
SECTION 1: General information

As part of our enrollment process, we require the broker/customer to provide risk assessment information prior to MetLife's acceptance of a group. Please provide the following information:

Customer name _____

Approximate number of total eligible lives: _____

If STD, are any employees currently pregnant? ☐ Yes ☐ No ☐ N/A

If yes, enter how many employees are currently pregnant: _____

Are there any significant health risks within this customer? ☐ Yes ☐ No

If yes, select the significant health risks that apply for this customer :

- ☐ Cardiac or Cardiovascular disorder
- ☐ Stroke or circulatory disorder
- ☐ Cancer, Hodgkin's disease, lymphoma or tumors
- ☐ Leukemia or other blood disorder
- ☐ COPD, emphysema or other lung disease
- ☐ Stomach, hepatitis or other liver disorder
- ☐ Neurological disorders
- ☐ Epstein-Barr, chronic fatigue syndrome or fibromyalgia
- ☐ Multiple Sclerosis, ALS or muscular dystrophy
- ☐ Mental, anxiety, depression, attempted suicide or nervous disorder
- ☐ Acquired Immunodeficiency Syndrome (AIDS), AIDS Related Complex (ARC), or the Human Immunodeficiency Virus (HIV)
- ☐ Other _____

Are there any currently disabled/Not actively at work employees? ☐ Yes ☐ No

If yes, enter how many employees are currently disabled/Not actively at work? _____

The following is a listing of the disabled/not actively at work employees for this customer.

Note: Contracts include an actively at work requirement.

Employees not actively at work

Date of birth MM/DD/YY	Date of disability MM/DD/YY	Nature of claim	Est. date of return MM/DD/YY	Benefit amount

If Life with the prior carrier and there any currently disabled/Not actively at work employees, then does the current carrier have Waiver of Premium and Terminal Liability? ☐ Yes ☐ No ☐ N/A

SECTION 2: Signature

☐ I acknowledge that all information given is true and complete to the best of my knowledge and belief. I understand that this information will be used by MetLife to determine a group's eligibility for benefits. I understand that by entering my name below I am signing and submitting to Metropolitan Life Insurance Company. This is a legally binding signature.

Sign Here	Signature	Date (mm/dd/yyyy)
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