

**Group, Voluntary & Worksite Benefits**

Metropolitan Life Insurance Company  
200 Park Avenue  
New York, NY 10166

**Statement of Responsibility**

MetLife will be responsible to the group policyholder for the performance of its administrative obligations under the group policy, this agreement and any other written agreement between MetLife and the group policyholder. If MetLife uses a third party in connection with any of MetLife’s administrative obligations, MetLife will remain responsible to the group policyholder for the performance by the third party of those administrative obligations. The third party will work under the control and direction of Metlife and Metlife will be solely responsible for the acts, errors and omissions of the third party.

The group policyholder will be responsible to MetLife for the performance of its administrative obligations under the group policy, this agreement and any other written agreement between MetLife and the group policyholder. If the group policyholder uses a third party in connection with any of the group policyholder’s administrative obligations, the group policyholder will remain responsible to MetLife for the performance by the third party of those administrative obligations. The third party will work under the control and the direction of the group policyholder and the group policyholder will be solely responsible for the acts, errors and omissions of the third party.

**To be completed by Policyholder:**

_____	_____
(Print Name and Title of Authorized Representative)	(Group Policyholder Name)
_____	_____
(Signature of Policyholder Authorized Representative)	Date (MM/DD/YYYY)
Signed at:	
_____	_____
(City)	(State)

**To be completed by Metropolitan Life Insurance Company:**

	_____
<b>James W. Reid</b> Executive Vice President Group, Voluntary & Worksite Benefits	Date (MM/DD/YYYY)