

# RISK ASSESSMENT SUMMARY

**Prospect Name:** \_\_\_\_\_

**Approximate number of lives:** \_\_\_\_\_

In order to provide the best possible proposal for the above group, we require that the producer provide risk assessment information prior to MetLife® acceptance of a group. Please review this document thoroughly, designate appropriate responses, sign and return with the group's application.

## **Life, Short Term Disability or Long Term Disability Coverages:**

Are you aware of any significant health risks within this group which would likely result in a claim within the next 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", or if you have any questions, please contact your **MetLife® Small Business Center** prior to release of this proposal.

## **Replacement Life Coverage:**

Are there any currently disabled employees? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", please provide confirmation that the current carrier has *Waiver of Premium and Terminal Liability*. (Please note: Our contracts include an actively at work requirement.)

## **Long Term Disability Only:**

To your knowledge, are there any in force individual disability policies on members of this group? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", will these amounts in addition to our proposed group plan exceed 80% of an individual's pre-disability income? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes" or if you have any questions, please contact your **MetLife® Small Business Center** sales office prior to release of this proposal.

**Producer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Producer's Firm Name:** \_\_\_\_\_