enhanced to make accessing your MetLife benefits easier than ever!

Group Messaging
You're eligible for great group benefits! As an employee of Acme Training, you have access to valuable benefits at competitive group rates.

Auto & Home Insurance
Take advantage of ALL your worksite benefit programs and start saving today with competitive auto discounts you might not find anywhere else! Get a quote

Discount Vision
The MetLife Vision Access program brings you the savings you need and the choices you want at thousands of participating private practice providers nationwide. Program code, MET2020. Find a Discount Vision Provider. Learn more

Find a Vision Provider:
Enter your zip code
Find

Log in to view your policies
Enter your Acme Training information.
Log in for a different employee
tSmith

Log in | Forgot username or password?
Not Registered?
Register now for access to your MetLife Benefits accounts. Who can register?

Message Center
Reminders (1)
Tell us how we can improve the site. Complete a feedback form today. Thank you for your help. We're here to make your experience the best it can be. Feedback

Feedback

Step 2: Select the Life Insurance Hyperlink

ACME Training benefits by MetLife

My Accounts

Claim Center

Documents & Forms

Customer Support

My Accounts

Complete your Statement of Health form
The Statement of Health helps us learn more about your health. We need this information to process your insurance application or your request to change coverage amounts.
Complete your Statement of Health online

Life Insurance
View your policy information (1 Account)

Dental Insurance
View your policy information (2 Accounts)
Print Dental ID Card
Find a Dentist

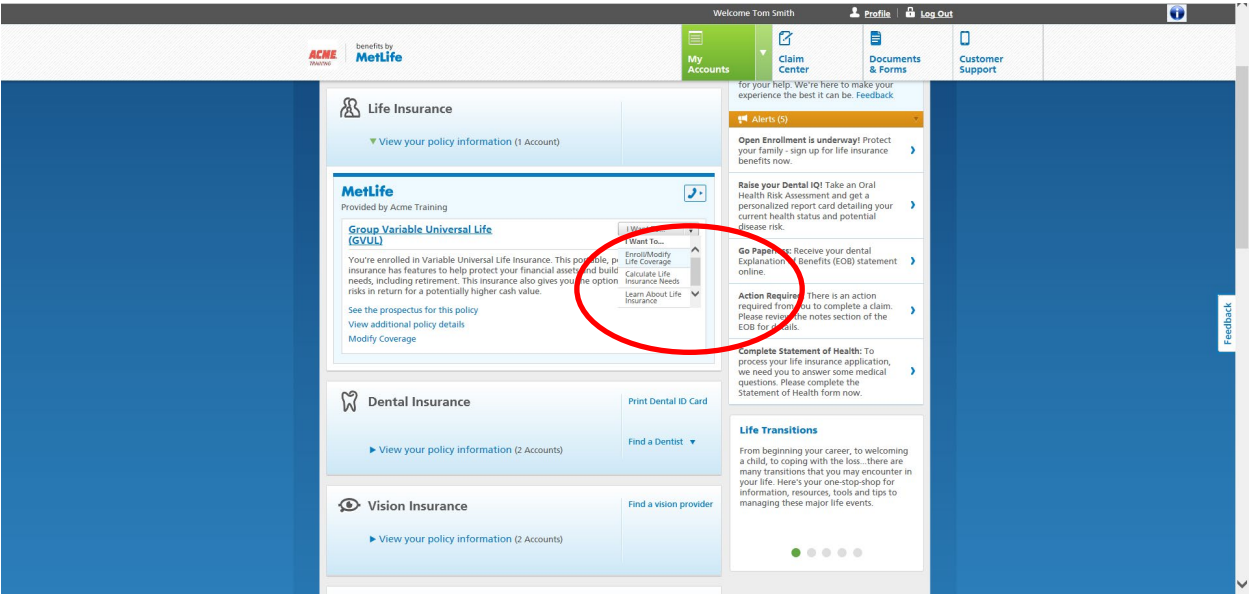
Vision Insurance
View your policy information (2 Accounts)
Find a vision provider

Disability Insurance

Message Center
Reminders (1)
Tell us how we can improve the site. Complete a feedback form today. Thank you for your help. We're here to make your experience the best it can be. Feedback
Alerts (5)
Open Enrollment is underway! Protect your family - sign up for life insurance benefits now.
Raise your Dental IQ! Take an Oral Health Risk Assessment and get a personalized report card detailing your current health status and potential disease risk.
Go Paperless: Receive your dental Explanation of Benefits (EOB) statement online.
Action Required: There is an action required from you to complete a claim. Please review the notes section of the EOB for details.
Complete Statement of Health: To process your life insurance application, we need you to answer some medical questions. Please complete the Statement of Health form now.

Feedback

Step 3: Select the Enroll/Modify Coverage



Step 4: Review Personal Information

The screenshot shows the 'Step 1: Personal Information' form in the MetLife portal. The form is titled 'Enrolling for Life Insurance or modifying your current coverage online is easy. Start by entering your personal data below, then click "Next" to choose your coverage.' The form is divided into three main sections: 'Personal Information', 'My Spouse', and 'My Children'. Each section contains a table with fields for Name, Date of Birth, and Employee ID. The 'Personal Information' section includes fields for Address and Telephone. The 'My Spouse' section includes a table for the spouse's information. The 'My Children' section includes a table for the children's information. At the bottom of the form, there are buttons for 'Back', 'Exclusions & Limitations', and 'Next'. A 'Feedback' button is visible on the right edge.

Name	Date of Birth	Employee ID
Tom Smith	12/12/1969	xxxxx1234

Address: 123 Maple Street, Appleton, WI, 12345, United States
Telephone: (777) 777-7777

Name	Date of Birth
Patricia Smith edit remove	01/01/1969

Name	Date of Birth
Mike Smith edit remove	11/11/2012
Kate Smith edit remove	01/12/1995

Need Help? Contact an Enrollment Specialist

[Back](#) [Exclusions & Limitations](#) [Next](#)

Step 4: Select Coverage Desired

Welcome Tom SmithProfileLog Out

ACMEbenefits byMetLifeMy AccountsClaim CenterDocuments & FormsCustomer Support

How much life insurance do you need? [Find out...](#)

Choosing or changing your coverage is simple. Choose an option from each of the drop down menus below, the cost will be automatically calculated. Once you have made your selections, click Next.

Step 2 : Choose Coverage

Coverage Paid By Your Employer

Basic Group Variable Universal Life

Coverage AmountMonthly Cost to you*

Keep existing amount of \$400,000\$0.00

Additional Coverage Paid By You

Supplemental Group Variable Universal Life

Coverage AmountMonthly Cost to you*

Select Coverage

Keep existing amount of: \$500,000

\$50,000\$5.00

\$100,000\$10.00

\$150,000\$15.00

\$200,000\$20.00

\$250,000\$25.00

No Coverage\$0.00

My Spouse Coverage Options

NameDate of Birth

Patricia Smith01/01/1969

[edit](#) [remove](#)

Dependent Life Insurance

Coverage AmountMonthly Cost to you*

Select Coverage

Keep existing amount of \$150,000\$15.00

Children Coverage Options

NameDate of Birth

Mike Smith11/11/2012

[edit](#) [remove](#)

Kate Smith01/12/1995

[edit](#) [remove](#)

Feedback

Step 5: Elect or Update Beneficiaries

Welcome Tom SmithProfileLog Out

ACMEbenefits byMetLifeMy AccountsClaim CenterDocuments & FormsCustomer Support

Select your beneficiaries for all coverages below and click "Next" to continue. Or you may designate beneficiaries for each coverage.

You must designate at least one primary beneficiary. Your designated primary beneficiary will receive the life insurance benefits. If not available, benefits will be paid to your designated contingent beneficiary. Dependent insurance is payable to the Employee.

Step 3 : Beneficiary Designation

Primary Beneficiaries

Name	Relation / Type	Share
Patricia Smith edit remove	Spouse	100 %
Total		100% Total must equal 100%

Add primary beneficiary

Contingent Beneficiaries

Name	Relation / Type	Share
Mike Smith edit remove	Child	50 %
Kate Smith edit remove	Child	50 %
		☒ Distribute equally for all coverages
Total		100% Total must equal 100%

Add contingent beneficiary

Need Help? Contact an Enrollment Specialist

Feedback

Step 6: Make Investment Election (optional)

Welcome Tom Smith | Profile | Log Out

ACME benefits by MetLife

My Accounts | Claim Center | Documents & Forms | Customer Support

Life Summary | **Enroll** | Learn | Calculate | Beneficiaries | Common Questions | Contact Specialist

Print

Enroll or Modify Life Insurance

As a GVUL participant, you can benefit from tax deferred build up of cash value with the GVUL investment feature. [Learn More...](#)

Select the Investment Premium that is right for you.

Step 4 : Investment Premium

Investment Premium for You

☐ Maximum Monthly Amount Allowed
Your maximum is \$X,XXX.XX/month*

☐ Monthly Amount \$

☐ Decline to Invest at this Time

The Power of Tax Deferral
see how it can work for you
[Calculate](#)

Need Help? Contact an Enrollment Specialist

[Back](#) [Next](#)

[Exclusions & Limitations](#)

* Your payroll deduction may not be monthly. Your paycheck deduction may vary based on your company's actual timing and frequency.

Step 7: If investing additional fund choose allocation of investments

Welcome Tom Smith | Profile | Log Out

ACME benefits by MetLife

My Accounts | Claim Center | Documents & Forms | Customer Support

Life Summary | **Enroll** | Learn | Calculate | Beneficiaries | Common Questions | Contact Specialist

Print

Enroll or Modify GVUL Investment

What is my risk tolerance? Take our [Risk Tolerance Assessment](#) to find out.
Use whole percentages with a minimum 10% per fund. The total must equal 100%.

Step 5 : Investment Premium Allocation

[View Portfolio Performance Data Sheet](#)

Investment Premium Allocation for You		Rate of Return as of 01/01/2018*					
Portfolio	Allocation Total	New%	Inception Date	Since Inception**	1 Yr	5 Yr	10 Yr
The Fixed Account							
Fixed Account x.xx% Guarantee***	20	Current Crediting Rate x.xx%					
Diversified Emerging Markets							
American Funds Insurance Series New World Fund Class 1 Shares	20	04/29/2009	21.97	13.49	—	—	—
Foreign Large Blend							
Metropolitan Series Fund Inc. Morgan Stanley EAFE® Index Portfolio Class A	20	04/29/2009	15.76	14.44	—	—	—
High Yield Bond							
Met Investors Series Trust Lord Abbett Bond Debenture Portfolio Class A	20	04/29/2009	14.00	4.01	—	—	—
Intermediate Government							

* Annual Fund Income Rates

Step 8: Confirm Ownership

Welcome Tom SmithProfileLog Out

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My AccountsClaim CenterDocuments & FormsCustomer Support

Life SummaryEnrollLearnCalculateBeneficiariesCommon QuestionsContact Specialist

Print

Enroll or Modify Life Insurance

Step 6 : 1035 Exchange

If you are replacing existing cash value life insurance or annuities, you have the opportunity to move cash value and/or accumulated cost basis from your present policy. [Learn more...](#)

Will the insurance you are applying for replace existing cash value life insurance or annuities? ☐ Yes ☐ No

Ownership Information

Are you, the Insured, also the Owner of this life insurance certificate? ☐ Yes ☐ No

Need Help? Contact an Enrollment Specialist

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Exclusions & Limitations

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Feedback

Step 9: Review Elections

Welcome Tom SmithProfileLog Out

ACME benefits by MetLife

My AccountsClaim CenterDocuments & FormsCustomer Support

Life SummaryEnrollLearnCalculateBeneficiariesCommon QuestionsContact Specialist

Print

Enroll or Modify Life Insurance

Step 7 : Selection Review

Your Personal Information			
Name:	Tom Smith	Marital Status:	Married
Gender:	Male	Employee ID/SSN:	****1234
Telephone:	(777) 777-7777	Tobacco Product:	Yes
Edit Information			
Your Selected Coverage			
Type	Coverage Amount	Monthly Cost to you	
Basic Group Variable Universal Life:	Keep existing amount of \$400,000 (employer paid)	\$0.00	
Supplemental Group Variable Universal Life:	\$500,000	\$50.00	
Edit Coverage			
My Spouse's Coverage Options			
Type	Coverage Amount	Monthly Cost to you	
Dependent Life Insurance	\$150,000	\$15.00	
Edit Coverage			

Feedback

Step 9: Enrollment Submission and Prospectus Acknowledgement

Welcome Tom Smith [Profile](#) [Log Out](#)

[My Accounts](#) [Claim Center](#) [Documents & Forms](#) [Customer Support](#)

Please note * indicates a required field.

Step 8 : Enrollment Submission

Please read the following statements before you proceed:

GVUL Prospectus and Statement of Acknowledgement and Understanding

The prospectus and the Statement of Acknowledgement and Understanding apply to GVUL. As an eligible of GVUL (or a participant that has not previously acknowledged) you are required to read and acknowledge the content below to continue.

April 25, 2018

Group Variable Universal Life Insurance Policies and Certificates (METFLEX GVUL C)

Issued by
Metropolitan Life Insurance Company

This Prospectus describes group variable universal life insurance policies and certificates offered by Metropolitan Life Insurance Company (the "Company," "MetLife," "we," "our," or "us") which are designed for use in group insurance programs sponsored by employers or other

☐ * I acknowledge that I have received and reviewed the GVUL Prospectus and the Prospectuses for the underlying portfolios.

☐ * I acknowledge that I have read and understand the Statement of Acknowledgement and Understanding.

Use the scrollbar to view the statements

MIB PRE NOTICE

Information regarding your insurability will be treated as confidential. Metropolitan Life Insurance Company or its reinsurers may, however, make a brief report thereon to MIB, Inc., a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

I have receipt of a request from MIB will arrange disclosure of any information it may have in

[Print](#)

[Feedback](#)

Step 10: Statement of Health Completion (if needed)

Welcome Tom Smith [Profile](#) [Log Out](#)

[My Accounts](#) [Claim Center](#) [Documents & Forms](#) [Customer Support](#)

[Life Summary](#) [Enroll](#) [Learn](#) [Calculate](#) [Beneficiaries](#) [Common Questions](#) [Contact Specialist](#)

Thank you for enrolling in Life Insurance

[Print](#)

Statement of Health Required

Action Required

[Print](#) We recommend that you [Print](#) your submitted enrollment form for your records.

In order for MetLife to fully evaluate the coverage you requested for you and/or your dependents, information regarding the health of each Proposed Insured named below must be provided. For you and your dependents under age 18, please click on the applicable link below to provide this information. For each such dependent 18 or over, you will need to complete a Statement of Health form. Once completed, you will be able to print a copy of the form which will prepopulate with the answers you gave us. Each dependent must then verify the accuracy of your answers, making any necessary correction(s), sign and mail the form.

Name	Coverage	Statement of Health Status	Action
Tom Smith	Supplemental Group Variable Universal Life	SOH Completion Required	Complete Now
Patricia Smith	Dependent Life Insurance	SOH Completion Required	Learn How

[Exclusions & Limitations](#)

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