

TO: MetLife  
**Corporate Licensing and Registration - LTC**  
 500 Schoolhouse Rd. Johnstown, PA 15904  
 Fax 908-552-2444  
 Please direct phone call inquires to 888-776-3882, prompt 3



**Long-Term Care**

Rev 11

<b>LTC Appointment Form</b>		Requesting Appointment For: MGA <input type="checkbox"/> AGA <input type="checkbox"/> GA1 <input type="checkbox"/> Broker <input checked="" type="checkbox"/> Payee <input type="checkbox"/>	
Broker Name (Last, First, MI)	Social Security #	Date Of Birth	
Agency Name <i>Agent Support Services, Inc.</i>	Tax ID #		
Home Address	Broker Phone/Email		
Business Address c/o Agent Support Services, Inc. 99 Park Avenue, 11th Fl, NY, NY 10016	Business Phone/Email		
MGA Licensing Contact: <b>Linda Powell</b>	MGA Telephone: <b>(212) 697-2025 X308</b>	EMAIL Address of MGA Licensing Contact <b>Linda@agentsupportgroup.com</b>	
<i>Check off any entity that has not been involved in the sale, solicitation, or regulation of an insurance product. The NAIC Producer Licensing Model Act can only be applied to those entities checked off.</i>			
MGA <input type="checkbox"/> AGA <input type="checkbox"/> GA1 <input type="checkbox"/> Payee <input type="checkbox"/> if they will not be known by the applicant to be involved in the sale.			
<b>INSURANCE LICENSING/APPOINTMENTS:</b>			
STATES: Please circle each state you are requesting appointment in. Please ensure you attach the appropriate state license and certification for each state.			
AL AK AR AZ CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY			
<input type="checkbox"/> FLORIDA NON-RESIDENT <u>MUST LIST COUNTIES</u> _____			

**Indicate Who Commissions are payable to:**

\* Please note – if no information is listed – we will default to using the broker as the payee \*

Name	Tax ID or SS#
Principal Officer Name (if applicable)	Principal Officer SS # : (if applicable)

**Indicate Where Commissions are mailed:**

\* Please note – if no information is listed – we will default to using the MGA mailing address \*

Name: <i>Agent Support Services, Inc.</i>	City/State/Zip Code: <i>N.Y., N.Y. 10016</i>
Address: <i>99 Park Avenue, 11th Fl.</i>	

**Check off who Policies are mailed to: MGA  AGA , GA1 , Broker  or address listed below:**

\* Please note – if no information is listed – we will default to using the MGA mailing address \*

Name:	City/State/Zip Code:
Address:	

Background Checks are required for appointment requests in the following states, and at MetLife's discretion: AL, DC, FL, GA, KY, MA, MS, OH, OK, NC, PA, and WV. Background checks lengthen the appointment process.

**Appointment Status:** Producer numbers, comp levels and appointment effective dates, as well as requests for missing or updated paperwork, will be emailed to the licensing contact listed above.

I hereby certify that I have read and understand the items on this form and that my answers are true and complete to the best of my knowledge. I have been advised that MetLife (hereafter referred to as "The Company") may conduct investigations in connection with my request to represent The Company in the solicitation of certain insurance products. I hereby consent to The Company requesting and obtaining all information as discussed in this paragraph and for all such reports to be requested by and provided to The Company. I understand that a routine inquiry may be made as to a requirement for state appointment. If applicable, The Company may obtain reports from a consumer reporting agency, an investigation report or inquiries from the State Insurance Department. Any information that The Company obtains about me will be treated as confidential. FAIR CREDIT REPORTING ACT – as part of its regular procedures, The Company may obtain an investigative consumer report. It may deal with character, reputation, personal traits, and lifestyle. It may involve personal interviews with friends, neighbors and associates. I understand I have the right to make, within a reasonable amount of time, a written request for details on the name and address of the agency making the report. I further understand that depending on the state law, subjects of an investigative consumer report may have the right to: 1) request that they be interviewed in connection with the making of the report; and 2) receive a copy of the report, upon request. My signature below constitutes my agreement and authorization to the above. I understand that if any of the material information I provided is found to be incorrect or incomplete, it may be grounds for my immediate termination at the discretion of The Company.

Broker's Signature: X Date: \_\_\_\_\_

MGA's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For MGA, AGA or GA1 Use Only:**

List the following hierarchy information along with the compensation level that is applicable. (e.g. G1, etc.):  
 \* Please note if a compensation level is not indicated, the comp level will default to the basic broker level. \*

MGA:	(Agency ID#)	Principal Officer (P/O):
AGA:	(Comp Level):	Principal Officer (P/O):
GA1:	(Comp Level):	Principal Officer (P/O):
Broker:	(Comp Level):	

**For IDI – LTC Use ONLY:**

Please list your IDI Representative : \_\_\_\_\_

**For MetLife Use Only: Brokerage Unit – Cost Center - 22338**

Due Diligence:  Approved  Pending  Declined \_\_\_\_\_

Status:  Appointment Processed (Eff Date: \_\_\_\_\_)  Insufficient Information  Declined: \_\_\_\_\_  
 Paced: \_\_\_\_\_

**If Insufficient information, check off reasons:**

- Still active with another distribution channel (MLFS, NEF, etc).
- No Broker Appt form submitted
- Incomplete Appointment Form
- Need license copy. List states: \_\_\_\_\_
- Expired/ terminated licensed submitted
- Continuing education credits missing. List states: \_\_\_\_\_
- Other: \_\_\_\_\_

Broker ID # \_\_\_\_\_ Coded By \_\_\_\_\_ Date Coded: \_\_\_\_\_

GA1 DAI #: \_\_\_\_\_ GA2 DAI# \_\_\_\_\_

MGA DAI #: \_\_\_\_\_ AGA DAI# \_\_\_\_\_

06/06/2005

# MetLife® LTC Brokerage

## Long Term Care Insurance Broker Commission Schedule

Ages 18-84\*

\*Certain Special State Age Restrictions Apply. See "Special States" Schedule

Level	Year 1 (FYC)	Years 2-10 (Renewals)	Years 11+ (Service Years)
<b>BROKER</b>	<b>50%</b>	<b>7%</b>	<b>1%</b>

### SPECIAL STATE SCHEDULES

#### DELAWARE

Level	Year 1	Years 2-10	Years 11+
<b>BROKER</b>	<b>25%</b>	<b>12%</b>	<b>1%</b>

#### INDIANA\*

Level	Year 1	Years 2-10	Years 11+
<b>BROKER</b>	<b>25%</b>	<b>12.50%</b>	<b>0%</b>

#### MICHIGAN

Level	Age 18-64 Year 1 Ages 65+ Years 1-3	Years 2-10 Years 4-10	Years 11+
<b>BROKER</b>	Ages 18-64 50% Ages 65+ 23.50%	7% 7%	1% 1%

#### WISCONSIN

Level	Year 1	Years 2-10	Years 11+
<b>BROKER</b>	<b>38%</b>	<b>9.5%</b>	<b>1%</b>

Commission on the Limited Payment options (10-Pay, Pay to 65, Reduce Pay at 65 and Double Pay) is calculated differently than Lifetime payment. FYC (First Year Commission) is paid on the "base" premium and Year 2 Renewal is paid on any "excess" premium. This applies to the first policy year. The base premium is amount of premium if the policy was paid as a Lifetime payment. The Excess premium is the amount of premium greater than the base premium.

The term "Broker" is used above to describe the individual broker or agent, or the Associate General Agent (AGA) or GAI.

Metropolitan Life Insurance Company  
One Madison Avenue, New York, NY 10010